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induction will always  
be more effective.  
discuss



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Essay 2 A Personalised induction will always be more effective. Discuss

(Word count = 2198) Introduction In this essay I will describe what a personal induction is and how it is composed then discuss the reasoning behind why they may be more effective for clients seeking change via hypnosis rather than using standard generic inductions. I will also look at some of the potential issues surrounding personal inductions before drawing a conclusion.

But first we need to look in a bit more detail as to how they work and why they may be helpful in helping the client achieve their aim. It has been stated that when we communicate with people only 7% of the communication is made up from the words we speak and the remaining 93% is made up of the tone and volume of the words (38%) and our body language (55%) (Chrysalis, Module 2). Although commonly quoted these figures are in fact quoted out of context from the original two limited experiments undertaken by Albert Mehrabian et al in 1967.

If this were so then we should be able to understand someone communicating with us in a language we do not speak, which is not the case. However the three elements do play a role in how we communicate with each other just not in the ratio outlined. As we know people are complex individuals. We view, make sense of and interact with the world around us all in slightly different ways. These differences are due to a number of internal and external processes that occur from the moment we enter the world and continue to develop, hopefully, until we leave it.

External information from our environment reaches our brains via our 5 main senses, or sensual modalities. These are visual (sight), audio (hearing), kinaesthetic (feeling), olfactory (smell) and Gustatory (taste). This inflow of information from the five modalities is in turn monitored and filtered by the brain, most likely by our subconscious mind due to the volume of input, and anything that requires our attention is flagged up to the conscious mind so that we can take the necessary action/non-action required.

I use the term non-action here to distinguish between something the subconscious mind views and flags as a threat that requires immediate action and something that on reassessment by the conscious mind, overridden no action required (e. g. being surprised by your son with a rubber snake! ). “The Psychology of Personal Constructs” (Kelly 1955), a theory of how personalities develop, describes how we may interpret reality through an internalised process called "constructs", these are units of interpretation which serve as templates, or filters, for how we look at, and make sense of the world and how we can use these to predict future events.

Some of these constructs may very well be intrinsic and hard wired into our subconscious from birth, like a fear of snakes or of heights which could be construed as common sense phobias and linked to our natural survival instincts. However most of the constructs that we use to make sense and judge the things around us, and our reactions to it, are developed over time as we learn to interact with our environment, and by our own experimentation, living in it.

These internal constructs are shaped by external influences, our cultural upbringing, our language and by our past experiences. For example I have a fear (Not really a phobia! ) of going to the dentist, this is based on my early experiences as a child, before the introduction of the high speed drills and latest anaesthetics, being told it would not hurt. Then realising, during the actual procedure, I had been lied to and it did!

It is these internal constructs, our likes and dislikes, our internal generalized assumptions and our prejudices, which develop differently within us over time so that each individual construes reality differently, even when placed in the same objective circumstances, that generate our view of the individual personality. Use of Modalities in Personalised Inductions Of the five sensual modalities mentioned earlier there are considered three main modalities (visual, auditory and kinaesthetic) and two subsidiary ones (olfactory and gustatory) and it is the three main modalities that are used for personalised inductions.

Within the three main modalities each person will have one that is dominant or preferred and each individual's preferred modality can be ascertained by careful, inconspicuous, observation and questioning of the client by the therapist during the sessions, taking note of the way they dress, the language they use (words and tone), their body language (the way they breath, their postures and gestures) and the work and pastimes they undertake. The inductions are constructed using wording and phrases that fit with the clients preferred modality. Some General Attributes of the Modalities 1.

Visual People with a preference for this modality have good imaginations that allow them to fantasize and daydream whilst suspending the analytical/critical element of their mind. They like things to look nice, and be involved in things that involve seeing like art, photography, drawing, or films. They may like bright colours and be observant and creative. Clues that can be found in their choice of words are; look, see, appear, focus, imagine, references to bright colours or neatness. In phrases such as; " I see what you mean", looks good to me", It just goes to show", " paint a picture".

They tend to speak faster as they think in images and pictures and in a high clear tone using shallow breathing. They hold their bodies upright and may have a thinner body type. 2. Auditory Auditory people listen internally to sounds and music, they are more logical in their thinking and tend to absorb sounds rather than sights around them. They are sensitive to any noise that is obtrusive to them and are unable to concentrate if sounds around them were not to their liking. They prefer work and pastimes that involve hearing, words or listening. Their choice of words may be; listen, hear, sound, say, discuss.

