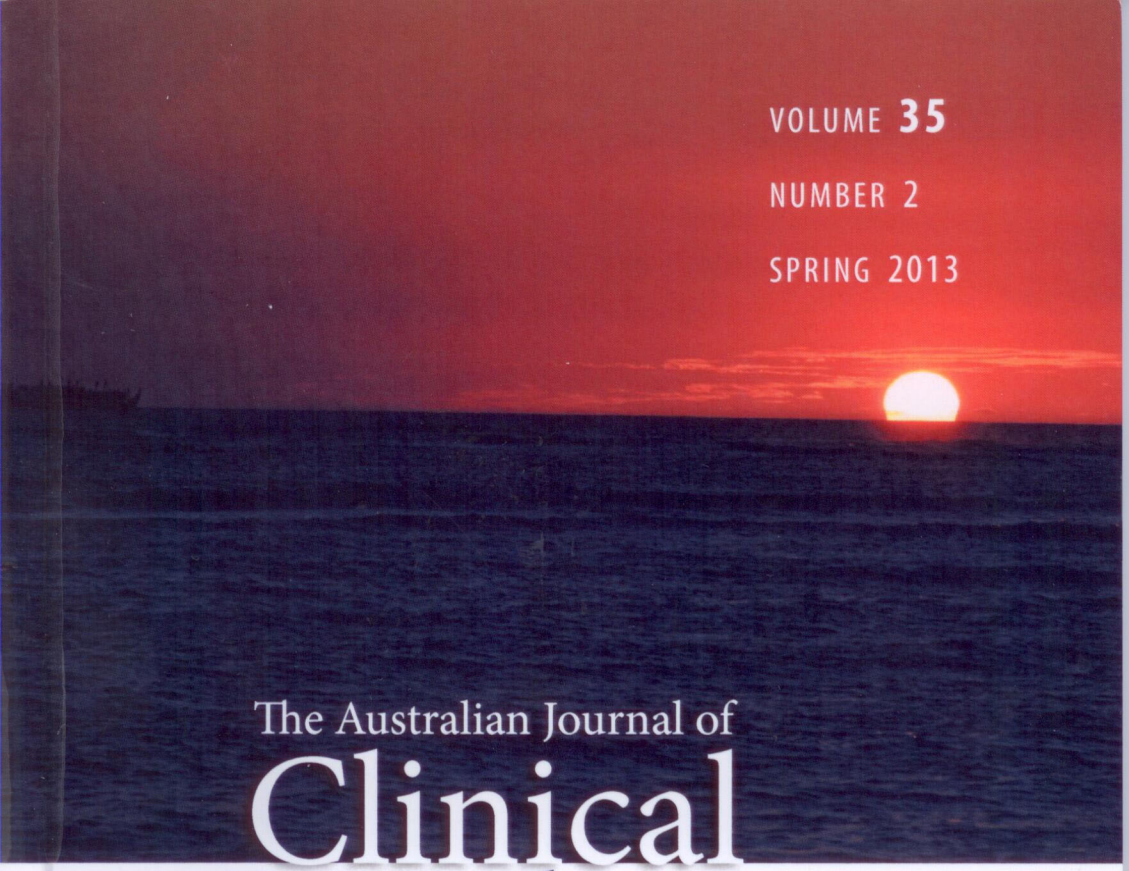
VOLUME 35
NUMBER 2
SPRING 2013



The Australian Journal of

Clinical Hypnotherapy & Hypnosis

An interdisciplinary journal dedicated to advancing the art, science, and practice of hypnosis

Australian Society of Clinical Hypnotherapists
Change.Grow.Succeed.

Exploring The Subconscious With Hypnosis To Alleviate Insomnia

Debbie Papadakis BCH, MPCP, RPC, CI, OB, PhD (Hon)

Hypno Healing Institute, Canada

ABSTRACT

Insomnia is the most common form of sleep disorder, and can have significant physical and psychological consequences. Cognitive behavioral therapy is widely used in the treatment of persistent insomnia, and hypnosis has been studied in both adult and pediatric insomnia. Hypnosis has been used to induce a state of relaxation, which is conducive to falling asleep. Insomnia sufferers can be taught self-hypnosis procedures to alleviate arousal and disturbing thoughts while going to sleep. However, many thoughts, memories and habits that interfere with sleep are of subconscious origin; hypnosis can also be used to alleviate these. We have used repeated regression during hypnosis to identify and resolve issues causing sleep disturbance by reframing, transforming and changing past memories and experiences that cause or contribute to insomnia. This technique is detailed in the initial case in which it was applied (nocturnal awakening and amnestic eating). In additional cases, the technique is briefly presented with initial insomnia and early-morning awakening, chronic difficulty initiating sleep, insomnia triggered by past events and memories and insomnia caused by a traumatic event.

