

Michael Castleman | *Writer*

## Harness Your Child's Imagination For Healing

### **The Remarkable Power of Hypnosis**

Six-year-old Rachel McLean, of Tiburon, California, had a very common medical problem, a plantar wart on the sole of her foot that felt like a pebble permanently stuck in her shoe. A dermatologist told her mother, Gayle, that he could eliminate it with four or five treatments—but that the process involved painful scraping of the wart and applications of acid to dissolve it. “During the first treatment,” Gayle recalls, “Rachel started screaming. The second time, she started screaming when we entered the dermatologist’s office. By the third visit, she was hyperventilating in the parking lot. She wouldn’t go in, and I couldn’t see forcing her.”

But Rachel still had her wart. Gayle asked a child psychologist-friend what to do. The friend referred her to Judith Einzig, L.C.S.W., a San Francisco psychotherapist and hypnotist. “I knew nothing about hypnosis,” Gayle recalls, “and was very skeptical. But I was willing to try anything to keep Rachel calm so her wart could be treated.” During the McLeans’ first consultation with Einzig, a 50-minute appointment, she asked Rachel what was going on in her life. Rachel revealed that her beloved cat, Cleo, had just died and had gone to heaven. “Do you miss Cleo?” Einzig asked. “Very much,” Rachel replied, misty-eyed. “It’s been her first experience with a death,” Gayle explained. “She’s had a hard time coping.”

During the McLean’s second visit, Einzig asked to see Rachel alone. “I’ve been thinking about Cleo,” she said. “Suppose Cleo could help you have your treatments without feeling any pain at all. Would you like that?”

“Oh, yes,” the girl eagerly replied.

“Great,” Einzig said. “Together we can bring Cleo down from heaven to help you. Your wart treatments won’t hurt at all.” Einzig asked Rachel to close her eyes and breathe deeply. She said that the next time Rachel visited the wart doctor, she should close her eyes, breathe deeply, and use her mind to call to Cleo. Cleo would ride down from heaven in a cloud car. The cloud would envelope Rachel in good feelings and Cleo would sit on her lap during the entire treatment and make sure it didn’t hurt. Einzig suggested that Rachel pet Cleo, feel her purr, and talk to her, and that in return, Cleo would make sure she felt fine. “When the doctor says he’s finished,” Einzig explained, “Cleo is going to jump into her cloud car and ride back up to heaven. That’s when you can open your eyes. Whenever you have a treatment, you can call Cleo again, and she’ll ride her cloud car down to help you.”

An excited Rachel told her mother about Cleo and the cloud car, but Gayle was not impressed. “I was rolling my eyes,” she recalls. “I thought: A dead cat in a cloud car? Please. The minute we drive up to the dermatologist’s office, Rachel is going to flip.” But she didn’t. “It was unbelievable,” Gayle recalls. “Rachel got through the entire treatment without crying at all. She was completely calm. I was amazed. The doctor was amazed. It was incredible—a six-year-old putting herself in a hypnotic trance. I didn’t think it was possible. Rachel had a few more treatments. Each time, she closed her eyes, did what the hypnotist had told her, and was perfectly calm during the treatments.”

### **What is Hypnosis?**

Mention hypnosis and most people think of nightclub performers who swing gold pocket watches and induce people to do silly things. Hypnosis has had a spotty reputation for more

than 200 years (see sidebar). But modern hypnosis is a legitimate branch of medicine.

“Forget the nightclub acts,” says New York psychiatrist Herbert Spiegel, M.D., a professor emeritus at Columbia University who has taught hypnosis for 40 years. “Hypnosis is a state of deeply relaxed, attentive, receptive concentration. The term ‘hypnosis’ implies sleep. So does the word ‘trance.’ But hypnosis is actually the opposite of sleep. People under hypnosis are very much awake. In a hypnotic trance, they become highly receptive to suggestions compatible with their personal goals and desires.”

Hypnosis involves several elements. One is deep relaxation, the kind associated with meditation. Deep relaxation helps control stress and anxiety. This is important because stress and anxiety make pain hurt more, and exacerbate symptoms of many other conditions, among them: asthma, headache, stomachache, and sleep problems. “Deep relaxation is a key component of hypnosis,” says Laurence Sugarman, M.D., a clinical assistant professor of pediatrics at the University of Rochester, who specializes in hypnosis. “Under hypnosis, children’s heart rates slow. Their breathing becomes deeper and more relaxed. You can see them relax.”

