Hypnosis for Children and Teens—It’s Not What You Think

Objectives

- Suspend past beliefs you hold about hypnosis.
- Redefine what hypnosis is and can be
- How to use hypnosis as an important component in your toolbox

1. Hypnosis is not this.

2. This is what hypnosis is.

3. What does this picture have to do with the lecture today?
   a. First the slide is a memory, a good memory
   b. This was his center place
   c. It is a focus on imagery
   d. Imagination with feeling
4. Please do not get hung up on the word hypnosis. If it makes you uncomfortable, throw it away and think about focus on imagery and imagination.

5. Cultivation of Imagination
   a. When we are working with people, we are cultivating imagination.
   b. When we are doing this work we are gardeners—we are tilling the soil, planting the seeds, spacing them as needed, watering, weeding, replanting as necessary, and then somewhere down the line, we might have a beautiful garden.
   c. This is a metaphor for the work we do.

6. But one size does not feel all.

7. Ingredients in this garden of therapy and hypnosis are:
   a. Expectations
   b. Motivation

8. Hypnosis is everywhere around us and is used by many folks who do not talk about it.
   a. Any performer—musician, actor, athlete, performer, etc.—all use it

9. Video—Leora Kuttner, Ph.D. is a pediatric clinical psychologist specializing in children’s pain management. She is Clinical Professor, Pediatrics, at the University of British Columbia and British Columbia Children’s Hospital, Vancouver, Canada.
   a. Young adults (20 something) talking about therapy they had when they were younger
   b. All had cancer
   c. Hypnosis was integral in their treatment

10. History—it is important to understand and know where the profession comes from. Imagery is not a new thing—go to the Bible.

11. Franz Anton Mesmer (1734-1815)
    a. Mesmer’s times—
       i. Age of Enlightenment in France
       ii. Science was replacing superstition
       iii. Fluid theories of energy
          1. Light, magnetism, electricity
       iv. Illness considered an immoral state, treated with purging, exorcism, atonement
    b. Known for—
       i. Enlightened approach to the “art of healing”
       ii. Magnetic influence, “passes,” to restore health
       iii. Dissertations on the Discovery of Animal Magnetism, 1779
       iv. Treatment of children and adolescents
       v. Mesmer's name is the root of the English verb "mesmerize"
    c. One of his young blind patients was treated with his animal magnetism theory and was “cured”—she could see again.
i. He became a famous consultant in the field.
ii. Unfortunately, the girl relapsed though when additional stress occurred in her family.
iii. Mesmer was put at fault and fell into disgrace
d. They held an investigation, called the Franklin Commission
   i. 1734 investigative commission of Louis XVI
   ii. Benjamin Franklin ran the commission
   iii. Did not dispute the therapeutic efficacy of “magnetic” methods
   iv. “…imagination is the true cause of the effects attributed to the magnetism.”
   v. Abbe Faria, an Indo-Portuguese monk in Paris contemporary of Mesmer, emphasized that “nothing comes from the magnetizer; everything comes from the subject and takes place in his imagination i.e., autosuggestion generated from within the mind”.
e. Original French documents and information are stored and available at the Bakken Museum in Minneapolis (special permission only).

12. John Elliotson (1791-1868), British Mesmeric Surgeon
   a. Introduced stethoscope to United Kingdom
   b. The Zoist, 1842-1856 (13 volumes) including mesmeric treatment of childhood problems
   c. Numerous surgical procedures under “mesmeric state,” 1843
   d. Refuted imagination’s role
   e. He can be considered as a pioneer to live up mesmerism in medical field. His efforts brought up a fruitful result. The Orleans Medical and Surgical Journal asserted that, compared to anesthetics, mesmerism could perform "a thousand times greater wonders and without any of the dangers". This is a first step where Hypnosis finally got acceptance in medical worlds (http://hypnosisguru.blogspot.com/2009/08/john-elliotson-zoist.html).
   f. This was 60 years before the advent of chemical anesthetics.

