

Sleep

Introduction

Many parents bereaved of their child find they have challenges with sleeping[1]. In the very early days of bereavement, when parents are in the early stages of grief, they can visit their GP who can provide short-term medicine support if it is appropriate. This is not a long-term solution though. Grieving a child is a long process and whilst some parents find their sleep returns over the first months and year, others find either sleep disruption or dreaming/nightmares are a challenge[2]. The purpose of this blog is to inform you about sleep, some measures you can take that may help, and guidance on when to visit your GP for additional help.

Why sleep?

Sleep is vital. The importance of sleep has been highlighted by Professor Matthew Walker[3]. Sleep is essential for many things including our immune health, appetite regulation, blood sugar control, and the management of our mental and physical health.

We need seven to nine hours of sleep a night. It is helpful if across the week you can go to bed at the same time and get up at the same time. Modern society and all its economic pressures have made this a challenge. Prof Walker is keen to point out that we all sleep badly at times. We are not to worry about occasional nights or periods. However, persistent poor sleep is associated with negative physical and mental health outcomes.

Professor Colin Epsie[4] - a clinical psychologist who has devoted his 40-year career to helping others sleep, has identified five principles of good sleep: Value sleep, prioritise sleep, personalise sleep (some of us are night owls, some morning larks and some in between), trust your sleep, personalise your sleep and protect your sleep (by following the sleep protocols you know).

Colin Espie has written guidance for the NHS for the 2020 campaign "every mind matters". It is a helpful detailed read and is available here colinespie.com/sleepresources/ On this web page are also simple assessment tools that individuals can use if they wish to understand their sleep patterns more fully. Additionally, they can be a useful discussion point to bring to your GP if initial "self-tried measures" are not helpful.

The structure of sleep

When we initially fall asleep, we usually fall into "deep sleep". This sleep is restorative for all our physical functions: for slowing our heart and respiratory system and for helping the support of our immune system (you will all know when we are ill, we want to sleep, and this is our body helping ourselves by strengthening our immune system).

[1]Too Sad To Sleep: How To Cope With Insomnia While Grieving a Loss | Well+Good (wellandgood.com).
[2]Lang, T. A. de, Buyukcan-Tetik, A., Jong, P. J. de, Lancel, M. & Eisma, M. C. (2024). Trajectories of insomnia following bereavement. Sleep Medicine, 114, 159–166. https://doi.org/10.1016/j.sleep.2023.12.009
[3] Matthew P. Walker | UC Psych (berkeley.edu) (psychology, berkeley.edu/people/matthew-p-walker)

[4] Epsie (2021). The five principles of good sleep. https://colinespie.com/wp-content/uploads/2021/09/5-Principles.pdf [accessed 14.04.2024] V5 - JW 17.04.2024





The structure of sleep

Later into the night of sleep we move into rapid eye movement sleep (REM) – this is when we dream, and it is vital for our emotional well-being.

Prof Walker explains how REM sleep helps memory and process emotions, so we rewire negative memories. Dreaming is essential for our emotional well-being: we separate the emotion from the memory and wake up feeling calmer. This is vital in bereavement. In between the sleep cycles we do experience "lightning" of our sleep: sometimes we are aware and wake up. Sometimes we do not have any awareness of our sleep interruptions. Researchers who are interested in helping the bereaved are interested in helping bereaved people sleep well to help their bereavement [5].

How to initially help ourselves

- 1. Set a regular sleep and wake pattern that is sustainable most days of the week.
- 2. Set a wind-down pattern where lights are dimmed, phones and TVs are not used in the hour pre-sleep as the bright light interrupts our production of the sleep hormone melatonin that helps us get to sleep.
- 3. Limit caffeine to pre 10am (caffeine has a long half-life which means that if you drink caffeine later in the day it will inhibit deep sleep).
- 4. Limit alcohol. Alcohol inhibits REM sleep and makes us more likely to sleep interruption. Those who are bereaved need REM sleep to assist with emotional processing of their loss.
- 5. Keep your bedroom temperature about 18.5C.
- 6. Limit strong exercise in the evening and if this is the only time you can exercise have a lovely relaxing bath or shower. This will lower your core temperature and make sleep easier.
- 7. If you wake in the night and cannot get back to sleep after 20 mins get up. Sit in a dimmed light room, read a book, listen to a podcast until you are ready to sleep again and then return to bed.
- 8. There are apps that can help for some with the provision of sleep stories, meditation, guided relaxation. Some have cost and some are free. See resources below.
- 9. If these measures do not help your sleep, please see your GP. There is specialist help available for you.

Resources

Apps to use to help you sleep www.calm.com www.headspace.com

Books to help you understand sleep and how to improve this

colinespie.com/author
www.sleepdiplomat.com/author

Podcasts

<u>How To Improve Your Sleep and Why You Should with Professor Matthew Walker - Dr Rangan Chatterjee (drchatterjee.com/how-to-improve-your-sleep-and-why-you-should-with-professor-matthew-walker/)</u>

Please note: this podcast is heavily promoting sleep and its benefits for the general population; it is quite a tough listen when bereaved and longing for sleep, but it is currently unavailable.