Procedures in Family Practice

Use of Hypnosis with Children

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Hypnosis is a valuable if underused medical tool for increasing compliance, decreasing discomfort and fear, and teaching patients a sense of mastery and constructive control. This article focuses upon the pediatric patient requiring common outpatient procedures. Four case studies are presented. Techniques are discussed with reference to patient selection, methods of induction, trance deepening and maintenance, and deinduction. Specific recommendations are made to incorporate the parents and permit the expression and experience of feelings. Children seem particularly well suited to mobilize their talents for creative fantasies rather than expending their energy in fear and resistance.

As this past year was the "International year of the Child," it is fitting to applaud the imaginative skills and creative fantasies with which children are endowed. These skills are perhaps at their peak in the preschool and early school age years prior to the development of those inhibitions which come with the assumption of more reasoned, cognitive thought.

Hypnotic techniques can capitalize on these creative abilities. There is documentation of its use 200 years ago in the treatment of a nine-year-old girl with visual problems.[1] More recent literature finds trance successful in managing disorders as diverse as functional megacolon,[2] enuresis,[3] asthma,[4,5] migraine headache,[6] and burns.[7]

Olness and Gardner in their recent review, categorize pediatric hypnotherapy into its uses for (1) habit disorders; (2) psychophysiological problems; (3) pain; (4) anxiety; (5) cellular growth; and (6) chronic conditions.[8]

Much of the hypnosis literature is devoted to dramatic and impressive conditions and cures. In family practice, hypnosis may be especially useful in the more common management of routine pediatric procedures. Its function is similar—to minimize pain and anxiety, and maximize cellular growth and the processes of bodily healing. The procedures may not be dramatic in themselves; the *process* remains convincingly impressive. For anyone who has ever witnessed straight-jacketing of children to repair minor lacerations; office personnel bodily restraining a screaming youngster to incise and drain an abscess; or "snowing" small children with cocktails of Demerol, Phenergan, and Thorazine, hypnosis represents a striking and pleasant alternative.

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Case Studies

The case studies presented here describe the use of hypnotic technique in minor surgical procedures in children. All were youngsters attended in the Emergency Room. In all cases this was the "first contact" with the family.

Case 1

A three-year-old girl slipped and fell in the bath tub, producing a 4 cm laceration at the tip of her chin. The child was initially shy and withdrawn, but she responded quickly to a game of "colors"—identifying everything from the green of the examining table to the rainbow of vacutainer tubes. This "game" served to establish rapport on the patient's level, communicating a willingness to make contact and acceptance of her. She had brought a toy bear, and when given a choice it was her decision to let him undergo the procedure first. The notion of choice is important in providing a way to recapture a sense of control. The child in the Emergency Room feels powerless and frightened. This fear can be lessened by giving the child back a measure of control. Most of the time children will respond appropriately when given real choices. That is—"Would you like you or the bear to lie down first and get fixed up?" This indirect suggestion communicates respect for the child's need for control. If the child feels pressured he/she will respond in kind, with the only kind of power they have, the power to say no. In addition, the suggestion states implicitly that the child *will* be fixed up, without a direct order. The implied suggestion is much less likely to trigger resistance and no saying. Once the child concedes to making the choice (ie, the bear first), the pattern is established for continued cooperation and choices. She held the toy's hand so it would not be afraid.

The first author sutured bear, suggesting that she count the stitches and close her eyes to imagine just what it might feel like; perhaps like a kitten's fur tickling its cheek. When we finished she announced that it had not hurt the bear at all and that it was now her turn. She climbed on the table and lay down without assistance. This time it was the bear who gave the courage. The overhead light was a sharp distraction but she allowed mother's hands to cover her eyes. Suggestions given to her to report the day's activities brought a wealth of information. A frequent side benefit to using suggestion is a shared sense of relaxation, confidence, and rapport with the patient which occurs spontaneously when these suggestions are given. Note too that a 'formal induction procedure' is rarely used or necessary. Children are motivated by fear, pain, and curiosity, and are eager to grab onto suggestions that may relieve their fear. When the procedure was finished the mother was faint. She responded to the suggestion that her apprehension would gradually begin to fade and in its place she would discover an amazing new sense of pride in her daughter's mastery of the situation, and in herself, as a parent who had so well been able to develop her child's skill. Note that an important hypnotic skill is to use whatever is happening to aid in the task to be done. This technique of 'utilization' is clearly explained by Erikson.