In phrases such as; " I'm all ears", " that sounds good", " loud and clear". They tend to speak in a melodious tone and at a pace between the visual and kinaesthetic person. Their breathing tends even to be centred in the middle of the chest They are good listeners and often will put their head to one side as they listen. 3. Kinaesthetic Kinaesthetic people tend to be empathetic. They are the ones who can " feel" a person's emotions and can tune into moods quickly. Even if the person is displaying a smile a

kinaesthetic person will be able to " feel" the hidden emotion if the smile is false.

They tend to touch everything and will gladly ignore clutter if the place " feels" right as they simply don't see it. Their choice of words may be; touch, solid, grasp, hard, cool, move In phrases such as; " I know how you feel", " kick some ideas around", " put you finger on it". They may speak in a soft low tone with pauses in their speech. They may breathe deeply from their abdomens. They tend to have rounded shoulders and a more relaxed body posture. These are the three main modalities (Chrysalis, Psychotherapeutic Counselling, Year 1, and Module 2).

However as the process of personality development is a dynamic one so the preferred modality will change over time. Especially where any therapeutic elements are engaged. Further Dimensions in Personalising Inductions There are four further dimensions which enhance the personalised induction. These are Permissive and Authoritarian inductions direct and indirect suggestions used within the inductions. Permissive Inductions These inductions are nurturing and non-judgemental in style and they are constructed so that the client has some control of the hypnotic process.

The words used are softer and more caring and leave the client choice in the actions asked by the therapist. The client and the therapist are treated as equal partners. Comments like; " you may like to close your eyes", " you might like to move around a little" bracketed with " that's OK to do so" so giving choice and permission to the client. The clients most responsive to this will be those who are more imaginative and creative and do not dispute

changed states of reality or ideas or those who have undertaken a few sessions of hypnosis already.

This style is successful on people who are reaching goals like improving their behaviour or their working conditions. Authoritarian inductions Authoritarian inductions by contrast are commanding and direct. Their purpose is to establish control over the client. This technique was used in the early days of hypnosis as it was considered that the hypnotist would have greater success this way and is the classic view that a lay person would have of a hypnotherapist today (Hypnosis for Change, Hadley & Staudacher, 2001). Comments will be more direct; "Close your eyes", "you will listen to my voice", "I want you to relax".

This induction is best used on people that respond to authoritarian figures or on people that are new to the hypnotic process and expect this style from the hypnotist. This style is more successful on those who are seeking a specific target, losing weight or giving up smoking for example. Direct and Indirect Suggestions Direct suggestions are an obvious command or instruction to the client during the induction, "Now Close your eyes" and an indirect suggestion is also aimed at achieving a result but contains no commands. It maybe that in a moment or two, whenever you are ready, your eyes may wish to close.. "The use of direct or indirect suggestions will depend on the type of therapy that is being undertaken. Therapists generally believe that the indirect suggestions hold greater sway as they overcome any client resistance, this is a process where the client blocks the hypnotic process due to some form of anxiety. Indirect suggestions lend them selves

to permissive inductions. Direct suggestions lend themselves to authoritarian inductions.

So now that we have an overview of the elements that aid the construction of a personalised induction. So how can they be helpful? As each client is an individual they expect to be treated as such. The therapist needs to quickly build rapport between them to engender trust and by explaining that the induction being used is tailored to them specifically shows a commitment by the therapist to the client. The initial assessment of the client may not produce enough observational evidence to use a genuine personalised script at first, so a generic one may do.

However over a few appointments it should be possible to produce one that fits the clients preferred modality by careful observation of the client's speech patterns or by a simple test (see appendix B for an example of a simple modality test - Successful NLP, Lazarus, 2010) and permissive or authoritarian view (Chrysalis, Psychotherapeutic Counselling, Year 1, and Module 2 pg 18 Client Assessment). However this course of action may be a laborious undertaking for little return and the therapist may get caught up in the process of producing a perfectly personalise induction at the expense of treating the client.

