Hypnotic responsivity from a developmental perspective: Insights from young children

Brian Vandenberg

University of Missouri, St Lucia

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HYPNOTIC RESPONSIVITY FROM A DEVELOPMENTAL PERSPECTIVE: 
Insights From Young Children

BRIAN VANDENBERG

University of Missouri-St. Louis

Abstract: Evidence indicates that hypnotic responsivity in children younger than 8 years of age differs significantly from that of older children and adults. The sudden increase in responsiveness around age 8, differing patterns of item difficulty for young children, specific problems with hypnotic dream and age regression items, and the lack of conceptual distinction between volition and nonvolition argue for a fundamental discontinuity between young children and adults regarding responsivity. These differences result from underlying developmental processes that characterize young childhood, including limitations in executive cognitive functioning, more overt forms of involvement, and reliance on authoritative others for direction, regulation, and support. The unique features of young children's hypnotic responsivity offer the opportunity to reconsider hypnosis within a developmental context.

The last extensive, systematic research on hypnotic responsivity in children was conducted more than 2 decades ago. The reasons for cessation of inquiry are unclear, but compelling issues remain to be addressed. Indeed, questions abound, and one of the most important concerns is responsivity in young children between 3 and 7 years of age. Understanding responsivity in young children is not only important in its own right but its unusual characteristics offer the opportunity for deeper insight into basic assumptions about hypnosis itself; assumptions derived from the hypnotic involvement of adults. This article revisits the question of young children's responsivity: reconsidering old problems in new ways, integrating contemporary research on child development, and situating hypnotic responsivity within a broader ontogenetic context.

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Address correspondence to Brian Vandenber, Psychology Department, University of Missouri-St. Louis, St. Louis, MO 63121, or bvanden@umsl.edu.

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EVIDENCE OF HYPNOTIC RESPONSIVITY


The meritorious features of the experimental scales also harbor important limitations. Extrapolation from adults to children assumes that hypnotic responsivity undergoes few alterations with development. This assumption, although perhaps appropriate for older children and adolescents, may well be problematic for young children. Children younger than 5 years have not been examined, presumably because they are incapable of responding appropriately to the scales. Furthermore, analysis that specifically targets children younger than 7 years indicates that their scores are the lowest of any age group (Cooper & London, 1979; London & Cooper, 1969). One explanation of these findings is that young children are not hypnotically responsive. Alternatively, young children may, in fact, respond to hypnosis but in ways that are distinct from older children and adults and that standard measures are incapable of assessing.

Clinical evidence lends support to the latter conclusion. Case reports document successful hypnotic treatment of young children on a variety of clinical problems (Antitch, 1967; Cullen, 1958; Gardner, 1978; Kroll, 1962; Kuttner, 1988, 1991; LaBaw, 1973; Lynn, Kirsch, Barabasz, Cardeña, & Patterson, 2000; Milling & Costantino, 2000; Olness, 1975, 1976, 1981; Olness & Gardner, 1978; Olness & Kohen, 1996; Pinnell & Covino, 2000; Plotnick & O’Grady, 1991; Schultz, 1991; Tilton, 1984). The aim of these case reports, of course, is to inform practitioners of the potential clinical utility of hypnosis with children, but they lack standardized measures, procedures, and controls. Nevertheless, the accretion of such reports has led some theorists to believe that young children may be highly hypnotically responsive, perhaps more so than older children and adults (Gardner, 1974, 1977; Gardner & Hinton, 1980; Olness & Kohen, 1996; Wall, 1991). These results, although anecdotal, offer an alternative to the experimental findings suggesting low hypnotic responsivity in young children.

There is also some more systematic research suggesting that children younger than age 7 may be responsive to hypnosis. Morgan and Hilgard
(1979) developed a brief assessment scale of responsivity for screening young children in clinical settings (Stanford Hypnotic Clinical Scale for Children) using items similar to those included in experimental scales but incorporating procedures that overlap with those used in clinical approaches with young children. They examined children aged 3 to 8 years, an age group that not only includes children younger than those examined in experimental studies but also brackets the period of young childhood. The study is primitive by experimental standards, involving a small sample size, cross-sectional design, and descriptive statistics, but more structured, explicit, and systematic than clinical case reports. The results indicate, that under the right conditions, children younger than 8 years of age can successfully respond to experimentally derived items assessing hypnotic responsivity. Thus, both clinical and experimental evidence reveals that young children can experience hypnosis. But there is also reason to believe that developmental factors render their experience different from that of adults. Several lines of evidence support this conclusion.

