

Shrink Rap Radio #302: Exploring Mindful Dreaming with Rubin Naiman, PhD

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My return guest today, after a long absence, is Dr. Rubin Naiman, and we'll be discussing his outlook on sleep and dreams. (The rest of the introduction is in the show notes.)

DD: Dr. Dave

DN: Dr. Naiman

DD: Dr. Rubin Naiman, welcome back to Shrink Rap Radio.

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DN: Thank you very much. Pleasure to be here.

DD: Well, it's been about a year since I interviewed you in episode #256 about Mindful Sleep; Mindful Dreams. And that was a very popular interview, and I think I got so engrossed in what you had to say about sleep, that we never really got around to fully exploring the mindful dreaming part. So I'm glad to have you back, and I know my audience will be very appreciative as well. So, what do you mean by mindful dreaming?

DN: Well, I think we begin with the consideration that dreaming has taken a backseat to waking and sleep, the other two primary forms of consciousness, even though there still appears to be interest in the dream. I think there's been an erosion of our understanding of what dreaming is, what the dream is about, and as importantly, there're strong suggestions that, as a culture, as a collective if you will, there's evidence that we're dreaming less and less and less. I think that we are as dream deprived as we are sleep deprived, and it gets very little attention. I also think the consequences of dream loss, if you will, of dream deprivation, are as significant...are as serious...in terms of our health, our emotional well-being, of our spirituality as are the consequences of sleep deprivation.

DD: Well, I think I want to go more into the disadvantages of not dreaming a lot...of not dreaming well. But I'm interested in your observation that you think we are dreaming less. I don't think I've encountered that anywhere else even though I'm a follower of things related to dreams and dreaming. Is that based on any kind of study or research?

DN: Well, it's based on the following. We know that alcohol is a very commonly used substance, and we know that alcohol suppresses REM sleep. A little bit of alcohol is going to result in a little bit of suppression. But for many people who drink more than the recommended amounts which can be as little as two drinks a night or a day for male and one or more drinks for a female...we know alcohol interferes with and suppresses REM sleep. More importantly, there's been a pretty dramatic increase in medications that are known to suppress REM sleep.

The largest category of these are the antidepressants. In fact, there is a model that suggests that one of the activities; one of the principal healing properties of antidepressants is their suppression of REM sleep. So the older antidepressants that are still in use...the monoamine oxidase inhibitors (MAOIs) can suppress nearly 100% of our

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dream material...very significant. The tricyclics – TCAs - suppress 50% - still very significant – and the newer antidepressants still suppress an average of a third of our dream material – still a very significant percentage. So antidepressants suppress dreaming.

Other medications that are commonly used and are also being used in increasing quantities, like benzodiazapines, y’know, the Valium, Xenex...drugs also suppress REM sleep, and are in fact used as sleeping pills. In fact, we know that there’s been public health attention on our increasing (?) burden. This is in reference to our increased use of drugs that suppress serotonin, in addition to tricyclics. For eg, as we age, many of the medications commonly used to address issues of aging also suppress serotonin which means that they’re suppressing REM sleep or dreaming. So there’s reason to believe we’re dreaming less.

From a behavioral standpoint, it’s really common now - almost ubiquitous - that people terminate their sleep in the morning with an alarm clock and for many people, it’s actually snipping off the tailend of their sleep. Because we spend most of that time in dreaming, we are actually cutting off a portion of our REM sleep every single morning. So these are examples of why I think...I don’t know if anyone’s ever done a large scale study...I doubt that there would be an interest in that. But there’s really good reason to believe that we’re dreaming less and less.

DD: Well, that’s an interesting case that you make and it would be a very interesting study. What about melatonin and things like that that people take to improve their sleep? Is that a medication that also suppresses dreaming?

DN: No. actually quite the opposite. Melatonin...

DD: I’m sorry. I said melatonin and I misspoke. I meant to say Ambien.

DN: Oh, Ambien, ok...very different. You know, the data we have on Ambien is fairly short-term. The so-called long-term data we have runs only a few weeks, and in that period of time, there was no evidence of REM suppression. But in the past...and Ambien is the most commonly used sleeping pill in the world. There’s been lots and lots of anecdotal reports – substantiated reports – that Ambien is associated with increased automatic behaviour at night. And so people were getting up and doing things like eating, but there are also lots of examples of people engaging in other activities, some of which are complex, like going outside and driving their car. There is a very, very good chance that this also represents an interference...some sort of damage associated with the REM sleep process.