Deep relaxation also is the doorway into the hypnotic trance. Colloquially, “trance” is a loaded term, implying a loss of control. But in hypnosis, it connotes the mental clarity and focus experienced by people under hypnosis—both children and adults—as a result of the combination of deep relaxation and personally meaningful imagery. “By focusing on comforting images,” Dr. Sugarman explains, “children reduce their stress even more.”

A third aspect of hypnosis is the way it focuses concentration. Extraneous thoughts slip away, allowing people under hypnosis to focus their attention on their personal treatment goal,

whatever it might be. “Studies have shown that hypnosis increases the activity of theta waves in the brain,” Dr. Spiegel explains, “which are associated with attention and concentration.”

Finally, hypnotic suggestion focuses on the goal, not the problem. “People with medical conditions typically focus on their symptoms: their pain, discomfort, or disability,” Dr. Spiegel says. “Focusing on symptoms can make them worse, for example, wheezing in asthma. Under hypnosis, we turn attention away from the symptom toward the goal—easy breathing in the case of asthma, or a dry bed in enuresis, or comfort instead of pain. When the mind concentrates on the goal, the body is more likely to achieve it.”

In general, children respond to hypnotic suggestion better than adults because they are more in touch with their imaginations. Most studies of hypnosis have used children no younger than five or six. But some research shows that children as young as three can be hypnotized. “In my experience,” says Karen Olness, M.D. a professor of pediatrics at Case Western Reserve University in Cleveland, a past president of the American Board of Medical Hypnosis, and coauthor (with Daniel Kohen, M.D.) of the textbook, *Hypnosis and Hypnotherapy with Children*, “the research underestimates children’s ability to be hypnotized.” Although its various elements are well-known, hypnosis remains something of a mystery. There is still no professional consensus on its definition. “Personally, Dr. Sugarman explains, “I think hypnosis is simply the facilitation of imagination for personal change, for healing. It’s nothing magical. People concentrate to the exclusion of distractions all the time—when engrossed in a movie or a good book. I do it while running.”

Perhaps the best analogy is that hypnosis is productive daydreaming, daydreaming with a purpose. People, especially

kids, go in and out of imaginative daydreaming many times each day. “But in medical hypnosis,” says Daniel Kohen, M.D., a professor of pediatrics, director of the behavioral pediatrics program at the University of Minnesota, and co-author (with Karen Olness, M.D.) of *Hypnosis and Hypnotherapy with Children*, “we harness the daydreaming state of mind for a reason—to bring about desired change.”

Learning hypnosis requires a professional therapist. But it’s important to understand that hypnosis is less about how the therapist influences the patient, than how people change themselves. “All hypnosis is ultimately self-hypnosis.” Dr. Sugarman insists.

Hypnosis is similar to two other self-help therapies, visualization, and guided imagery, which typically involve listening to recordings with relaxing music and suggestions of soothing imagery to help manage everything from insomnia to quitting smoking. The differences between hypnosis on the one hand, and visualization and guided imagery on the other, are subtle. Some practitioners use the terms interchangeably. Like hypnosis, visualization and guided imagery both involve deep relaxation, mental focus on imagery, and the intent to make a personal change. But hypnosis involves more personal attention, a therapist instead of a cassette tape. It’s like the difference between taking an exercise class and working one-on-one with a personal trainer. “Visualization and guided imagery can help deal with minor problems,” Einzig explains, “but with hypnosis, you get specific suggestions tailored to your own individual life, tastes, and needs. As a result, you become more deeply relaxed, and more deeply entranced, so you can accomplish more.”

Five years after Rachel McLean’s first experience with hypnosis, she broke her arm at summer camp. When her mother arrived, she found her 11-year-old daughter in a great deal of pain, and

apprehensive about getting a cast. “I reminded her about Cleo and the cloud car,” Gayle recalls. “Rachel remembered how to hypnotize herself, and did it again. It helped.”

