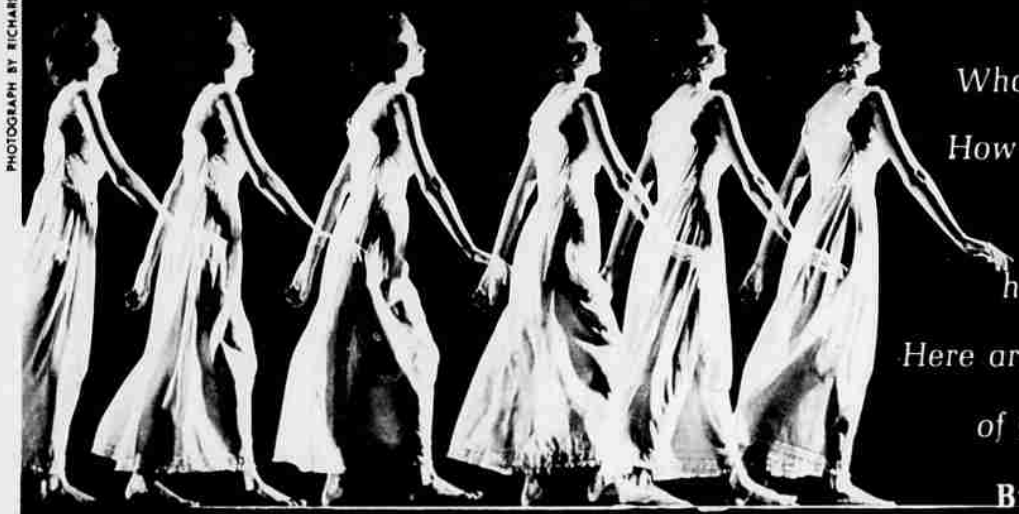
WHY DO THEY WALK BY NIGHT?



PHOTOGRAPH BY RICHARD CHECANI

What causes sleepwalking?
How dangerous is it?
What should you do if it happens in your family?
Here are the latest answers of medical science

By JAMES C. G. CONNIFF

THE MOTHER of a 10-year-old New Jersey boy heard her son's bedroom door open about 1:30 a.m. She waited, half-awake, for the click of the bathroom light switch. It didn't come. Instead, the stairs creaked.

Puzzled, she investigated and found the boy downstairs in the dark, headed for the playroom. Although she was a bit frightened herself, she cautiously touched his cheek and said, "Can I help you, son?"

The little boy began to murmur something about having forgotten to "put the toys away." Then he suddenly awoke with a start.

Tenderly, his mother put her arms around him. When he had calmed down a bit, she said, "You've been sleepwalking, dear; it's nothing to worry about." Then she led him back to his bedroom and talked to him until he fell asleep.

The boy has not walked in his sleep since. But his mother cannot get the incident out of her mind. She keeps wondering: Will it happen again? Is there something wrong with my son?

For such mothers, medical science has some new and reassuring answers.

Investigators are now certain that sleepwalking is not a disease. It is a symptom—and generally it merely indicates that the sleepwalker is undergoing some temporary personal crisis that he could not resolve before going to bed.

For example, the New Jersey boy had quarreled with his brothers and sisters about who should put their toys away. Then he had gone to bed in tears without knowing whether the job had been done. With the crisis resolved, it is unlikely that he will walk in his sleep again.

All cases of sleepwalking are not this simple. Sometimes a deep-seated emotional disturbance —or a brain injury—may be involved.

Another dark side to the picture is that sleepwalkers can endanger themselves and others.

It is true that sleepwalkers have survived walks along the ledges of high buildings. But they also have killed or injured themselves by falling.

What's more, in rare cases they have killed or injured others. An entire family was shot by a sleepwalker who dreamed robbers were breaking into his house. And, while sleepwalking, a mother dreamed her house was on fire and flung her baby out a window.

The American Medical Association estimates that between two and four million Americans, mostly children, sleepwalk at one time or another.

Because people are shy about discussing such occurrences, the number may be much higher. On any given night, several hundred thousand of us with problems on our minds may be up and about trying to solve them—without knowing it.

A SLEEPWALKER may walk for miles. Or he may take a ferry and wake up miles from home, as a New Yorker did not long ago. Or he may drive a car with an unfamiliar shift along a busy turnpike for 23 miles, the way a West Coast mother did. Her car stalled and she woke up punching the dashboard trying to make it start again.

The U.S. Navy recently completed a study of sleepwalkers among its recruits and found that they are usually intelligent, active persons who are in good health.

Navy doctors also confirmed by observation that the sleepwalker has a built-in safety mechanism which guides him unharmed around obstacles—most of the time. Like others who have witnessed sleepwalking, they noted that the walker keeps his arms at his side, not stretched out in front of him. Furthermore, he shows no reaction when bright light is shone directly into his wide-open eyes or loud noises are made near him. Only touching the victim will wake him fully.

The Navy researchers also saw proof of the new theory that sleepwalking is "incomplete sleep with varying degrees of consciousness." No matter what tricks chronic sleepwalkers used to restrain their wanderings—such as locking the door or tying themselves to a doorknob, radiator, or bed—they were always just enough awake to overcome the hindrance and depart.

WHEN a history of sleepwalking exists, especially in an adult, a medical checkup is generally advised.

The doctor will probably prescribe a mild sedative. He may also recommend such simple steps as a rearrangement of sleeping habits or a change in diet. Unless there is something gravely wrong with the person, these measures should end the sleepwalking.

Dr. W. Wallace Grant of the University of Manitoba's Children's Hospital reminds parents that youngsters take comfort in routine and should be put to bed at a regular hour. This, together with the reassurance of parents' presence at bedtime, can do much to eliminate sleepwalking.

Dr. Grant says that when a child does sleepwalk he should be gently awakened unless he is in a place of danger where his reaction might cause injury. In that case, the awakening should be postponed until he can be led out of danger. Once awake, he should be told what has happened.

But don't explain so much that you dramatize this transient symptom. If you do, the child may subconsciously be tempted to try it again—just to be the center of attention.

COVER:

This serious young man, photographed by Vivienne Lapham, is soaking up the last of April's showers. But he seems to have forgotten something—his galoshes, maybe?

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