Rapid Cognitive Therapy

The Professional Therapist's Guide To Rapid Change Work
Volume 1

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and
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Foreword by
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Introduction

The purpose of this book is to provide you, the therapist, with a powerful toolbox that will ensure that you are equipped to deal easily and effectively with the vast majority of psychological difficulties presented by your clients.

Every therapist has his own favoured methodology, along with a few reliable 'tricks of the trade' to help clients to get from where they are to where they want to be. Every therapist is also aware that he can never have access to too many 'tricks' or too many resources to help create change for his clients! The authors of this book each have many years of experience as professional 'hands-on' hypnotherapists and hypnoanalysts, and what is presented here is a distillation of their favourite techniques. It represents just a part of the unique therapeutic process that they have named ***Rapid Cognitive Therapy***—RCT—which seamlessly marries cognitive work, visualisation, NLP, regression and analytical methods.

Rapid Cognitive Therapy

RCT is a client-centred, multi-faceted brief therapy that allows the rapid and effective resolution of all manner of psychological and emotional conflicts. This book includes in-depth coverage of the branch of RCT known as Rapid Cognitive Analysis. The name of the therapy is derived as follows:

RAPID—the intent is to resolve problems in the quickest time possible.

COGNITIVE—it does not rely on your client's accepting 'in good faith' a mysterious, half-understood mental process; instead, it allows him a full **understanding** *at the beginning of therapy* as to why he is the way he is. It does not leave a client wondering/worrying about how he will find that elusive 'forgotten traumatic event' nor, indeed, how he will search for anything that he does not already consciously know. It does not leave an individual fearful of what he might find or anxious about false memory, or somebody 'meddling with his mind'. Because of

this, resistance is minimal, right from the beginning. During the analytical work, your client's increasing understanding of what ails him, and why, will inspire positive changes to his belief system, and allow him to assimilate those changes into his personality, which is the 'bottom-line' aim of most therapies.

THERAPY—it is a truly therapeutic process, working with the subconscious/preconscious part of the psyche, locating, analysing and thereby resolving active conflict(s) into acceptance.

Standard or traditional analytical (or 'regression-to-cause') therapies rely upon repression release, abreaction and catharsis to produce an alleviation of symptoms. While this is undoubtedly effective where a repressed traumatic emotional state is the root cause of an individual's difficulties, it has many shortcomings. It works best for hysterical illness—indeed it was for this sort of condition that the 'father' of analytical techniques, Sigmund Freud, invented free association. But not all our clients are suffering from a hysterical illness and while analysis and free associative techniques can help most psychological ills, there are undoubtedly better ways, faster and more effective methods, to help deal with a lot of the difficulties that the modern individual encounters in life.

With RCT, repression(s) will still be released and resolved via abreactive work when necessary, just as effectively, just as quickly—maybe even more so—as with standard analytical techniques. In addition, 'cumulative trauma' will be easily dealt with, too, while the process is still just as effective for the hysterical type of illness for which straightforward free association was developed.

One of the mainstay areas of therapeutic work lies in effectively resolving past hurts and unfinished subconscious 'business'. Because of this, the section on working with analysis and/or regression is fairly comprehensive, though this book is not intended as a full training course for these methodologies. If you have never used either methodology in a therapeutic session, though, there is more than enough here to get you safely started and whet your appetite to learn more. Although you can easily utilise a lot of RCT work successfully without employing either of

these techniques, there will be many occasions when, using them, you will do far better things for your client.

With RCT, you can often be effective even working without hypnosis if necessary. You can also work easily with logical/analytically-minded clients and deal with relationship problems more effectively. You can resolve many difficulties in only one to three sessions and can often completely remove a 'social phobia' in only one session. In addition, it is easier to improve motivation or personal confidence, deal with unresolved grief issues and many more of the emotional ills that beset your clients.*

Because of the 'instantly available' culture of our modern society, there is a growing requirement and expectation among the public that we should be able to provide an expert and immediately available 'cure' for whatever problem they present us with. Not only that, the ever-increasing belief that life should be fun—and that it *is* fun for everybody else—means that the problems clients are bringing to us are becoming more wide-ranging than ever before. It is the therapist who can come closest to those client expectations who is destined to remain successful, far into the future!

RCT is probably the most complete therapeutic system available—an integrated, streamlined, matching 'set of tools' for all therapists. When you learn how to use RCT, you will be astonished at the way you suddenly become more effective, almost overnight!

*Not every technique that can be used with RCT is necessarily shown in this book, which is the first book on the subject.

Chapter 3

A Brief but Accurate Personality Test

This short test helps you to unobtrusively assess the basic personality group of your client, since the questions can be incorporated into conversation. If your client does not know she is being 'tested' the answers are likely to be more honest. This will allow you to choose the best possible induction for your client (see Chapter Eight) and will also help in the understanding of causes and origins of her symptom pattern(s). A comprehensive analysis of each group is given in the second part of this chapter.