DD: Yeah, because ordinarily we are paralyzed during our sleep from motoric activities. So it

must be interfering with that process.

DN: Yes...a very good chance. And I should mention too that, that paralysis – sometimes called sleep paralysis – technically it's called REM atonia, i.e. REM without muscle tone. Now our voluntary muscles normally go offline. There's a condition called REM Behaviour Disorder or RBD, in which there is a failure for that REM atonia to occur and people are actually acting out their dreams. This condition appears to be a neuro-degenerative process because a significant percentage of people who get this end up with Parkinson's or other similar central nervous system disorders. And we've also seen a dramatic increase in RBD since the introduction of SSRIs, and they have been linked. SSRI usage has been linked to increases in RBD.

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DD: Now this is just a little bit tangential, but since we are talking about Ambien...I know there are accounts of people who flip out on airplanes...I know I take Ambien when I am flying to Europe and coming back because I want to be able to sleep but I've read rather disturbing reports of airline passengers who've just gone bonkers...

DN: Yeah. Well, Ambien and other similar type sleeping pills are associated with something called anterograde amnesia. So there's a chance that, from the moment you pop that Ambien once it takes effect, and to the moment you fall asleep, you have little or no memory of what's gone on. And that (unintelligible) can also be associated with disinhibition so people can act out. It's a little bit like a blackout and they won't remember what happened. In fact, while we are on that...I don't recall if we talked about this the last time but one of the primary actions of sleeping pills is...actually, I don't think we should call them sleeping pills. We should call them anti-waking pills. There's a difference between the suppression of waking which is what they do, and the promotion of sleep. They don't directly promote sleep but when you look closely at the data...there was a meta-analytic study done by the National Institute of Health and they found that the decrease in sleep onset, i.e. the time it takes you to fall asleep was really minimal. And the increase in total sleep time was also very minimal. It turns out that what most sleeping pills do is that they interfere with memory formation for poor or fragmented sleep. In other words, if we gave you a sleeping pill and you wake up the next day and say, "my, that was refreshing..." If we had monitored your sleep in the night with objective measures like a polysomnography, it would turn out that you didn't sleep nearly as well as you thought but the sleeping pill interfered with the formation of memory around poor sleep. It's a little bit like taking a painkiller for a broken bone and saying, "oh, this feels fine. I don't need a cast." I think it's a very, very serious problem that the public needs to be aware of. You're not getting sleep on sleeping pills. It's anti-waking.

DD: Now we know we feel bad if we're sleep deprived. You've made the point that we're at a disadvantage if we're dream deprived. Say something about that. What're the effects of

not...well, are we in fact dream deprived or is it just that we're not remembering dreams and we know those are somewhat separate issues?

DN: Well, there are actually three separate issues. One is that...well, first of all, REM sleep and dreaming overlap significantly but they are not synonymous. Maybe we'll talk about this some more. There's evidence that we dream...we have different kinds of dreams during different kinds of sleep. I would add that there's a kind of dream that happens on and off throughout the day that Jungians refer to as the waking dream. But when we're REM deprived, we are actually...it's not just a matter of not remembering dreams. It's reducing our openness, if you will, to that kind of dreaming. I believe there is an absolute reduction in the amount of dreaming we're having. Now dreaming is critical for the formation of certain kinds of memory particularly procedural memory, certain types of learning, and there's really strong evidence that dreaming supports our emotional healing and so the less we dream, the less of that we have. There's also some evidence that dream recall can help with emotional healing.

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DD: Yeah, that's interesting. I'm thinking of Jungian psychology and of course, dreams play an important role in that approach. But what you're saying suggest...and of course the Jungian approach is very important to understand your dreams so that's the thing that's going to contribute to emotional healing. You seem to suggest that there's healing regardless of whether we recall or understand our dreams.