Keywords: insomnia, cognitive behavior therapy, hypnotherapy, regression.

INTRODUCTION

F. Scott Fitzgerald quoted an old Egyptian proverb which listed the three worst things in the world. One of these things is "to be in bed and sleep not" (Fitzgerald, 1945). Insomnia is the inability to obtain an adequate amount or quality of sleep, and may take any or all of three forms: difficulty falling asleep (sleep onset insomnia), frequent nocturnal awakening (maintenance insomnia) and early morning awakening with inability to return to sleep (Karacan & Williams, 1971). In early literature the term "insomnia" was used to denote both insomnia symptoms and insomnia disorder, and the interchangeable use caused confusions among researchers. To clarify this situation, the American Academy of Sleep Medicine proposed the use of term "insomnia disorder" for sleep difficulties associated with daytime symptoms or significant distress about difficulty sleeping (Edinger, &

Means, 2005). The symptoms should persist for at least 1 month (Siebern & Manber, 2010) and there should be adequate opportunity and circumstances allowing for sleep (Buysse, 2013).

Up to 70 million Americans suffer from sleep deprivation (National Institutes of Health, 2005), and 14 million of adult Canadians suffer from sleep deprivation (study conducted by Université Laval researchers under the supervision of Dr. Charles M. Morin (Morin & Huppé, 2011)) and 10-20% of the general population meet Diagnostic and Statistical Manual for Mental Disorders (DSM) diagnostic criteria for insomnia disorder (Ohayon (2002); Ohayon, & Hong, (2002); Ohayon, & Partinen, (2002).; Roth , Jaeger, Jin, Kalsekar, Stang, Kessler (2006). The National Institutes of Health (2005) estimates that 50 percent of patients under clinical care have symptoms of insomnia. Insomnia is comorbid with a variety of medical disorders (Budhiraja, Roth,Hudgel, Budhiraja, Drake, (2011), and increases the risk, severity and persistence of psychiatric disorders and chronic pain syndromes (Foley, Ancoli-Israel, Britz, Walsh, (2004); Krystal, 2007).

As cited in the DSM, published by the American Psychiatric Association (2000), insomnia can be classified as primary insomnia, insomnia related to another mental disorder, insomnia caused by a general medical condition, and substance-induced insomnia. The other most commonly used classification system, referred to as the International Classification of Sleep Disorders, in the Revised Diagnostic and Coding Manual, (2005) Produced by the American Academy of Sleep Medicine (Edinger, & Means, 2005) lists 10 subtypes of insomnia, namely: adjustment insomnia, psychophysiologic insomnia, paradoxical insomnia, idiopathic insomnia, inadequate sleep hygiene insomnia, insomnia caused by mental disorder, insomnia caused by drug or substance, insomnia caused by medical condition, insomnia unspecified, and physiological (organic) insomnia. Insomnia has also been classified, depending on persistence of the symptoms, as transient (less than 1 month), short term (between 1 to 6 months), and chronic (more than 6 months) (Siebern & Manber, 2010).

Impaired quality of life, impaired job and role function and an increased risk of accidents all have been demonstrated in those with chronic insomnia (Katz & McHorney 2002; Kessler, R C, Berglund, P A, Coulouvrat, C, Hajak, G, Roth, T, Shahly, V, Shillington, A C, Stephenson, J J, Walsh, J K 2011). In addition, daytime somnolence in children with insomnia may cause impairment of attention, memory and cognition, resulting in adverse effects on school performance (Glaze, 2004). Insomnia increases the risk of cardiovascular disorders, particularly hypertension (Vgontzas, Liao,

Bixler, Chrousos, Vela-Bueno, 2009), and has been associated with adverse immune and endocrine effects (Hirschkowitz, Rose, Sharafkhaneh, 2009). Pharmacological treatment of insomnia is appropriate in the short term, but can have a variety of untoward effects and may increase sleep disturbance in the long term (Glass, Lanctot, Herrmann, Sproule, Busto, 2005). Cognitive behavioral therapy targets the factors that maintain insomnia over time, and has been shown to be effective (Schutte-Rodin, Broch, Buysse, Dorsey & Sateia, 2008).

