Chapter Ten

The Trance of Parenting: Parsing the Paradox

> Your children are not your children.
> They are the sons and daughters of Life's longing for itself.
> They come through you but not from you,
> And though they are with you yet they belong not to you.
> You may give them your love but not your thoughts,
> For they have their own thoughts.
> You may house their bodies but not their souls,
> For their souls dwell in the house of tomorrow, which you cannot visit,
> not even in your dreams.
> You may strive to be like them, but seek not to make them like you.
> For life goes not backward nor tarries with yesterday.
> You are the bows from which your children as living arrows are sent forth.
> The archer sees the mark upon the path of the infinite,
> and He bends you with His might, that His arrows may go swift and far.
> Let your bending in the Archer's hand be for gladness;
> For even as he loves the arrow that flies, so He loves also the bow that is stable.
>
> Kahlil Gibran, *The Prophet* (1923, pp. 21-22)

In preceding chapters, we weighed the importance of attachment and attunement in the developing mind, and considered how both affect and can be affected by hypnosis. We noted how the qualities of primary relationships—mother, father, siblings—resonate through the growing infant and child, along their life-course and then into therapeutic relationships. In this chapter, we shift that focus from the mind and trances of the developing person to the minds and trances of their developing parents. We will explore the wiring and activity of what we will call the trance of parenting. Then we will explain the hazards of that trance, what we label the "Parental Paradox." Finally, with a series of examples, we will demonstrate how the skills of hypnosis can be used to disrupt and redirect the parental trance to be more beneficial and satisfying for parents and their children.

Parenting is, obviously, a special relationship. Exceptional not just for its formative impact on the changing child but also because it is inherently conflicted. With one hand, parents strive to protect their child from peril. With the other, they encourage productive exploration of the unknown. The balance is precarious. How far do we let them fall before they grow their wings? At what point do our rescues imbue failure. Real dangers lurk on both sides. The stakes rise with the child's increasing abilities. Despite their parents' efforts, children's minds are shaped by the scars of

injuries and swelling of successes. Parental resources for negotiating this balance derive from their own childhood lessons, in *their* parents' care. Scaling down to epigenetics, parenting patterns, like transgenerational waves, wash over children, who in turn become moms and dads, or choose not to, and on it goes.

Each of us recalls those things that our parents did that we promised ourselves *we* would never do, or never forget to do, if we were ever to become parents ourselves. Then, becoming parents, we struggle to make good on those promises to ourselves. It is that effort—to either transcend or hold on to those formative lessons in order to do better for our own children—that motivates plasticity in parents' minds. But this is a different drive for change and growth than most of the developmental tasks and relational interactions we've discussed. It is different because the focus of change is not the parent but the child. The motivation tends towards selflessness and sacrifice. It hinges on the unsettled bargain that if I, as the parent, do everything right, my kid will be okay. If this were an actual hypnotic conversation, we would follow that last sentence with a long period of silence, allowing its poignancy to sink in deeply.

The trance of parenting is distinctive. It is impactful, conflicted, and directed not on the parent who generates it, but the child who interprets it. So there is a special role for therapeutic hypnosis in helping parents encourage healthy children. That's where we'll start.

Practicing the Parenting Trance, or, Adventures in Catastrophizing

The default behaviors of parenting, when engaged with the child, seem binary. As parents, it's as though we are either chasing, yelling, anticipating, or reminding, with toddler-raising patience, or we are cuddling, caring, and absorbed in comfort. That amygdala in the center of our brains that we have described as the arbiter of emotion, seems to be either blaring warnings or crooning lullabies. Panic or peace. We don't seem to find much time for the middle. On those occasions that we do—when Robinson plays cars with his son, Lulu's adoptive parents cheer at her gymnastics events, or we run alongside-of-not-holding-onto the child learning to ride the bike—those moments feel more like fortunate happenstance than intentional. It is difficult to extend those moments and to make them purposeful.

