

PART ONE

ALL SLEEP IS NOT THE SAME

The Sleep Quality Cure

Sleeping Happily Ever After

If a magic sleep wand were waved over your head, and you experienced *Sound Sleep* tonight, you would not need to read part one. Just one night of healthy slumber would be so enlightening, you would put every bit of energy into the quest for sound sleep. Nothing would stand in your way, because it feels so good to get the sleep you really need.

Sorry to say, all the magic wands are on back order; but don't despair, part one teaches you the arts and the sciences to change the way you see your sleep problems and to jump-start your treatment. Before you taste an orange, you must peel it. Part one peels away the tough skin of outdated and useless ideas about sleep that prevent you from relishing the fruits of sound sleep. This knowledge proves especially satisfying for those hungry to sleep without medications.

Skipping through this section undermines your chances of solving your sleep problems because you must first learn a "new language" to finally understand why you are not sleeping well or through the night. Learning this new language makes clear that a cure is truly possible.

This new language is Sleep Dynamic Therapy. Learning a language takes time, interest, and an open mind. Do you have time to learn to lay your sleep problems to rest?

It will take far less time than all the hours of lost sleep from the past year.

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Discovering the New Sleep Medicine

Sleep Notes

All sleep is *not the same*.

There is *Sound Sleep*, in which you sleep well and through the night, night after night, and feel great every morning with energy to spare the remainder of the day . . . and there is everything else.

Sound sleep is a blessing that enriches your health and humanity. Surprisingly few people experience sound sleep; fewer genuinely appreciate the good fortune with which they are blessed; and fewer still truly understand the meaning and experience of sound sleep.

Most problematic sleepers do not realize sound sleep is their ultimate goal. How could they, since most troubled sleepers are not sure what to call their sleep problems? Many acknowledge sleep concerns, complaints, issues, difficulties, problems, disturbances, or disorders. Yet for some poor souls, sleep is so broken, it destroys their capacity to see that it's broken. Regardless of the way the problem is pictured, few grasp the true nature of sound sleep and the need to strive for it.

Most gauge sleep by hours slept, because they measure sleep in the dimension of time. If your goal is sound sleep, you must learn to measure sleep in broader and deeper dimensions, because one hour of bad or broken sleep does not equal one hour of good sleep. In fact, one hour of bad sleep barely equals thirty minutes of good sleep.

Sleep Dynamic Therapy (SDT) preaches that “all sleep is *not* the same,” because this truth sets you on a path to focus on the most important question you must answer to gain sound sleep every night:

What causes your sleep difficulties?

Don’t waste your efforts describing your sleep problems. Whatever your sleep concerns or complaints might be, these details can wait. To the best of your knowledge:

What are the reasons you are not getting the sound sleep you really need?

What causes you to not sleep well or all through the night, night after night, and feel great every morning, with energy to spare the remainder of the day? While many ideas come to mind, most individuals struggle with the question, and their uncertainty leads them to declare, “Hey, you’re the sleep doc, you tell me!”

Minding the Body

Let’s narrow the question to something about insomnia, a word meaning you have poor sleep or you are not sleeping when you want to sleep (unwanted sleeplessness). Insomnia often includes both poor sleep and not sleeping when you want to. Throughout this book, the terms “insomnia,” “poor sleep,” “unwanted sleeplessness,” “troubled sleeper,” or “problematic sleeper” are used interchangeably, because individuals with sleep problems relate to one if not all of them.

Here is a more precise “cause” question: Is your poor sleep caused by something mental (in the mind) or physical (in the body)?

Most with sleep issues select one or the other element (mental or physical) as the bigger factor. However, when sleep patients ask me, “Do you think my sleep problems are mental or physical?” my candid reply is, “Yes.”

Both mind and body cause your sleep problems. Yet most with sleep difficulties dwell on something only in the mind or only in the body. This either-or perspective reflects a half-truth. Critical to your efforts is the need to move beyond this “mind or body” myth—a myth so misleading that when a person believes sleep problems could be caused by only one or the other factor (mental or physical), she will struggle in vain to solve her sleep problems and rarely achieve sound sleep.