When hypnosis is used as a cognitive therapy tool to induce relaxation and facilitate sleep hygiene an improvement in insomnia is demonstrated (Stanton, 1989; Becker, 1993).Also, self-hypnosis for relaxation has been found to be superior to benzodiazepines and placebo (Anderson, Dalton, Basker, 1979). Case reports (Jacobs, 1964; Olness and Kohen, 1996; Linden, Bhardwaj, & Anbar, 2006) and a prospective series (Anbar and Slothower, 2006) have shown benefit with the use of hypnosis in cognitive therapy of childhood insomnia. Hypnosis is known as the "highway to the subconscious" and may allow access to emotional issues and beliefs stored there that are at the root of insomnia. We have used regression and questioning to identify the moment when sleep is disrupted and so find the core issue of that disruption. Then the client is guided to resolve that issue by using the process of reframing, transforming and changing past memories and experiences which cause insomnia. This process can then result in the "domino effect" and the alleviation of the sleep disturbance follows.

HOW THE TECHNIQUE WAS DEVELOPED

More than 14 years ago, a client consulted me with the report that she awoke each morning to find her kitchen table a mess and food missing from her refrigerator. She lived alone and knew that she must have awakened and eaten the food, but had no memory of ever doing this. When hypnotized she was asked to imagine herself in bed, on her way to sleep, and was asked how she felt every half hour onward from the time she went to bed at 11:00 p.m. At 3:00 a.m. she abruptly awoke and said, "I must get up, I'm hungry". She finished eating at 3:30 a.m., returned quickly to bed and was asleep again by 3:45. She was asked to go back to 2:30 a.m., when she was sleeping, and then said she was waking up at 2:45. When asked what she was feeling when getting up she stated "anxiety", and when this was traced by questioning to the root cause, she was 5 years old and feeling deprived of food. She stated that her mother would often warn her not to eat too much lest she gain weight, and that she felt sad and anxious and did not know how to deal with these emotions.

We spent more than an hour reframing these feelings and making her see the situation with an objective perspective without magnifying the feelings, so that she could understand the relationship between what her mother said and what was really meant; once the true association was made, she felt peaceful. We again went back to 11:00 p.m. and then went forward in the half-hour pattern, and at 3:00 a.m. she was sleeping. Months later she called and was very thankful for the help in overcoming a series of disturbing behaviors. This suggested that if we can help someone stop eating in the middle of the night by communicating with the subconscious, then we can ask the subconscious for details about emotional issues that come up during the night and may prevent peaceful sleep. We have subsequently used this technique with several hundred clients, and have realised that, by resolving issues that keep people awake at night but are often masked during the day by tasks and errands, we can clear these issues altogether and restore peace in their lives.

CASE 1. INITIAL INSOMNIA AND EARLY AWAKENING

[This case is presented in greater detail, and with extensive quotations from therapist and client, in order to demonstrate specifically the application of the techniques described.]

Meaghan is a 45 year-old female who reported going to bed at approximately 10:00 p.m. but not falling asleep until midnight. She then slept soundly until approximately 5:00 a.m. She reported sleeping 4 to 5 hours a night but feels she should be sleeping more, and has had this problem for 4 to 5 years. At that time, she had much stress in her job, but does not have these same stresses now, however, she has not returned to sleeping adequately. Meaghan was induced to a somnambulistic stage (6) of hypnosis, (Niehaus, 1998) and then provided with the following suggestions:

D (Debbie, therapist): deeper and deeper…… all the way down….just allow your subconscious to bring all the information that holds you back from sleeping soundly, effortlessly, peacefully…. every night… all the sounds you hear takes you deeper ….. every word you say, you go deeper….. With every question I will be asking, you go deeper… with every answer that comes up you go deeper…. In a moment I will count from 1 to 3, and at the count of 3 you will go to the most appropriate place that you need to be in order for you to resolve the core issues that prevents you from sleeping peacefully…… Now, take a deep breath and imagine that you are going to bed, please tell me what time is it?

C(client): 10:00 p.m.

D: Imagine you are in bed at 10:00 p.m. Tell me what is happening…… what are you feeling…… are you ready to sleep?

C: No.

D: What is happening?

C: I am looking around the room.

D: Now it is 10:30 p.m. what is happening?

C: I can't sleep.

D: What are you feeling?

C: I can't sleep.

D: "I can't sleep" is a thinking – please describe your feeling.

C: I am unsettled.

D: What is happening?

C: I am tossing and turning

D: What are you feeling while you are tossing and turning?

C: I am angry… I am unsettled and angry

D: Angry at whom? What?

C: My partner

D: Please take a couple of deep breaths and feel that angry and unsettling feeling; where in your body do you feel that feeling?

C: In my heart.

D: Is it okay for you to release that feeling?

