

# The Basics Of Good Sleep

## Chapter One:

### Introduction to The Basics of Good Sleep

#### What you don't know is keeping you awake at night

Knowledge is power. In this case, what you don't know could have a menacing effect on your overall quality of life. Sometimes the solutions to getting sound sleep are easy. If it's a TV set in the bedroom that's keeping you awake, or an alarm clock with an illuminated face that stimulates light receptors in the eyes and causes arousal, then removing the problem, once identified, takes only a minute or two. If it's unusual work hours or daily conflicts with family members or co-workers...stress, anxiety or depression that prevents you from falling asleep easily, then the pathways to peaceful sleep may take time to perfect. However, *excessive daytime fatigue, poor memory, irritability, weight problems and lack of energy* may also be symptoms of chronic insomnia, or a real medical sleep disorder which needs the immediate attention of a doctor.

One thing is clear; no one can go for very long without sleep. It is not "macho" or brave to do without proper rest, nor is it "normal" to feel tired all the time. Quite the opposite, ignoring the signs of a sleeping problem is nothing short of self-destructive and the consequences are quite serious.

Consider this list of scientific observations regarding poor sleep:

- A shortened life span
- Greater risk of cardiovascular disease
- Gastrointestinal problems
- Decreased work performance
- Memory lapses
- Marital strife
- Irritability
- Depression
- Anxiety
- Stress
- Problems with weight control
- Explosive Outbursts
- Mood swings
- Greater risk of high speed highway crashes
- Road rage
- Accident prone
- Body aches
- Decreased sex drive; impotency
- Premature aging

If you are feeling "burned out" or if others often suggest that you "look tired", heed the

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warning signs! Millions of people just like you suffer needlessly from sleep disorders that render the sleep they do get *ineffective*. No wonder entire industries have sprung up to keep us artificially awake. No-Doz pills, energy boosting drinks with names like Red Bull, Jolt, Lizard Fuel, Red Devil and chains upon chains of coffee shops open all day and into the night.

You *can* begin taking control of your sleep and alertness problems. First, however, you need to analyze the symptoms. If possible, it is valuable to get feedback from those around you as you take this important initial step.

1. What best describes your sleep pattern?
  - A.  Can't get to sleep at night. Often lie awake in bed.
  - B.  Get to sleep easily, but then awaken during the night and can't return to sleep.
  - C.  Experience excessive sleepiness or fatigue during the day,
  
2. If your answer to question number one was A. is the reason:
  - A.  Can't turn off the thoughts in my head (something we call *mind-chatter*)
  - B.  Just don't feel sleepy. Would rather watch TV for awhile.
  - C.  Legs feel "antsy"
  - D.  Pain keeps me awake
  - E.  Don't feel safe
  - F.  Work hours require unusual sleep schedule
  - G.  Stress (Either continuous daily stress or psychologically troubling event)

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- H.  Have anxiety about falling asleep, so you put it off.
  
3. If your answer to question number one was B. is the reason:
  - A.  Snort and snore during the night
  - B.  Experience shortness of breath
  - C.  Chest pain
  - D.  Palpitations
  - E.  Headache
  - F.  Leg jerks
  - G.  Dry throat
  - H.  Heartburn
  - I.  Panic without nightmare recall

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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4. If your answer to question number one was C. have you experienced any of the following:

- A.  Confusion and/or trouble with memory
- B.  Feelings of depression or sadness
- C.  Quick to strike out at others in anger
- D.  Pessimistic or negative attitude about life or work
- E.  Inability to concentrate
- F.  Episodes of staring off into space, daydreaming
- G.  Muscle aches or chronic pain
- H.  Sleep related highway accidents or near misses
- I.  Dreaming in brief naps
- J.  Seeing or hearing things outside of reality when drowsy
- K.  Abnormal tastes, unrelieved by rinsing mouth, and always identical
- L.  Complete paralysis when first awakening or dozing off.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has someone close to you ever noted any of the following about you:

- A.  Snore badly
- B.  Stop breathing then gasp in sleep
- C.  Convulse in sleep
- D.  Walk or run in sleep
- E.  Stop breathing
- F.  Fall asleep driving
- G.  Have leg kicks/jerks in sleep
- H.  Act out dreaming
- I.  Thrash in sleep
- J.  Have episodes of staring blankly
- K.  Scream out in sleep
- L.  Choke in sleep
- M.  Fall asleep at inappropriate times
- N.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you had any of the following health problems:

- A.  Heart problems (coronary disease, heart failure, abnormal heart rhythm)
- B.  High blood pressure
- C.  Stroke
- D.  Chronic lung disease (asthma, emphysema, 'COPD')

- E. \_\_\_\_\_Epilepsy/seizures (3)
- F. \_\_\_\_\_Excess weight problem
- G. \_\_\_\_\_Diabetes
- Other: \_\_\_\_\_
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Now that you have a better qualified the general category into which you fall, it is important to understand the terms regarding sleep and all the reasons why you may not be getting enough of it.

## **Sleep:**

While researchers have yet to identify the exact *purpose* for sleep, most believe it does something important for the continuation of life. It has a rejuvenating effect on the mind and body. Every living thing requires sleep. Without it, our mind and nervous system begin to break down. If we stay awake too long, we become irritable and even psychotic.

When we sleep we are said to be resting, which may be a misnomer, since rest implies being idle. The internal processes going on while we sleep are anything but idle. During sleep our bodies and brains are highly active, performing an organized series of events that allow our body and brain to rejuvenate, revitalize, refresh, renew and recharge the batteries. We need a prescribed amount of sleep in order for our systems to adequately detoxify and self-repair, as well as manufacture and release **hormones**, which make our organs and glands function properly.

To give you a few examples, sleep is when the immune system replenishes itself after fighting off colds and flues, as well as certain types of cancers. During sleep and only during sleep, muscle tissue rebuilds and repairs itself after the wear-and-tear of the day's activities. We manufacture hormones that control our moods, keep our weight in check, give us the energy and drive to produce happy love lives and, in the process, if we choose, happy children. We completely re-tool, re-organize, refresh...rejuvenate while we sleep. And, speaking of rejuvenation, did you know that the mind also gets refreshed and renewed when we sleep. That's what **dreams** are for, and dreams occur in a very special part of sleep. There are two main categories of sleep.

- 1. Non Rapid Eye Movement Sleep (NREM)**
- 2. Rapid Eye Movement (REM)**

NREM sleep has four stages or depth levels. **Stage One** is characterized by high frequency (fast), low amplitude (small) brain waves. As we move to **Stages Two, Three and Four**, the brainwaves get slower and slower (lower frequency), and bigger and bigger (larger amplitude), signaling that we are getting deeper and deeper into sleep. Each stage of sleep delivers a specific renewal, rejuvenation, and recharging function for specific systems of the body.

We mentioned that most hormones are generated during sleep. One such hormone is

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known as **human growth hormone**. Scientists know that this hormone plays a major role in the way we grow, age and metabolize food. Thus this hormone has a role in *helping to keep our weight under control*. Are you beginning to see just how important it is to realize these deep levels of sleep?

REM sleep, on the other hand, is a period in which the eyes move rapidly and erratically underneath the eyelids. While this appears as though it is lighter sleep since the brainwaves are similar to Stage One of NREM sleep, we are almost completely paralyzed during REM. For one of every 20 people, 'sleep paralysis' causes serious problems, giving them the uncomfortable sensation of falling or waking up with a start. In extreme cases, there are drugs to inhibit REM sleep.

However, REM sleep is associated with dreaming, and dreaming plays a major role in our mental health. There is a lot of evidence that shows dreaming is a time when the brain is processing information that has recently been gathered. There appears to be a transferring of information gained while we're awake from **short-term memory** to **long-term memory**. There's also some thought that dreams help us to resolve conflicts or chaos in our lives. While dreaming, we often deal with things that fascinate or terrify us.

During normal sleep, you cycle through these various stages approximately every 90 minutes to 2 hours. However, if your sleep is repeatedly interrupted because of a chronic sleep disorder, thus not allowing natural deep sleep to occur, *there is a very good chance that you will feel tired, fatigued or sleepy and may have trouble concentrating or paying attention while awake. Also, sleepy individuals are at far greater risk for driving accidents, get sick more often and have trouble maintaining their weight.* Go back up to the beginning of this chapter where we listed the symptoms associated with poor sleep. If you "see yourself" in those symptoms, then take us seriously. And, Oh, by the way, we are going to help you...you just have to commit to letting us help you to fix the problem.

### **Insomnia:**

Insomnia is a catchall term for the many conditions that keep us from getting enough sleep. It could be related to trouble falling asleep, or waking up frequently during the night or early in the morning. It may be related to a one-time event, such as the loss of a job or relationship. It can be chronic, which means a critical problem over a long period of time. Only recently have physicians and other health care workers begun to take the complaint of insomnia seriously, in large part because the vast increase in voiced concerns from patients about this condition.

**Who gets it?** Insomnia has many possible causes including stress, anxiety, poor sleep habits, depression, jet lag, medications, food, and lifestyle choices such as smoking and drinking. Perhaps the biggest contributor to chronic insomnia is denial. In our 24/7 society, daytime fatigue and irritability are considered par for the course. We attempt to

get by with less sleep than our bodies and brains need. Guess what? Your mother was right. Your lack of sleep “will catch up with you.” Eventually, those who gallop through life at full speed, despite the warning signs will run headfirst into a roadblock called poor

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health. There’s simply no getting around the basic human requirements our ancestors laid out for us eons ago.

We will deal with stress, anxiety, depression, jet lag, medications, and go in-depth into the lifestyle choices we make in subsequent chapters. **The Basics of Good Sleep** offers possible solutions to sleep problems that are psychological in nature, or that happen naturally as we age and require specific adjustments on our part to work through them easily and painlessly.

There are, however, other conditions that cause poor sleep. These conditions are of an organic or physiological nature and are referred to as sleep disorders. The following is an outline of the more common medical abnormalities that cause poor sleep, and that may require the attention of a doctor.

## **Sleep Disorders:**

**Snoring:** Snoring is a noise produced when the pressurized breath stream passes over the relaxed tissues of the throat (most notably, the soft palate and uvula) and sets these floppy tissues into vibration. Snoring by itself is not considered dangerous, although it can disrupt the sleep of the snorer himself or herself. When someone snores, the noise can partially arouse them from the deeper stages of sleep. They may not be aware of it while they’re sleeping, so they tend to deny that it's a problem (in denial). But daytime fatigue, and those attractive bags under the eyes tell a different story. That story is simply that snoring can prevent good quality sleep. Something else! Excessive and loud snoring may be a marker of obstructive sleep apnea (see definition below), which can be life-threatening. The latest studies show chronic snorers may have a greater incidence of high blood pressure (hypertension).

**Who gets it?** Snoring is not unusual among adults, male and female. In fact, about 60-percent of Americans over age fifty snore. Snoring often disrupts sleep for others in the house as well, resulting in daytime fatigue for all affected. With obesity on the rise nationally, more children are also snoring, which means that they are not sleeping well. When children don’t sleep well, they may exhibit symptoms that simulate, or mimic ADD/ADHD. Hmmmm! That’s interesting. The number of kids in this country who are suffering ADD has exploded into a pediatric epidemic. Obese children...snoring...ADD? Very interesting.

- **Solution:**

There is an array of options ranging from simple outpatient procedures typically performed by Ear, Nose and Throat physicians (ENT’s). These procedures are called Laser Assisted Uvulopalatoplasty or (LAUP), a radio-frequency procedure sometimes referred to as Somnoplasty, or a more extensive surgery known as Uvulopalatopharyngoplasty or (UPPP). All of these procedures are intended to eliminate

or reduce snoring by removing or reducing excess tissues from the upper airway. This opens up the breathing pathway making it easier to breathe during the night.

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**Obstructive Sleep Apnea (OSA):** "Apnea" means "no airflow." Obstructive sleep apnea occurs when the upper airway (the narrow passageway between our nose and mouth at the back of our throats and the lungs) partially or completely collapses and becomes completely or partially blocked. This causes a cessation of regular breathing for short periods of time (between five and 60 seconds). Making things worse, the person suffering OSA can stop breathing as many as 20, 30...even more than 60 times per hour. Excessive snoring is usually associated with sleep apnea. **Middle-of-the-night heart attacks, high blood pressure, stroke, cardiac arrhythmia's, diabetes, difficulty with weight control, daytime fatigue (including falling asleep while driving), poor focus, memory lapses, irritability and poor libido are all associated with obstructive sleep apnea.**

Drinking alcohol can make obstructive sleep apnea worse because it relaxes the muscles in your throat and the tongue causing them to collapse even more than they might normally.

**Who gets it?** It was once thought to be the scourge of primarily overweight, middle-aged and elderly men. However, researchers now realize that abnormal breathing during sleep can affect people of any age or sex. In fact, at least thirty percent of those affected with sleep apnea are not obese. Most people with the disorder have a smaller than normal upper airway and other subtle bone and soft-tissue differences, therefore, the condition can be inherited. People can also do it to themselves. Extra tissue in the oropharyngeal airway is common in overweight men with short, thick necks and that extra tissue (fat deposits) causes a "crowding" of the upper airway.

**Solution:** As we just said, sleep apnea can be life threatening. It can cause severe daytime sleepiness and symptoms of depression. Drops in the levels of oxygen in the blood during sleep, may cause awakenings among those with sleep apnea.

For these reasons, if you suspect you may have sleep apnea, you need to see a doctor. There is a small mask that fits over the nose and/or mouth called a **CPAP** (Continuous Positive Airway Pressure). This device provides air pressure that supports the walls of the airway during sleep. There are a number of alternative procedures or surgeries in which a doctor might remove the extra tissue to widen the airway, or treat the tongue in such a way as to prevent it from relaxing during sleep and collapsing backwards, thus shutting off or obstructing the upper airway. One of the latest technologies to treat sleep apnea is called **somnoplasty**, which involves temporarily inserting small electrodes into the tissue of the tongue and the walls of the upper airway. The needles emit radio-frequency energy that cause mucosal and fatty tissue beneath the skin to shrink and tighten, thereby widening the air passage.

**Narcolepsy:** Narcolepsy is a neurological disorder that causes excessive daytime sleepiness. It is the second most common cause of disabling fatigue, affecting about one

of every two thousand people in the world. Those who suffer from narcolepsy have sudden “sleep attacks” that can happen at any time, any place.

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**Who gets it?** There is a definite genetic component to this disorder involving a chemical imbalance in the parts of the brain that control wakefulness and sleep, although many people with narcolepsy report no family history of the ailment.

**Solution:** There is no cure yet for narcolepsy, although the symptoms are controlled through scheduled daytime naps and stimulants such as amphetamines, which control the tendency to fall asleep at inappropriate times. Antidepressants also work to suppress sudden REM sleep.

**Restless leg syndrome:** This is described as a chronic discomfort in the legs and feet. The feeling peaks during the evening and night. Those with restless leg syndrome may feel the urge to move their legs and feet to get temporary relief. As a result, this may delay getting to sleep and also cause awakenings or arousals during sleep, leading to daytime fatigue.

**Who gets it?** Restless leg syndrome is a common problem among middle-aged and older adults. It is a possible indicator of kidney or liver failure, some nerve disorders, vitamin deficiencies, pregnancy, iron deficiency. It may also be associated with the use of some medications including antidepressants. The condition is more common in women than men and may be hereditary. About fifty-percent of those who have restless leg-syndrome have relatives with the same condition.

**Solution:** Nutritional supplements which include magnesium, potassium, calcium, vitamin E and folic acid. Many times, the supplements need to be in high dosages and prescribed by a doctor. There are also some prescription medications that are very effective.

**Chronic pain/Fibromyalgia:** As we age, the little aches and pains, the backaches, the headaches, the overall stiffness in our joints caused by arthritis, the burden of extra weight on our muscles and bones take their toll. We prop ourselves up on pillows, turn on the heating pads and swallow a handful of painkillers, desperate for relief. No wonder we have trouble sleeping!

Until recently, the terms *fibromyalgia* or *fibrositis* were not well known. Now, as baby boomers age, they have become the buzzword among physicians dealing with patients who suffer from an uncertain source of debilitating pain. Fibromyalgia is pain in the soft tissues of the body, particularly in the tender points along various muscles. Interestingly, but by no means surprisingly, the painful symptoms associated with fibromyalgia are exacerbated by poor sleep or a lack of sleep. Fatigue, sore throats, and other aches and pains are also common with this condition.

**Who gets it?** Fibromyalgia is most common (80-percent) in women of childbearing age.

Because it is so heavily identified with the female sex, look for a more in-depth discussion of this condition in *Chapter Two*, where we take on the gender gap of sleep.

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**Solution:** Exercise is the best remedy for sufferers of fibromyalgia and those with chronic pain. Stretching out the limbs and joints can go a long way in managing the pain. Sleeping pills can actually make matters worse if taken on a long-term basis.

Whatever the source of your particular sleep problem, whether it be physical or psychological, everyone needs to follow the basic rules of good sleep hygiene. Here is a list recommended by top sleep experts:

### **Good Sleep Hygiene: The Basics**

\_\_\_\_\_1. Go to bed and get up at the same time every day (including the weekends, when possible). Sticking to a schedule helps regulate your internal clock that in turn regulates your sleep-wake cycle. We will learn more about this in Chapter Two.

\_\_\_\_\_2. Exercise regularly. Every healthy routine includes exercise, but this is not just about getting or staying in shape. Regular, moderate exercise deepens sleep. People who exercise for 30-40 minutes, four days a week report sleeping an hour longer and cutting in half the amount of time it took to fall asleep. *However, don't exercise right before going to bed! Leave a space of about 3 hours between vigorous exercise and bedtime.!*

\_\_\_\_\_3. Turn down the sound. Many people are light sleepers, easily disturbed by noises. Wear ear-plugs or turn on a fan or white-noise sound machine to muffle external sounds.

\_\_\_\_\_4. Darken the room at night. Even small amounts of light may disturb sleep. Try using heavy curtains or shades to block out light and get rid of any alarm clock with a lighted dial.

\_\_\_\_\_5. Avoid oversleeping. Sleep only as much as you need to wake feeling refreshed. Too much sleep, which is often a symptom of depression, may leave you feeling fatigued.

\_\_\_\_\_6. Let natural light awaken you. Open the curtains in the morning and let in the light through clean windows. Turn on the lights in the house and let your brain and body know its time to get up!

\_\_\_\_\_7. Break up your sleep, if necessary. Don't be afraid to break up your sleep into two periods. A short nap in the afternoon and a longer stretch at night.

[IN A BOX:

Guide to the perfect nap

Sleep experts generally discourage napping during the day.

However, if you must nap, then do so **AT THE SAME TIME EVERY DAY FOR THE SAME AMOUNT OF TIME.**

Occasional naps at various times, and naps longer than 15-minutes actually inhibit continuous sleep at night.]

\_\_\_\_\_8. Sleep cool. Rooms that are too warm may disturb sleep.

\_\_\_\_\_9. Avoid caffeine. Many people have difficulty sleeping after they ingest coffee, tea, cola, or other beverages or foods such as chocolate that contain caffeine. *Caffeine can have an affect on your body for up to 20 hours after ingesting it!* Try a warm, herbal tea or warm milk before bed. Milk contains tryptophan, which helps induce sleep. Some aspirins contain more caffeine than a cup of coffee!

\_\_\_10. Limit alcohol. For some people, a glass of wine or some other alcoholic beverage helps them fall asleep. But beware! Alcohol also tends to fragment sleep and may cause “rebound” awakenings through the night. If you do consume alcohol, do so several hours before retiring. (9)

\_\_\_11. Eat a snack. Hunger pangs may interfere with sleep. Try crackers and cheese, a piece of toast, or warm milk and honey to take the edge off of hunger. Carbohydrates, such as bananas and bagels, help stimulate the body’s natural sleep hormone, serotonin. Avoid foods high in protein, fat, sugar or foods that are acidic, especially if you tend to get heartburn.

\_\_\_12. Stop smoking. We all know that cigarette, pipe and cigar smoking are bad for your general health, but chronic tobacco use may also disturb sleep.

\_\_\_13. Reserve your bed for sleep and sex only. Some sleep experts recommend only sleeping in bed. Reading, watching television, doing crossword puzzles, finishing paperwork and other activities should be reserved for the living room or other parts of the house. Your mind should associate your bed with sleeping.

\_\_\_14. Go with the flow. If you can’t sleep, don’t fight it. Go into another room and read, watch TV, or do some other activity (except for working on a computer) until you feel sleepy. Make sure the material you chose does not make you anxious or upset.

As we move along with the chapter segments, you will begin realizing the importance of each item and feel more compelled to follow the dictates for your own health and mental well-being.

### **Charting the course:**

As we conclude this first chapter of **The Basics of Good Sleep**, print out the page below or get a blank piece of paper and use the space to summarize your feelings about what you’ve learned, and how it may relate to your unique situation. Remember that we are just getting started! *Chapter One* is meant to pinpoint any problems that may require a doctor’s attention right away. Certainly, if you or someone you love is suffering from a life-threatening or otherwise dangerous illness, we do not want to delay treatment, but in fact, urge you to find quality care.

