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CBT AND HYPNOSIS: THE WORRY-BUG VERSUS THE CAKE

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Abstract

Sleep and pain negatively impact each other. Children in pain often have difficulty going to sleep and sustaining sleep. Anxiety often develops within this negative cycle. Hypnotherapy has been noted as an effective intervention for pain, sleep and anxiety. The case presented illustrates the use of hypnotherapy in contrast to cognitive behavioural therapy (CBT) to resolve an 11-year-old girl's cycle of persistent anxiety, abdominal pain and sleep interruption. Utilizing the child's favourite activity of baking a cake, a metaphor for successful sleep was developed. The hypnotherapeutic use of surprise and dissonance promoted a rapid resolution of this pre-teen's difficulties. An explication of this process is provided.

Key words: sleep, pain, anxiety, child, CBT, parent

Introduction

Pain and sleep are known to negatively impact each other (Lewin and Dahl, 1999). Frequently children with pain have difficulty going to sleep, furthermore their sleep may be interrupted by pain, and their sleep quality is altered by their discomfort (Gagliese and Chambers, 2007). This pain-sleep difficulty can be further complicated by the child's anxiety and fear about going to sleep when in pain. Hypnosis and hypnotherapy has a long history of documented efficacy in treating pain, anxiety and sleep difficulties (Olness and Kohen, 1996; Wester and Sugarman, 2007).

Hypnosis and hypnotherapy have tended to be included under the umbrella of CBT. However, there are some features that make hypnotherapy unique and quite distinct as a therapy from CBT. Rather than proceed in a systematic logical way, hypnotherapy values the use of surprise, paradox and the power of words to harness imagination and therefore alter behaviour quite dramatically within a session or two (Olness and Kohen, 1996; Wester and Sugarman, 2007). The following case of persistent intergenerational sleep anxiety associated with abdominal pain illustrates how hypnotherapy resolves a child's long-standing pain and sleep difficulty.

Presenting problem

Eleven-year-old Stephanie was referred by a child psychiatrist for panic episodes at bedtime. She presented with abdominal pain and fear of being unable to go to sleep, and insisted that her mother be present with her until she fell asleep. If she attempted to go

to sleep alone, she had panic escalations, an increase of stomach pain and became increasingly distressed. She also had a history of fearing being sick and reported that she felt like she was 'always sick'. Pediatric consultations had ruled out any significant pathology, but her symptoms had persisted and were most prevalent at night-time.

Stephanie had consequently developed a significant dependency on her mother to rub her tummy, administer to her needs and to remain in the room until she was completely asleep. Sometimes, when her 'sleep fell apart', she would panic until her mother climbed into bed with her. Most nights, her mother sat next to her bed for an hour or more. Stephanie's anxiety significantly escalated if her mother left before she was fully asleep, and she would rouse herself, preventing sleep and complaining of pain. This distressing cycle had persisted for many years.

Brief history of the problem

Stephanie is the younger of two daughters in a close-knit Italian-Canadian family. Her father reported a similar childhood sleep history and remarked that the family openly talked about this 'family problem', although the elder daughter had no such sleep difficulty. Through infancy, toddler and pre-school years, Stephanie had been difficult to settle at night and often slept in her parents' bed. Both of her parents assisted her when she had anxiety, pain and fears, and her father often helped Stephanie to relax. Despite her fears, Stephanie had experienced no significant medical illness, was rarely ill, and did not miss any school days; in fact, she reported that she 'loved' school, and did well academically.

Impressions

Stephanie presented as an expressive, physically delicate and sensitive pre-teen. She was anxious to please, tense, socially mature and emotionally responsive in the session. Her mother presented as closely attached to her daughter, willing to let her daughter take the lead in the session, yet open about her own feelings of frustration and helplessness with the bedtime scenario, in which she felt trapped.

Previous therapy

Stephanie had been in therapy with a child psychiatrist for the previous nine months. She had been recommended Melatonin half an hour before bedtime and had undergone CBT. Stephanie had been told she had a 'Worry Bug', and they used a 'Fear Ladder' to get rid of the 'Worry Bug'. The fear ladder consisted of 4 steps of decreasing maternal support at bedtime, each step being conducted for two weeks. In the first step, Stephanie's mother would lie with her; in the second step, her mother would sit by the bed; in the third step, she would sit on a chair 6 inches away from the bed, and in the final step, she would sit with her chair to the side and further away from the bed. During each of the four steps, Stephanie's mother remained in the room for 30 minutes. This approach was successful up to the point where her mother got up to leave the room, at which point Stephanie became increasingly fearful, complained of tummy pain and woke herself up. When she finally did go to sleep, she would wake up multiple times (an average of three) during the night.

