

## Chapter Three

### Pediatric Hypnotherapy

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As an introduction to what constitutes "Pediatric Hypnotherapy," the question may well be asked, What is the difference between hypnotherapy on the small-sized child, on the medium-sized child, on the large-sized child, and on that older, taller child we encounter so frequently in our offices? Therapy of any kind properly parallels the physical examination in adaptation to the patient as a reality object possessed of needs requiring recognition and definition. And any therapy used should always be in accordance with the needs of the patient, whatever they may be, and not based in any way upon arbitrary classifications.

Psychologically oriented forms of therapy properly employed need always be in relationship to the patient's capacity to receive and to understand. Pediatric hypnotherapy is no more than hypnotherapy directed to the child with full cognizance of the fact that children are small, young people. As such, they view the world and its events in a different way than does the adult, and their experiential understandings are limited and quite different from those of the adult. Therefore, not the therapy but only the manner of administering it differs.

In this connection, and of the utmost importance in the use of hypnosis, is the fact that there governs children, as growing, developing organisms, an ever-present motivation to seek for more and better understandings of all that is about them. This is one of the things that adults so often lose, and which facilitates so greatly the use of hypnosis with all patients.

Children have a driving need to learn and to discover, and every

stimulus constitutes, for them, a possible opportunity to respond in some new way. Since the hypnotic trance may be defined, for purposes of conceptualization, as a state of increased awareness and responsiveness to ideas, hypnosis offers to the child a new and ready area of exploration. The limited experiential background of the child, the hunger for new experiences, and the openness to 'new learnings' render the children good hypnotic subjects. They are willing to receive ideas, they enjoy responding to them—there is only the need of presenting those ideas in a manner comprehensible to them. This, as in all other forms of psychotherapy for all types of patients, is a crucial consideration.

But such presentation needs to be in accord with the dignity of the patient's experiential background and life experience—there should be no talking down to, or over the head of, the patient. There needs to be the simple presentation of an earnest, sincere idea by one person to another for the purpose of achieving a common understanding and a common goal and purpose. The mother croons a lullaby to her nursing infant, not to give it an understanding of the words but to convey a pleasing sense of sound and rhythm in association with pleasing physical sensations for both of them and for the achievement of a common goal and purpose. The child that is cuddled properly, handled in an adequate way, placed at the breast in the right way with the proper "hypnotic touch" is not so likely to develop colic. By "hypnotic touch" is meant no more than the type of touch that serves to stimulate in the child an expectation of something pleasurable, and that is continuously stimulating to the child in a pleasing way.

It is the continuity of the experience that is of importance—it is not just a single touch or pat or caress, but a continuity of stimulation that allows the child, however short its span of attention, to give a continued response to the stimulus. So it is in hypnosis, whether with adults or children, but especially is it so with children. There is a need for a continuum of response-eliciting stimuli directed toward a common purpose.

The child at the breast needs the lullaby continued and the nipple between its lips, even after it has satisfied its hunger and is falling asleep. It needs those continuing stimuli until the physiological processes of sleep and digestion serve to replace them. Similarly in child hypnosis there is a need for a continuity of stimulation, either from without or from within, or a combination of both. Hypnosis, whether for adults or children, should derive from a willing utilization of the simple, good, and pleasing stimuli that serve in everyday life to elicit normal behavior pleasing to all concerned.

Another consideration in using hypnosis therapeutically with children is the general character of the approach to the child. No matter

what the age of the child may be, there should never be any threat to the child as a functioning unit of society. Adult physical strength, intellectual strength, force of authority, and weight of prestige are all so immeasurably greater to children than their own attributes that any undue use constitutes a threat to their adequacy as individuals. And since hypnosis is dependent upon a cooperation in a common purpose, a feeling of goodness and adequacy is desirable for both participants. That sense of goodness and adequacy is not to be based upon a sense of superiority of one's own attributes, but upon a respect for the self as an individual dealing rightfully with another individual, with each contributing a full share to a joint activity of significance to both. There is a need, because of the child's lack of experiential background and understanding, to work primarily with, and not on, the child. The adult can better comprehend passive participation.

Nor can there be a linguistic condescension to the child. Comprehension of language always precedes verbal facility. There should not be a talking down to the child, but rather a utilization of language, concepts, ideas, and word pictures meaningful to children in terms of their own learnings. To speak in "baby talk" is usually an insult and a mockery, since any intelligent child knows that the adult possesses vocal facility. One does not imitate the accent of an adult, but one can use a word or phrase respectfully abstracted from the speech of the other. Thus one can speak of "dem bums", but cannot rightfully say "Toity-foist Street." So it is with infantile and childish vocalization.