C: Yes.

D: Thank you. I am going to count from 1 to 3; at 3 you will be at the root cause, the source, the beginning of that anger and unsettling feeling that is in your heart. 1 – Going back… back in time, 2… you are almost there…. 3, you are there. How old are you?

C: 7.

D: Where are you located?

C: I am in the Bahamas.

D: What is happening?

C: I am all alone. I am feeling…

D: What?

C: Sad … fearful.

D: Take a few deep breaths – what is happening that is making you feel sad, and fearful….

C: I do not know.

D. If you were to know…. what is happening?

C: My mom will be angry at me.

D: Your mom will be angry at you because…

C: Because she is always angry…

D: Just take a couple of deep breaths and relax… You are safe and secure… you are safe…tell me please what happens afterward; let's move you forward a few months, a few years – do you still carry that sad …alone… fearful feeling?

C: Yes.

D: Go back now and imagine you are in the Bahamas and feel that same fear. Whom are you afraid of?

C: My mom.

D: What will your mother do that causes you to feel fearful?

C: She will be mad at me.

D: If she will get mad at you, what is going to happen?

C: She will hit me.

D: Take a few deep breaths and relax…..did she hit you?

C: No.

D: Take a couple of deep breaths and move forward in time and see that this fear of your Mom hitting you does not happen, right? Go back again and see that she did not hit you; Mom will not hit you; what is the emotion you are feeling now knowing that mom will not hit you?

C: I am ok.

D: How about the feelings of sadness, can you feel it now?

C: No, I feel ok

D: How about the feeling of anger, can you feel it now?

C: No, I am fine

D: Do you remember a time when mommy was happy and loving you?

C: Yes, we are in the park.

D: How are you feeling being in the park with mom?

C: I feel happy.

D: Take this feeling of happiness and go back to the time when you are in the Bahamas…. Take a deep breath and feel the feeling of happiness…you are safe… and happy

C: Yes, I am safe and happy

D: Spread this happiness throughout your whole body… feel the feeling of safety and happiness.

[**The subconscious is resolving issues right now. Since the subconscious does not know the difference between reality and imagination we can use imaginary scenes in order to resolve negative emotions.**]

D: Take a deep breath….. Is there any other issue with mom?

C: Not really

D: Look at your mom for a moment; when you look at her what are you feeling?

C: Sadness.

D: Now you realize that we are connected energetically with everyone that we come in contact with. You have a stronger connection with close relatives, especially with your mom…. look at your mom; imagine there is a connection with your mom; can you see that?

C: Yes.

D: Imagine the connection with mom is through cords – what colour are they?

C: Yellow.

D: Yellow is the colour of power and control, is it ok for you to change the colour?

C: Yes

D: Please change the cords to pink, which is the colour of love – can you do that?

C: *Yes*

D: Now, Imagine that she is sending you love and at the same time you are sending her love through the cords. Take a few deep breaths and send love to each other while looking into each other's eyes. What are your feelings towards mom?

C: Warmth.

D: Feel the love from mom –Store it in your body. Imagine light is coming and spreading that love throughout your whole body. Take back with you the memory of knowing that your mom loves you…and now go back…you are 7 years old, in the Bahamas. What is happening?

C: I am playing on the beach.

D: How do you feel?

C: I feel good.

D: "I feel good, I feel safe, I feel secure, Mom is always going to love me". Take that good new wonderful feeling and spread it all the way back to now, resolve all the issues that need to be resolved in order for you to come back to now and take the lessons, and move your finger for me when you are done please…. Thank you.

C: I am feeling good now.

D: how do you feel towards your partner?

C: I feel good.

D: What happened to the anger that you felt earlier?

C: It is gone…. I feel good toward him now.

[During the result testing stage we uncovered another issue which was contributing to Meaghan's insomnia.]

D: It is 10:00 p.m., you are going to bed, how are you feeling?

C: I'm feeling peaceful.

D: 10:30 p.m.

C: I'm sleeping.

D: 11:00 p.m.

C: Sleeping.

D: 11:30 p.m.

C: Numbness.

D: Are you sleeping or not?

C: Almost.

D: Feel the numbness, what is the emotion under the numbness?

C: Helplessness.

D: Just feel that helplessness in your body. Where do you feel it in your body?

C: In my chest.

D: Is it OK to release it?

C: Yes.

D: Thank you. Just feel that helplessness…take a deep breath….now go back in time to when this helpless feeling began. Tell me how old are you?

C: 1.

D: What are you feeling?

C: Helplessness.