**Evidence That Developmental Factors Influence Hypnotic Responsivity**

*Gradient of Change*

One piece of evidence is the developmental trajectory of hypnotic responsivity. The largest gradient of change for a 2-year period is between age 5, when responsivity is at its nadir, and age 7 (Cooper & London, 1979; London, 1965; London & Cooper, 1969). Furthermore, because the responsivity of 4-year-olds was not examined, presumably because they were unable to respond, the gradient of change in young childhood is then even more noteworthy, rising from an undetectable level to a robust level of involvement. Such dramatic changes, indexed by a singular summary score of a complex ability, often reflect significant structural changes in underlying capacities (Werner, Franklin, & Barten, 1978).

*Item Differences*

Noteworthy age differences on particular items provide further evidence of developmental differences in responsivity. When children's scores on each of the 12 items of the Children's Hypnotic Susceptibility Scale are compared to adult scores on the corresponding adult scale, eye closure is one item on which children score significantly lower than do adults (London & Cooper, 1969). But simply identifying quantitative differences between children and adults provides little insight into the developmental meaning of this difference. The problem is compounded because the scores of children aged 5 to 16 were aggregated, obscuring the developmental changes in eye closure within this large age range.
Fortunately, Morgan and Hilgard (1979) provide a more fine-grained examination. They specifically targeted the issue of eye closure by using two induction procedures: one instructing children to relax and repeatedly urging them to close their eyes, the other directing children’s involvement to imaginative activities but only suggesting, not urging, eye closure. Only a very small proportion of young children (3 to 4 years of age) were able to consistently close their eyes when urged (relaxed/eye closure), and even they generally failed to keep them closed. By 8 years of age, however, nearly all children were capable of eye closure. When eye closure was merely suggested (imaginative/permissive), none of the children aged 5 or younger did so, whereas most of those aged 8 and older spontaneously closed their eyes.

The method of induction—and eye closure—also influenced responsivity. The most dramatic differences were manifest in the youngest children, 3 to 4 years of age. None of the children in the relaxed/eye closure procedure successfully completed any items, whereas most of those in the imaginative/ permissive procedure completed at least several items. By age 8, there was little difference between the two procedures (see Figure 1). Thus, eye closure is most difficult for young children before the age of 8, and this difficulty then influences performance on other items as well: eyes open, hypnotically responsive; eyes closed, nonresponsive. This contrasts with older children and adults for whom eye closure is easy and does not interfere with responsivity on other items.

Evidence suggests that young children may have more difficulty on other items as well. London and Cooper (1969) provide item success rates for 2-year intervals for children aged 5 to 16 years. Unfortunately, statistical analysis of differences between age groupings is not provided, making it difficult to accurately identify which items are significantly more difficult for younger children (5 to 6 years of age). There is, however, convergence with the results of Morgan and Hilgard (1979) on two items that proved to be difficult for younger children.

The first item is hypnotically induced dreams. Dramatic changes occur at about 6 years of age; before this age, few children (less than 15%) are capable of them, but after age 6, most (75%) are. The reasons for this change have not been explored. The second item is age regression, and the cleavage point is about the same as for dreams, 6 years of age (Morgan & Hilgard, 1979). It has been suggested that age regression is difficult for young children, because they have not lived very long (Morgan & Hilgard, 1979). This explanation, however, is problematic. Young children can easily involve themselves in regressive roles in free play, so why not in hypnosis (Gardner, 1974)? Thus, young children perform poorly on dreams and age regression, but the developmental meaning of these failures remains unclear.
The eye closure, dream, and age regression items differ somewhat in the ages of success and failure. However, because of sample size and design limitations in the Morgan and Hilgard (1979) study, caution is required when assigning specific ages to particular abilities. Furthermore, age is a chronological measure and, consequently, offers only a crude index of underlying developmental processes that display wide individual variation and undergo dramatic change. Despite some imprecision, the evidence does indicate that performance on these items is bracketed by the age of 3 to 4 years, when most children fail them, and 7 to 8 years, when most succeed.