Please take another moment—a sincere, reflective one—to reconsider your viewpoint: what do you emphasize when you think about your sleep problems? The psychological or mental factors, or the physiological or physical ones?

The best solutions treat mind and body. SDT asks you to absorb this key principle as rapidly as possible.

Quality, Not Quantity

When you apply mind-body principles of SDT, you realize that concerns about number of hours slept pale in comparison to *the real monster*—

Poor Sleep Quality.

Poor sleep quality occurs almost invisibly night after night, year after year, so you cannot easily detect its impact on your sleep or your mental and physical health. Poor sleep quality is the opposite of sound sleep. When you suffer from poor sleep quality:

- You do not sleep well or all through the night, night after night.
- You do not feel great when you awaken in the morning.
- You do not have energy to spare the remainder of the day.
- You are not getting the sleep you need.

Poor sleep quality is the major cause of your sleep problems, and it determines the number of hours you sleep each and every night, whether you sleep too much or too little. Fix your sleep quality problems, and you'll almost always receive the right number of hours of sleep. In contrast, a sleep quantity yardstick does not measure sleep quality, just as a thermometer cannot measure air quality.

Some night you might sleep eight hours, but if your sleep quality were disrupted throughout the night (without your knowing it), these eight hours amount to only four, five, or six hours of sleep—very different than the eight you imagined receiving.

If you realized you slept only four hours, how would you feel the next day? Quite different than how you would feel after sleeping eight solid hours without disruption.

Poor sleep quality causes a major discrepancy between the number of hours you think you receive (clock hours) and the number of hours of good quality sleep you really obtain (solid hours). Some sleeping pills only deliver more clock hours without adding much in solid hours of sleep.

Solid Hours of Sleep is another term for *Sound Sleep*.

Once sleep quality is repaired, regardless of whether you currently sleep too little or too much, the actual number of hours you count by the clock may increase or decrease or remain unchanged in comparison to your old way of sleeping. Eventually, *clock* hours should equal *solid* hours of sleep.

SDT appreciates most troubled sleepers' keen interests in sleeping more hours. This program gently moves you toward a new perspective to gain more solid hours of sleep.

Closing In on Sleep

The monster of poor sleep quality has a treacherous daytime ally, closure problems: the inability to turn your motor to a low and smooth idle as you try to fall or stay asleep. Closure usually occurs after a reasonably satisfying waking period prior to sleep. The mind and body engage in sufficient mental, emotional, physical, and spiritual activities while awake to produce enough satisfaction to close out the day. Yet many troubled sleepers suffer difficulties in at least one of these realms.

For mental factors, best examples are unwanted thinking, such as racing thoughts or ruminations at bedtime or during the night if awakened. This inability to turn the mind from an active to a receptive mode is the single most commonly reported cause of insomnia. Instead of gradually decreasing the silent verbalizing of thoughts, self-talk, or mindless chatter, poor sleepers fret, worry, plan, or relive their dissatisfying day. This chatter is often chaotic but is sometimes fueled by exciting, upcoming events.

For emotional factors, best examples are unpleasant feelings such as anxiety or fear at bedtime or during the night if awakened. A lack of emotional closure is often the single greatest barrier to sleep, because many troubled sleepers do not know how to recognize and manage their emotions during the daytime. Anxiety is the most common emotion troubled sleepers wrestle with near bedtime, but they may not realize its presence or even call it anxiety. Restless, antsy, tense, or unsettled feelings also frequently prevent sleep.

For physical factors, best examples are physical discomfort or problematic breathing at bedtime or during the night. This lack of closure is the most deceptive, because so few troubled sleepers emphasize the physical side of their sleep complaints unless they are in pain. Yet several diagnosable, physical sleep disorders related to sleep breathing or sleep movements are common in troubled sleepers, including mental health patients.