DN: I think so. I think there's a kind of processing that goes on. Now understanding our dreams is...dream interpretation is another interesting topic and one of the big benefits of that is a kind of spiritual self-efficacy. It can deepen our sense of trust and faith in our own unconscious. I think that is very important.

There is a kind of healing that happens, I think, independently of whether or not we are consciously aware of it. I think of dreaming as a kind of information digestion process so that during waking life, we consume lots of information, obviously some of it from reading materials or listening to people. But just information – sensory information – that are a part of our waking lives: the things we see; the things we sense; it's a little like consuming foods and fluids. We eat during the day and what we eat is digested, and in the body's wisdom, it makes the decision to screen in and screen out, and decides this material is going to be excreted and this is going to be kept and assimilated. I think the brain does something similar...the mind...psyche does something similar with all the information we consume during the day. Some of it is let go of and the rest of it is assimilated, and I think the assimilation happens during dreaming, and particularly in the early part of the night, that information is integrated with the rest of who we are.

DD: I love that concept of information digestion and the way you've explained it. Really, it's very compelling. Now earlier, you mentioned a relationship between sleep and

depression. Maybe you can talk about that a bit.

DN: I actually think, more specifically, that there's a relationship between dream loss and depression. It's interesting. If you selectively deprive experimental subjects of REM sleep, of dreaming, and this has been done with animals and humans, the REM sleep bounces back. It's been called REM rebound. Bear in mind that, generally, in a normal sleep process, we get most of our deep sleep, or delta sleep in the first part of the night with bits of REM sleep coming up. Mostly, we sleep in the first part of the night, and we dream in the last part of the night. And what happens if you allow an experimental subject to get all the sleep he needs – literally the delta sleep – but you suppress his REM sleep, that REM sleep will begin to push back. In fact, the rebound begins pretty early in the sleep cycle. It is under pressure. This is referred to as reduced REM latency. So the amount of time it takes to show even in the first REM is about 90 minutes. You start to see REM showing up in 60 minutes...30 minutes. Sometimes you get to see onset REM because it is under so much pressure. Now that pattern of reduced latency is the single most common pattern of sleep we see in individuals with clinical mood disorders. It looks like the common sleep we see in those with serious anxiety or depressive disorders.

And in one sense, people who are depressed look like they've lost their dreams. Now when I was in training years ago, I was taught that depression is a loss of one's dreams. Now that statement was metaphoric, but it seems to me there may be a pretty significant literal underpinning to that...that we lose our dreams. It makes sense.

If I could jump to another perspective here, I'm thinking of an R.D. Laing poem, a very short poem that is a very beautiful invitation to dream. He wrote, "The range of what we think and do is limited by what we fail to notice. And because we fail to notice that which we fail to notice, there is little we can do to change, until we notice how failing to notice shapes our thoughts and deeds." So this conveys a sense that there is more to our consciousness and I think when we look closely at dreaming, we come to realize that dreaming is in fact a kind of waking. So I think of dreaming as the same as waking.

Imagine for example, if consciousness was flowing water. When that water is contained and directed by banks, it becomes a river. When those banks dissolve into the sea...ocean, the water becomes the sea...the ocean. So in waking life, consciousness is constrained, framed and directed by both sensory input - what we see, hear, smell, taste, touch - and by motor output. In other words, consciousness is embodied and is shaped...the river banks of consciousness of waking life are shaped by sensory input and motor output. And at night, when we go to sleep, the first thing we do is relinquish sensory input. We close our eyes – 80% of our sensory stimulation is visual. It has not yet been discovered but I have a theory that we have ear lids; we stop hearing. The only sense that seems to remain active through the night is olfactory; we smell, but by and

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large, we give up on our sensory input in the first part of the night. In the latter part of the night, we get into REM atonia, we get sleep paralysis. So dreaming is waking that is not framed or constrained, or grounded if you will, by body...sensory...motor output. So it's the same consciousness...the same water, if you will, the same flow, in a different context.

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DD: You come up with great metaphors, and I like that structure that you just outlined for us. Now you've talked about insomnia that is not just an inability to sleep, but you've described it as excessive hyper-arousal and that was kind of a new idea for me.

