

Clinical Hypnosis With A Little League Baseball Population: Performance Enhancement And Resolving Traumatic Experiences

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Abstract

A model for the use of clinical hypnosis with a Little League population was proposed and outlined with dual emphasis: performance enhancement and resolving traumatic experiences. The Performance Enhancement Training Model was developed to enhance performance with this non-patient population. It employed clinical hypnosis to bring to fruition recommendations made by coaches to enhance players' batting proficiency. The second emphasis of the proposed model focused on the resolution of involuntary maladaptive habits secondary to a traumatic experience that impede or compromise optimum performance. Included in this category were detrimental defensive habits "at the plate" after a beaming by a pitch and detrimental defensive habits "on the field" after being hit by a batted ball.

Keywords: Hypnosis for performance enhancement, baseball, Little League, hypnosis for sport injuries, pediatric hypnosis, hypnosis with non-patients, maladaptive habits secondary to an injury, the Performance Enhancement Training Model.

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The role of hypnosis to maximize and optimize performance in athletics has a well documented history (Liggett, 2000). There is documentation supporting the use of hypnosis to improve performance in shooting in the Olympic biathlon (Gros Lambert, Candau, Grappe, Dugue' & Rouillon, 2003), to improve performance in golf (Pates & Maynard, 200), in archery (Robazza & Bortoli, 1995), in gymnastics (Liggett & Hamda, 1993), in weightlifting (Howard & Reardon, 1986) and in long distance running (Callen, 1983). A review of the literature indicated an absence of published accounts in the use of hypnosis with children in the context of the game of baseball. This article is the first published account where hypnosis is employed in a Little League population with an emphasis on enhancing performance with non-patients.

The Performance Enhancement Training Model

Little League baseball is a national organization with an excellent reputation and recognition for its professional approach to teach the game of baseball. Parents take seriously their children's participation in this sport and organization. Some parents attempt to maximize their children's opportunities to excel in this game by seeking private instruction and hire private consultants. The most visible of these private consultants is the batting instructor. This individual's function is to find the most effective batting stance and swing to maximize the child's success "at the plate." He analyses all levels of the child's approach to batting including stance, swing and follow through and makes actual changes in these areas. The recommended alterations can be rather complicated and can require major changes. Children with the requisite developmental maturity are able to respond to the verbal suggestions offered by the instructor and alter their approach "at the plate." Children that are not developmentally ready and/or lack maturation are unable to adopt the changes recommended especially when these are offered exclusively by verbal means. These are the children that may benefit from hypnotic visualization inherent in the Performance Enhancement Training approach developed to help these children to incorporate the instructor's prescriptions.

Our approach is based on the truism that hitting a baseball is an art that cannot be learned by performing the task slowly and increasing the velocity as one achieves greater mastery. Some sporting activities can be learned using this graduated approach but activities like hitting a baseball pitched at a high velocity do not belong to this category (Liggett & Hamada, 1993). However, in visualization during hypnosis the athlete can manipulate the speed of the activity in order to rehearse at slower rates and when mastery is achieved other complicated alterations can be added.

We receive referrals from batting instructors who identify children that are having difficulty incorporating their instructions. A video recording of the child performing his usual swing is taped along with the recommendations of the instructor. The recommendations are to be stated in operational form with explicit instructions for every alteration recommended. The explicit language of the batting instructor is employed in the hypnotic suggestions employed in the treatment.

The initial visit with the parent and the child covers six objectives: 1) View the video of the child performing his usual swing in order to recognize the elements that the instructor has designated for change; 2) Review the list of operational modifications made by the instructor and contrast with the child's usual approach; 3) Discuss the visualization approach and point out that these techniques are employed by Olympic athletes; 4) Indicate that the Olympic athletes then follow the mental rehearsal by in vivo rehearsal; 5) Refute the misconceptions about visualization techniques. These include fears that one loses control and the concern that one may not be able to return to the waking state; and 6) The applications of these procedures in medicine, psychology and dentistry are also recognized.

We commence the Performance Enhancement Training at the second visit. An orthodox eye fixation with eye closure and progressive body relaxation induction is employed (Hammond, 1990). Once the child is in a moderate trance as evidenced by the pediatric benchmarks indicated by Olness and Gardner (1988) we begin by sensitizing the child to the elements that the instructor has identified that need change. We accomplish this by referring to the video recording that was reviewed at the first visit and ask the child to see in his mind's eye in hypnosis the elements that are to be modified. We approach the elements of change one at a time and by visualization replace each with the modification offered by the instructor. We instruct the child to see himself in his mind's eye performing each specific modification in the fashion recommended by his instructor. The suggestions in hypnosis are phrased in the exact language of the instructor. Rehearsal in visualization is started at slower rates and when mastery is achieved greater speed can be added. We teach self induction and the child rehearses the individual modifications addressed in the session twice a day at home.