13. James Esdaile (1808-1859)
   a. Scottish surgeon practicing in India
   b. 345 major surgical procedures with mesmerism as sole anesthetic (a lot of children)
   c. Also noted significantly less infections and bleeding
   d. Methodology was clearly laid out and there was no pain
      i. Esdaile's method was to make the patient lie down in dark room, wearing only a loin cloth, and [Esdaile would] repeatedly pass the hands in the shape of claws, slowly over the [patient's] body, within one inch of the surface, from the back of the head to the pit of the stomach, breathing gently on the head and eyes all the time [and] he seems to have sat behind the patient, leaning over him almost head to head and to have laid his right hand for extended periods on the pit of the stomach (Gauld, 1992, p. 257).
14. James Braid (1795-1860)
   a. Braid is regarded by many as the first genuine "hypnotherapist" and the "Father of Modern Hypnotism."
   b. Nervous sleep, “Neurohypnosis,” “Hypnotism”
   c. Introduced eye-fixation, monoideism, catalepsy
d. Hypnosis as naturally occurring phenomena
e. Suggested role of self-hypnosis
g. Quote: “I adopted the term hypnotism, or nervous sleep, in preference to mesmerism, or animal magnetism…By this means, I maintain that the operator does not communicate and surcharge of magnetic, odylc, electric, or vital fluid or force from his own body to that of the subject…but I hold that he acts merely as the engineer, by various modes exciting, controlling, and directing the vital forces within the patient's own body, according to the laws which regulate the reciprocal action of mind and matter upon each other…”

15. On April 23, 1955, the British Medical Association (BMA) approved the use of hypnosis in the areas of psychoneuroses and hypnoanesthesia in pain management in childbirth and surgery. At this time, the BMA also advised all physicians and medical students to receive fundamental training in hypnosis.

16. The Roman Catholic Church banned hypnotism until the mid-20th century when, in 1956, Pope Pius XII gave his approval of hypnosis. He stated that the use of hypnosis by health care professionals for diagnosis and treatment is permitted. In an address from the Vatican on hypnosis in childbirth, the Pope gave these guidelines:
   a. Hypnotism is a serious matter, and not something to be dabbled in.
   b. In its scientific use, the precautions dictated by both science and morality are to be followed.
   c. Under the aspect of anesthesia, it is governed by the same principles as other forms of anesthesia.

17. In 1958, the American Medical Association approved a report on the medical uses of hypnosis. It encouraged research on hypnosis although pointing out that some aspects of hypnosis are unknown and controversial. In 1955, the British Medical Association said the same thing.
18. To date, no required medical training exists today. Although courses are offered, physicians do not attend the classes; others attend them.

19. Quote—“My investigations have proved, beyond all controversy, that by these means the ordinary mental and physical functions may be changed… and all the natural functions may be excited or depressed with great uniformity, even in the waking condition, according to the dominant idea existing in the mind…whether that has arisen spontaneously, had been the result of previous associations, or of the suggestion of others.” James Braid, The Physiology of Fascination, 1855.

20. Quote—“The whole of the subsequent abnormal phenomena are due entirely to this influence of dominant ideas over physical action, and point to the importance of combining the study of psychology with that of physiology, and vice versa. I believe the attempt made to study these two branches or science so much apart from each other, has been a great hindrance to the successful study of either.” James Braid, The Physiology of Fascination, 1855.

21. Quote—“And, finally, as a generic term, comprising the whole of these phenomena which result from the reciprocal actions of mind and matter upon each other, I think no term could be more appropriate than psychophysics.” James Braid, The Physiology of Fascination, 1855.
   a. The term, psychophysics, has entered the medical field in the last 20 years and that is a good thing.

22. In the first half of the 20th century, there was very little written about hypnosis. Clark Hull is usually considered to have begun the modern study of hypnotism.
   a. An experimental psychologist, his work Hypnosis and Suggestibility (1933) was a rigorous study of the phenomenon, using statistical and experimental analysis.
   b. Hull's studies emphatically demonstrated once and for all that hypnosis had no connection with sleep.