DN: Yeah, well, you know, I think this relates very much to dreaming as well. There's an interesting counterpoint between dreaming and waking. Let me come at your question in a roundabout way, if I may. There's a classic story about consciousness and unconsciousness...there's that fish that don't believe in water...but maybe you've heard of this?

You go to the fish, and you say, "you won't believe this but there's this thing that's all around you. You live in it; you swim in it; you breathe in it; you sleep in it. And you can't see or feel it." And the fish will go, "right..." And so the story is...not until one fish ventures towards the surface of the top of the water and leap out and get out of the water for a second...not till that happens does the fish realize there's something called *unwater*. You have to get that there's unwater before you can recognize water. I think people really need to get...need to leap into the unconscious – and this is in large part the dream – before they can really understand waking consciousness. Most people don't get waking. Most people live in a wake-centric world; we presume waking is it. And the way our culture encourages us to do waking...it's about focusing on the really literal; rational; linear; active; productive; speedy consciousness. It's the bullet train of consciousness.

So this takes us to hyper-arousal. Most of us realize we sleep at different stages; different levels, lighter sleep, deep or really deep sleep. Most of us don't realize, and this is based on EEG studies, that we are also awake at different levels. So, we can be a little awake, most obviously when we wake up in the morning, we are groggy. Before we go to sleep at night, we are probably half-awake; half-asleep. We can be moderately awake and we can be very awake. And this is represented in EEG, most particularly by different levels of beta activity. Beta waves can be low level or can go way up. It can also include some alpha activity. We can also be deeply relaxed and waking that there can be alpha activity, and this combination of beta and alpha...and alpha-theta that it can be sort of an in-between zone, a continuum if you will, between waking and sleep. But we can achieve high levels of waking if we...we are encouraged strongly in our culture, like an airplane taking off. A single engine plane can fly a few hundred feet above the ground...a thousand feet...a few thousand feet above ground. A lot of people fly really high, really

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fast, so it's a sort of a high level waking. When this becomes persistent, this is known as hyper-arousal.

And hyper-arousal has been studied extensively and has been associated with elevated heart rate; elevated and displaced cortisol; reduced melatonin. Increased beta EEG shows chronic activation of the hypothalamic-pituitary-adrenal (HPA) axis. So it's as if the whole body-mind system is hyped. There's a high level buzzing of consciousness, if you will. Now I think it's fine to achieve that kind of consciousness but we also need to be able to descend from it, and come back to ground, land, have a long enough runway so we can slow down, brake, stop and rest again. But a lot of people that were hyper-aroused actually have this metabolic process around the circadian cycle day and night, and it is as if they never really reset themselves. I suspect this is theoretically also associated with the loss of dreaming. Part of the reason I say that is...most of us are aware of the circadian cycle, that there is this large 24-hour loop that includes waking and sleeping, waking and sleeping...

Most people are not aware that there is a smaller cyclic process. This is the ultradian rhythm, specifically there is one called BRAC which stands for Basic Rest and Activity Cycle. This is something that has been known for over 30 years. It's interesting to me that the general public hasn't keyed in to this. So, a BRAC runs on average about 90 minutes. These 90 minute cycles go 24 hours a day, and at night, these sleep cycles will include some degree of deep sleep, and some degree of REM sleep. As I said before, the proportions will change through the night.

But during the day, what happens in the BRAC cycle – on average every 90 minutes – is a dominant brain hemisphere is active for approximately 70 minutes during the bulk of the cycle. When I say active, for most of us, it's a left brain consciousness. We're focused; we're linear; we're attentive; we're productive; we're linguistic; we're rational; we're in that state of mind. And then – and you can see this in various brain studies – that dominant hemisphere starts to rest. It actually quiets down. And the non-dominant hemisphere lights up. The two sides of the brain take turns. And the non-dominant side of the brain – for most of us, the right hemisphere – as it lights up, we shift consciousness, we become less focused, a little less...a lot less linear; more dispersed. It's almost as if a visual spatial...a dreamy kind of consciousness.

