An Ericksonian Approach to Sleep Problems: Waking up to Individual Opportunities

Robert B. McNeilly, MBBS, DObstRCOG

Instead of trying for a diagnosis of the cause of the sleeping problem and treating that, there is a place for asking "What's missing for this individual?" and begin to look with that person to assist them to find it, so normality can return. Two distinct categories are outlined, and corresponding clinical approaches are discussed. A case is made to go beyond some simplistic formula, to offer more than relaxation, so the individuality of each client can be respected, and the approach tailored to that individual. Cases are presented from the work of Milton H Erickson, and from my own practice to illustrate the use of this approach clinically.(Sleep and Hypnosis 2000;1:36-39)

Key words: sleep disorders, Erickson, Ericksonian hypnos, hypnotherapy, individual, effectiveness

INTRODUCTION

I first met Milton Erickson in 1977 and became an instant admirer. I was taken by his novel approach, his light mood and his dogged attention to detail that would be helpful. At the same time, I joined the long line of people who were mystified by the man and his work. What he was doing was obviously effective, but what, exactly was he doing? There didn t seem to be any logic to his methods, although there was a sense of some pattern which seemed so obvious to him, and so frustratingly elusive to me and others.

Some light began to appear when I stopped trying to understand his reasons according to some overarching theory, and began to appreciate his attention to observing minute detail to make use of in THIS session with THIS person. It seems obvious now, but at the time, more than 20 years ago, that he was not interested in applying some preexisting theory, and totally focused on exploring the individual experience of

From The Centre of Effective Therapy, Melbourne Co-Director Ampersand Australia Pty Ltd

Address reprint requests to: Robert B McNeilly, Director, The Centre of Effective Therapy, Melbourne Co-Director Ampersand Australia Pty Ltd 85 Male Street Brighton VIC 3186 Australia phone: 61 3 9592 6791

fax: 61 3 9592 0820

e-mail: rob_mcneilly@compuserve.com

Accepted December 31, 1999

whoever he was working with. Coming from a medical background, where information gathering was designed to make a diagnosis, formulate a treatment plan, so that treatment could begin, Erickson's approach of gathering information about THIS person to begin to interact with THIS person felt like a foreign language, or maybe even alien.

"Each person is an individual. Hence, psychotherapy should be formulated to meet the uniqueness of the individuals needs, rather than tailoring the person to fit the Procrustean bed of a hypothetical theory of human behavior" Milton H Erickson, M.D. (1)

Erickson's insistence on tailoring the treatment to the client, which was so radical when he first articulated it, has become mainstream, like so many radical principles.

As an abstraction of following some of his principles and teaching them over the last 20 years, I have also found it useful to replace the question "What's wrong, that needs fixing?" with "What's missing, that we can explore?". "When a client comes to see you, they bring their own solution, only they don't know that they bring their solution, so have a very nice time, looking with the client, to help them find their own solution that they didn't know that they brought into the therapy session." (2).

I like to ask each client about their likes, as this shifts the mood to one of optimism, and pleasure, as well as providing an opportunity to explore these activities for evidence of the missing resource which is resulting in them having the problem that they have.

I find that following these principles, I am conversing with another human being, rather than a case; about a resource which has been lost, misplaced, or become dusty or rusty from lack of use, rather than with pathology; with a potentially whole and healthy individual who has lost their way, rather than a patient suffering from a condition. I much prefer this way of working, and clients and student all seem to prefer it also.

Following an Ericksonian approach, then, adds an interesting dimension to writing about a group of experiences like sleep problems, since they will occur individually in very different individuals each with their unique response and responsiveness. Nevertheless there are some general observations we can investigate, and some individual examples can be shared, so the reader can make their own connections and corrections. Also whatever method of dealing with problems, attention to Erickson's principles can add effectiveness and satisfaction (3).

