1. INTRODUCTION

Those who work hypnotically with adolescents will be better prepared if they understand the unique characteristics of this group (2). Adolescence refers to the period from puberty to adulthood, roughly the ages from 11-19, and includes the psychological development of the individual.

Puberty refers to the physiological changes of sexual maturity and other body development that take place during that time. Adolescence is a period of increased movement towards independence, a search for self identity, and major brain development.

A child’s adolescence begins with the onset of puberty, which is sometimes as young as age 8. Typically, adolescence is further divided into three parts.

Early adolescence, ages 11-13, marked by increased capability in logical thinking and integrating bodily changes into his/her sense of identity.

Mid-adolescence, ages 14-15, marked by defining values and beliefs as distinct from those of the parents, of exploring the relationship to peers, to self and to the opposite sex, and taking increased responsibility for educational and vocational pursuits.

Late adolescence, ages 17 on, is marked by a more stable sense of identity, a balance between aspirations, reality (abilities) and fantasies and a sense of role or purpose in society.

A developmental perspective will lead to more effective interventions when using hypnosis (14, 15). Theories posit that physical, emotional, sexual, cognitive, social, and moral development each occur in a sequential pattern (4, 5, 7, 10, 11,18). There is general agreement that the path of development affects the outcome of the health of the personality.

Normal adolescent development is a kaleidoscopic change in each of these areas with any one area moving at its own pace. Separation individuation, identity consolidation and internalizing of behavioral controls as well as the integration of adult sexuality are the primary tasks of adolescence.

Hypnotic performance peaks between the ages of 8 and 11 (13,17) and late adolescents show similar patterns to those of adults. Hypnosis can be formal or spontaneous. Natural trance states are moments of absorption, of suggestibility,
of involvement. It is hypothesized that a natural trance state may be a moment of
neurochemical release and consequently, of intense learning, and change.

A hypnosis clinician noted (3), “As a child I ‘invented’ self-hypnosis as means of
coping with nightmares, not knowing it was a professional method used only by
experts.”

Utilization of hypnosis is enhanced when we understand the developmental
stage of the person. Adolescents are somewhere between their childhood natural
ability to imagine and pretend and the more reality oriented adults they are
becoming. Their fantasies are about their peers, and often about wished for
sexual encounters with those peers. Because peer influences are so powerful for
the adolescent they can be utilized in many hypnotic encounters.

With adolescents who become regressed because of chronic illness, trauma or
emotional crisis, they return to the more concrete thinking of childhood. Sensitivity to this concept of regression in the trance state and the return to
earlier developmental styles will enhance the hypnotic work. In fact, a regressed
adolescent subject will look confused with adult verbiage or concepts, and may
even come out of trance in order to respond to a question posed during hypnosis.

A related issue is that some of the “fixed ideas”, or beliefs, that remain in the
unconscious are in a specific language, often child-like concrete language.
During hypnotic work, reevaluation of old dictums from parents that affect
functioning, or removal of these fixed ideas which might relate to anxious or
phobic behavior, depends on identifying the specific language.

2. OBJECTIVES

One goal of hypnosis is to increase the confidence of each adolescent to
manage their life tasks. Fostering their need for independence and mastery can
be done with hypnosis to increase their sense of self-efficacy and self-esteem.
Ego strengthening techniques are most useful in this area. These will work best
when reference to their peers’ successful behavior is included.

A second goal is to teach strategies for whatever the presenting problem may be,
i.e., pain management, anxiety, depression, sleep disturbances, trauma
resolution, PTSD, etc. The list of applications for hypnosis with adolescents is the
same as that for adults. Again, strategies in which the adolescent can identify a
peer’s successful behavior are more likely to succeed.

Noting that an adult used these strategies may create resistance, unless it is an
adult with whom the adolescent is strongly identified. Adolescents’ sensitivity to
peer influences makes a group format compelling. Their tolerance for sustained
self-exploration is somewhat limited (1) but greatly enhanced when the audience is their peers.

With regard to adolescent development, Harper (9) notes there is an increase in daydreaming, which he likens to an altered state of awareness. This results from advanced cognitive abilities of adolescence and may prime the adolescent for the use of hypnosis since it offers the adolescent “the experience of moving from one level of awareness to another” (9, p.52).

In addition with the emergence of adolescent egocentrism, the teen’s sense of invulnerability may be utilized positively in hypnotic suggestions to foster self-efficacy and sense of control.

Resistance to authority is a natural part of the adolescents’ attempts to do things themselves, although not always in their best interests. Utilizing this natural resistance can be a good starting place to foster the hypnotic relationship. The clinician needs to promote autonomy and to tolerate, even encourage the rejection and rebellion necessary for separation and individuation.

3. TECHNIQUE FOR RESISTANCE

The attention of our clients is often captured when we add surprise, an element of novelty, fun and creative play to our hypnotic interventions. Rossi (19) theorizes that novelty may be essential to neurodevelopmental change in our hypnotic work. Adolescents are intrigued when an adult is fun, humorous and creative. The following technique is surprising to adolescents and captures their attention.

The beach ball/balloon technique. This technique begins with having the adolescent imagine they have a very large blow-up beach ball or balloon they are holding between their hands. The subject is invited to explore the color, size, and “feel” of the ball. The clinician models this by holding a similar imaginary ball between the hands.

Verbalizations are suggested for how large and uncontrollable the ball is. The metaphor is developed for feeling the way the ball resists being held or contained. “Feel the resistance” of the ball becomes a suggestion permitting the subject to feel resistance while promoting personal responsibility.

4. TECHNIQUE FOR SELF EFFICACY

A key to healthy development is teaching (7) so providing the adolescent with an opportunity to move from the role of student to that of teacher can foster resiliency and increase self-esteem.
Taking charge of your dreams technique

In this technique the adolescent describes an upsetting dream or nightmare. Then the adolescent describes what could be changed to make the dream more comfortable or to have better outcome. Finally, the adolescent uses the imagination and visualization to see the "new" dream that he/she is directing (12, 17).

5. SUMMARY

Adolescents benefit from hypnosis for relaxation, ego-strengthening, and increasing self-efficacy and self-esteem. There are a range of hypnotic techniques that can be used to enhance development whether at the level of modifying behavior, uncovering the roots of symptoms, re-nurturing to improve personality development or just reinforcing healthy aspects of the developed individual (8).

Many of these techniques are extensions of psychotherapeutic practice such as hypnotic dreaming or reframing of the meaning of an event.

The adolescent is particularly tuned into the peer environment and this may be used effectively to enhance the hypnotic experience and outcome.

FULL LIST OF REFERENCES


