

Using Hypnotherapy with Children: Tapping into the Imaginative Power of the Young

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When I first saw Frank, he was a nine year old boy having a lot of difficulties paying attention in class and at home and he was sad much of the time. In our initial session I spent some time trying to identify his worries and we discovered that he had lost two of his pets at a young age. He was still carrying the sadness around in his heart. Working with Frank, I tried several methods including behavioral and cognitive approaches. These were minimally effective, and it became clear that I had to try a different modality. That is when we began talking about hypnotherapy. I explained it to his mother and to Frank. They were both excited about this approach and were motivated to get started. He loved the induction part of the hypnosis and relaxed right away. First, I used progressive muscle relaxation. I then proceeded to help him deepen his trance by having him imagine a TV screen in his minds eye, which was playing his favorite show Garfield. From this point we were able to work on his troubled feelings and behavior. He was able to express his sad and confused feelings about losing his pets, which he had held in for so long, by hitting a pillow and crying. After he expressed his feelings he was able to bring in a protector to help him manage these intense feelings if they came up again and he was able to say good bye to his pets in a loving way. After just one hypnotherapy session, Frank was able to pay attention better and he no longer carried the sadness around with him like a blanket.

Hypnotherapy is an effective tool to use with children for various problems they may encounter. Hypnosis has been used with a tremendous diversity of childhood problems, such as habit disorders (Gardner, 1978a), psychophysiological disorders (Williams & Singh, 1976), sleep disorders (Jacobs, 1962, 1964), nightmares (King et al., 1989), pain of various types (Olness, 1985), depression, and chronic medical conditions (Gardner, 1978b). Hypnotherapy has been highly successful with phobias (Hatzenbuehler & Schroeder, 1978), generalized anxiety (Ambrose, 1968), and the alleviation of trauma or PTSD (Friedrich, 1991).

For the purpose of this article we shall consider therapeutic hypnosis as an altered state of consciousness, usually involving relaxation, in which a person develops heightened concentration on a particular idea or image for the purpose of maximizing potential in one or more areas. This definition is important because recent studies agree that hypnotic susceptibility is related to the capacity for imaginative involvement (Hilgard, 1970) and that children generally enter the hypnotic state more easily than adults (London, 1965). Through observations held in natural and formal environments, it has been found that children are capable of going into hypnosis spontaneously without the aid of an adult (Olness and Gardner, 1978).

Piaget has shown that children do not have fully developed cognitive processes and therefore do not have a cognitive framework or schema until they reach operational thinking stage at about the age of 11 or 12 (Piaget and Inhelder, 1969). In essence, children are not burdened with the same theories and facts about how the world works and how it should operate in our day-to-day lives (Cowles, 1998). Additionally, there were norms developed of hypnotizability and it was reported that the peak of susceptibility was in children 7 to 14 years old, with somewhat lower susceptibility in younger children and in adults (Tinterow, 1970). Children are, by nature and development, in and out of trance states throughout the day and these trance states are based largely on the relative cognitive freedom of their imaginations.

The role of the hypnotherapist, then, is to be a guide for children helping them to use their imaginations rather than imposing change (Olness and Gardner, 1978). In working with hypnotherapeutic techniques with children it is fundamentally important to remember that

hypnosis with kids is easy but not simple. It is fun but requires concentration and it should be conducted with respect for the child and his or her intrinsic abilities (Hammond, 1990).

There are some considerations to make before using hypnotherapy with a particular child. Attention should be given to the following factors:

1. Age and developmental stage: a three year old may be willing and able to relieve pain and discomfort through hypnosis, but might not be motivated to achieve a dry bed.
2. Intelligence: the technique chosen should be appropriate to the mental age of the patient.
3. State of illness: A terminally ill or comatose child may be unable to learn specific hypnotic techniques, but may nevertheless be in a highly suggestible state.
4. Secondary gain: The relief provided by therapy must be greater than the secondary gain from the discomforts of the illness.
5. Milieu of hypnotherapy: the wishes of parents can either help or inhibit the child's response to pediatric uses of hypnotherapy. Similarly, the degree of cooperation from other members of her therapy team, such as physicians, extended family, house staff, nurses, and psychologists must be considered (Olness and Gardner, 1978).

Once it has been established that the child meets the criteria for the use of hypnotherapy, it is then the therapist's job to build trust and rapport with the child. If this is not present the techniques will not be successful. Elman (1964) states that, "The hypnotist is a 'hypnotic operator' who teaches the child or adult to achieve the trance state and then, if the person is willing, stimulates the patient's imagination. Consent is imperative to the process." Nonvolition is always an illusion, according to Shor (1970), as no suggestion will be accepted by a subject who does not want that particular suggestion. Ultimately, there has to be motivation to remedy the complaint. This is true of any treatment modality.