For spiritual factors, best examples are the absence of faith, hope, or some assurance in the meaning of life. At bedtime or in the middle of the night, you feel lonely or isolated, which prevents sleep. This lack of closure may require years to understand and treat. Trauma survivors who suffer horrific events report that the meaning of life has been ripped out of their

souls. In the vacuum, hopelessness, isolation, and alienation rush in. While these feelings could all be due to a mental health process, such as depression or posttraumatic stress disorder, these traumatizing events cause one to rethink one's life, irrespective of mental health problems. Sometimes the shock proves useful because it redirects one's life in new and more meaningful ways, but for many troubled sleepers the shock leaves them feeling empty and stuck. At bedtime these feelings cause enough pain to drive some survivors to suicidal thinking, a dire state magnified by poor sleep quality.

Close Calls

Closure troubles show up most glaringly as difficulty falling asleep or difficulty staying asleep and more subtly as difficulty obtaining restful sleep. Poor sleep quality further erodes the capacity of your mind and body to switch from the “active” to the “idling” position—the process of closure. Once closure problems become entrenched in your daily or nightly routines, they aggravate sleep quality problems, which then worsen closure problems, and so on in a vicious cycle.

Most problematic sleepers can spot areas of closure affecting their sleep, but few understand:

- how these factors cause sleep disturbances;
- why these factors develop;
- what is needed to gain closure.

Your relationship to time represents the best example of closure problems. Problematic sleepers routinely damage sleep through time-monitoring behaviors:

- checking the time when going to sleep;
- checking the time in the middle of the night;
- counting up hours slept if awakened at night;
- worrying about how much sleep time is left if awakened at night;
- worrying about total hours slept;
- feeling frustrated, angry, or afraid about time not slept;
- checking the clock frequently during the day;
- frequent feelings that the “clock is ticking”;
- wondering how much time is left on the Big Clock.

If you had a nickel for every time . . .

Time is inextricably linked to poor sleep and to the use of sleeping pills; therefore SDT attempts to break the time barrier as the first therapeutic step to help problematic sleepers regain control over closure problems. Nearly all chronic insomnia patients and most poor sleepers enhance their slumber by breaking the lock time holds over their sleep. Indeed, as the only exception to the original advice, if you are in desperate need to improve your insomnia and you are a clock watcher, you may benefit right now by reading chapters 7 through 10 after you complete this first chapter.

Learning to Sleep Poorly

Most troubled sleepers struggle to break the time barrier not only because it is a complex closure issue, but also because time monitoring takes on a life of its own and becomes a self-defeating learned behavior that promotes poor sleep habits. The behavior develops with all the best intentions of monitoring your sleep problems, but thinking about time feeds the monster by inducing you to worry about time and sleep. Your worries worsen closure problems, because now you are thinking about lost time and lost sleep, instead of sleeping. Eventually time monitoring leads to a chronic learned behavior that breaks up your sleep quality.

Self-defeating, learned behaviors add more fuel to the cycle of sleeplessness, while sleep quality problems and closure problems conspire, through assorted mental and physical factors, to train you to be a lousy sleeper without your realizing you are learning to do so.

The surest way to solve sleep problems is to target these three critical components:

- poor sleep quality;
- closure issues;
- self-defeating, learned behaviors.

Stress and Light Sleep Myths

Tens of millions of problematic sleepers believe stress (presumably a mental thing) or being a light sleeper (presumably a physical thing) is to blame for insomnia or poor sleep. They declare, “I’m just stressed out” or “I’m a light sleeper.”

While these perceptions are offered earnestly, they reflect half-truths because stress and light sleep rarely if ever turn out to be the whole explanation for anyone’s sleep problems.

Show me an individual with insomnia who claims her problem is stress, and SDT uncovers at least five more important mental and physical factors underlying her unwanted sleeplessness. Show me a poor sleeper who claims his problem is light sleep, and SDT uncovers five more important mental and physical factors underlying his light slumber.

Stress and light sleep are worth investigating, but these terms function as buzz words that distract you from the mind-body approach required to solve 95 percent of sleep disturbances. Some troubled sleepers use these expressions to avoid discussing sleep problems altogether. SDT shows how stress and light sleep fit into a broader framework that will more clearly explain your sleep problems.