Test and analysis

(1) If you had to choose, would you rather be rich or popular?

(2) And if you were rich, would you rather be quietly so, or evidently so?

(3) And where in your body do *you* actually 'live'?

The answers to these three questions can tell you an astonishing amount about your client. The one who chooses 'popular' will usually say she lives in her heart, thorax, or stomach. This is the Intuitive Adaptable (IA) personality, the responsive 'people person', governed by feelings, in touch with her emotions and easy to deal with in therapy, since she is usually quite suggestible and compliant. She tends to suffer emotional problems—low confidence, depressions, low self-esteem, etc. Her answer to question two may modify her personality categorisation a little as you will see later on, in the chart of possible combinations of answers. Almost any induction works well with this type.

The one who chooses 'rich, quietly' is likely to tell you she lives in her head. This is the Resolute Organisational (RO) personality, the intellectually-orientated, logical and analytical individual, governed by her thoughts rather than her feelings. She can be difficult for the inexperienced therapist because she tends to question

everything. Interestingly, she is often fear-based and tends to suffer guilt complexes and phobic-type conditions, as well as anxiety over control issues. Hypochondria is not uncommon, nor is IBS (Irritable Bowel Syndrome). Care is needed with inductions, which must really grab her imagination and/or intellect. An effective method is to access one of her own vivid memories.

The one who would be 'rich, evidently' will tend to live in her **whole body,** or maybe not know what on earth you mean. This is the Charismatic Evidential (CE) type; she tends to be lively and noisy, though she is sometimes determinedly 'slob-like'. She can be an Actor (with a capital 'A') all the time, and *loves* attention. She is very likely to abreact in hypnosis and can be sobbing with evident anguish and then laughing 'like a drain' in the very next second. She is into self-gratification and pleasure, and tends to suffer from dramatic illnesses like spontaneous vomiting, violent rashes, severe diarrhoea, temper outbursts, frustration and the like. Alcohol dependence is common as are other forms of addiction. She usually goes into hypnosis 'at the drop of a hat' and responds best to novel induction methods like imagining vividly that her fingers are like hollow tubes, and that she can breathe in through her fingertips and out through her feet (or the other way around).

There are various combinations of answers:

Answer 1	**Answer 2**	**Answer 3**	**Personality type**
Popular	Quiet	Heart	IA
Popular	Quiet	Head	IA, but restrained, maybe inhibited (Some RO)
Popular	Quiet	Everywhere/ Don't know	IA, but unstable
Popular	Evident	Heart	IA, but outgoing (Some CE)
Popular	Evident	Head	Combination (see later)
Popular	Evident	Everywhere/ Don't know	CE acting IA
Rich	Quiet	Head	RO
Rich	Quiet	Heart	RO with a 'soft centre' (Some IA)

Rich	Quiet	Everywhere / Don't know	Expressive RO (some CE)
Rich	Evident	Everywhere / Don't know	CE
Rich	Evident	Head	CE, intellectually orientated (Some RO)
Rich	Evident	Heart	CE, emotionally / pleasure orientated (Some IA)

It is worth recognising that 'odd' or unusual answers to question (3) nearly always indicate the charismatic evidential personality, because the answers' qualities of novelty and differentness reflect those aspects of the CE type so well.

Personality types

Now we will have a detailed look at each of the three major personality types as revealed by this short test. No test, of course, is perfect, and the brevity of this one means that there may be those who do not seem to 'fit' what their answers suggest. Most of the time, though, it is astonishingly accurate. ***Remember that very few people will exhibit all the traits shown, due to the influence of the other groups.*** The combinations shown above will help you to understand this more easily.

Resolute Organisational

Personality Profile:

Forceful: Can always make their presence felt.

Resolute: High levels of tenacity and determination.

Organisational: Able to plan well and bring those plans to fruition.

Achilles heel: The need to always be in control.

Chapter 17

The Slide Show—A Powerful Device for Recall or Dissociation

The technique described in this chapter is a powerful aid to recall for clients in analytical therapy whose memories are sparse, or where they seem unable to free-associate. It also provides an exceptionally effective dissociation technique to help those individuals who need to 'work through' a trauma but who find it too distressing to approach by even triple-dissociative methods. An inventive therapist will no doubt find other ways in which it can be used, for it will lend itself well to the 'swish' technique, as well as therapy for motivation, goal-setting, social phobias, and other behavioural situations.

The main reason it works so well is simply that it is an anchor to the visualisation process.

'Setting up' routine

Whatever the reason for its employment, the introduction to the client will be the same, preferably delivered during hypnosis:

> *"Right, (name), I'd like you to imagine one of those slide projectors that people used to show their holiday snaps on before everybody had video…and I'd like you to imagine, as well, that it has one of those remote control buttons connected to the machine by a cable, and you have the control button in your hand…"*

So now your client already has the sense that she is in control of the situation, essential if you are seeking to approach an area of trauma. From here on, we handle each situation differently.

