

Hypnosis for Children

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Abstract: Hypnosis is often an overlooked intervention for children. However, hypnosis is a natural state for children and can be used to increase the brain's ability to process and retain information. Hypnosis/ meditation increases brain plasticity while using the natural state of the precognitive child to increase brain function and develop brain structure which increases learning and retention of learned material. It also decreases stress and PTSD symptoms in children which allows them to achieve better attentional focus on presented material. This connection between hypnosis/ meditation and brain plasticity could be a valuable tool for the education system to maximize and develop thinking skills in children.

Children are being seen more often by clinicians as they are being identified as having psychological stress more frequently than in the past. Many children experience difficulties learning and retaining information presented to them in the classroom as well as behavior adjustment problems in the school environment. This has many causes but the root of these causes is often trauma of some kind. Trauma can increase these symptoms in children. However, if treated immediately and effectively, it can decrease the likelihood of becoming PTSD.

Hypnosis has been used as an effective intervention with children to help them process trauma and it has been postulated that this in turn prevents the onset of PTSD (Lesmana, Suryani, Jensen, & Tiliopoulos, 2009). Effective treatment of trauma and the use of group hypnosis as well as teaching children self-hypnosis for relaxation have been proven to be effective interventions for these symptoms (Hawkins & Polemikos, 2002; Lesmana et al., 2009). Hypnosis also changes the plasticity of the brain which helps increase the attention span of the child (Halsband, Mueller, Hinterberger, & Strickner, 2009).

Brain plasticity is simply the brain's ability to change its structure throughout its lifetime. It responds to challenges and new information by forming new connections between brain cells or neurons. This ability to reorganize and adapt itself allows improved brain functioning capacity which permits increased learning to take place. Brain plasticity is brain development (Halsband, et al., 2009).

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Piaget's stages of development state that children are incapable of abstract reasoning until they reach the age of eleven (Cowles, 1998). That means that precognitive children perceive the external world as it presents itself to their senses without categorizing it. They have little schema or background framework in which to perceive the world. They have few theories or expectations about how the world works, each experience is new and with few expectations as to the outcome. This precognitive experience of the world is very different from an adult's experience of the same world (Cowles, 1998).

This precognitive experience of the world allows them to enter the trance state required by hypnosis easier than an adult (Cowles, 1998; Erickson, 1983; Hawkins et al., 2002; Kakoscke, 2007; Lesmana et al., 2009). Children often daydream which is a natural, spontaneous trance state. Trance is described by Shor (1979) as the suspension of the subject's "general reality orientation". The subject in trance no longer allows distal stimulation to become the principal determinant of their subjective experience (Cowles, 1998). This is similar to how children in the precognitive stages of development perceive their world. They view their world devoid of perspective or wide abstract interpretive significance (Cowles, 1998).

For example, I see a tree and my conscious mind begins to work. I first place the tree as belonging to the plant world. It has roots, leaves, stems and starts as a seed. This is the beginning of abstract reasoning and only takes a second or two. I then progress to connecting this tree to my prior experience of trees. I climbed a tree as a child, I fell out of a tree, etc. These thoughts then bring in prior feelings which are currently being experienced just by seeing a tree.

A precognitive child (before the age of 11) on the other hand actually has none of these thought processes. The tree is just as they experience it today because they do not have the ability to use abstract thinking skills in order to categorize the tree and connect it to prior experiences. Teachers of small children experience this difference in children and adults daily as they attempt to teach children to develop these abstract thinking skills. Children's lack of a cognitive schema in which to organize their experience of the external world allows the

boundaries between imagination, illusion, and reality to become blurred or nonexistent (Cowles, 1998).

Milton Erickson (1983) says an adult in the trance state perceives their world in a literal sense. This is like the world a precognitive child observes; they developmentally think in literal terms. Therefore if you say “Thank you so much” at the end of a speech adults will assume they are dismissed while children or an adult in a trance state will not move as they are operating from a literal state of being (Erickson, 1983). Adults experience the trance state as a way to focus without external theories and expectations impinging on that experience (Cowles, 1998). This is much easier for a precognitive child, as their daily perception of the external world is similar to the trance state in that they do not have the ability to think abstractly.

The trance state used in hypnosis is much like a precognitive child’s natural state (Cowles, 1998; Erickson, 1983; Hawkins, et al., 2002; Lesmana, et al., 2009). This makes hypnosis and hypnotherapy a natural, effective intervention choice for children. Research shows that both direct and indirect approaches to hypnosis are effective in treating children (Erickson, 1983; Kakoschke, 2007). It also shows that hypnosis used in a group setting or individual sessions are both successful and effective for children (Cowles, 1998; Erickson, 1983; Hawkins, et al., 2002; Kakoschke, 2007; Lesmana, et al., 2009).

