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THE USE OF DIRECT SUGGESTION IN THE SUCCESSFUL TREATMENT OF A CASE OF SNORING

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Abstract

This is a case study of a 53-year-old man who sought treatment for snoring. His motivation for treatment was that his wife could no longer tolerate the snoring so that he was forced to sleep in another room. The patient himself requested that I should use the direct suggestion that he turn over onto his side when snoring at night. It was shown that the snoring symptom lessened and his wife commented on this at a time when she was unaware that he was coming for treatment. The patient was also given direct suggestions to lose weight and, though at first he was reluctant to do this, later he was prepared to lose a stone in weight. After ten treatment sessions, the patient reported that the snoring symptom had been completely eliminated. At a follow-up telephone interview three months later the patient reported that his improvement had been maintained.

Key words snoring, direct suggestion, self-hypnosis, weight loss, safe place

Introduction

There is a group of conditions referred to as sleep disorders and these include the following: sleep paralysis, sleep-walking, night terrors, restless legs syndrome, narcolepsy, delayed sleep phase syndrome, Kleine-Levin syndrome and obstructive sleep apnoea syndrome (OSAS). A full account of these disorders may be found in *Advances in Psychiatric Treatment* (Stores, 2003). While snoring is a prominent feature of OSAS, most snorers do not suffer from this condition (simple snoring).

Any interference during sleep at night may well have a detrimental effect on psychological functioning during the day. The repeated episodes of arterial desaturation at night, associated with periods of apnoea, add to this effect (Stores, 2003). Whenever heavy breathing at night is associated with an increase in somnolence during the daytime, the diagnosis of OSAS should be considered. These periods of apnoea at night end with a micro-arousal, which in turn gives rise to increased sleepiness during the day, underperformance and an increase in accidents. In addition, this recurrent arterial desaturation may lead to a number of heart rhythm abnormalities, coronary artery disease and cerebrovascular accidents (Teculescu and Mur, 1997).

There are several factors that are likely to increase snoring and OSAS. These include obesity, excessive alcohol intake, smoking and the use of hypnotics at night (Krieger, 1996). Snoring and OSAS tend to be more frequent in males: indeed, 50% of males over fifty suffer from snoring.

In a recent search into the use of hypnosis for the treatment of snoring, one article which came to light (Boulware, 1963) focused solely on the sensitivity of the partner, while paying no attention to the snorer. In a second paper, relating to weight loss in

OSAS, the treatment strategy for less severe cases was to place a tennis ball in the pyjamas of the patient which prevented him turning over onto his back (Finking, 2000). A number of authors (Krieger, 1996; Stradling, Roberts, Wilson and Lovelock, 1998; Finking, 2000) refer to the application of a Nasal Continuous Positive Airway Pressure device (nCPAP), but this is frequently not tolerated by patients and it does not offer a cure for OSAS or snoring. The present study is wholly directed to curing the snoring problem. It was the patient's request that I should use the direct suggestion that he turn over onto his side in response to snoring at night. In addition, I added a further suggestion that he take off weight. As a result of this combined approach, the snoring symptom was completely eliminated in ten weekly sessions.

Case study

The patient (John) was a 53-year-old married man of superior intelligence. His motivation for seeking treatment was that his wife could no longer tolerate sleeping with him, so that he was forced to sleep in another room. He recognized that this symptom was having a damaging effect on his marriage. His 9-year-old daughter was curious to know why her parents were no longer sleeping in the same bedroom, and he was quite open about admitting that the snoring was the source of the problem.

John mentioned that he had recently put on some weight, but argued that he ate quite sensibly, although he enjoyed drinking several glasses of wine in the evening. However, he was reluctant to reduce his wine drinking at night, as this was a source of enjoyment for him. Thirty years earlier, he had suffered from insomnia in connection with examination stress and hypnosis had been effective in correcting this problem. Having experienced hypnosis in the past, and having found this very beneficial, he decided to look at the Internet and to seek out a hypnotherapist for his snoring problem.

