

CHARLIE CHANNEL  
3842 College Ave #2  
Culver City, CA 90232

ATTN:	SUBMITTED:	
PHONE:	PRINTED:	2003-05-16 01:28:06
FAX:	REQUEST NO.:	REG-10030960
E-MAIL:	SENT VIA:	Manual

---

REG	Regular	Copy	Journal
-----	---------	------	---------

---

DELIVERY: E-mail Post to Web: [rrsearch@attbi.com](mailto:rrsearch@attbi.com)  
REPLY: Mail:

THIS IS NOT A BILL.

NOTICE: THIS MATERIAL MAY BE PROTECTED BY COPYRIGHT LAW

---

Biomed ILL / Document Delivery



Request # 10564874

MAY 15, 2003

Email (PDF) To: [rrsearch@attbi.com](mailto:rrsearch@attbi.com)LOANSOME DOC  
5/15  
MAY 15 2003Charlie Channel  
3842 College Ave.  
#2  
Culver City, CA 90232

AU 731

**LOANSOME DOC: Journal Copy Unaffiliated**

Title: The Australian and New Zealand journal of psychiatry.  
Title Abbrev: Aust N Z J Psychiatry  
Citation: 1975 Sep;9(3):169-72  
Article: Guided fantasy as a treatment for childhood insomn  
Author: Porter J  
NLM Unique ID: 0111052  
PubMed UI: 1106390  
ISSN: 0004-8674 (Print) 1440-1614 (Electronic)  
Holding: Library reports holding vol/yr  
Need By: N/A  
DOCLINE: Yes  
Patron UserID: RRSEARCH  
Phone: 01.310.287-0905  
Received: 15-May-03 04:10 PM  
Lender: University of California, Los Angeles/ Los Angeles/ CA USA (CAUCLA)

This material may be protected by copyright law (TITLE 17,U.S. CODE)

## GUIDED FANTASY AS A TREATMENT FOR CHILDHOOD INSOMNIA\*

by JEANNIE PORTER\*\*

### SYNOPSIS

A "guided fantasy" technique is described to relieve insomnia in children without the use of chemotherapy or the more conventional forms of hypnotherapy. In children at an age where fantasy is a spontaneous everyday response, relaxed sleep is induced through listening to a story from a tape that is created from the child's favourite fantasy figures and everyday likes and interests. The 'guided fantasy' is presented by the parents as a novel bedtime story rather than as a therapy procedure by the therapist. The child is allowed to feel he has a controlling influence in putting a favourite figure to sleep within the story, and so is gently led to accept sleep himself by choice. No active therapist is involved so there are no dangers of expected transference or abreaction.

Collinson (1974) has recently drawn the attention of medical practitioners to the potential in using hypnotherapy as a mode of treatment with a diversity of childhood disorders. Amongst an impressive list a very brief mention is given to the use of hypnotherapy with sleep disturbances (p. 113).

An inability to sleep is usually recognised as being related to existing tension and anxiety levels in the sufferer. One would therefore expect the general calming and tranquillizing effect of hypnosis, claimed by many (Hartland, 1966, 1971; Le Cron, 1964) to modify the autonomic arousal state, to be a method of choice in engendering restful sleep. Stanton (in press) has recently offered substantial evidence to confirm the efficiency of hypnotic suggestion with adult sufferers. With children similar benefits might be predicted if the increased suggestibility of children over adults, and their relative non-critical acceptance of the hypnotic procedure (Ambrose, 1961), is aptly employed by the therapist within a non-threatening

atmosphere (Collinson, 1974). Using the natural context of the child's world of fantasy, with its imaginary experiences and make-believe games, an easy progression can be made into the trance state.

However, as medical practitioners are increasingly faced by distraught parents pleading for assistance to restore peace to households chronically disturbed by sleepless children, a crucial issue arises as to the ethics in using hypnosis with children. This is particularly relevant to practitioners within South Australia where the new Psychological Practices Bill seeks to regulate the use of hypnosis, especially in the treatment of all persons under the age of 18. General practitioners are thereby faced with a critical conflict situation. They have previously shouldered the responsibility of sedating children of a tender age. Yet the very method that might ease this responsibility is not a freely available commodity in view of the legal implications of its use. While a better educated community is beginning to demand drug-free methods to induce sleep, the practitioner may find himself in the awkward predicament of not being able to supply the best and safest mode of treatment to the very portion of the population that should be the most safe-guarded within the community, viz. the young. In view of the clinical responsibility of meeting this conflict and working always towards the best interests of one's patients, an interim compromise solution will now be proposed along the simple line of varying the more conventional method of using hypnosis with children.