Group hypnosis has been used to help children recover from PTSD caused by terrorist attacks (Lesmana, et al., 2009). It has also been used to help children who have suffered trauma and had sleep disorders due to the trauma they endured (Hawkins, et al., 2002; Lesmana, et al., 2009). In the first study conducted by Lesmana, Suryani, Jensen and Tiliopouls, children participated in one 30 minute hypnotherapy session that began with meditation. They were then instructed to go back to the first traumatic memory that was associated with the bombing. They were instructed to express any emotions in whatever way they needed to while they were in the group. 77.1% of the children in the experimental group showed improvement of PTSD symptoms after only one group session of hypnotherapy while 24% of the control group showed improvement (Lesmana, et al., 2009).

The second study was conducted to help children with sleep disorders caused by a loss. They were first taught self-hypnosis in a group setting by using the meditation/ hypnotherapy model of trance induction. This model uses visualization to help the children relax and to manage any anxiety they are experiencing. The facilitator then hypnotized the group of children by using a special place and a special pet to help the children fall asleep and stay asleep while having pleasant dreams and awakening refreshed in the morning. The children were then instructed to play this game nightly before going to sleep. The results from this study were positive with a decrease in symptoms of about 77%. These studies reinforce hypnosis as an effective group intervention for children (Hawkins, et al., 2002).

Hypnosis has also been found to increase the ability of subjects to recall information in a forced recall situation such as a test (Fligetein, Barabasz, Barabasz, Trevisan, & Warner, 1998; Schreiber, 1997). This is especially significant when it comes to learning and retention of learned material. In this study subjects were given a pre- and post-test. They took the first test without being hypnotized. They were then put through the relaxation/ hypnosis session and asked to take the test a second time. The second post-test showed significant improvement in their ability to recall information. This could be because they were more relaxed while taking the post-test or it could have been because they felt more confident and comfortable with their ability to recall the information. Either way the hypnosis group showed a significant improvement in their recall ability. This reinforces the idea that hypnosis, for whatever reason, makes recalling information in a forced recall situation such as testing more accurate and therefore promotes learning (Fligstein, et al., 1998).

Research has shown that hypnosis and meditation produce changes in the plasticity of the brain (Mende, 2009; Halsband, et al., 2009). These changes contribute to increased focus and attention, as well as the integration of information between the different lobes of the brain. This is described as an increase in occipital and prefrontal activity in the brain during hypnosis and meditation (Halsband, et al., 2009).

So far we have used several studies to prove that group hypnosis is effective with children (Cowles, 1998; Hawkins, et al., 2002; Lesmana, et al., 2009). Children are easily hypnotized

because they are still in the precognitive stage of development which makes hypnosis a naturally occurring phenomena for them (Cowles, 1998; Erickson, 1983; Hawkins, et al., 2002; Kakoschkle, 2007; Lesmana, et al., 2009). Using hypnosis before trying to learn information that will reoccur in a forced recall situation such as a test increases the amount of correctly recalled information (Fligstein, et al., 1998; Halsband, et al., 2009; Schreiber, 1997). Hypnosis and meditation actually change the physical structure of the brain allowing increased focused attention (Halsband, et al., 2009).

A third grade teacher with a Masters in Social Work postulates that using short meditation/ hypnosis sessions in the classroom can increase the retention and recall of learned material and decrease negative behaviors in a group of children (Halsband, et al., 2009). Meditation/ hypnosis helps children process the daily trauma in their lives which prevents it from becoming PTSD (Lesmana, et al., 2009). This allows them to relax and direct their attention towards the information being presented instead of experiencing the symptoms of hyperarousal, avoidance and anxiety associated with PTSD (Halsband, et al., 2009; Lesmana, et al., 2009). Children have limited ability to direct their attention to the information being taught while they are experiencing these symptoms.

This short group session may also be beneficial in helping children process trauma daily so it does not progress and become PTSD (Halsband, et al., 2009; Lesmana, et al., 2009). Research shows that if trauma is processed quickly it lessens the chance that it will become PTSD (Halsband, et al., 2009; Lesmana, et al., 2009). This makes this short meditation / hypnosis session a preventative measure to increase a child's resilience in any given situation.

A teacher has used meditation/ relaxation sessions in the classroom for the last 4 years. The children are first given a brief explanation about how their brain works hard all day and all night because they dream at night. The teacher then explains that they are going to learn how to "rest their brains." They sit in a circle on the carpet. The blinds are pulled and the music started. They are instructed to get comfortable so their brains can rest, and then informed that their brain moves every part of their body so if they start to move then they are asking their brain to work.