I decided to use hypnosis in the first session and he was able to achieve an adequate level of relaxation using the hand levitation technique. John had asked me to use a direct suggestion that he should turn onto his side when snoring at night. I alternated this with the 'safe place', which consisted of him sitting comfortably in his study at home. I also recommended that he carry out self-hypnosis on a daily basis, using the word 'calm' as the association word. I also encouraged him to give himself instructions to turn over onto his side when snoring at night whilst he was in self-hypnosis.

In the second hypnosis session, after giving him instructions to turn over onto his side when snoring at night, I also encouraged him to lose some weight and pointed out to him that weight loss inevitably reduces snoring. Nevertheless, John said that he enjoyed drinking wine at night and that he was not prepared to give this up, even though he recognized that this would reduce his snoring. No specific action plan was given to help him reduce weight and I felt that, due to his superior intelligence, it was not necessary to repeat suggestions of weight loss during self-hypnosis. Despite my instructions to carry out self-hypnosis daily, he said that he could only find the time to do this once or twice a week.

When John came for his third session, he told me that he and his wife had spent a night together in a cousin's house. In the morning, he asked his wife how she had slept, and she replied that, while she had woken several times during the night, his snoring had lessened and, more specifically, that it was of shorter duration. He had intentionally not told his wife that he was receiving treatment for his snoring in order to obtain an unbiased reaction from her.

At the fourth session he told me that he tended to wake up after turning over onto his side, and that he found difficulty in getting back to sleep. For this reason, I changed the

direct suggestion to: 'When you snore at night, you will turn over onto your side and stop snoring. You will then go back to sleep immediately.' I also reinforced the self-hypnosis.

It was after the fourth session that John confessed to his wife that he was receiving treatment for his snoring. She was moved that he should go to the lengths of seeking treatment to alleviate this problem. In the meantime, after the fifth session, she had allowed John to return to the marital bed, and the snoring episodes had decreased in length.

In the sixth hypnosis session, John reported that the intensity of the snoring had decreased still further, and he was delighted to report that he and his wife had slept together for a whole week. He had now taken up my direct suggestion of losing some weight and said that he would persevere with this for one month.

In the seventh session John was delighted with his progress and with the fact that he was still permitted to sleep in the marital bed. He was curious as to the precise mechanism of the improvement with regards to his snoring and he put forward the suggestion the he might now have become sensitized to both the auditory and the vibrational aspects. For this reason I decided to emphasize these modalities when giving him suggestions of turning over in bed as soon as he snored at night. Encouraged by his rapid improvement, John was now prepared to carry out self-hypnosis daily and agreed to his wife putting him on a strict dietary regime.

John reported a further improvement at the eighth session, but his wife recommended that he continue with the therapy. He had now lost eight pounds in weight and he aimed to lose a further six pounds. In the ninth session, John reported that, although he was still snoring occasionally, there had been a marked improvement. Whereas in the past his wife use to kick him in bed without any effect whatsoever, he would now immediately turn onto his side and stop snoring. Both he and his wife were impressed with the therapy so far.

When John came for his tenth session, his last, he reported that his wife was thrilled with the treatment and that the therapy had been a great success. He had now lost one stone in weight and was able to wear a suit which had been too tight for him for several years. However, he emphasized that the snoring had improved even before there was any weight loss. A follow-up after three months showed that his improvement had been maintained.

Comment

Considering the frequency of the snoring symptom in the general population, it is somewhat surprising that so little has been written about it in the literature. It is common knowledge that weight reduction in itself counteracts snoring, but in this case study it was shown that the intensity and duration of the snoring reduced even at a time when there was no weight reduction. It was, in fact, the request of the patient that I try using direct suggestion of turning over onto his side when snoring at night and, interestingly, his wife volunteered that the level of snoring had reduced at a time when she was unaware that he was receiving therapy for this problem. Although this is just a single case study, it does underline the possibility that direct suggestion under hypnosis (DSUH) may be effective as part of a treatment programme. It would be interesting to see whether this approach to the snoring problem could be replicated.

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