



A clinical reflection on sleeplessness or insomnia

Focus: Therapy and practice with children and adults

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William Shakespeare (sonnet 27)

Weary with toil, I haste me to my bed,
The dear repose for limbs with travel tired;
But then begins a journey in my head
To work my mind, when body's work's expired ...

This exploration begins within the depths of my own past: recollecting fragments of loud arguments between my parents before they separated and memories in the middle of the night when I was 9 years old; the sense of panic and watchfulness which invaded my sleep with dreams filled with ghosts, demons and vampires.

As I touch on these fragments of memory I can recall struggling to stay awake at school and a decline in my ability to learn, retain information, and teachers end of year reports: "Christopher is an able student but I wish he would concentrate".

Jumping through time I also reflect upon how disturbed sleep affected my relationships and moods; ruminating upon events which had happened during the day spinning around in endless repetitive loops.

I am reminded of how overthinking and self-chastisement, self-imposed mindfulness, and relaxation failed to achieve anything other than further preventing sleep. Neither did prescribed Zopiclone, and a course of Amitriptyline which I disposed of given its extreme side effects help.

I also speculate upon the many children and parents whom I have worked with in varying contexts, who experience similar difficulties with disrupted sleep, and how unsympathetic the world can appear after nights of poor sleep: A mother who failed to attend a child protection conference since she couldn't wake up in the morning, children I have worked with experiencing anxiety, who cannot sleep at nights and fail at school, or become angry and irritable and thus become excluded; A current client who regularly wakes up in the

middle of the night fearing her perpetrator is present in the room. It was only a last week that I asked one of my supervisees appearing tired and when I asked her what night time is like for her. She described with frustration waking up at night, filled with worry, and how mindfulness exercises, meditation, and CBT, didn't help her achieve sleep.

Beyond the world of trauma there are commonly held explanations that sleep training for infants should ignore an infant's distress and avoid reinforcing attention seeking. However, often this is linked to an angry or frustrated face or voice which is also experiencing disrupted sleep: Using some brain based metaphors Alice 6 described how 'My hippopotamus (hippocampus) starts telling me "when my mum gives me a cross face, that I won't go to sleep because she shouldn't have left my dad" Alice aged 6

Billy aged 14 describes how he wakes up at night and sees demons in his room which stop him sleeping along with angry voices of his step father telling him to kill himself. Unsurprisingly Billy has been excluded from school due to angry outbursts and is under a psychiatrist. "My Amy digalot (Amygdala) starts to shout at them to leave me alone".

At night times Michael slaps his bed as part of his OCD routines. He told me he slaps at night since it's a way of telling himself off when he gets told off at school. I watched him slide over and lie on a bean bag and then said to me. "I feel I am in rush" he said looking at the ceiling. I also discovered that so are his parents in a rush for him to "achieve". Michael is the youngest of two older high performing siblings. This indicates the importance of attending to family systems which surround our sleep.

Focus and Definition

Insomnia belongs to a range of sleep disorders. The focus of this short presentation relates to Nonorganic sleep disorders as defined by ICD-10 F51. ICD 10 defines this to belong to a family of Dyssomnias which are primarily psychogenic conditions affecting the "amount, quality, or timing of sleep due to emotional causes, which in children can be related to developmental factors.

Symptoms are defined as follows:

Difficulties falling asleep

Staying asleep

Premature wakening

Those suffering Insomnia describe themselves as “feeling tense, anxious, worried, or depressed at bedtime, and as though their thoughts are racing”. This is described very well by Stephen 13 who suffers from anxiety and ADHD. “Its like I have a racing track in my head at night times....cars keep zooming in different directions and skidding off course”. “The only way to stop this is to go back on my phone”.

Often sufferers attempt to cope by taking medication or alcohol. In the morning and during the day symptoms include feeling physically and mentally tired, depressed, worried and irritable. As therapists we need to be aware that Insomnia can also be related to other various underlying mental health conditions such as Anxiety and Depression or even some medical conditions.

Incidents of Insomnia

On reading further I discovered that my examples form part of a greater population of adults and young people experiencing Insomnia. The sleep foundation report that roughly 30 percent of the general population complains of sleep disruption, and approximately 10 percent have associated symptoms of daytime functional impairment consistent with the diagnosis of insomnia.

In a 2005 National Sleep Foundation (NSF) Poll, more than half of people reported at least one symptom of insomnia (difficulty falling asleep, waking up a lot during the night, waking up too early and not being able to get back to sleep, or waking up feeling un-refreshed). A survey they conducted concludes that thirty-three percent of their respondents report at least one of these symptoms every night, or almost every night in the past year. A 2002 NSF Poll found that 63 percent of women (versus 54 percent of men) experienced symptoms of insomnia at least a few nights per week.

Other polls have found 68 percent of adults ages 18 to 29 report experiencing symptoms of insomnia, compared with 59 percent of adults ages 30 to 64, and only 44 percent of people over the age of 65. Not surprisingly, parents report more insomnia symptoms than adults without children in the household (66 vs. 54 percent).