23. Liébeault & Bernehim (19th century France) was the first to describe pediatric hypnotic susceptibility.
   a. Hippolyte Bernehim is considered by some experts to be the most important figure in the history of hypnosis. Along with Ambroise-Auguste Liébeault he founded the Nancy School which became the dominant force in hypnotherapeutic theory and practice in the last two decades of the 19th century.
   b. Ambroise-Auguste Liébeault (1864-1904), the founder of the Nancy School, first wrote of the necessity for cooperation between the hypnotizer and the participant, for rapport. Along with Bernehim, he emphasized the importance of suggestibility.

24. Common terminology—susceptibility, suggestibility, “under a trance,” etc. There is a wealth of literature on hypnosis. It is interesting science, but doesn’t match what is happening clinically.
   a. Low/high hypnotizable—individuals that cannot be easily hypnotized.
i. However, if they are in a clinical situation, in the right frame of mind, trying to control pain, problem to solve, etc., they can learn hypnosis.
b. All hypnosis is self hypnosis.

25. Pediatric hypnosis is a different story. Bottom line is that all kids can do this. Liébeault & Bernehim were the first to study this.
   a. They said that the kids who do it the best are those between ages 7 and 10.
   b. We’ve since found out that this is not true; all kids do it well.
   c. How old to they have to be? 18mos? But that is for verbal hypnosis. Younger children can use kinesthetic (rocking, soothing, etc.)
   d. Children think of hypothesis in these ways:
      i. Younger children—pretending
      ii. Older children (10-12)—daydreaming
      iii. Even older children (adolescent/young adult)—imagining

26. Sometimes it helps in the process to talk about what hypnosis is not.
   a. Hypnosis is NOT about being all powerful.
   b. Examples:
      i. The Manchurian Candidate (movie) didn’t use good methods of hypnosis
      ii. X-Files had elements that were incorrect
      iii. Today’s real life spy agencies--CIA, FBI, KGB, Mossad, etc.—they use hypnosis all the time

27. Hypnosis IS learning to have more power over yourself.

28. Hypnosis IS NOT the same as sleep.

29. Main physicians do not understand the underlying concepts of hypnosis.

30. Most professionals today do not use the term “hypnosis” except parenthetically because it is not an accurate description of the process that occurs.

31. Hypnosis IS NOT about making someone do something against their will. Stage hypnotists are entertainers; clinical hypnotists think stage hypnosis is evil and should not be used for entertainment. The high school graduation parties who have these stage hypnotists are not ethical and not a good idea.

32. Hypnosis IS an alternative state of awareness in which an individual develops a heightened and focused state of awareness and alertness (with or without relaxation) for purposes of maximizing some potential or solving some problem.

33. Every day examples of hypnosis and hypnotic phenomena…
   a. Time distortion—“time flies when you are having fun…”
      i. In therapy we use time progression and time regression
   b. Kids sitting in front of the TV, “don’t hear” the call for supper!
c. Absorbed in a good book, we “enter” the book ourselves, and/or we don’t hear the
doorbell ring.

34. Two kinds of hypnosis
   a. Spontaneous (all around us)
   b. Induced (facilitated)...for some appropriate purpose--
      i. Solving a problem
      ii. Eliminating a habit
      iii. Reducing stress
      iv. Managing discomfort
      v. Maximizing potential

35. Every day examples--After watching “Chariots of Fire,” Dr. Kohen when over to the
   community center to run for exercise and never had he ran those five miles that fast in all his
   life.

36. Every day examples--Family Circus cartoon—three kids at the beach
   a. Kid 1 is surfing in his call out.
   b. Kid 2 is making a Disneyland castle on the beach in her scene
   c. Kid 3 is digging a tunnel to China
   d. You can’t pick the imagery for the individual. Let the client to pick a piece/picture
      for focus—each person picks their own imagery.