Dissociation

Used carefully, this can produce complete desensitisation to a traumatic incident, usually in one or two sessions—though in severe cases you may need more to bring it to completion. It is also

possible that you will need to repeat the process a couple of times or so for some clients.

> *"And you probably remember those cartridges that held all the slides… well, I want you to imagine that you're holding just such a cartridge. The cartridge contains slides of that situation that has disturbed you so much over the years, right up to the moment when it was finally over and you were safe again… but it's okay, because they're nowhere near the projector yet and you have hold of them. So that situation is totally under your control. In your mind, now, turn it over and over; let yourself feel that cartridge and those slides, feeling just how thin each one is… noticing how easy it would be for them to just fall out…"*

There is an enormous amount going on here! Having hold of the situation, being safe, control, turning it over in your mind, feeling it, each slide being thin (small), and how easy it would be to let it go (fall out). Continue:

> *"How does that feel?"*

Wait for "Okay" and do more, if necessary, until you get it. Then:

> *"Good…right, we'll just pop that cartridge into the projector, but it's still okay, because you have the control button and you're totally in control… Now, this is a special projector, in that it has a colour control, and a volume control… and both are turned right down, so those slides will be in black and white only, with no sound. Would you like to see them from the beginning, or would you like to go backwards through them?"*

You appear to be giving your client choice and control here. You are *not* offering the option to not see the slides, but it will feel to your client that she has agreed to look at them. Some clients will want to 'watch the show' in reverse order, first of all seeing the time when they were safe again. Others will want to start at the beginning. Whichever she indicates ask her to press the slide projector control button, then ask her to tell you what she can see. In a very severe case, you could ask her to let you know when she is ready to press the button to see the first slide. Work through each scene as much as is needed for your client to 'push the

button' to change the slide, until you get to the 'biggie'—that's where you have to eventually aim at keeping her there until she can view it comfortably, although you can let her move on to the next one fairly quickly, at first.

From now on, it is plain—and obvious—sailing! When she can go through the whole event forwards, do it again increasing the colour, resolution, sound, and finally, convert each 'slide' into a seamlessly joined video/film that she can 'float into' when she feels ready to do so. This last step is probably the most difficult for her and it definitely helps if you let her take that control button with her!

Analytical recall

Here we are going to use this technique to 'trigger' free association. There are many times when a client either claims to be able to remember nothing, or when she brings logic to bear upon each memory, or presents chronological memories only. With this technique, you can arrest that process by the simple expedient of asking your client to push the button to see what the next slide is. As with many of our methods, it relies heavily for its success on the imagery with which we present it to our client. Start with the 'setting up' routine, then continue:

> *"Now, I want you to pretend that this slide projector is already loaded with a cartridge absolutely stuffed full of all sorts of scenes from your early years… but there* ***is*** *a tiny snag…somebody's gone and got the slides all mixed up, so we can have absolutely no idea in which order they will appear. You'll probably see yourself at, oh, I don't know… say, seven years old in one of them, then the next might be from twelve, or four, or thirteen, or perhaps as young as only two years old…maybe you'll see yourself at school, or with your friends one moment, and the next one will be on holiday with Mum and Dad… who knows. We shall see…"*

Be very careful not to stress any of the ages or places you mention, since it may easily be taken as an indicator of where you believe the problem to be. This paragraph is a wonderful excuse for you to feed back any information you already have concerning your client's formative years. Continue:

Praise for ***Rapid Cognitive Therapy:***

"***Rapid Cognitive Therapy*** provides the therapist with a wealth of practical material – and above all, this book is practical from start to finish. From preparing the client so that therapy is more effective, to a variety of hypnotic inductions and non-hypnotic approaches, no stone is left unturned in this book's quest to develop an ethical, easy-to-understand, but above all, effective treatment of modality. I have no hesitation recommending this book to therapists, trainers and students."

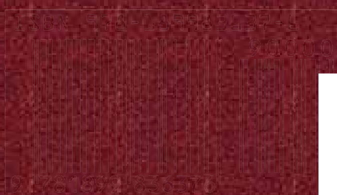
Dr Chris Forester
Chairman, The Hypnotherapy Society/Hypnotherapy Research Society

"…Written by two excellent and experienced therapists, [***Rapid Cognitive Therapy*** joins] the ranks of modern publications in the domain of psychotherapeutic approaches."

Professor V.M. Mathew
President, British Medical Hypnotherapy Examination Board

"My main reason for recommending ***Rapid Cognitive Therapy*** to you is that it represents an approach which is entirely respectful towards the client's fears and anxieties which he or she brings into therapy. Philips' and Watts' approach has integrity and helps the client to actively confront difficult issues in a way which enables the client to safely remove the stumbling blocks which are obstructing personal development."

Vera Peiffer, Author of ***Positive Thinking***



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