From here, we can begin to explore how age affects the way we sleep, and the difference between men and women in terms of getting needed sleep. Then, we will start getting proactive by way of strategic home design and creating a calming atmosphere. We will learn the benefits of managing stress by the way in which we react to it. So you see, there is still so much ahead!

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## ***Chapter Two:***

### **Getting into the Rhythm of Life** ***From birth On—How Age Affects the Way we Sleep***

Don't believe the rumors. It doesn't matter if you're 25 or 85. Most people STILL NEED between 7 and 9 hours of sleep a night. A recent study at Penn State College of Medicine, as a matter of fact, showed that getting just six hours of sleep a night is associated with increased daytime sleepiness, decreased performance, and a change in blood factors that could lead to cardiovascular disease and osteoporosis.

*How well you sleep* does, however, ebb and flow through the years. In **Chapter One**, we discussed some of the more common sleep abnormalities, from snoring and sleep apnea to basic poor sleep habits. We noted the importance of sleep and why no one can function for very long without it. It is a fundamental element of life, which helps to keep our internal system in order and our years of good health ahead of us.

In **Chapter Two**, we learn that while everyone needs sleep, it is not a one size fits all proposition by any means. Some people have a genetic disposition requiring longer hours of sleep, while others are just the opposite and feel as though they can get along fine with fewer hours. We also learn that age *does* have an affect on the *way in which we sleep*.

How do you know if you're getting enough sleep? Ask yourself these questions about how you feel during the day:

3. Are you tired?
4. Do you feel rundown?
5. Do you lack the energy you once had?
6. Do you feel depressed or pessimistic about life?
7. Are you short tempered with those around you?

A yes to any one of these questions may be an indication of a sleep problem.

### **Shedding Light on the Issue:**

Here's a term you need to know. It may well hold the key to getting the sleep you need. **Circadian Rhythms**. Everyone has them. They're as old as the human species. Whether we move to the ancient beat of our internal clock in a way that promotes good

rest is clearly up to us. It is also clear that millions of people do not, and as a result spend countless hours staring at the walls of their bedrooms wondering when sleep will come and then spending the next day, half asleep on the job or at school.

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What doctors refer to as our “master biological clock” is really a small cluster of brain cells or *neurons* located in back of our eyes where the fiber tracks from both the right and left eyes cross. Thus, important visual information coming from the outside world is immediately translated for our internal systems. The amount of light received through the eyes continuously *resets our clock*, much in the way grandpa would set his pocket watch each morning and perhaps again in the evening. The fact is, many of us are running on clocks that are either too slow or too fast and could use a good tune up!

Recently, sleep therapists have learned how to manipulate our light/dark rhythms through use of specially designed bright lights. There are many on the market from which to choose ranging in price from \$200 to \$800. Since they are primarily for serious circadian rhythm disorders and pose a risk of eye and skin damage if used improperly, we recommend you consult with a specialist before choosing one.

*The good news*, however, is that natural light and creative lighting arrangements in your home and office can have similar *beneficial effects* as the just mentioned bright lights for most of us. Remember, long before the invention of the light bulb or the advancement of the technological age (which brought us inside and glued to our computers), our ancestors spent most of their time outdoors during the day and in bed by sundown. Maybe its time to revisit some of that logic.

Is it time to reset *your* clock? Let’s find out...

### **CHILDREN:**

When newborns first enter the world, the introduction of light is a shock to their senses. Their world inside the womb was dark and cozy. It takes a few months to become accustomed to the differences between night and day. By the end of year one, they are on a twelve-hour per night sleep schedule that should continue through about age ten.

When young children become whiny during the day, parents and caregivers naturally suggest a refreshing nap. Doctors recommend that by the time a child reaches school age, however, those naps should go the way of diapers. By that we mean, get rid of them!

Herein, lies the problem. With today’s loaded schedules of baseball practice, dance lessons and any one of a dozen after-school activities from which to choose, many school age children are exhausted by day’s end. Homework is crammed in between those activities and dinnertime. The evenings are filled with action-packed television programs and frantic, often violent, computer and video games. Bedtime is postponed until nine or ten o’clock. When they arise at six or seven AM, their sleep schedule is reduced to as

little as eight hours, which is four hours less than optimally suggested by sleep experts. As with adults, your child's cumulative sleep debt takes its toll and simply *must be repaid!*

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How do over-stimulated children respond to this exhaustive lifestyle? Do they take it upon themselves to go to bed early, or even on time? I believe that if you ask the parents in your neighborhood they would absolutely say NO! Children respond to hyperactivity and over-stimulation by *becoming even more hyper!* They still need 10-to-12 hours of sleep at night, whether or not they admit it, and it is up to the parents to watch the clock and make sure they get it –or risk becoming exhausted themselves.

The truth is, many parents never even consider a lack of sleep as being a possible reason why their son or daughter is not paying attention during the reading of a story, or can't sit still in the classroom. Instead, they worry the problem may lie with one or another of the much talked about dangers lurking in the playground, **Attention Deficit Disorder (ADD)** and **Attention Deficit Hyperactive Disorder (ADHD)**.

Let's talk about the symptoms to find out what might really be going on.

### **ADD/ADHD symptoms comparison:**

While there is no scientific test to determine ADD/ADHD, the signs and symptoms are usually divided into two broad categories: Inattention and hyperactivity-impulsive behavior. For a child to be labeled ADD/ADHD, he or she should show six or more of the following symptoms from each category for at least six months. Furthermore, these symptoms must significantly affect the child's ability to function in at least two social settings, typically at home and at school. Symptoms of ADD/ADHD typically appear between the ages of four and six.

#### ***Inattention:***

- 1 Often fails to pay close attention to details or makes careless mistakes in schoolwork or other activities.
2. Often has trouble sustaining attention during tasks or play.
3. Often doesn't seem to listen when spoken to directly.
4. Often doesn't follow through on instructions and fails to finish schoolwork, chores or other tasks.
5. Often has difficulty organizing tasks or activities.
6. Often avoids or dislikes tasks that require sustained mental effort, such as schoolwork or homework.
7. Often loses things needed for tasks or activities, such as books, pencils, toys or tools.
8. Is often easily distracted.
9. Is often forgetful.

#### ***Hyperactivity-impulsivity:***

1. Often fidgets with hands or feet or squirms in seat.
2. Often leaves seat in the classroom or in other situations where remaining seated is expected.
3. Often runs or climbs excessively when it's not appropriate.
4. Often has difficulty playing quietly.

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5. Is often "on the go" or acts as if "driven by a motor."
6. Often talks excessively.
7. Often blurts out the answers before questions have been completely asked.
8. Often has difficulty waiting his or her turn.
9. Often interrupts or intrudes on others by butting into conversations or games.

The key word here is "often." Most children display the above behaviors at one time or another. Young children are naturally energetic and wear out their parents long before they're worn out themselves. For older children, even, their attention spans often depend on how interested they are in a particular activity. Have you noticed how teenagers can spend hours listening to music, yet can't get through a page of homework?

The same is true of hyperactivity. And, as already mentioned, children may become *even more* active when they're tired, hungry, anxious, or in a new environment. Let's take a look at the symptoms of insufficient sleep in youngsters:

### ***Symptoms of Insufficient Sleep in Children:***

- Fatigue
- Irritability
- Edginess
- Problems with concentration and sometimes with memory
- Apparent defiance and belligerence
- Withdrawal
- Sometimes behavioral, learning or social problems at school
- Sometimes blurred vision
- Sometimes vague physical discomfort.

See the similarities?

If after considering the above lists of symptoms over a period of time, you fear your child is, in fact, suffering ADD/ADHD, then an evaluation by a doctor should include a check on other medical conditions that may mimic those of ADD/ADHD. These would include learning disabilities, mood disturbances, seizure disorders, fetal alcohol syndrome, vision or hearing problems and Tourette's syndrome. In addition, depression and anxiety are found in as many as **one-third** of children with symptoms of ADD/ADHD.

Most experts agree that ADD/ADHD is over-diagnosed in the United States. In some areas of the country, as many as 17-percent of children are being treated for it. That's

two or three times the estimated rate of ADD/ADHD in the general population. These children are typically white, male and from affluent families. This has led to concern among some public health officials that ADD/ADHD has become a *fad diagnosis* in certain communities.

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Could it be these children may be receiving psychotropic medications for a condition that could be ameliorated by something as simple as an earlier bedtime?

Before seeking medical treatment for your child, try the following suggestions:

- Keep a regular schedule for meals, naps and bedtime.  
Remember, no naps for a child of school age, except on occasion. Bedtime should be the same for every day of the week and not just school nights (more on that in the next section). Children thrive on reliable schedules.
- Try to keep your child from becoming overtired, **because fatigue often makes symptoms of ADHD worse.**  
No late night Nintendo or other such games. Loosen up on the after school schedule. Turn off the TV and quiet down the house one-hour before bedtime.
- Make sure your child has a quiet place to study.  
A simple desk in the corner of a quiet room is ideal.
- Keep TV sets, computers and video games **OUT OF THE BEDROOM!**  
As with adults, the bedroom should be associated with sleep for youngsters. Today's technological theatrics are too often a distraction and get in the way of a good night's rest.
- Make sure your child's sleep environment is relaxing and uncluttered.  
Use soothing colors and fabrics and get your child into the habit of picking up all those toys on the floor.
- Keep your child's bedroom area dark at night by way of heavy curtains or blinds.
- If you have a nightlight, make sure it is not too bright.
- Get rid of the bedside glass of water (which may force them to wake up and relieve themselves during the night).
- Limit your child's overall consumption of drinks and food containing caffeine and sugar (chocolate, sodas, Gatorade, etc.).
- Restrict food intake in the hours before bedtime.  
Light snacks of cheese and crackers are suggested as a solution for an empty stomach (which could also keep your child awake). No heavy foods close to bedtime.
- Don't allow your child to fall asleep watching television or videos.
- Pre-screen television programs, videos and computer games for appropriate material that will not overly excite.
- Fill the room with light in the morning, either by opening the curtains or blinds, or by using bright light bulbs. This will help your child awaken easily to the day.
- Take a break yourself. If you're exhausted and stressed, you're a much less effective parent. For more on this, see **Chapter Five**.

- Keep a three- week accounting of your child’s sleep pattern. The information you record will help immeasurably if none of the above suggestions work and you decide to have your child diagnosed by a doctor.
  - Make sure you note if your child snores! Twenty-percent of children snore. About one-percent of those do so because they suffer from breathing problems, which in turn lead to sleep deprivation. Allergies could be a reason for increased snoring.
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- Enlarged tonsils are also a possibility. Also, more children are suffering from
  - Obstructive Sleep Apnea Syndrome causes kids to stop breathing while they sleep. Studies show that untreated, OSAS can lead to problems in school, delayed growth and development, and even heart failure. OSAS is more common in boys than girls, although both genders are susceptible. In any case, if your child is snoring, chances are they are not sleeping properly.
- List any night terrors or sleep walking episodes in a journal. These are most common in children between the ages of three and five. They are often triggered by a frightening or stressful event, a fever or illness or use of some medications. Regular bouts of night terrors could lead to a significant sleep debt. Talk about the terrors with your child the next day. Use a “monster spray” to repel the unwanted night guests.
  - Don’t get into the habit of always sleeping with your child. Before you know it, he or she will not be able to get to sleep without you.

## **PRETEENS, TEENAGERS AND COLLEGE STUDENTS:**

Children do grow up, but before they become full-fledged adults they must ride the roller coaster of adolescence and young adulthood. Parents—buckle up, you’re there right beside them, to absorb each bump and twist along the way.

These are the fascinating, yet energy-depleting years (for parents) when fitting in at school is often more important than getting an “A” in science class. Your angelic, contented child is seemingly transformed overnight into an almost complete stranger. He or she suddenly dresses differently and acts “weird.” *‘No, you are the one who is weird!’* they argue. Yes, those hormones are running wild.

In the midst of all this tumult, sleep, or the quality and quantity of it, are often overlooked. By age twelve or thirteen most kids get themselves out of bed in the morning and dressed for school. They are becoming competitive on the playing field and earning athletic and scholarship points for those college resumes. You are proud of them and eagerly escort them to each event and accept their late night homework rituals. So what if they talk too long on the phone with their friends or chat endlessly on the Internet. After all, they didn’t get back from their after-school activity or work until seven o’clock. They deserve it, right?

Wrong. Those circadian rhythms are also growing up and wreaking havoc in the minds of our young people. There is mounting evidence from research in a field called *chronobiology*, or the biology of time, that suggests our internal clocks begin at this stage to essentially delay the “sleep-on” setting until many hours after the sun has set. This is one reason why so many adolescents begin resisting an 8, 9 or even 10 o’clock bedtime. The bedtime wars are at their peak during these years! If forced to lie down, they will stare blankly at the ceiling for hours until sleepiness occurs.

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The problem is, if you let them set their own bedtime, watching late, late shows or renting a video, the clock will keep getting pushed back until sleepiness is delayed until the wee hours of the morning. Conversely, a feeling of wakefulness will not come until midday. This is called **Advanced Stage Syndrome**. Your child will risk falling asleep in class or walking around in a zombie-like state. He or she will want to snooze in the afternoon before repeating the destructive cycle of chronic sleep deprivation. So, what do you do?

### ***Bad Ideas:***

*Rewarding your preteen or teenager for going to bed on time by allowing him or her to stay up late on the weekends.*

Just by staying up late two nights out of the week (Friday and Saturday), you are accomplishing the equivalent of crossing over a few time zones heading west. The problem comes in when it’s time to go to bed earlier on Sunday night (heading back east a few time zones). The reverse occurs and your child experiences the same symptoms as **jet lag**. Two nights is enough for the biological clock to reset. There is a strong likelihood that sleep will not come for several hours. *Worse, it may take up to three days for the biological clock to reset again. That means they suffer jet lag (constant sleepiness during the day and sleeplessness at night) for three of the five days of the school week!*

*Allowing your older child to have a television, VCR, video games, computer and/or telephone in the bedroom.*

News accounts abound concerning the risks of allowing Internet access to children without parental oversight. Well, now you have a new weapon in your arsenal. Studies show that the computer allows people to stay up passively, but interacting so that it’s stimulating enough to stay awake. Before they know it, it’s three in the morning, and they’re not the least bit tired. A computer in the bedroom means a teenager can log on late at night without awakening other members of the family. The same is true for TVs, VCR’s, video games and telephones. They may make a teenager feel privileged and independent, but sooner or later (probably sooner) the crankiness of a sleep deprived son or daughter will get to everyone.

### ***Good Ideas:***

- *Explain the importance of sleep from a scientific point of view.*

Preteens, teenagers and college students generally appreciate being spoken to as the young adults that they are. Tell them your concern for their sleep and show them the information printed above about circadian rhythms and their own internal biological clocks. Ask them about how sleepy or not sleepy they feel during the day. Include them in your search for an answer to helping them sleep the proper number of hours each night, which research has clearly defined as **9.7 hours** for preteens and teenagers.

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- *Remove the TV, phone, computer or VCR from their rooms.*

If your teenager already has these things, then removing them will be difficult. Is there another room in the house where you could set up a quiet corner for your child where he or she can find alone time? Independence and a sense of “being their own person” is important at this age and should not be overlooked.

However, if getting to sleep on time is a problem for your child, then you must explain why these measures are important. It might help to remove the television and computer from your own bedroom. Good sleep hygiene is for all generations!

- *If a reward system is needed for getting to bed on time, then make the reward a new shirt or small gift item.*

Food should never be the reward since that can develop bad eating habits later in life (rewarding yourself with an ice-cream sundae each time you get a promotion, for example). The reward should be given after your child goes to bed at the same allotted time *every night* for a month. That should be enough time for him or her to feel the benefits of quality sleep.

- *Lights out at 7pm.*

Whatever the designated time, your child’s bedroom lights should go off at that time. Once again, use heavy curtain material or opaque shades on the windows. If your teen still has a nightlight, make sure it does not light up the whole room. Slow down the after school activities or work schedule in order that your child can sleep for seven to nine hours uninterrupted. No phone calls from friends after a certain time. No instant e-mail messages late at night. Assure your child that he or she will not feel sleepy at first at the new bedtime, but that over time this strategy will work.

- *Fill the room with light in the morning.*

Wash those windows. Make sure the sun can shine through at full strength! Make a habit of opening the curtains or shades at the time your child awakens. If this is not possible, make a note reminding him or her to do so. Replace all the light bulbs with high wattage bulbs. Make sure the bathroom is well lit. Consider placing a desk lamp on the bathroom counter for extra light. Dressing in the dark is the worst thing a teenager or college student can do! It is better to let their internal clock know for certain that the day has started and that he or she is raring to go!

- *Consider investing in a therapeutic Bright Light if nothing else works.*
- Circadian rhythms can get seriously out of whack during these years. With a

doctor's guidance, the right light for your son or daughter can be used to reset a biological clock that has been allowed to remain out of sync for too long. Usually, this would be a high voltage desk lamp or rectangular light box. Your child would be required to sit in front of it for a specified period of time each day until the sleep cycle returns to normal.

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## **STRESSED OUT ADULTS AND BUSINESS TRAVELERS:**

If we thought the teenage years were bad, no one could have prepared us for the rough and tumble “real” world of adult life. A mean boss, difficult working environment, unusual work shifts, unmanageable children, uncaring spouse, isolation, boredom, deteriorating health. There is no end to the list of what might be ailing us!

Studies show that adults sleep an average of 6.9 hours per night on weeknights and 7.5 hours per night on weekends. *Only 30-percent of adults are getting the requisite eight hours of sleep each night. Nearly 40-percent report that they are so sleepy during the day it interferes with their activities at least a few days a month.*

Is this a problem? You bet it is. Too little sleep has always been linked with poor performance on the job. Major disasters have been tied to a lack of sleep. Three Mile Island, Chernobyl, The Space Shuttle disaster and the Exxon Valdez oil spill. The National Highway Safety Administration reports that falling asleep at the wheel while driving is responsible for 100,000 crashes and 1,550 death a year on the road!

How we feel about ourselves and life around us is directly related to how well we sleep. According to the National Sleep Foundation, those who get less than six hours of sleep on weekdays are more likely to describe themselves as stressed, sad and angry. Late nights have also been linked with overeating and could be part of the national obesity problem. People who feel sleepy during the day are more likely to report dissatisfaction with life. On the other hand, those who *do* get enough sleep are more likely to describe themselves as full of energy, relaxed and happy.

Which category would you rather fit into? The stressed sad and angry crowd, ready to lash out at anyone who gets in your way including the driver who cuts you off on the road? Or the energetic, relaxed and happy crowd—albeit a smaller group—wondering why the rest of the world is so...uptight!

Just as there are at least 70-types of insomnia, there are as many physical problems that keep us from getting the rest we all need. Here are some of the more common categories for adults:

### **Sleep Apnea:**

We defined Sleep Apnea in *Chapter One* and, in fact, will learn much more about it in *Chapter Three*, when we discuss the gender gap of sleep. However, it must be pointed

out here that the obstructive sleep apnea disorder is the cause of excessive daytime sleepiness experienced by well over twenty million Americans! Having a partner note any snoring or irregular breathing in your **Sleep Diary** will help in determining whether you have this.

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### **Panic Attacks or Chronic Tension:**

Individuals who experience panic attacks or chronic tension in the night have repeated partial arousals from non-REM sleep, with up to several arousals per minute. These mini-awakenings often are accompanied by abrupt increases in pulse, flushing of the face and clenching of the teeth. Many times, the arousals are too brief for the person to recall, but result in light, fragmented sleep, daytime sleepiness or both. This may explain why some people believe they are getting a full night's rest, yet still feel sleepy during the day.

**Who gets it?** Perfectionists or individuals who are extremely conscientious. Those with high stress jobs or home lives who run on full speed all day and then collapse in bed at night. They swing between extremes of intense work at high speed, followed by exhaustion and fatigue.

### **Periodic Limb Movement Syndrome:**

PLM involves the repeated upward jerking movements of the toes, ankles, or entire leg at nearly predictable (usually every 20-40 second) intervals in sleep. Be partners may complain about being kicked repeatedly!

**Who gets it?** PLM is particularly common in older people and in those taking medication for depression. People with PLM may note repeated awakenings and daytime fatigue.

### **Reflux or Regurgitation of Stomach Acid up into the Esophagus:**

As we grow older, some of us may experience more gastroesophageal reflux (GERD), or a backflow of acid that can give us chest pain indistinguishable from coronary disease symptoms. Shortness of breath, wheezing and coughing may also become more common during sleep and can be aggravated by sleep apnea. Nocturnal chest pain and shortness of breath can also result from heart or lung disease, which in turn are sometimes aggravated by sleep apnea.

**Who gets it?** Lots of people experience heartburn after a large meal, or eating something spicy. Obviously, it is important to make sure your heart and lungs are in good shape and that sleep apnea is not the cause of your problems. Keeping a journal of what you eat during the day may help pinpoint the cause of the reflux. A change in diet may be recommended. Also regular exercise may be what's needed to get your body back into shape in order to eliminate these occurrences that are keeping you from restful sleep.

GERD is a lot more serious and if you experience chronic and very noticeable discomfort, particularly at night, you must see a doctor.

