

Hypnotic Relaxation and Insomnia: A Simple Solution?

Harry E. Stanton, Ph.D.

Objective: After a brief review of the use of behavioral strategies in the treatment of sleep onset insomnia, attention is centered upon one such strategy, hypnotic relaxation. **Methods:** A specific technique embracing visualization of a garden scene; letting go of problems; and a special place visualization, is described and its application to the problem of insomnia illustrated by means of three case studies. **Results:** Each of these studies deals with a different type of insomnia: 1) slow sleep onset, 2) waking during the night, and 3) difficulty in sleeping during the day. **Conclusions:** The success of the technique with all three cases suggests it might well be used more widely in the treatment of insomnia. (Sleep and Hypnosis 1999;1:64-67)

Key words: hypnosis, relaxation, insomnia, therapy

INTRODUCTION

Due to uneasiness over the serious negative side effects of sleep medications, considerable research effort has been directed into the search for alternative, nondrug interventions capable of alleviating insomnia. Behavioral strategies such as progressive relaxation, cognitive relaxation, biofeedback, stimulus control, and paradoxical intention are one type of intervention that has produced promising results (1-3).

An explanation for the success of such treatment has been provided by Murtagh & Greenwood (4) who demonstrated that poor sleepers are more physiologically aroused prior to and during sleep than are good sleepers. Studies designed to reduce such arousal through relaxation and desensitization of bedtime-related activity have been reported by Geer and Katkin (5) and Hinkle and Lutker (6).

In a study which attempted to identify more clearly the effect of behavioral strategies, Steinmark and Borkovec (7) assigned 48 sleep-disturbed subjects to one of four conditions; relaxation training, single-item desensitization, placebo, and no treatment. To control for the demand factor, counterdemand instructions were given during the first three sessions with subjects being told that they could expect no improvement in sleep latency prompting the authors of the study to affirm the effectiveness of relaxation therapy in the treatment of moderate insomnia. Taking up this issue of whether such treatment is useful only with people suffering moderate insomnia, Lacks et al. (8) studied severity level, investigating the effect of progressive

relaxation, stimulus control, paradoxical intention, and a placebo treatment on mild, moderate, and severe insomniacs. Their findings demonstrated that behavioral treatment approaches, particularly stimulus control, were effective in reducing sleep onset insomnia, irrespective of severity level. With non-drug interventions proving to be successful in treating insomnia, it is not surprising that the effect of hypnotic relaxation methods has come under investigation (9,10). In the latter study, progressive relaxation, hypnotic relaxation, self-relaxation and placebo approaches were compared with a no-treatment control, results indicating significant improvement on the part of all three treated groups.

A Successful Method of Hypnotic Relaxation

One technique of hypnotic relaxation which I have found particularly successful, both in terms of results produced and of patient enjoyment, is outlined below.

-Visualization of soft, black velvet curtain which has a warm, comfortable feeling about it. As thought enter their minds, patients allow these to drift across the curtain and disappear out of the other side of the mind. They then return to a contemplation of the curtain.

-Visualization of a scene in which subjects imagine themselves on the verandah or patio of a lovely house which has 10 steps leading down to a beautiful garden below. For each descend, they allow themselves to let go more and more. At the bottom of the steps, peaceful and relaxed, they enter the garden, attention being drawn to the colors, flowers, drifting clouds, sound of bird singing, rustle of leaves in the trees, and the pleasant warmth of the sun.

-Letting go of problems. The garden visualization continues with patients picturing themselves lying on the

From the University of Tasmania, Hobart Tasmania, Australia.

Address reprint requests to: Dr. Harry E. Stanton, University of Tasmania, G.P.O. Box 252 C, Hobart Tasmania 7001, Australia.

grass, enjoying the warmth of the sun on their faces. Lying there, they are able to watch the leaves fall slowly from the trees nearby, these fallen leaves serving as a reminder of how it is possible to let go of old problems and worries, permitting them to drop away, just as old leaves drop away from the trees to make way for new rows and challenges.

-Special place. After letting go of problems, subjects are able to remain in the garden, or, if they prefer, "go away" to a special place where they are able to feel peaceful and content. The application of this technique to insomnia problems may be illustrated by means of the three case studies. As the majority of the studies quoted earlier in this article have documented the effectiveness of relaxation methods in alleviating sleep onset insomnia, the first case study outlines the use of the above hypnotic relaxation technique with this problem. However, the second and third case studies indicate that it is an approach capable of much wider applicability.