The Performance Enhancement Training model is composed of an initial educational session plus 4-5 half hour hypnosis visits. We aim to address all the recommendations made by the instructors in that period. The last visit is designated to rehearse all the recommended changes in unison. The child is asked to rehearse in hypnosis the task of batting with the modifications in place. The child is given the assignment to continue practicing twice a day. At this point the child is referred back to the instructor.

Case Report 1

This 8 year old boy was referred for Performance Enhancement Training by his hitting instructor. The boy was having difficulties putting into practice the recommendations provided by his instructor. After an initial visit where the preliminaries were completed the treatment was started in session two. After induction the boy was helped to visualize in hypnosis each target component of his batting style which had been chosen for change. Each target component was then replaced in hypnosis with the recommendation made by the instructor. In this particular case the list of modifications included:

- a. Keep hands from floating forward until you are ready to swing
- b. Keep hands at chest level
- c. Use hips to start swing and to generate bat speed
- d. Transfer weight from one leg to the other during the swing
- e. Follow the ball with eyes until the bat hits it
- f. Swing in a downward angle
- g. Shorten the swing and meet the ball sooner
- h. Complete the swing/follow through.

Procedure

Hypnotic induction consisted of eye closure, progressive body relaxation, and dissociation from the office to the baseball field. The following suggestions were made once the child entered a state of hypnosis:

Visit One: "Visualize your approach to hitting that we saw on the video. Recall how your hands were positioned. Now see your hands stay still and at chest level until you are ready to swing (modifications a & b). Rehearse this in your mind over and over until I indicate for you to stop. Start the rehearsal slowly and speed up the images as you become better at it. Continue the rehearsal until it becomes automatic. The child was instructed to enter into self hypnosis and to practice at home twice a day the elements of this session."

Visit Two: “Visualize your approach to hitting that we saw on the video. Recall how your hips and legs were involved. Now see your hips start the swing to generate bat speed. Also transfer weight from one leg to the other during the swing (modifications c & d). Rehearse this in your mind over and over until I indicate for you to stop. Start the rehearsal slowly and speed up the images as you become better at it. Continue the rehearsal until it becomes automatic. The child was instructed to enter into self hypnosis and to practice at home twice a day the elements of this session.

Visit Three: “Visualize your approach to hitting that we saw on the video. Recall how your swing looked. Now see yourself swing in more of a downward angle. Also shorten the swing and meet the ball sooner. Complete the swing/follow through. Rehearse this in your mind over and over until I indicate for you to stop. (modifications f, g & h). Start the rehearsal slowly and speed up the images as you become better at it. Continue the rehearsal until it becomes automatic. Follow the ball with eyes until the bat hits it” (modification e).

Visit Four: “Visualize your approach to hitting that we saw on the video. Recall how your swing looked. Now see yourself swinging the bat with all the suggestions that your batting instructor made and you have practiced in your mind. Rehearse this in your mind over and over until I indicate for you to stop. Start the rehearsal slowly and speed up the images as you become better at it. Continue the rehearsal until it becomes automatic. Follow the ball with eyes until the bat hits it.”

Goals And Results

The expectations were for the boy to become productive in order to be included in the starting lineup of his team. Although performance statistics (batting averages) are not kept by the league at that age level, the boy’s performance improved sufficiently, in the opinion of his coach, to earn a starting position on the team.

Follow Up

Telephone follow-up was conducted over the course of the 3 month baseball season. The parent phoned twice and reported that his son’s productive performance at the plate was directly related to the boy’s continued position as a starter on the team.

Discussion

We have employed this model with 6 children with similar results. The benefits obtained allowed these children the opportunity to be in the starting lineup of their respective teams. This was the outcome measure used to gauge the efficacy of the model as specific individual statistics are not kept at this level of play. However, the results and the model’s efficacy must be considered preliminary as the model has not been empirically validated. There are a number of elements that could have contributed to the improvements the children demonstrated including maturational factors and the effects of continued coaching and instruction. Notwithstanding these threats to the validity of the outcome measure the model represents a seemingly functional approach that merits experimental validation. Until then, however, the results cannot be accepted without skepticism.