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### **Psychophysiological Insomnia:**

This is when we worry so much about being able to fall asleep that the thought alone keeps us awake!

**Who gets it?** Anyone who has had trouble getting to sleep in the past. They have come to equate their beds with an unpleasant nightly struggle that leaves them exhausted during the day.

### **Adjustment Sleep Disorder:**

The temporary insomnia difficulties related to acute stress, conflicts or environmental change. It may also involve sleep disruption with early awakenings.

**Who gets it?** Individuals going through divorce or separation, job change, selling or buying a house, moving or death in the family. Life is full of struggles and our entire bodies go through those struggles with us. You can't fool your brain. Just saying that everything is fine will not guarantee a good night's rest. Not analyzing the situation or ignoring the problem will just result in lost sleep, which in turn will make it more difficult for those individuals to deal with what's happening during the day.

### **Delayed Sleep Stage Syndrome:**

Some people are "night owls" whose internal clocks are not synchronized with the normal schedule in our society. Such people may be able to fall asleep and wake up ready only at times that are incompatible with a conventional day-shift schedule.

**Who gets it?** Many doctors believe that delayed sleep phase syndrome actually starts in those teenage and college years. All of those years staying up late have taken their toll. People with this syndrome have altered their circadian rhythms so that getting to sleep is delayed until four in the morning, and full awakening does not occur until the afternoon. Bright light therapy may be the best option. Also, readjusting your senses to the proper daylight hours will certainly help. We will discuss this in detail on Day Four.

### **Late Night Work Shifts/Double Shifts:**

Most people who do either rotating shifts or permanent night shifts never adequately adapt so that they can get sufficient sleep. In a recent Harris Poll it was discovered that more than three-quarters (77%) of shift workers get six hours of sleep or less per 24-hour period on workdays; 44% get five hours of sleep or less. As we have already discovered, that is not enough rest! Our circadian rhythms naturally promote sleep at nighttime. The

circadian system is usually reset daily around dawn. When people who have worked all night then go out into the sunlight to get home around seven a.m., *they exposed themselves to the same biological signal as everyone else who just slept all night and are ready to start a new day*. The circadian system promotes alertness during the daytime.

After working a night shift, people can usually go home and sleep a few hours, but rarely for eight hours. Their sleep is fragmented, and thus not nearly as effective. In many

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ways, late night shift and double shift workers experience the same symptoms as jet lag. They may benefit from keeping out of the bright light after finishing their night shift, if possible.

### **Business Travelers:**

“Jet lag” is called the traveling sleep disorder. Millions of travelers struggle from what was once thought to be a state of mind. Now, however, researchers have determined that the condition actually results from an imbalance in our body’s natural biological clock, which is slow to adjust when traveling through different time zones.

Distance travelers spend several days trying to catch up on their sleep.

There are some simple behavioral adjustments travelers can make before, during and after arriving at their destination to minimize the effects of jet lag:

- Select a flight that allows early evening arrival and then stay up until 10 p.m. before retiring that first night.
- Anticipate the time change for trips by getting up and going to bed earlier in the days prior to an eastward trip, and later for a westward trip.
- Upon boarding the plane, change your watch immediately to the destination time zone.
- Upon arrival at a destination, avoid heavy meals.
- Try to get outside in the sunlight whenever possible. Daylight is a powerful tool for regulating the biological clock (staying indoors worsens jet lag).
- Bring elements or objects from home that will make you feel comfortable, such as a picture of the family or favorite coffee mug.
- Check your room for potential sleep disturbances that may be avoided, such as see-through drapes or unwanted outside noise.

### **THE ELDERLY:**

It is simply not true that we need less sleep as we grow older. However, it is true that our ability to sustain *continuous* sleep decreases with age. Although older people spend about the same time in REM (dream) sleep as younger people do, they get less of the deeper stages of sleep they need and awaken more frequently. Studies show that some people over age sixty may awaken briefly well over a hundred times a night, obviously resulting in some daytime fatigue. The fact that older people have trouble sleeping may be part of the degenerative process of aging.

Luckily, research also shows that our bodies are programmed for at least one daytime nap, and the opportunity to nap increases with retirement and older age. Many seniors find a 15-minute nap after lunch is enough to carry them through the rest of the day.

A major concern is the overuse of prescription drugs and over-the-counter sleep aids among seniors. While people over age 65 make up about 13-percent of the American population, they take more than 30-percent of the prescription medications and 40-percent of all sleeping pills! Some research suggests that some of those sleep

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medications may not work in the elderly and may, in fact, make the situation worse. Our bodies break down drugs less efficiently as we age.

Another factor that may compromise the sleep process as we get older is the likelihood of developing chronic medical conditions. We have already listed some of them. A few others are asthma, heart disease, arthritis and fibromyalgia, or chronic pain.

Chronic pain in the back, neck, arms and feet can get worse with a lack of sleep. Likewise, seniors who find their way to better rest report a lessening of pain in those areas.

Depression also increases with a lack of sleep among seniors. Conversely, the symptoms of depression can be the cause of sleeplessness. We will discuss that in much greater detail in *Chapter Four*.

Sleep disturbances, wanderings and confusion are common among the elderly. Two-thirds of people living in long-term care facilities suffer from some form of sleep disturbance. In a nursing home or hospital setting, nighttime problems usually continue or increase, prompting widespread use of sedative type medications. Unfortunately, these drugs can contribute to further confusion and an increased likelihood of self-inflicted injuries.

So, what's the solution for seniors not getting enough sleep or feeling fatigued during the day? The basic rules of Good Sleep Hygiene apply for all ages. Consult the list on Day One of the workbook, and add these:

- *Take a walk in the early evening.*

A nice stroll at around six o'clock or before the sun goes down is a good way to beat the early evening doldrums and stay awake until eight or nine P.M. Look up into the sky and let that late afternoon sunshine work its magic on your circadian rhythms.

- *Take a nice warm bath.*

Just before bedtime, a nice bath (not a shower!) can truly prove helpful.

- *Listen to tranquil music while you bathe or get ready for bed.*

Make your bedtime ritual enjoyable.

- *If you awaken in the early morning and can't get back to bed, read a book in the next room, but try and use low lighting.*

The harder one tries to sleep, the more elusive sleep becomes. Try not to worry about it. Tell yourself that your body knows the importance of sleep and that it will come naturally if you just learn to relax.

- *Get out into the sun at 7 a.m.*

If the sun is shining, then go outdoors at this most optimum time of the morning. If gardening is your thing, get out the hose and water the plants yourself. Eat your breakfast on the back porch. Enjoy the beauty of nature.

- *Get outdoors as often as possible during the day.*

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Use sunscreen and long shirts and pants, but don't stay out of the sun! Studies have shown that a ten-minute walk is more effective than a ten-minute nap at re-awakening our senses. This is your life. Don't spend it nodding off in the living room lounge!

### **Charting the Course:**

It certainly took a lot of space to go through all of the changes we experience throughout our lives as it relates to sleep. It is sad to think that so many people are walking around not enjoying the full impact of living, but rather subsisting in their sleep-deprived world, wondering why they feel so burned out and blue.

Now that we know many more of the symptoms and causes of sleeplessness and how they affect us through the years, we turn to differences in gender to find out how we respond to these changes. Men and women are different in so many ways! Finding the source of your daytime fatigue or nighttime sleep struggles is only half the battle, as you will find out in *Chapter Three*.

Are there some hidden hindrances to sleep you've uncovered on these pages? How about your children's sleep and daytime emotional patterns? Have you already decided that there are changes you need to make in your household to create a more restful environment?

We'll explore tested coping strategies and ways to promote healthy communication in *Chapter Five* so that your peaceful haven stays that way and is not disrupted by unnecessary hostility within the home. If you are anxious or depressed and have tried just about everything to no avail, including the suggestions in this comprehensive program, then *Chapter Four* will address your personal circumstance and give you direction to go from here. Finally, a frank and open discussion about diet and exercise rounds out our in-depth look at sleep in *Chapters Seven and Eight*. Our body and mind make up a complex machine. Ignoring even one facet of its design can result in a debilitating breakdown of the whole.

Take time right now to print out the page below or get a blank piece of paper and write down some of your thoughts. You've made an investment in your future. These are thoughts and ideas you can always review later as reminders or as proof of how much better you will feel!

***Chapter Three:***

**The Gender Gap of Sleep**

*All is not created equal when it comes to getting our Z's*

At first glance, it may seem a little strange to have one chapter out of eight dedicated to the difference between how men and women sleep. If sleep is so basic to life, then it stands to reason that all living, breathing beings close their eyes and drift off to dreamland in much the same way. In an age in which women have so successfully closed the gender gap in most aspects of the business world, why point out any miniscule variations in our sleep patterns?

The answer is, because the differences are so great! Too great, in fact, to be ignored. Let's face it, men and women have very different bodies that function in very different ways. We may have equal rights in the workplace, and our bodies may be equally important, but that's where the similarities end.

**MEN:**

You've heard the little joke about how men prefer to drive around aimlessly instead of stopping to ask for directions? This is not the only automobile reference used to denote the behavioral qualities separating men from women (i.e. "*Crazy women drivers!*"). As with any sweeping generality, it is unfair to stereotype and is certainly greatly exaggerated. *Many* men stop and ask for directions. *Many* men would go to the doctor if they weren't sleeping well. However, in a national poll taken by the Sleep Foundation, women were found to report their episodes with insomnia more often than men. In fact, of all the people over age 40 who complain about problems with sleep, there are seven or eight women to every one man. Men are in ***DENIAL!***

As we have already discussed in ***Chapter One***, many people either deny that they have a sleep problem or that it is affecting their lives, or regard their haggard appearance as a badge of super-productivity. Sleep specialists will tell you that more often than not, the men are the ones who fit this description. Of course, we know now that to ignore the

problem is to jeopardize our health and relationships, as well as the safety of those around us. Let's take a look at the areas of particular concern for men.

### **Snoring and Sleep Apnea:**

In his sleep seminars around the country, Dr. David Sparks often sees as many women as men in the audience. The women, however, are not there because of their own snoring and sleep apnea problem. Typically, a woman brings her husband with her (kicking and screaming, no doubt) and she is the one to raise her hand and ask about *his* snoring problem. Although she would sign him up to have a sleep test performed, he often would

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not follow through. Why? Believe it or not, he would say (later, over the phone and out of earshot), "Well, it's her problem. My snoring is really not that bad. She exaggerates."

Here's the truth, guys. From birth on, baby boys have more respiratory difficulties than baby girls, which might explain why they are more often the victims of sudden infant death syndrome. Sleep experts believe one reason may be the female hormone, **progesterone**, which may protect females from breathing difficulties during sleep.

Sleep-related breathing disorders continue to especially plague men as they mature, leading to a higher incidence of **Obstructive Sleep Apnea (OSA)**. We have already defined OSA as a dangerous narrowing of the upper airway meaning anywhere from the back of the nose and throat to the point where the wind pipe, or trachea, divides into the two bronchial tubes leading to the lungs. A typical sleep apnea patient is a middle-aged male. Many times he is overweight with a short, thick neck, although the disorder also runs in families.

The most common signs of sleep apnea are loud, irregular snoring, cessation of breathing followed by snorting or gasping and daytime sleepiness. Someone suffering from this disorder may think he sleeps through the night but actually arouses hundreds of times, disrupting sleep and leading to a feeling of not being refreshed in the morning. The same may be true of his sleep partner who has to endure the noise, movement and ruckus. If you were to visit a doctor's office for a potential sleep problem such as snoring and sleep apnea, your physician would likely give you a test similar to the following:

### *Patient Sleep History Questionnaire: Point Scoring Matrix*

	<u>Points</u>
1. Have you been told that you stop breathing while you're sleeping?	Yes___(4)
2. Have you ever fallen asleep or nodded off while driving?	Yes___(4)
3. Do you awaken suddenly with shortness of breath, gasping or with your heart racing?	Yes___(4)
4. Do you feel excessively sleepy during the day?	Yes___(4)
5. Has anyone ever told you that you snore while you're sleeping?	Yes___(2)
6. Have you had a weight gain and found it difficult to lose?	Yes___(2)
7. Have you taken medication for or been diagnosed with high blood pressure?	Yes___(2)
8. Do you kick or jerk your legs while sleeping?	Yes___(3)

9. Do you feel burning, tingling or crawling sensations  
In your legs when you wake up? Yes\_\_\_ (3)
10. Do you wake up with headaches during the night or  
in the morning? Yes\_\_\_ (3)
11. Do you have trouble falling asleep? Yes\_\_\_ (4)
12. Do you have trouble staying asleep once you fall asleep? Yes\_\_\_ (4)

*Risk Factor Scoring Breakdown*

Low 0-7                      Moderate 8-11                      High 12-15                      Severe 16+  
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So, how did you score? If you think you have a severe sleeping disorder, then please consult our accompanying resource guide to find a doctor or sleep lab nearest you. If sleep apnea, especially, is combined with a heart or lung abnormality, then your life might be on the line. In Elizabeth A. Mitler and Merrill M. Mitler’s book, “101 Questions about Sleep and Dreams,” they write, “In all major metropolitan areas there are medical facilities that evaluate sleep problems, and most have had the experience of an apnea patient dying at home in bed before treatment was given – most commonly while the center’s evaluation had yet to be completed or after the patient had refused treatment for sleep apnea.” Don’t let that sad scenario happen to you! Ask for directions. Get help. *It’s not “her problem.” It’s yours.*

By the way, a reminder that **alcohol** exacerbates the problem by relaxing the muscles in the back of the throat. Alcohol may help you get to sleep faster, but it is also metabolizes rapidly, causing you to wake up a few hours later, so if the snoring doesn’t awaken you (that you are aware of anyhow), the nightcap (or beer) definitely will.

Another problem men face as they age is **benign prostate enlargement**, which causes them to awaken and have to urinate several times during the night, obviously disrupting sleep. Men also face more unusual shift hours at work, the solutions for which we have already discussed in *Chapter Two*.

If we haven’t yet convinced the snorer out there to get help, perhaps the following bit of information will. It is true that most disease-related deaths occur during the night. In fact, the largest number of deaths happen during the hours from midnight to 8am. Diseases such as emphysema, coronary artery disease and some high blood pressure conditions get worse at night. *Difficulties in breathing and irregularities in the control of heart function during REM sleep due to treatable sleep-related abnormalities may needlessly cost you your life.*

**WOMEN:**

Poor Eve! Who would want responsibility for all the cramps, headaches, bloating and bleeding endured by all women throughout the centuries? You’d think that by now we’ve collectively paid back for her transgression.

The truth is, a lot of responsibility has been heaped upon our bodies (to bear children and feed them), and our internal processes are wonderfully complex to deal with it. Unfortunately, the discomfort we must suffer (some more than others) often makes it

difficult to move about our day productively, and can keep us up at night. Hardly any woman is immune to hormonal sleep deprivation at some point in her life.

### The Menstrual Cycle:

Around 50-percent of women have difficulty sleeping for two to three days each menstrual cycle. You can blame your hormones, which rise and fall with near precision over the course of each month. Add to the mix, stress, illness, diet, lifestyle and the sleep environment, and you often have a recipe for restlessness.

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#### *Progesterone—*

Levels of this hormone start off high at the beginning of the menstrual cycle then fall rapidly near the end of the phase. This could be a reason women often find it difficult to sleep at the beginning of their period.

#### *Premenstrual Syndrome (PMS)—*

Symptoms start at about days 22-28 with bloating, headaches, moodiness, irritability and abdominal cramps. The most common sleep-related problems reported by women with PMS are insomnia (difficulty falling asleep, staying asleep, waking up too early or waking unrefreshed), hypersomnia (sleeping too much), and daytime sleepiness.

The normal, healthy sleeper spends about 15-20 percent of his or her sleep time in deep sleep. Women with PMS often experience about five-percent of their total time in deep sleep *all month long!*

## **Monthly Reminders**

### *Exercise regularly.*

Don't you hate being told that over and over again! Yet, so many women *don't* exercise at all. Do yourself a favor. Get out and take a nice walk down the street. As we have already learned, just soaking in the sunshine will lift your spirits. Walk in the morning and then again in the afternoon. If you have a more strenuous workout, remember to finish it at least three hours before bedtime. Exercise is perhaps the best way to relieve PMS symptoms and increase the amount of deep sleep.

### *Eat right.*

Again, how many times do we have to be reminded to eat right, yet a great majority of Americans have terrible diets. We have become a nation of obesity! Getting in shape will go a long way toward enhancing your sleep life—as well as every other aspect of living! Avoid foods and drinks high in sugar, caffeine, as well as salty foods (that increase bloating) and alcohol before bedtime. As we know, caffeine and alcohol disturb sleep.

### *Make sure your sleep environment is restful and welcoming.*

Just remember to try and have a regular bedtime routine and keep a standard bedtime. Make sure your bedroom is dark, cool and quiet and that your pillows, sleep surface and coverings provide you with comfort.

## Pregnancy: Double the Sleep Trouble

A nine-month break from the menacing menstrual cycle does not translate into blissful sleep. On the contrary, 78-percent of women report more disturbed sleep during pregnancy than at other times. *And they often get worse as the pregnancy progresses.*

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### *Physical Symptoms:*

Body aches, nausea, leg cramps, fetus movements and heartburn.

### *Emotional Changes:*

Depression, anxiety and worry. (see **Chapter Six** for relaxation techniques)

### FIRST TRIMESTER (Months 1-3)

Overall sleepiness increases due to high levels of progesterone being produced. Women tend to sleep more during this time than before they were pregnant or later in pregnancy. Disrupted sleep patterns begin. Women begin waking up several times a night to urinate.

### SECOND TRIMESTER (Months 4-6)

Better sleep occurs due to a slowing in the progesterone level. The growing fetus reduces pressure on the bladder by moving above it, decreasing the need for frequent bathroom visits. Sleep quality is still worse than it was before pregnancy.

### THIRD TRIMESTER (Months 7-9)

This is the time when women feel the most uncomfortable. Heartburn, leg cramps and sinus congestion are common problems in the third trimester, as is an increased need to go to the bathroom, thanks to the fact that the fetus has put pressure back on the bladder. One recent study reported that by the end of the pregnancy, 97-percent of women were waking up during the night.

One reason may be *restless leg syndrome*. Up to 15-percent of women develop RLS during the third trimester. Uncomfortable crawling or moving feelings in the foot, calf or upper legs may momentarily disrupt sleep. Fortunately, RLS symptoms usually end after the baby is born. *Medications used to treat RLS may cause harm to the fetus and should be discussed with a doctor!*

### SNORING AND SEVERE DAYTIME SLEEPINESS:

Many women are surprised to realize they are snoring during pregnancy when they never had before. About 30-percent of pregnant women snore due to increased swelling in their nasal passages.

Snoring can be accompanied by high blood pressure, which can put both the mother and fetus at risk. If the blockage caused by swelling becomes severe enough, then *sleep*

*apnea* may result. See the top of Day Three under the heading, **Men**, for information about sleep apnea.

## **Helpful Tips for Pregnant Women**

*Sleep on your left side* during the third trimester.

This allows for the best blood flow to the fetus and to your uterus and kidneys.

Avoid lying on your back for a long period of time.

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*Drink plenty of water* during the day, but cut down in the hours before bedtime.

*Don't eat spicy, acidic, or fried foods.*

If heartburn is a problem, sleep with your upper body elevated 6-8 inches on pillows.

*Exercise regularly.*

There's that exercise reminder again! But exercise will help you stay healthy, improve your circulation and reduce leg cramps.

*Eat plain crackers* or other bland foods throughout the day.

This helps avoid nausea by keeping your stomach full.

*Surround yourself with comfortable pillows.*

There are specialty pregnancy pillows and mattresses. You can try these, or just cuddle up with lots of pillows to ease any discomfort you may have. Try sleeping with pillows under your back and stomach, as well as between your knees.

*Take a nap* during the day.

The poll taken by the National Sleep Foundation showed that 51-percent of pregnant women reported at least one weekday nap. 60-percent reported at least one weekend nap. Just don't sleep too long, or you may have difficulty fully awakening for the rest of the day.

*Take a warm shower or bath just before bed.*

*Ask your partner to massage your back, shoulders and neck.*

### **BABY BLUES:**

There has been much in the news these past few years regarding *post-partum depression*, or the after-birth blues. Usually, this is a temporary condition treatable, if needed, with professional help. Certainly, a woman feeling depressed and suicidal months after the baby is born should be under the close watch of a doctor!

Women often feel guilty for these low mood feelings of sadness. After all, they just gave birth to a baby—what could be more joyous than that!

The truth is once a baby is born a mother's sleep is routinely interrupted by the feeding schedule, especially if she is nursing. As we have already discovered, interrupted sleep leads to feelings of depression. If you are a new mother and suffer from lack of sleep, try the following:

*Nap when your baby naps.*

Resist the temptation to wash the dishes during your baby's naptime or clean clothes. No one expects a new mother's house to be tidy and clean! I mean c'mon!

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*Try to slowly adjust your baby's sleep to fit a day-night schedule.*

Keep your baby as active as possible during the day, then he or she will sleep more at night. This will get easier as the months progress!

*Get some fresh air!*

That's why baby strollers were invented. Take a relaxing walk and take in those feel-good sunrays. You'll both feel better.