We experience going to sleep as a natural, spontaneous event, and so if we try to go to sleep, we set up a bind like trying to be spontaneous. To help break this cycle of becoming wakeful by trying to sleep, we will be most effective if we can identify what a client is already doing, so we can at least avoiding doing more of that, and perhaps assist the client to succeed by doing the opposite. By assuming that the client has somehow got stuck in the problem, we can explore ways to help them get unstuck again, and return to their natural experience without needing to have a detailed explanation of the problem which has then disappeared.

In a world after Einstein, we can no longer talk about cause and effect, since sometimes causes are caused by the cause, or even by the effect for example, if someone is worrying about a problem at work and is losing sleep, is it the worrying about the problem at work that causes the sleep disturbance, or the lack of sleep that adds to the worry? Perhaps we can cut the Gordian knot, and avoid the time-consuming quest for an overarching understanding of how to untangle the situation, and begin to explore the individual idiosyncratic experience of each idiosyncratic individual client.

Sometimes dealing with the problem allows sleep to return, and sometime there is a poor sleep habit that remains. Sometimes dealing with the sleeping trouble allows for a resolution of the problem, or then allows for the problem to be dealt with. As long as we are dealing with these mysterious creatures called human beings, it seems useful to remain uncertain about which will be the best way to proceed, and be willing to be open to their influence.

A man consulted Erickson, stating that he had only managed 2 hours sleep for several years, and asked for help. Erickson guaranteed a cure provide he would be willing to give up 8 hours of sleep. The man willingly agreed since he had been losing nearly that amount of sleep every night for years. Erickson had discovered that the client hated polishing the wooden floors of his house, so he could instruct the man to wait until bed-time, and instead of going to bed, he could polish the floor until the usual getting up time. He could then get ready for a days work. He would only have lost 2 hours sleep. On the fourth night the man informed his son that he was going to lie down for a minute to rest his eyes. he woke up 8 hours later. Erickson insisted that he keep a bottle of floor polish by his bed and any time he had difficulty going to sleep, he could polish the floor all night long. Erickson reported that the man had not missed a nights sleep since.

When someone says they have a sleeping difficulty, I always ask them what they hate doing most, and listen for something that can be done at night [like balancing their cheque account, or ironing a shirt] in case it might be helpful.

METHOD

When I ask a client with sleep difficulties "What's missing?" the responses fall into the categories of difficulties going to sleep and difficulties staying asleep. Because the problems are experienced very differently, the approaches need to be correspondingly different to meet the individual's needs.

Difficulties going to sleep:

Difficulties can include tension, an overactive mind, worrying, physical discomfort or pain, and tiredness without sleepiness.

If the concern is *tension*, then *relaxation* is likely to be what's missing, and we can expect to be able to assist such a client by asking them to "Close your eyes, let your body **relax**, and let your mind drift to some pleasing, **relaxing** scene — past or present, real or imagined, in any way that is **pleasing** and useful to you". This situation is one of the few instances where a standard relaxation approach is helpful, in my experience.

If the problem is stated to be an overactive *mind*, then some learning involving *slowing down of mental*

functioning will be relevant. We can invite such an individual to "Take your own, slow time to attend to what I m saying, to become disinterested in my voice or any other external noises, and even to your own internal thoughts, as you enjoy the effortless experience of letting everything slow down so you can feel more peaceful, more at ease, more aware of how you want to be, how you really are."

When a client complains that they are kept awake by worrying, what's likely to be learning how to not worry. We can invite them to "Find your own way of attending, and not worry about listening to my voice. As I'm talking, you don't need to worry about my words, my meanings, my intentions, because you can enjoy learning how to attend to the things that are important. As I ve been speaking, your body has settled, but you don't need to worry about that; your breathing has changed, and your blinking has changed, but you don't need to worry about, that you can really enjoy the experience of simply being here, as you are, feeling more and more how you might want to feel."

Should someone be kept awake by physical discomfort or pain then it is expected that what's missing might be physical comfort, not noticing the sensations, or attending more fully to them so they blend with the background experience. A hypnotic session might include "As you sit in that chair, you can enjoy the **comfort** of knowing that for this time there is nothing special you need to do. You don t need to notice the comfort of your feet on the floor, you don't need to notice the increasing comfort that can begin to spread through your body, and it could be a relief when you don t even notice the way my voice and various other sensations can blend with the background of your experience so you don t need to notice that, and instead, enjoy the increasing **comfort** of letting yourself learn from this experience anything that will be useful for you and your future well being."