I've come to believe that this is actually a (?) of dream-like activity that is coming up during the day. At the moment, when the dominant hemisphere is quieting, the artist is stepping back from the details of the cranial, we're stepping back from the trees and getting a sense of the forest, taking in the bigger picture, getting into our more creative realm. When this happens...there is a sense of a loss of energy. We might want to get up; we might want to stretch...use the washroom. There is an unconscious tendency to want to go for a cup of coffee...have a piece of poundcake...I think there is a natural pulsation

between this waking productive consciousness and the dreamy state of consciousness which rises repeatedly through the day. The noted hypnotherapist, Milton Erickson, keyed into this. He would typically see his patients for a 90-minute period and during that period, he was assured that he would follow somebody through their entire cycle. He geared his therapy, particularly his hypnosis depending on where the individual was in the therapy process. So the point of all this is that I think dream-like consciousness emerges during the day repeatedly. But we tend - in a culture that is so focused on productivity - to be aroused...hyper-aroused...excessively wakefulness, if you will. We tend to override the dreaming during the day.

DD: Wow! That was quite a rap! That was really good. I have to think about that. And the whole BRAC thing and its relationship to REM is fascinating to think about. I've always felt we had some kind of...what Freud called primary process thinking...beneath the roots of our conscious thoughts, there's some level of mentation going on...percolates up to consciousness but there are also aspects that don't percolate...that goes back to this scientific understanding about how the brain is cycling through this circadian rhythm and is fascinating.

DN: You know Freud also said that dreaming is the royal road to the unconscious, and I think it's an interesting notion and reflects a deep seated bias towards the waking state. So for Freud, when somebody brought him a dream, the dream had to be interpreted because it didn't make sense in consciousness. And the presumption was - and this is a widespread assumption today as well - that the dream was meant to help us better understand our waking life, and this is a common bias in consciousness today that really impedes us from being more integrated from a consciousness standpoint.

The bias is that we are wake-centric. We see the waking state as the gold standard for consciousness. It's a bit like pre-Copernican days when everybody knew that the earth was the centre of the universe, and Copernicus stood up and said, "wait a minute..." and nearly got himself killed for saying that there are other worlds out there. And so we see waking as the centre of consciousness and we see sleep and dreaming - the other two types of consciousness - as subservient to waking. So, for example, when we look at sleep research, much sleep research asks how can we help you sleep; to be better waking people, and of course people say, lots of ways: sleep improves memory, stamina, immunity, appearance and on and on...and we do the same thing with dreaming. We presume that the dreaming is there as a servant to waking life.

I do want to stress that there is no doubt that dreams can help us understand ourselves better and in very dramatic ways. But setting dream consciousness up as secondary to waking is a problem and this has been a tradition in psychology forever. I think (James) Hillman tried to shake this up a little bit. But again Freud would have said that we need to interpret the dream...it's the royal road to the unconscious. I think the dream *is* the

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unconscious. We're already there but we don't like the way it looks because it doesn't really match up with waking consciousness, so we want to interpret it. In one sense it downsizes the dream so we can fit it to our conceptualization of waking life.

DD: Based on that, why if we turn things on their head and ask how must we lead our waking life to better support our dreaming?

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DN: Right, right. I think that's a great question. Well, you know here's the other thing. I think the loss of dreaming throws us into a kind of mundane living. For many, many people, life has lost its enchantment; it's rather flat and gray. It's a rat race. There's limited joy during the day...the depression and dysphoria is epidemic in our world today. I think part of it is because we've lost our broader sense...we fail to notice the bigger picture of our lives. Waking and dreaming are really the same consciousness, but our tendency to segregate the two and see dreaming as subservient to waking means we fail to see the waking dream. We miss the presence of elements of dreaming in waking life. We just stop paying attention to them because they're not functional.

DD: One of the things I'd planned to ask you about is...further along...but since it has come up now...is about lucid dreaming. I know people who are versed in and fond of lucid dreaming urge us to look at waking consciousness as a kind of dream, to become more lucid during our waking lives.

DN: Right...I think that's a great idea. I think most people have at least some moments of lucidity in their dreams. I think it's probably most evident in a bad dream. So all of us have had bad dreams and nightmares and there's a moment when even with our eyes closed, even immersed in the dream, we suddenly have a sense that our head is on the pillow in bed, and we get a wave of relief and it's like...oh, my God, it's just a dream...and it's so interesting that in that moment, I think it's something I call a verge. Once there's a recognition that a dream is just a dream, we can be emboldened because we know it's just a dream. Knowing it's a dream means we will awaken from it, and because we know that, we can even go back into the dream, even into a bad dream, with impunity. It's like, it's safe now to do this. So a lot of people experience lucidity in that way.

