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Insomnia

Short-term insomnia

About 50% of the population experience short-term insomnia in any one year. Short-term insomnia can last from a few nights to a few weeks and usually arises from an event that causes some distress, anxiety or excitement. You can have shorter and lighter sleep before any important event such as before an exam, starting a new job, your wedding or even before a holiday. This is the body's normal response to some life disturbance or stress and is therefore perfectly normal. In fact, the decrease of sleep you experience during this period will build up sleep pressure that will help bring sleep back to normal when the stressful life event is fixed or passes.

However, it is not surprising that during these events, you might worry about this interruption to your sleep and how this may affect the way you cope during the day. You might attempt to get more sleep by spending more time in bed. Unfortunately, this is likely to result in more time awake in bed worrying. A better response would be instead to spend less time in bed to match this shorter sleep, and spend the extra time awake dealing with the problem or the extra demands in your life.

Long term (Chronic) insomnia

In some cases, even after the original source of stress has passed, the insomnia can linger on and develop into a more chronic insomnia. How can this happen?

During a period of short term insomnia, the bedroom environment starts to become associated with poor sleep. The 'bedroom environment' includes the bed, bed clothes, the bedroom, lying down, darkness, closing your eyes, the time of night, your intentions to sleep, your bed partner, etc. Get the idea? It can be anything that is associated with your frustrated attempts to sleep.

Instead of your bed environment being conducive for sleep and feeling relaxed, it can become a trigger for feelings of frustration and anxiety. This process occurs when there are numerous occasions when the bedroom environment is associated with wakefulness, worry and frustration. Worry and frustration lead to alertness that will decrease your ability to fall asleep.

Eventually, after many of these associations, just going to bed can trigger feelings of alertness. For example, you may be sitting quietly watching television and be feeling very sleepy. However

when you go to bed and as soon as your head hits the pillow, you feel wide awake and are less able to fall asleep than when you were earlier watching TV when you were not intending to fall asleep. The triggering of alertness when you go to bed has become a habit, not by choice, but simply as a result of this association process.

The same thing can happen after an awakening in the middle of the night and leads to difficulty getting back to sleep. All patterns of chronic insomnia, no matter what the initial cause, probably contain a component of conditioned or learned (habit) insomnia. This process of changed responses through conditioned learning has been comprehensively researched and understood by the field of scientific psychology over the last century. Its application to insomnia and its treatment has been over the last 40 years.

Faced with these difficulties people with insomnia often attempt to compensate by spending longer in bed. However, this usually results in more time awake in bed feeling anxious about being awake which strengthens the association of bed and worry, and intensifies the insomnia. Thus some of these attempts to compensate for poor sleep (e.g. spending more time in bed) can be counterproductive and become a bad habit, a habit that can be changed by the behavior therapies described in Chapters 10 and 11.

Types of Insomnia

There are different types of insomnia. Some people have difficulty falling asleep at the start of the night while others fall asleep quickly but wake after an hour or so. It is important for you to identify what pattern of sleep disturbance you have in order to determine the appropriate treatment.

We have described some typical insomnia patterns below. You may have that one problem alone, or you may find your insomnia fits into more than one category. For example, some people experience difficulty falling asleep as well as long night-time awakenings.

Sleep Maintenance Insomnia – this means difficulty maintaining sleep, in other words, the experience of long or many night-time awakenings. Some people experience a lot of awakenings during the night or one long wakeful period. Night-time awakenings are part of the normal sleep pattern, particularly in older adults, however, these awakening are usually brief. If the awakenings are prolonged and associated with daytime tiredness, this is called sleep maintenance insomnia.

Sleep Onset Insomnia – this means difficulty falling asleep at the beginning of the night. Difficulty falling asleep is a common problem. It is often a symptom of conditioned (learned) insomnia. Some individuals have difficulty falling asleep but have no difficulty waking at an early time in the morning. However, others have trouble going to sleep at night and also find it difficult to wake up in the morning. This last combination of difficulties may indicate a delayed body clock as the problem or part of the problem (See also Chapters 7 and 12).

Early morning awakening insomnia – this means being unable to fall back to sleep after waking early in the morning. You may fall asleep easily in the evening however you may wake too early in the morning (between 3 to 5 a.m.) and be unable to fall back to sleep without getting sufficient sleep (See also Chapters 8 and 12).

What type of insomnia do I have?

To assess which type of insomnia you have it is important now for you to complete the one-week sleep/wake diary attached at the end of this book.

You may think you have a particular sleep problem however by completing the sleep diary each night and morning over a week you will have a better awareness of your actual sleep pattern. You will also see the variability of your sleep from night to night. Also, you will become aware of other things you do during the day that can affect your sleep.

The Sleep Diary

- On the sleep diary, each day is represented by a graph.
- Each graph starts at 9 a.m. and finishes at 9 a.m. the next day, that is, 24 hours (the example below is a condensed version of the graph – it goes from 3 p.m. to 10 a.m.).
- The sleep period will normally occur near the middle of the graph.

For example, you may start on a Monday – the first graph will be Monday morning, Monday night's sleep and your awakening on Tuesday morning. The second graph will be Tuesday daytime, Tuesday night's sleep and Wednesday morning's awakening and so forth.

During the day

- Using the letters below, record the following activities.

C – caffeine – one C for each cup or glass of caffeine containing drinks

(coffee, tea, cola, Red Bull etc.)

A – alcohol – one A for each standard alcoholic drink

F – food, usually a meal

E – exercise

When you go to bed

P – if you used a sleeping pill, place a P at the time you took the pill.

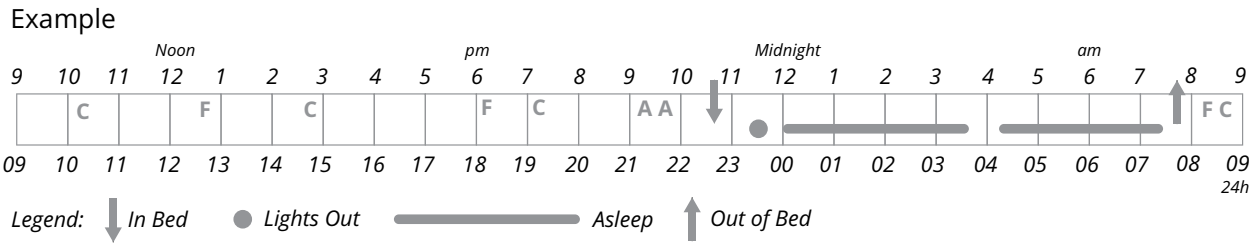
Place a 'down' arrow ↓ at the time you go to bed

Place a big dot ● at the time you turn your lights out. For those who read or watch TV in bed, this will be later than the down arrow indicating bed time.

When you get up in the morning

- Draw a line across the graph for the time you think you were asleep
- Leave gaps when you think you were awake
- Mark the time you got out of bed with an 'up' arrow ↑

⚠ *Don't 'clock watch' – just estimate times!*



ℹ *Don't forget to now fill out your sleep diary for a week!*

See the end of this book for your Sleep Diary worksheet.

? *Questions?*

We invite you to contact us with any questions relating to the content of this book:
http://re-timer.com/about/contact-us/