In all three cases, to provide a rationale for the hypnotic relaxation treatment method, I emphasize that it is not really lack of sleep which is the problem but worrying about lack of sleep. Use of the hypnotic technique, I suggest will make it irrelevant whether patients fall asleep or not because their minds and bodies will be repaired during their relaxation period to the same extent as if they were actually asleep. Thus, they need worry no longer about the possible negative effects of lying awake for they can spend this time in the practice of the treatment method. As they do so, they will probably find that they will fall asleep anyway. This approach usually neutralizes worry, one of the factors most likely to interfere with patients' sleep. They are also reassured about the sleeping pills they may be taking. I suggest that, if they wish, they can continue with their normal pattern but that a time will come, quite soon, when they will simply forget to take pills. They will then look back, after a week or ten days, and realize that they have been sleeping well without the assistance of their medication. By talking to patients in this way, I create within them an expectation of success. Such a belief has long been acknowledged as a vital component in any effective psychotherapeutic treatment (11) and its establishment may well be of more value than the specific treatment technique used.

Paul-slow sleep onset

In response to my request, for the two weeks before his first treatment session, Paul, a 43 year old carpet salesman in a department store, kept a record of the length of time it took him to get to sleep each night. This averaged 67 minutes and was, according to his report, quite typical of his normal sleep pattern. This time was spent in tossing and turning in bed, fretting over problems, and worrying about not being able to fall asleep. Although, in the previous year, he had attempted to find a solution to his problem in the use of sleeping pills, Paul had not found this satisfactory and, at the time he presented for the treatment, was no longer taking this medication.

Paul's first session was of 50 minutes duration and involved taking a history of his sleep behavior, providing a

rationale for the treatment he would be having, and guiding him through the hypnotic relaxation procedure outlined earlier in this article. At the completion of this session, I asked Paul to continue with his sleep diary, filling in, each morning upon awaking, the time it had taken him to get to sleep the previous night. The second session, which also occupied 50 minutes, took place one week later. Paul presented his sleep diary, which showed an average sleep onset latency of 23 minutes, approximately a third of what it had been in the previous two weeks. He was praised for making such an impressive improvement and it was emphasized that he had now done the difficult part, that of changing his previous sleep pattern. After this second session, further improvement could be expected and this would continue over the days, weeks, and months ahead. I discussed with Paul his use of the hypnotic relaxation method, Ensuring that he was quite confident in its use and happy with the various elements involved. As he affirmed that this was the case, the technique was not modified in any way and he taken through it once again in a very leisurely fashion. No further treatment was conducted and a telephone follow-up three weeks later ascertained that Paul had maintained his improvement, the time taken to fall asleep being reduced by a further 8 minutes, making his average sleep onset latency 15 minutes only. A final follow-up call nine months after the completion of treatment confirmed that this reduced latency had been maintained.

Joanne-waking during the night

Joanne's problem was somewhat different to that of Paul. This 37 year-old housewife fell asleep quickly but approximately two hours later, woke and found it very difficult to get back to sleep. Often she would lie awake for an hour or more, alert and staring into the darkness. Treatment encouraging Joanne to practice the hypnotic relaxation procedure whenever she awoke during the night occupied two sessions also, these following the same pattern as those conducted with Paul. However, in the second session, Joanne expressed some dissatisfaction with the falling leaves visualization which she found somewhat unsettling. Accordingly, the hypnotic relaxation procedure was modified so that, instead of letting her problems drop away like leaves from a tree, Joanne imagined herself sitting by a crack which ran through the garden. Into this gently flowing water she dropped leaves representing anything weighing on her mind, watching calmly as these floated slowly away until they were lost to sight as the creek flowed around a bend. In the week after the first session, Joanne did report some improvement. When she awoke, she was usually able to get back to sleep within 45 minutes. However, the big change came after the second session for, in the ensuing week, the average time Joanne remained awake was reduced to approximately 11 minutes. Apparently the small modification to the procedure had proven helpful to Joanne. Though this change appears to be trivial, I have found it very helpful to emphasize to patients that there is no "right way" of using the procedure. It is a matter of finding a way that suits them individually in that, although I may provide a framework, they have complete freedom to modify this in any manner that seems

appropriate.

Wayne-difficulty in sleeping during the day

Wayne's problem was different again. A shift worker for a car manufacturer, this 22-year-old apprentice found it very difficult to sleep during the day. Sometimes it was initially falling asleep that was the problem. On other occasions, it was waking after an hour or two of sleep and being unable to return to that state. Only one session was necessary for Wayne to achieve the improvement he sought. Although we had scheduled a second session for the following week, Wayne cancelled this when he found that, virtually immediately after learning the hypnotic relaxation technique, he was able to fall asleep whenever he wanted to. Noises which had previously interrupted his sleep and interfered with his return to that state no longer bothered him. He fell asleep quickly, usually within 10 minutes of getting into bed and this sleep continued uninterrupted, on most occasions, for approximately seven hours. Should he wake for any reason, and this became quite unusual, he was able to go back to sleep quickly and effortlessly.