37. Every day examples--The sigh… Ahhhhh……. The power of the breath… You just did
    self-hypothesis; it is built in. If you were being monitored, your heart beat would have
    slowed, your blood pressure would have lowered.

38. Every day examples—We bump our side on the corner of a desk/dresser, but we are on our
    way out and we don’t attend to the discomfort (we “selectively disattend”)… Later when we
    are undressing we may notice a bruise and think, “Hmmm, that must have hurt, but I don’t
    remember it hurting. I wonder where that came from…?!“

39. Developmental level is more important than chronological age in being able to learn and use
    clinical hypnosis skills.

40. All hypnosis is self-hypnosis.

41. All children can learn to do hypnosis (because they really already know how…!)

42. Child hypnosis: Where we have been and where we are going—
   a. 1986: “No Fears, No Tears” video on hypnosis for children with cancer by Leora
      Kuttner, Ph.D. (sequel, in 1999 is video “No Fear, No Tears—13 years later”); also
      Making Every Moment Count, 2004
   b. 1987: First of annual workshops in Pediatric Clinical Hypnosis at Society for
      Developmental Behavioral Pediatrics


43. Children, who have a reason to learn and a positive expectation, typically learn hypnosis easily and apply it effectively to their benefit.

44. We believe that we will understand the mechanisms of hypnotic responsiveness only when we have ways of measuring and tracking the energy associated with a change or shift in mental imagery.

45. To date, no theories or susceptibility scales have proven to be of predictive clinical value in anticipating success or failure of hypnosis for a given child or type of problem or disorder.

a. But you don’t have to keep getting it refilled at the drug store and it doesn’t have any side effects and you don’t have to include a pamphlet with it with warnings.

46. We are awaiting definition of:

a. Physiologic correlates of the hypnotic experience.

b. Predictors of who will do how well, when, and why

47. What will be the future of Pediatric Hypnosis and Hypnotherapy be in 2010?

a. Training in hypnosis will be universal and required for child health practitioners— we’re getting closer!

b. There will be an unprecedented acceleration toward a commitment to clinical review and quality assurance, and toward a compilation of much needed data on what works best for whom; i.e., predictors of hypnotic responsivity.

c. Schools will probably pick up on this first.

48. Yellow-page hypnotherapists need some investigation and questions asked. What is your training? What is your certification?

49. The ideal child hypnotic susceptibility scale will be:

a. Brief (x to x minutes long)

b. Interesting and absorbing

c. Developmentally sensitive and specific

d. Learning style sensitive and specific

e. Multisensory and discriminating between senses

f. Free of cultural bias

g. Predictive: What type of hypnotic strategy will be best for a given child with a given learning style, at a given level of development, with a given problem?
50. In hypnosis patients are:
   a. Focused, concentrating, listening carefully
   b. Suggestible, literal, concrete
   c. In a readiness to listen...
   d. Motivated to change
   e. Aware that time is experienced differently in hypnosis

51. Principles of hypnosis with children:
   a. Understand child development
   b. “Go with the child…” (M.H. Erickson, M.D.)
   c. Children are multi-sensory
   d. Favorite place/activity imagery
   e. Relaxation not necessarily required
   f. Young children move around in hypnosis

52. They really already know how…! (they just don’t know that they know…)

53. So what? Now What?
   a. When the child is in hypnosis…then what???
   b. What can be accomplished?
   c. What’s possible?

54. Applications of hypnotherapy of children and adolescents
   a. Habit problems and disorders
      i. Thumb sucking, nibbling, hair pulling, habitual cough, bed wetting
   b. Behavior problems
      i. Anger, adjustment disorder, sibling rivalry, hypnotherapy
   c. Biobehavioral (psychophysiological) disorders
      i. Asthma, migraines, Tourette syndrome, inflammatory bowel disease, warts, etc.
   d. Pain
      i. Acute pain (from surgery, illness, or medical procedure)
      ii. Chronic (disability, trauma, chronic illness)
   e. Anxiety
      i. Performance, separation, post-traumatic stress, phobias, OCD, etc.
   f. Chronic illness/multi-system disease/terminal illness
      i. Cancer, hemophilia, AIDS, diabetes, chronic diseases (dialysis, transplants), etc.