There's another kind of lucidity in which you're dreaming, and you're co-conscious, so you know you're dreaming. And it can create a profound sense of freedom, you know. Oh, I can direct the dream; I can do what I want. In a lot of Western-based psychology, the scientific-based studies and interest in lucid dreaming is really about acting in control of the dream. It's not a surprise as we're fond of control in the Western world and that's in contrast to the Tibetan-Buddhist dream yogas. Now this is a very elaborate, complex teaching in Tibetan Buddhism...a very difficult path...but there's a whole literature in this teaching, using it for spiritual growth. What I want to say about that is that they have a very different posture to lucidity. They actually teach lucidity, but they discourage the

dreamer from changing the dream. They want the dreamer to observe the dream...observe, observe, observe...and then over time, they want the dreamer to observe the dreamer. It gets a little Zenish here.

You know what's interesting. Freud said the fully analyzed individual stops dreaming. Presumably the unconscious has settled at that point and there's no need to dream. I think for very different reasons, the Tibetans say that the fully enlightened soul actually stops dreaming too because they're no longer caught in producing karma...karmic traces. So I'm personally a little cautious around lucidity. I don't think it's a game we should play with. I think dealing with consciousness issues. I believe it sought to be approached primarily from a spiritual perspective, and not from a partying perspective.

DD: Yeah, that's an interesting point and I haven't heard it expressed in quite that way. I know that sometimes people raise the concern that, well, you try to control the dream and aren't you blocking the unconscious messages you are receiving to be healing. And my response to that has been, well, you don't have that much control. It seems that the unconscious will have its way.

DN: There are some cases where some people appear to have a lot of control and that, in fact, they so enjoy their dream lives that they're reluctant to spend time in the waking world. They want to dream whenever they can. It's an interesting skill, although I think it can be a distraction if we're not careful.

DD: Ok. I was reading a couple of blog posts that you sent to me and one passage that I outlined...you talked about fatigue and I underlined a passage which I'll quote right now. "Depressed individuals tend to be less sleepy by day than expected but substantially more fatigued. It's the most common sign of depression presented in primary care, accounting for more than 10 million out-patient visits per year in the US alone. It's also the most troublesome residual symptom that persists after treatment with antidepressants. Common sense notwithstanding, fatigue is not caused by a simple lack of sleep but by chronic, excessive wakefulness." And I guess that fits with what you've been saying. How does one treat fatigue? What do you do?

DN: Another theory I've had about fatigue is...certainly not all fatigue but a lot of it stems from my work as a consultant in a chronic fatigue clinic for five years with Dr. Jessie Stoff who's written the first book on chronic fatigue syndrome. And so here's another way of looking at fatigue.

When we dream and we go into REM atonia, you might look at that loss of muscle tone as being extreme, total complete fatigue, where you literally can't move, so it's extreme fatigue. We know that when dreaming is suppressed at night, and if it's suppressed extensively over a length of time, dream-like mentation will rebound into waking life. For

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example, if sleep is suppressed, sleep will show up in waking life as sleepiness. If dreaming is suppressed, aspects of dream mentation can show up in waking life as dreaminess, and not in any romantic sense but that it's pathological because you can't think straight, and it can involve hallucinations and delusions.

The other part, the physical part of the dream when dreaming is lost, can – I think – rebound into waking life as fatigue. And again, this is all anecdotal...I used to recommend to my chronic fatigue patients that they do something that they were so resistant to doing. I actually recommended this to depressed patients as well. I recommend rest... that they actually rest during the day. And this is lost on a lot of people, because for one thing, rest looks a lot like depression because by God, you could be doing something while you are lying. A lot of people confuse fatigue with sleepiness. When they're fatigued, they try to sleep. But they're different needs.