Hypnosis In Athletics: Resolving Traumatic Experiences

Hypnosis enjoys a substantial legacy in the treatment of symptoms (psychological as well as psychosomatic) secondary to a traumatic experience in athletics. The use of hypnosis to treat psychiatric symptoms within the pursuit of a sporting activity was reported

by Morgan (1995) in an article which focused on anxiety and panic in scuba divers. In addition, Morton (2003) contributed an autobiographical account on the efficacy of hypnosis to deal with multiple challenges related to her returning to successful mountain climbing after a near catastrophic fall. The author reported on the use of hypnosis for physical healing and to overcome the PTSD symptoms that emerged as a result of the accident. The role that psychological methods play in the rehabilitation of athletes was supported by Carr (2006) who endorsed concomitant mind rehearsal methods in the medical treatment of athletes undergoing rehabilitation and by Bauman (2005) who referred to the mind as a powerful ally in the rehabilitation of athletes. As indicated earlier, a review of the literature denoted an absence of published accounts in the use of hypnosis with children in the context of the game of baseball. This article is the first published account where hypnosis is employed in a Little League population with an emphasis on resolving game related traumatic experiences.

Injuries In Little League

Although the rate of injury in Little League baseball has been deemed low and despite the fact that this sport has been considered safe, statistics suggest that children do sustain injuries and trauma. Yen & Metzl (2000) recognized Little League play a safe activity but insisted that the safe designation does not preclude the reality that there are over 100,000 acute baseball injuries yearly in the 5- to 14-year age range in the United States. Pasternack, Veenema, & Callahan (1996), based on the findings of an investigation of medical reports in a sample of 2861 Little League baseball players (ages 7 to 18) concluded that the most frequent mechanism of injury was being hit by the ball. This mode of injury represented 62% of the acute injuries with 68% of ball-related injuries attributed to players on defense.

Clinical Hypnosis For Little League Traumatic Experiences

In certain cases the Little League medical injuries described by Pasternack, Veenema, & Callahan (1996) and Yen & Metzl (2000) engender secondary psychological compensatory and/or coping maneuvers which the child develops as a defense. These compensatory and defensive involuntary habits are, more often than not, detrimental to the athlete's performance. In a number of these cases the detrimental habits develop in the child's approach "at the plate" after a beaming by a pitch. The detrimental habits can also develop in the child's approach "on the field" after being hit by a batted ball.

We conceptualize and formulate these cases from a psychopathological perspective and as such consider them psychotherapy cases. Our approach consists of an initial diagnostic visit where a complete history is taken including the child's verbatim account of the accident. The treatment methods are discussed with the parents and child. We also define and refute misconceptions about hypnosis. The treatment is spaced in five half hour weekly visits. Our treatment methods in hypnosis include ego strengthening (Hartland, 1965, 1971; Stanton, 1989; Torem, 1990), mental rehearsal (Appel, 1992) and age progression (Frederick & Phillips, 1992; Phillips & Frederick, 1992). We also employ the Hypnotic Trauma Narrative (Iglesias & Iglesias, 2005/2006) a tool designed by these investigators to address symptomatology from traumatic experiences.

Based on the work of Frederick & Phillips (1992) the principal interventions that we employ are predicated on the principle of age progression as an ego-strengthening technique. The concept of age progression and all techniques that feature this orientation are designed to act as an antidote to the patient's expectations of failure (Frederick & Phillips, 1992,). Moreover, age progression techniques contribute to the enhancement and strengthening of the individual's ego structures (Hartland, 1965, 1971; Stanton, 1989; Torem (1990). Phillips and Frederick (1992) elaborated on this point and added "when an individual achieves a

positive view of the future, in a hypnotic state, she/he is already viewing an ego that has been positively enhanced in the mirror of the mind” (p. 100). Our approach has strong emphasis on mental rehearsal and is modeled after Appel’s (1992) mental rehearsal model. This procedure was defined as the “symbolic rehearsal of a physical activity without any gross muscular movements” to facilitate skill acquisition and to increase performance in the production of that physical activity (Appel, 1992). Appel (1992) is a proponent of the use of hypnosis assisted mental rehearsal and deems that it potentiates the efficacy of traditional mental rehearsal methods. The Hypnotic Trauma Narrative (Iglesias & Iglesias, 2005/2006) is considered a cornerstone of our model as it allows the obsessive images associated with trauma to recede into the background and become less and less sharp until they are no longer visible.

Case Report 2

A 12 year old was seen for treatment of secondary habits developed after a hit by a batted ball. The boy got hit in the mouth and bled extensively due to a deep cut on the lower lip. The injury was treated at the emergency room and a periodontal dental referral was made. The boy became intimidated and developed habits of backing away from batted balls with the result that he was not able to field his position and was benched. The following defensive maladaptive habits were reported:

1. Defensive backing away from the ball
2. Moving body laterally away from the ball
3. Using the glove as a face shield resulting in dropped balls
4. Standing too deep in the area of his position

Formulation

The following imagery was discovered to be ever present in the boy’s mind and was hypothesized to perpetuate the traumatic experience and to impede the normal process of memories to fade into the background. The nature of the imagery created the need for the defensive maladaptive habits the patient developed.