This all makes some sense from an evolutionary perspective. First, we need to keep saber-toothed tigers from eating our young. Then we need to envelop our kids in as much secure contact and loving care as we can. These needs are felt strongly, sometimes surprisingly so, by parents. Emotionally intelligent, poised, and competent people, once they become parents, can feel like emotional wrecks. The sleep-deprivation contributes, of course. If we consider these dual parental drives from the standpoint of their effects on the infant and child's developing mind, then we can understand that they are enacted as behaviors that teach the difference between vigilance and safety. Perry (2017), Siegel (2012), and Brown and Elliot (2016), culling from their own research and that of many others, illustrate that inadequate parental attachment—an inadequate balance of these two drives—fundamentally diminishes emotional range, resilience, and agility, such that the

attachment-starved infant or child primarily favors a "freeze" response in relation to novelty and social engagement. So from a relational and modeling perspective, it makes sense that parents are so intensely compelled to act this way, at least at the beginning.[1] This balancing act forms a foundation for the trance of parenting.

Time-travel is another contributing feature of the Parenting Trance. Parents simultaneously sample experiences from their own childhood and project themselves into their child's future. Of course, most of this is non-conscious, conditioned, and embodied. The mother holding her baby knows that she was also held. Such common and daily events as the child's starting school, making and losing a first friend, learning to ride and falling off of a bicycle trigger the parent's own conditioned learnings that influence their responses. Without being mindful, parents project those responses onto the child, again, often protectively. At the same time, parents cannot help but plan who their child will come to be. They reflexively cultivate their child's development along that course. This is most evident with gender. Traditionally, as soon as we know their anatomic makeup, we begin to "gender" our children in our minds, our views of them, in more profound ways than how to clothe and name them. In many cultures, race, ethnicity, class, caste, family occupations, and traditions further determine, and so shape, the expectations of who a child is to become. Future paths may be more open in diverse and egalitarian societies, especially among more privileged groups, but parents will still imagine and impose on their children's futures. These future-orientations shape parents' current behaviors that are then projected as expectations on to the growing child.

While parents are becoming engaged with this balancing act, time-traveling and meddling with their child's futures implicitly over their first few months, children start doing something uniquely mammalian and singularly human: they begin to make up their own minds. They begin to express autonomy, preference, a desire for self-determination, even opposition. They begin to test and defy everything. The parent of a particularly rambunctious and athletic toddler, a child who seemed to hold no fear of heights, remarked, "She thinks that gravity is an opinion."

Children become intensely sensitive to infringements on the widening boundaries of their autonomy. The toddler asks for a drink of juice. The parent considers this an opportunity for learning and asks the child which colored cup they want to choose, "The red one, the blue one, the yellow one, or the green one?" The toddler replies to each choice with an emphatic "No!" The parent sighs and patiently presents the choices again, getting the same responses. The parent asks, "Do you still want juice?" The child nods, "Yes." The parent, now exasperated, asks, "Then what?!" The toddler points to the cups and insists, "*I* choose!" then proceeds to point and name

[1] We are aware that, as we write this and long after this book is out of print, there will be parents and children on the planet living in desperation, with few resources, stuck in this bimodal existence. That is represented by little Lulu's early years. Parenting in the context of actual existential and traumatizing threat is real and dire, but not the primary focus of this chapter.

the cup colors, mimicking the parent. The child resented being *given* a choice. They wanted to *make their own*.

With their child's inevitable and accelerating drive for self-determination, parents increasingly realize that the window of opportunity to protect, direct, and shape their child's mind is closing. That's assuming that the window was ever open very much in the first place. Parents become both delighted—"Look what he did all by himself!"— and horrified—"Look what he did all by himself!"—by their child's behavior. The conflict intensifies in the parent's mind, fueled by the social environment. Saber-toothed tigers may be extinct, but the newsfeed and social media expose bigger and more insidious threats, from environmental toxins to mass shootings in elementary schools. These promote vicarious traumatization of parents. The default, underlying parental mode becomes one of anticipating harm to their child. In these ways, the child's mandatory and autonomous development, coupled with the parent's sensitized perceptions of danger, align to intensify parental catastrophizing. If you aren't worried, you aren't paying attention.

The foregoing conflicted and catastrophic time-traveling is the basis, the circuitry and engrams, for the parental trance, which is why we've referred to it as the default. We are calling this a trance, rather than an attitude or stance, because it is a practiced form of psychobiological plasticity within the parent's mind: a reinforced rut from genomics to behavior. It is not in the parent's hourly consciousness. The trance activates as parents project their child's current behavior into the future, almost always towards a bad end. When the infant falls on her diaper, the child runs from parents at the park, erupts into a tantrum, is late for school, the adolescent starts swearing, won't clean their room, doesn't say where they have been, etc.—all of these natural forays into autonomy trigger parental projections, time-travelling from past and future.

