

Shrink Rap Radio # 256, July 28, 2011 Mindful Sleep, Mindful Dreams

David Van Nuys Ph.D. aka "Dr. Dave" interviews Rubin

Naiman, Ph.D.

Excerpt: *Our definitions of sleep and waking in fact dreaming and waking are artificial. I find when you look more closely at this and this is the basis of a theory I've been evolving and developing for about 20 years. I've come to believe that sleeping and dreaming and waking which most of us would agree are the three primary forms of consciousness, that they are always present. In other words, and this is going to sound a little silly, I believe that we are always to varying degrees, asleep, awake and dreaming.*

Introduction: That was the voice of my guest Dr. Rubin Naiman speaking about mindful sleep. Rubin Naiman Ph.D. is an internationally recognized leader in integrated sleep and dream medicine. He's director of Circadian Health Associates, an organization that provides information, goods and services in support of sleep health. Dr. Naiman completed his undergraduate studies at Rutgers University and the University of Arizona where he received a B.A. in anthropology with honors and high distinction. He completed his M.S. in rehabilitation counseling also at the University of Arizona and earned a Ph.D. in clinical psychology at Alliant University in San Diego. Dr. Naiman has maintained a private psychology practice for more than 25 years and has worked as a consultant to business and organizations. For most of the past 20 years, he has focused on sleep and dream health services and products. For more than a decade, Dr. Naiman served as the sleep and dream specialist at Canyon Ranch Health Resort in Tucson where he founded the first formal sleep center at a spa. Subsequently, he served

as director of sleep programs for Miraval Resort. Dr. Naiman has worked with a diverse clientele ranging from Fortune 500 CEOs to world-class athletes, from homemakers to statesman and entertainers. He has also provides consultation to organizations ranging from world-class resorts to top rock and roll bands. Over the past 25 years, Dr. Naiman has taught at a number of colleges and universities. He's a member of the American Psychological Association, the American Academy of Sleep Medicine, the Institute of Noetic Sciences, and the International Association for the Study of Dreams. Dr. Naiman serves as the sleep specialist and clinical Assistant Professor of medicine at the University of Arizona's Center for Integrative Medicine directed by Dr. Andrew Weill. He's the author of groundbreaking works including "Healing Night, Healthy Sleep" with Dr. Andrew Weill, "The Sleep Advisor", "To Sleep Tonight", and the "The Yoga of Sleep". Now here's the interview.

Dr. Dave: Dr. Rubin Naiman, welcome to Shrink Rap Radio.

Naiman: Thanks David, it's a pleasure to be here.

Dr. Dave: Well, I'm really happy to have this opportunity to meet with you and to discuss your work. I think it was brought to my attention by one of my listeners and I went to your website and I said yeah, this really is somebody that I should be interviewing. In fact I don't know if we ever met at IASD, the International Association for the Study of Dreams but I see that you are a member . . .

Naiman: . . .um humm . . .

Dr. Dave: . . . you've been a presenter there.

Naiman: I don't think I have presented there; I've presented on dreams at other conferences but no, I don't recall meeting, maybe it was at a consciousness conference?

Dr. Dave: Ah, no I don't know that we've met, I just saw that you had some association with IASD and I've been to some of their conferences.

Naiman: Yeah.

Dr. Dave: You weren't at the one in at Sonoma State University a few years back were you?

Naiman: No I wasn't.

Dr. Dave: Well, I've been reading your book "Healing Night The Science and Spirit of Sleeping, Dreaming and Awakening" and I've interviewed others on sleep and dreaming most recently Dr. Barry Krakow whom you might know . . .

Naiman: . . .yes . . .

Dr. Dave: Yeah, well, there are a number of ways in which I think your approach is quite distinctive perhaps most notably is the way you link sleep to spirituality.

Naiman: Um humm.

Dr. Dave: For example, you say you are interested in restoring sacredness to the night. What do you mean by that?