DISCUSSION

The three cases outlined in this article are not atypical. Of my patients who experience sleep difficulties, more than 85 % achieve rapid improvement through use of the technique described in this article. This is true whether their problem be one of slow sleep onset, waking during the night, or getting to sleep at irregular hours because of their job demands. Very little treatment time is needed to effect this improvement. Though two sessions is the usual pattern, many patients require only a single session to achieve quite dramatic changes in their sleep patterns. In virtually all cases, once this improvement has been achieved, it is maintained over long periods of time. Random telephone follow-ups have revealed that several years after treatment, patients have not returned to their

previous unsatisfactory sleeping habits.

One difficulty with such follow-ups is the reliance on patients' anecdotal reports, just as, during the treatment stage, self-report sleep diaries are the basis of evaluation. However, such sleep diaries, measuring the subjective complaint of insomnia, are the most frequently used outcome measure in research on the behavioral treatment of insomnia (7, 8). Though it is likely that insomniacs tend to overestimate sleep latency and underestimate total sleep time, a number of studies have demonstrated that they do so in a consistent way, thus self-report can provide a relatively reliable and valid index of insomnia (12-14). Because the hypnotic relaxation technique employed in the illustrative case studies relies so heavily upon visualization, it might also be argued that its use is limited to those patients who are able to use their imaginations in this way. This was an issue which once concerned me with many of my therapeutic techniques. Experience has shown, however, that when patients say they are unable to "see" the things suggested, if they are asked to act as-if they could do so, the difficulty seems to disappear. Nonetheless, it is advisable to test patients' visualization ability in the first session, before actually beginning the hypnotic relaxation procedure. A simple way of doing so is to ask them to imagine the car in which they arrived, to tell you what color it is, and to then change this color to something different. If they did not come by car, use the front door of their house as the object of visualization. Virtually everyone, I have found, can make this change of color. With the very rare exceptions, a reforming of the question can achieve the desired outcome: "If you were able to visualize your car, what color would it be? If you were able to mentally change this color, what do you 'see'?" The approach outlined in this article does not work every time with every patient. However, it does produce positive results on most occasions, and it does so very quickly. It is also a technique which patients like to use. With such benefits accruing to it, hypnotic relaxation as a means of resolving sleeping difficulties would seem to merit much wider use than it presently enjoys.

REFERENCES

1. Bootzin RR, Nicassio PM. Behavioral treatments for insomnia. In Hersens M, Eisler RM, Miller PM, eds. *Progress in Behavior Modification*. 1978; Vol 6. New York: Academic.
2. Spielman AJ, Saskin P, Thorpy M J. Treatment of chronic insomnia by restriction of time in bed. *Sleep* 1987;10:45-56.
3. Turner RM, Di Tomasso RA. The behavioral treatment of insomnia: A review and methodological analysis of evidence. *Int J Ment Health* 1980;9:129-148.
4. Murtagh DRR, Greenwood K. Identifying effective psychological treatments for insomnia: A meta-analysis. *J Consult and Clin Psychol* 1995;63:79-89.
5. Geer JH, Katkin ES. Treatment of insomnia using a variant of systematic desensitization: A case report. *J Abnorm Psychology* 1966;71:161-164.
6. Hinkle JE, Lutker ER. Insomnia: A new approach. *Psychotherapy: Theory, Research and Practice* 1972;9:236-237.
7. Steinmark SW, Borkovec TD. Active and placebo treatment effects on moderate insomnia under counterdemand and positive demand instructions. *J Abnormal Psychology* 1974;83:157-163.
8. Lacks P, Bertelson AD, Gans L, Kunkel J. The effectiveness of three behavioral treatment for different degrees of sleep onset insomnia. *Behav Therapy* 1983;14:593-605.

9. Stanton, H. E. *Hypnotic relaxation and the reduction of sleep-onset insomnia.* *Int J Psychosom* 1989;36:64-68.
10. Borkovec TD, Fowles D. *A controlled investigation of the effects of progressive and hypnotic relaxation on insomnia.* *J Abnormal Psychology* 1973;82:153-158.
11. Torrey EF *The Mind Game.* 1972; New York: Emerson Hall.
12. Espie CA. *The psychological treatment of insomnia.* Chichester, UK, Wiley. 1991.
13. Coates TJ, Killen JD, George J, Marchini E, Silverman S, Thoresen C. *Estimating sleep parameters: A multitrait-multimethod analysis.* *J Consult and Clin Psychol* 1982;50:345-352.
14. Lichstein KL, Nickel R, Hoelscher TJ, Kelley JE. *Clinical validation of a sleep assessment device.* *Behav Res and Ther* 1982;20:292-297.