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THE GRIM SLEEPER



Five Disorders That Make for Scary Slumbering

By Ken Carter, Ph.D.

You probably heard it from your high school biology teacher or on infomercials for space-age mattresses and pillows stuffed with emulsified corn husks: We spend a third of our lives asleep. And if the number of times you slap the snooze button every morning is any measure, those are some darn good times. Of course, sleeping isn't always a pleasant experience. According to the National Sleep Foundation, up to 72 percent of us experience some symptoms of a sleep disorder at least a few nights a week. People with chronic symptoms, however, can develop a sleep disorder that interferes with their lives on a daily basis, leaving them impaired and miserable. For most, it's insomnia. For others, the problem is much more unique.



_01 :: Sleep Eating

Nocturnal Sleep-Related Eating Disorder, or Sleep Eating, is a condition similar to sleepwalking in which affected people will engage in nightly noshing while partially or totally asleep. The most common Sleep Eating episodes entail a person sleepwalking to the refrigerator and munching on a midnight snack that they'll probably never remember. Other times, the episodes are more elaborate, and the fully asleep sufferers head to the kitchen to chop, stir-fry, bake or bust out the George Foreman. In fact, reports indicate that up to one-third of Sleep Eaters have hurt themselves while preparing or eating food (which is actually really low when you think about grillin' up food Emeril-style while unconscious—bam!).

The disorder is fairly rare, occurring in only about one and a half percent of the population. Two out of three people with Sleep Eating are women, and three out of four eat nightly (some up to eight times a night). Most of them (84 percent) are completely unaware of their nighttime snacks. And ironically, in almost all cases, the behavior doesn't appear to be hunger-related.

To make things even more strange, the food choices of Sleep Eaters can be, at times, very peculiar. Case studies have revealed nighttime meals that include cat food, raw chicken, coffee grounds and milk, sandwiches made with fistfuls of salt, and even inedibles such as ammonia or buttered soda cans.



_02 :: Sleep Paralysis

During normal sleep, your brain sends a signal to your body to inhibit your movement while you're dreaming. This keeps you from thrashing around and possibly hurting yourself. But when Sleep Paralysis occurs, the brain either switches on your muscle inhibition feature too soon or doesn't switch it off when you wake up, which can lead to very creepy experiences. In addition to being unable to move, many people will dream while they're awake—basically hallucinating. The most common hallucinations that occur with Sleep Paralysis include sensing or seeing another person in the room, being touched, hearing footsteps, floating, or even hearing someone call your name. And for some people, the sensation is so strong they think they've had a stroke and are really paralyzed. Episodes of Sleep Paralysis can last anywhere from 10 seconds to a terrifying 70 minutes.

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But it could never happen to you, right? Wrong. Studies suggest that about half of us have experienced at least one episode of hypnagogic Sleep Paralysis, the kind that occurs soon after we fall asleep. Chronic Sleep Paralysis, however, only affects about six percent of adults. Generally, the disorder is related to jet lag, sleep deprivation, stress or even your sleeping position. It's believed that supine sleep (sleeping on your back) can make a person five times more likely to have an episode of Sleep Paralysis than any other position.

If you do happen to wake one morning and find yourself paralyzed, try wiggling your toes. The paralysis seems to



THE SANDMAN COMETH: FAMOUS NARCOLEPTICS

One of the best-known sleep disorders is narcolepsy, a serious medical condition that causes sufferers to be suddenly overwhelmed by feelings of fatigue. But narcolepsy symptoms also include abnormal episodes of “dreaming sleep,” which are similar to hallucinations, and attacks of “catalepsy,” in which a person loses control of certain muscles for a few seconds at a time.

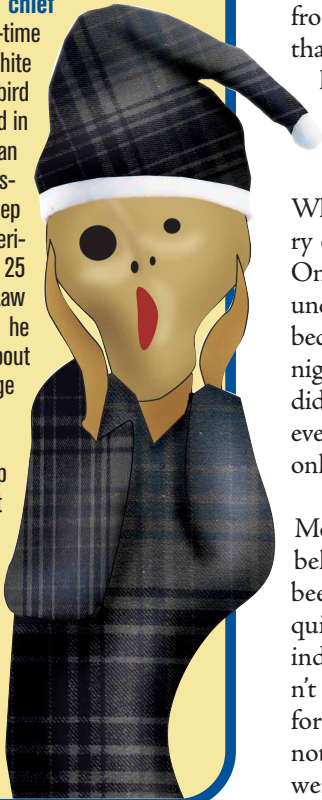
One in every 2,000 Americans has narcolepsy. Here are two you may have heard of.

An Underground Education: Believe it or not, Harriet Tubman was a narcoleptic. The African-American abolitionist who freed hundreds of slaves in pre-Civil War America is famous for her strength of will, but less known for her weakness for sleep. As a 12-year-old girl in Maryland, Tubman received a serious blow to the head from her slave master. She never fully recovered, and the injury was said to cause her intermittent bouts of narcolepsy from which she suffered for the rest of her life.