D: I want you to look toward the future… and see that no matter what happened in your life you survived it. Take that information into your whole body…. And know "No matter how difficult the times, I survived"…..Just look to the future…what does that feel like?

C: It feels good.

D: Good, take that feeling and spread it throughout your whole body; now… take a deep breath and allow yourself to relax…..imagine a light is coming through the top of your head all the way down to your feet….your body is becoming very relaxed….. comfortable….You feel safe and secure…Thank you….Let's go back to bed – it is 10:00pm, what is happening?

C: I'm Sleeping.

D: 10:30 p.m.

C: Sleeping.

D: Take a deep breath and allow all this information along with these new feelings to flow throughout your entire body …..Now…It is 11:00 p.m. what is happening?

C: I am Sleeping.

D: 11:30.

C: Sleeping.

D: 12:00 a.m.

C: Sleeping.

D: 12:30 a.m.

C: Sleeping.

D: 1:00 a.m.

C: Sleeping.

D: Just continue all the way to 7:30am and let me know by moving your finger if you wake up.

[There is hidden information in the subconscious mind that we do not know about, that is affecting our sleeping habits.]

D: What are the similarities with the issues you had with your partner and the issues you had with your mom at 7 years old?

C: Very domineering.

D: How do you respond to this domineering feeling yourself?

C: I get very angry.

D: What percentage of anger are you holding in your body now?

C: 50 percent.

[We cleared 50 percent of her anger, because we went back to the root cause. If we tried to resolve the anger in her life now, we would clear 5 to 10 percent. Going to the root cause, we were able to clear more. When clearing anger, we also have to look at sadness and fear and resolve these issues.]

D: Are there any other negative emotions now?

C: No.

D: We worked on a number of emotions when resolving the issues. How are you feeling right now?

C: Good.

D: I don't know what "good" means.

C: *Peaceful*

D: As you moved forward through your sleeping pattern did you experience any problems or disruptions?

C: No.

D: Take a couple of deep breaths let this information be aligned and harmonized with your core self…Imagine some light coming from the top of your head….this is your new being….experience it….know that from now on you can sleep peacefully anytime….You only wake up if an emergency arises….If an emergency arises you deal with the emergency and go back to sleep easily, effortlessly and peacefully. From now on all your sleep issues are gone….we put them to bed.

CASE 2. CHRONIC INSOMNIA

Mark is a 45-year-old photographer with an expansive imagination, which he uses to fuel his vibrant photography career. He has often told his peers that he gets less sleep than he wants, and believes that more sleep would improve his work, as he has lately found something lacking in his approach to taking pictures. One of Mark's friends recommended that he take melatonin to help him get drowsy enough to fall asleep. He followed his friend's advice and took melatonin for over 20 years. Unfortunately, feeling sleepy did not lead to uninterrupted sleep. Through regression our questioning uncovered that his imagination played a role in his sleeping troubles. After determining the time Mark goes to bed, he was hypnotized and asked a few questions every half hour, for example "What are you doing?", "What is happening?" and "How are you feeling?"

We began at 11:00 p.m. and I asked him, "What are you doing?" He replied that he was ready to go to bed. I then asked him "How are you feeling?" His response was "feeling okay". At 11:30 p.m., the lights were off and Mark was feeling afraid: "the boogeyman is here, I'm afraid". I asked him to take a deep breath and turn the lights on: "take a look around the room, there is

no boogeyman is there?" He hesitantly replied "I do not see anything…" The lights were turned off again, and the fear came back.

We repeated this exercise several times, until the state of fear brought on by turning off the lights was released. Then I again asked him to take a deep breath and turn the lights on; "take a look around the room, is the boogeyman there or is it gone?" He responded "No…no one is here." Once Mark's subconscious accepted that there was no boogeyman he came to the conclusion that he was safe and his sleeping issues were resolved. Since his treatment three years ago, he has enjoyed uninterrupted deep sleep without taking melatonin or any other form of medication.

CASE 3. INSOMNIA TRIGGERED BY PAST EVENTS/MEMORIES

Tara is a 60-year-old professional counselor, who has had sleep-related difficulties for more than 30 years. She reported having increasing irritability and mood swings, which were not present when she had uninterrupted sleep. She reported sleeping three hours a night, usually going to bed at 11:00 p.m., falling asleep around 12:30 a.m., waking up at 2:30 a.m. and then tossing and turning until 3:30 a.m., briefly falling asleep at approximately 4:30 or 5:00 a.m. and feeling extremely tired upon awakening .