Rachel, now 14, barely remembers her wart treatment. But she recalls how she used self-hypnosis when she broke her arm: “It was easy. I just thought about my old cat purring on my lap. It made me feel calm and peaceful, and I forgot about the pain.” As for her hypnotic trance, Rachel compared it to watching a good movie: “I was focused on Cleo, but I was awake. If someone had said, ‘Hey, Rachel,’ I could have opened my eyes and focused on them.”

From an eye-rolling skeptic, Gayle McLean has become a believer in hypnosis for children’s health problems. “Would I recommend it? Absolutely. Our experience was incredible. Hypnosis worked like magic.”

### **How Hypnosis Can Help Children**

The medical literature contains dozens of reports demonstrating how beneficial hypnosis can be for children’s health problems. Drs. Kohen and Olness tracked 505 children and adolescents they and two colleagues treated during one year for a variety of conditions: anxiety, pain, asthma, habit problems (e.g. thumb sucking), bedwetting, and encopresis (involuntary defecation). Using hypnosis, half (51 percent) were cured. One-third (32 percent) showed significant improvement. Nine percent showed modest improvement. And only 7 percent showed no response. In addition to its effectiveness, hypnosis typically works quickly. “With Rachel McLean, it took two visits,” Einzig says. “That’s pretty typical.” But McLean’s symptom involved straightforward situational anxiety. For more serious medical conditions, such as asthma, it might take as long as six weeks of hypnosis to produce noticeable improvement. And if a child’s symptom is a

surface manifestation of underlying psychological problems, treatment might take even longer. “In emotionally complicated cases,” Einzig explains, “hypnosis usually begins to relieve the presenting symptom quickly, but it might take extended psychotherapy to deal with the underlying psychological issues.” Of course, hypnosis is no panacea. It can’t cure cancer, or diabetes, or help blind children see. But when used for the many conditions it can treat, it is remarkably effective, even in cases where the children have severe psychological problems. “If a child is deeply emotionally disturbed, I hesitate to use hypnosis,” Einzig explains, “and when I do, I’m very selective. But I’ve seen it work with children I considered almost psychotic.”

Hypnosis is still not all that popular among pediatricians, but it is gaining support even among those who do not practice it. At Johns Hopkins, Barbara Howard, M.D., an assistant professor of pediatrics and codirector of the Center for Promotion of Child Development Through Primary Care, calls it “very valuable” for such conditions as migraines, anxiety problems, bed-wetting, and pain.

Heidi Feldman, M.D., a professor of pediatrics at the University of Pittsburgh School of Medicine agrees: “If I were treating a child for headaches, other pain problems, bad habits, self-esteem issues, or many other conditions, and the parents wanted to include hypnosis in the treatment, I would encourage it. Hypnosis organizes the mind to support the body to heal. We need to capitalize on the mind’s ability to help healing. In addition, compared with drug treatments, the risk of harm from hypnosis is low.”

“Hypnosis can be a powerful treatment for many conditions,” says Paul Graham Fisher, M.D., an assistant professor of neurology and pediatrics at Stanford University, “I think it works wonderfully as part of comprehensive medical treatment.”

Several studies have shown that hypnosis is often all that's necessary to eliminate common warts on the hands. In a report by a Tulane University researcher on 41 consecutive cases, hypnosis cured 33 of them (80 percent). The researcher, D.M. Ewin, noted: "Prepubertal children respond to hypnosis almost without exception." Dr. Olness also reports considerable success using hypnosis to cure warts. She begins by asking children to name a few things they really enjoy. Then she asks them to relax, think about one of their enjoyable things, and tell her when they feel comfortable. When they do, she says, "Now think of a way to stop feeding that wart so it will get smaller and go away." Many warts, she says, disappear in a week or two. Researchers at the University of California, at Davis, reviewed 20 studies of hypnosis as a treatment for childhood asthma, in addition to prescribed medication. In 17 of these studies (85 percent), hypnosis produced significant benefits: less wheezing, less need for medication, fewer school absences, and fewer emergency room visits. The researchers concluded: "Children in particular, appear to respond well to hypnosis as a tool for improving asthma symptoms."

