
HYPNOTIC MEDIATED THERAPEUTIC STORYTELLING WITH OVER-INVOLVED CHILDREN

ALEX IGLESIAS, ADAM IGLESIAS

Private practice, Palm Beach Gardens, Florida

ABSTRACT

Storytelling has shared a reputable tradition in child-rearing particularly in the form of fairy tales. Storytelling has also been recognised as a valuable approach to child psychological evaluation and assessment. Another use of storytelling is in their application in psychotherapy. The application of therapeutic storytelling and their value is enhanced when the story is presented to the child while in hypnosis. Two paediatric cases treated with hypnotic-mediated therapeutic storytelling (HMTS) are included. Treatment consisted of three sessions of individual hypnotic-mediated therapeutic storytelling with the child every other week. In addition, the parents read the therapeutic story to the children nightly for one month. The results were positive for resolution of the presenting symptomatology. Office follow-up at one month indicated that the children had not relapsed.

Keywords: Storytelling, hypnotic mediated therapy, over-involved children

LIMITATIONS OF CASE REPORTS

The case report cannot be considered a resource capable of identifying the salient ingredient within the techniques under investigation. The absence of experimental control and the multiple techniques employed in the treatment prohibit rendering generalisations. In terms of the cases reported in this article, it must be acknowledged that therapeutic success cannot be directly attributed to the prescribed medications, to hypnosis, to therapeutic storytelling, to the bedtime reading sessions by the parents, or the sessions with the parents, or combinations of these elements. The authors are cognizant of the limitations in case reports, and acknowledge such methodological deficiencies. The objective of this report was to offer a treatment approach and clinical strategy worthy of empirical investigation.

STORYTELLING AS THERAPEUTIC AGENT

Storytelling has been deemed therapeutic because the patient finds his/her own solutions through contemplating what the story seems to imply about him/her and the problems at hand (Bettelheim, 1976). There are certain conditions that stories must meet in order for them to be therapeutic. First, it must attract the attention of the child. Bettelheim (1976) has ascertained that in order for a story to capture the child's attention it must entertain as well as arouse his/her curiosity. Second, the story 'in order for it to enrich his life, has to stimulate his imagination, help him to develop his intellect, clarify his emotions, be attuned to his anxieties

and aspirations, give full recognition to his difficulties as well as suggesting solutions to the problems at hand' (p. 5).

The universal message conveyed to the child by the therapeutic story is that all children meet severe difficulties in life. Further, that these are unavoidable and a central part of life. Moreover, the storyline elucidates and admonishes the child to not shy away, but steadfastly meet, the often unjust hardships that are inevitable in life. The therapeutic story promises that by persevering and not giving up one can surmount obstacles and emerge successful (Bettelheim, 1976).

A recommended sequence for employing stories in psychotherapy is one in which the therapist (a) presents the story, (b) elaborates on it if needed to ensure that the patient understands it, and (c) discusses its application to the patient's own situation, transforming and paraphrasing it if necessary (Bergner, 1979, 2007; Ossorio, 1976; Fritz et al., 1997).

OVER-INVOLVEMENT: CHILD-ORIGINATED VS. PARENT-INDUCED

For purposes of developing a formulation and to understand and develop a plan of care for the children in this article, the condition termed over-involvement was conceptualised as potentially originating from two seemingly distinct sources: a) child-originated over-involvement and b) parent-induced over-involvement.

The first case presented was deemed a product of child-originated over-involvement in parental matters (Jouriles et al., 2014). The second was a product of parent-induced/forced-upon over-involvement (Garralda, 2010). Problems in parent-child interpersonal/relationship styles were hypothesised to be risk factors for over-involvement and were implicated in the development of unexplained physical complaints in children (Garralda, 2010). Over-involvement was also correlated with the presence of anxiety related disorders and somatisation disorders in children (Masi et al., 2000).

Both paediatric cases presented in this article were deemed over-involved and such over-involvement was formulated as the responsible element in the somatic reactivity witnessed in the subjects herein. This formulation was supported by Jouriles et al., (2014) who found an association between-subjects and within-subjects analyses, child involvement in parental conflicts and for child externalising as well as internalising problems. In addition, parental conflicts predicted later child reports of externalising problems. These findings highlighted the importance of considering children's involvement in their parents' conflicts in when developing and furthering theory and clinical work pertaining to high-conflict families.

CLINICAL APPLICATIONS

CASE NO. 1 THEME: CHILD ORIGINATED OVER-INVOLVEMENT AND SOMATIC REACTION

Background and case-related information

Robert was a five-year-old boy with a medical history of congenital asthma which was managed successfully by his paediatric pulmonologist. Actually, Robert was able to live a normal life and had no restrictions. He was defined as having intermittent asthma and his asthma was defined by minimal symptoms and infrequent asthma flares. Specifically, children with intermittent asthma have the following characteristics: a) symptoms of asthma occur two or fewer times per week; b) asthma does not interfere with daily activities; c) awakenings during the night

due to asthma symptoms occur two or fewer times per month; and d) asthma flares require oral glucocorticoids no more than once a year (American Lung Association, 2012). Robert's infrequent flares were treated with short-acting bronchodilators (beta-2 agonists).