**Process Differences**

Discontinuities are also manifest in the nature of young children's hypnotic engagement and response. Unlike older children and adults who respond to hypnotic requests for imaginative engagement by sitting quietly with eyes closed, young children motorically enact suggestions, producing imagination in action (J. R. Hilgard & LeBaron, 1984; J. R. Hilgard & Morgan, 1978; Morgan & Hilgard, 1979). Hypnotic
induction procedures also differ, because young children require more active participation, support, and guidance to initiate and maintain their imaginative involvement in hypnotic requests (J. R. Hilgard & LeBaron, 1984; J. R. Hilgard & Morgan, 1978; Morgan & Hilgard, 1979). In addition, when young children attempt to fake hypnosis, their efforts are easily detected; they fidget, giggle, and even pick their noses (London, 1962). Children 8 years and older, however, effectively manage the appearance of involvement and are indistinguishable from those actually hypnotized (London, 1962).

Protohypnosis

Thus, evidence from a number of sources suggests that hypnotic responsivity in young children may be significantly different from that of older children and adults: a steep gradient of change, failure on the eye closure item that systematically hinders performance on other items, inexplicable failures on several items, and different processes of induction and response. Indeed, Josephine Hilgard and her colleagues argue that young children exhibit crucial differences in functioning that result in an altered form of hypnotic responsivity (J. R. Hilgard & LeBaron, 1984; J. R. Hilgard & Morgan, 1978; Morgan & Hilgard, 1979). They suggest that young children are unable to distinguish between voluntary (“I made this happen”) and involuntary (“This happened to me”) enactments, compromising their ability to appropriately respond to typical induction procedures that presume understanding of this difference. They also suggest that young children are incapable of private, internally focused, self-directed fantasy. Rather, young children’s fantasy is externally enacted, and eye closure is antithetical to this type of engagement. Consequently, hypnotic responsivity in young children takes the form of imagination in action, induction requires more direct participation and direction, and eye closure compromises or sometimes precludes young children’s behavioral response to suggestion. J. R. Hilgard and her colleagues label this form of responsivity protohypnosis.

Protohypnosis provides a coherent descriptor of the hypnotic responsivity of young children, but it is unclear if the assumptions about children’s shortcomings square with contemporary developmental research. For example, does evidence support the belief that young children cannot distinguish voluntary from involuntary or that young children’s imaginative involvement must be overt rather than covert? Furthermore, protohypnosis does not address other issues, such as why young children fail the dream and age regression items. A more complete, empirically grounded understanding of young children’s hypnotic responsivity requires examination of the relevant developmental research.
THE 5 TO 7 YEAR SHIFT

Transitional Age

The steep gradient of change in hypnotic responsivity culminating, at 7 or 8 years of age, in abilities comparable to those of adults is convergent with similar patterns in the developmental literature at large. Indeed, this period has been given its own name: the 5 to 7 year shift (Haith & Sameroff, 1996; Sameroff & Haith, 1996; White, 1965, 1996). Historical and cross-cultural evidence suggests that age 7, or thereabout, is considered a watershed in human development. In medieval Europe, childhood was understood to end at this age, when children were thought to possess reason, moral discernment, and the skills necessary for productive work (Aries, 1962). These expectancies were codified in Catholic canon law and English common law and influenced subsequent legislation mandating compulsory education for children older than 7 years of age (White, 1996). Furthermore, age 7 is a pivotal point in many nonindustrial cultures as well, when children begin to be given tasks requiring judgment about and responsibility for important cultural resources, such as child care and tending animals (Rogoff, Newcombe, Fox, & Ellis, 1980; Rogoff, Sellers, Pirotta, Fox, & White, 1975).

Metamental Abilities

The development of metamental abilities is one of the most dramatic and pervasive changes marking this age period. Metamental abilities are higher order, executive functions whereby individuals think about their own thinking, monitor and regulate their own mental activity, learn how to learn, and reflect on themselves in relation to others. These abilities begin to appear in school-age children (about 7 years of age). Younger children, in contrast, display systematic limitations in metamental abilities. They have excellent memory, but they do not use deliberate strategies to remember. They benefit little from instruction on how to improve their memory and cannot accurately evaluate whether they are likely to remember something at a later time (Case, 1998; Case & Okamoto, 1996; Flavell, Miller, & Miller, 1993; Haith & Sameroff, 1996; Harter, 1984, 1996, 1998; Karmiloff-Smith, 1992; Nelson, 1996a). They are less able to remember source cues that identify the ontological status of a memory (e.g., I dreamed it, I did it; someone told me to do it, someone told me that I did it), and their recall is more easily altered by social influence (Ceci & Bruck, 1998; Flavell et al., 1993; Schneider & Bjorklund, 1998). In addition, younger children display little spontaneous planning to solve problems and, even when provided with extensive assistance, fail to monitor their progress toward their goals (DeLoache, Miller, & Pierroutsakos, 1998). They use procedural reasoning but do not seek to understand why
procedures are or are not successful (Karmiloff-Smith, 1992). They can reason along one dimension but are unable to compare the products of their reasoning along two dimensions (Case, 1998; Karmiloff-Smith, 1992).