Case 2

Another three-year-old sustained a through-and-through laceration of the pinna with displacement of the ear from the posterior scalp. She was brought in by a bevy of concerned and tearful relatives. She was asked to pick which of her relations she would most like to have stay with her. She chose her mother (and gained a sense of control). She was told to cry as long as she needed to because it was certainly all right to be a little afraid of new people and new places; the doctor added that rather than crying, though, it might be more fun to watch the shiny instruments appear as they were unwrapped from their packages—just like her Christmas presents must have been unwrapped the week before. She was encouraged to shut her eyes and imagine Santa distributing her presents, and she, opening each one. She related the contents of each package complete with description of giftwrap and bows, one by one, while being sutured. She fell asleep spontaneously, having relaxed herself so well. She awoke when the procedure was completed.

The philosophy of these techniques was stated by Erikson,[9] "the child must be respected as a

thinking, feeling creature, possessed of a capacity to formulate ideas and understandings and able to integrate them into his own total of experiential comprehension; but he must do this in accord with the actual functioning processes he himself possesses. No adult can do this for him, and any approach to the child must be made with awareness of this fact."

Case 3

A boy, age four years, developed a subungual hematoma when his finger was jammed in a car door. He refused to be comforted until all left the room but his father. Initially, he was terrified of the bunson burner which was needed to heat the needle to apply to his nail relieving the pressure. We remarked on how much the burner looked like the fireplace at home, and suggested that on such a cold winter day he might enjoy its warmth. Dad picked up on the cues and was good at adding "glowing" images from home—coals over which popcorn could be popped, cat's eyes in the dark, and sunsets. We practiced a few times with the application of the needle to mine and dad's nails. He then allowed repeated application to his own finger, watching intently but without resistance. When it was over he asked for a bandaid and we had a difficult time convincing him to go home.

Case 4

A four-year-old developed an abscess of the thenar eminence after a blister on her thumb became infected. A nurse blew up a surgical glove as a "balloon." The little girl then imagined what the balloon would feel like if it "popped" and we let her realize that fantasy with a pin. She decided she could tolerate a small bee bite of medicine that would turn warm, then tingly, and put her skin to sleep. Sitting up, with her hand perfectly still on a sterile field, she allowed me to incise and drain her abscess. I provided an appropriate "popping" sound with my voice to stimulate what the "balloon" had sounded like earlier. That brought laughter but no movement until the procedure was completed.

The Hypnotic State

Hypnosis is a means to an altered state of consciousness. The mind's focus is narrowed to attend to specific stimuli. In this it differs from the usual, conscious deluge of sensory experience. But an altered state is far from a rare occurrence. We are all familiar with the altered states of not hearing our name called when absorbed in reading, or driving past our freeway exit "lost in thought." Even the same physiologic stimulus, stubbing one's toe, for instance, may be processed differently. In a setting where secondary gain is available it may be more painful than the mere nuisance when alone and on the way to an important and enjoyably anticipated engagement. Hypnotic skill involves developing one's inate ability to choose when, where, and with what predictability these altered states shall occur.

As stated by Erikson, "a good hypnotic technique is one that offers to the patient, whether child or adult, the opportunity to have his 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."[9]

The trance state is either consciously or unconsciously accepted by the individual for him/herself. It may not be imposed against one's will from an outside source. The state may be facilitated by another; however, one may refuse the invitation of trance. Interestingly, no one suggests "informed consent" is necessary to allow an individual to be in a painful state. Neither is it transgressing free will to suggest that a state of lessened pain or enhanced calm might be more pleasant.

Uses and Limitations

Hypnosis is a valuable therapeutic instrument not only for the dramatic, but also for com-

monplace pediatric situations. The children in these case illustrations were easily directed in using their own coping mechanisms rather than expending all of their energy in fear and resistance. This enabled them to experience a potentially traumatic event with mastery, confidence, and pride.

Hypnosis implies ability to have control over oneself, mind, body, and expression. Certainly a child who is unable to have this kind of control is an inappropriate candidate. Age may be one limitation. We have worked successfully with children from the ages of $2^1/_2$ to 3 years and older. The profoundly mentally handicapped or autistic child may not be responsive, though borderline degrees of impairment may still preserve the capacities of choice and creativity necessary. Finally, the frankly psychotic individual who may be too uncomfortable with his/her status quo to tolerate any alteration in perception is not generally a good hypnotic subject due to the unpredictable nature of the subsequent fantasy material.

The principal drawback of hypnosis is time. It without a doubt takes more time initially to deal with a child in this way, than to walk in already gloved to confront him "papoosed" on the examining table. But in private practice, patients are seen again and again, and the time spent on the first encounter should pay off in greater compliance, better rapport, and increased trust with each succeeding visit.

