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Nightmares and Sleep Terrors

In contrast to some other sleep disturbances, dreams and nightmares are normal--part of our mind's mechanism for working out emotional conflicts that arise in the waking hours.

REM sleep (time spent dreaming) takes up a good part of an infant's sleep time. In fact, during the first 3 months, babies begin each period of sleep with an active REM state.

However, we have no way of telling whether it's dreaming that prompts the little smiles, sighs, and frowns we see in sleeping babies. What we do know is that toddlers begin to report dreams and nightmares as soon as they can say enough words to do so. For many, this occurs quite early in the second year.

Nightmares are certainly upsetting. A child awakens crying and fearful, needing comfort and reassurance. Very young children may need to be told repeatedly that monsters aren't "real, live, ones," so the monsters can't hurt them, and Mommy and Daddy will keep them safe.

Bedtime Fears Following Nightmares

My 4½ -year-old daughter has frequent nightmares and now is afraid to go to bed. Nightmares are common in young children and usually reflect an emotionally upsetting situation, which is part of normal development. Even though your daughter, at age 4½, knows that what she sees in a dream is not real, her nightmares are very frightening. A child who has become apprehensive about having more bad dreams needs a lot of reassurance and support.

To help her relax at bedtime, sit in her room for a few nights while she goes to sleep. Once she is used to becoming drowsy in your presence, you can try the "odd job" method to foster independence. Using this approach, find increasingly time-consuming jobs to do away from your child's room, but always return at the promised time. Leave a night-light on and the door ajar so your daughter can orient herself.

Before you go to bed, shut the doors to all sleeping rooms. The American Academy of Pediatrics recommends that doors to sleeping rooms be kept shut at night as a fire safety measure.

When your child's sleep is broken by a nightmare, give her physical comfort and soothing words. If she wants to talk about the frightening images, let her do so and reassure her that they can't hurt her. Otherwise, save discussions about scary images for the daylight hours. You may occasionally need to sit down next to her while she becomes drowsy. However, avoid making a habit of it because, if prolonged, it may bring on further disruption of sleep when you leave the bedroom.

Dreams Are Real Even If Monsters Are Not

A child under age 2 has difficulty grasping the difference between dreams and real life. Comfort and cuddle a child who wakes crying from a scary dream, just as you would after any other frightening experience.

Why Children Have Nightmares

What a child dreams about is influenced by three factors:
1. His/her level of emotional and physical development
2. The emotional conflicts the child is dealing with at his/her particular developmental stage
3. Daytime events that the child finds unusually threatening

Experts stress that nightmares are normal and must be kept in perspective. One authority on children's sleep sums up nightmares as follows:

- Although most nightmares do reflect ongoing emotional conflicts, in most cases neither the nightmares nor the conflicts are "abnormal."
- The normal emotional struggles associated with growing up are at times significant enough to lead to occasional nightmares.

Early Nightmares

The concerns that resurface as nightmares, are generally the same ones that trigger nighttime fears and bedtime resistance. The earliest such concern is recurrent separation anxiety that may be triggered by any number of scary notions. Typically, worries can include fear of getting lost or being left at childcare, the arrival of a new baby, or a parent's temporary absence on a business trip.

A slightly older child in the midst of toilet training may be torn between the desire to please his parents and an inability to resist soiling. On the one hand, he fears a lack of control; on the other, he wants to assert his independence. Dreams at this age typically reflect the anxiety such stress produces, and threatening or humiliating monsters are part of the regular cast of characters.

A child between ages 3 and 6 years has to find ways to resolve many impulses involving aggression and sexuality. For example, a youngster feeling naturally jealous of an addition to the family may struggle with an urge to harm the new arrival.

At this age she may be pleased, but troubled by the pleasurable feelings she gets from touching her genitals. These conflicting feelings are frightening because the child worries that if her parents know about them, they will be angry and punish her.

The parents' role here is to let the child know that it is normal to have both pleasurable and negative feelings, but that there are limits to how we act on them. You need to help your child learn to control her impulses and behave in a socially acceptable manner.

School-Age Nightmares

Nightmares occur less frequently after age 6 and before about 11, when most children have overcome their early conflicts and have yet to plunge into the turmoil of puberty. For the most part, youngsters of school age are adept at managing new challenges as they come along. However, troubling situations at school can emerge as nightmares.

Bullying, poor communication with teachers, cliquishness, and teasing provoked by lack of athletic or social skills may recur in the form of nightmares or night waking, with anxiety or depression.