Starting Fresh

Despite overwhelming scientific evidence that sleep is one of the most critical human health functions in which we must engage, and that poor sleep damages and prematurely ages our minds, bodies, and ultimately our spirits, physicians and therapists remain largely unaware of how sound sleep improves mental and physical health. Worse, many health-care professionals, working with the best intentions, do not recognize the vicious cycle triggered by poor sleep quality, closure problems, and learned poor sleep habits. Many discount or minimize patients' sleep problems. A large percentage of health-care providers assume sleep problems concern number of hours slept, which explains their reliance on incomplete therapies such as prescription or nonprescription medications and simplistic sleep tips. As most health-care practitioners have no formal background, training, or experience in the burgeoning field of sleep disorders medicine, their treatments may yield weak, inconsistent, and sometimes dangerous results.

I do not seek to demean the character or intent of health-care professionals, most of whom are hardworking and dedicated to their patients. And I apologize to any practitioner who might misinterpret my views. Sleep medicine is a new field for most health-care workers, so sleep complaints routinely fall below the radar, which leads to incomplete evaluation and treatment.

The objective is to warn you about the influence of your past treatment experiences, which might interfere with learning about mind-body sleep medicine perspectives. What if you previously sought help from a doctor who did not take your sleep complaints seriously? What if you asked for assistance from a mental health professional who believed the only way to

fix your sleep problem was to first fix your psychiatric problem? What if you received imprecise advice from a doctor or a therapist and found it relatively useless or ineffective?

Such experiences are common. Beyond demonstrating little respect for sleep problems, these encounters provoke annoyance, frustration, or possibly anger, embarrassment, or shame among those seeking answers to real health problems. Predictably, many troubled sleepers wind up reading superficial suggestions from newspaper or magazine articles that rarely solve anyone's sleep problems, while some individuals never seek assistance, because they imagine nothing could possibly help. Some depend on sleeping pills or other substances, which often feel about as satisfying as showering with your clothes on.

Whatever the nature of these prior experiences, you must determine whether they foster confusion or skepticism about treating sleep problems, and whether they bias you against mind-body perspectives. Now is the time to start with a fresh perspective.

The Great Divide

How does a mind-body connection strike you?

Our society's current medical emphasis on separating mental and physical factors instead of combining them (mind-body medicine) is deeply ingrained in our history; our culture; and, unfortunately, our sciences. This tendency springs from a curious belief that the mind and the body are distinct things, operating in unrelated ways, as if the words to a song and its melody were unconnected. Despite the near universal preference to think about one's health with an "either-or" (mental or physical) attitude, the mind and the body are inseparable and always act in concert. Although it takes time to appreciate this health perspective, it can never be overemphasized.

You may believe that stress or mental health concerns are the only explanations for your troubled sleep. Among the several thousand such problematic sleepers seeking treatment at our centers, most had attempted every form of stress reduction, psychotherapy, or taken every sort of sleeping pill, tranquilizer, antidepressant, or mood stabilizer, yet rarely did these therapies conquer their sleeplessness. Whereas, when we treated the physical components of their insomnia, they made dramatic improvements, and some achieved a genuine cure.

Our sleep centers also have worked with thousands of problematic sleepers convinced that light sleep and physical factors were the only

causes of their troubled sleep. Most had tried every sort of physical treatment, such as breathing devices for sleep breathing problems or medications for leg movement conditions, yet they, too, did not achieve the desired results. Whereas, when we treated mental components of poor sleep, they made dramatic improvements, and some achieved a complete cure.

Divorcing mind and body rarely produces long-term health solutions; whereas, respecting the holy matrimony of mind and body guides you to dramatic improvements in sleep, if not outright cures.

Dynamic Solutions

Every night, your mind and your body need a break from the world; you deserve that break. In both small and large ways, SDT teaches you how to gain the *rest of your life*.

It should go without saying that you would visit a neurosurgeon for a brain tumor or a cardiologist for heart disease, but few of our medical and mental health colleagues send patients regularly to sleep medicine specialists. Even fewer health-care providers recognize the need to address sleep complaints with a mind-body approach.