Even the loss of a little bit of time might be weighed against the many benefits accrued. In no instance did I spend more than 20 to 30 minutes with a child. Yet a tremendous amount of rapport emerged between the child and myself, the parents and myself, and importantly the child and his parents. The child's pride and sense of mastery were enhanced. And the experience modeled behavior which fostered expression of feelings—even negative ones, while still maintaining control. It must also be stated that in many cases time was saved by avoiding prolonged battles and resistance.

Training in hypnotic techniques is essential to understand the principles, refine skills, and broaden the scope of applicability. The first author received training from the second author who is an active faculty member of the American Society of Clinical Hypnosis. The training took place two hours a week for ten weeks as an elective in hypnosis at the Duke-Watts Family Medicine Center.

Techniques

Checking Readiness

It is necessary to have the child's attention and a good technique to get permission to proceed. Loss of control is a source of terror which supercedes pain or environment. Often one must assertively ask parents to give the child the choice of caretakers. Though at times difficult, it is vital to keep well-meaning nursing assistants from attempting to forcibly restrain the child. When possible, as it usually is, the child can be given choices at all stages of the procedure—even a choice of needles and suture materials by holding up two identical objects. Work with the child to devise signals to indicate readiness for various aspects of the procedure (lifting a finger, nodding the head, whistling). When the child gives permission, he is far more likely to allow you to proceed without interruption or distress.

Induction

An induction is a method of achieving trance. A few of the more formalized techniques are eye fixation, arm levitation, and progressive muscle relaxation. The less structured methods of imagery and the "talking" induction are especially useful in children. In this, it is hoped the child, but if not, myself or perhaps a relative, talks about a favorite television show or fairy tale, the day's events, or a holiday. The choice of topic is not as important as allowing the child to focus his attention on the most vivid and sensory evoking details. The child may be questioned for sounds, colors, fragrance associated with the conversation. Sensory similarities and allusions may be used (eg, Which beach was it? Who was with you? What were you wearing? What was the most fun?).

Deepening Techniques

Again, a more formal approach such as counting, concentration on breathing, or any progressive image (eg, climbing stairs or a ladder) may be useful. Open ended methods that encourage the child-participant may also be used. The goal is to interpret sensations which can be predicted physiologically but in less threatening and painful ways than the conventional ways. For example, instead

of "this will hurt," suggest that "there will be pressure from the needle," or "this may feel warm and funny—but don't laugh" (J. Sidney Hood, DDS, private conversation, August 1979).

Trance Maintenance

Trance is a form of concentration and, like reading, can be interrupted by noise, light, and movement. Due to the freer form of trance, however, distractions may be harnessed to merge with the trance.

Anything which can be incorporated into the trance state helps to maintain it, as does anything which increases one's credibility as an "operator" or assistor to trance. Unpleasant, potentially disruptive aspects can be utilized positively. The high intensity surgical light initially bothered all of these children until it became the "sun." "Would it be all right if that light was like the sun and you were on the beach playing your favorite game. What's your favorite game?" The chance to have a parent's hands shield their eyes from the sun also allowed them to avoid watching the procedure itself if they so wished, and so served a double function.

De-Induction/Post Hypnotic Suggestions

In more formal or deep trance states, it is often necessary to reorient the individual to time and place which can be introduced gradually as he/she is lightening. With children, perhaps because they are more used to dipping in and out of fantasy, this has not presented a problem. All dropped the trance state when it was no longer useful to them. However, if necessary—one may say—"and now you're remembering that you're here with me in the hospital, or Family Medicine Center, and when you go home you may want to show your brother or sister your stitches."

The de-induction period is an excellent time to introduce some post hypnotic suggestions. One may suggest that the period following will be pain free as long as normal healing is taking place. Or, that any follow-up procedure such as suture removal will be even easier. Follow-up for the first child proved this to be true. The others were seen by another physician.

There are some suggestions which are not easily categorized into any discrete phase of trance but which we find most helpful.

1. Incorporate parents. They can be valuable in relating specific details about the child's environment. In addition, they may truly lend a helping hand by squeezing it. In so doing, the child can transfer some of the discomfort to them so it can be shared. As with two of the parents, it may be useful to give them suggestions for how to respond as well. They may find it a new and delightful experience to incorporate themselves into the child's experience of control and calm.

2. Permit the expression and experience of feelings. Express that it is all right to be afraid, and even to cry. If the behavior is prescribed, it cannot be used as resistance so readily. It is important to allow the ventilation of the parents' feelings as well. Often, there is guilt at "allowing" the child to injure himself. Applaud their parenting such exceptional poise on the part of their child.

3. Enjoy your own trance states.

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