APPRENDRE À DORMIR

Nightmares and night terrors: Differentiating to better understand and respond effectively.

Popular science communication: Gabrielle Fréchette-Boilard, M. Psy. Ed. and Ph.D. candidate, Catherine Lord, Ph.D., and Evelyne Touchette, Ph.D

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Many parents are confronted with their child's first nightmares or night terrors when they reach the age of one or two, and wonder how to react to help them through these difficult times.

The first step to knowing how to react is to know what we're dealing with.

Nightmares are unpleasant mental experiences, also known as "bad dreams", associated with waking up during the night.

When a child describes their dream, you may identify emotions such as fear and sadness.

Almost all children experience nightmares in their lifetime. A small proportion of children, around 1-4%, report experiencing nightmares "often". Nightmares are part of life, especially in childhood.

Night terrors, on the other hand, are much less common than nightmares, although around 40% of children have experienced a night terror at least once in their lives. These are episodes of incomplete waking in which the child shows physical signs of fear (or even terror, hence the origin of the name) such as screaming, sweating and rapid breathing. The child may seem inconsolable, screaming, shouting, panicking, etc., until they fall back asleep.

Some children stand up in bed with their eyes wide open with a blank stare; they appear to be awake. Other children sit up or struggle in bed with their eyes closed.

Episodes last between **1 and 5 minutes on average, but can be longer** (up to 30 minutes), particularly in younger children.

The semi-awake/semi-asleep episode ends when the child slips into either the asleep or fully awake state. Some children return to sleep directly, while others awaken on their own, with no memory of the episode, before falling asleep again.

Parents describe night terrors as impressive and very stressful. It seems that night terrors are much more stressful for parents than for children. **Don't hesitate to talk about it with other adults.**

It's a good idea to let go of the stress and emotions you're feeling by talking to the other parents, someone you trust, or by turning to health professionals (groups, help lines, counseling, community organizations, etc. – see Resources page).

Since it's hard to imagine what a night terror is like, we thought we'd share a video of a report showing children struggling with one.

Here are **three clues to differentiate** between nightmares and night terrors:

1) How old is my child?

Nightmares appear around the age of 2, and are more frequent between the ages of 3 and 10. As children grow older, they diminish in intensity and frequency. Night terrors are most frequent between the ages of 1 and 4.

2) At what moment during the night is it happening? At the beginning of the night? At the end of the night before waking up in the morning?

First sleep train



Night terrors more often occur at the start of the night (or during naps), and arrive 1 to 2 hours after falling asleep in deep slow wave sleep (blue car), when the first sleep trains are chained together.

Last sleep train



Nightmares occur in the morning, usually in the **early hours of the morning**, at the end of the night, during the last sleep trains of REM sleep (red car).

3) Does the child seek closeness or seem unaware of your presence?

During a nightmare, the child seeks a reassuring presence, and the parent is able to soothe the child. During a night terror, the child is not fully awake, and has little or no awareness of the adult's presence. He may call out to his parent or shout "Mommy/Daddy", but when the parent tries to comfort him by talking or touching him, the opposite effect may occur, i.e., the night terror seems to get worse.

What to do then…?

- **Wake up to comfort, or don't wake up?**
- **Do we talk about it or not?**

Parents often want to wake and comfort their child during these difficult moments. Since nightmares and night terrors do not occur in the same stage of sleep, the behaviors to be adopted are not the same.

It is both possible and beneficial to wake up and provide reassurance in response to nightmares, as they occur in restless-paradoxical sleep, which is shallower and closer to wakefulness. Waking up the child will bring the desired comfort and allow the child to transition between sleep cars, which will not only stop the nightmare but also help the child fall back asleep.

For nightmares, we recommend discussing them calmly during the day, taking in the child's emotions. Fear, for example, is very real and needs to be comforted. Reassuring the child, explaining, and playing down the situation with humor and imagination the next morning or during the day will, among other things, help reduce the frequency and intensity of the nightmares.

Conversely, **for night terrors**, even if these minutes seem like an eternity to parents, there's not much you can do except stay calm and wait it out. It is advisable to **ensure the child's safety**, so that they don't fall out of bed or hurt themselves, and above all, **not to wake the child** during the episode.