Hypnosis also helps treat the maddening itching and scratching of eczema (atopic dermatitis), according to a study by British researchers, who treated 20 children whose severe eczema had resisted conventional medical treatment with drugs. "All but one showed immediate improvement." After 18 months, 10 of the 20 who could be followed up had maintained the improvement in itching and scratching, and almost as many saw continued improvement in other areas of their lives, for example, less depression, and less disturbed sleep. "Hypnosis," the researchers noted, "is particularly valuable for children. By learning the technique early in the course of this illness, they may avoid the



long-term physical and psychological effects of a distressing, disfiguring disease.”

Is bedwetting an issue for your child? Hypnosis often helps. Indian researchers gave 50 bedwetters either a standard medication, imipramine (Tofranil) or training in self-hypnosis, with instruction to practice daily. After three months, 76 percent of the drug group had consistently dry beds, compared with 72 percent of the hypnosis group. Then the drug was discontinued, but the hypnosis group was instructed to keep practicing. Nine months later, 24 percent of the drug group still had consistently dry beds. But in the hypnosis group, the figure was 68 percent. Regular practice was necessary to maintain the benefit. Relapses occurred when the children could not practice their hypnosis routine for more than two days. “But,” the researchers noted, “they regained control by themselves when they returned to regular self-hypnosis practice.” The researchers also concluded that part of the reason hypnosis worked so well was that “the children in the hypnosis group played a more active role in their treatment.” Instead of simply passively taking medication, they practiced their self-hypnosis routines daily.

Dr. Olness and colleagues have found hypnosis effective as a treatment for searingly painful juvenile migraine headaches. For three months, 28 kids, age six to 12, took a placebo (an inactive substance) for their migraines. Then, for another three months, they took propranolol (Inderal), a drug often effective for adult migraines, but less so in children. Finally, all the children were taught self-hypnosis and used it for three months. The participants had an average of 13 migraines while taking the placebo, and 15 on propranolol, but just 6 while using self-hypnosis.

Finally, hypnosis can help children deal with pain and anxiety, for example, Rachel McLean’s fear of her dermatologist and the

painful wart treatments she had to endure. It has become widely used to break the vicious cycle of anxiety and pain involved in childhood cancer treatment—the endless needle sticks of extended chemotherapy regimens, and more painful procedures, for example, lumbar punctures and removal of bone marrow. Adults are typically sedated for these procedures, but children often react paradoxically to sedatives and become agitated, hence the interest in non-drug alternatives. Two studies—one at the University of Texas, San Antonio, the other, at the University of Sunderland, in Britain—have compared hypnosis with visualization-type exercises to control the pain of bone marrow procedures. In both studies, both hypnosis and visualization therapy reduced pain and anxiety. But hypnosis produced greater benefits.

In the oncology department of British Columbia Children's Hospital, Leora Kuttner, Ph.D., a professor of psychology at the University of British Columbia, teaches hypnotic pain-relief techniques to the young patients. One of them, five-year-old Shauna combines deep breathing to “blow away pain” with hypnotic imagery (“taking trips”) to control the pain of intravenous chemotherapy (“having a poke”): “When I do my blowing and take trips, I don't think about having a poke. I just concentrate, and I don't think about what's happening to me, or even about having a needle in my arm. I forget all about it. It's funny how it works, but it does.”

For all of its successes, however, hypnosis continues to be “underutilized” in pediatrics, Dr. Olness laments, because of “misconceptions about it” (see below).

Another reason why hypnosis is not more widely used has to do with the fact that how it works, what doctors call its “mechanism of action,” has never been adequately explained. The elements of hypnosis have been well described: deep relaxation, imagery

that resonates for the individual, increased concentration, and a focus on the goal, not the symptom. But researchers remain unclear on exactly how all these pieces fit together, and without a clearly defined mechanism of action, many doctors remain skeptical. “We can document the many benefits of hypnosis,” Dr. Kohen explains. “But all we can do is speculate about how it produces them because no one knows how it works.”

Dr. Sugarman concurs but believes that in addition to its other elements, hypnosis also involves the child’s relationship with the hypnotist. “In my practice, I’ve had cases where I believe my rapport with the child was all that was needed to achieve such goals as keeping the bed dry. When a powerful adult expresses faith in a child’s ability to make an important change, it helps the child develop that self-regulation skill.”

Dr. Kohen agrees: “Hypnosis empowers children to believe they can master new skills. It’s a confidence booster.”