Not surprisingly, younger children’s understanding of mental functioning is constrained by their lack of self-reflective awareness and control. They appreciate that others can have thoughts, beliefs, and desires and that these are internal phenomena about particular topics that only people and perhaps some animals possess. But, although they know that others think, they do not fully appreciate what and how others think. Younger children do not realize that thought is continuous, that one thought can trigger another, and that attentional processes can be controlled, as well as disrupted, by competing stimuli. They identify thought with products, such as answers, solutions, or behaviors, rather than processes and cannot provide self-reflective appraisal of their ongoing thought processes (Flavell, Green, & Flavell, 1995; Flavell, Green, Flavell, & Grossman, 1997).

The nature of hypnotic response for children younger than 8 years of age may well be influenced by these broad and pervasive limitations in executive cognitive operations. E. R. Hilgard and others (Bowers, 1992; E. R. Hilgard, 1986, 1994; Kihlstrom, 1998) posit that hypnosis involves the suspension of core executive functions (especially those associated with the experience of volition). It is difficult to imagine how young children who have yet to develop these functions can suspend them.

Young children’s metamental limitations also explain their failures on the dream and age regression items. The instructions for the dream item pose considerable challenges (Morgan & Hilgard, 1979, p. 158). First, a dream is something that occurs in sleep, when eyes are closed. Eye closure is thus implicit in the instructions. Second, a dream is involuntary, yet the instructions (“You will have a dream”) request that it be voluntarily created. Not only does this require distinguishing voluntary and involuntary but requires enacting a paradox of voluntarily generating an involuntary action. Third, they are asked to engage in the metamental tasks of monitoring and reporting on their internal thoughts and reactions while engaging in a “pretend dream.” These are all problematic for young children. Hence, their difficulty on this item is understandable.

The instructions for age regression are equally challenging and do not simply request remembering a past experience, something young children can easily do. Rather, the past is to be made present, experienced in the here and now (Morgan & Hilgard, 1979, p. 159). This “reliving” is to occur in thought (e.g., “Think about . . .”) and thus covertly enacted. In addition, while in this past-as-present, someone outside this frame of reference (i.e., the experimenter) requests that the children reflect on themselves as they recreate the experience (e.g., “Look at yourself”). The item concludes by asking for the children’s self-reflections on their inner
experience during the “reliving.” Covertly enacting the past as present and reporting it “on the fly” to someone posing questions while reflecting upon ongoing experience poses a daunting challenge for young children.

Another aspect of young children’s responsivity, the inability to effectively simulate hypnotic involvement, is also explained by their metamental limitations. It is not until school age that children fully appreciate that facial expressions are not necessarily related to inner feelings and can be strategically manipulated for multiple aims (Harris, 1994; Harris & Gross, 1988), hence, the relative ease of detecting young children’s attempts at faking hypnotic involvement and the difficulty of doing so with older children.

*From Overt to Covert*

The emergence of metamental abilities is accompanied by internalization of thought, a shift from overt action to covert involvement (Flavell et al., 1997; Lawrence & Valsiner, 1993; Rogoff, 1990; Vygotsky, 1987; Wertsch, 1991). Young children fail to appreciate that speech can be used privately to guide thought and behavior. Their thoughts are more overtly expressed, and, although they do subvocalize, they have limited introspective awareness of their self-speech. They assume that speech must involve overt sounds, and inner, silent, covert speech is contradictory and incomprehensible (Flavell et al., 1997). Similarly, young children’s play and fantasy are overtly expressed, and it is only with subsequent development that children become able to engage in covert, internalized imaginative involvement (Rubin, Fein, & Vandenberg, 1984; D. G. Singer & Singer, 1990; J. L. Singer, 1995). Furthermore, young children are unable to consciously utilize self-regulative strategies, such as distraction or avoidance, to modulate aversive emotional reactions. They rely, instead, on external social support and guidance to manage distressing emotion (Bandura, 1991; Harris, 1989; Meerum Terwogt & Oltshof, 1989).