Naiman: Well, you know, I'm a scientist by training as I assume you are and I think science is incredible in providing deeper understanding of how things work but there is nothing inherent in scientific method itself that suggests that they can understand everything and I think sometimes we loose the context, the context of life itself from when we try to limit experience to what science can not cover or teach us. So what I've tried to do in my work is look at sleep from two perspectives and look at the intersection of those perspectives and one of them is science, hard science,

sleep science, neuroscience and so on, and the other is through the lens of sacred traditions and these include writings and teachings about sleep and dreams that come from Tibetan Buddhism, Hinduism, Kabbalah, a number of perspectives that have been around for thousands of years. I think Tibetan Buddhism is in particular with their meditative practices which truly are a study of consciousness from the inside out. We're beginning to see so much confluence in our understanding of what they had been writing and teaching for years and what science is uncovering. So this is not an anti or pro-scientific view; it's one that combines science with these other perspectives and I think a very critical piece of this is, is finding a balance between the objective lens of science on the one hand and the subjective, the personal experience of human beings on the other. One of criticisms I have of my own profession, my own arena of sleep medicine, is that we don't pay enough regard to the personal experiences of the sleeper. We're trying to reduce sleep to all those squiggly outputs of the EEG and I think they are incredibly important and informative and useful, but many sleep doctors never pay attention to what in my writing I call the sleep story, when people, patients show up, the sleep issues they have personal sleep stories and their relationship with sleep itself is very, very telling.

Dr. Dave: Well, that's fascinating and as you speak about science and integrating that with other approaches, certainly we live in a very exciting time, I been following some of that and interviewing people along those themes and you describe your approach as integrative.

Naiman: Um humm.

Dr. Dave: Is that what you are integrating or is there more that that word carries with it?

Naiman: I like that word because it can refer to bringing lots and lots of disparate . . .

Dr. Dave: Yeah.

Naiman: . . . other. The word, I think my original use of that comes from my longtime affiliation with Dr. Andrew Weill. I met Dr. Weill 20 years ago; we worked for some time together at Canyon Ranch Health Resort here in Tucson and then I joined his department which is now the Center for Integrative Medicine, and the College of Medicine in the University of Arizona and his perspective, the integrative medicine perspective among other things looks at integrating both conventional medicine or conventional approaches to healing or what we sometimes call allopathic medicine with complementary alternative approaches or CAM-, complementary alternative medicine. But one of the strong things that Dr. Weill emphasizes and I think is so important with regard to understanding sleep, is what I refer to a minute ago its bringing personal experience, bringing the subjective back into the picture, not trying to reduce human experience and behavior to simply to what's going on in the body, in the brain. I think as a physician Dr. Weill has a remarkable sensitivity to this and I think its been behind a large part of his success. When we look at sleep for example, there is a lot of tension if you will that arises between what people experience and what science alone tells us. And one example that I think is important is if we look at the boundary between sleeping, sleep consciousness or sleeping and dreaming consciousness and waking consciousness, it is not nearly as precise, crisply defined as science would like to suggest. So for example, if you went into a sleep center and had a sleep study done and you got a printout of the report of that study the next morning, it would designate a sleep onset time; it would say you fell asleep let's say at 10:06 and so many seconds and it would designate an arising time that you woke up at 6 am or 6:05 am. Now when you look closely at how we define that boundary; it's a very important boundary between the waking world and the sleeping and dreaming world, it's totally artificial. It's done by conventions, a bunch of scientists decided well, when we see the appearance of K complexes and these changes in EEGs and this going on and let's call that sleep.

Dr. Dave: Humm.

Naiman: Now, when you begin to question real human beings, about a third of them actually report if you arouse them, they'll report the subjective experiences of sleep occurring prior to that sort of official designation, about a third of them will say that they're asleep right around that time, about a third of them will report being awake past and some of them long past the official point where they should be asleep.

Dr. Dave: That's interesting, that's all news to me.

Naiman: I find it very interesting so you know, what it suggest is that we don't really, our definitions of sleep and waking in fact dreaming and waking, are artificial. I find when you look more closely at this and this is the basis of a theory I've been evolving and developing for about 20 years, I've come to believe that sleeping and dreaming and waking which most of us would agree are the three primary forms of consciousness, that they are always present. In other words, and this is going to sound a little silly, I believe that we are always to varying degrees asleep, awake and dreaming. I think of this in terms of the image of a braid of hair. Now, most braids consists of three separate strands of hair that are woven together. So we might think of sleeping and dreaming and waking as being woven together. At any one point one of these strands may be on top. Right now you and I are awake, as primarily awake. Beneath the surface, I would say that there is sleeping and there is dreaming occurring. So this lends itself to a very different; there's lots of implications and treatment strategies that come out of this. But the first one is to disabuse people of the notion that sleeping and waking are sort of like light and dark. A lot of people have this sense that going to sleep is like throwing the switch and you go from one brand of consciousness waking suddenly into sleep; we have this notion of crashing; in fact, there's a very common belief in our culture that a good sleeper is somebody who quote 'goes out like a light' the second their head hits the pillow. And that's a common expectation that I encounter in a lot of my clinical work and it's an expectation, it's a cognitive perspective if you will that causes a lot of harm to people, it ends up kicking up a lot of anxiety and making it difficult

to fall asleep. But I think that we are all always already asleep and again I think that may sound silly to people but what sounds silly to me at this point of my life is that this idea that this common idea that people have that they are quote 'going to sleep' at the end of the day. We might say or think I'm going to sleep. And it suggests that there is a certain volition behind it right, that this is something I can do.