Development of complications

Robert's asthmatic condition exacerbated and the paediatric pulmonologist changed Robert's status to moderate persistent asthma. Children with persistent asthma need to take medication on a daily basis to keep their asthma under control (American Lung Association, 2012). Robert was started on a 'long-term controller' medication. The goals of his therapy included (1) preventing further episodes and (2) returning Robert's status to infrequent asthma as early in treatment as possible. An additional measure by the pulmonologist was to refer the patient for a psychological consultation (Kohen & Wynne, 1997).

Mental status examination

Robert was devoid of a history of care by a psychologist or psychiatrist. The family history was equally devoid of care by a psychologist or psychiatrist. This boy had been doing well in his pre-K both academically and in terms of conduct. He was devoid of psychopathologies except for a diagnosis of 'psychological factors affecting a physical condition' (*DSM IV-TR, APA, 2000*) associated with the exacerbation of his asthma for which he was brought in to consult with the senior author. During interview, Robert denied awareness of any problems in his family. The reality was that Robert's parents were having marital problems and he was privy to their arguments, fights, and threats. In an exclusive interview with the parents, it was stated that a marital separation was under consideration due to the intense discord between them. However, each time they tried to present this possibility to Robert his asthma exacerbated. In a six-month period, Robert required three visits to the emergency room.

Treatment

Robert and his parents were seen for a diagnostic visit. Treatment consisted of three individual visits for hypnotic-mediated therapeutic storytelling every other week. The parents were seen for two visits to address boundaries and to instruct them to keep Robert out of adult affairs. The parents were instructed to read the therapeutic story to Robert nightly for one month.

Hypnotic-mediated therapeutic story

Hypnosis was induced by suggestions of eye closure and the following instructions were provided:

I want you to listen to the story I am going to tell you. You will see the story in your mind like it was a DVD that you enjoy watching. You will hear the voices of those in the story loud and clear. Keep your eyes closed in order to be able to see better the DVD and also keep your ears closed so that you can hear the voice of the story clearly. You will only hear the sounds of the story that I will tell you.

Once upon a time, there was a family of squirrels who lived in a fruit tree. This was a good place to live because there was plenty of food. There was a boy squirrel in this family. This boy was different than other boy squirrels because sometimes he had problems to catch his breath. When the breathing problem started he could not jump from branch to branch. He did not have strength and fell off. Falling from the tree was a great danger because there was a dog in the area who liked to chase squirrels. The boy squirrel's grandfather taught him a way to stop the breathing problem by becoming quiet and relaxed like you are now. He then imagined being able to breathe without any difficulty and the problem got better and went away. This was relaxation medicine and it worked for the boy who used it immediately when he felt a breathing problem coming on. One day, his parents were having problems and the boy heard adult talk. The parents were not aware of how much it hurt the boy to hear adult conversations. The boy squirrel loved his parents and became afraid that something was the matter with his family. The boy squirrel started to have more breathing problems. His parents had to work together to help him to relax and to allow the breathing medicine to take effect. His mom and dad worked together to help the boy squirrel get better. Seeing them together helping him to get over a breathing problem made the boy squirrel believe that the adult problems went away. Adult things are not for children to hear and even hearing a little bit can hurt a child. This is why the boy squirrel's breathing problem got worse and not better. He had more breathing problems and the relaxation medicine did not work as good as before. Then he had three breathing problems in a short period and his parents understood that allowing the boy squirrel to become involved in adult things was making the boy squirrel have breathing problems. They made sure not to allow the boy to be a part of adult matters any more. They told him that he was to stay out of adult matters. They said to him: 'Boy squirrel from now on you will only worry about: playing with friends, watching TV, playing with your computer, going to school, and playing with your dog. You will no longer worry about adult matters!'

Results

Robert's treatment plan consisted of medications consistent with the change of his asthma status from infrequent to persistent. It also included ecological alterations including two parental visits and referral to marriage counselling, three sessions of hypnotic-mediated therapeutic storytelling, and in addition, the parents read the same therapeutic story to the child at bedtime for one month. The child's response to this plan met the paediatric pulmonologist's expectations of significant improvement on multiple medical benchmarks. As such Robert's diagnostic status was returned to infrequent. This took place in a month after the first hypnotic session. Follow-up one month after completion of treatment indicated that the child was responding efficaciously to the pulmonologist's treatment plan.