If your child is sleeping either much less or much more than usual, often complains of vague symptoms such as headaches or stomachaches, finds excuses not to go to school, or expresses feelings of worthlessness, he may be experiencing problems in school.

Adolescence

Disturbing dreams may be more frequent with the onrush of anxieties and insecurities at adolescence. If your teenager tells you she is having nightmares, there may be something else she wants to talk about. Try to pick up on the cues she drops but avoid probing so deeply that you risk cutting off communications.

Toilet Training Should Not Be A Nightmare

Toilet training can be a frustrating experience for a child and his parents. Some children may have more nightmares during toilet training. Reducing the pressure and frustration by backing off, will be the best thing you could do to help your child.

Limit Your Child's Exposure To Scary Images

Monitor the videos, movies, and TV programs your child watches, including news broadcasts. Although your child may "enjoy" such shows in the daytime, the images can bring on anxiety and nightmares later on, when he has time to reflect on them.

Dealing With Nightmares

Sleep researchers have developed methods that may help children to reprogram scary dreams. Children who had frequent nightmares were instructed to close their eyes while awake and remember their nightmares, and to consciously change the course of the nightmare from a frightening ending to a happy one.

After only a few sessions of reprogramming, the children's nightmares began to follow the pleasant scenarios they had rehearsed during the daytime sessions. This technique may be worth trying for a child who often has upsetting dreams.

Partial Sleep Arousals: Sleepwalking, Sleeptalking, Sleep Terrors

Sleep experts agree that sleep terrors, sleepwalking, and other forms of partial sleep arousal in children up to age 6 are almost never signs that something is seriously wrong. However, when such episodes appear for the first time in an older child or occur with unusual intensity, they may be tied to underlying emotional issues and should not be ignored.

Sleep Terrors

Sleep terrors (also called night terrors) occur in 1%-3% of all children aged 5-15 years. They may

occur in toddlers, but if an episode occurs before age 1 year, the baby should be examined by a pediatrician.

During a sleep terror, the child cries or screams and thrashes around the bed. Her eyes are usually wide open and her facial expression is strange. One reason that parents find such partial arousals upsetting is that their child looks and acts so differently from her usual self. Her heart is racing and she may be drenched in sweat.

The parents' natural urge is to pick the child up and wake her out of what seems to be a bad dream. However, a child in the midst of a sleep terror does not calm down when her parents intervene. Even though she may have called out their names, she probably will not respond to their touch and will become even more agitated when they try to arouse her.

Sleep terrors are much worse for the parents than for the child. Even though a child may scream in apparent fear or call out, "No, no!" or "I can't!" she may not be having a nightmare and will certainly not remember anything on waking. Sleep terrors start 30-90 minutes after a child goes to sleep. Episodes of sleep terrors last, on average, between 5 and 30 minutes and may recur several times a night. After an episode is over, the child will probably calm down-if she has awoken-and fall back to sleep.

If you are able to awaken your child from a sleep terror, your own nervousness may upset her and prevent her from settling back to sleep. Questioned closely, she may make up a nightmarish dream to satisfy you and end up by believing it herself.

Finally, when a somewhat older child awakens suddenly with a pounding heart and other sensations she associates with fear, she may falsely "remember" a dream to explain the feelings to herself. Try to stay calm and do not try to awaken your child in the grip of sleep terrors. Simply allow the episode to run its course.

Some children have sleep terrors repeatedly, whereas others have only a single episode. Even recurrent sleep terrors disappear naturally, without treatment, as the child matures. In rare cases, a child older than five years who has very frequent sleep terrors, may develop a fear of going to sleep.

Suggestions For Dealing With Sleep Terrors

- Wake child about 30 minutes after falling asleep, then tell the child to go back to sleep. This breaks up that first deepest sleep and tends to end the bout. Do that every night for up to a week and this may help to end this bout of sleep terrors. Repeat this with each bout of sleep terrors.
- Gently hug or stroke your child without waking her, if she will tolerate the contact.
- Do not shake the child, question her, or try to offer comfort except for a cuddle and a whispered, "I'm here."
- Keep the lights dim and speak quietly.
- Wait out the episode and stay with your child until she has calmed down and is settling for sleep.
- Some children have sleep terrors when they are overtired. Putting your child to bed about half an hour earlier may help prevent sleep terrors.
- Safety proof your child’s room to prevent injury in case your child sleepwalks during a night terror.
- Before you go to bed, shut the doors to all sleeping rooms. The American Academy of Pediatrics recommends that doors to sleeping rooms be kept shut at night as a fire safety measure.