*Get some help.*

As much as possible, *sharing baby care to the greatest extent possible*, especially during the night by your partner, is important for the mother's health, safety, performance and vitality.

### Let's Pause for Menopause:

Even if you make it through your childbearing years with ease (you would be one of the few!), more women experience problems with sleep during menopause than at any other stage of life. Snoring, for example, has been found to be more common and severe in post-menopausal women.

As a woman approaches menopause, her ovaries gradually decrease production of estrogen and progesterone. These decreases cause many of the symptoms of menopause, including hot flashes, which are unexpected feelings of heat all over the body. Women who get hot flashes also experience sweating. Around 36-percent of menopausal and post-menopausal women report getting these hot flashes during sleep. On average, they occurred three days per week and interfered with sleep five days per month. Hot flashes persist for an average of five years. Simply put, hot flashes interrupt sleep and frequent awakenings cause daytime fatigue.

### **What's a woman to do?**

*Estrogen Replacement Therapy (ERT) and Hormone Replacement Therapy (HRT)*

Treatment with estrogen replacement or estrogen and progesterone replacement may relieve menopausal symptoms. The degree of relief varies from woman to woman and may depend on the form of therapy taken (pill, patch, gel, cream, injection) and the number of years used. A recent study, however, showed that estrogen replacement may cause other unintended health concerns, such as greater risk of breast cancer and strokes. Your doctor will be your best source of information.

### *Nutritional products and medications*

Many supermarkets are now grouping products targeted at menopausal conditions together on shelves. You will find a vast array of nutritional products such as calcium supplements, vitamin D, and bisphosphonates for the prevention and treatment of osteoporosis (thinning and weakening of the bones). Also, estrogen creams and rings for vaginal dryness, as well as sleep promoting drugs for insomnia.

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### *Alternative treatments for menopausal symptoms*

Check out soy products such as tofu, soybeans and soymilk. They contain phytoestrogen, a plant hormone similar to estrogen and may reduce hot flashes.

Phytoestrogens are also available in over-the-counter nutritional supplements such as ginseng and extract of red clover. (These supplements are not regulated by the Food and Drug Administration (FDA) and long term effects and risks are not yet known).

### **OTHER SLEEP PROBLEMS UNIQUE TO WOMEN:**

The question of whether women simply complain more about sleep was not meant to deride women in any way, but is actually a concept that researchers are busily exploring at this moment!

As a result, in a very few years, women may have a sleep program tailored exclusively for them.

### **Chronic Pain:**

For instance, more women (58-percent) report suffering from nighttime pain than men (48-percent), according to a 1996 NSF Gallup Poll. Migraine and tension headaches, chronic fatigue syndrome and fibromyalgia are all more common among women. These nuisances make it harder to fall asleep or lead to nighttime or early morning awakenings. *Relaxation techniques, biofeedback, cognitive therapy and over-the-counter and prescription medications may help in relieving the pain.*

### **Insomnia:**

While **insomnia** may be the most common sleep problem for both sexes, women report *having* insomnia, or trouble sleeping, more often than men. Fortunately, the best ways to improve sleep for men and women are through many of the lifestyle suggestions we are making in this series of tapes and worksheets! By **Chapter Five**, we will learn some communication tricks between spouses and children that will improve relationships and keep the home calm and peaceful. We will also talk about the role of sex between the sexes. Yes, the best exercise for good sleep (and a good marriage) may be found beneath the sheets of that inviting and ultra-comfortable bed.

### **Sleep Apnea:**

We talked about sleep apnea in the section on **Men**. While more men than women suffer from this nighttime breathing disorder, it increasingly becomes more common in women

over age 50. Please refer to the various treatments listed in *Chapter One*, and seek help in the form of a sleep test as soon as possible. *Sleep Apnea can be life-threatening* for women as well as men.

### **SLEEPING TOGETHER:**

O.k. So I've saved the best part for last. Sex is good for so many reasons. Physical bonding between couples helps to keep relationships intimate and deep. It's good exercise, *and* it helps us sleep better!

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Yet, just as there are differences between the way men and women sleep, the physical act of sex affects the sexes in variant ways, which in turn can lead to discord...and ultimately, less sex.

For men, having an orgasm, either through sexual relations or masturbation, helps them fall asleep faster. For women, the results are not as clear cut. Some women report that after having an orgasm they sleep very well, while other women say they become more alert following sex that leads to an orgasm. Women who stay awake are annoyed when their bed partners roll over and fall immediately into blissful sleep. Psychologists say that by understanding the differences are biological rather than a product of 'male insensitivity' hopefully can ease any hurt feelings.

While we're on the subject, it is perfectly normal for men to have erections during the night. It may happen four or five times a night during REM sleep (where dreaming occurs). The scientific term for this is Nocturnal Penile Tumescence (NPT) and believe it or not, it doesn't necessarily have anything to do with what the dream is about. So called 'wet dreams' are also common and perfectly normal. That's when a dream involving sexual activity leads to emitting seminal fluid. Many times, there is no dream recall.

Women on the other hand experience similar wetness when awakening from dreams. At least a third of all women experience an orgasm during sleep. Such episodes can be disturbing to teenagers and young men and women who feel guilty about it, or perplexed. Parents would be well-advised to talk to their burgeoning adult children about this as part of their sexual education.

### **Charting the Course:**

With the help of someone who knows your sleep patterns, you may come to realize just how serious your sleep problem truly is. Or, you may already be taking steps, such as cutting out alcohol, cigarettes and heavy food, that will have a profoundly positive effect on your overall health, which is tied directly to how you sleep.

Much of it truly is common sense. Sometimes we all need a little reinforcement to get our lives in order!

Open your mind to the possibilities. A warm, cozy abode will go a long way in helping you sleep, *and* providing a sensible, interesting and calming world in which your family

will thrive. Use the space below to list some of the things you are willing to do *now* to ensure better health. Just taking that step will help you rest better tonight!

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## The Soul of Sleep

### *Chapter Four:*

### **Managing Depression and Anxiety. It can be done!**

#### DEPRESSION:

Which came first, the chicken or the egg? Stated for our purposes, which comes first, the depression or the sleep disorder? If you are seriously depressed, there is little doubt that you no longer sleep well. If you don't sleep well, your depression is exacerbated and things get worse. See what I'm getting at?

The Healing Power of Sleep and Relaxation is a program designed to chronicle all the various sleep disorders, their causes and possible solutions, in order to help us lead more active, fulfilling lives while we are awake. Depression, sometimes called 'the common cold' of mental health, is so pervasive in our society –and so greatly affects our quality of sleep –that it is truly deserving of a chapter all by itself. However, beyond defining depression, our emphasis will slant in the direction of self-help Cognitive Therapy, which can be simplified to mean, 'turning pessimism into optimism.' Attitude, combined with a good diet and health routine (as we will find out in Chapters Seven and Eight) work miracles for many people who are at the end of their rope and need a reason to climb back up. Well, hang on, help is on the way!

The National Institute OF Mental Health reports that doctors fail to recognize the signs and symptoms of depression in about 50-percent of cases. In other words, the aches and pains, the sleeplessness or fatigue that compel us to visit the doctor, are often attributed to other ailments, with the underlying cause of depression all too often ignored. Yet, one out of five people will experience serious depression at some point in their lives.

Usually, the first bout of depression comes at around 25-to-30 years of age, although young people including children are becoming victims of depression at alarming rates. Women are three times more likely to become depressed. If you have a relative who is depressed or alcoholic, your chances of developing the same malaise escalates.

#### **Some definitions:**

**Mild Depression:** Lasts for days or even a few weeks.

**Major Depression:** Last for many weeks, months or years.

**Atypical Depression:** Characterized by insomnia, reduced appetite, weight loss or gain, poor concentration and feelings of guilt.

**Bipolar Depression:** Manic/depressive disorder characterized by mood swings ranging from extreme excitement and enthusiasm to severe depression.

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**Unipolar Depression:** Characterized by a more narrow focus of mood swings from normal to deeply depressed.

**Psychotic Depression:** Characterized by deep depression mixed with hallucinations and perceived voices uttering criticism.

### **Are you depressed?**

Here are a few examples of the types of questions a doctor would ask you in order to find out.

Have you felt any of the following for more than two weeks:

(Rate the following on a scale of 1-5 with 1 being the least and 5 being the greatest.)

- \_\_\_ 1. Sad, blue, unhappy or "down in the dumps"?
- \_\_\_ 2. Tired, lacking energy, unable to concentrate?
- \_\_\_ 3. Uneasy, restless or irritable?
- \_\_\_ 4. Do you have trouble sleeping or eating (too little or too much)?
- \_\_\_ 5. Do you feel that you are not enjoying the activities that you used to?
- \_\_\_ 6. Do you feel that you lost interest in sex or are you experiencing sexual difficulties?
- \_\_\_ 7. Do you feel that things always go or will go wrong no matter how hard you try?
- \_\_\_ 8. Do you feel guilty without a rational reason, or put yourself down?
- \_\_\_ 9. Do you feel inadequate, like a failure or that nobody likes you anymore?
- \_\_\_ 10. Do you feel that it takes you longer than before to make decisions or unable to concentrate?

How did you score? Have you ever sought help for your depression? Depending on how well you respond to the suggestions in this kit, you may very well need to see a specialist or psychologist. But first, if your depression is year round and not seasonal, if you are overweight and unhappy yet you lack the motivation to do something about it, then read on. Perhaps the answer to your particular problem lies on these very pages.

**“It’s all in your mind”**

Indeed, our minds are more complex than any manmade computer. How we feel is as important as what we eat in terms of dictating our overall health. You simply cannot fool the human brain! It is well documented that depressed people are far more vulnerable to physical illnesses. Those brain cells are busy sending messages back and forth to all parts of the body, regulating body temperature, hormone secretion, blood pressure and so on. Those dark thoughts in our minds are filling our bodies with negativity, compromising our immune systems, and leaving us open to viral infections and disease.

Sounds like the basis for a horror film, doesn't it? While scientists have long acknowledged the link between mental health and physical well being, the debate rages on as to exactly how it works. Here's a composite of what doctors are now saying:

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**“It's a chemical imbalance”**

When you visit the doctor to seek help with chronic depression, an **antidepressant** may well be prescribed. Medications with names like **Prozac, Paxil, Elavil** and **Serzone** are used to treat the blues by some seventeen million Americans. Without going into the exact biochemical nature of each, it is safe to summarize that the formulations are intended to 'correct' and 'connect' the brain's delicate balance of chemicals including **norepinephrine, epinephrine, serotonin, and dopamine**. When even one of these hormones gets out of whack, or the right connections are not made between neurons, the first symptom you will feel is likely to be depression.

Treating an imbalance with a pill may be the jump-start a patient needs to get back on track. However, without making other necessary life changes, such as to diet and exercise (those dirty words again!), dependency on medication *to feel good* will be a life-long sentence. Any good doctor would prefer his patient seek more natural remedies to ameliorate depression. Aside from the kind of dark mood caused by divorce, job loss, childhood distress or a death in the family that may necessitate counseling, depression most certainly *can* be lifted through the magic of sunlight, a sunny attitude and...*sleep*. You knew sleep had to come back into the picture somewhere, right?

**“Get some rest, sweetie. You'll feel better in the morning.”**

O.k. So, mom was the one who said that, but isn't she the best doctor in the world? Who knows us better than our parents? Here's why she's right...

Remember how antidepressants correct imbalances of all those brain chemicals? Well, so does sleep. Sleep and it's counter-balance, sunlight. We talked about the health benefits of sleep in **Chapter One** and how without enough rest, we can literally go crazy. The reason circles back to those hormones we listed above. When we sleep, our serotonin level is kept at a normal, healthy level, which is important since studies have consistently shown a link between low serotonin in the brain and impulsive, explosive acts of violence.

Serotonin is the neurotransmitter responsible for calmness and emotional well-being. A number of books have come out in recent years touting diets that help keep serotonin levels in check by way of eating a balance of carbohydrates and protein to suppress appetite. We will go into this in greater detail in *Chapter Eight*, but suffice it to say that an earlier bedtime is turning out to be the ultimate dieting trick with the additional benefit of curbing depression. Gee, lose weight and feel great just by turning in early! Now that's a sweet deal.

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### **Here's another way of looking at it...**

When we stay up late, our bodies react to the light much as our ancestors did way back before electricity. It reads the artificial dim light as late summer. Time to store away the carbohydrates before the famine of winter. When we stay up late all the time, our bodies become confused by the incessant long summer. We crave chocolate and other goodies (carbohydrates) while we watch late night TV, or browse the Internet. The energy producing sugar we eat sends our insulin levels up. If this becomes too much of a regular occurrence, it can lead to insulin resistance, which in turn can lead to weight gain. The carbohydrates turn into cholesterol, which leads to water retention, which leads to higher blood pressure. All of this paves the way for heart disease. Now that's depressing! Not only are we fat, but in ill health to boot. Diabetes could be just around the corner, if we don't die of a heart attack first.

The National Institutes of Mental Health published a fifty-page study in 1996 on the effects of the most widely prescribed antidepressants. What they found is that the primary function of such pills is to help reinstate normal sleep rhythms that are sorely out of sync in today's 24/7 world. The bottom line is that you feel better when you sleep better. It's as simple as that. Thanks, mom.

### **“Snap out of it”**

For someone who is truly depressed, those four words are enough to send him over the edge. The idea that one could simply decide to feel better is preposterous! Depression can feel like your heart is in your toes, and your toes are permanently cemented into the ground. Snapping out of it, unless you have the energy to cut off your feet is not an option...or is it?

A lot has been written lately about how a positive—*sunny*—attitude can transform our ability to cope with stress and its evil cousins, depression and anxiety. You've no doubt heard how a good sense of humor can alleviate an awkward situation (think 'laugh it off'), Well it turns out that laughter is good for the heart, the soul, and whatever else may ail you. Maintaining an optimistic outlook on life has a positive effect on all aspects of a person's being, including his or her health. The word *optimist* suggests a feeling of control over the environment. An optimist is more likely to exercise, seek medical advice and follow a healthful lifestyle in hopes that the effort will lead to better health, which inevitably it will! A pessimist, on the other hand, feels hopeless to control his or her fate. Why put out the effort when we're doomed in any case?

A clinical and research psychologist by the name of Martin Seligman catapulted to fame with a book entitled, “Learned Optimism” (Knopf). Seligman, who is Director of Clinical Training in Psychology at the University of Pennsylvania in Philadelphia wrote that people could be ‘trained’ to be optimistic. He believed people *thought* themselves into depression, or hopelessness and therefore could turn the tide by taking positive steps in the opposite direction through a process known as **Cognitive Therapy**. Studies have shown that this type of therapy is as successful as drugs in treating depression. There are two main categories of Cognitive Therapy:

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**Distraction—**

When depression creeps into your brain, whether the low mood is a result of something that has happened (such as an argument with a spouse or co-worker, or any one of life’s curve-balls) or truly a chemical imbalance, try the following distractions:

1. Go for a walk (remember, sunlight is nature’s antidepressant) and concentrate on the beauty around you. Study the colors in the leaves, smell the roses, listen to the birds sing.
2. Call a friend or beloved relative on the phone (talk about anything *but* what has you down!). Find something to laugh about. Learn some good clean jokes. Write them down here for easy reference:

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3. Watch a good movie (Make sure it is spiritually uplifting). Movies with emotional themes, rather than murder mysteries or spy thrillers, help bring our own emotions to the surface where we can better deal with them.
4. Remember Maria in *The Sound of Music* and simply recall your ‘most favorite things’ and then you won’t ‘feel so bad.’ List them here:

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5. Write positive sayings or collect them and place them about your home and workspace. Look them over when you feel sad and remind yourself of what you have to be thankful for. Write down some of those blessings here:

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These suggestions may sound horrendously simplistic, but with time and practice they really can go a long way in helping you take control of your negative emotions, which is a prerequisite for being a true optimist. Optimists are optimistic for a reason. They are able to see the bright side of life. Try it! What’s the worst that can happen? (If you are a true pessimist, you have already come up with several answers to that question...) Remember, this program is about taking positive steps to take back control of your life. Is it easy? Is it a walk in the park? Ask this question another way. If someone who has never run started training for a marathon, there would be a lot of work, wouldn't there? That said, lots of people do take on those kinds of challenges and achieve their goal. Same thing here.

### **Disputation—**

This is a tool for arguing your way out of depression. When you think to yourself, “No one is going to like me at this party. I never have fun at parties,” turn those negative  
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thoughts around. Pretend they were said by someone standing next to you. We generally have better luck talking others out of false accusations, than we do convincing ourselves!

What is a situation in which you feel you may be rejected, or what are the emotions you feel inside that make you blue? Build an argument against it. Use the space here to “talk” the negative thinker out of being that way. Do this over and over again on blank sheets of paper each time a new scenario presents itself.

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Also, stop being a ‘victim.’ Dr. Seligman believes we live in a culture which supports the belief that things are not our fault, but rather the result of some larger force over which we have no control. The result is a passivity and helplessness to do anything about our problems. He calls it ‘victimology.’ Others have termed it ‘Woo woo psychology,’ which is a cute way of stating that we’re all a bunch of crybabies.

### ***A WORD ABOUT DIET:***

While we will discuss diet in detail in *Chapter Seven*, the emphasis there will be on what works best in terms of helping us to sleep through the night. There are some nutritional suggestions specifically for curbing depression, however. Here are a few of them:

#### **Sweets and Stimulants:**

Research suggests people self-medicate their depression by filling up with instant-energy supplying sweets and stimulants. A European study found that the higher the per capita chocolate intake, the greater the percentage of suicides. Sugar and caffeine may give you a temporary boost, but they also leave you feeling worse off when the effects wear away. Bottom line: Get rid of them! If possible, go to bed early to avoid carbohydrate cravings.

Get adequate rest so you don't have to rely on caffeinated drinks to perk you up throughout the day.

## **Vitamins**

Psychologists have determined that certain nutritional deficiencies can lead to feelings of depression. Make sure your diet includes the following:

**B Vitamins:** A B12 deficiency can mimic depression. It can even agitate Alzheimer's. A B6 deficiency is often found in women with PMS, or on birth control pills, or estrogen replacement therapy, since estrogen blocks absorption of B6.

**Magnesium:** Adequate dosage of magnesium is helpful for atypical depression, or for those who are anxious, irritable, exhausted or deeply depressed.

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**Folic Acid:** A lack of folic acid is linked to lowered brain serotonin. It is also a B Vitamin found in leafy green vegetables, citrus fruits and dried beans. Folic acid also helps to keep our memory sharp as we age.

**Fish Oil:** The most recent studies show fish-eaters are less depressed. Fish oil contains two omega-3 fatty acids: EPA and DHA. In a study of people with unipolar depression, adding just 2,000 milligrams of EPA-type fish oil capsules daily halved depression scores in three weeks. This is possibly due to the fact that fish oil raises brain levels of serotonin. In a recent Harvard study, very high doses of fish oil also relieved manic depression.

## **A final thought about the brain and depression...**

The lapses in memory and recall many of us attribute to getting older are often due to something quite different. Depression, sleep problems, anxiety and even heart disease can stress our brains and cause our minds to go blank when trying to retrieve familiar words and names. The latest research shows that there is actually very little cell loss as we age and structurally, all the machinery is there. However, it is the cells' speed and their ability to send and receive signals that taper off.

The reason has to do with free-radical damage that alters our brain cells. A substance called curcumin (from the herb turmeric) significantly improves brain function in animals with memory deficits. So do preparations that include alpha-lipoic acid and vitamins C and E, to name a few. The evidence for humans is probably best for vitamin E.

But, the best suggestions out there call for more daily stimulation to recharge tired brain cells. Neurologist Richard Restak, author of *Mozart's Brain and the Fighter Pilot: Unleashing Your Brain's Potential*, has a list of suggestions, which includes everything from crossword puzzles, reading, board games to memorizing grocery lists. Other neurologists have suggested going on a nature walk, which as we have already found out curbs depression as well. The less depressed you are, the better you rest. The more quality sleep you get, the sharper you think. It's so easy, yet so few people get the

connection. In a nutshell, that's what The Healing Power of Sleep is all about. Getting connected is your ticket out of depression, anxiety, moodiness, ill-health, and so on and so on and so on.

## **ANXIETY:**

This is probably not going to come as a great surprise or shock, but did you know that 70% of people who suffer from anxiety also suffer from depression? Anxiety disorders are the most common form of mental illness among adults, including those age 55 and older, according to a report by the U.S. Surgeon General. People age 55 and older are more than twice as likely to suffer from anxiety as depression. If you're anxious or stressed about something or lots of things, it's bound to depress you.

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So what's the tie-in to sleep? 80% of those who are depressed have serious insomnia. If you are both depressed and have anxiety, 90% of you are not sleeping well. Now that's depressing. We have to figure something out here and the best way to do that is to learn more about what anxiety is, what it's doing to you and what you can do about it.