Some clients complain that even though they feel tired, they don t feel sleepy. I have found it helpful to make the distinction between tiredness and sleepiness, reminding such clients that we have all felt sleepy when bored by a bad lecture or a slow moving film, when we weren t tired, so it shouldn't be surprising that we can on occasions feel tired without feeling sleepy. This shifts the focus, and we can then see that *sleepiness* is what's missing, not relaxation, comfort, or peace of mind. We can invite such a client to "Close your eyes and begin to discover how boring my voice can become, and that the more you try to listen to every word, the more and more bored and **sleepy** you become. And as that sleepiness increases, you can learn that experience and use it at some future time, whenever it is useful to you." Strategies can also be helpful here.

I have helped all of my children to sleep when they couldn't by the simple suggestion that they close their eyes and try to stay awake for as long as possible. Mostly they don't succeed for long.

Difficulties staying asleep:

When a client is troubled by waking after going to sleep, it can be helpful to invite this person into hypnosis, then have them come out of hypnosis so they can discover how easy it can be "To let yourself drift back into hypnosis, by remembering the natural ease you felt a moment ago, and as you recall that experience, it can be a pleasure to go into hypnosis, perhaps even deeper than before." The we can repeat the process again with the suggestion that "Every time you wake out of hypnosis, it can be even easier to go even deeper into hypnosis." By providing an experience such as this, we can offer a metaphoric communication, which could be made explicit, that the same applies to going back to sleep.

When a dog began to bark every night about 2.00 am, waking me up, I grew tired of being disturbed, and began to thing that the dog was trying to be helpful to me by singing me a lullaby. This, along with many other similar experiences informs my approach when someone seeks help with external noises wake them. In the hypnotic session, we can suggest to such a client that "You can let your own internal comfort continually increase, and enjoy discovering that the sound of my voice, along with other external noises here, can blend with the background so that they can actually allow you to feel more comfortable and at ease than silence." It might be helpful to add in metaphors about the way that people who live near airports don t hear the planes, those who live on a busy road soon learn how to block out traffic noise. One of my favorite examples is about a woman whose husbands snoring was waking her up. She became so infuriated with the fact that he was a sleep while she was awake and she said to herself that the louder he snored, the deeper she could sleep. And she did, and continues to do so.

When my 17 year old son was much younger, he woke one night knowing that if he tried to get back to sleep the same monster that had been trying to harm him would be there waiting for him. I told him that monsters were furious with children because they never asked the monster what its name was. The next morning my son was rather bored to report to me that, yes, the monster had returned, and yes, he had asked its name, and yes, he had even asked the monster if it would like a cup of tea. My son was bored, and the monster hasn t returned since.

CONCLUSION

Treating individuals as individuals, exploring the individuality of their problems; helping them to create individual solutions; these attitudes prevent us becoming trapped in a mechanistic one-size-fits-all approach, adds to the effectiveness of the results, and contributes to the satisfaction of the therapist.

Erickson's contribution, at first viewed as radical, is now mainstream, and continues to invite interested practitioners to enjoy the privilege of the therapeutic process. In particular, inquiring into what's missing for any individual who presents with sleeping difficulties will add to the effectiveness of our interventions to get out of their own way and enjoy again the benefit of natural, spontaneous experience of sleeping.

REFERENCES

- Zeig, J.K. Ericksonian Approaches to Hypnosis and Psychotherapy, New York Brunner/Mazel publishers 1982.
- 2. Personal communication, 1977.
- 3. McNeilly RB. Healing the Whole Person: A Solution-Focused App
- roach to Using Positive Language, Emotions, and Actions in Therapy, New York: John Wiley & Sons, Inc. Publishers, June 2000.
- 4. Erickson, M.H., Ed Lustig, H. The Artistry of Milton H. Erickson MD. a videotape Haverford 1975.