Within my own practice, as both consultant and private clinical psychologist and professional hypnotherapist, I have observed the calming effect of hypnosis to be of considerable benefit to patients in its own right, quite apart from the use of specific therapeutic suggestions. Over 25 years Meares (1971) claims to have observed this effect consistently over some 750 patients, whether seen individually or in groups. Looking more closely at his usual method, we observe a relaxation induction with a primary focus on the anxiety levels that might be either causing or exacerbating the particular disorder presented for treatment. Yet it is not uncommon for such a relaxation method to be used with no mention of hypnosis

\*Received 7 May 1975

\*\*Consultant Clinical Psychologist, Department of Social Security.

or hypnotic sleep (Hartland, 1971) and for the patient to be actually hypnotised, at least to light trance, without awareness of such. In fact, Collinson (1974) advocates such a method for use with children, bypassing the bogey of connotations that come from use of the term "hypnosis". For all intents and purposes the patient can be regarded as hypnotised. The therapist can further act on this assumption in giving directive suggestions. Appropriate homeostatic mechanisms are assumed to take over in the subconscious mind, and to result in an overall reduction of anxiety and an increasing resistance to stress over time (Meares, 1966). Yet, however potentially beneficial, use of such a method with children not only raises the question of consent but also that of manipulation of a minor.

To treat childhood insomnia it is therefore proposed to take the control out of the hands of the therapist, at least technically, and transfer it to the child allowing him to react within his own inner world according to his own peculiar needs and desires. By appropriately modifying the basic relaxation process discussed above, the usually defined "induction process" can be dispensed with. We can turn to the child's personal fantasy world and working within his structure achieve relaxed and easily-induced sleep through "guided fantasy" (Lewis and Streitfeld, 1970, p. 81). In effect the method now outlined involves no therapist or therapy process in the conventional sense.

Initially the therapist interviews the parents of the disturbed child without the child present — technically, the child is not seen as a "patient" at all. From their observations in attending the child through the night the child's sleep pattern is ascertained. Any traumatic events that may have precipitated the disturbance are detailed along with current fears and avoidance tendencies. The parents are then instructed on leaving to list as many interests, likes, and enjoyable pastimes the child may have, as well as the names of favourite fantasy figures from books, television, films, and make-believe games, and the names of favourite people and objects (pets, toys, dolls, etc.) in the child's natural environment. These details are mailed to the therapist within the next week along with a blank audio-cassette tape with 30 minutes recording time each side.

From this collection of information, the therapist weaves a story along the lines of a fairy tale, incorporating the figments of the child's imagination. The child becomes the central figure and protects and cares for some other person or object. This second figure is seen as needing the child's care and protection, yet all the while remaining an important figure in his personal perceptual world. As the story develops, eventually the protected figure is lulled gently to sleep by the child. So as not to disturb the sleep of this important figure, the child "chooses" also to go quietly to sleep until a determined waking time.

The story is taped and mailed to the parents who have been previously instructed to introduce the tape to the child as one would do a bed-time story. There is the added interest in hearing a story from a "special" tape, rather than merely listening to the parent read a story. This brings the concentration of the child onto the process being instituted. At no stage does there appear to be a third person involved. There is no indication of a therapy process or therapist involvement. The procedure is simply instituted within the natural environment of the child as a somewhat novel way of hearing a bed-time story. If the child is extremely anxious on being left alone, a parent can sit with him while the tape plays the fantasy. Even better, the parent can lie on a nearby bed and appear to share the experience. As the story finishes the child is usually very drowsy or already asleep and the parent can readily judge when to quietly leave the room and switch off the recorder. With successive nights, sleep becomes more and more easily induced. If parents consider their child may become bored with constant repetition of the same story, several can be taped either with different characters or in a serial version. With younger children the one story may, however, become as much a favourite as "The Three Bears" and be "demanded" along with the proverbial teddy-bear on going to bed.