### **Take the anxiety quiz:**

8. Do you ever have a sudden attack of intense fear that cannot be explained? \_\_\_\_\_
9. Have you been afraid of not being able to get help or not being able to escape in certain situations, like being in an elevator or in a crowded store? \_\_\_\_\_
10. Do you find it difficult to control your worrying? \_\_\_\_\_
11. Are you a perfectionist to the point where it keeps you from getting things done? \_\_\_\_\_
12. Are you a pack rat? \_\_\_\_\_
13. Do you have trouble allocating tasks or duties to other people because you're sure they'll fail? \_\_\_\_\_
14. Do you obsess about something so much that prevents you from functioning normally? \_\_\_\_\_
15. Do you have any rituals that you can't stop, like washing your hands too much, checking the door lock too much, counting things, re-ordering items in your closet or desk? \_\_\_\_\_
16. Do you do anything you can to avoid situations involving people, such as going to sporting or social events? \_\_\_\_\_
17. Have you ever had an extremely frightening, traumatic or horrible experience like being a victim of a violent crime, seriously injured in a car accident, sexually assaulted, or seeing someone injured or killed? \_\_\_\_\_
18. Are you nervous more than you're not? \_\_\_\_\_
19. Are you constantly afraid? \_\_\_\_\_
20. Does your mind constantly race without ever winding down? \_\_\_\_\_

21. Are you a doomsday sayer, feeling that the world is about to end, or like everything is going to crash down on you, like you're going to choke, or you're going to contract a fatal illness or get killed?\_\_\_\_\_

If you answered yes to any of these questions, you may now or in the future suffer from an anxiety disorder. You can also learn a little more by going to the following New York City School of Medicine web page: [www.med.nyu.edu/psych/screens/anx.html](http://www.med.nyu.edu/psych/screens/anx.html) You can take an on-line anxiety screening test and get it scored immediately.

The test is as follows:

Are You Anxious?

1. Do you feel that you worry excessively about many things?

YES \_\_\_\_\_

NO \_\_\_\_\_

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2. Do you experience sensations of shortness of breath, palpitations or shaking while at rest?

YES \_\_\_\_\_

NO \_\_\_\_\_

3. Do you have a fear of losing control of yourself or of "going crazy"?

YES \_\_\_\_\_

NO \_\_\_\_\_

4. Do you avoid social situations because of feelings of fear?

YES \_\_\_\_\_

NO \_\_\_\_\_

5. Do you have specific fears of certain objects (i.e., animals or knives?)

YES \_\_\_\_\_

NO \_\_\_\_\_

6. Do you feel afraid that you will be in a place or a situation from which you feel that you will not be able to escape?

YES \_\_\_\_\_

NO \_\_\_\_\_

7. Does the idea of leaving home frighten you?

YES \_\_\_\_\_

NO \_\_\_\_\_

8. Do you have recurrent thoughts or images in your head that refuse to go away?

YES \_\_\_\_\_

NO \_\_\_\_\_

9. Do you feel compelled to perform certain behaviors repeatedly (i.e., checking that you locked the doors or turned off the gas?)

YES \_\_\_\_\_

NO \_\_\_\_\_

10. Do you persistently relive an upsetting event from the past?

YES \_\_\_\_\_

NO \_\_\_\_\_

[Disclaimer: OSA is a preliminary screening test for anxiety symptoms that does not replace in any way a formal psychiatric evaluation. It is designed to give a preliminary idea about the presence of mild to moderate anxiety symptoms that indicate the need for an evaluation by a psychiatrist.]

Feeling worried or nervous is a normal part of everyday life. We worry about being stuck in traffic. "Will I get there in time?" We can be anxious when a loved one isn't home on time. I know when that happens to me, my mind races with all the bad things that might have happened. And what about being anxious or stressed when you serve that meal to your new in-laws? Will they like it or will they think "What in the world is this and what third world recipe book did it come from"? Again, day-to-day anxieties are normal if, and this is a big if, there's a rational reason for them and they don't happen too frequently.

However, anxiety that becomes overwhelming and interferes with daily life is not normal. Physically, anxiety attacks can actually mimic heart attacks and angina, and it's often  
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difficult to tell them apart. People can feel like, "Here comes the big one" and race off to the emergency room. In fact, one study reported that 25% of patients entering the emergency room with chest pain were actually suffering from panic attacks. Panic attacks have similar symptoms to asthma attacks. Women can also experience intense anxiety attacks with hot flashes during menopause. Remember, anxiety doesn't stop when you crawl into bed. For most of us, it gets worse and we end up tossing and turning with INSOMNIA.

So what do you do when you're consumed by anxiety? The obvious answer is that you should confront anxiety with a professional and take steps to resolve the problem. However, lots of people with anxiety disorders turn to alcohol or abuse drugs in order to deal with symptoms. This is not a great idea since you can then become anxious over the fact that you're a substance abuser.

Anxiety disorders can be broken down into some basic categories:

**Phobias**, such as fear of flying, swimming, snakes, spiders, or heights. Most people deal with phobias by avoiding the situation or object that causes them to feel panic and a phobic disorder occurs when the avoidance behavior becomes so extreme that it interferes with everyday life.

**Panic Disorder** is a serious condition that around one out of every 75 people might experience. It usually appears during the teens or early adulthood, and while the exact causes are unclear, there does seem to be a connection with major life transitions that are potentially stressful: graduating from college, getting married, having a first child, and so on.

**Panic Attack** is a sudden surge of overwhelming fear that comes without warning and without any obvious reason. It is far more intense than the feeling of being 'stressed out'

that most people experience. Symptoms of a panic attack include a racing heartbeat, difficulty breathing, feeling as though you can't get enough air, paralyzing terror, dizziness, lightheadedness, nausea, trembling, sweating, shaking, and on and on. During a panic attack, these symptoms seem to rise from out of nowhere they can even happen while you are asleep.

**Obsessive-Compulsive Disorder** is an anxiety in which people experience senseless or distressing thoughts, worries, doubts, superstitions or beliefs. While these feelings are common in everyday life they become a disorder when they are excessive. Hours of hand washing or driving around and around the block to check that an accident didn't occur make no sense. If these symptoms exist, then a diagnosis of OCD is made. In OCD, it is as though the brain gets stuck on a particular thought or urge and just can't let go. People with OCD often say the symptoms feel like a case of mental hiccups that won't go away. OCD is a medical brain disorder that causes problems in information processing. It is not your fault or the result of a "weak" or unstable personality.

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Anxiety disorders require treatment. You cannot just talk yourself out of anxiety any more than you can talk yourself out of having cancer or an ulcer. A lot is known about the treatment for anxiety, and success rates are usually high. Therapy can help people understand their anxiety disorder and can learn coping methods, such as **relaxation techniques** (see *Chapter Six*).

Here's a list and brief description of some sound approaches:

- Combining medications, usually **SSRIs**, and **cognitive-behavioral therapies (CBT)** appear to be the optimal treatment for panic disorders, phobias, and obsessive-compulsive disorder (OCD). The object of these combined therapies is to regain control of our reactions to the things that make us anxious in the first place. In this way, the feeling of helplessness that often accompanies anxiety disorders is strongly diminished. Treatment usually takes about 12 to 20 weeks; additional treatments may be necessary to prevent relapse.
- **Cognitive Therapy.** Cognitive therapy works on the principle that if the feelings that produce and maintain anxiety can be recognized and modified, we can learn to change our response. This type of cognitive therapy approach can be used to eliminate anxiety reactions.
- **Systematic Desensitization.** Take the thing that you have a phobic fear about. Let's say it's heights. You can start systematic desensitization by slowly getting used to higher and higher places; or going closer and closer to the edge of a drop off. You gradually confront the object of fear.
- **Exposure and Response Treatment.** A dramatic departure from gradual desensitization is to confront the object of one's fear up close and repeatedly until the feared object or stimulus loses its effect. This is kind of an "in your face" approach.
- **Modeling Treatment.** When we watch a hero in a war movie confront and overcome a terrifying situation, we can sometimes emote with the hero and draw strength from his portrayal. Phobias can be treated successfully with modeling treatment; when we watch an actor successfully take on something we are specifically afraid of, we can learn how to overcome our own fears. This can be done live or on video-tape.

- **Breathing Retraining.** I'll never forget my first month in graduate school. I would frequently experience auras; feeling tingling in my fingers and brain as though I were about to pass out. I thought I was developing a seizure disorder and went to a neurologist. An EEG and a consultation indicated that I was hyperventilating. I was very nervous about succeeding in school. Many people with panic disorders experience hyperventilation resulting in symptoms like mine. You can train yourself to slow your breathing down and work through the problem.

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### **Charting the Course:**

We have looked at sleep loss from several angles. Certainly, scientists in the field of epidemiological research have concluded that greater emphasis should be placed on “distinguishing between the various subtypes of insomnia.” Since there are more than 70-known causes of sleeplessness, the cure is not going to be a one size fits all proposition. Our goal is to make you aware of the symptoms and ramifications in hopes that if you recognize yourself on these pages, you will seek the proper care.

Just wanting to sleep better will not get you the rest you need. You cannot force yourself to sleep if there are underlying problems keeping you awake. If depression and anxiety are problems for you, please read through and do the relaxation exercises in *Chapter Six* and follow the diet guidelines and exercise suggestions in *Chapters Seven and Eight* for a few weeks. When it comes to changing behaviors, time is the forgiving element. Do not become discouraged if relief does not come right away. It rarely does. Take heart with each new day. Just becoming aware of the problem is the most important step.

Use the following space to write a little about what you feel may be bothering you, either in the realm of depression or anxiety. Is it a bad experience that is robbing you of a restful mind, or a lifetime ailment that needs medical treatment. Just putting pen to paper may be the best therapy. I know it has always helped me figure out what’s really going on in my life. Good luck!

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## ***Chapter Five:***

### **Too Angry to Sleep: How to control our emotions so we can enjoy life**

“I *hate* my boss!”

“You kids are driving me *crazy!*”

“My wife spends money like there’s no tomorrow!”

“I’m going to *kill* that guy who just cut me off on the highway!”

Expressions of rage. We all fall victim to angry emotions from time to time that tie our chest muscles in knots, send our hearts racing and cause our fists to clench. A certain amount of anger, inspiring powerful feelings and behaviors is natural. It prompts us to fight and defend ourselves when attacked. It’s the “fight or flight” response that determined whether our earliest ancestors survived! The problem comes in when we allow those instinctive, primary reactions to control our modern-day minds, resulting in undue stress, uncivilized behaviors, and tragic health consequences. Whether you vent your anger or frustration readily or keep it bottled inside, the net-net is that unless you reign in your emotions intelligently and methodologically, you will ultimately become too angry to sleep --*too often*. And that will only compound a bad situation.

### **Do you let angry emotions get the better of you?**

1. Do you often feel attacked, criticized or ashamed?
2. Do you find yourself on the defensive a lot?
3. Do you find it difficult to listen to another person’s opinion?
4. Do you often attempt to “shame” another person with words and accusations?
5. Do you rage on and on about situations that offend you?
6. Do you find it difficult to let go of arguments?

7. Do you often feel pushed to the point that you must “take control” either verbally or physically when in a confrontation?
8. Do you ever force your will against another person by way of touching or perceived domination?
9. Do you ever respond violently to stressful situations?
10. Are you in a relationship with someone who has any of the above tendencies?

### **What’s Your Problem?**

If you answered yes to any one of the first six questions, then you might feel a certain amount of *frustration* throughout your day. It might feel as though “the whole world” is against you. You desire to get your point across, but somehow get run over by those around you who are seemingly stronger or more opinionated than you. *Why won’t anyone listen!* Could it be that you are not always presenting your case in the right light,  
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or that your frustration gets in the way of good communication skills?

If you answered yes to any one of the last four questions, then you may show signs of *overt anger* or even *rage*. In its extreme forms, anger can become abusive and require the guidance of a professional. If there is potential for someone to get hurt, then by all means call your local resource center or doctor for immediate assistance.

The purpose of this chapter is to define the emotions you experience and thereby, learn how to best express yourself in a way that keeps your blood pressure even and your relationships strong. It is important to note that ALL levels of conflict can lead to stress, which in turn develops into a lack of sleep.

### **Getting at the root of the problem**

The first step in gaining control of our angry emotions is to recognize the conflict. Sounds silly, doesn’t it? In reality, though, we often do not realize we are getting upset or overly frustrated until it is too late to turn back.

Think about what happens to you physically when you get upset. Does your face turn red? Does your heart race? Everyone reacts differently to conflict. It is important to pay attention to our body clues in order to recognize anger at the onset. Use the space below to list your physical response to such emotions:

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Review these physical symptoms often, or carry the list with you throughout the day in your purse or pants pocket. When you feel them coming on, you know it’s time to take

action! We will talk about what that action might be in a moment. First, however, let's go over the emotional responses you may have.

What words describe you when conflict begins to take over?

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Anxious</b>    | <input type="checkbox"/> <b>Frustrated</b>  |
| <input type="checkbox"/> <b>Mean/evil</b>  | <input type="checkbox"/> <b>Depressed</b>   |
| <input type="checkbox"/> <b>Rebellious</b> | <input type="checkbox"/> <b>Bitter</b>      |
| <input type="checkbox"/> <b>Sarcastic</b>  | <input type="checkbox"/> <b>Numb</b>        |
| <input type="checkbox"/> <b>Worthless</b>  | <input type="checkbox"/> <b>Destructive</b> |
| <input type="checkbox"/> <b>Revengeful</b> |   |
| <input type="checkbox"/> <b>Paranoid</b>   |   |
| <input type="checkbox"/> <b>Resentful</b>  |   |
| <input type="checkbox"/> <b>Hostile</b>    |   |
| <input type="checkbox"/> <b>Irritable</b>  |   |
| <input type="checkbox"/> <b>Victimized</b> | (47)  |

Using the adjectives just listed, write a sentence that best describes your general feelings when faced with a confrontation:

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Is there one particular scenario that makes you upset or angry? If you can name a specific incident that triggers that emotion, you can better understand your feelings and manage your response. Use the space below to list any instances that have either made you angry in the past or continue to aggravate you on a regular basis:

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Are you angry with someone rather than some thing? Who is it?

- Myself**
- My spouse**
- My partner**
- My boss**
- My kids**
- God**
- The human race**
- My life**
- All men**
- All women**

\_\_\_\_\_ **Other races**  
\_\_\_\_\_ (            ) **You fill in the blank.**

Explain your anger or frustration toward this person/persons and be specific about your grievance:

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Psychologists and anger management specialists often suggest carrying an “anger journal.” If anger is a problem for you or for someone you love, get into the habit of writing down what triggers the emotion, what are the symptoms that suggest it is getting out of hand and what are the responses. Use some of the blank sheets at the back of this workbook if you so desire. Many people find that by writing down what bothers them, they become much better equipped to respond rationally. Just naming the issue can go a long way in dealing with it intellectually, and not letting it become a deep-seated “grudge” or “phantom issue.”

The Birth of a “Hothead”! Think you were born angry? You may have something there. Psychologists say some people really are more “hotheaded” than others. There are those who simply get angered more easily and more intensely than the average person on the street. They have difficulty “taking things in stride.” They are easily frustrated, inconvenienced and annoyed. It could be genetic. There is evidence that some children are born irritable, touchy and easily angered, and that the signs are present from a very early age. It could also be that you were not taught how to properly deal with anger. You learned to suppress those feelings instead of channeling them constructively. And we all know that suppression can build like an internal, pressure-building volcano ready to blow at any moment! Many people who have difficulty controlling their emotions come from families in which feelings are either suppressed or in which children are not taught how to deal with them properly.

What is your family anger history?

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Anger is probably the most poorly handled emotion in our society. It may help to realize that anger can be our friend or foe, depending on how we express it. Knowing how to recognize and express anger appropriately can help us to reach goals, handle emergencies, solve problems, save marriages and jobs and even protect our health.

Some experts believe that suppressed anger is an underlying cause of both anxiety and depression. Anger that is not expressed can disrupt relationships, affect thinking and behavior patterns, and create a variety of physical problems, such as high blood pressure, heart problems, headaches, skin disorders and digestive problems. Do you see the similarity of symptoms to a lack of sleep? Could it be the chicken and the egg equation all over again?

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Letting “Cooler Heads” Prevail... In the name of peace, and in the pursuit of tranquility (and sleep), it makes sense to find the process, either unconscious or conscious, by which we can calm our nerves, thereby allowing common sense to prevail in our lives. Consider the following approaches:

Express: Learning how to express our feelings in a controlled, non-aggressive, respectful manner is the healthiest way to manage potentially explosive emotions. To accomplish this, we have to learn how to make clear what are our needs and how to get them met, without hurting others.

Use the following exercise to re-think the consequences of a past, unfortunate encounter in which your anger got the best of you.

What made you frustrated, angry or upset?

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What did you do about it?

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What happened next?

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How did that make you feel?

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What could you have said or done differently to positively change the outcome of the situation?

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How would this new approach make you feel if successful in avoiding confrontation?

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Think about other scenarios in which angry emotions got the best of you. Run them each through the above test. Most likely, you will find easy pathways around would-be

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confrontations you might have thought unavoidable in the past. By simply changing the words we use, or how we say them, we can almost always find ways to soften the edges of our expressions. For instance, instead of seething inside every time you walk into the family room, angered by the strewn toys, clothes or materials lying about, and finally bellowing out a demand that everything get picked up “at once!” Why not explain respectfully to your family members how a cluttered house at the end of the day makes you feel upset inside. Why not set guidelines for making sure things get picked up by a certain time of the day and laying out consequences if it’s not done. If it’s an adult who’s messy, then talk about it further in a non-confrontative way, or promise to do something else to help out around the home as an incentive. Stress the importance of “working together” to make the house a restful sanctuary.

Another technique for helping us understand the consequences of our actions is to fill in the blanks to the following statement:

“If I \_\_\_\_\_, then \_\_\_\_\_ will happen.” (“If I tell my boss off, then I will probably get fired.”)

Again, it sounds very simplistic, almost childish. However, by logically thinking through the situation, we are able to intellectually control—thereby—lessen our anger or frustration. This is really emotion vs. cognition at its best. Using our brain to rationalize allows us to take control of our emotions that often can be devoid of any reflective thought!

**Suppress-Redirect:** While it is never advisable to suppress our emotions indefinitely, thereby creating other problems such as passive-aggressive behavior (getting back at people indirectly, without telling them why, rather than confronting them head-on) or a personality that seems perpetually cynical and hostile, we can redirect anger in more productive ways. The idea is to stop thinking about it and focus on something positive until we are able to deal with the situation better.

A good example of this is when a couple begins a conversation late in the evening about a matter that is either stressful or intimidating in some way. It might be about redecorating the kitchen or getting the taxes taken care of. Because we are already tired from a busy day, the evening may not be the best time to delve into such weighty issues. Some couples make pacts never to go to bed angry, no matter what. Sounds great in theory, but in reality it many times means a lot of screaming and yelling into the wee hours of the morning, at the end of which there may not be much time left to sleep.

A better plan might be to ban such conversations from the “winding down” period of the evening, say between 7 and 10pm. Or, should a disagreement occur, use one of the cut-out “Time Out” signs found along with the workbook/resource guide. When you or your partner feel the heart rate pick up, the blood pressure rise—then put out the card and stop the commotion immediately! Set a definite time to return to the conversation (say, over coffee in the morning), and then forget about it until then. When you do pick up the

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discussion, have your arguments drawn out thoughtfully. Allow the other person to speak their mind. Be genuinely desirous of ending the conflict; compassionate and understanding. Perhaps even return to the issue a third separate time when both parties have had the opportunity to explore the opposing viewpoint. If there is no definitive solution to be reached, then work out a compromise. Such a mature decision takes time to perfect and could require many “Time Outs” and follow-ups. The idea is not to get discouraged. Learning how to fight without a blow-up takes practice, but the results are well worth the time given.

Use the exercise below to work through a disagreement that has you hot under the collar:

What is the disagreement about?

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What is the stumbling block to coming to an agreement?

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Is there room for compromise?

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What are the pros and cons to each argument?

Your argument:

Pros:

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Cons:

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The other side:

Pros:

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Cons:

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What is the best time to discuss the matter? \_\_\_\_\_

What is not a good time to discuss this? \_\_\_\_\_

Can you approach this situation with an open mind? \_\_\_\_\_

Why, or why not?

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Can you agree not to make cynical or critical comments while the other person is making his/her case? \_\_\_\_\_

Arguing with your mind rather than with your “heart” (emotions) can make a world of difference in calming your nerves and helping to resolve differences quickly.

Imagine That! Here’s another way to use your mind to lessen conflict that leads to anger. It’s called, “Pleasant imagery,” or keeping your mind off of what is upsetting you. If you enjoy gardening, then imagine the texture and scent of your favorite bouquets when feeling stressed or angry. Keep a vase of flowers on your desk at work, or on a well-placed table at home. Think of a day at the beach. Apply an ocean-scented body

mist throughout the day to keep the imagination active. Remember a great athletic accomplishment. Stash a cachet of lavender or arrange family photos to look at frequently. Remember Maria's mantra in "The Sound of Music" and "remember your most favorite things, then you won't feel so bad".

Why don't you list some of those things here and how you can incorporate them into your daily routine:

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Make your world a reflection of you, or at least surround yourself with things that bring back fond memories or that brighten your day. Color your world with happy  
(53)

thoughts and the anger won't have a chance. Tell it to leave you in peace. You have goals to accomplish; a life to live. You don't have time to squander on unpleasant thoughts and exchanges! Not when you have the rest of your life to live!