Hypnosis also appears to increase communication between the two hemispheres of the brain, according to Ann Webster, Ph.D., an instructor in medicine at Harvard Medical School, and a health psychologist at Harvard’s Mind-Body Medical Institute, one of the nation’s foremost centers for research into deep relaxation. “The unusual communication between the hemispheres of the brain seems to open the mind to suggestion and change.”

Still, a great deal remains to be explained. For example, studies have shown that under hypnosis, pregnant women can turn abnormal breech babies (feet-first) to normal vertex (head-first) presentation, and that children can increase the amount of an immune-system protein in their saliva, a compound they are not consciously aware of. Dr. Sugarman hopes that advances in psychophysiology, the study of how the mind affects the body, will solve the mystery of how hypnosis works. The success of

hypnosis proves that the mind can exert powerful effects on the body—even over processes once believed to be involuntary. “Nothing is involuntary,” Dr. Sugarman says, “once we know how to control it.”

## **How Kids Get Hypnotized**

About 75 percent of adults can be hypnotized, Dr. Spiegel estimates. “But children are much more in touch with their imaginations, so very few kids can’t be successfully hypnotized.” Paths into a hypnotic trance, known as “induction,” are as varied as daydreams. “Children respond to a large number of induction techniques,” Dr. Olness explains. “The choice for any given child depends on the child’s needs and preferences, and on the creativity of the therapist.”

Dr. Olness avoids authoritarian messages, such as: “You will do this....” Or: “I want you to do this....” Authoritarian messages interfere with children’s sense of mastery over the problems with which they are struggling. “The purpose of hypnosis,” Dr. Olness says, “is to increase the child’s sense of control.”

During a pre-induction interview, the therapist chats with the child, as Einzig did with Rachel McLean, trying to make the child feel comfortable and listening for suggestions of imagery that might be powerful, as Cleo, her deceased cat was for Rachel. For children under age seven, effective imagery often involves a favorite place, a favorite TV show, a cuddly stuffed animal, a sports activity, following a bouncing ball, or anything that the child enjoys doing or thinking about.

“One little boy I treated for bedwetting loved computers,” Einzig recalls. “I had him imagine a big dam with gates. When the gates were open, the water flowed. When they were closed, it didn’t. I told him that the gates were controlled by a computer, exactly the kind of computer he had at home. I suggested that he use

his brain to set his computer controls to keep the gates closed, and then reset them to open the gates in the morning when he woke up. It worked great.”

Sometimes the image is tailored to the specific problem. In her work with children facing repeated intravenous infusions of chemotherapy medication, Dr. Kuttner often suggests that they cover the affected arm with a “magic glove,” that eliminates their pain. Einzig has used a similar technique: “I used to work in a pediatrics department with kids who were afraid of shots. I would say: ‘Did you know there’s a place in your mind that can make numbing medicine so the shot won’t hurt? Would you like to use your mind to make some numbing medicine?’”

When Einzig introduced Rachel McLean to hypnosis, she asked her mother to leave the room. Dr. Sugarman also prefers to work with children alone, without their parents: “Learning self-regulation is an exercise in autonomy. Children tend to do best with hypnosis when their autonomy is respected. Children seven and younger sometimes benefit from having a parent in the room with them during an induction, but it’s best for the parent to be uninvolved, as though watching the child play.”

But other hypnosis programs involve the parents as well as the children, among them, Dr. Kuttner’s Vancouver pediatric cancer program. Parental involvement often helps when the child is under six or seven, or facing a painful medical procedure or a life-threatening illness. “Hypnosis needs to be individualized with children,” Dr. Kohen says. “It’s not a one-size-fits-all kind of thing. But it should focus on the child’s mastery of the technique, otherwise, the child can’t master the problem.”

In the Vancouver program, Dr. Kuttner spends about an hour teaching her young patients how to enter a deep hypnotic trance. Then, she tells the parents about the imagery so they can help their child enter and maintain the hypnotic state during

medical procedures. When her seven-year-old daughter, Leslie, had painful cancer treatments, her mother, Ann, helped her imagine a big black pain-control switch, and supervised as Leslie turned it down. “She knows what to do,” Ann explains. “I’m like a coach. I try to retreat into the background. I try not to suffocate her with attention.”