How Partial Sleep Arousals Occur

After children fall asleep, they rapidly pass into Stage IV non-REM sleep, the deepest form of non-

dreaming sleep. This phase, called the first sleep cycle, lasts from 60 to 90 minutes.

The next cycle involves lighter sleep and possibly a brief arousal, and then terminates with a rapid return to Stage IV non-REM.

Once these two initial cycles are over, youngsters spend the rest of the night switching back and forth between lighter stages of non-REM sleep and REM (active dreaming) periods, which tend to become longer with more intense dreaming toward morning.

Although children in non-REM sleep may appear to be battling monsters or trying to escape from tight situations, they are not having dreams they will remember. Sleep experts believe that during non-REM sleep and in the transition from one sleep cycle to another, the body's deep sleep and waking systems are both active at the same time.

In this state, sleepers are said to be in a state of partial sleep arousal. Children may talk, move, and walk at these times. They may sit up, look around, and appear frightened and upset, but they do not communicate in any meaningful way.

Although a child may look as if he is awake, he is still sleeping; he cannot perform actions that involve higher brain functions, such as reading or working on a puzzle. A child in this state does not record events in his memory.

By contrast, during REM sleep, the body is virtually paralyzed--the dreamer cannot sit up, move, walk, or talk-but the mind is actively involved in dreaming. The dreams we remember are those that occur during this state.

Sleepwalking

Sleepwalking, like sleep terrors and sleeptalking, occurs when a child wakes incompletely out of non-dreaming sleep. About 15 out of every 100 children between ages 6 and 16 walk in their sleep from time to time. It can be alarming for parents to see their child wandering about, apparently awake, but unresponsive.

However, for children who begin sleepwalking before age 10 and stop by about 15, sleepwalking is not associated with problems of behavior or personality. Although sleepwalking is not necessarily a symptom of emotional stress, many sleepwalkers tend to make their rounds more often when they are feeling stressed, such as at school exam time.

Children usually begin their nighttime rambles within 2 to 3 hours after falling asleep. The child's walking is usually aimless, although a sleepwalker may also perform other actions such as dressing, opening doors and drawers, and raiding the refrigerator. An episode may last as long as half an hour.

There is no need to rouse a sleepwalker. In fact, if you try to do so, your child will be disoriented and, as with sleep terrors, may become distressed on waking. Gently guide her back to bed. She will wake up in the morning with no memory of the event.

Sleeptalking

In contrast to sleepwalking and sleep terrors, many children and adults talk, laugh, and cry out in their sleep. Talking in one's sleep is normal and not considered a sleep problem.

As with sleepwalking, children do not talk during the active-dreaming REM-sleep periods. Instead,

sleeptalking occurs while crossing over between non-REM and REM sleep periods.

Although a sleeptalker may appear to respond to questions, he is not aware and should not be held accountable for anything he says. A sleeptalker retains no memory of the event and it is pointless to question him the next morning, even though you may be under the impression you shared a conversation with him.

When To Seek Help

An occasional bad dream is nothing to worry about. However, if your child frequently wakes at night with nightmares or at other times seems unduly emotional-tearful, timid, clingy, bad-tempered, impulsive, and hard to control-talk with your pediatrician.

If a young child is having nightmares because there is conflict between the parents, counseling for the whole family may be helpful.

Nightmare vs. Sleep Terror

	Nightmare	**Sleep Terror**
What is it?	A frightening dream occurring during REM sleep	Partial arousal from very deep, non-REM (non-dreaming) sleep
How do you know it's happening?	Afterward, your child wakes up and tells you	During a sleep terror your child screams and moves about
When does it happen?	In the latter part of the night, when dreams are most intense	Usually between 1 and 4 hours after falling asleep
Child's appearance and behavior	Crying and fearful	Screaming, talking, thrashing about; sweating, heart racing; frightened
Awareness	On waking, child is aware of surroundings and reassured by parent's presence	Child does not fully awaken; may become more agitated if parents try to rouse him
Return to sleep	May have trouble falling asleep because of fear of nightmare images	Usually calms down and settles back to sleep without becoming fully awake
Memory	Remembers dream and may relate it	Has no memory of behavior or of a dream

Chart adapted from "Solve Your Child's Sleep Problems" by Richard Ferber, M.D.

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