She reported having missed many days of work due to illnesses brought on by a compromised immune system, resulting from a lack of sleep. Tara reported finding herself drifting into sleep for minutes at a time, during the day, awakening from these brief bouts of sleep with shock and embarrassment. She stated that she takes frequent breaks while running errands on the weekends, and has withdrawn from social activities with her friends. She stated that she feels that her house is the only place where she does not worry about falling asleep. Tara reported that at times, she feels that she has missed something important going on around her.

In session, Tara was regressed to a few years in the past, and was asked at half-hour intervals to describe how she felt. This process continued until the time at which she began to awaken. At 2:30 a.m. she stated feeling anxiety, stiffness, and pain in her chest. She was asked to locate that feeling in her body, and being regressed back to the root cause - the source or beginning of that negative feeling. We identified that Tara's anxiety had started around 35 years before, when Tara married her first husband at the age of 25. Soon after their wedding her husband, aged 30, lost his job and had reconnected with a friend from high school, who had developed violent alcoholic mannerisms. Tara's husband then became violent himself, and developed unreasonable demands which increased both his stress level and hers; a year later they

divorced. Tara found herself devastated: losing her husband compelled her to say things like "I'm lost" and "My world is going to end!" She felt ashamed, disappointed and let down. This is when Tara withdrew from her family, and when she developed symptoms consistent with chronic pain.

I asked Tara to take a couple of deep breaths… "Now, travel forward in time approximately 10 years and look back at your life...knowing that you have overcome any adversity…and have persevered…isn't that right?" "Yes" "Tell me what has happened?"… Tara explained that after seeking professional counseling she found the strength to carry on independently and remarried 5 years later.

To test the procedure, we continued with the regression, where she was again asked how she felt at 2:30 a.m., and stated that she was "scared, hurt and in a panic". She was asked to take a deep breath: "What is happening?". Tearfully, Tara shared that at the age of 50, when her second husband lost his job. This event reminded her of the past and triggered negative feelings and emotions within her. Although she managed her daily life successfully, at night her fears and worries became intensified, and she lost faith in being able to have uninterrupted sleep. Through our session, Tara realized these feelings and negative emotions that she was experiencing, were a direct result from a past event and memory. Once we cleared the root cause of the issue which we identified beginning at the age of 25, Tara's fears were reframed, and subsequently diminished. She now reports restful sleep, and has returned to her normal life.

CASE 4. INSOMNIA CAUSED BY A TRAUMATIC EVENT

Hanna was a 25-year-old student who regularly awoke suddenly from deep sleep with intense fear, sweating and shaking. Through hypnosis we regressed Hanna to her childhood, where it was found that she had witnessed her parents fighting violently during one particular night. She had continued to relive this stressful event up to three times a week. This was so vivid for her that she actually heard the fight and conjured up images and voices that escalated with the dream duration. It appeared as though she was sleeping, but she was, in fact, unable to move. She was only able to move gradually after a conscious struggle lasting a period of time. For the next twenty years she continued to have episodes of nocturnal awakening with paralysis.

At 10:00 p.m, she was asked to imagine herself falling asleep. "How are you feeling?" "Normal", she replied. "It is 10:30 p.m., what is happening now?" She said that she opened her eyes every time she heard a noise. At 11:30 p.m. she stated she was experiencing nausea, tremors, sweating,

difficulty breathing. When she was asked what was happening to cause her to experience the nausea, tremors, sweating and inability to breathe she replied that her parents were screaming and fighting.

When prompted about the parental altercations, Hanna reported her fear "my parents will kill each other…I will die…I will have no place to go". At age 5 she feared "they will hurt each other, or they will hurt me". She developed a fear of the future, which was suppressed and only activated when she witnessed a confrontation between two or more people. At such a time she would freeze up. These attacks were also perpetuated by her current life events, such as her two children fighting or her husband raising his voice.

She was asked about her specific sensations, and described them "like my neck is being strangled…It feels hot, and I feel really nauseous!" She was asked to bring awareness to this feeling, to breathe deeply and let the feelings know they are no longer needed. "Fill up with love as you breathe in and exhale out, breathing out the negativity of this situation." She came to the conclusion that her parents had not in fact killed each other. The physical symptoms subsided, even after all the intervening years, and consequently she was able to sleep.

DISCUSSION

These cases illustrate the ability of repeated hypnotic regression and questioning to identify deep-seated emotional and experiential disruptions of sleep, causing chronic insomnia. They demonstrate how fast, effective and long-lasting techniques of hypnotic suggestion can change or eliminate intense negative feeling states of subconscious origin that are impervious to somatic or cognitive treatment. This method consists of repeatedly going back and asking questions while in hypnosis, regressing the client, and identifying what is happening subconsciously at the time of the sleep disturbance. Then, by resolving the issue, sleep is found to return to normal, and that all worries related to waking up abruptly during slumber are eliminated.