Parental involvement has another benefit as well. “When children are seriously ill,” Dr. Kohen explains, “parental involvement in hypnosis not only helps the child cope, it also helps the parents stay calm as well.”

For problems such as bedwetting, where the work of hypnosis happens at home, Dr. Sugarman discourages parents from nagging kids to practice their imagery. “Parental reminders or pressure decrease the effectiveness of self-hypnosis because they interfere with the child’s feelings of autonomy and mastery.” Instead of nagging, Dr. Kohen suggests saying: “You know how to help yourself. Please do what the doctor showed you.”

Of course, sometimes kids refuse to practice their self-hypnosis routines, saying, “I forget,” or “That doesn’t work.” Dr. Kohen gives each of his young patients his business card and invites them to call or email him if they have any problems or questions. “That takes the parents off the hook and allows them to say: ‘I’m not your coach. If you’re having trouble, contact Dr. Dan.’ It also helps parents communicate the message: ‘I have faith in you. You can do it.’”

### **Why Hypnotism is Particularly Helpful for Kids**

People of all ages can benefit from hypnosis. Pregnant women use it to prevent morning sickness and eliminate labor pain (see sidebar). Einzig has used it to help her fall asleep after all-night shifts at a psychiatric hospital. Dr. Olness even used it in place

of anesthesia during surgical repair of a hand injury. But, for several reasons, hypnosis is particularly useful for children. “It works,” Dr. Kohen says. “For some problems—pain control, warts, bed-wetting, habit problems—it’s the treatment of choice. For many other conditions—such as asthma—it complements standard treatments.”

It uses something children have an abundance of—imagination. “Children have an inherent delight in their imaginations,” Dr. Olness says. “Hypnosis shows them what a useful gift this is.” “It empowers children,” Dr. Kuttner says. “The message is: You have more control than you think you have, and you can use it to help accomplish things you want to do.”

It’s cost-effective. “A few training sessions are all it takes for most kids to gain its benefits,” Dr. Spiegel says. Hypnosis generally costs what talk psychotherapy costs, depending on the therapist and location, \$70 to \$120 per hour, with \$100 an hour about average. Many health insurance policies cover it. Check yours.

It doesn’t involve drugs or surgery, Dr. Kohen explains, so you don’t have to deal with side effects, prescription refills, or surgical recovery time.

It calms parents as well as children. “With hypnosis,” Dr. Kohen says, “in conditions like asthma, parents no longer become anxious when wheezing episodes begin. They know that the child has the tools to deal with it.”

Finally, hypnosis brings families one step closer to ultimate goal of parenthood—to launch children into the world as competent individuals. “When kids use hypnosis,” Einzig explains, “parents see their children gain mastery over problems that pose real challenges. They see their children display confidence and competence, key elements of growing up. That’s wonderful to see.”

## How To Find A Hypnotherapist For Your Child

All the experts who contributed to this article recommend starting with the child's physician. Any health or mental health problem should be fully evaluated by a licensed medical or mental health professional. If the professional believes that hypnosis might help treat the problem, ask the child's care provider for a referral. If there's a children's hospital in your area, ask if it includes a department of behavioral pediatrics. Many behavioral pediatricians use hypnosis. Or ask if anyone in the departments of psychology or psychiatry can teach children hypnosis. Or contact:

[The American Society of Clinical Hypnosis](#) (ASCH), 130 East Elm Ct., Suite 201, Roselle, IL 60172-2000. (630) 980-4740. ASCH membership is open to licensed health professionals who also have training in hypnosis. ASCH does not make individual referrals, but if you contact the organization by phone or mail, you can receive a list of members in your area.

The Society for Developmental and Behavioral Pediatrics, some of whose members use hypnosis. For referrals, email the Society through its Web site.

### **HYPNOSIS FOR LABOR, DELIVERY, AND NURSING**

When Janet Listokin, assistant director of therapeutic recreation at the Isabella Geriatric Center in New York City, was pregnant with her first child, her obstetrician urged her to take a self-hypnosis class to help minimize labor pain. "I love the ocean," Listokin explains. "The class taught me how to numb my lower body using an image of walking into the ocean. First my toes became wet and cold and numb, then my ankles, then my calves, knees, and thighs, and all the way up to my waist. During my labor, I 'walked into the ocean,' and maintained my self-hypnotic



the whole time. I had no pain at all. My labor was a serene experience. The obstetrician had to tell me when to push.” Six years later, for her second delivery, Listokin had a different obstetrician. “When I said I wanted to use self-hypnosis again during labor, he pooh-poohed the idea,” she recalls. “He called it ‘voodoo.’ He said, ‘Try it if you like, but I’ll be there with the needle when you need it.’”