Night terrors will end on their own after a few minutes. **Waking the child up can cause more distress** as they are in a state of mind between deep sleep and wakefulness. In fact, upon awakening, they will become aware of their emotions and physical manifestations associated with their night terror. Moreover, this will add to the disorientation and confusion that arises from awakening during deep sleep. It is important to remember that the child does not suffer during the night terror, they are not aware of it, and they will return to a more peaceful sleep once the episode is over.

Therefore, in addition to not waking the child, it is also recommended **not to initiate a discussion about the episode of night terror, neither during the night if the child wakes up, nor the next day.** Since they do not have any memories of the event, talking about it could worry the child and have negative consequences on the quality of their sleep. For example, the child may develop a fear of their night terrors or become stressed before bedtime, which could make it harder for them to fall asleep, create resistance to sleep, or negatively affect the soothing relationship they have with sleep.

Here is a summary table :

	Nightmares	Night terrors
Who?	Frequent between the ages of 2 and 10.	Occasional between 1 and 4 years.
When?	Towards the end of the night (second third).	Early night or nap (first third of the night, first 1-3 hours after falling asleep).
Mental State?	The nightmare awakens the child.	The child is half asleep, not fully awake, and will go back to sleep.
Proximity?	Yes, the child seeks physical closeness and comfort.	No, the child has little or no awareness of the parent's presence, but needs the parent to ensure their safety.
Waking up for comfort?	Yes, awakenings are possible, but if the child isn't already awake, we offer comfort and help him get back to sleep.	No, ensure safety, wait until the episode is over (hold on) and do not wake up as much as possible to avoid frightening the child.
Talking about it with the child?	Yes, discussions with the child about nightmares are possible and desirable, preferably during the day. Evacuate parental feelings with other adults if necessary.	No, as the child has no memory of it and is not suffering, it's best not to go over the episode with them, so as not to frighten the child and risk disturbing his or her sleep. Evacuate parental feelings with other adults if necessary.

Inspiration and scientific sources:

- Boudreau, C, Touchette, E, Forest, G, Pennestri, M-H et Bérubé, A (2020) ABRACADABRA pour vaincre ou prévenir les cauchemars et les terreurs nocturnes. Ressources informatives du CQJDC. Consulted April 2023.

- Lord, C (2017). The Why and How of Dreams. Text revised by several specialists as part of the Canadian public health campaign on sleep « Sleep on it ». Consulted April 2023.

- Lord, C (2017) **Night Terrors!** Text revised by several specialists as part of the Canadian public health campaign on sleep « Sleep on it ». Consulted April 2023.

- Naitre et Grandir (2022) **Les cauchemars.** Website Naitre et Grandir – section 1-3ans – Soins et bien-être. Consulted April 2023.

- Naitre et Grandir (2018) **Les terreurs nocturnes.** Website Naitre et Grandir – section 1-3ans – Soins et bien-être. Consulted April 2023.
    - Videos:
        - Que sont les terreurs nocturnes? (1 min)
        - Point de vue des parents (1:33 min)

- Petit D, Montplaisir J. **Early Childhood Parasomnias.** In: Tremblay RE, Boivin M, Peters RDeV, eds. Petit D, éd. thème. Encyclopedia on Early Childhood Development [online]. https://www.child-encyclopedia.com/sleeping-behaviour/according-experts/early-childhood-parasomnias. Revised : November 2020. Consulted April 2023.

- Petit, D., Pennestri, M. H., Paquet, J., Desautels, A., Zadra, A., Vitaro, F., Tremblay, R. E., Boivin, M., & Montplaisir, J. (2015). **Childhood Sleepwalking and Sleep Terrors: A Longitudinal Study of Prevalence and Familial Aggregation.** JAMA pediatrics, 169(7), 653–658. https://doi.org/10.1001/jamapediatrics.2015.127

- Simard, V., Nielsen, T. A., Tremblay, R. E., Boivin, M., & Montplaisir, J. Y. (2008). **Longitudinal study of bad dreams in preschool-aged children: prevalence, demographic correlates, risk and protective factors.** Sleep, 31(1), 62-70. https://doi.org/10.1093/sleep/31.1.62

- Touchette, E., Petit, D., Tremblay, R. E., & Montplaisir, J. Y. (2009). **Risk factors and consequences of early childhood dyssomnias: New perspectives.** Sleep medicine reviews, 13(5), 355–361. https://doi.org/10.1016/j.smrv.2008.12.001