This is why they must get their bodies as comfortable as they can in a sitting position. The teacher models sitting cross legged with the back against the wall. They are instructed to close their eyes and focus on feeling their breath as it goes in and out of their body. This allows them to begin the meditation/ relaxation process. The teacher then takes them through a short visualization of their relaxing place, instructing them to allow their bodies to become limp and loose like noodles. This process takes about 15 minutes and then the children are allowed to share or pass. This helps validate and solidify their experience of relaxation.

The students write how they feel before resting their brains and then write how they feel after resting their brains. Here are a few of the responses they wrote before resting their brains. "I feel tired, hungry, sad, and angry." " My nose is stuffy and I have a headache." Their responses afterwards are as follows: "I feel like a new kid." "My head feels better and it is easy for me to do my work." "My brain is clear and ready to think." "I feel relaxed and ready to think." "I feel wide awake." "I am happy now instead of angry." "My body feels cool and comfy." "I am even happier than before, I don't even feel rushed."

There were noticeably fewer behavior problems in the classroom while students demonstrated an increased attention span after the relaxation/ visualization session. The meditation/ relaxation session was intentionally done before teaching whichever subject was particularly difficult for the entire group, or curriculum that required increased attention span and retention of material.

The standardized test scores in the classroom have steadily increased each year this method has been used. However, this was not a research project so there were many uncontrolled variables. Working in a school environment presents its own set of challenges and most of them decrease the ability of the child to learn and retain information. This was just one strategy used to decrease the unfocused behaviors in my classroom. There was a noticeable change in the behavior and attention span of the children, especially during the period right after the relaxation sessions.

The children themselves also noticed the difference in their feelings of well being as they always asked when we were going

to “rest our brains” each day and if I forgot they would beg to do it before they had to get on the bus. This exercise was not mandatory but all the children chose to participate and they did not perceive it to be a chore. It was a part of their day that they looked forward to with excitement much like recess.

Milton Erickson regards decreased movement as a way to increase a subject’s focused attention. Using the terms “Now look at me,” or “Now listen to me” is derogatory and does not increase focused attention (Erickson, 1983, p. 10). Relaxation helps the subject decrease their movements which releases energy for mental activity.

Teachers often use the very terms Erickson (1983) has labeled as “not being very nice” to try and focus students’ attention. Erickson (1983) says this is not as effective as just helping them relax first. Focused attention is essential to learning and retention, and the key to focused attention according to Erickson (1983) is relaxation. Therefore I postulate that if students are taught to relax, their ability to focus their attention and their retention of learned material increases.

Erickson (1983) comments on how to use the double bind to facilitate the desired behavior in children. Instead of saying to the child “you must pick up the blocks,” he says, “I wonder which block should be picked up first.” This question is a double bind that forms a positive metalevel question that has an ideomotor component, so the mind body connection required to activate the action is present. Therefore you are activating the child’s mind body connection because his body will physically be ready to pick up the blocks without being instructed to do so. This creates the double bind because the child did not originally want to pick up blocks but now his muscles are ready to do so before his mind has the opportunity to remember he doesn’t want to. His mind then follows his muscles’ commands because he is still in the precognitive stage of development (Erickson, 1983).

This type of a double bind is often used as a form of behavior modification in schools to help increase time spent on learning activities and decrease time spent in power struggles between children and adults. According to Erickson (1983), this is activating a trance state or hypnosis to increase desired behavior in children. The arrangement of words in order to

produce a trance state in children is an effective classroom management technique that could be taught to teachers.

Children's brains are always changing and developing. The greater plasticity in the brain, the easier it is for the subject to integrate and use the different lobes of the brain simultaneously (Halsband, et al., 2009). This is especially important for children as their brains are still developing and they are making the neural networks that will help them achieve these tasks with efficiency. Greater brain plasticity relates to an increase in brain function (Halsabnd, et al., 2009).

Meditation and hypnosis both increase the neural networks in the brain associated with conflict monitoring, enhanced attentional capacities and the ability to focus on the desired information while suppressing the urge to focus on outside stimuli. This is due to the increased brain plasticity that both meditation and hypnosis promote (Halsband, et al., 2009).

Hypnosis has much to offer children but more specifically the field of education as we progress through the 21st century. It maximizes brain function through strategies that help focus attention and retain information that needs to be recalled in order to provide the schema for the next stage of information presented (Fligstein, et al., 1998; Halsband, et al., 2009; Schreiber, 1997). It can be used as a behavior modification/ classroom management strategy to decrease behaviors that interfere with the transfer of information during the educational process (Erickson, 1983). It increases the plasticity of the brain and actually changes the ability of the brain to integrate information. It increases the amount of grey matter or brain mass. In this way hypnosis/ meditation changes both the structure and function of the brain to increase focused attention and retention of learned material while helping the subject feel less stress and experience a decrease in the symptoms of hyperarousal, avoidance, and anxiety associated with daily trauma (Halsband, et al, 2009; Lesmana, et al., 2009).

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