

**Nightmare Remedies**  
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As if defying the laws of physics, Kyle, age 3, screeched to an abrupt standstill. His mother was perplexed. She gazed at him and shifted her focus to a tipped cup that Kyle was transfixed upon.

"Mommy, it's so sad," Kyle said.

"What's sad, are you okay?" asked Mom.

"I'm okay, but he's not," said Kyle as he pointed to the cup.

Mom could cajole Kyle that the cup was not "real" or "had no feelings," but to a 3 year-old that is not true. Children are not miniature adults. Their thinking is qualitatively different than adults, not just quantitatively different. Everything in the universe can be imbued with personality and emotions. For Kyle, the cup, in its tipped position was sad, and he experienced it as such.

Before the age of 5, children experience their inner world as real even if they can articulate that something is imaginary or make believe. This is true of dreams as well. Dreams seem to appear after children learn to recognize objects and distill their memory of past experience. Some studies indicate that between the age of 3 and 5, dreams tend to be disjointed, without much of a story, and without the child appearing as a main character. This shifts between the ages of 5 and 7 – the child then acquires greater intellectual ability and begins symbolizing experience and relating it to him or herself. Between these same ages, children tend to report a preponderance of nightmares.

Most nightmares are a normal part of coping with developmental changes and demands. Nightmares diminish as children grow older, master their fears, and gain more control over their world.

During stressful times or family crisis, parents should expect more frequent nightmares. Likewise when a child suddenly has an increase in nightmares, they are letting you know they are feeling overwhelmed and insecure. You don't have to interpret, explain or diminish the dreams "realness". Reassurance and empathy mixed with hugs are the first step towards restoring emotional balance.

Dr. Alan Siegel in [Nightmare Remedies for Children](#), identified the Four R's that spell nightmare relief. They are reassurance, rescripting, rehearsal and resolution.

Reassurance is the most critical dimension to remedy the effects of a nightmare. The parent needs to "welcome the dream" in all its vagueness, disjointedness, absurdity or fright in a calm accepting manner while offering physical and emotional reassurance to calm the child's anxiety.

Rescripting means inventing an alternative, hopeful, and positive change to the dreams outcome. This is an excellent opportunity to seize the power of the "magic years" and

brainstorm alternative nightmare endings. This is a constructive exercise in assertiveness training of the imagination.

Rehearsal is the application and follow-through of the solutions determined in the rescripting process. Discussing the solutions as a means of anticipatory guidance provides the possibility of the child “working through” their anxiety and gaining a sense of mastery.

Resolution is the final stage. Determining the source of stress may or may not ever be known to the parent. However, the struggle to understand creates a link and an attunement to the child. This process then allows the child to resolve their conflict and find alternatives to the nightmare experience.

If, however, in spite of your interventions, a child’s nightmares persist, their content is consistently violent or disturbing, or when the upsetting conflicts in the dreams never seems to change, it may be time to seek help or consultation from a mental health specialist or pediatrician.