There're new skills that have been developed over the last few years. We know fatigue is a different construct from sleep...from sleepiness. So I think fatigue is a call to return to the waking dream. There's a low level of fatigue that comes at the end of the BRAC cycle when the dominant hemisphere quiets down. We actually lose a little energy...maybe fatigue is too strong a word but it pulls us into rest. It's called a Basic Rest & Activity Cycle – BRAC. It's the rest part we have trouble with. When we rest, and this is not sleep, but when we rest cyclically by day, I think we're drawn into a dream and I think that can help us heal fatigue.

DD: Ok. So what is the relationship between dreaming and depression then? Is it that depressed people are not dreaming?

DN: I think so. I think, in a metaphoric sense, depression is a loss of dreams. It's a loss of that natural tendency of consciousness to expand. It's like taking off a pair of tight shoes and your foot goes (sound of relief). It's about taking off a tight body; a tightly focused sensorium; a tightly focused muscle around doing things. It's about relaxing around consciousness. I'm not suggesting we don't be active or productive. It's a complement to it.

Let me give you an example. So if we compare the experience of a dream to waking life: we're running late to some kind of appointment...lecture or something, and you're walking along a sidewalk and you see a pigeon feather along the sidewalk. But you're rushing along and you barely notice it. And let's switch now...you go from a waking state to dreaming. You're in a dream and you're going somewhere important and you're walking along, and suddenly...! *suddenly*...you notice a feather! A feather on the sidewalk. Now, that same feather when it appears in a dream...it appears with a sense of meaning. And you're on the phone with your therapist later that day, "y'know, there was a feather in my dream! What does it mean?"

So the contrast between waking and dreaming is this: in waking life, pretty much everything is presumed meaningless unless it's aligned with my intentions. So waking life is driven by intention. And intention delimits my attentiveness; my focus; my actions. So in waking life, everything is meaningful if it's aligned with my intentions. If it's not, it's barely noticed. In dream life...in dream life, everything is meaningful and there's a sense of open-heartedness. And I think the loss of that open-heartedness...that openness to mystery...it's a kind of dance with life where you're not solely defining what's meaningful in life but you're also listening to life and life is showing up in meaningful ways. So there's a presumption of meaning in the dream.

DD: Well, that relates to something you've talked...you sometimes use the phrase that dreaming is like yoga for the soul.

DN: Yeah. Dreaming stretches consciousness. It allows us to stretch out. Y'know, when we've been sitting for too long, we wanna get up and stretch our arms, our legs, our back and so on physically, and I think it's the same with our dreams. When our consciousness has been constrained and focused on being productive...analytical, for a long time, it needs to stretch, it needs to go in to the non-rational...into the world of dream.

DD: Yes. And you say, and I believe this as well, that people who dream...people who dream well, and it's interesting...the idea that some people don't dream well and others do...that people who dream well have an advantage when it comes to healing...that they heal faster. I believe that. Do you have evidence for that?

DN: No...I think it's theoretic...but I think dreaming is as critical as sleep. We've been surprised in the last couple of decades with all the research telling us what our grandparents knew, that our sleep is important for our physical and mental health. We haven't gotten there with dreaming.

I'm a member of the American Academy of Sleep Medicine, and I'm forever thinking that it should be the American Academy of Sleep *and* Dream Medicine. And I actually make this recommendation in a publication I'm working on and it annoys some people. Dreaming is seen as a step-child, but I think we're going to learn that dreaming is not just a psychological tool to help us enhance our waking insights, but it is something that is deeply healing. It is a natural aspect of consciousness that affects us physically, mentally and spiritually.

DD: Here's another good turn of phrase that you wrote that I really like: "Just as bad feelings can be part of a good life, bad dreams can be part of a good life."

DN: Yeah...I think it is so important...I've actually been to some talks with some people at the Dept of Defence. Most of us are aware now that we have so many thousands and

thousands of wounded warriors coming back from the front, and a significant percentage of them has develop PTSD and the bulk of those folks...one of the major symptoms they have to contend with is horrific...recurring nightmares.

I did some training at Walter Reid about a year ago on alternative approaches with dealing with nightmares and here's what's interesting, culture-wide and certainly in conventional military medicine. The nightmare is seen as a symptom of pathology. It's seen as something that is a reflection of an underlying mental disease and it needs to be got rid of. And so the most common treatments by far involve using REM suppressing medication. They use something called ?, which is an alpha blocker and which is also a blood pressure medication. But basically it suppresses dreaming. It pushes the symptoms away. Now – and those people don't mention that – as soon as you stop taking it, you're going to get a massive rebound of those symptoms. It just dams them up, it doesn't process it.