Calm Down... There are other steps you can take to calm those angry voices in your head. Some of the relaxation techniques will be explored in great detail in the next chapter (Chapter Six). These are tools, such as deep breathing and refined imagery that can be called upon in any situation, at any time of the day to quell unwanted feelings of anxiety, depression, stress and anger. Laughter, and applying a sense of humor to stressful situations, is a wonderful technique to use and will be explored in the next chapter.

There are a few fine points to consider, however, when redirecting our minds to think more clearly on cue. For instance, angry, frustrated people tend to curse, swear or speak in highly colorful terms that reflect their inner thoughts. When you're upset, your thinking can get exaggerated and overly dramatic. Try replacing these thoughts with more rational ones. Consider the following:

Ban foul language from your vocabulary. I mean completely! Never allow a swear word to leave your lips, even if it's a rather mild one. A four-letter word can change the course of what had been up to that point a pleasant conversation. Bad words beget more bad words, leading to a screaming match of ugly banter. You will find that without the expletives, others will be more willing to "work things out" with you.

Be careful of words like "never" or "always." "This !&#@% machine never works!" or "You're always forgetting things!" These are words that alienate and humiliate people who might otherwise be willing to work with you to find a solution. They leave no room for compromise.

Remind yourself that the world is "not out to get you." Do this each time you feel anger getting the best of you. Everyone experiences rough spots in their daily life, it doesn't mean there's a conspiracy going on to bring you down. When we realize our lives are

not a “one against all” proposition, then the odds that seemed stacked against us come tumbling down, and we can see situations more clearly.

Be careful about demanding fairness, appreciation, and agreement. People who tense up easily tend to demand these things, and then when they don’t receive them, they become easily disappointed. That disappointment soon blossoms into anger. It is far healthier to say, “I would like...something” than to say, “I demand...something” or “I must have...something.” Try it out. You will be amazed at the new responses you get!

Don’t jump to conclusions. Angry people tend to jump to—and act on---conclusions that can be quite inaccurate. Listen carefully to what the other person is saying and take your time before responding:

Count to 10. Or walk away for a few minutes to collect your thoughts . If you are angry,  
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or have difficulty controlling your emotions, then the words that immediately flow from your mouth may not be the ones you intended, yet if they are hurtful or inflaming, then they will most likely be remembered long after you have said them.

Count to ten. Take a deep breath. Wait until you can think more clearly about your response. This will not be seen as a sign of weakness. To the contrary, your silence will gain the other’s full attention. It will show just how important you feel the conversation is. Never write an angry letter on the day of a dispute. Wait until the morning. By then, you may think better of putting anything on paper!

People who constantly put others down, criticize everything, or who make cynical comments on a daily basis, haven’t learned how to constructively express their anger. Not surprisingly, they are less likely to have many successful relationships. Those who allow emotions to get the best of them usually are prime candidates for heart attacks and strokes, are overweight (because they use food as emotional comfort), are more likely to develop sleep apnea and suffer alone in their insomnia. It is not the way to live the rest of your life, if you wish to live it in good health and spirits!

**Give Yourself a Break:** Do problems and responsibilities in life weigh you down or make you feel “trapped?” Do you feel angry inside due to a perception of helplessness to do anything about those areas of your life that are dissatisfying? The first thing you need to do is give yourself a break, or you will break (breakdown). Make sure you have personal time scheduled for times of the day that you know are particularly stressful.

For instance:

If you are a working mother, use the “Do Not Disturb” sign for keeping children out of your bedroom for the first fifteen minutes that you are home. While there is homework to be checked, dinner to be cooked and teeth to be brushed, a lot of women (and men for that matter) need a few minutes of downtime before starting that domestic “second shift.” The sign means, “nobody talks to Mom (or Dad) unless the house is on fire.” Take a bath. Do yoga. Wash your face...whatever calms you down and puts you in a calmer frame of mind to deal with all the chaos outside your bedroom door.

The “Do Not Disturb” sign has other possibilities, but couples should use it when personal discussions are needed out of earshot of children. It could be used after dinner when Mom and Dad need some alone time on the back porch to catch up on their day. Our children are dear to us, but those adult conversations and one-on-one eye contact are necessary for a healthy marriage. Some couples keep their bedrooms off limits to children at all times, which is not a bad idea.

If possible, carve out fifteen minutes during the workday to be alone. It could be at your desk, or a short drive in your car. If eight hours inside a building drives you crazy, then get some fresh air. Make it in the middle of the day. Sunshine and a favorite snack or drink could really turn an ugly mood around!

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### Charting the Course:

These last two chapters have covered quite a bit of ground regarding depression, anxiety and anger. The three are truly inter-related, and hopefully you have woven a path through each with an eye toward the exit. We all need to control our everyday emotions. Our society depends on some sense of courtesy and responsibility toward one another. We can’t just “let it all hang out” as some suggest and let the chips fall where they may. You are not alone in your desire to be heard and respected. The next guy wants the same courtesy and only once we learn to give it to each other can our exchanges be friendly and cooperative. Use the space below to reflect back on these chapters. What best described you? When did you say to yourself, “Yeah, that’s me!” What do you plan to do about it?

As we have discovered over and over again, our sleep patterns reflect the way we live and the choices we make. It’s much like the saying, “you are what you eat.” Well, you sleep as well as you live. We cannot expect to sleep restfully and continuously through the night if the rest of our lives is havoc. Finding the true culprit to our particular insomnia can take a lot of soul-searching! In this way, the Body and Soul of Sleep are very much entwined.

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## ***Chapter Six:***

### **Relaxation Techniques: Behavioral and non-drug approaches**

How many times in your life have you been told to “relax,” that “tomorrow is another day” or that “things will seem better in the morning?” It’s easy to tell someone else to relax, but the act itself of taking a deep breath, stretching the muscles and clearing the mind are truly an art form. If it were so easy, then why are the bookstores lined with self-help books on the subject? Why do we take up yoga, stretching and meditation classes? Why are we still so stressed at the end of the day that sleep alludes us?

In ***Chapters Four and Five***, we covered psychological maladies that might be crowding our thoughts and making it tough to relax. Certainly, depression and anxiety can be aided by relaxation techniques, and in fact are part of regular therapies in those areas. Anger management employs a host of relaxation remedies. Anyone who is up at night because of problems, concerns, mind chatter that make it difficult to shut out the world and ready the mind for sleep can and should learn the actual scientific instructions used by psychologists and therapists.

If you think you don’t need outside interference telling you to relax, consider that 70-to 80-percent of people suffering from chronic insomnia are cured by non-drug methods of cognitive behavioral therapies. In one study, 75% of those who had been taking drugs to sleep at night were able to stop or reduce their use after learning relaxation techniques. Studies show that after six to ten weeks, people with insomnia who used behavioral methods that include sleep restriction, sleep hygiene, and relaxation can achieve between a 53% and a 75% reduction in the time taken to fall asleep and 40% fewer awakenings

after sleep. So, if you have yet to find a solution to your sleeplessness....*relax*. It's all right here.

“Take a Deep Breath”! Beyond breathing in and out, relaxation therapies encompass a wide range of choices. For some people, taking deep breaths is uncomfortable. For others, their day is so full that just releasing a few moments to set up and “force” relaxation is enough to fill their minds with even more anxious thoughts. To be honest, people who suffer insomnia are often naturally mildly anxious. They tend to describe themselves as tense or as prone to worrying. They are perfectionists. Often they use their nervous energy in productive ways, but may overdo it and cause stress.

Sleep is wrongly expected to make up for an undisciplined or overly taxing daytime lifestyle. People who fit this mold feel that if they could only sleep better, if they could only fall right smack asleep the minute they hit the pillow, they would better be able to deal with work, responsibilities and so on. That's placing a far too great expectation on

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sleep! The real problem may lie in the need for better time management during the day or in finding ways to unburden the work load or relationship problems. Insomnia can just as well be a symptom as a cause of chronic stress.

The first thing everyone should learn is how to breathe properly. Yes, I know, the doctor taught you how on the day you were born by slapping you across the backside and making you scream out. Well, there's a whole lot more to it. And when you practice these steps for a few days, you'll begin to feel the magic of a breath well taken. Breathing not only sustains life, it also cleanses and rejuvenates when activated at full potential.

*Here's how:*

- Lie flat on your back, or stand up straight, whichever feels more comfortable. You may also sit up straight in a chair.
- Place your hand on your stomach area.
- Breathe as you normally do. Does your hand rise with each breath or does your chest area?
- If you are breathing properly, your stomach area must rise and fall as your diaphragm expands.
- To begin breathing correctly, slowly inhale through your nose while mentally counting to five. Try to push your hand up with your stomach while doing this.

- Hold the breath for another count of five.
- Exhale slowly through your mouth while counting to five. Try to push down on your stomach with your hand.
- Repeat this process for five minutes.

If this breathing exercise causes you to feel panic, or you have heart palpitations, just do it for as long as you are able.

Repeat this exercise, increasing the total time you are able to do it for up to five minutes twice a day.

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If you practice this exercise routinely, you will soon be able to naturally breathe more deeply throughout your day. Not only will it give you more energy, but you can also use it when you feel stressed or anxious. Breathing properly is the fastest way to feel relief.

Once you master deep breathing, take it a step further. If you are stressed at work during the day, you can do the following exercises (called progressive relaxation) at your desk without drawing too much attention.

- As you breathe in, tense a group of muscles for the full count of five. Start with your feet and work your way up.
- Release the hold. Let your feet fall gently back. Feel the relaxation. Think about how it feels compared to when you tensed the muscles. Relax for a count of five.
- Next, tense your thigh muscles as hard as you can. Make sure you are still sitting up straight in your chair (if you are at work).
- Relax the muscles for a count of five.
- Tighten your abdominal muscles and hold for a count of five. Release for five.
- Tense your arm and hand muscles by squeezing your hands into fists as hard as you can. Hold for five, and release for five.

- Tighten your upper back by pushing your shoulders back as if you are trying to touch your shoulder blades together. Hold for five, release for five.
  - Tighten your neck first by gently moving your head back as if you were looking at the ceiling. Hold for five, relax for five. Then, gently drop your head forward and hold for five, relax for five.
  - Tense your shoulders by raising them towards your ears as if shrugging and hold for five, relax for five.
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- Tighten your face muscles. First open your mouth wide and hold for five, relax for five. Then, raise your eyebrows up high and hold for five, relax for five. Finally, clench your eyes tightly shut and hold for five, relax (with eyes gently closed) for five.
  - Finish the exercise by breathing in slowly through your nose counting to five. Hold the breath for a count of five and then breathe out slowing, counting to five. Repeat this last part four times.

Once again, perform this exercise whenever you need to relax. It works well on airplanes or in a car (perhaps not while driving, however). Anyplace you may be sitting or standing and have time to go through the motions. Over time, if performed regularly, this exercise will help you recognize tension in your body. You will be able to relax muscles at any time, rather than performing the entire exercise. Do the exercises at least twice a day for long-term results. Pinpoint the tension in your own body and add more muscle groups if you wish.

With time, try and visualize a relaxing place or scene. Toward the end of the exercise, spend five minutes going over the detail of the scene. This is when you are the most relaxed and can enjoy the experience.

One more thing; do not be angry with yourself or give up if you cannot do this exercise correctly right away. While breathing may well be basic to human life, it takes practice to do it in a new fashion. Do not be afraid of the exercise causing panic. Remember: you are in control and can stop at any time. Take it as slowly as needed.

## **An Alternative to Deep Breathing...**

If you suffer from depression or anxiety, the deep breathing exercises above may feel uncomfortable. The science of deep breathing is that the slowed inhaling and exhaling increases the partial pressures of carbon dioxide (CO<sub>2</sub>) in your blood. This has the ability to change the chemistry of your body, generally calming the nervous system.

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However, this style of relaxation can irritates some people. They find it hard to concentrate, or are very sensitive to the increases of CO<sub>2</sub> in their bloodstream and get panicky. Now, that's hardly a relaxing experience! There is an alternative method of breathing that can have the same beneficial affects without the potential irritation brought on by deep breathing.

Here's how:

- Lie in a comfortable position that will allow you to breathe freely and deeply through your mouth. If you prefer, tilt your head back slightly.
- Place your finger tips in the little pits under each collarbone. Inhale smoothly and fully to feel your finger tips move.
- Each exhale must be an act of relaxation. Be very conscious of it and focus on this aspect. Breathing fully is a challenge and takes time to learn no matter how you approach it.
- You will know when you are doing it right because each exhale will take you deeper and deeper into the relaxation experience.
- Don't count the minutes. Don't worry about whether you are doing it correctly or not in the beginning. Just get used to concentrating on the motion of breathing and how your body responds.
- Take notice of all the changes happening to your body. Especially watch for hyperventilation. Tingling in the hands, stiffening of the fingers, pains in the wrists, tingling in the lips or tightening in the throat. This is feedback from the body referred to as TETANY. If it progresses further, it can become frightening. Until you are comfortable, you might want to get up and stop the exercise for the moment.

- Given time, the sensations above will begin to be felt throughout the body and may include a tingling and warmth in your gut. Once this happens, lie back and enjoy the experience. Notice the things you can do to hold it or increase it.

This whole process should take 10-to 20-minutes maximum.

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Practice this technique ten-minutes once a day until the breathing is free. Then after that, about ten to twenty minutes a week should give noticeable benefit.

If you have panic attacks or suffer from chronic lung disease, you are advised to use this technique only under supervision at first. This is because people who suffer Panic Disorder, when they experience TETANY for the first time, often think incorrectly that they are about to die. People with chronic lung disease sometimes need high levels of CO-2 in their blood to remind them to breathe.

### **Focus, Focus, Focus...**

You should practice whatever technique you choose to breathe properly for a few weeks before progressing on to this next segment. Only when you master proper breathing can you concentrate on the steps needed to fully clear the mind. If, after a week or two, you find that you are still panicky or uncomfortable with any one of the breathing exercises, then by all means see your doctor. It may be a sign of something else that needs immediate attention.

If you want to sleep peacefully, you need to learn how to relax. Everyone needs to unwind at the end of the day. Usually, this is our first opportunity to review the events of the day and plan for the next day. Unfortunately, our thoughts, all too often, can be less than pleasant and have the unwanted effect of keeping us up at night. To prevent this from happening, it might be beneficial to actively practice relaxing and meditating until it becomes a natural part of our routine.

*Here's how:*

Choose a quiet environment. This can be a quiet room at home or at the office, a place of worship, or a place outdoors where you can be completely alone with no distractions.

- Choose a regular time each day in which to practice. Write it down on your calendar and treat it like an appointment that cannot be missed.
  - Wear loose, comfortable clothing. Nothing restrictive such as jeans or a tight shirt.
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- Get into a comfortable position. Sit with a straight spine, although you can also sit cross-legged or in the lotus position. However, do not lie down for this exercise, or you may fall asleep.
  - Lower the light level of your surroundings, if possible. Lights shining down on you can be distracting.
  - Choose a point of focus. This can be a special word or phrase, which you repeat throughout the exercise. You can practice with your eyes closed or focus on an object or spot on the wall.
  - Assume a passive attitude. Do not worry about your thought processes during this time. Distracting thoughts are difficult to eliminate at first. Just let them happen, but continue to concentrate on your chosen point of focus.
  - Begin to breathe deeply and rhythmically. Listen to your breathing. Feel the tension flow out of your body.
  - Do this for 20-minutes a day (or at least 3-4 times per week). Do not set an alarm, but have a clock in view if necessary.

It has been found that this type of relaxation technique is beneficial to both your physical and mental health. In fact, a group of doctors at Harvard's Thorndike Memorial Hospital and Beth Israel Hospital in Boston conducted studies on the effects of meditation on people with high blood pressure brought on by everyday stress, and found it to be a most helpful method. It is the basis for Dr. Herbert Benson's popular book, "The Relaxation Response".

You can change anything about this exercise to fit your particular need. Once you have found what works best for you, however, it is important to take the time and effort to make such practice a part of your regular routine, as the benefits compound over time. Such relaxation methods represent a form of **meditation**, which can be found in every major religious tradition. There's a reason for that. *It's good for the soul.* That's one reason why this chapter is included in

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### **The Soul of Sleep.**

If you do incorporate this or any relaxation technique into your life, you may notice at least the following four benefits:

- Increased awareness of whether you are tense or relaxed. You will be more “in touch with your body.”
- You will be better able to relax when you become stressed out.
- You may even reduce the resting level of your autonomic nervous system, which means you will find you are walking around more relaxed all the time in daily life.
- Your concentration may improve. By repeatedly bringing yourself back to the meditation, you are strengthening the part of your mind that decides what to think about. In other words, you are taking control of your thoughts.

### **Beyond Breathing...**

Relaxation techniques, such as those we have already listed are just a few examples of Behavioral Therapy employed by sleep experts to treat insomnia. When you have practiced and mastered the proper breathing methods and have learned to focus and unwind, it is time to pinpoint some unhealthy feelings about sleep that may be keeping you awake.

Remember, any type of Behavioral Therapy takes longer to improve sleep conditions than drug treatments. However, there are no side effects, it's free and the benefits last forever.

### **Cognitive Therapy:**

Insomnia would be easy to treat if the problem were simply that a person could not get to sleep each night until 11 PM, when the desired bedtime was 9 PM. We could help the person adjust to his or her own body clock, or reset their internal time. However, the problem is usually much more complex. Some nights you might be able to get to sleep all right, but awaken in the early hours of the morning. On other nights, you might lie awake and stare at the ceiling. Over time, you might become fretful about whether or not you were going to have “a good night.” You start to develop anxiety about going to bed. You set up distractions such as drinking alcohol or watching TV. You become afraid to “commit” to going to sleep. (64)

Cognitive Therapy is an approach used for people who have incorrect or unhealthy feelings about sleep. For instance, we know that eight hours of sleep is essential for healthy living. However, it may be that you are getting less sleep than that but don't know how much less. The best solution is to keep a personal sleep history for a few weeks (you can use your **Sleep Diary**). By keeping track of the actual hours slept and how you feel the next day, you can become more comfortable with how many hours you actually need to sleep to feel fine.

Cognitive Therapy is really approaching the problem in a scientific manner. Keep a sleep history and analyze the information, or take it to your physician to look over. It may also show you that while you *think* you don't get enough hours of sleep, your sleep history reveals a different picture. Sometimes, we just need proof that our feelings are not in line with reality.

*Dealing with frustration or racing thoughts—*

- Do not try too hard to fall asleep
- State to yourself that “sleep will come when it is ready,” and that “relaxing is just as important as sleep.”
- Try to keep your eyes open in the darkened room and as they naturally start to close, tell yourself to “resist that just for another few seconds.” This is really the reverse psychology of sleep. It worked for Mary Poppins.

- Try to visualize a pleasing scene or run through the relaxation exercises in your head, ignoring irrelevant ideas and thoughts.

### **Worry Time:**

If you have a lot on your mind, don't try and erase the thoughts, or shove them aside. Bring them to the surface, but do it in a constructive, orderly fashion. It can be very helpful to set aside a period of time at night to review the day and to make plans for the next day. In other words, approach thoughts that can turn into mind chatter while you're trying to sleep as part of an agenda. Address these thoughts and concerns at an appropriate time of the day. The goal is to avoid doing these things while trying to fall asleep.

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It is also useful to make a list of work-related tasks for the next day before leaving work at the end of the day. You'll be amazed, then, that you can control your mind by saying to yourself, "I did due diligence on these matters...I don't need to continue to worry about them here in bed". That done, you can now train your mind to go to a relaxing, peaceful place. A place where you aren't afraid to go to sleep.

Set aside a few minutes for worry time *before* you do the relaxation exercises. Explore your thoughts thoroughly, or they will haunt you while trying to focus on relaxing. If you keep your thoughts and worries bottled up until after the breathing exercises, you will find they get in the way of truly unwinding.

### **Sleep Restriction Therapy:**

It seems counterproductive to talk about restricting sleep when you suffer from sleep deprivation! However, sleep restriction is about limiting the amount of time in bed to the actual time you spend sleeping. Lying awake in bed fretting about not getting to sleep only exacerbates the problem, increasing anxiety and prohibiting sleep. Therefore, in sleep restriction therapy, a person is encouraged to get out of bed if sleep is not possible.

There are two ways to go about this. A person could use stimulus control to promote consolidated, restful sleep. For example, if you estimate that out of eight hours in bed each night, the total hours slept is five, then set your alarm to go off five hours later. If you are not asleep in 20-minutes, then get out of bed until you feel sleep and then return to start the process again, setting the alarm for five hours later.

Once you are sleeping about 90% of the time spent in bed for five consecutive days, then increase the amount of time spent in bed by small amounts. Behavior modification stimulus control of this nature is intended to establish a connection between the bed, bedtime and rapid sleep onset. It does not work for everyone. Another method is to truly restrict sleep until it comes naturally for a full night. Start by allowing yourself only a few hours of sleep a night. Mild sleep deprivation makes it easier to fall asleep. Each night, add a few minutes to the sleep schedule until the treatment goal is reached. The idea behind this treatment strategy is to turn time in bed into sleeping time.