Similarly, respect must be given to the child's ideational comprehension with no effort to derogate or minimize the child's capacity to understand. It is better to expect too great a comprehension than to offend by implying a deficiency. For example, the surgeon who told four-year old Kristi, "Now that didn't hurt at all, did it?" was told with bitter, scornful contempt, "You're poopid! It did, too, hurt, but I didn't mind it." She wanted understanding and recognition, not a falsification, however well-intended, of a reality comprehensible to her. For one to tell a child, "Now this won't hurt one bit" is courting disaster. Children have their own ideas and need to have them respected, but they are readily open to any modification of those ideas intelligently presented to them. Thus, to tell the child, "Now this could hurt a lot, but I think that maybe you can stop a lot of the hurt, or maybe all of it," constitutes an intelligent appraisal of reality for the child and offers an acceptable idea of a reasonable and possible responsive participation of an inviting character.

Children must be respected as thinking, feeling creatures, possessed of the capacity to formulate ideas and understandings and able to integrate them into their own total of experiential comprehension, but they must do this in accord with the actual functioning proc-

esses they themselves possess. No adult can do this for them, and any approach to the child must be made with awareness of this fact.

To illustrate how one approaches a child and utilizes hypnotic techniques, the following personal example may be cited:

Three-year-old Robert fell down the back stairs, split his lip, and knocked an upper tooth back into the maxilla. He was bleeding profusely and screaming loudly with both pain and fright. His mother and I went to his aid. A single glance at him lying on the ground, screaming, his mouth bleeding profusely and blood spattered on the pavement, confirmed the existence of an emergency requiring prompt and adequate measures.

No effort was made to pick him up. Instead, as he paused for breath from fresh screaming, he was told quickly, simply, sympathetically, and emphatically, "That hurts awful, Robert. That hurts terrible."

Right then, without any doubt in his mind, my son knew that I knew what I was talking about. He could agree with me and he knew that I was agreeing completely with him. Therefore he could listen respectfully to me, because I had demonstrated that I understood the situation fully. *In pediatric hypnotherapy there is no more important problem than so speaking to the patient that he can agree with you and respect your intelligent grasp of the situation as judged by him in terms of his own understandings.*

Then I told Robert, "And it will keep right on hurting."

In this simple statement I named his own fear, confirmed his own judgment of the situation, and demonstrated my good intelligent grasp of the entire matter and my entire agreement with him, since right then he could foresee only a lifetime of anguish and pain for himself.

The next step for him and for me was to declare, as he took another breath, "And you really wish it would stop hurting." Again, we were in full agreement, and he was ratified and even encouraged in this wish, and it was his wish, deriving entirely from within him and constituting his own urgent need.

With the situation so defined, I could then offer a suggestion with some certainty of its acceptance. This suggestion was, "Maybe it will stop hurting in a little while, in just a minute or two."

This was a suggestion in full accord with his own needs and wishes, and because it was qualified by a "maybe it will," it was not in contradiction to his own understandings of the situation. Thus he could accept the idea and initiate his responses to it.

As he did this, a shift was made to another important matter, important to him as a suffering person, and important in the total psychological significance of the entire occurrence—a shift that in itself was important as a primary measure in changing and altering

the situation.

Too often, in hypnotherapy or any utilization of hypnosis, there is a tendency to overemphasize the obvious and to reaffirm unnecessarily already accepted suggestions, instead of creating an expectancy situation, permitting the development of desired responses. Every pugilist knows the disadvantage of over-training; every salesman knows the folly of overselling. The same human hazards exist in the application of hypnotic techniques.

The next procedure with Robert was a recognition of the meaning of the injury to Robert himself—pain, loss of blood, body damage, a loss of the wholeness of his normal narcissistic self-esteem, of his sense of physical goodness so vital in human living.

Robert knew that he hurt, that he was a damaged person; he could see his blood upon the pavement, taste it in his mouth, and see it on his hands. And yet, like all other human beings, he, too, could desire narcissistic distinction in his misfortune, along with the desire even more for narcissistic comfort. Nobody wants a picayune headache, but since a headache must be endured, let it be so colossal that only the sufferer could endure it. Human pride is so curiously good and comforting! Therefore, Robert's attention was doubly directed to two vital issues of comprehensible importance to him by the simple statements, "That's an awful lot of blood on the pavement. Is it good, red, strong blood? Look carefully, Mother, and see. I think it is, but I want you to be sure."

Thus, there was an open and unafraid recognition in another way of values important to Robert. He needed to know that his misfortune was catastrophic in the eyes of others as well as his own, and he needed tangible proof thereof that he himself could appreciate. Therefore, by declaring it to be "an awful lot of blood," Robert could again recognize the intelligent and competent appraisal of this situation in accord with his own actually unformulated, but nevertheless real, needs.

Then the question about the goodness, redness, and strongness of the blood came into play psychologically in meeting the personality meaningfulness of the accident to Robert. Certainly, in a situation where one feels seriously damaged, there is an overwhelming need for a compensatory feeling of satisfying goodness. Accordingly, his mother and I examined the blood on the pavement, and we both expressed the opinion that it was good, red, strong blood, thereby reassuring him not on an emotionally comforting basis only, but upon the basis of an instructional, to him, examination of reality.