The Medical Model :The DSM 5 states that sleep wake disorders are often accompanied by depression, anxiety and cognitive changes and can be symptomatic of other neurological conditions. It is beyond the remit of this presentation to summarise fully the range of conditions referred to but I do mention restless leg syndrome and bodily symptoms which are “accompanied by clinically significant distress, social impairment and occupational functioning”. What I do find interesting as a psychotherapist is that this can lead to a vicious cycle where “excessive attention and efforts to sleep override normal “sleep-onset mechanisms” which delay or impact entry into sleepfulness.

Why Sleep Matters:

There are many approaches to why we sleep ranging from the psychoanalytic e.g. a non-conscious state or a repository for unfulfilled wishes and dreams, to theories that sleep acts as a form of energy conservation. It is known that sleep has its own rules and structures. For example, early sleep is useful for preserving and processing memories, whereas late sleep is more refined for retaining newly acquired skills. More recent findings explore the way that sleep helps with memory replay and the consolidation of memory through building links between the hippocampus and the cortex thus enabling different parts of the brain to talk to each other. Gaskell, M.G (March 2017) *The Psychologist*. "A brave new world of sleep".

Matthew Walker in his book "Why we sleep" states in his opening chapter that "sleeping less than six or seven hours a night demolishes our immune system, disrupts blood sugar levels, increases the likelihood of cardiovascular disease, obesity, and shortened life span. Some commentators even suggest that poor sleep is a factor in reducing the immune system affecting the outcomes of those exposed to COVID 19. "findings show that sleep has the potential to enhance the efficiency of T cell responses, which is especially relevant in light of the high prevalence of sleep disorders and conditions characterized by impaired sleep, such as depression, chronic stress, aging, and shift work," (Luciana Besedovsky). She also found that the immune system becomes suppressed after only three hours without sleep. This is sufficient to reduce the function of important immune cells. These results show a potential and fundamental mechanism by which sleep helps fight infection.

Robert Stickgold 2017 describes adults with chronic insomnia who on post mortem revealed a loss of connecting nerve cells regulating emotional memory. Studies on restrictive sleep also show a significant reduction in recognition and a bias towards the recall of negative words, and that when sleep deprived there is an increased capacity to recall negative events depressing the processing of positive memories. This confirms a longitudinal study by Karlson et al 2013, who concludes that insomnia symptoms have a strong relationship to individuals' enjoyment and self-perception of a meaningful life.

Sleep and Wakefulness as Rhythms.

Commonly we associate sleep rhythms with Circadian cycles or day/night rhythms. However, when we investigate further this is only part of the fugal arrangement required to achieve sleep. Many other physiological cues are necessary including temperature fluctuations, food intake, and social interactions. These help to synchronize sleep and prepare the body to engage with sleep. Much of this is governed by the suprachiasmatic nucleus within the brain. Alice 6 in her description of her "Hippopotamus" indicates how much her sleep is linked to her relationships, her sense of anger and betrayal, and how not sleeping serves the function of punishing her mother and as she later described the wishful fantasy of her mother and father coming back together again.

We also know that there are individual differences in the way sleep and wakefulness function. The key difference being “wired in” differences known as morning Larks and Evening Owls which may have an evolutionary basis. The peak period of wakefulness for some people arrives in the morning e.g. Larks whereas for others peak wakefulness occurs in the evening, the Owls who find going to sleep early in the evening difficult. This hard wiring has huge social consequences for performance both in the workplace, schools, and in relationships generally. I might also include the psychotherapeutic relationship we have with our clients.

A couple who wished for me to undertake couples therapy discovered these individual differences during my involvement. Andy commented to Jill that he believes she doesn't want sex with him because she consciously plans to go to bed early and is asleep when he comes into bed. Jill became angry with Andy telling him that he was wrong and that she has to get up early when their three-year-old son gets up at 6.00am. Then she said I wait for you but you stay awake to watch Netflix.” “while you are sleeping having stayed up until the early hours I get up early and I am fine with this”. I like getting up early”.

I know that I am a Lark and by 3.00pm and often feel tired and sleepy so I tend to organize my therapeutic work around this rhythm beginning early. This had implications for David 15 who found it very difficult to make our 8.30 appointment despite assuring me he could make this time. He was definitely an owl who loved night time and evenings when he felt most alive. His mother whom I guess is also a Lark would try to wake him up early for my session becoming increasingly frustrated with her son. By changing our appointment to 10.00am we resolved this difficulty.

Dreaming is important

It has always fascinated me that during sleep we enter a phase known as REM sleep (rapid eye movements) when the brain appears awake. During various phases of sleep dreams can serve the function of resolving difficult or traumatic situations which may have occurred during the day as well as dissolving the affective content of such events.

It is my opinion that Psychotherapists are skilled and qualified in helping those suffering from reduced sleep to achieve more fulfilling sleep. Perhaps noticing our dreams will also help sleepfulness to naturally emerge. It is also possible that by attending to a client's imagery and metaphor we may be able to activate a better quality of sleep how much of sleep is governed by imagery and association.