After playing the tape initially when the child first goes to bed, the process is repeated approximately one hour after the child actually goes to sleep. A very soft volume is used and the suggestibility of the subconscious mind at this stage of the sleep cycle (Cheek and Le Cron, 1968) is employed to strengthen the previous conditioning and further alleviate any existing tension levels. This also potentially shortens the number of repetitions that would be required to effect the sleep pattern changes if only the waking state were used. Generally consistent repetition of this process over 2 to 3 weeks brings restful sleep to the child and restores rest to the household. The process involves minimal effort from both parent and child and no threat from any therapeutic encounter. It can be readily reinstated if there is a recurrence of sleeplessness for whatever time is necessary to restore natural sleep. Technically the child has never entered the conventional therapy setting. Since he is not hypnotised in the formal sense there are no dangers incurred as to trance depth or possible abreaction. Yet the "guided fantasy" technique is seen to effect changes similar to those observed in using hypnosis with insomnia (Stanton, in press). Through imagery natural relaxation is achieved and conditioning of a new habit pattern can occur (Meares, 1966).

This technique has elements in common with the procedures of progressive relaxation (Jacobson, 1938) and autogenic training (Schultz and Luthe, 1959), both of which are claimed to significantly alleviate insomnia. Levels of success are reported as high as

80 to 85 per cent with autogenic training (Schultz, 1960). However there are few controlled outcome studies to substantiate such claims objectively. In the present instance there is no specific attention to the deliberate relaxation of successive muscle groups. However the suggestions of increasing fatigue and the wish to rest weary muscles can be seen as eliciting through eidetic imagery similar sensations of warmth and heaviness as evoked in autogenic training. These heaviness and warmth sensations are physiologically linked with muscular relaxation and increased peripheral blood flow. It is suggested that the success of this technique may rest on its evocation of similar physiological responses as produced in adults with progressive relaxation and autogenic training. Young children would probably become agitated by such detailed procedures, whereas imagery is natural to them and seems to readily achieve the same ends in the young receptive mind.

The following excerpts from a story used with an 8-year-old girl will illustrate the main points that have been outlined in this approach. An interweaving of fantasy and suggestion is accomplished without threat to the child. In this case the child had been disturbed each night for 18 months, after waking terrified while staying at a friend's house to find herself away from home. Ensuing sedation under a general practitioner and psychiatric help had both failed to change her sleep pattern. One parent was always in attendance for up to two hours while she eventually drifted into sleep, never before 10.30 p.m. She awoke regularly at 2 a.m. and stayed awake till at least 4 a.m. Both parents were distraught from their own loss of sleep and were desperate for assistance when they were interviewed. Within 10 days of tape presentation the child was sleeping from 10 p.m. to 7 a.m., and on 5-month follow-up showed no recurrence of disturbed sleep.

**"Guided Fantasy" for an 8-year-old sleep disturbed girl:**

The items that appear in bold type are taken from the list of the child's likes, interests and favourite figures. These are woven together to create the story. The following is taken from the transcript of the original tape

"Do you like imagining things? Do you like stories? I'm sure you do. So how about coming along a story with me, and we'll let you make up the story for yourself as we go along. Can you imagine that you have a special **fairy** who is your friend? — a special fairy! I'm sure you can. How about closing your eyes, tucking down comfortably in bed, snuggling up, feeling very warm, very, very still. Now with your eyes closed think of the special fairy who is your friend. As you think of your fairy, think about how it would be to go for an adventure into **Fantasyland** with your fairy. I wonder where you'd like to go? Can you see your fairy? Perhaps she has **long blonde hair**, and she's wearing **sparkling jewels** in her hair. You can see the sunlight dancing on the jewels as you look at her lovely blonde hair. What do you have in your

hand? Do you have your favourite **doll Susy** with you?

Now how about walking along with your fairy, letting her lead you into fantasyland. You can see a little path now. Your fairy is holding your hand. She has a lovely warm hand. You feel really happy, you feel like skipping. So **skip** along with your fairy. Along the little path you can see **flowers** on either side — blue flowers, pink ones and yellow ones . . . What's that I see just on the side of the creek, on a rock sitting very, very still? Why it's a **frog**. Croak! Croak! Croak! See if you can pick him up. Ooops, he jumped right away from you before you could get there . . . Now you are looking for something. I wonder what it is. Perhaps you know that somewhere along this little path you're going to find a **puppy**, a lovely soft puppy that you can cuddle. Perhaps it's a **Labrador** puppy. What do you think? Yes, there's one. He's playing over there by the bush, running around, scurrying about. I wonder if you can catch him.

