

SLEEP ISSUES

Sleep is very important for emotional health. People with bad sleep issues may find that they develop mental health and emotional problems purely because of poor sleep. Chronic insomnia (lack of sleep) can also compromise your physical health as it weakens your immune system and then other health issues arise.

Throughout evolutionary history, until relatively modern times, most people went to sleep when it became dark and woke up with the sunrise. This is a gradual process and – as light levels diminish – the production of melatonin, the sleep hormone, by the pineal gland increases. If you are staying up late in front of the television or computer screen, then you may well be delaying the production of melatonin: some people like eye-protectors that eliminate

The natural internal processes of daily waking and sleeping and thus our sleep regulation is called the ‘circadian’ or ‘diurnal’ rhythm or our ‘biological clock’. At various times throughout the 24-hours, our muscle tone, heart rate, digestion, blood pressure and alertness can vary considerably. Sleep is an important – and essential – part of the circadian rhythm.

A lot of people have difficulty with sleep, especially during times of stress, anxiety, and depression. Additionally, there is sometimes a difficulty with perception, as there is a myth that we all need between 7 - 8 hours sleep every night. The amount of sleep a person needs varies considerably at different times in their life: a new-born baby may spend 15 hours a sleep per day, but as children grow older they require less sleep (11 hours average for 5-year olds and maybe 8-9 hours for teenagers). When people are about 30, they may require less than 8 hours, and as they get older, this may become less and less. Many 70-year olds require less than 6 hours sleep.

Sleep also varies with physical activity, illness, habit, emotional times (like relationship difficulties, financial hardship, bereavements, etc). If we are worried, we are more likely to sleep less. If we are worried about our sleep, we are also more likely to sleep less.

There are two types of sleep: Rapid Eye Movement (REM), when we dream, and non-REM deeper sleep, more delta-rhythms. The “right type” of sleep is a ‘mix’, with about 25% of REM (dreaming) sleep to 75% slow wave (alpha rhythms) deep sleep. This helps to stabilise the neurotransmitters in the brain (which determine mood, motivation and emotional balance) and restores other physical (bodily) functions (homeostasis). We need both types of sleep.

The simplest way to check out how you sleep is to have a Smart Phone app (like ‘Sleep Cycle’, ‘Sleep Expert’, etc.) plugged in by your bed. These apps monitor your sleep and show when you sleep deeply and the times when your sleep is much lighter. They record your different patterns of breathing.

We have differing periods or cycles of sleep throughout the night; usually lasting about 90 minutes, but sometimes a bit shorter or longer. We usually have four or five of these cycles throughout the night. The periods of non-REM (deeper) sleep sometimes start quite soon after we fall asleep, last for a good while, and then move up into the less deep REM-sleep. Then the cycle re-starts, usually without us waking. Unprovoked awakening usually occurs during or after a period of REM-sleep.

Disturbances in sleep, or the type of sleep, or how we sleep (sleep disorders), are quite prevalent – and there are several different types. Insomnia is surprisingly common: about 35% of adults are definitely affected: possibly many others don’t report such problems. The type of problems that occur can be:

- Getting to Sleep;
- Staying Asleep (sleeping for too long);
- Waking Early (or waking and not being able to get back to sleep);
- Poor Quality Sleep (restless, light, or disturbingly full of dreams).

Which is the one that affects you?

Towards Healthier Sleep

Here are a few suggestions to help to address the many issues that lie behind any sleep difficulties:

- √ **Official Sleep Hygiene Recommendations** include: establishing a regular sleep schedule; using naps with care; not exercising physically or mentally too close to bedtime; limiting worry; limiting exposure to light in the hours before sleep; getting out of bed if sleep does not come; not using bed for anything but sleep and sex; avoiding alcohol as well as nicotine, caffeine, and other stimulants in the hours before bedtime; and having a peaceful, comfortable, dark sleep environment. Some of these points are expanded below:
- √ **Schedule:** The timing of sleep is important: as getting significantly less than 7-8 hours on a regular basis is totally contra-indicative – the top recommendation is allowing enough time to sleep – at night – ideally keeping to a regular schedule – going to sleep and waking at the same time. So, day-time naps are **not** recommended to catch up on sleep as this will affect your natural rhythm and thus only add to your problem. Increasing exposure to bright and natural light during the daytime and avoiding bright light in the hours before bedtime may help promote a sleep-wake schedule aligned with nature's daily light-dark cycle.
- √ **Activities:** Exercise is also important as it can facilitate or inhibit sleep; however, exercising too late in the day is not recommended. Activities that **reduce** physical arousal or intellectual activity are recommended before going to sleep; good sleep hygiene involves minimising time spent thinking about worries or getting emotionally upset before bedtime. Sometimes, something like cold or itchy feet can keep us awake or can wake us up early.
- √ **Environment:** People experiencing difficulties with sleep, spending less time in bed results in deeper and more continuous sleep, so try eliminating any use of the bedroom for activities except sleep (or sex). Check that your surroundings are conducive to sleep: not too warm, too cold; not an uncomfortable bed; not too much light or too noisy; and that there aren't issues with neighbourhood noise, traffic, or a noisy boiler or radiator that comes on at a particular time, and wakes you up. Your sleep environment needs to be quiet, dark, cool, comfortable, inductive towards sleep. Don't use your bedroom for anything else: like a home office.
- √ **Problems:** Is there a problem (anxiety, stress, etc.) that is stopping you sleeping and does this need to be addressed, rather than trying to sort out the symptoms (sleep disturbances)? Are you worried about not getting 'enough' sleep? Is the problem with your expectations? Has someone close to you died, or been in trouble, recently? Are you in any financial difficulties? Are there any problems at work? Is sexual frustration an issue? If your brain registers a threat, even if that threat is generated by your own mind, then you won't sleep until the threat is lessened, as you won't sleep until your brain registers the environment as 'safe'.
- √ **Diet:** Check that your food (and particularly caffeine) intake is not affecting your sleep: i.e. too much coffee, fizzy drinks, chocolate, etc. - can keep you awake; or that you are not becoming intolerant to certain types of foods (MSG in Chinese food; spices in curries; etc.); too much (or too little) food too late at night can also cause sleeplessness as your digestive system needs to relax before sleep. Too much alcohol will also affect how well you sleep. Nicotine is a stimulant: so, try not smoking for a while before you sleep.
- √ **Medications:** Check that any medications that you take are not affecting your sleep: ask your GP and (if so) adjust the time you take them. Mention to your GP if you are taking any herbal remedies or other things that you take. Don't try to mix medications and natural remedies.
- √ **Routines:** Sleep can also be affected by disturbed routines, changing shift patterns, chronic pain, or not enough exercise. Major new events or life changes – house, job, baby, new partner, a family bereavement, new bed – can all have an effect on our sleep that can take a while to settle down.
- √ **Worries:** Try not to worry about not getting enough sleep. Remember that our need for sleep is very individual thing and it changes as we get older. Think back to what you were doing in the hours before bedtime.

Specific Effects on Sleep:

When we get older, our sleep patterns naturally change: often it means that we need less sleep, or that we start to doze more often during the day. Sometimes when we are very stressed and worried, we sleep less well: we will probably need to do much more physical exercise to ‘burn off’ the ‘stress’ hormones, before we can relax and go to sleep properly. If we have been travelling a lot, especially long air flights, our sleep can be disturbed for a few days afterwards. There are also some genetic conditions ([Fragile X Syndrome](#)) that can affect sleep, and sleep disturbances can also be an early indication of something more serious (medical, emotional or psychological).

Other Sleep Disturbances:

Occasionally, and usually only in those who are middle-aged and over-weight, people develop a medical condition called **sleep apnoea**, whereby their larynx (air passage in the throat) closes when they are asleep, so they have to wake up a little in order to continue breathing and yet not sufficiently to be conscious that they are awake. Your partner would probably be able to tell you as you might seem to stop breathing for a few seconds and then suddenly start breathing again for a little while. This pattern repeats itself throughout the night and means that whilst you might not wake up, you are not getting good sleep.

Other health conditions (including high blood pressure) can also affect your bladder (so that you have to get up often in the night) or can affect your breathing like allergic rhinitis (nasal congestion) – both of which disturb your sleep.

Other sleep disturbances are categorised in the terms of ‘night pains’, ‘daytime dozing’, ‘general insomnia’, and ‘daytime fatigue’, to mention only a few.

There are a few other ways in which “sleep disturbance” can be found that might have an emotional component – like ‘restless legs’; or it can be found as an aftermath of trauma; or it can occasionally be a symptom of early heart disease (especially in women), or even as a symptom of other psychological conditions like a major depression, psychotic episode or schizophrenia. Don’t panic! You (or those around you) will almost certainly know if you have any of these.

Problem Solving: Where your sleep is being affected by problems, the following technique might help. Get out of bed and sit somewhere warm, quiet and comfortable with a pen and paper:

1. Write down the problems you are thinking about.
2. Taking each problem, write down everything you can possibly think you might do to solve the problem.
3. Choose the most helpful solution and write down all the steps you are going to need to take to do it. Write as much as you can.
4. Write down any obstacles and how you might tackle them.
5. When you are finished say to yourself firmly. *“OK. That’s it for now. I can’t do anything more about this at this time of night. I am not going to let myself worry about it again until the morning. I am now going back to sleep.”* Possibly repeat this a couple of times.
6. Then spend at least 20 minutes winding down, reading a book or listening to some gentle music (possibly on headphones). When you start to feel sleepy, go back to bed.
7. If you still find yourself worrying, keep saying to yourself. *“I’ve dealt with my worry for now. Worrying about it now will not help. I’ll deal with it tomorrow.”*
8. If you don’t drop off to sleep within about 20-30 minutes, do not stay in bed. The importance of this is discussed later. Get up and repeat the above steps.