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### **Chronotherapy:**

Chronotherapy is used to manipulate the sleep-wake cycle of an individual's circadian rhythms. The best way to explain it is that the person who cannot go to sleep at an optimum time progressively sets the clock three hours later than the night before until he or she moves around the clock and can consistently sleep at an appropriate time. Chronotherapy was originally developed for treatment of Delayed Sleep Onset, or when someone cannot go to sleep until the early morning hours (see *Chapter Two*).

An example of a hypothetical sleep schedule would be as follows:

- 1<sup>st</sup> night: sleep at 4am, wake at 12pm
- 2<sup>nd</sup> night: sleep at 7am, wake at 3pm
- 3<sup>rd</sup> night: sleep at 10am, wake at 6pm
- 4<sup>th</sup> night: sleep at 1pm, wake at 9pm
- 5<sup>th</sup> night: sleep at 4pm, wake at 12pm
- 6<sup>th</sup> night: sleep at 7pm, wake at 3am
- 7<sup>th</sup> night: sleep at 10pm, wake at 6am

Once consistent sleep-wake habits are established, you can adjust slightly to your schedule. It is usually easier to stay up longer than it is to go to sleep earlier. Delayed chronotherapy of this type takes advantage of the natural progressive shift in circadian rhythm. It is very important to maintain a regular, scheduled wake-up time following the completion of this routine. Straying at all from strict bedtime/wake up times may nullify the effects of chronotherapy. Also, if you are taking any medications, , or if you take insulin or have an immune system disorder, check with a doctor first to make sure the program doesn't further aggravate insomnia. You will probably have to take a week long vacation to accomplish this. In all cases, you are advised to get out of bed if sleep does not come in 20-minutes.

### **Setting a Schedule:**

Remember, everyone needs to unwind. It is not healthy to go full bore through the day and then expect to fall into a state of bliss when your head meets the pillow. It won't happen, period. You can fight it and face the predictable consequences of burn out and daytime fatigue, or you can set a schedule to follow each evening, and with the help of your family and friends, *learn* to respect the message your body is desperately sending out. That message is to relax before going to sleep...to unwind! (67)

*Here's how:*

- Determine to wind down during the second half of the evening. As we have learned, your body requires rest as well as sleep. If you have children, use the time after they have gone to bed to talk with your spouse (although not about stressful issues such as the family budget or redecorating). Read a book or watch a favorite TV show that makes you laugh.
- Set a work/activity deadline for 90-minutes before your bedtime. That means finish up paying bills, doing your taxes, helping with homework and doing chores around the house. The last 90-minutes of the day should be for relaxing, either alone or with the one you love.
- Practice your relaxation technique before getting into bed. Concentrate on your breathing. Tense and relax the muscle groups, concentrating on the arms, neck, and shoulders.





Keeping your brain focused and those delicate chemicals balanced calls for a small diet review:

“2-4-6-Ate”

Do You...

- \_\_\_\_\_ Sometimes skip breakfast?
- \_\_\_\_\_ Opt for a cup of coffee and a sugary snack at, or on the way to work?
- \_\_\_\_\_ Sometimes skip lunch?
- \_\_\_\_\_ Grab a bite to eat from the vending machines or snack cart?
- \_\_\_\_\_ Give thought to the nutritional content of the foods you eat?
- \_\_\_\_\_ Try to balance your intake of protein, complex carbohydrates and fat?
- \_\_\_\_\_ Drink plenty of water every day?

If you said yes to any one of the first four questions, chances are you often feel irritable, jumpy, stressed out, worn out, are prone to mood swings and don't sleep well. The science is simple. Eat the right foods at the right time, and your brain chemistry will keep you feeling great. Eat the wrong foods and face the music, which also includes heightened PMS symptoms for women.

First of all, never skip breakfast. You will *never* lose weight by cheating on this most important meal of the day. In fact, you'll probably gain weight as you eat the rest of the day to make up for lost, nutritional energy you would have gotten from a piece of toast and a cup of orange juice. *Do* skip the donut shop and coffeehouse. You will only fill up with lots of **sugar** and **simple carbohydrates** that may give you a short-term energy spike, but undoubtedly will be followed by tailspin and fatigue. You'll also be hungry again way before the lunch bell rings.

Eat a breakfast of **complex carbohydrates** and **protein** that will supply the correct amino acids to keep the brain's messenger neurotransmitters up and humming. Whole grain toast, waffles and pancakes, eggs, a piece of fresh fruit, a glass of milk, oatmeal, bacon –these are all examples of what could be eaten at breakfast (just not all at once!). Instead of a plain whole-wheat bagel, try spreading peanut butter on top or a slice of low-

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fat cheese. The added protein will give you a sharpened mental edge. Blueberries are also good for breakfast since they contain compounds called **anthocyanins**, which may also help improve memory.

You can go ahead and have a cup of coffee, but stop at one, and skip all the fancy concoctions that add more sugar than your body wants to handle. Too much caffeine can cause headaches, muscle tremors, irritability, heart palpitations and poor sleep if imbibed in too close to bedtime. As we have mentioned, **caffeine** can stay in your system for up to 24 hours! Try not to have any caffeinated drinks after noon, and no more than two caffeinated sodas a day. Each time you fantasize about a nice cold coke, down a refreshing bottle of water instead. Given time, you *can* change bad habits.

Instead of three large meals a day, nutritionists recommend five or six smaller meals. These smaller meals could consist of a yogurt cup, an apple or other fruit and whole grain breads. Eating more frequently helps to keep your brain chemistry and your blood sugar on an even keel, helping your mood stay upbeat and avoiding bad nutrition-triggered depression and fatigue. Also, drink plenty of water (six to eight glasses throughout the day) since science has clearly linked dehydration with fatigue.

As the day recedes into evening, shift away from protein and more toward complex carbohydrates. Foods such as healthy (not sugar-laden) cereals, pasta, crackers or rice cakes seem to enhance serotonin production, which again, gives us those feelings of calmness, relaxation and contentment. Try not to eat anything too heavy close to bedtime, however, as our digestive systems slow down. A glass of warm milk with honey is one of the oldest and best remedies for insomnia. Milk contains **tryptophan** which, when converted to serotonin in the body, induces sleep and prevents waking.

A **magnesium** deficiency can also lead to sleep disorders. Try eating plenty of nuts, soybeans, legumes, whole grains, seafood, dark green vegetables, cereals, bananas and milk to get more magnesium into your diet.

The following is a list of what nutritionists recommend for sound sleep:

- Avoid heavy bedtime snacks, particularly those with sugars and other stimulants such as alcohol. They will raise blood sugar and inhibit sleep. Later, when blood sugar drops too low during sleep, you might awaken and not be able to fall back to sleep.
- Eat a high-protein snack several hours before bedtime. This can provide the **L-tryptophan** needed to produce melatonin and serotonin. Along with the protein snack, eat a piece of fruit. This can help the L-tryptophan cross the blood-brain barrier. Good foods include turkey, bananas, figs, dates, yogurt, milk, tuna, and whole grain crackers or nut butter.
- Avoid foods that you may be sensitive to. This is particularly true for dairy and (71) wheat products. They may have a negative effect on sleep, such as aggravating apnea, excess congestion, gastrointestinal upset, among other ailments. Other foods to avoid at night are bacon, cheese, chocolate, eggplant, ham, potatoes, sauerkraut, sugar, sausage, spinach, tomatoes and wine. These foods contain **tyramine**, which increases the release of **norepinephrine**, a brain stimulant.
- Don't drink any fluids within two hours of going to bed. This will reduce the likelihood of needing to get up and go to the bathroom, or at least minimize the frequency.
- Avoid cigarettes and tobacco. While smoking may seem to have a calming effect, nicotine is actually a neurostimulant and can cause sleep problems. In a

study published in Preventive Medicine, smoking was associated with difficulty initiating sleep, and difficulty waking up in both men and women. In addition, excessive daytime sleepiness was related to smoking in women while nightmares and disturbing dreams were related to smoking in men.

- Alcohol and caffeine are two beverages/foods that you must avoid for healthy sleep. Even small amounts of caffeine such as those found in decaffeinated coffee or chocolate, may be enough to cause insomnia in some people. Alcohol produces a number of sleep-impairing effects. In addition to causing the release of adrenaline, alcohol impairs the transport of tryptophan into the brain, and because the brain is dependent upon tryptophan as the source of serotonin, alcohol disrupts serotonin levels. Other stimulants to avoid are **theophylline**, **beta agonists** (usually as inhalers), and **steroids**, especially prior to bedtime.
- Foods to eat that help sleep— Vitamin B12 is a necessary component of proper nutrition and overall bodily function and has improved sleep for some Delayed Sleep Syndrome patients by quickening sleep onset and seemingly regulating bedtime. B12 in pill form works well for people deficient in this nutrient.
- Chlorophyll-rich foods, such as leafy, green vegetables, steamed or boiled.
- Microalgae, such as chlorells and spirulina
- Oyster shell can be purchased in health food stores and taken as a nutritional supplement
- Whole grains: whole wheat, brown rice and oats have a calming and soothing effect on the nervous system and the mind.
- Mushrooms, all types.
- Fruit, especially mulberries and lemons, which calm the mind  
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- Seeds: jujube seeds are used to calm the spirit and support the heart. Chia seeds also have a sedative effect.
- Dill and Basil
- Lettuce has a long-standing reputation for promoting healthy sleep. This is due to an opium-related substance combined with traces of the anticramping agent **hyoscyarnin** present in lettuce. Lettuce should be an integral part of your evening diet if you are suffering from sleep disorders. The meal should also include legumes, peanuts, nutritional yeast, fish or poultry. These foods contain vitamin B3 (niacin). **Niacin** is involved in serotonin synthesis and promotes healthy sleep.

- Sleep promoting herbs—

- **Kava.** Sometimes referred to as “the key to calm.” Kava appears to work in a similar fashion to drugs like **Halcyon** and **Valium**. An enzyme that is involved in producing anxiety is suppressed or inhibited.

(A study of the extract on humans, published in the January 1987 issue of *Pharmacopsychiatry*, took place in the department of psychiatry at Jena University in Germany. In this six-month double-blind clinical trial, 101 people were randomly assigned to be given either an extract of the herb or a placebo. The subjects had all been diagnosed with anxiety disorders, including generalized anxiety disorder, agoraphobia (fear of leaving the home), other phobias such as fear of flying or elevators, and stress-related adjustment disorders in which anxiety was a predominant symptom. Subjects’ scores on the Hamilton Anxiety Scale and other scales that measure mood states were compared before, during and after the trial. Those who were given kava-kava showed significantly reduced anxiety, but those who were given the placebo did not. The authors concluded that the herb is a viable alternative to the use of tricyclic antidepressants and benzodiazepine drugs in the treatment of anxiety disorders. It also lacks their common side effects of drowsiness and lightheadedness.)

- **Valerian.** This is an herb that is believed to have a calming and relaxing effect on the body. Some believe that it is useful for insomnia, mild anxiety and restlessness.

(In a study published in *Pharmacology, Biochemistry and Behavior*, July 1982, researchers divided 128 people into two groups. One took a liquid extract of valerian root, while the other got a placebo. After nine days, those using valerian found they were able to fall asleep much more quickly than those using a placebo. The valerian users also reported better-quality sleep, especially those who described themselves as poor sleepers. Valerian can be brewed as a tea and is also available in alcohol tincture, glycerite and capsule form. If you choose the capsules, be sure they are standardized to contain 1 to 1.5% valtrate or 0.8% valeric acid, two forms of the active ingredient. According to the German Commission E, the most authoritative governmental body to study herbs, there have been no side effects documented for valerian. That sets it apart from most prescription sleeping pills, especially the older ones.)

- **Melatonin.** Melatonin has enjoyed a lot of hype over the past ten years as a “natural” sleep aid. Radio talk show hosts endorse it and manufacturers have

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enjoyed the financial rewards from the sale of this synthetic hormone. Natural melatonin is a hormone that is produced by the pineal gland in the brain. Melatonin for some people may help jet lag and short-term sleeping problems. Scientists are also looking at other possible benefits of melatonin, such as for people with sleep disorders or winter depression and shift workers. However, melatonin’s safety and effectiveness have not been thoroughly tested.

A background on melatonin: Melatonin controls the body’s circadian (24-hour) rhythm, which is our internal clock that tells us when to sleep and when to wake up. Normally, more melatonin is produced at night than during the day. This pattern of melatonin production is partly affected by light; melatonin levels peak in the middle of the night and gradually decrease into the morning hours. A recent study took two groups and gave one group melatonin at 6pm and the other melatonin at 11pm. They found that the 11pm group received no effects from the melatonin. It did promote sleep for the 6pm group.

Scientists concluded that our natural melatonin levels are lowest at 6pm and thus the greatest benefit is derived when this hormone is ingested at that time.

Melatonin levels drop as we age, being higher in young children and gradually declining as we become older adults. Scientists do not know exactly what taking a supplement of melatonin does to the human body. It is believed that melatonin may help some people fall asleep. However, the long-term effects of taking a melatonin supplement have not been thoroughly studied and we are not sure what is the right dosage. A study found that melatonin may cause spasms in the blood vessels of the brain and could induce stroke. Brain scans taken on people who were using melatonin showed decreased blood perfusion in the brain. There are, thus, some concerns about the safety of melatonin. **DO NOT** take melatonin if you are pregnant, trying to get pregnant or breastfeeding, suffer from an autoimmune disease, diabetes, epilepsy, leukemia or migraine headaches, are taking cortisone medication or have kidney disease.

- **Chamomile and Catnip.** This is a popular homemade tea blend, although there are many chamomile teas on store shelves. Some people grow their own catnip and chamomile leaves can be purchased in healthfood stores. Try it when you anticipate a sleepless night from excitement, stomach or female ailments, or if you need to get to sleep early.
- **Hops.** This is commonly found in sleep pillows, and is known for its mild sedative active that can also be used for combating stress and anxiety.
- **Lavender.** The essential oil of lavender has many aromatic benefits which include combating stress, nervousness and insomnia. Lavender is found in eye pillows and other bedside accessories.
- **Passion flower, scullcap and poppy** (illegal in the United States).

\*Please note that the FDA does not regulate herbs as it does vitamins, minerals and other supplements. That means that you can't be absolutely sure of either the strength or quality of the products you buy. Just like prescription medications, other remedies may also interact with other medications you may be taking. If you are taking other medications, talk to your doctor before taking any sleep aid. Hops and Passion Flower could exacerbate symptoms of depression.

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Over-the counter remedies: According to a 1990 estimate by the National Sleep Foundation, consumers spend more than \$1.1 billion a year on products to promote sleep. Prescription and over-the-counter sleep remedies have a definite and useful purpose when it comes to solving sleep problems, but they must be used with great care and, often, under a doctor's watchful eye. Some sleep aids can be addictive and may cause "rebound insomnia."

- **Sominex and Benadryl** are sometimes recommended by doctors for help with short term or transient insomnia. The problems associated with them is that there are side effects such as grogginess or hang-over, and they are not effective for long term relief. It appears that the more people use them, the less effective they become.
- **Anti-Depressants.** There is an anti-depressant grouping of drugs referred to as **TCA's** or **tricyclics** (amitriptyline hydrochloride, Amitril or trazodone

hydrochloride, Desyrel) that have a sedative effect. The cyclic anti-depressants work by beefing up the brain's supply of norepinephrine and serotonin levels, chemicals that are abnormally low in depressed patients.

This allows the flow of nerve impulses to return to normal.

Because they have a sedative effect, the cyclic anti-depressants are useful in treating depression accompanied by anxiety and sleeping problems. We know from **The Soul of Sleep** that depression can lead to serious sleep disorders. These drugs do not seem to work for people without depression. Side effects with cyclics may include dry mouth, constipation, blurred vision, weight gain, increased heart rate, drowsiness, urinary retention, impotence, decreased blood pressure, and dizziness when standing up.

- **Prescription Sleeping Pills.** Sleep inducing pills such as **Valium (diazepam)** or **Librium (chlordiazepoxide)** are often prescribed for people having short-term or long-term insomnia even though they were not developed as sleeping pills. Valium is used to relieve anxiety, nervousness and tension associated with anxiety disorders. It is also used to treat certain types of seizure disorders and muscle spasms. Librium is used to relieve anxiety, nervousness and tension associated with anxiety disorders and is also used to reduce symptoms associated with alcohol withdrawal. These types of drugs do have strong sedating effects and do work pretty well. However, they also have strongly addictive effects and produce strong hangover effects the morning after their use.
- **Sonata (zaleplon), Lunesta (eszopiclone) and Ambien (zolpidem)** are in a class of drugs called sedative/hypnotics or sleep medications. They affect chemicals in your brain that may become unbalanced and cause insomnia. Sonata and Ambien are for short-term use only, usually only a few days to two weeks. Their sedating effects last only one to three hours, as opposed to other sleeping pills that make users drowsy for at least eight hours. Their short life span makes it beneficial for people who struggle to fall asleep, but don't have trouble staying asleep.

The bottom line is that finding a routine for eating right doesn't mean spending money on the latest diet book, or following strict guidelines. Good nutrition equates to good

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common sense. Follow your instincts and also become curious about the contents of the foods you eat. The more natural the ingredients, the less chance that refined substances are there to get in the way of optimal health and normal sugar levels in the blood. Also, check (**Chapter Seven**) for information on foods you may be allergic too. You don't have to become a nutritional expert, just a wise eater.

In case you are currently overweight and have a sleeping problem, the next section holds the key to understanding how to overcome both!

### **Fat Chance You'll Sleep Well...**

We have already discussed in detail **Obstructive Sleep Apnea** and how prevalent it is among overweight people. In fact, sleep apnea is the number one sleep disorder in this

part of the world with millions upon millions of people in North and South America seeking help for it. Is it a mere coincidence that obesity is also on the rise? As we have said, a disproportionate number of people with sleep apnea are overweight.

One explanation is that potential sleep apnea sufferers are not eating good, nutritious food, or are overeating and thus gaining too much weight. We know that weight gain results in heavy fat deposits in the area of the neck and can produce crowding of the airway. When the airway is blocked, it becomes restricted so that breathing is labored. When you don't breathe easily, heavy snoring can result. Or, even worse, you can actually stop breathing altogether in your sleep.

However, there may also be a vicious cycle going on of which the individual is unaware, but that is exacerbating the weight gain. Remember in **Chapter One** where we talked about our busy brains during sleep and how disruptions in our sleep cycle affect the hormonal balance that regulates our body's immune system among other things. Sleep quality ultimately dictates how we feel during the day? Well, here's how that delicate balance affects the way we eat. As we have learned, when we sleep the body produces **human growth hormone**. Although we know that growth hormone is best for promoting growth in childhood, it plays an important role for adults as well. Human growth hormone *regulates body fat!* It increases muscle mass and the capacity for aerobic exercise, *and* helps us maintain normal mood and cognition.

Secretion of growth hormone naturally decreases with age and the resulting changes are many. Reduced strength and energy, increased body fat (especially around the middle) and psychological changes. Some studies suggest (see **Chapter Three**) that age-associated changes in sleep may also be related to this decline in growth hormone. The bottom line is, if you don't sleep well—for whatever reason—then you are probably not producing the amount of growth hormone needed to keep your weight in check.

And here's another surprising twist. It's bad enough that studies show people are more likely to have (and give into) food cravings in the artificially lit interiors of our kitchens late at night. Now, a Norwegian researcher specializing in obesity has reported that

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**Night Bingeing** is related to such hormonal imbalances. People who stay up late regularly (or can't sleep) crave carbohydrates in the late evening in order to boost body chemistry and achieve a sense of satiation. There are even those who get up in the middle of the night without realizing it and raid the refrigerator in their sleep! Needless to say, eating a lot at night is hard on weight control and, unfortunately, the excess weight ultimately leads to sleep problems.

### **The Diabetes Connection**

Approximately one-third of all diabetics suffer from obstructive sleep apnea. Not surprisingly, a disproportionate number of diabetics are overweight. In fact, many medical professionals believe that being overweight is the number one cause of **Type 2 Diabetes** (also known as adult onset diabetes). Diabetes, of course, involves another hormone called **insulin**. Let's look at this in a little more detail.

When you eat, the body converts the food into blood sugar or **glucose**. Insulin, produced by the pancreas, is the shuttle bus or transport for delivering the blood sugar into the cells of the body where it is either used for energy immediately or stored as **glycogen** for use in the future.

The American diet, so rich in carbohydrates, fat and just plain “junk calories,” helps to promote the over-production of insulin to handle the overload entering our blood stream continuously. Ultimately, this can lead to a condition known as **insulin resistance** in which the cells “resist” or block the incoming excess glucose, which then builds up in the blood. The pancreas responds by pumping out higher than normal levels of insulin in an attempt to bring the blood glucose levels back down to normal. Guess what abnormally high levels of insulin do? *They make us hungry!* The temporary lift gained from all that sugar in the blood is lost, leaving us listless, fatigued and in search of our next sugar fix. This is why it is said that people with high insulin levels often go into carbohydrate cravings, which can quite easily lead to abnormal weight gain.