Methods

Induction

Success in working with children requires a modification of the induction procedures and suggestions so that they are compatible with the age of the child. The ages that will be discussed here are between 7 and 14 years old. In middle childhood (ages 7-14) some meaningful inductions include imagining a favorite place, activity, music, or television show, imagining riding a bike or being carried on a magic flying carpet, imagining watching clouds changing shapes, colors, or eye fixation on a point on your hand (Olness and Gardner, 1988).

It is important for the child to be clear on what is problematic for them. Once identified, it is important to then help the child figure out what feelings are associated with that problem. One technique that works well is to have the child pick a feeling from a feeling chart with faces to match the feeling words. This way the child is clear on what he or she will be working on in hypnosis. An explanation of what the therapist will be doing before they begin sets the healing mindset in motion for the child. It is recommended that the child do release work by hitting a pillow (if physically able) or yelling into a pillow. This begins to place the child in a trance. When they are feeling ready to move on, start the formal induction. The child will usually let the therapist know when they are ready to move on. At this point it is helpful to turn soothing music on to help deepen the trance.

A therapist may use similar trance-deepening techniques with children that they use for adults. Eye fixation, arm elevation, and swaying in a hammock, have been shown to be quite successful. One particularly successful technique that I have used is to suggest to the child that I am placing "Magic glue" on their eyes that will help them to keep their eyes closed (Wellness Institute Training Manual). If a child does not want to close their eyes, you can tell them to keep their eyes open until they close or just look at something carefully to help them concentrate in the same way they do when they daydream (Hammond, 1990). When using eye fixation it is

suggested to have them stare at something that fascinates them. For example: a crystal, a mobile, or a finger.

As you begin to use deepening techniques with children, it is crucial to tune into their imaginations. A very successful technique taught by The Wellness Institute is to have them visualize a television screen in the center of their forehead. Then, give them an imaginary channel changer and instruct them to find their favorite program. At that point they can describe to you what they see. As they describe to you the episode of the show they are in, it will give you a glimpse of what is going on inside of the child. At this point have the child choose a character to be a protector and have him/her “anchor” this with a fist as a resource state. An anchor is any stimulus that evokes a consistent emotional response pattern from a person. The stimulus can be through any of the sensory channels. The anchor can be used to “fire off” the internal state again and again at will. The anchor is used for creating corrective experiences in revisited traumas - a refuge or a safe place - when a client is overwhelmed with fear. At the end of the session, an anchor of unconditional love is created for the ongoing healing (Zimberoff and Hartman, 1998).

It is very important that the therapist mimic what they are asking the child to do, such as breathing deeply. This will encourage the child to follow the instructions given. A therapist may also have the child visualize going down an elevator or a rainbow. Using the verbal patter of ‘Calm and relaxed’, ‘deeper and deeper’ encourages the child to go deeper into the trance. At this point in the session, point out to the child the natural way that the body relaxes when they focus their imagination this way. This, like other suggestions, is offered in order to demystify the experience, to enhance a sense of personal control, as well as to create awareness of physical changes that occur in relation to changes in the mind (Hammond, 1990).

Hypnotherapy

In working with children, the process of identifying the presenting problem area or treatment goal is completed at the beginning of the session. Next, the therapist should begin working on the identified issue. The therapist should turn off the music during this part of the therapy session. Have the child go back to the problem and identify the strong emotion. It is important to allow the child to explore and express those emotions by using Gestalt techniques such as the “Empty Chair.” They would then direct their expressions to specific people, institutions or situations. A degree of conscious awareness is always present, ensuring insight, verbal ability and enduring memory. As the session continues, the ordinary consciousness decreases and the unconscious and transpersonal states increase.

The next step would be to utilize an age regression. This is accomplished by going to another time in the child’s life in which they experienced the same or similar feelings (Zimberoff and Hartman, 1998). Children are never directed to any known or hypothesized events, but encouraged to follow their own unconscious ‘radar system’ to relevant experiences. The child is encouraged to describe the situation, explore and express the feelings. Gestalt techniques can be used to facilitate the expression and release (Zimberoff and Hartman, 1998).

A technique for age regressions that has been successful with children is to have the child go back to a most recent time they were happy. It is important to start the age regression with a positive experience and create a resource state for this before moving on to the next step. After this you can lead them back to the most recent time they felt one of the core negative feelings at hand: angry, lonely, sad, hurt, scared, shamed or embarrassed. Have the child express and release that feeling. At this time you can move onto the very first time they ever felt this negative emotion. Have them express and release this as well. The best technique to help the child release these emotions is to have him/her hit a pillow, yell into a pillow or throw the pillow. Throwing the pillow is a great metaphor when children need to give back a feeling or belief they received from someone in their life that hinders their progress with the issue they are working on at that time. It is important to start with the happy experience and end with that happy resource state (Wellness Institute Training Manual). It is useful to bring in their protector figure at this point.