Dr. Dave: Yeah.

Naiman: Anybody who has had even a single night of insomnia is quickly disabused of that notion. You know, we can't go to sleep, we can go to bed right, but I can get into bed, I can go to the bathroom, I can go to the kitchen, there are places I can go to. Sleep is not a place I can go to. And when I try with volition to do that, I am engaging intention. My understanding of intention is that it's the primary factor that defines waking consciousness. If we think about waking for just a moment, at any given point in waking, we all have varying layers, maybe hierarchies of intention. You and I would like to create a good interview right now or people listening to this might have intentions about improving their sleep, we all have layers and layers of intention many of them conscious, many unconscious. But intention is essentially defines perception, we know this; that what I really want will determine the perceptual set that I project into the world. For example, if I'm hungry and driving down the street, I'm more likely to attend to cues associated with food like restaurants, bakeries, or supermarkets.

Dr. Dave: Sure.

Naiman: Intention of course determines perception. Perception determines the world that I live in. So intention is about waking consciousness.

Dr. Dave: ...it's kind of the opposite of sleep then.

Naiman: It's the opposite of night consciousness . . .

Dr. Dave: . . .yeah.

Naiman: So night consciousness; dreaming in particular I think is best defined in terms of reception. When I'm in the dream world; one example is; people wake up from a dream and say, my God, that was really weird. I was having quiche for lunch with giant pink squirrel . . .

Dr. Dave: . . . um hmm . . .

Naiman: . . . the thing is if you could enter that dream during the dream itself and you're sitting there with a pink squirrel nibbling on quiche, the dreamer typically does not think it's weird. There's an openness, there's a receptivity. In Chinese medicine there's a yin, a feminine quality to the dream that's just as receptive. We don't think it's weird we export the experience of the dream into the waking world. It's only weird in this world because there's so much openness.

Dr. Dave: You know, I don't find your idea that all three states are kind of interwoven and braided together silly. I've never heard it articulated quite that way but it's certainly fits for me with a Freudian perspective . . .

Naiman: . . . ah ha . . .

Dr. Dave: . . . of kind of primary process thinking that's running beneath the surface all the time.

Naiman: Right, right.

Dr. Dave: . . .at the root of our conscious thoughts if you will.

Naiman: Yeah, I haven't connected it with that. Years ago I was walking my granddaughter, she's a little child in my backpack once we went to

university. An odd thing happened, there was a dog roaming around and we were standing watching just looking at a beautiful bed of flowers. The dog walked over and actually bit off one of the flowers and chewed on it. Now, I've never seen that in my life and I remember thinking, that's so weird. And I looked back to my granddaughter who was maybe two at the time and she didn't consider it weird at all. From the eyes of the child, children live in that expansive dream consciousness, it just is what it is, it just is what it is. And so dreaming, that capacity, let me move back a step. If sleeping and dreaming and waking are understood in terms of potentially all being present at the same time, I think sleep can manifest in the waking consciousness as a kind of inner peace.

Dr. Dave: Hmmm.

Naiman: . . . in fact I think spiritually we consider inner peace is synonymous with sleep. That in sleep, in the deepest sleep, we go to a place that is so profoundly serene, that the vast majority of us have no waking world or waking conscious reference to it so it just doesn't register. I don't speak Swahili for example and I can sit in a room full of people speaking Swahili for hours and come out and say, you know, well, they didn't say anything, it had no meaning to me.

Dr. Dave: Yeah, you know, speaking of the spiritual dimension, one of the things that you say and this may be related to what you're talking about right now, is you say we suffer from psycho-spiritual night blindness if you would elaborate on that.

Naiman: Yeah, I think we consider waking the gold standard for consciousness. I have a sense that most people who believe in life after death for example, believe that they are going to come to in another life with the same kind of waking consciousness they have here, this is it, waking is your real life and night and sleep and dreams are secondary and in fact, we tend to look at sleep as being subservient to waking. Sleep is really just about the under pinning and dreaming also at the under pinning of

waking life. So consequently, I think most of us unthinkingly import, I would even say we smuggle waking ways of being into the night world. The parallel to this, the National Sleep Foundation in one of their sleep -----a few years ago asked an interesting question. They asked how many people routinely slept in their clothes. And a very small percentage but a significant absolute number of Americans acknowledged that they routinely slept in their daytime clothes.