For these reasons, you are well served now to know that SDT does not offer a bunch of tips, shortcuts, or quick fixes to solve your sleep problems; it is not a “book for dummies,” because the average sleep patient has intelligence far above average. It’s not a book for someone who imagines he can learn to speed-read poetry. Reading poetry, just like reading your sleep problems, takes time and requires a fresh mind-set, one in which you learn to think, to feel, and to see things in a new light. SDT shines a uniquely brighter light on your sleep problems, so that when you turn off the lights, you can sleep soundly through the night and get the sleep you really need.

In the next five chapters, you start a transforming process by learning how mind and body are wedded to each other. With this knowledge, you will work on mental causes of sleep problems, while realizing you are improving physical aspects of sleep as well. And as you work on physical causes, you improve mental aspects of sleep, too.

The Journey Begins

SDT requires an open mind and a willingness to attempt suggestions and instructions that follow. In this new sleep treatment program, rest assured you will find many solutions to your personal sleep issues.

If concerns, doubts, or motivation issues persist, consider the woman who woke up each day eager to make a delicious omelet with tasty vegetables and flavorful spices. Regrettably, when she finished her cooking, she always ended up with a bowl of glop and a lost appetite. The wrong ingredients and the wrong recipe sealed her fate, because no one ever showed her the right stuff to put in the frying pan or how to cook it.

Few health-care professionals outside the field of sleep medicine recognize the special ingredients required for healthy slumber. Fewer still know how to craft a recipe to resolve sleep disorders. To succeed, you must know the mental and physical elements (proper ingredients) that promote sound sleep. And you must adopt a comprehensive treatment strategy (best recipe) through which you can regularly obtain *Sound Sleep* and the *Sound Mind* that will awaken refreshed and ready to take on the day each and every morning.

Now you will learn how to do just that.

The Sleep on It Assessment Program

Few people receive knowledge by pouring it in as if they were an empty vessel. Most approach learning with a full tank, overflowing with ideas on the very thing they want to learn about. This analogy reflects the paradox in learning about sleep problems. Although you possess a strong desire for help, you also have opinions about your sleep problems, some of which could interfere with your ability to learn new concepts.

Pouring large volumes of information into a full tank makes a mess. A more prudent approach mixes a little of the new stuff with the old stuff. In virtually all fields of learning, the tastiest mixture is brewed by offering challenging questions in a friendly, stimulating, and curious way. This technique engages you to think and rethink things until the new information is thoroughly digested.

At the close of each chapter, questions are posed to stimulate your curiosity and spark your desire:

- to gain new insights about sleep disturbances;
- to help you develop skills to use various treatment steps;
- to use practical instructions to solve your sleep problems.

Each Question is followed by a Comment and then a Pearl.

SLEEP ON IT

The Mind-Body Connection

QUESTION: In your mind's eye, picture a pie and divide it into two portions. One portion represents the mental side of your sleep problem and the other portion represents the physical side. "To thine own self be true" makes a world of difference in solving sleep problems, so start your sleep therapy by candidly informing yourself about these portions, even though they may change. Measuring two slices by percentages (for example, 75 percent mental and 25 percent physical, 50–50, or 10–90) are ways to slice it.

Please jot down your percentages here:

Mental = ____ %

Physical = ____ %

Total = 100%

COMMENT: Most people with sleep problems, especially those with mental health symptoms such as anxiety, depression, or posttraumatic stress, believe that their sleep difficulties are about mental factors and often mark down 90 percent in the mental category and only 10 percent in the physical. Most people with insomnia believe that mental stress is the leading or the only cause as well. Few problematic sleepers hear much to challenge this mental perspective.

Now you will be challenged—because a predominant mental view of sleep disturbances is a great myth that we must dispel as politely but as urgently as possible—so you more naturally think in terms of a 50–50 relationship between psychological and physiological sleep factors.

Perhaps you've wondered whether physical factors were lurking behind the more obvious mental components of your sleep problems. Now would be the time to explore your theories.

———— PEARL ————

Watching the Clock Is Bad Medicine

Surely, these ideas are something to sleep on, and nothing will move you in this direction faster than recognizing how your psychological attitudes about time actually help or harm the physiology of your sleep. Time may march on, but don't let it stomp all over your sleep quality. As you will learn in part two—chapters 7 through 10, the first section on treatment—when it comes to sleep, time is never of the essence!