1. The moment of impact
2. The experience of bleeding
3. The images of his teammates looking in horror
4. The alarming comments by teammates

Treatment

Treatment consisted of a diagnostic session plus 4 half hour weekly visits for hypnotic treatments.

Visit One: The initial session was a customary diagnostic session for the purpose of collecting the psychological history. It was also designed to collect a detailed history of the accident including moment of impact as well specifics of the recurrent intrusive imagery. Education on hypnosis was also a part of this initial visit and included the definition, misconceptions and applications of hypnosis in psychology, medicine and dentistry. The parents were provided with reprints of the authors’ articles on the subject. A basic eye closure, progressive body relaxation, and dissociation to a safe place induction was administered. Patient was instructed to practice the induction at home twice a day.

Visits Two and Three: The 2nd and 3rd visits were devoted to facilitate the process of creating distance from the traumatic images, encourage loss of attention to details and to

promote loss of acuity. The objective was for the memory of the incident to undergo loss of details as it became filed into long term memory storage. We employed the Hypnotic Trauma Narrative (see Iglesias, 2005/2006 for detailed protocol) as the procedure to facilitate the transition of the recurrent traumatic imagery into long term storage and to reduce the acuity of the images in question. The Hypnotic Trauma Narrative was designed to provide therapeutic elements by means of two age-progression methods. The telescope metaphor/strategy allows the child to view the catastrophic loss through a distant vantage point and facilitates the narrowing, constricting and blurring of painful details. Secondly, the Hypnotic Trauma Narrative also provides a more unstructured indirect age progression technique aimed to allow the child to orient to future possibilities (Phillips & Frederick, 1992). Applications of this instrument have been documented with patients that needed help to facilitate the transition of recurrent traumatic imagery into long term storage (Iglesias & Iglesias, 2005/2006; Iglesias & Iglesias, 2008).

Visits 4 and 5: These visits were devoted to mental rehearsal in hypnosis (Appel, 1992). They consisted of engaging in imagery of the typical fielding drills the team practices. In hypnosis he was coached to see and feel himself perform the fielding practice drills without the maladaptive flaws. Each of the maladaptive habits was addressed by means of having the patient, in hypnosis, see himself perform the team drills devoid of the dysfunctional habits. The tasks were performed in hypnosis slowly with increased velocity as greater mastery was achieved. He was kept in hypnosis the entire duration of the visits rehearsing the fielding strategies in the expected fashion. The rehearsal sessions were tiring but the drills in hypnosis were taken to exhaustion. Said differently, the individual was encouraged to continue with drills until he was able to see himself performing at a level of perfection. He was instructed to practice the drills in self hypnosis twice a day the remainder of the season. He was referred back to the coach with recommendation to involve the patient gradually in practice and eventually in games.

Results And Follow Up

The goals of treatment were conceptualized for the patient to resume practicing with his team and eventually to resume play. The patient reported back to his coach and demonstrated he could field devoid of the dysfunctional habits. The coaching staff gradually involved the patient in practices and later in games over the course of the season. He was followed for the duration of the rest of the season every 2-3 weeks for a total of 3 visits and was reported to be without the maladaptive habits.

Comments

As with the earlier case, the results and the model's efficacy must be considered preliminary as the model has not been empirically validated. There are a number of elements that could have contributed to the improvement the child demonstrated including maturational factors and the effects of continued coaching and instruction. It stands to reason that although the model seems a functional approach that merits experimental validation, until then, the results cannot be accepted without skepticism.

Discussion

A model for the use of hypnosis with a Little League baseball population was presented. This model was deemed applicable within two areas of utility: it has applicability for performance enhancement in non-patients and for the resolution of anxiety mediated maladaptive habits secondary to an injury.

In recent years the sport of baseball has been blemished at the professional level by players' use of steroids to enhance performance (Canseco, 2005). The ensuing scandal has tainted and discredited personal records compiled during this period infamously referred as the "steroids era" (Canseco, 2008). The capacity and potential of maximizing performance in baseball by steroid use has not gone unnoticed by adolescents and even children (Nemet & Eliakim, 2007). The result is a population at serious risk for the acute and chronic secondary consequences of steroid abuse (Kerr & Congeni, 2007; Smurawa & Congeni, 2007).

The model presented in this article can be considered a safe approach to performance enhancement which can be applicable to different age groups. It is presented with the hope that athletes will choose these methods rather than ergogenic substances. We hold the opinion that the approach presented herein has potential for application to other competitive group contact sports where maximizing performance is desired and where maladaptive habits can develop secondary to an injury.

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