This shift explains young children’s difficulty with hypnotic eye closure and their unique, motoric engagement and response. They are poised at the edge of a developmental transition from overtly enacted to covertly generated, from externally guided to internally directed, from socially organized to self-regulated involvement. Developmental research supports the hypothesis that eye closure disrupts the externally focused imagination-in-action of young children, requiring them to be imaginatively involved yet not overtly engaged; for them, it is an unsolvable paradox. This is also why young children require greater external guidance in hypnotic induction and why their responses are motorically enacted.

A disjunction exists between the hypnotic responsivity of children younger than age 8 and their older counterparts that results from
differences in their developmental functioning. The characteristics and limitations of young children's responsivity are revealed in their responses to adult-based measures of hypnosis. These measures attempt to assess more general features typically associated with hypnosis, also derived from adults. What must now be addressed is whether and how the difficulties and problems experienced by young children on the measures, and their unique modes of responding, entail differences and limitations in their experience of the central features of hypnosis.

**CENTRAL FEATURES OF HYPNOSIS**

**Hypnotic Role Involvement**

Few issues have been more contentious than identifying the essential characteristics of hypnosis (Gauld, 1992). Despite controversy, or perhaps because of it, agreement has emerged on two features. One is hypnotic role taking, whereby individuals, guided by their perceptions of the role expectations of hypnosis, strive to fulfill suggestions for hypnotic responsivity (Sarbin & Coe, 1972). When individuals become so deeply involved that the role is no longer experienced as willfully enacted, the suggested behaviors are experienced as involuntary (Shor, 1962); attribution is not “I did it” but “It happened to me” (Spanos, 1982). The experience of nonvolition distinguishes this “classic suggestion effect” of hypnosis from more prosaic role enactments and simple social compliance (Bowers & Davidson, 1991; Sarbin & Coe, 1972; Weitzenhoffer, 1980).

Both cognitive and motor abilities are required for assuming the hypnotic role (Sarbin & Coe, 1972). Individuals must understand the requests and requirements of the role, such as comprehending complicated instructions for the dream item and distinguishing voluntary from involuntary types of involvement, and be capable of enacting the expectations associated with the role, such as covertly imagining without overt direction and guidance. Young children do not possess these skills and abilities. This is underscored by evidence that one of the best predictors of hypnotic role-taking ability is being able to effectively fake the role (Sarbin & Coe, 1972), something young children cannot do (London, 1962).

How, then, can the success of hypnosis with young children be explained? Although incapable of hypnotic role enactment, young children are more responsive and influenced by the requests and suggestions of authoritative others (Ceci & Bruck, 1998). This heightened responsivity reflects their dependency on caregivers for their meta-cognitive organization (e.g., memory, planning, task organization), their emotional regulation, behavioral direction, and interpersonal guidance, as well as their basic survival needs of being fed, clothed, sheltered, and protected (Flavell et al., 1993; Rogoff, 1990; Sameroff & Haith, 1996).
Young children's success on some hypnotic items, then, such as arm lowering, may be voluntary compliance with requests that they are able to motorically enact, rather than involuntary responses emanating from hypnotic role involvement.

Conclusions about the volitional experience of young children, however, require caution. Accurate self-reports of inner experience are limited, and children's inability to conceptually distinguish voluntary and involuntary actions renders inquiry and inference problematic. Furthermore, although the conceptual distinction between voluntary and involuntary may be relatively clear for adults, young children's experience may not be so easily dichotomized. The boundary between self and other is less distinct for young children; they experience difficulty distinguishing their perspectives and intentions from other individuals and more easily confuse source cues that identify the ontological status of experience (e.g., "I did it," "Somebody told me about it") (Ceci & Bruck, 1998; Flavell et al., 1993). Young children, then, may experience confusion about the source of agency and intention when receiving authoritative guidance. They may be incapable of assuming the hypnotic role but nevertheless experience a form of nonvolition resulting from their metamental limitations and heightened sensitivity to social influence.