As parents, we reflexively predict the catastrophic outcome of these behaviors. Parents have been saying, likely forever, "If you keep doing that, you will end up…" then conjuring some horrific outcome. Of course, saying it to the child is a strategic warning, but parents feel it more. It builds inside, mostly unexpressed. The reflexive, protective trance of parenting, rooted in our evolution, is set up to predict future calamity from present performance, to continually wonder about what can go wrong. After all, we did not get to this point as a species by mistaking the saber-toothed tiger in the bush for a gentle breeze. We also call it a trance because we are going to present how therapeutic hypnosis—a skill set to influence plasticity in helpful ways—can help change it.

Posing the Parental Paradox

However protective it might be, the parental trance is not benign. It is enacted in behaviors that can be interpreted, and often are, as indicative of both fear of the unknown and lack of faith in the child's abilities to handle that uncertainty.

The parent's conscious intention when reminding, warning, checking over, and (unwelcomed) accompanying, is preventive and protective. It is also to model anticipatory behavior, to put

readiness into the child's mind. We expect that children will internalize this, learn how to be prepared, especially the more we repeat ourselves. So far, so good. We must do these things. But there's a catch.

Children have never been parents, let alone adults. They are not very good at taking the long view. They do not occupy their minds with past and future projections as their parents do. They certainly don't do "patience." Their developmental priorities are more immediate and autonomous. They don't say in their minds, "I think I will learn to walk sometime next week, perhaps on Thursday." Their drives for autonomy ("It is *my* idea"), heuristics ("Let *me* figure it out"), and self-determination ("*I* choose how") are both relentless and desirable. As a result, they tend to offer one of two responses to parents who are in the throes of expressing the protective parental trance: opposition and acceptance.

Opposition is easy to understand. We have all done it. It is not surprising that "No!" is consistently among the first five words children learn to say in their first two years, considering how often they hear it. As parents continue to remind, opposition tends to increase. We can define "nagging" as when parents tell the child something that: (1) the child already knows and (2) they don't want to hear at that moment. Through adolescence and into adulthood, this type of response can meld with autonomy to produce parental rejection, withholding information, and distancing from parents. We find ourselves saying of our parents, "They really don't know me." Even as these feelings dissipate with our own maturity, they leave residue. When in my sixties (JHL) my 92-year-old mother reminded me to take my umbrella on a cloudy day, I quietly muttered angry expletives. She remained in her parental trance, so I was in my rejection trance.

The second response, acceptance, is more insidious, and therefore, perhaps more potent. The more parents repeat their preventive and protective reminders, the more their children begin to wonder, "Maybe they're right. Maybe I ought to be concerned. Maybe I can't do stuff on my own." Especially when a child has struggled with their own sense of competency and self-efficacy, when they have been traumatized, their self-image can internalize parental caution. In short, if the child is susceptible, they catch the contagion of anxiety inherent in the parental trance.

I (LIS) have the opportunity to demonstrate this profoundly in my clinical practice on a regular basis. To help children experience the embodiment of their anxiety, I use skin conductance biofeedback. Sweat gland activity in the palms and fingers conducts small amounts of current and correlates sensitively with sympathetic nervous system activity. So, with electrodes strapped to the child's fingers and a video display showing a bar graph of their "Stress Level" (which is actually electrical conductance), I ask them to lower the bar (increasing electrical resistance by drying up sweat glands) on the screen beneath a given threshold, represented by a line across the graph. I situate the parent and child such that the both can see the display and me, but not each other. As the child figures out how to lower their stress towards the line on the graph—by breathing slowly and being really still, for example—I intentionally nod toward the parent to say, nonverbally,

"Watch this," then say out loud to the child, "This is hard. Here, let me help you." Then I raise the threshold closer to their stress level, making it easier for them to reach. Reliably and within seconds, the child's stress level *rises*, moving *away* from the threshold line. I let them struggle at that new level. Then I repeat the process, each time first capturing the parent's attention. After another repetition or two, with the child's stress level substantially higher, we stop and process. Parents are often stunned by the real-time and objective evidence that unsolicited offers for help raise their child's anxiety.