Left unattended through the months and years, the rollercoaster of elevated blood sugar and repeated emergency calls to the pancreas for insulin can have these adverse effects on the body:

- Weight gain, especially around the midsection
- Elevated blood pressure
- Elevated cholesterol and triglycerides
- Increased deposits of plaque in the arterial walls
- Lowered immune suppression
- Insulin resistance
- Diabetes

Yes, you can be a diabetic even when you have high levels of insulin in your body. In fact, this is very common in adult-onset, non-insulin dependent diabetics. Your insulin receptors become less sensitive through the years to all the emergency secretions of insulin. More and more is required to get the job done, until no amount will successfully

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lower blood sugar. Insulin resistance is also linked to cardiovascular disease and hypertension. Chances are, you don't sleep well if you recognize yourself in the preceding paragraphs. All of these conditions can be associated with an increase in insomnia and sleep apnea.

**Soy** may help people with diabetes control their blood sugar. When groups of Type 2 diabetic women participating in a study ate food with powdered soy sprinkled on top, their insulin resistance was reduced and their insulin, blood sugar, and cholesterol levels evened out.

### **Such a Sweet Deal**

We mentioned the great American diet. You may have read statistics reporting something along the lines that each person in the United States today consumes an

average of 125 pounds of **refined sugar** a year. It takes a near Herculean effort to avoid the aisles and aisles of cookies, crackers, sugar-laden cereals and other such sweets in grocery stores. There's even tons of sugar in tomato catsup. Moreover, even when we try to eat right, stocking up on fat free deserts, yogurts and pre-packaged goods, we find the reason they taste so good is because the manufacturer replaced the fat with *more sugar!* To our bodies, it's the same thing...sugar...fat. When sugar is not needed immediately for energy, it is stored as fat. Because refined sugar, or **sucrose**, is broken down easily in the body, insulin is right there to usher it into our bulging storage sheds, and we've already learned what happens next.

Snack foods and high sugar items more often than not also contain a good deal of **refined carbohydrates**. They, as well, provide a rapid sugar fix that many people are addicted to. What better way to get through our hectic days than to down a package of chips or a so called "high energy bar" that bring an immediate, pleasant sense of gratification. Unfortunately, that's when the body calls upon "old man insulin" to crash the party and send us into that all-too familiar downward mood spiral. Our brains, like some dope pusher, tell us to get more sugar—*fast!* Suddenly, that mid-afternoon energy pick up turns into poor concentration and forgetfulness, a foul mood and a sleepy brain.

Use the calendar below to record what you eat in a one-week period. Remember, this is not just for weight loss. This is to evaluate your nutritional equation and to find out what hidden ingredients may ultimately be affecting your quality of sleep.

**Nutritional Calendar:**

<i>Day</i>	<i>Time</i> (example)	<i>Food</i>	<i>Evaluation</i> _____
<b>Monday:</b>	6am	whole wheat bagel with peanut butter	Protein_____
_____			
_____			
_____			
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<b>Tuesday:</b>			
_____			
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<b>Wednesday:</b>			
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_____			
<b>Thursday:</b>			
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_____			

**Friday:**

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**Saturday:**

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**Sunday:**

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### **Charting the Course:**

Were you surprised by any of the information in this chapter? There is an amazing amount of literature out there denoting the stimulating and relaxing effects of just about every kind of food on our systems. For instance, **monosodium glutamate (MSG)** often found in Chinese food causes a stimulant reaction in some people. A late night cup of coffee keeps most people awake, yet puts others right to sleep! Some decongestants keep some unlucky cold sufferers awake in their beds. The sensitivity to stimulants and depressants varies greatly from one person to the next, depending on how our individual bodies respond and how quickly bad substances can be eliminated.

Self-analyze the foods you eat. Give yourself some suggestions for eating smarter in the future. Tear out this page and tape it to your refrigerator. Write a menu plan for the next week. Remember, changing lifelong habits takes time. Don't be disappointed if the results are not immediate. Chances are, if you follow the simple guideline suggestions listed in this chapter, you will begin sleeping a whole lot better in a matter of weeks, perhaps even days.

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## ***Chapter Eight:***

### **Exercise=Energy: How sleep fits into the equation**

Too pooped for push-ups? Too rundown to run? Forget about actually climbing up on the treadmill (you know, the one in the corner with all the cobwebs on it), if you're like millions of people who don't exercise, just getting out of bed can be a workout. *An amazing 500-million doctor visits a year are made to get advice about combating fatigue.* While colds and flues may hold first place for complaints, tiredness is a strong number two.

**Chronic Fatigue Syndrome** is a buzz phrase belonging to baby boomers who have lived life at full throttle only to get sideswiped in midlife by an energy-depleting condition for which doctors have no explanation or cure. In this age of all-night supermarkets, nightclubs and high-stress living, is it any wonder that we often feel defeated at the end of the day? Who has the luxury of 30-minutes to set aside for stretching and muscle-toning? *Who has the energy* for anything other than a good TV show (perhaps with a sugary snack to bring us back from total exhaustion)?

Our crazed lifestyles are only one explanation for the lack of get up and go so many of us find puzzling. There are medical conditions involving the **Thyroid** that could be hampering your style. There are hidden allergies, sensitivities to molds, foods and chemicals that can literally make you sick—and fatigue is one of the prevailing symptoms! There are lots of books and resources out there chronicling the many causes of fatigue. For our purposes, it is important only to be aware of what might be zapping your energy so that you can begin alleviating the source. It is well known that increasing energy levels during the day leads to better sleep at night. A listless, depressed couch potato rarely drops off in bed without a care until morning. Likewise, energy begets energy. Those who feel good and exercise keep a strong, regular pace throughout the day and find bed rest a welcome, inviting retreat in which to re-charge their batteries for tomorrow.

Throughout **The Basics of Good Sleep**, we have attempted to battle daytime fatigue and nighttime restlessness from a number of proven angles. In ***Chapter Four***, we talked about depression and anxiety, and how those two emotional bandits can rob us of energy as well as the ability to relax. In ***Chapter Seven***, we highlighted the best diet approaches recommended by doctors and nutrition experts that not only help get our brain's hormones in sync, but also help keep our blood sugar levels on an even keel so as to flatten the peaks and valleys of our emotions and alertness during the day.

None of what we have suggested comes with a “30-day” guarantee. Unfortunately, it usually takes much longer for the affects of a good diet and exercise plan to take hold. Lifetime habits, as we have learned, are often hard to shake, and cosmetic changes to our

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homes and bedrooms can also take time to complete. Don't lose hope, however! If you have come this far in the program, you probably already have a fair idea of what you need to do in order to get a good night's rest. You know that your health—indeed your life!—depends on it. If you still need motivation to start an exercise program, consider this:

**Exercise may be one of the best ways to achieve healthy sleep.**

A recent study found that people with minor sleep disturbances improved after four months of brisk walking 30-minutes four times a week. Another recent study reported that sleep improved in a group of elderly people who exercised regularly. Is it any wonder then, that morning and early evening walks (in the sunlight) appear on various

lists throughout this program as a major element for Good Sleep Hygiene?! There is simply no way around it. If you are serious about sleep, and about improving your mood and productivity on the job, then you *must exercise*. Not just today, but tomorrow and the next day and the next day after that...for *the rest of your life*. It's not as bad as it sounds, and you have a good chance of living longer if you get moving.

### **Ruling out the Possibilities:**

We cannot talk about fatigue without bringing up an old subject, **hormonal imbalance**. Remember when we discussed how any imbalance in brain chemistry had an undesirable effect on our ability to get to sleep, stay asleep and feel awake during the day? Those imbalances are largely caused by stress primarily, and by our lifestyles, nutritional deficiencies and drugs. There are various hormones throughout our bodies that are linked in a delicate web of complex interactions that help regulate things like how fast we burn up calories in food, how quickly we grow, how well we repair wounds, and how well we sleep. Without a healthy balance of hormones, a person can literally feel so fatigued that life doesn't seem worth living, let alone putting forth the effort to get in shape.

A good endocrinologist is a mystery solver for those suffering from some sort of imbalance that keeps them from enjoying life. There are simple blood tests you can take to see if your lack of energy is tied to a lack of **estrogen**, for example (see *Chapter Three*).

**Thyroid malfunction** is a modern-day malady that may affect as much as 15-percent of the US population. Women are especially susceptible and it seems to run in families. One reason may be that the thyroid is probably the gland most sensitive to the tremendous stress of a fast-paced existence. When the thyroid malfunctions, it may produce excess thyroid hormone (**hyperthyroid**), or it may degenerate and produce too little (**hypothyroid**) hormone. Answering the following questions can give you a good idea if either one of these conditions may be responsible for your fatigue:

#### **Hyperthyroidism—**

- \_\_\_\_\_ You feel jittery, yet exhausted, *as if* you've had too much coffee.
- \_\_\_\_\_ You have lost weight recently for no apparent reason.  
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- \_\_\_\_\_ You have trouble sleeping.
- \_\_\_\_\_ You have heart palpitations.
- \_\_\_\_\_ Your pulse races at rest.
- \_\_\_\_\_ Your hands shake when extended.
- \_\_\_\_\_ Your eyes bulge. (This could be a symptom of Graves' disease, which is one type of hyperthyroid.
- \_\_\_\_\_ You feel heat-intolerant.
- \_\_\_\_\_ You sweat a lot.

#### **Hypothyroidism—**

- \_\_\_\_\_ You are depressed, lethargic, and feel cold easily.

- \_\_\_\_\_ You gain weight easily.
- \_\_\_\_\_ You suffer from chronic fatigue.
- \_\_\_\_\_ You have dry skin, hair loss, eczema or adult acne.
- \_\_\_\_\_ You suffer from muscle-aches, constipation and hoarseness.
- \_\_\_\_\_ You have PMS or problem menstrual cycles.
- \_\_\_\_\_ Your libido is low (sex drive).
- \_\_\_\_\_ Your feet and legs are swollen.
- \_\_\_\_\_ Your nails are brittle.
- \_\_\_\_\_ You get a lot of colds and flues.

It's important to recognize the symptoms since these conditions are often overlooked by doctors. They have even been linked to a higher risk for cancer. If you answered yes to many of the numbered items, you may want to take the above test in for your doctor to see. It may greatly aid in the correct prognosis. Studies show that the use of small supplemental amounts of thyroid hormone, even in cases where blood tests show it to be adequate, can clear up symptoms. In one study of ten women with blood tests that indicated normal thyroid function and sever PMS, nine of the women reported dramatic improvement in their fatigue and other symptoms when given thyroid hormone.

### **Food Allergies—**

Visitors to the United States are always amazed to see our massive grocery stores with their wide aisles and miles and miles of food choices! In Europe, people still visit the butcher, the baker and the candlestick maker in different shops. Our ancestors, who foraged on limited diet items such as meat and vegetables, would be dumbfounded to see the colorfully packaged cookies, cakes, cokes and prepared dinners that await us on every street corner. Not only do we not have to hunt, kill and collect our vittles, but we exert next to no energy in obtaining them, and then eat as if there is no tomorrow.

Is it any wonder, then, that so many people suffer unexplainable side-effects to modern-day foods that leave them feeling dead tired? An estimated 30-million Americans experience adverse reactions to what they eat. If you are so fatigued that the thought of any exercise program makes you feel like crying, then by all means first rule out whether your diet is making you sick and tired.

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*Do You Have a Food Allergy? Here's a list of symptoms to look for:*

- Fatigue
- Dark circles under the eyes
- Anxiety, irritability, depression, fogginess
- Chronic sinus infection, coughing or wheezing
- Digestive problems
- Frequent headaches, muscle aches or joint pains
- Itching and skin problems
- Chronic sore throat

Here are some other tell-tale signs:

- You crave certain foods.
- You eat a certain type of food in different forms throughout the day, such as wheat or dairy products.
- You have energy and mood swings.
- You feel bloated or gassy.
- You feel better when you don't eat anything at all.
- You have a family history of allergies.
- Your pulse becomes more rapid after eating one type of food. Hint: A normal pulse reading is 52-70 beats per minute. If your pulse increases more than ten beats per minute after eating a food you suspect you are allergic to, then try eliminating the food from your diet.

The most common food irritants are dairy products (70% of the adult population in the world has trouble digesting milk), eggs, nuts, soybeans, wheat and corn. Since many of these items are "hidden" in prepared foods, you need to check the labels thoroughly if you suspect an allergy. Some allergies in children, such as milk and wheat, cause symptoms that mimic **ADD/ADHD**.

Your doctor is the best person to contact if you believe your fatigue may be the result of a food allergy. He or she can give you a blood test, called the **RAST**, or a skin test. Another way to check for an allergy is to eliminate the suspects from your diet. Allow at least four days and then eat the food again in a small amount. Check your pulse. If it is up by an extra ten beats, or if other symptoms arise, then chances are that you are allergic.

### **Environmental Pollutants---**

"If it's not one thing, it's the other that'll get us." How many times have you heard something akin to that statement? It's a little like waiting for the other shoe to drop. In this world of ours, it seems every day carries another warning about some environmental poison or health hazard that we need to avoid. With some 60,000 man-made chemicals created in the past half-century, how exactly do we hide from it all?

Our carpeting has formaldehyde. Our cars give off chemical exhaust in the form of carbon dioxide. Our produce has multiple sprays of pesticides. Our drinking water may

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include toxic runoff. Guess what? One of the first symptoms of toxic overload is *fatigue*. If you awaken exhausted or have headaches, allergies, depression or chronic respiratory problems, you may have absorbed too many toxins from the environment around you – the air and water. Toxins damage cell membranes, disrupt enzyme pathways, and put extra stress on the body as it attempts to detoxify and get rid of the contaminants.

Everyone is different and so respond to toxins differently. Some people drink wine without a problem while others are sensitive to the sulfites in wine. Some people live happily in homes with poor ventilation, dust and asbestos, while others develop life-threatening reactions to it all. Researchers at the Environmental Protection Agency have suggested that indoor pollution may be responsible for more than 10,000 deaths a year.

Companies have sprung up in recent years to test for environmental toxins in the home and workplace. You can have a skin test done by your doctor, or a urine test to determine levels of poisons in your system. Your fatigue may be the result of several chemical exposures. **Multiple Chemical Sensitivity (MCS)** has been labeled the 20<sup>th</sup> Century illness. The symptoms are fatigue, flu-like symptoms, mental confusion, and skin, urinary, joint or muscle problems.

If you think you are a victim of toxic poisoning caused by indoor pollutants, you should have your home or office checked out. There are some easy solutions to try, however, on the road to internal purity.

Try:

- Houseplants. A two-year study found that plants like English Ivy and Golden Pothos removed significant amounts of benzene, formaldehyde and other toxic gases indoors.
- Air filters. Buy filters with activated carbon granules to remove chemicals and gases.
- Water filters. Many are available on the market and easily installed. Make sure they filter out lead, copper, bacteria, algae and chlorine.
- Shower filters. There are some claims that the water coming from showers is more harmful than tap water in a glass. Standing under warm water for 10-15 minutes opens your pores to chemical-laden water, particularly chlorine. Chlorine in the body can metabolize into an even more toxic substance.
- Use nontoxic cleaners in your home, such as white vinegar or borax in warm water to disinfect and wash away molds. Olive oil can be used to polish furniture and buff shoes. Baking soda and white vinegar can flush and clean drains.
- Replace carpets with natural wood or stone flooring if you believe that's what's making you sick.
- Replace synthetic curtains and other such materials, since they also contain formaldehyde gas.
- Take a sauna or steambath. Detoxify your body and then rehydrate by drinking plenty of pure, filtered water.
- Take frequent walks in the fresh air. Try not to walk near busy streets or industrial complexes. It's important to clean out the lungs, and the exercise also detoxifies the body naturally. (84)

### **On Your Mark, Get Set...**

By now, you can see how complicated the fatigue issue truly is. That's why Chronic Fatigue Syndrome, so pervasive in today's society, is so difficult to pin down. Doctors are loath to associate fatigue with environmental or food origins because there are so many causes. It is much easier to prescribe a pill or suggest additional bed rest. There are molds to consider as well, and digestive malfunctions caused by myriad food/environment combinations. We bring all of this to your attention because without identifying the origin of your malaise, you will simply *not* magically get up one day and decide to go out for a jog. You will hate yourself for this unexplained lack of motivation, and become more depressed or anxious as a result.

The good news is: It's never too late.

Think about it. Those are not just empty words to make you feel good. It is NEVER too late to get in shape. Your body *will* respond to the benefits of exercise. You will feel better, you will look better and you *will sleep better*, which is why you purchased this program, right? All you need is a plan of action...

### **Plan of Action:**

- Get a check-up. Every exercise or diet plan suggests obtaining the green light from your physician first. It is important to rule out possible heart problems or other physical limitations that could be exacerbated by a sudden, new routine.
- Start slowly. Don't try to accomplish too much all at once! Walk for five minutes a day in the beginning. Don't even think about "an exercise routine." You're not on a deadline...this is a program for life! Enjoy the scenery around you and take the focus off of yourself.
- Add minutes to your walking routine each day, or every week. Stretch at the beginning of the walk and then again at the end. Start with light stretches of the arms and legs.
- Let your body tell you how to progress. If you feel like walking longer one day, by all means do so! But don't make the mistake of not walking if you don't feel like it. You will find that if you talk yourself into the walk, you will feel the energy turn on once you are out there pounding the pavement.
- Bring a friend, if you can, on the walks. An exercise buddy is a fantastic motivator. You can talk along the way, adding more enjoyment to the experience.
- If after a week or two you still feel sluggish, or if you have already given up on exercising, please make an appointment to see your doctor. A physician can rule out any environmental or physiological reasons for your lack of get up and go.

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### **Charting the Course:**

Use the space below to chart your exercise success. If you lack the motivation or willpower to walk, write down the reasons why. How do you feel during the walks? Whatever roadblocks you encounter, record them here. Your entries can help a doctor diagnose your situation more easily, if necessary. Also, enter any positive feelings you have after exercising. The notes will provide motivation to get up and do it again the next day! *Good Luck!*

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diagnosis. What you do need to do is try to follow the steps in our program that address insomnia and the chances are very strong that you'll be able to overcome this obstacle to The Healing Power of Sleep.

On the other hand, there are a variety of sleep disorders that aren't as "visible" to the sufferer. Someone who snores heavily and has obstructive sleep apnea will often tell you that he/she "sleeps great...it's their bedmate that complains". We discussed in Week Five that the problem with snoring and obstructive sleep apnea is that it arouses the patient into lighter stages of sleep all night long but doesn't wake them all the way up. A lot of the time, when they should be in deep (stage 1V) sleep, they're in lighter, more aroused sleep stages. They spend their nights dozing...not slumbering.

Oftentimes, the person suffering from heavy snoring or sleep apnea is in denial and that's the worst thing they can do...deny that something's gravely wrong. The same is true for other sleep disorders. Don't deny that these afflictions play havoc on your mind and body.

The best way to get you on the path to better health is to talk to your physician and let him/her know that you aren't sleeping well. Ask them to prescribe a sleep study. Sleep studies are sometimes conducted in hospital settings and often are conducted in small stand-alone sleep clinics that resemble small hotels where patients have their own private room, big comfortable bed with lots of pillows, and a generally comfortable environment in which to sleep.

During a sleep test, many bodily functions can be monitored. Brainwave activity, oxygen levels in the bloodstream, cardiac function, leg movement, eyelid motion and so on. A sleep technician (formally called a polysomnographer) is a person who is highly trained in sleep science and in the process of conducting a sleep study. He or she will be present at the sleep laboratory throughout the night and will be sure that all the relevant data will be collected and sent on to a physician who is certified in sleep medicine. Your results will then be interpreted. This way, your doctor will receive a comprehensive report on exactly what went on while you slept. In this way, the doctor gets an objective report, and is able to recommend treatment. Insurance companies typically demand the results of a

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sleep test, carried out by an accredited facility, before they will pay for treatment. If you go to the National Sleep Foundation web site ([www.sleepfoundation.org](http://www.sleepfoundation.org)) and click on Sleep Services, you can find a list of accredited sleep labs in every state.

Depending on the diagnosis, specific actions will be taken by your doctor. If you suffer from obstructive sleep apnea, your doctor will probably recommend a device called a CPAP, which is an acronym for Continuous Positive Airway Pressure. The CPAP is a very sophisticated device that fits over the nose, or mouth, or both, and puts ambient, or room air, under sufficient pressure that it will overcome obstructions in the airway that prevent you from breathing normally in your sleep. A lot of people who are prescribed CPAP's are concerned that they will not be able to sleep properly with a CPAP. They feel as though it would be too confining. The results from tens of thousands of happy CPAP users contradict that opinion. No! We're not saying that in a perfect world we would wish

to have a CPAP. But when you look at what suffering the effects of obstructive sleep apnea can have without therapy, a CPAP looks pretty good. People just have to "suck it up" and get used to it. Believe us, the way you will feel if you successfully use a CPAP will more than make up for the minor inconvenience of using one.

Other sleep disorders are typically treated with very effective medications and the qualified physician will make the appropriate recommendations.

The most important thing you can do (and, we know, this will come as a huge surprise) is to get help if you think you're suffering from a sleep disorder. That's the whole idea behind our program and our mission. That's what we're here for...for you!!