Imaginative Involvement

The second feature of hypnosis on which there is considerable agreement is imaginative involvement. Hypnosis requires that individuals respond to unusual requests for imaginative participation, to pretend they are dreaming or that they are revisiting an earlier age. Hypnotic responsivity occurs when the usual critical executive functions are not consciously engaged (E. R. Hilgard, 1986), the generalized reality orientation fades from awareness (Shor, 1962), and an organismic commitment is made that results in the imaginings being experienced as if real (Sarbin & Coe, 1972). Furthermore, it is expected that these imaginative involvements be internally or covertly enacted.

The characteristics of young children's imaginative activities influence their hypnotic responsivity. Young children are incapable of complex, covert imaginings (Rubin et al., 1984; D. G. Singer & Singer, 1990; J. L. Singer, 1995). Nevertheless, this is a developmental period of easy and intense involvement in ludic activities, when children are readily swept into the compelling drama of play. Because of their lack of metamental abilities and difficulties with source cue distinction, they are also more likely to blur the boundaries between play and nonplay, between believed-in imaginings and externally validated reality (Vandenberg, 1986, 1998a). And when the direction of their play is organized by an authoritative other, not only might there be confusion about play and reality but also about the origins of agency, self or other. Furthermore, their overt, motorically enacted play is inherently more
organismically consuming than covert imaginings. Young children may be incapable of the covert imaginings that characterize adult hypnotic role enactment, but the propensity, intensity, and characteristics of their play predispose them to easily dwell within believed-in imaginings, an essential feature of hypnosis.

The nature of young children's play is one reason why their hypnotic responsivity is more robustly manifest in the clinical setting. In this context, overt play engagements are encouraged and play-like activities are tailored to address specific problems (J. R. Hilgard & LeBaron, 1984; Olness & Kohen, 1996). Procedures are in harmony with children's abilities, and imaginative involvement targets specific treatment objectives. Conversely, in the experimental context, items are distinct, unrelated, and presented in staccato fashion. No comprehensive, play-like storyline provides thematic coherence to the items, transitions between items are abrupt, and overt enactment is discouraged—an austere context, indeed, for facilitating believed-in imaginings in young children.

HYPNOSIS IN A DEVELOPMENTAL CONTEXT

Questions about young children's hypnotic responsivity sometimes focus on whether they "have it" or not and whether it is "more" or "less" than that of their older counterparts (London & Cooper, 1969). These questions presume a linear continuity across age. The evidence, however, suggests otherwise. Young children are not able to embrace Shor's (1962) nonconscious role involvement but are more susceptible to suggestion. They are unable to covertly imagine in the adult sense but are more readily and intensely involved in playful activity, unable to conceptually distinguish voluntary from involuntary but more easily confused about the origins of agency and intentions.

These differences suggest that hypnotic responsivity neither traces a simple developmental path nor emerges, ex nihilo, after early childhood. Rather, it is integral to the development of two interrelated sets of abilities. One set consists of capabilities required to successfully respond to requests typically associated with hypnosis in adults. These include appreciation of nuanced, complex, paradoxical verbal suggestions; self-appraisal of experience; and internally generated, self-guided fantasy. These are less developed in young children, who falter and fail on assessment items requiring these abilities. The second set of abilities enables children to compensate for these metamental limitations: sensitivity to and reliance on authoritative others to organize and regulate their experience, thought, emotions, and behavior (Vandenberg, 1998a). The two sets of abilities are in tension. Children become capable of complex communications and internal organization by appropriating the directions and authority of significant others. Because they assume volitional ownership of their own experiences, they therefore rely less on the asymmetrical exchanges with adults for guidance and structure (Rogoff, 1990;
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Wertsch, 1991, 1998). Children’s increasing cognitive and linguistic sophistication enables thought to be internalized, self-organized, and directed (Nelson, 1996b; Vygotsky, 1978). The first set of capacities increases at the expense of the second, and hypnotic responsivity changes accordingly from simple requests overtly engaged and socially regulated to paradoxical suggestions covertly experienced and self-monitored.