The parental paradox comes down to this: the more we help, the more we hinder. The more we protect our children from life's challenges, the more they are unable to face them. It is a paradox, because the fundamental drives of both parties—parents' drive to protect, and children's drive toward autonomy—are in conflict and required. As a result, most children grow up with a mixture of both responses: some opposition and some acceptance of anxiety. It is also a false dichotomy, of course. There are a lot of creative and helpful encounters in between meeting saber-toothed tigers and never letting our children go. The question becomes, how do parents make more of those creative and helpful encounters happen on purpose?

Hypnotically Parsing the Parental Paradox and Resetting the Parental Trance

The hypnosis skill set—building rapport, disrupting entrenched plasticity in the embodied mind, promoting renewal from that disruption—can powerfully help parents transcend their conditioning and the trap of the parental paradox. For the rest of the chapter, we will explore, using vignettes, how the parenting trance can change with hypnotic interventions that parse the parental paradox. In the next chapter, we will take this theme further into helping parents lead the way toward fostering resilience and coping in families.

The Prenatal Visit. Just as their fetus is maturing toward birth and babyhood in a woman's womb, nascent parental trances are forming in parallel. Ostensibly, prenatal pediatric visits are for collecting a family history of risk factors, providing counseling about newborn care, and establishing a collaborative relationship with the clinical practice. But meeting with prospective parents provides the clinician a rich opportunity to creatively evoke antecedents of their attitudes and then set loose implicit processing heuristics into their developing parental minds. Besides, in applying our principles of *Thinking Systemically* and *Narrative Listening*, there is really no such thing as "taking a history." Memory retrieval doesn't work that way. So, in this novel (i.e. plasticity-enhancing) setting, full of anticipation towards the impending birth or adoption, we have the opportunity to co-construct a narrative with these pending mothers and fathers.

Within this relational context, we recognize that family histories are family lore that function to form parental mindset in the present and anticipation for the future. For example, the expectant father and his uncle both had their appendices removed as children. His uncle had complications because it was "taken out too late." While it is highly unlikely that these episodes of appendicitis were genetically predetermined or related, it is inevitable and normal that this man's baby will, in

the natural course of its infancy, have some gastrointestinal distress, complete with spitting up and vomiting. Knowing this, the clinician may be tempted to anticipatorily reassure the father with the statistical improbability that these episodes predict appendicitis problems for his child. The father may even volunteer that he knows this family history "probably has nothing to do" with *his* baby. But we are not dealing with facts or cognition. Both of these parents live with their approaching leap into the uncertainties of parenthood. We are interacting with elements of a coalescing trance of parenthood.

So instead of simply reassuring, the clinician can make a note that this inevitability will warrant more and sensitive care because of the symptoms' innate associations. More, the clinician can wonder out loud—modeling their comfort with not-knowing—"Well! That's interesting. Good to know. We can look forward to learning what your baby makes of that bit of family history as they grow up." Even more determinative family data that may carry higher risk can be framed with possibilities of positive outcomes, including and especially mental illness and substance abuse, countering tendency towards catastrophizing. The clinician can be the person in the relationship who keeps recognizing that this family story is yet to be told.

In addition to anticipating and reframing medical and genetic risk factors that infiltrate the parental trance, there are the parents' parenting stories. I (LIS) enjoyed surprising parents by asking about this with novelty. I would raise it near the end of the visit, after completing and reviewing the history form and orienting them to the practice. "Just one more set of questions," I would say. Then I would make the following inquiries. How did your parents raise you? What parts of that do you want to keep? What have you promised yourself you will never do? How are you different from them? How are you alike? All of these questions, and the conversations that followed, were implicit processing heuristics, designed to start disrupting the conditioning that these people were heirs to. So I was interested in the "how" of each parent's responses—to both the questions and to each other—as much as the "what." Equally importantly, in this developing therapeutic relationship, it delivered the message: We talk about this stuff here.