But here's the thing. There's such a lack of trust in the dreaming process and particularly when it's a bad dream...when it's a nightmare. Y'know, there's some cross-cultural data which suggests that probably two-thirds of the emotions that appear in dreams are negative emotions. We might say that two-thirds of dreams are maybe bad dreams. It often gets me wondering what percentage of waking emotions is bad...I think it could be just as high, if not higher.

But the tendency to look at the nightmare, to look at the bad dream as pathological is, I think, a huge mistake. It's based on a mistrust of our innate capacity to heal. And Dr. Weil emphasizes in integrative medicine that we need to remember that healing is endogenous, that our bodies, minds and spirits are really designed to heal and we can trust. The big example is a fever. In our world, most people think a fever is a sign of illness. Well, often it's an indication there's an illness there, but the fever per se is actually a healing process; an endogenous healing process.

So I think of depression in general as psychological fever, that so many symptoms of depression particularly the desire to rest...and I think the desire particularly if we allow it to go to waking dream that it's an endogenous healing process, that we can trust it. Now of course there are extremes to this and somebody who is suicidal or have a serious psychomotor depression...that's something else. But most depression does not look like that, and likewise, I think we need to take another look at the nightmare and treat it with respect, treat it with regard, and recognize we can work with it to help with individual healing. We don't have to be afraid of it.

DD: Well, have you come up with your approach then, to dealing with PTSD...for returning warriors?

Shrink Rap Radio #302: Exploring Mindful Dreaming with Rubin Naiman, PhD

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DN: I wouldn't say it's my own. It's a mix of approaches; it's what I call an integrative approach. Basically it looks at the individual in terms of body, mind and spirit, and based on integrative medicine principles, it considers the whole symptomatic process as signs of endogenous healing. So it's about not using suppressive therapies whenever it can be avoided. There are two basic approaches that I integrate, and one of them is based on recent studies of imagery rehearsal. There are ways of helping people make conscious changes to the narrative of their dreams...of facing their dreams...in a sense integrating them into their waking lives. And I couple this with a more classic approach to dreaming.

Many people are familiar with Asclepius, the Greek God of medicine, really this was the foundation of western medicine. In antiquity, when people were troubled or ill, they would go to an Asclepian temple, and the primary treatment involved spending the night there. They would do rituals to incubate...to encourage dreaming. And in the morning, they would sit with a dream priest...a dream specialist, and use the dream, look at the dream as a part of the healing process. So I look at it as a combination of the best of the old and new, the new being this evidence-based imagery rehearsal therapy and the old being a posture towards dreaming that has a very deep regard for its endogenous capacity for healing.

DD: Well, as we begin to wind down here, I want to ask you about your take on dreaming and psi...y'know, psychic phenomena such as pre-cognitive dreams.

DN: Good question. Y'know, I was taught by the man I studied dreaming with that nothing happens in the waking world before it happens in the dream world. Here's how I think about it. When we look up at the night sky, and we see a sky of constellations that may be a hundred light years away, we're seeing it now...we're seeing it today. But we know that what we're seeing is really the past and that it started a hundred years ago, and it has just arrived here. We're seeing what has already happened.

And what I was taught was that waking life is like that experience. By the time things happen in the waking world, they had already occurred in the dream world. And if that's the case, and in our dreams we have the freedom to ascend to the heights of consciousness, we can actually experience the light of that star metaphorically as it is coming to earth. When we wake up, we're back in this world. And we might have a pre-cognitive sense of...a sense of déjà vu about it, "oh, I've seen this before" depending on the amount of awareness we've retained from that experience. So this is one metaphor that explains it. I can't argue that there is any kind of scientific truth to that. But the one thing that dreaming does for me is that it reminds me that everything we know really shrinks in comparison to this huge mysterious context that ?

DD: Well, that's a great place for us to wrap it up. Dr. Rubin Naiman, I want to thank you for being my guest again today on SSR.

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DN: Always a pleasure. Thank you very much.