See if you can catch the puppy. Oh he's darting away from you. He's so quick, he loves to play. Now you've caught him. You give him a cuddle. Don't drop the **jewel** in your hand. Make sure you have it. Perhaps you can give it to the fairy to hold. She'll hold it for you, she won't lose it. Now you can cuddle your little puppy . . . Now there's a tree you can **climb**. Put the puppy down. Tell him to make sure that he stays, so he doesn't run away. I don't think he'll run away, he likes you. As you climb the tree the puppy is at the bottom of the tree wagging his tail as he looks up at you. . . Your fairy is asking you whether you'd like to be somewhere else, because she can wave her **magic wand** and all of a sudden you will be somewhere else. I wonder where you would like to be? Perhaps you'd like to be down the **beach**. Yes, you'd like to be down the beach and your puppy's with you. He's romping around the **sand**. Oh, look at him rolling in the sand, sand all over him. Now he's running to the **water**, he's really happy. He's starting to get very, very tired. Little puppies get tired you know. I wonder if he wants to have a little sleep. The fairy thinks that the puppy may want to sleep. Did you know that fairies get tired too? They do you know.

Here comes the puppy out of the water, rolling on the sand and feeling really tired. He's huddling up on the sand as if he wants to go to sleep. You sit down on a rock on the beach and cuddle your puppy. Now you can feel him relaxing, feeling all soft and cuddly. He's almost asleep, his little eyes are closing, little tail is very still. He's all soft and cuddly, he feels so sleepy, his eyes are almost closed. Off he goes to sleep, little head very still. He's fast asleep. Now you're going to have to move very, very gently so you don't wake him up. You don't want to wake him, he's so tired. So you decide to have a little rest too while he sleeps . . . You don't want to wake the puppy up so lie down very gently. Lie down on the warm rug and snuggle up on the soft pillow. Be very, very still, because you don't want the puppy to know that you're moving. He's so tired, you must let him

close your eyes. As you close your eyes you can feel the lovely soft rug, all cosy . . . Sitting down beside you is the fairy, holding the jewel for you in her hand. You know that your jewel will be safe with her. Very, very sleepy. Now you're going fast asleep. You're really happy, as happy as your little puppy. You don't have to worry about anything, because the fairy is there to look after you. She'll make sure that nothing happens to you, you're very safe. She'll make sure that you stay warm and cosy, that you'll remain really happy. And you can sleep, right through until it's time to get up. When you wake up you'll feel really happy and rested."

#### REFERENCES

- Ambrose, G. (1961). *Hypnotherapy with Children*. Staples, London.
- Cheek, D. B. and Le Cron, L. M. (1968). *Clinical Hypnotherapy*. Grune and Stratton, New York.
- Collinson, D. R. (1974). Hypnotherapy and children. *Australian Journal of Clinical Hypnosis*, 2: 106.
- Hartland, J. (1966). *Medical and Dental Hypnosis*. Bailliere Tindall, London.
- Hartland, J. (1971). Further observations on the use of "ego strengthening" techniques. *American Journal of Clinical Hypnosis*, 14: 1.
- Jacobson, E. (1938). *Progressive Relaxation*. University of Chicago Press, Chicago.
- Le Cron, L. H. (1964). *Self-Hypnosis*. Prentice-Hall, Englewood-Cliffs, N.J.
- Lewis, H. R. and Streitfield, H. S. (1970). *Growth Games*. Bantam Books Inc., New York.
- Meares, A. (1966). Anxiety and hypnosis. *Medical Journal of Australia*, 2: 675.
- Schultz, J. H. (1960). *Das Autogene Training: Konzentrierte Selbstenspannung (10 Auflage)*. Thieme, Stuttgart.
- Schultz, J. H. and Luthe, W. (1959). *Autogenic Training: A Physiological Approach in Psychotherapy*. Grune and Stratton, New York.
- Stanton, H. E. (1975). The treatment of insomnia through hypnosis and relaxation. *American Journal of Clinical Hypnosis* (in press).

Reprint requests to:  
 Jeannie Porter  
 Consultant Clinical Psychologist  
 3 Sunlake Place  
 Tennyson, SA 5022