CASE NO. 2 THEME: PARENT-INDUCED OVER-INVOLVEMENT AND SOMATIC REACTION

Background and case-related information

Claire, a five-year-old girl, was brought in for a consultation. She had a history of gastritis for which she had been treated medically with mixed results. She was aware of the definition

of this medical term and could spell it correctly. The onset of the gastritis was around the decline of the parents' marriage and the departure of her father from the family home. At that time, her mother became hostile towards her husband and could not avoid disparaging him in earshot of the patient. The mother also confided in the patient intimate and adult matters of the parents' marriage. She confided in the patient matters inappropriate for a child. The girl remarked that the gastritis was like when something 'makes you sick to your stomach'. This metaphor captured the essence of the gastritis and associated it to adult material her mother had exposed her to.

Mental status examination

Claire was devoid of a history of care by a psychologist or psychiatrist. The family history was equally devoid of care by a psychologist or psychiatrist. This girl had been doing well in pre-K, both academically and in terms of conduct. She was devoid of psychopathologies except for a diagnosis of 'psychological factors affecting a physical condition' (*DSM IV-TR, APA, 2000*) associated with the gastritis for which she was brought in to consult with the senior author. It was observed that the girl was extensively aware of problems with her parents. She was cognizant of details regarding the intense discord between them.

Treatment

Claire and her parents were seen for a diagnostic visit. Treatment consisted of three individual visits for hypnotic-mediated therapeutic storytelling every other week. The parents were seen for two visits to address boundaries and to instruct them to keep Claire out of adult affairs. The parents were instructed to read the therapeutic story to Claire nightly for one month.

Claire reported most of the common symptoms of gastritis in children. These symptoms included, weight loss, diarrhoea, heartburn, mild nausea, tarry stools, constipation, and indigestion with pain in the stomach (Gremse & Sacks, 1996). The medical approach for the treatment of gastritis includes: a) antacids for neutralising stomach acids; b) medication for blocking acids and promoting healing; c) antibiotics for destroying *H. pylori* bacteria, if present; and d) medication to reduce the production of acid (Gremse & Sacks, 1996). Claire was prescribed these medicines with limited results.

Hypnotic-mediated therapeutic story

After inducing hypnosis by an induction which had the girl close her eyes while remaining able to see through the eye of the mind the following suggestions were made

You will be able see with your eyes closed and will be able to hear with your ears closed. You will only hear the sounds of the story that I will tell you. You will see the story in your mind like it was a DVD that you enjoy watching. You will hear the voices of those in the story loud and clear. Keep your eyes closed in order to be able to see better the DVD and also keep your ears closed so that you can hear the voices and sounds of the story clearly.

Once upon a time a girl and her mother went to the movies. They didn't know which movie to buy tickets for. The mother chose without knowing what movie they would see. When the film started the movie was about adult things and showed adults doing grownup things. The

girl felt embarrassed and got a sick feeling in her stomach. They rushed out of that movie theatre and instead went inside another theatre. Here a movie for children was being shown. What a difference this movie made! This one was made for children and did not have adult things. This movie made the girl feel happy and she laughed a lot because it was funny. It was a mistake to have gone in to the adult movie. The adult movie was not for children and having watched even a brief part made the girl 'sick to her stomach'. It is true that adult material can harm children. In the future, they will be careful to go only to movies for children and not make the same mistake and go to a movie for adults.

Results

Claire's treatment plan consisted of a medication regimen consistent with the presenting complaints, ecological alterations including two parental visits and referral to marriage counselling, three sessions of hypnotic mediated therapeutic storytelling, and in addition, the parents read the therapeutic story to the child at bedtime for one month. The child's response to this plan was up to standard and the paediatrician, based on the significant improvement on multiple medical benchmarks discontinued all medications one month after the initial hypnotic session. Follow-up one month after completion of treatment indicated that the child was asymptomatic.

DISCUSSION

Therapeutic stories can be efficacious strategies and influential devices for assisting paediatric patients. The challenge for the therapist is to choose and tailor them carefully to fit the patient's situation. To the degree that this is accomplished, to that degree they can be powerful therapeutic resources capable of providing many benefits. Their salutary effects come in the form of 1) reducing patients' confusion by organising their thinking about their problems; 2) reducing defensiveness and thus enabling patients to better hear important ideas; 3) by their propensity to be remembered; 4) by providing an efficient and rapport-building communication; 5) by providing a formulation of the child's problems in a simplistic fashion specially propitious for young children to understand; and 6) by illuminating paths towards change.

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Correspondence to: Alex Iglesias PhD. & Adam Iglesias, PhD, 11211 Prosperity Farms Road, Suite 110-C, Palm Beach Gardens, Florida 33410, USA

Email: phdalex@aol.com

Telephone: +1 (0) 561 775-0155