Another tool I use to help clients sleep is self-hypnosis. This takes the individual to a tranquil, pleasant state and allows them to sleep peacefully. I would ask the client to go back in time and remember a moment when they were feeling peaceful. While holding on to that peaceful feeling, I ask them to press one of their knuckles. Then, I would ask them to go to another time when they felt loved, and to press the same knuckle. I would then have them move to another time when they felt sleepy, asking them to once again press the same knuckle.

Previous studies of hypnotherapy for insomnia have focused on the

conscious causes of the inability to sleep. Anderson, Dalton and Basker (1979) gave two training sessions in relaxation to 18 adults, and found this strategy to be more effective than nitrazepam or a placebo. Stanton (1989) compared training in pre-sleep relaxation and sleep hygiene with hypnosis, without hypnosis and with placebo, and found that hypnosis was more effective at facilitating relaxation and hygiene in 45 adults with insomnia. Six adults with insomnia were later given multiple sessions of hypnosis with relaxation instruction, and with half of them their conditions improved (Becker, 1993). Anbar and Slothower (2006) hypnotized 70 children with insomnia, and reported reduced sleep onset time in 90%, cessation in 52% and reduction in 38% of nocturnal awakenings and improvement in somatic complaints interfering with sleep in 87%. Additional case reports (Jacobs, 1964; Olness and Kohen, 1996) have also suggested that hypnosis improves relaxation and facilitates sleep hygiene in children. Our described methods are complementary to these, and are likely to help chronic and refractory insomnia resulting from long-standing and deep-seated causes.

REFERENCES

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.).* Washington DC: APA Press.

Anbar, R D, & Slothower, M P. (2006). *Hypnosis for treatment of insomnia in school-age children: A retrospective chart review.* BMC Pediatrics, 2, 11-13.

Anderson, J A D, Dalton, E R, & Basker, M A (1979). *Insomnia and hypnotherapy.* J Royal Soc Med, 72: 734-739.

Becker, P M. (1983). *Chronic insomnia: outcome of hypnotherapeutic intervention in six cases.* Am J Clin Hypnosis, 36: 98-105.

Bhardwaj, A, & Anbar, R D. (2006). Hypnotically enhanced dreaming to achieve symptom reduction: A case study of 11 children and adolescents. *American Journal of Clinical Hypnosis, 48*, 279-289.

Budhiraja, R, Roth, T, Hudgel, D W, Budhiraja, P, & Drake, C L. (2011) Prevalence and polysomnographic correlates of insomnia comorbid with medical disorders. *SLEEP 2011;34*(7):859-867.

Edinger, J D, & Means, M K (2005). Cognitive–behavioral therapy for primary insomnia. *Clinical Psychology Review, 25,* 539-558. 859-867.

Foley, D J, Ancoli-Israel, S, Britz, P, & Walsh, J. (2004). *Sleep disturbances and chronic disease in older adults: Results of the 2003 National Sleep Foundation Sleep in America Survey*. J Psychosom Res 2004; 56 : 497-502.

Foley, D J, Monjan, A A, Brown, S L, Simonsick, E M, Wallace, R B , & Blazer, D G. (1995). Sleep complaints among elderly persons: an epidemiologic study of three communities. *Sleep 1995; 18* :425-32.

Glass, J, Lanctot, K L, Herrmann, N, Sproule, B A, & Busto, U E (2005). *Sedative hypnotics in older people with insomnia: meta-analysis of risks and benefits.* Br Med J, 331: 1169.

Glaze, D G. (2004). Childhood insomnia: *Why Chris can't sleep*. Ped Clin N Amer, 51: 33-50.

Hirschkowitz, M, Rose, M W, & Sharafkhaneh, A. (2009). *Neurotransmitters, neurochemistry and the clinical pharmacology of sleep. Sleep Disorders Medicine: Basic Science, Technical Considerations, and Clinical Aspects, (3rd ed).* Philadelphia PA: Saunders Elsevier, 67-79.

Huppé, J F, & Morin, C M. (September 8, 2011). Universite Laval. In Les Communiques De Presse. Retrieved December 1, 2013, from http://www.relationsmedias.ulaval.ca/comm/2011/septembre/les-troubles-sommeil-affectent-des-canadiens-3244.html?an=1.

Jacobs, L. (1964). Sleep problems of children: treatment by hypnosis. *NY State Med J, 54*: 629-634.