The Newborn Exam. The first examination of the infant in the hospital in front of the parents affords a dramatic opportunity to instill positivity, resilience, and hope. I (LIS) would enjoy taking part in this first doctor-patient relationship with an infant, and celebrating its unique qualities. It is a set up for hypnosis because it is a truly novel moment for all involved. Here are the elements of what I used to perform. First, I would enter the room and ignore the parents completely, focusing only on the infant. I would introduce myself to the infant and ask, "What name are they giving you?" Then, as I proceeded through the physical examination, I would comment positively on his or her blood flow, muscle strength, heart, breathing, abdominal organs, etc., as if the infant has consciously and intentionally made them all this way. "You have grown yourself a good, strong heart." One way to get an infant to open their eyes is to change their orientation in space. I would raise the infant into un upright prone position at eye level. They would open their eyes and reflexively arch their neck, holding their head up. Then I could be impressed with their

demonstration of postural control and beautiful eyes. This speaks powerfully to the infant's nascent autonomy in the face of utter dependency. The authoritative clinician is establishing a positive relationship in acknowledging the infant's resilience over their fragility. Finally, I would give the *infant* guidance and instructions (including scheduling a first appointment) on feeding, hygiene, sleep position, developing a schedule, while their fascinated parents listened and processed this information, even more so because they were overhearing it. Sometimes I would say, "You'll get all the sleep you need, but your parents won't." I would end with something like, "Please be patient with your parents, you have a lot to teach them. Make sure they understand what you need. But they won't always do what you want." Then, finally, with the baby bundled, I would turn to the parents and ask if they had any questions.

In addition to its obvious novelty, the intention of this performance was to disrupt conditioned perceptions of the infant as helpless, unaware, asocial, unintelligent. Equally importantly, it casts the parents as the novices that they are (even with subsequent babies) while imbuing the baby with hidden wisdom. It emphasizes the fundamental value and work of responding to our kid's needs, but carefully considering their wants. It closes with an implicit processing heuristic, readying the parents to observe and learn from their baby's cues. How do I know this was hypnotic in its effect? Because, for decades of pediatric practice, as their children grew, parents would reminisce, "I will never forget that first newborn exam."

We must add that not all newborn exams reveal a healthy, strong, mature, perfectly formed infant. This revelation can feel devastating to parents, activating their catastrophizing reflex. In those conditions, it is even more important to be infant-centered and strength-based. "So, you seem to have been assigned some challenges. We wonder what will you make of them and what barriers can we help get out of your way." When an infant arrives with a recognizable syndrome—meaning a studied constellation of findings linked to an identified prognosis and treatment—we can pronounce audaciously, "It's good to know that you meet criteria for [----------] syndrome. But of course, you also have [baby's full name] syndrome, so we can wonder what kind of person with [----------] syndrome you are going to become."

The Phantom Test. Harmful experiences that take place during the intensity of the newborn period can also have enduring effects. I (LIS) asked the parents of a two-year-old girl to meet with me for counseling. We were all concerned about their little girl's angry, defiant, and testing behavior. Mother, who had taken leave from her professional career to stay home with her daughter, was feeling exhausted and inadequate. Father was bewildered. Both expressed concern that their daughter had a neurodevelopmental condition. The child, the first-born after an uncomplicated pregnancy, labor, and delivery, was developing normally, aside from the ferocity of her temper. The only apparently relevant family history was that mother's sister had delivered a baby two years prior who was six weeks premature and so had been hospitalized for a month with breathing, feeding, apnea, and jaundice problems. Now four years old, the niece had various developmental delays.

I had worked repeatedly over the last year with the mother to help her practice consistent scheduling, limit-setting, time-out, and engagement for desired behavior. But the mother found it very difficult to follow through. She said, "I am just so worried that something's wrong with her." It finally dawned on me to ask her the basis of her concern, even though there was nothing I knew of in the child's history to warrant it. She replied, "You know. It's because of that jaundice problem she had after she was born." I was confused and concerned that I had missed something. I had no record nor did I recall her having a jaundice problem. After I got over my embarrassment, I told them so. I promised to look into it.