Harold and Odd: The strange case of President Clinton's former deputy chief of staff

Harold Ickes was a long-time friend of Clinton, but around the White House, he was known as a strange bird because during staff meetings, he stood in the corner and took notes, rather than sitting around the table. But Ickes wasn't being rude; he was trying to keep from falling asleep. Ickes started experiencing symptoms of narcolepsy at age 25 when he entered Columbia University Law School. To help keep himself awake, he took obscene amounts of Dexedrine—about 60 milligrams a day, a normal dosage being around 5 milligrams.

But if Ickes was bitter about his sleep disorder, he certainly couldn't blame it on his genes. Ickes' father, Harold LeClair Ickes, was also an advisor to a president, Franklin D. Roosevelt, and a member of his cabinet. But unlike the younger Ickes, Harold LeClair was a life-long insomniac, never known to get more than three or four hours at a time.



affect larger muscles more than smaller ones, so a good way to get out of it is to try to make small movements. If that doesn't work, check for a crazed Kathy Bates lurching around your room à la “Misery,” and make sure your ankles are still intact.



_03 :: Sexsomnia

It's embarrassing enough to be told that you snore or mumble in your sleep, but imagine being told that you take off all your clothes, moan in ecstasy, and sometimes even pleasure yourself—all without any memory of doing so. This is what happens with Sexsomnia.

Researchers at the Sleep Disorder Center at Stanford University have classified the sexual behaviors that occur during sleep into three categories. The first involves actions that the researchers describe as “annoying,” though not harmful. Cases in this category include sexual moaning loud enough to be heard in adjoining rooms, attempts to remove clothing, and mumbling sexually inappropriate phrases. The second category includes behaviors that are also considered annoying but are, at times, harmful to the person suffering from Sexsomnia. Often, this involves violent masturbation that can cause bruising and soreness the next morning. The last, and most severe, category is for actions that are harmful to others. These cases involve inappropriate and violent sexual behavior.

When confronted, people with Sexsomnia have no memory of their actions and become confused and embarrassed. One case study described a man who was so ashamed of his uncontrollable sexual behavior that he refused to share a bed with his wife and would restrain himself during the night to prevent any inappropriate conduct. But even that didn't work. According to the researchers, on one particular evening his Sexsomnia desires were so forceful that he not only broke his restraints, but also two fingers.

Most bed partners of those with Sexsomnia find the behavior disquieting and unwelcome. There have even been cases of arrest for sexual battery. Other cases aren't quite as severe, and the episodes of Sexsomnia may be indistinguishable from sex when awake. One woman didn't realize that her husband was suffering from Sexsomnia for months. Finally one night, she clued in when she noticed something different about her husband while they were having sex: he was snoring.

Some people think that the diagnosis of Sexsomnia is used to justify inappropriate sexual advances. However, in nearly



every case, doctors were able to document abnormal patterns of REM (rapid eye movement) or non-REM sleep, something impossible to fake. The majority of cases also had other psychiatric diagnoses. Fortunately, most patients with Sexsomnia can be successfully treated with psychotropic medications.



04 :: Pseudoinsomnia

We've all had nights where we just couldn't seem to get to sleep. We toss and turn, punch our pillows, count sheep, and wonder what shirt will go best with the dark circles under our eyes the next morning. This is classic insomnia, a condition that an estimated 20 million people experience on a nightly or nearly nightly basis. Strangely, roughly five percent of these insomnia sufferers actually sleep much better than they realize. Why? They don't have insomnia, but instead a condition known as Sleep State Misperception, or Pseudoinsomnia. People with this disorder have vivid dreams about not being able to sleep: tossing and turning and counting those sheep. Consequently, they wake the next morning feeling exhausted and believing they spent the entire night wide awake.

Often a bed partner discovers the disorder by assuring their mate that he or she is actually sleeping through the night. Other times, it's diagnosed by a physician, but usually only after prescriptions for typical sleep inducers seem to fail.

Luckily, the simple diagnosis of Pseudoinsomnia is usually enough to do the trick in curing the disorder.



05 :: Sleep Terrors

Everyone knows that nightmares can be horrifying. You wake terrified, sometimes in the midst of your own screaming, remembering vividly disturbing images. That's when it's time to crawl into bed with Mom and Dad. But nightmares, which occur late in our sleep cycles, are a lot different from Sleep Terrors, which happen earlier during non-REM sleep. People with Sleep Terrors experience sudden episodes of concentrated fright. To an observer, they will seem awake, but they're not. With eyes wide open, their breathing is intense and their heart rate has shot through the roof. They might even scream at the top of their lungs in fear, look panicked, and act as if they're in excruciating pain.

It's okay to wake them ... if you can. But it's very difficult to rouse some sleepers out of one of these episodes. When they do wake up, most of the time they have no memory of the experience or the emotional upheaval it caused them (and most likely, the people around them).

Sleep Terrors usually occur in kids. About three percent of children report having at least one attack. For adults, it's even more infrequent, with less than one percent experiencing Sleep Terrors. 