Karacan, I, & Williams, R L, (1971). Insomnia: Old wine in a new bottle. *Psychiatric Quarterly, 45,* 274-288.

Katz, D A, McHorney, C A. (2002). The relationship between insomnia and health-related quality of life in patients with chronic illness. *J Fam Pract, 51:* 229-235.

Kessler, R C, Berglund, P A, Coulouvrat, C, Hajak, G, Roth, T, Shahly, V, Shillington, A C, Stephenson, J J, & Walsh, J K. (2011). Insomnia and the performance of US workers: results from the America insomnia survey. *Sleep, 34:* 1161-1171

Krystal, A D. (2003). Insomnia in women. *Clinical Cornerstone, 5*, 41-50.

Krystal, A D. (2007). Treating the health, quality of life, and functional impairments in insomnia. *J Clin Sleep Med, 3*: 63-72. Linden, J H,

Merrigan, J M, Buysse, D J, Bird, J C, & Livingston, E H (2013). Insomnia. *Journal of American Medical Association, 309*(7), 706-716

National Institutes of Health. (1997). *National Center on Sleep Disorders Research. The "About" Page.* Retrieved November 25, 2013, from http://www.nhlbi.nih.gov/about/ncsdr/about/about.htm.

National Institutes of Health. (2005) S*tate-of-the-Science Conference Statement on manifestations and management of chronic insomnia in adults*. Jun 13-15;22(2):1-30.

Niehaus, J. (1998) Investigative Forensic Hypnosis. *CRC Press; 1 edition* (July 29 1998)

Ohayon, M M (2002). Epidemiology of insomnia: what we know and what we still need to learn. *Sleep Med Rev. 2002* Apr; 6(2):97-111.

Ohayon, M M & Hong, S C. (2002). Prevalence of insomnia and associated factors in South Korea. *Journal of Psychosomatic Research 53*, 593–600.

Ohayon, M M & Partinen, M. (2002). Insomnia and global sleep dissatisfaction in Finland. *Journal of Sleep Research, 11*, 339–346.

Olness K, Kohen D P. (1996). *Hypnosis and Hypnotherapy with Children*, ED 3. New York, The Guilford Press.

Papadakis D. (2009). Hypnotism and Sleep Problems. *Hypno-Gram 9* (April/May), 14-15.

Roth, T, & Ancoli-Israel, S. (1999). Daytime consequences and correlates of insomnia in the United States: Results of the 1991 National Sleep Foundation survey II. *Sleep, 22*(Suppl 2), S354–S358.

Roth T, Jaeger S, Jin R, Kalsekar A, Stang P, & Kessler R. (2006). Sleep problems, comorbid mental disorders and role functioning in the national comorbidity survey replication. *Biol Psychiatry, 60*: 1364-1371.

Schutte-Rodin, S, Broch, L, Buysse, D, Dorsey, C, & Sateia, M (2008). Clinical guideline for the evaluation and management of chronic insomnia in adults, *J Clin Sleep Med. 2008 Oct 15;*4(5):487-504.

Siebern, A T, & Manber, R. (2010). Insomnia and its effective non-pharmacologic treatment. *Medical Clinics of North America, 94*, 581-591

Stanton, H E. (1989). Hypnotic relaxation and the reduction of sleep-onset insomnia. *Int. J Psychosomatics, 72:* 734-739.

The International Classification of Sleep Disorders, Revised Diagnostic and Coding Manual, (2005) Produced by the American Academy of Sleep Medicine.

Vgontzas, A N, Liao, D, Bixler, E O, Chrousos, G P, & Vela-Bueno, A. (2009). Insomnia with objective short sleep duration is associated with a high risk for hypertension. *Sleep, 32*: 491-497.

Debbie Papadakis is a renowned Psychotherapist, Hypnotherapist, Author, Speaker and Educator. She holds many achievement awards. She is a faculty member of the NGH, IMDHA and Noble International University. Featured on radio and television. She lives in Toronto and is the Founding Director of Hypno Healing Institute.

Canadian Professional Counsellors Association (CPCA), Canadian College of Professional Counsellors and Psychotherapists (CCPCP), Canadian Association for Psychodynamic Therapy (CAPT), Canadian Examining Board of Health Care Practitioners, National Guild of Hypnotists (NGH), International Medical And Dental Hypnotherapy Association (IMDHA)

Hypno Healing Institute

355 Keele Street, Toronto, ON M6P 2K6
www.hypno-healing.com e. debbie@hypno-healing.com
PH: 416.760.8996 Toll Free: 888.758.3223