Again, Listokin “walked into the ocean,” and again she felt no pain. The obstetrician couldn’t believe it. “He kept bringing other doctors into the delivery room to show them pain-free labor. They asked me questions, but I wouldn’t answer. I told them, “Sorry, I’m in the ocean.” Listokin enjoyed another serene labor—and by the time her baby was born, her obstetrician was a convert to hypnosis.

Listokin’s experience is by no means unique. But it’s not very common. While hypnosis has helped some women enjoy medication-free labor with minimal pain, it’s not widely used. “It’s a shame,” Dr. Webster says, “how underutilized hypnosis is.” Hypnosis can also be useful earlier in pregnancy and after the baby’s arrival. The bane of early pregnancy is morning sickness. Several studies show that hypnosis can relieve it. Suggestions vary depending on the woman. Some involve a “healing ball” that absorbs any feelings of nausea or abdominal tension. The ball rolls up the woman’s back and down her arm. When it arrives at her fingertips, a balloon floats down, and attaches to the ball with a string, carrying away all feelings of nausea and leaving the woman feeling fine.

Close to term, breech presentation (feet first) may complicate delivery. At the University of Vermont College of Medicine in Burlington, researcher Lewis Mehl studied the medical records of 100 women whose babies were in breech presentation at 37 to 40 weeks gestation. Almost half (48 percent) of them

spontaneously converted to vertex presentation (head first) by the time they were born. Mehl then used hypnosis on 100 women with breech presentation at 37 to 40 weeks, asking them to turn their babies around. More than three quarters (81 percent) did.

Finally, some mothers of premature infants have trouble expressing breast milk. At the University of New Mexico, researchers gave mothers of preemies an audio cassette containing relaxation exercises and a guided visualization describing the baby's warm skin against their own and abundant milk flowing from their breasts. Compared with mothers of preemies who did not listen to the cassette, those who did daily expressed 63 percent more milk.

### **HYPNOSIS IS WIDELY MISUNDERSTOOD**

Hypnosis has been controversial since it was first discovered in the 1770s by Austrian physician Franz Mesmer. Mesmer believed that all everything in the universe had magnetic properties and that living things contained a magnetic fluid ("animal magnetism") whose imbalance caused disease. Mesmer used a rudimentary form of hypnosis ("mesmerism") to treat illness by "rebalancing" animal magnetism. Accused of quackery in Austria, Mesmer moved to Paris, where his claims became popular—and controversial. In 1784, King Louis XVI appointed a commission to investigate mesmerism. It was chaired by U.S. Ambassador Benjamin Franklin. The commission derided Mesmer's claims for animal magnetism and concluded that mesmerism's successes resulted from use of the imagination. Mesmerism faded, but use of focused imagination for healing gained a toehold in medicine. However, it continued to be controversial. In 1897, the American medical journal, *Pediatrics*, published articles arguing vehemently for and against its use

with children. Only since the 1950s has hypnosis emerged as a subject of legitimate scientific inquiry.

Unfortunately, a number of myths continue to tarnish hypnosis:

*Myth:* Under hypnosis, people can be manipulated into saying and doing embarrassing things—and kids can be abused.

*Truth:* Any therapy can be misused by unscrupulous practitioners, which is why parents interested in trying hypnosis with their children should consult licensed health professionals. But hypnosis teaches self-control, not control by others, Dr. Kohen says. There is more danger of manipulation and abuse from use of drugs than hypnosis.

*Myth:* You don't recall what happens during hypnosis.

*Truth:* Most people recall everything quite clearly. A hypnotic trance is similar to the focused attention of watching a gripping movie. When the movie is over, you remember it.

*Myth:* You don't wake up from the hypnotic trance until the hypnotist lets you.

*Truth:* People are awake while under hypnosis. The trance is NOT a form of sleep, so there is nothing to "wake up" from. The person under hypnosis controls the process and can emerge from the trance at will.

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