My investigation revealed that late on the second postnatal night, a newborn nursery nurse had told the mother that the baby looked jaundiced, so she was going to bring the baby back to the nursery to have a blood test. Then the shift changed, the on-call physician examined the baby, was unconcerned, and did not order the test. But the mother never knew, never asked (perhaps due to her fear and sleep deprivation), and so, never received the results. Instead, the worry took root and grew so that the parents saw the child as fragile and vulnerable, despite the fact that she was a tyrant. It would be great if the story ended with the parents finding out the truth and changing their behavior. But that is not what happened. It took years of work and family therapy for these parents to feel confident enough to stand up to their child. Such is the power of events occurring early in the impressionable trance of parenthood.

The Blue Backpack and other evocative cartoons

When, during a session with a parent, or parents, and their child, we encounter evidence of the parental paradox—the struggle between trying to help and trying to get out of the child's way—I (LIS) will launch into a story or an imagined cartoon designed to disrupt and redirect the parental trance. Because it seems a *non-sequitur*, there is novelty. The stories and images appeal to various representational sensory modes with multisensory imagery, meaningful icons that can act as post-hypnotic "souvenirs," as discussed in Chapter Five. The stories are varied in order to tune them to the language, experiences, and sensory modes of the parents and child. The value of the stories is that, as in our principle of *Narrative Listening*, they provide a compelling and coherent container for the implicit information. Sometimes stories and imagery are like a well-insulated coffee mug: they hold difficult-to-handle information, so that you can drink it in slowly and carefully.

The Blue Backpack. You know, that reminds me of a story. It's the little boy's first day of kindergarten. A month ago the mother helped him pick out a blue backpack to hold all his new kindergarten stuff: crayons, scissors, lined papers…and a change of underwear and pants. Now she is getting ready to go with him to the bus stop for that big step up. She really has quite a mix of strong feelings that she is struggling to hold back as she reminds him, "Don't forget your blue backpack." She helps him put it on, and off they go to join the other kids and parents gathered at the curb. The backpack looks huge on him. He looks so determined as he climbs those steps…and does not look back.

Then suddenly he's in second grade and tells his mom that she doesn't need her to wait for the bus with him anymore. She sighs as she says, "Okay." But she insists on a hug and kiss, reminding him, "Don't forget your blue backpack." He yells "Got it, Mom!" over his shoulder just before the screen door slams behind him and he runs off to his friends at the street corner.

Then in fifth grade he is getting tall and gives her a hurried kiss and half-hug after rushing breakfast. She yells after him, "Don't forget your blue backpack," and he replies, annoyed, "Okay!" as the door slams.

Then he's 13…14…16, oversleeping, grabbing some toast, and rushing out the house as if she, at her morning coffee, doesn't exist. There is no response as she offers, "Love you. Have a good day… Don't forget your blue backpack," in his wake.

They have lugged the last container of his packed belongings up the stairs and into his dorm room at college and he is distracted, ready to explore, unsure of how to say goodbye, how to feel. He allows a hug and has endured a list of her reminders, including that he will call her tomorrow. At the doorway, she cannot help but turn back and ask, "You got your new backpack, right?" It is blue.

What's with this blue backpack? You know what it is, don't you? It's an icon, a good luck charm, a special coin, a rabbit's foot. It is easier to hold in our hearts than what it represents. It's a prayer. It means, "Please don't die today."

Parents all over the world, some with better reason than others, do something like this. They may not even be aware of it. But they feel the need to do it, to keep their kid safe.

And it is not benign. You see, the kid has been hearing this all his life. "*Don't forget your blue backpack*." Over and over and over again. It's this annoying thing his mother or father keeps saying. Like he's an idiot. Like he would *ever* forget his stuff. He has *never* forgotten his backpack! She doesn't even know what's in it. She doesn't even know me, that's why I don't tell her stuff. She treats me like I can't do anything right. But, he wonders quietly, what if she is kind of right? What if I am an idiot about things, some things. What if I really can't do stuff without her reminding me? What if I can't make it on my own? So the blue backpack means different things to different people. Parent's prayers are often overheard and misunderstood.

Catastrophizing attachment. So, imagine this cartoon. You and your wife, your son, your daughter, and the dog are all standing in the smoking, charred ruins of what used to be your home. Your faces are streaked with soot, and the cartoonist has drawn little wisps of smoke rising from your singed hair. You are all stunned, and staring at your son who is holding a lighter, saying, "Whoops. My mistake." Got it? Okay, here is the question. Do you love him any less?