Medications: Doctors are increasingly reluctant to prescribe any sedatives like Temazepam, Diazepam, Mogadon or Valium for sleep disturbances, as these medications are all quite addictive. Some of the anti-depressants (like Trazadone or Amitriptyline) have a sedative effect and can be prescribed for sleep disorders: however, you must follow the medical advice. A good alternative remedy is lavender: either lavender blossoms encased in a sachet or in a little pillow, or as an essential oil, with a few drops put on the pillow.

TOWARDS BETTER SLEEP

What You Can Do Next:

You have to re-train your body into a much better sleep pattern. It takes about 3 weeks. This can be done in a number of ways and the 'right' routine and combination will depend on you. It has to work for you.

- You will first of all need to develop a different routine. Try not to eat too late in the evening; try to plan your evening, so that there is a gentle wind-down towards bedtime; stop all activities at least 60 minutes before going to bed.
- Write down a list of things to do for the next day so that you are not trying to remember them whilst in bed. Don't do any further planning; that is for tomorrow. You can try putting a small pad of paper and pencil in your bedside table drawer for any thoughts that you may have in the night.
- Try to avoid any stimulants – coffee, tea, hot chocolate, energy drinks, fizzy / sugary drinks, colas, etc. – (not later than 3 or 4 pm). Try to limit any alcohol intake to reasonable amounts. Don't eat cheese, curries, shellfish, or lots of meat late at night.
- Try to avoid any deeply emotional interactions before going to bed (arguments, telephone calls) as these stimulate your fight-flight syndrome and generate adrenaline.
- Prepare yourself for bed: have a little walk outside around the block; then have a bath or shower; then get into the bedtime routine (teeth, hair, face, pyjamas, etc.); then get into bed and (perhaps) read a little – but nothing too thrilling or exciting. Don't watch TV in bed.
- Make sure you have enough time for a 'good sleep' – 7 to 8 hours. If you do NOT go to sleep within about half-an-hour, get up, relax in a different room, and then try again. If you wake up after a little while and cannot get back to sleep easily, do the same: get up, relax somewhere else, and then try again. Have a comfortable alternative in the other room, but don't fall asleep there.
- Do not take naps in the middle of the day: do not take extra sleep to make up for the previous night's deficiencies. You are trying to establish a different routine. Stick to it for at least 3-4 weeks, so as really to give it a 'proper' chance.
- When you get into bed and have turned the light out, try just to listen to your breathing. Allow yourself to feel the whole of your body; breathe into all parts of your body; as you breathe allow all parts of your body to be connected to your breath.
- Breathe in gently to a slow count of four or five, making sure your chest expands fairly fully. Breathe out to a slow count of five or six, making sure that your chest empties. Imagine all the stress and tension disappearing as you breathe out. Do this several times.
- If you stay awake for a while, and are thinking about something especially, have a little note pad beside the bed and write down a few words. Then try to let it go. Deal with it in the morning.
- Make sure your bed is properly associated with sleep. For example, don't habitually watch TV, eat, read papers, or talk on the telephone whilst in bed. This is particularly relevant for students.
- Sexual frustration can sometimes be a problem that affects your sleep. We often associate bed, night-time and sex, and one part of the equation might be missing. Making love, or masturbation, can often help.
- If you really cannot sleep, or if you wake up in the night and cannot get back to sleep, get up. Go downstairs. Have a glass of water or a herbal tea, and read for about 20-30 minutes. Then try again.

- If this happens regularly, have a blanket or sleeping bag and a pillow easily available downstairs (or in the living room) and use the sofa there, rather than disturb other people upstairs in the house with too much coming and going. But don't get into the habit of sleeping on the sofa.
- Have a regular family planning session one night a week, after a family meal and before the dessert gets served. Take a few minutes each to say how the week has been for you. Discuss what will be happening next week and who is doing what, when. Write up appointments, arrangements and travel times etc. on a piece of paper or on the kitchen calendar and post it in the kitchen or on the fridge with a magnet. "This is what has been agreed: any changes will need to be agreed as well."

Emotional Issues: If your sleep is still disturbed – and you have done all of the above – then it is highly likely there is an underlying emotional issue that is affecting you more than you realise. A few counselling or psychotherapy sessions might help bring this more to the surface. Make sure you have gone through the above checklist first: it might save you some time, energy and money.

What You Can Do Next: Some Self-Help Therapy: You may need to think back as to when and why sleep might have gone bad for you. Have there been any issues or events recently that have stirred up old memories – or unresolved issues?

Other Resources:

USA: National Sleep Foundation [website](#)

UK: MoodJuice on [Sleep](#)