The question whether young children are capable of hypnotic responsivity arises from their failure to meet assumptions and pass assessments derived from adult functioning. They are indeed capable but in a unique form congruent with their developmental abilities. The developmental manifestation of hypnotic responsivity parallels that found for other abilities, such as reasoning about numbers, objects, and representations. When assessed on adult-based measures, young children fail. They are more likely to succeed, however, if relevant features of the task are made salient, communication avoids complex verbal requests, expectancies target simpler behavioral responses, and more social guidance, direction, and support are provided (Case, 1998; DeLoache et al., 1998; Flavell et al., 1993; Wellman & Gelman, 1998). Thus, they “have” an ability, such as hypnotic responsivity, because they successfully complete tasks congruent with basic conceptual features of that ability. On the other hand, they do not “have” it in the same way: utilizing overt, behavioral means rather than covert, conceptual strategies; relying on social guidance as a substitute for inner-directed organizations; being capable of responding to simple requests but not paradoxical, abstract demands. Developmental complexity replaces linear extrapolation.

The corollary question, whether young children are more or less responsive, is also problematic. Developmental research reveals that young children’s responses are particularly sensitive to context, an understandable consequence of their lack of metamental and self-regulative abilities. In particular, young children are sensitive to the familiarity of materials, setting, and experimenter; more easily overwhelmed by high-challenge items; and more unstable across time and place (Bandura, 1991; Case, 1998; Fischer & Bidell, 1998; Flavell et al., 1993; Siegler, 1996). The conditions under which success is achieved are as important as task success, per se, in understanding the developmental manifestations of an attribute. Regarding hypnotic responsivity, the challenge, then, is not to determine its “absolute value” in young childhood and compare it to older ages. Rather, what must be examined is the comparative contextual ecology of responding: better or worse, in what ways, and under what conditions?

Thus, complex considerations replace the simple questions of whether young children are hypnotically responsive and what the “absolute value” of their responsivity is. Administering a single scale to
children of all ages will not illuminate the developmental characteristics of hypnotic responsivity. New measures and procedures, sensitive to the unique abilities and limitations of young children, need to be constructed. Examination of potential components of hypnosis, such as responsivity to social influence, capacity for relevant metamental abilities, and propensity for playful engagement, needs to be undertaken. Contextual variables, item variations, and population differences require attention. And longitudinal research tracking these factors from early to middle childhood (and beyond) is necessary for identifying developmental pathways and individual differences.

The paucity of research on children and the vigorous examination of adult responsivity distorts our understanding of hypnosis, suggesting a static entity, fully formed, lacking developmental history or origins (Vandenberg, 1998b). Correcting the imbalance, investigating responsivity in young children, however, faces daunting challenges because experimental procedures and theoretical assumptions must be reconsidered. But this is precisely why such endeavors are so important: They expose the limitations of accepted assumptions, situate understanding within a broader developmental context, and reveal how hypnotic responsivity is grounded in basic processes in human development. This is reason enough for renewed interest in a topic that has remained fallow for nearly a quarter century.

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Hypnotische Reagibilität aus einer Entwicklungsperspektive: auf junge Kinder bezogene Erkenntnisse

Brian Vandenberg


ROSEMARIE GREENMAN

University of Tennessee, Knoxville, TN, USA

Capacités de réponses hypnotiques dans une perspective de développement: Aperçus d’enfants en bas âge

Brian Vandenberg

Résumé: L’évidence indique que la réponse hypnotique chez les enfants de moins de 8 ans diffère de manière significative de celle des enfants et des adultes plus âgés. L’augmentation soudaine de la réponse autour de l’âge 8 ans, les configurations différentes d’éléments de difficulté pour les enfants en bas
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Victor Simon
Psychosomatic Medicine & Clinical Hypnosis Institute, Lille, France

Resumen: La evidencia indica que la responsividad hipnótica en los niños menores de 8 años de edad difiere significativamente de la de los niños mayores y los adultos. El aumento súbito en la responsividad alrededor de los 8 años, las dificultades en la dificultad de los ítems para los niños menores, problemas específicos con los ítems hipnóticos de regresión de edad y sueño, y la carencia de distinción conceptual entre lo voluntario y no voluntario sugieren una discontinuidad fundamental de responsividad entre los adultos y los niños menores. Estas diferencias son el resultado de procesos subyacentes al desarrollo, incluyendo limitaciones en el funcionamiento cognitivo ejecutivo, formas más abiertas de involucración, y dependencia en personas de autoridad para la dirección, regulación y apoyo. Los aspectos únicos de la responsividad hipnótica de los niños menores ofrecen la oportunidad de reconsiderar la hipnosis dentro de un contexto evolutivo.

Etzel Cardeña
University of Texas, Pan American, Edinburg, TX, USA