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Intervention

First session

Stephanie was easily engaged while her Mother remained present but sat off to the side. In the first discussion, I conveyed the idea that she was dealing with 'an old stuck habit' and that hypnosis could provide her with a new way of feeling safe, so that her body could do what it knows best and settle into a soft sleep. In this first session we made a hypnotic sleep tape in which regulated deep breathing was prominent. Suggestions for increased tummy comfort, warmth, well-being and 'letting go and noticing the settled sweet sleep seeping in' were included. I added that her mother could be around, but it was Stephanie's job to fall asleep and that she would be surprised to see how 'easy and comfy' it would be.

Second session

Stephanie indicated that she had really liked the audio-tape, but whenever she sensed her mother leaving the room she would call out to her not to go, thereby waking herself up again. Noting that this was a recapitulation of her previous therapeutic response, I realized I needed to start anew and re-engage her sense of herself as a competent girl, and find a way to challenge the legitimacy of her habitual nocturnal anxiety and abdominal pain. I began by exploring what her favourite thing to do at home was. 'Baking' she answered. 'Tell me how do you bake your cakes?' I replied, putting her in charge of describing what she loves to do – an experience quite different to her fearful feelings while falling asleep. She proceeded to tell in meticulous detail, one step at a time how she made her favourite chocolate cake.

S: Then I pour the cake into the buttered pan and then carefully put it in the oven.
[At that moment I realized what a perfect metaphor she'd given me to break her conditioned fear response]

L: No you don't! You drop it **splat** on the floor, even before you can get it in the oven! What a mess! And after all that careful work!

S: [stunned and puzzled] I put the cake in the oven.

L: If you put the cake in the oven then there'd be no problem, and it would settle into the warmth easily, sleep the whole night through, and rise when done. But... you don't let that happen,... you stop it... drop it... and all your good work goes **splat** on the floor! What a waste and what a mess – and surprisingly you're actually a **very neat kid**, who doesn't like messes!

S: [imperceptibly nods her head; Stephanie was stunned, still and highly receptive. In that moment I sensed that Stephanie had got it. There was little more to say except to bring Mom into the picture, but in a very different role – one of supporting her daughter's competence, instead of providing security for sleep]

[Pause]

L: Maybe your Mom could help here?... I wonder if she could remind you not to drop your cake, given that you really are a very neat kid? Would you like that?

S: Yes... I could make her a card to remind me.

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[Stephanie took some paper and made a card for her Mom complete with a detailed drawing of a cake with candles. She wrote: 'Please Mom remind me at night not to drop the cake!' and gave it to her mother.]

Third session

A week later, Stephanie reported successfully falling asleep every night using the sleep tape without her mother's company. Stephanie said 'I said to myself that it's time for me to get over what I thought was a comfort zone, having my Mom with me. Now I realize that it was a panic and pain zone ... Now I'm putting myself to sleep. Before I wasn't proud of myself and I used to drop the cake. Now I'm putting it in and I sleep through the night and everything feels better.'

At follow-up

A month later, Stephanie came to the session carrying a cake that she had made. We had tea with cake and reviewed the past events. As she walked towards the door, I reiterated how wonderfully well she had done. Without missing a beat she answered smilingly, 'It was a piece of cake!'

Comments

By going into a hypnotic trance, a child can bypass her cognitive defences and the many reasons, fears, somatic pains and fantasies of why she may be unable to succeed and resolve a persistent problem. Although for Stephanie the hypnosis tape helped her to find somatic comfort and settle into sleep without the use of Melatonin, her conditioned fear response would still break through when she sensed her mother leaving the room. It quickly became clear that we needed a different approach. Setting Stephanie up as competent, which was congruent with her sense of self, and then providing a shock – a challenge to her notion of herself as 'neat' because she created a mess each evening – was intolerable to this fastidious pre-teen. She changed within the session.

Children often provide the information needed for their healing. The metaphor of placing the cake in the oven as a vehicle for successful sleep and somatic comfort was the therapeutic creative leap. It has been my experience that the more standard therapeutic protocols with step-by-step approximations to a desired goal, tend to drag out the therapeutic process making the resolution of the anxiety more difficult for highly anxious children. Hypnotherapy with its methods of word-play, metaphor and surprise, can promote a new way of dealing with an old sticky problem.

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