However, we qualified that favorable opinion by stating that it would be better if we were to examine the blood by looking at it against the white background of the bathroom sink. By this time Robert had ceased crying, and his pain and fright were no longer dominant factors. In-

stead, he was interested and absorbed in the important problem of the quality of his blood.

His mother picked him up and carried him to the bathroom, where water was poured over his face to see if the blood “mixed properly with water” and gave it a “proper pink color.” Then the redness was carefully checked and reconfirmed, following which the “pinkness” was reconfirmed by washing him adequately, to Robert’s intense satisfaction, since his blood was good, red, and strong and made water rightly pink.

Then came the question of whether or not his mouth was “bleeding right” and “swelling right.” Close inspection, to Robert’s complete satisfaction and relief, again disclosed that all developments were good and right and indicative of his essential and pleasing soundness in every way.

Next came the question of suturing his lip. Since this could easily evoke a negative response, it was broached in a negative fashion to him, thereby precluding an initial negation by him and at the same time raising a new and important issue. This was done by stating regretfully that, while he would have to have stitches taken in his lip, it was most doubtful if he could have as many stitches as he could count. In fact, it looked as if he could not even have 10 stitches, and he could count to 20. Regret was expressed that he could not have 17 stitches, like Betty Alice, or 12, like Allan, but comfort was offered in the statement that he would have more stitches than Bert, or Lance, or Carol, his siblings. Thus the entire situation became transformed into one in which he could share with his older siblings a common experience with a comforting sense of equality and even superiority.

In this way he was enabled to face the question of surgery without fear or anxiety, but with hope of high accomplishment in cooperation with the surgeon and imbued with the desire to do well the task assigned him—namely, to “be sure to count the stitches.” In this manner no reassurances were needed, nor was there any need to offer further suggestions regarding freedom from pain.

Only seven stitches were required, to Robert’s disappointment, but the surgeon pointed out that the suture material was of a newer and better kind than any that his siblings had ever had, and that the scar would be an unusual “W” shape, like the letter of his Daddy’s college. Thus the fewness of the stitches was well compensated.

The question may well be asked at what point hypnosis was employed. Actually, hypnosis began with the first statement to him and became apparent when he gave his full and undivided interested and pleased attention to each of the succeeding events that constituted the medical handling of his problem.

At no time was he given a false statement, nor was he forcibly reas-

sured in a manner contradictory to his understandings. A community of understandings was first established with him, and then, one by one, items of vital interest to him in his situation were thoughtfully considered and decided, either to his satisfaction or sufficiently agreeably to merit his acceptance. His role in the entire situation was that of an interested participant, and adequate response was made to each idea suggested.

Another example that may be briefly cited is that of the belligerent two-year-old in her crib, who wished no dealings with anybody and was prepared to fight it out on that line for the rest of her life. She had a favorite toy, a rabbit. As she was approached and her jutting jaw and aggressive manner was noted, the challenge was offered, "I don't think your rabbit knows how to sleep."

"Wabbit tan too," and the battle was on.

"I don't think your rabbit can lie down with its head on the pillow, if you show it how."

"Wabbit tan too! See!"

"And put its legs and arms down nice and straight like yours?"

"Tan too! See!"

"And close its eyes and take a deep breath and go to sleep and stay asleep?"

"Wabbit sweep!" a declaration made with pleased finality, and Kristi and her rabbit continued to sleep in a satisfactory trance state.

The entire technique, in this instance, was nothing more than that of meeting the child at her own level and as an individual, presenting ideas to which she could actively respond and thus participate in achieving a common goal acceptable to her and to her adult collaborator.

This type of technique has been employed many times for the single reason that the primary task in pediatric hypnosis is the meeting of the child's needs of the moment. Those are what the child can comprehend, and once that need has been satisfied, there is the opportunity for the therapist to discharge in turn his own obligations.

To conclude, these two case reports have been presented in considerable detail to illustrate the case of the naturalistic hypnotic approach to children. There is seldom, if ever, a need for a formalized or ritualistic technique. The eidetic imagery of children, readiness, eagerness and actual need for new learnings, their desire to understand and to share in the activities of the world about them, and the opportunities offered by "pretend" and imitation games all serve to enable children to accept and to respond competently and well to hypnotic suggestions.

In brief, a good hypnotic technique is one that offers to the patients,

whether child or adult, the opportunity to have their needs of the moment met adequately, the opportunity to respond to stimuli and to ideas, and also the opportunity to experience the satisfactions of new learnings and achievements.

The following two articles are suggested for additional reading: Solovey de Melechnin, Galina. Concerning some points about the nature of hypnosis, *J. Clin. and Exper. Hyp.*, IV, 2, April 1956, pp. 83-88. Conduct problems in children and hypnosis, *Diseases of the Nerv. Syst.*, XVI, 8, August 1955, pp. 3-7.