Brendon 15 is overweight, bullied at school, has suffered a catastrophic break in parental care since the age of three, multiple care placements, and has been living with his grandparents for 4 years. He was excluded from school for threatening his teachers whom he described as never listening to him. My question is how can Brendon achieve dreaming states which nourish, support and sooth him. Brendon describes a childhood when he never knew where he would be living from day to day and parents who failed to sooth and comfort him when he was distressed as an infant. I therefore imagine that Brendon has needed to remain watchful and alert for much of his life. Brendon like so many traumatized teenagers finds "being loved and being held when he was distressed" as alien and would prefer to be seen as a problem, and unworthy, which he confirms through rejection and anger.

However, "while events in day-to day-living evoke reactions of worry and concern, disappointment and sadness" I sensed that "beneath and beyond these responses" Brendon would bring into the therapy room his need for calm, "motionless. stillness and quietude" (Dan Siegel p 249 The Mindful Therapist).

Brendon began to choose to use sessions for guided tours using the narrative of the Sky Lark. The Skylark would rise above the trees and the thickets into the clear sky. Traversing the world before returning to a field where he would rest within the waving corn.

During these sessions he would close his eyes lying on the floor covered with a blanket. What transpired is that Brendon found a place to enjoy what he described as "my sleep therapy". This took take place without conscious interpretation or analysis thus enabling Brendon to allow his unconscious to emerge as an "autonomous activity". (Jung P46: Psychology and Alchemy). "If the dreamer will stop blocking the window...consciousness, the unconscious will become conscious"

This brief example demonstrates to me the huge importance of metaphor, imagery and the spontaneous emergence of restfulness which allows sleepfulness to emerge but not as an imperative.

As Brandon explored wordlessness within his unconscious he described how his dreams were transforming from ghosts and demons, to experiences of flying and travelling. It is worth considering how much day dreaming is seen as negative or something to control or restrict. I wonder whether Brendon wouldn't benefit from daydreaming time at school rather than being exposed to too much sunlight which leads him to panic as he fights to find shade in the cornfields when the sun becomes too bright.

Imagery and Metaphor

An adult client described to me how his skin feels like “buzzing bees” in the middle of the night. “It’s like my nerves start to prickle”. By exploring these metaphors with D he noticed that he was really busy all the time, striving to achieve and how he felt a “crowd of critical voices” in his life. His interrupted sleep was naturally telling him to wake up. By attending to these voices D was able to create his own bridge between sleep and wakefulness.

From a psychotherapeutic perspective I would suggest that Insomnia and indeed the meaning of sleep itself can be taken from different perspectives. Restrictive sleep maybe viewed as a channel for opening up possibilities. For example Julia came to me very distressed after her husband had left her. Her three sons had also left her to live with her father. An acrimonious separation, the loss her security and loss of income had activated stress and anxiety. She described how at night times that “my mind feels like a washing machine, it goes round and round, and no matter how I try I cannot open the door to wring out and dry my clothes”. As Murray Cox quotes P 95. “Metaphor is our means of effecting instantaneous fusion of two realms of experience into one illuminating, iconic, encapsulating image”. Julia was describing in her image of a washing machine her “tacit knowledge or perhaps from a neuropsychological perspective a synergy between her right and left hemispheres mediating the integration of emotion and feeling.

Some Points to consider

1. What I have tried to do in this presentation is to highlight the real harm Insomnia can cause. I wanted also to suggest that since so many of our client’s experience sleep difficulties that this is probably a good place to make enquiries and where curiosity can be generated.
2. How seeking to make sleep “the problem” can lead to heightened anxiety. That Billy’s (Amy dig a lot) or Alice’s “Hippotamus create natural bridges between me, my brain and my unconscious. That medical attempts to diagnose and treat do have their place particularly if there are somatic roots, but I would argue Psychotherapists have a larger role to play in the world of sleep therapy.
3. Playfulness using the wisdom brought to us from Neuroscience can enable integration and restfulness to naturally occur. Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist (Winnicott 1971). The brain and its parts may also act as a playground for metaphors I would suggest.

4. That sleep disorders can be related to fight and flight responses when a client is activated by fear, trauma or unresolved relationship difficulties.
5. That by paying attention to day dreaming and activating lucid dreaming during the day can help clients to prepare for sleep.
6. That as therapists we have a responsibility for being aware of our own sleep processes and rhythms particularly within the intersubjective domain between client and therapist. I often find it helpful to reflect on how I slept before I meet with a client including checking in with any dreams I may have had which may need attention.
7. Metaphor and imagery can be viewed as akin to dreamful states which can be harnessed to put us in touch with things that are “far off or too close to see in ordinary life” Murray Cox P98. Thus I would suggest images from ordinary life possess the potential for transforming night and day, sleep and wakefulness into active places where consciousness and unconscious forces can communicate more effectively with each other.
8. That within Psychotherapy it is helpful to be curious with our clients regarding how they achieve rest and sleepfulness. I am sure participants today will have many ideas which we can share. I often enquire “what is your sleep like”? “How do you rest with so much going on”? “ I am amazed you are able to sleep at all”. Simplicity so often closes the curtains on probably one of life’s greatest achievements, achieving a good nights sleep.

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