Imagining estrangement. Having asked about and sketched the young person's dreams and hopes for their future, we can use and improve upon specific elements from the young person's future projection and characteristics—including those that challenge the parents—while occasionally checking with them for accuracy. We turn to the parents and say, "Let me ask you a question. Imagine that your child is 20 years older. They are living in Chicago, in a beautiful condominium. Not married…yet, but lots of great and supportive friends. They are an architect who really loves what they do and the people they work with. The people in the architectural firm really value their creativity and ability to collaborate. They play in the local mixed-gender soccer league, and coach in the youth league. They still play the saxophone in a jazz group, with gigs at some clubs. Works out. No longer eats meat. Is happy, healthy, successful and loved." After a pause, "There is just one catch… They want nothing to do with you and you have not communicated for a decade. How is that for you?"

Changing Trajectories. The course of our children's development rarely follows that of parental dreams. As in Romeo and Juliet, literature and theatre are replete with stories of children finding their own way, despite and in opposition to their parents. Of course, these autonomous expressions don't occur in single dramatic productions, but as diverging paths laid in the walking. Metaphorically, our children negotiate a maze in which the walls are constructed of family values and circumstances. Then they begin to test the walls and break them down, increasingly asking, with their behaviors, "Why is that wall there? Why do we do it this way?" The force of these questions is somewhat determined by the permissiveness of the larger culture: race, ethnicity, class, caste, family occupations, and traditions.

From a (family) systems perspective, we might say that our children test our relative values. They ask with their behavior, at least, "Which is more important to you, my chosen self-actualization or your measures of success?" In this way, and uncannily, our children often challenge us as parents in just the ways we have struggled to grow. For example, consider the father, perhaps Lyle's father, who was raised in a large, noisy family of people who yelled. Lyle is a boy with sensory sensitivity, especially to loud voices. When Lyle's father yells, he only evokes his son's fight-or-flight response, and so is ineffective at communicating any content. The boy requires his father to develop the self-regulation to speak softly. More, he requires that his father make this change a priority over expressing his authority. It is as if our children, who are in the business of deploying their embodied minds, are asking their parents, "Show me how you change your minds. Then I will change mine." In their book, *Everyday Blessings,* Myla and Jon Kabat-Zinn (2014) frame this as each child being the director of their parent's development, sort of like little Zen masters. While they may be quite annoying, we ought to respect these powerful teachers.

This way of relating becomes a powerful enactment of *Relational Being, Narrative Listening,* and *Systems Thinking* when using hypnosis with parents. The shift is disruptive, exemplified in the previous example of the newborn exam. Stevie's adolescence and gender confusion typify an

adolescent struggle that challenges parents. A father in my (LIS) practice could be like Stevie's. He was wrestling with his male-born adolescent's gender dysphoria. When a little boy, this patient was diagnosed with high functioning autism spectrum disorder. The child was socially reticent, primarily focused on learning music and reading books, and while avoidant of popular competitive team sports, was intensely focused on the martial arts. His father found this challenging since none of these were his interests, and Father didn't know how to join in. Quite naturally, he faulted himself for his son's developmental differences. "I didn't spend enough time with him…uh, her, I don't know." Now 16 years old, with no evidence of autism and taller than both of her parents, his child identifies as female, dresses accordingly, has chosen a different name and is socially active, a martial arts instructor, and an accomplished young musician and composer. Father feels paralyzed in his relationship. "I don't know how to talk with…her…anymore."

In our hypnotic conversation, we evoked images and icons—achieving her first yellow-belt as a young boy, a first music recital, stories read together at bed time—during which father was not only present and supportive, but more nurturing and emotionally demonstrative then his own father had been, and also excited about his child's accomplishments. Then we shifted to a decade into his trans daughter's future—simply accepting, without question, that profound shift. We collaborated in constructing her imagined course—the orchestral debut of her first symphony, the adoration of her friends, a loving partner, and even a new level of cultural acceptance—then imagining his ongoing pride and continuing caring support. We added themes of coherence: how he kept and read all of the programs from recitals and concerts, looking for her name, which was different from her birth name, and how the future orchestral concert contained her biography, and his name, too. This was rapport-building, disruptive imagery, and seeding elements of renewal: a hypnotic process, complete with father's tears.