This figure can help them change the scene and empower them to change the problem. The therapist can also further empower the child by strengthening his/her ego using certain phrases, such as “You are the boss of your own imagination,” or “You can do this to help yourself” (Hammond, 1990).

Another effective tool is to teach them how to use the ‘Feeling Dial’. This is put in their hand by the therapist who simply tells them that “This is the dial” while touching the inside of their hand. The child is then taught to use it by practicing increasing and decreasing the negative feeling with his/her thoughts while turning the “dial” on their own. This will help them control the intensity of the feeling both in hypnosis and in their everyday life.

Healing/Corrective Experience

Finally, the therapist takes the child into the healing part of the hypnotherapy session. This is a good time for children to imagine a safe protector giving them a hug as they hold a stuffed animal. Introducing a real adult as a safe protector and guide is more effective. The idea here is to help the child to decrease the negative feelings by imagining the protector loving them and the child loving the protector back. Hugging and petting a stuffed animal makes this easier for children to imagine and offers them a physical corrective experience. Children feel the negative feelings so intensely, holding and rubbing the soft animal allows these feelings to literally be rubbed and loved away. Some children are capable of giving positive affirmations at this point. The therapist should then offer positive suggestions regarding the problem with which they are working. It is important to use the child’s words as much as possible in this phase. As is critical with most, if not all, hypnotherapeutic suggestions, these statements are framed with certain principles in mind: i.e., choices that imply directly both that change will take place and that the child has options with that choice; that you believe what you are saying, and that the child is competent to make a change occur; that the child is in control and you are the coach or teacher; and that you respect and believe in the child (Hammond, 1990).

Case Example

Elly is a 9 year old female who was referred for anxiety, manifested in picking her fingers and nose and in ruminating thoughts. Her formal diagnosis is Attention Deficit Hyperactivity Disorder, Inattentive Type, and Generalized Anxiety Disorder (APA DSM-IV, 1994). I spent 7 months working with her cognitive distortions regarding her worries and fears. During this time she was prescribed psychotropic medications at a low dose to help control the symptoms of both of these disorders. This was slightly effective in helping her get these symptoms stabilized. I also worked closely with her parents and the school personnel to develop and implement a behavior plan and reward system. This addressed the secondary gain she was receiving due to her maladaptive behaviors caused by her anxiety and fear. The behaviors addressed on her behavior plan included crying and whining, nose picking, doing chores, completing class work, raising her hand in class, and expressing her feelings.

When this was put in place, she began to receive positive attention for her good decision making instead of negative attention for maladaptive choices. At this point we moved on to hypnotherapy. This was a great next step in her treatment. Elly has a wonderfully elaborate imagination and it worked well with the whole process of hypnosis.

Elly was very open and excited at the first session. She usually is quite fidgety but within 15 minutes the induction was complete and she was working on anchoring her safe place and protective figure. During the next several sessions she went back to each age, brought up the situations that caused anxiety and then healed them with her protective figure. Most of the situations that she went back to dealt with misreading social cues by other children, and then getting bullied or made fun of by these children. She was open to problem solving under hypnosis as well. We brought in an inner “wizard” and anchored this for future use. In day-to-day issues she could call on this part of herself to problem solve situations that caused her anxiety and fear.

The technique that was most effective for her was the use of the feeling dial. She learned to turn up her negative emotions and then turn them down. This was taught to her mother and guidance counselor. They both are now able to remind her to use it when she is distressed. This has been quite effective in social situations.

Her anxiety levels are down considerably, and when anxiety is present, Elly is better able to express it, ask for help if needed, and move on to the next step. She also uses the release of hitting a pillow or yelling into a pillow whether we are doing hypnosis or not. This release is usually all she needs to help her move on to finding a solution to the problem she is having.

As a result of her daughter's progress, and her readiness to heal her own anxiety, Elly's mother has begun hypnotherapy treatment as well. This has further helped Elly to heal, and become closer to her mother. This is because her mother is healing her own trauma and is less anxious as a result. This has positively affected her parenting skills.

The use of hypnosis with children is still being studied and explored. It is a powerful tool for any therapist to use in working with many problems children have as they are maturing. Hypnosis facilitates them to learn about what they are experiencing inside and have a framework to describe it to other people. It also teaches them how to relax. This is important with any problem they may encounter in the future. Children's imaginations are crucial to tap into because they spend the majority of their time using their imaginations in play, problem solving and day dreaming. It allows them to engage in creative problem solving and it also allows them to release negative emotions that block this creative process. They learn that their imaginations can be used for more than just play acting, that it can be a powerful tool to move them forward into healing.

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Abstract

In working with children, we have a unique opportunity to tap into their natural state of being, which is their imaginative world, to help heal many issues that can arise in their lives. In this paper I discuss the evolution of using hypnosis with children, and the hypnotic techniques and methods that tap into their imaginations which can heal abreactions to negative situations or habits. Finally, I discuss a case example.