Compounding Modalities Personalised inductions do not lend them selves well to A way of overcoming the requirement to tailor inductions would be to employ what is termed a compound induction. This induction uses words and phrases covering all modalities so that it will feel " Right" to the client from the beginning. The only adjustment required would to make this either

permissive or authoritarian. There are situations where personalised inductions may not add any value. They can't be used for group sessions for weight loss or giving up smoking for example.

You also can't use them for recorded scripts or distribute them for others and they take up a lot of time in their production. Another issue with focussing on personalised inductions, is that they could imply that one's preferences and modalities are fixed. This is not the case. You might meet me for an initial consultation, presume the client is primarily visual and inclined to prefer an authoritarian approach. However, the following weeks events could mean that next time you meet - after you've prepared your personalised induction - it is not at all appropriate or effective. Conclusion We use personalised inductions because people are individuals and deserve to be treated as such. However, it is precisely because we recognise that people are individuals and dynamically unique, that we should realise that the initial consultation can't tell us everything we ever need to know about them. A personalised induction which is not dynamic can presume too much and pigeonhole someone from the start with the therapist losing sight of the actual person. To the detriment of the client as they become just part of the process.

I believe that the initial use of compound inductions would be more beneficial to the client/therapist relationship and if these did not prove successful for the induction to be made more personal. So it is not a matter of which induction is more effective but how the induction evolves to meet the needs of both the client and the therapist to achieve a satisfactory therapeutic outcome. References 1. Chrysalis, Psychotherapeutic Counselling, Year,

Module 2, 1-2 07/2010. 2. Hadley, J & Staudacher, C, Hypnosis for Change, New Age Books, New Delhi, 2001. 3.

Kelly, George The psychology of personal constructs. New York: W. W. Norton & Company, Inc. 1955 4. Lazarus, Jeremy, 2010, Successful NLP, Crimson Publishing, Richmond, Surrey, 2010 5. Mehrabian, Albert and Morton Wiener, " Decoding of inconsistent communications," Journal of Personality and Social Psychology 6: 109-114, 1967 6. Mehrabian, Albert and Susan R. Ferris, " Inference of attitudes from nonverbal communication in two channels," Journal of Consulting Psychology 31: 248-252. 1967. Appendix A - Preferred Representational System Questionnaire

For each of the following statements please place a score next to every phrase using the following: 3 = next best description of your preference 2 = next best description after 3 above of your preference 1 = least likely description of your preference

1. Generally I make important decisions based on:

1. a\_\_ which way looks best to me.
2. b\_\_ which way sounds best to me
3. d\_\_ my gut level feelings, what feels best to me

2. During a heated debate I am most likely to be influenced by:

1. b\_\_ peoples' tone of voice .
- a\_\_ whether or not I can see the other person's point of view
3. d\_\_ how I feel about the topic

3. During a meeting I like information to be presented

1. a\_\_ in a way that is neat and tidy, with pictures and diagrams
2. d\_\_ in a way I can grasp and/or I can get a hands-on experience
3. b\_\_ in the form of conversation so that we can discuss and I can ask questions

4. My favorite hobbies and pastimes typically involve

1. b\_\_ listening to music, the radio or talking with people
2. \_\_ watching films and other visual arts
3. d\_\_ doing sport activities and generally moving about

5. I tend to resolve problems by

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1. a\_\_ looking at the situation all the alternatives possibly using diagrams 2.  
 b\_\_ talking through the situation with friends or colleagues 3. d\_\_ trusting my  
 intuition and gut felings 6. When with my friends 1. a\_\_ I enjoy watching how  
 they interact and behave 2. d\_\_ I need to hug them, or sit close to them,  
 when speaking to them 3. b\_\_ I enjoy talking to them . I prefer to learn a  
 particular aspect of a sport or activity by 1. a\_\_ watching how the teacher or  
 coach does it 2. d\_\_ having the teacher or coach adjust my body into the  
 right position 3. b\_\_ listening to explanations, discussing and asking  
 questions 8. When at a presentation I am most interested by 1. b\_\_ the tone  
 of voice and the way the presenter speaks 2. a\_\_ the visual aids used by the  
 presenter 3. c\_\_ the opportunity to get to grips with the content, perhaps by  
 actually doing an activity | a | b | c | | 1 | | | | | 2 | | | | | 3 | | | | | 4 | | | | | 5 | | |  
 | | 6 | | | | | 7 | | | | | 8 | | | | | total | Visual= XX | Auditory= XX | Kinaesthetic=  
 XX