About a month later, I read a letter to the editor in the local paper imploring parents of all children to fight for equal rights for people across the range of gender expression. The author noted that this may not have been the world of our childhood, but that parents "must prepare their children for the changing future with love and respect." It was written by this father. I wrote to him, asking him to come in to share what he was learning. In our encounter, he explained that after he came home from our visit, his daughter, "Just looked different. It was hard to explain." He started asking her about her plans for her future, and he was surprised that she responded thoughtfully. They had started having conversations. "I guess she knows that I am not trying to control her…if I ever could." He added, "But I am still worried, maybe even more than I used to be." This confused me, so I asked him to explain. He replied, "I'm not concerned about her gender choice. I am concerned someone's gonna kill her. We have to work on that."

Teaching Parents Self-Hypnosis. In these types of encounters, parents can learn the pitfalls of the parenting paradox, and how to alter the trance of parenting. They can catch themselves nagging protectively and begin to ask their child questions instead. They can balance reflexive catastrophizing with intentional and courageous imagining of their children's success. Most

fundamentally, they can catch their own fear of saber-toothed tigers that underlies the contagion of anxiety and replace it with self-calming, breathing, and progressive muscle relaxation. So, when they are ready to learn and practice, it is a real pleasure to collaborate with parents in developing a self-hypnotic meditative exercise—based on the unique components of their relationship with their child—that roughly follows this format:

> In anticipation of your day and the unexpected events that will trigger worry about your child, catch the next breath in and hold it briefly, before letting it out, and noticing the decrease in muscle tension that goes with that breathing out, with a pause at the bottom. Stay with those ten-second breaths until you have noticed a change towards feeling more calm, comfortable, and in control. [This is an evocation of increased vagal tone and embodiment.] Keep doing that, as you shift your thinking and your mind's imagination from concern about the known and unknown worries that you will encounter, to modelling competence and confidence for your child…knowing just the right thing to say…knowing that it's okay to say and do nothing at all when they are safely finding their own way. Even recall those times when they surprised you by knowing just what to do. [Competent acceptance of uncertainty. The opposite of anxiety. Pause to allow those reframed memories to activate]. Then challenge your mind's imagination to look forward to future surprise accomplishments in your child's life…that you had no idea how they would turn your love and support into that kind of healthy living. Doing this thing or that thing…[Another pause]. Then with that perspective in mind, let it change your breathing and posture to one of excitement and anticipation for who your child is becoming. You can notice the back and shoulders and abdominal muscles shift towards a confident, dignified posture. You need not concern yourself with any internal thoughts of doubt; you will not fail to caution them or protect them when it is really needed. You know they will never again [some past experience that scared the child in the past, like chasing a ball into the street, getting lost in the store]. They keep learning and growing from these lessons because you have helped them learn how to change their minds. Before you finish this exercise for now, return your attention to your breathing and remember that, over the next day, whenever you need to bring these feelings and images to mind, all you will need to do is to give yourself one or two of these deep breaths, allow your posture to shift, and thank yourself for taking good care. You can wonder when you will do that next. [Post-hypnotic souvenir with a "continuing question" and processing heuristic.]

In this chapter, we purposefully focused on the parent's trances and perspective, in order to address the quandary of the Parental Paradox. Parents cannot really control their children's outcomes. How they become aware of, and act on, that inefficacy with poise and compassion is the key to their parenting, and their own development. In our careful attention to helping our children become the

people we hope they can be, they teach us to become the people we have always needed to be. That difficult shift, that change of mind, is powerfully facilitated with hypnosis.

I (LIS) recently found myself saying to a father in clinic, "You know, it is pretty unclear how or whether anything we do as parents has much of an effect on who our kids become. So the bottom line is that we need to stop measuring our effectiveness as parents by how our kids act and what they do." He was disturbed by this and, as an engineer, I think he was bothered by the fuzziness of this logic, and my apparent disregard for what seemed to him (and most of us) an obvious cause-and-effect relationship. That is precisely the disruption I was aiming for. So he replied, "Are you telling me to give up on my kid?!" I smiled and said, "No. I am saying that we need to judge our behavior as parents not by how our *kids* act, but by the way *we* act."

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