55. Exercise—example—bed wetting. Rapport, rapport, rapport, understanding the child
   a. Evoke curiosity
   b. Finding common ground
   c. Honor and empower the child
   d. Understand the patient
   e. Personalizing the process
   f. Understand the problem
56. History-history-history (understanding the problem)
   a. History from the child
   b. Child’s understanding of the reason for the problem
   c. Reframing; focus on DRY
   d. Family’s perspective about causes and future of problem
   e. Assess motivation: What will be different WHEN the child is DRY?

57. Education-education-education
   a. Dispel mistaken beliefs about causes
   b. Remove shame and blame
   c. Teach about how the body works
   d. Create an understanding of mind-body communication:
      i. How do they know how to walk without thinking about it?
      ii. How do they know how to ride a bicycle without telling each muscle what to do?
      iii. How do they not fall out of bed at night?

58. Hypnotherapeutic suggestions for enuresis
   a. Keep a record of DRY beds (NO mention of the word wet)
   b. Look at the diagram (of body) before bed and “just think about it, that’s all…”

59. Negative Expectation model—are therapist expectations important?

60. Pain is pain…suffering is optional

61. Anxiety is part of all pain.

62. When everything that can be done and should be done has been done, there is no reason for pain, because pain is (just) a signal.

63. Anxiety
   a. Performance anxiety (stage fright, recitals, school programs, sports, etc.)
   b. Acute grief and bereavement
   c. Separation anxiety
   d. PTSD (post traumatic stress disorder)
   e. Phobias
   f. OCD (obsessive compulsive disorder)

64. Chronic illness—multi-system disease—terminal illness
   a. Cancer
   b. Hemophilia
   c. AIDS
   d. Cystic fibrosis
   e. Diabetic mellitus
   f. Chronic renal disease (dialysis, transplant)
65. Control when it is needed

When God Paints

66. Training in clinical hypnosis
   b. Minnesota Society of Clinical Hypnosis and University of Minnesota Annual workshops in Clinical Hypnosis 612-626-7600

67. Exercise in hypnosis—cultivation of quiet steps
   a. Push finger and thumb together tightly
   b. Take a deep breath and hold it
   c. Close your eyes
   d. Count to five
   e. Exhale
   f. Let pressure on your thumbs up
   g. And relax your body with your breathing: in to 3; out to 6
   h. Relax your shoulders then move down your body

68. Video—surgery on thumb skiing injury (his work partner) without anesthesia; just with hypnotherapy. There was no bleeding.

References:

Parents’ Mental Health and Its Impact on Children: A Look at Adult Mental Health Issues in the Context of Family Life in Supportive Housing
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Presenter: Dr. Dan Kohen, Director and Professor, Division of Behavioral Pediatrics, University of Minnesota School of Medicine.

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Test/Review

1. Explain what hypnosis is and what it is not (perceived versus actual).

2. Franz Anton Mesmer was known for what theory? Was his theory correct/proven?

3. Who is the first recognized hypnotherapist who was also known as the “Father of Modern Hypnotism?”

4. Clark Hull is usually considered to have begun the modern study of hypnotism. What was one tenant of his work?
5. Liébeault & Bernehim studied pediatric hypnotic susceptibility. What was one of the first premises they put forth?

6. Give some every day examples of hypnosis and hypnotic phenomena.

7. There are two kinds of hypnosis. Name them and briefly describe how they are different.

8. All hypnosis is what?
9. There are six basic principles of hypnosis with children. Name three of these principles and discuss briefly why they are important.

10. Are therapist’s expectations important in hypnosis? Why or why not?