Dr. Dave: Hmm.

Naiman: When I speak about this in front of an audience, I often get some people snickering and get a little bit of eewww. Well, you know, I think most of us sleep in our waking world's psychological garb. The way the persona that we are dressed with in our waking life is one that we unthinkingly import, we sneak it into the night world, we sneak waking consciousness into the night world and I think that platform standing in a place of waking, makes it really hard to get to sleep. We need to kind of check waking at the door to our bedroom.

Dr. Dave: Well, you really honor night quite a bit and a lot of the book kind of focuses on darkness and on night and you say we need to develop night-mindedness.

Naiman: um humm right. Yeah, I think in a sense it's about that boundary between waking and sleeping and waking and dreaming. Sleeping and dreaming are usually associated with night although they can appear during the day of course. And night-mindedness is I think its a kind of consciousness that would restore regard for the experience of sleep and dreams in the waking world. As I was saying earlier, I think there are two ways that looks; waking consciousness then begins to have a thread of dimension of serenity, of inner peace along side of it. We begin to carry some of what we experience at night into the day. So sleep shows up as kind of a peacefulness that informs our waking day and dreaming shows up as a kind of expansiveness, a kind of enchantment if you will, the numinosity

that expands our sense of waking. This latter part is also so critical that I think this is the era of the mundane. I think so many lives are mired in this mud of mundanity. So many details that we have to attend to in life today, so many details and its so easy to lose the broader picture of enchantment, the broader picture of the dream.

Dr. Dave: Well, I love that. And we'll come back to that topic. One of the things that surprise me is your assertion that multiple awakenings during the night is normal. Most of us dread those awakenings. What's your assertion based on?

Naiman: I think we dread them because honestly because we dread them. So that assertion is based on this, a couple of things. One is we sleep in cycles; there are ultradian cycles, they on average they vary, they run about 90 minutes per cycle, the repetitive 90 minute cycles. These cycles actually run through waking consciousness too and Milt Erickson's work was based on this, on this intuition about it. Ernest Rossi, he has written beautifully about this and recall BRAC -basic resting activity cycles. So there is at night, there is a tendency for an arousal when we finish a sleep cycle. An arousal, I use a metaphor when I talk about sleep. I use the sea of sleep metaphor, that there is a descent into these beautiful, warm, dark waters, sleep waters of sleep and dreaming. We come to the surface every few minutes, an arousal is like that. So every time you turn and maybe fluff your pillow or pull the blankets off your spouse or whatever, there's a little bit of awakening. A little bit of awakening. It can be just be a couple of seconds or even a fraction of a second but its a little bit of awakening. If we look at that in slow motion, something very interesting happens to lots of people. People have a belief that sleeping and waking once again are separate discreet kinds of consciousness and because of that, when there's even the slightest awareness that's shows up in the middle of the night, there tends to be a very rapid reflexive judgment against that.

Dr. Dave: Um hmmm.

Naiman: Over the years I've asked hundreds and hundreds of people, I've asked them, what's the very first thing that comes to mind that you think when you have a bit of awakening in the middle of the night. And I won't use the four-letter word here but I'll translate it into 'oh crap'. And it's really interesting, so people wake up and or they become aware of their night consciousness and the first thing they do is judge it. There is the expectation that there should be no awareness in the middle of the night. I think once you accept awareness, the tendency of having a reaction against it and that's spinning out into anxiety is diminished. The other piece to this is even more dramatic. Roger Ekirch an historian formally at the Virginia Polytech now actually living in my neck of the woods, wrote a beautiful book based on about 20 years of research of the history of sleep. And the short of it is he found that historically, this was in the pre-industrial era, he studied sleep writings or writings referring to sleep between 1500 and I think 1830, and he found that people routinely woke up in the middle of the night, it was normal. And this may actually represent a more normal human sleep pattern before the introduction of the Industrial Revolution and light at night. People woke up for a hour or two, there was a name for it it was called nightwatch. They would go to sleep maybe having a candle or two lit which represents very little light, gradually slip into sleep, there wasn't a lot of these throw the switch and you go from day to night, waking into sleep. They slide into sleep and then virtually everybody woke up in the middle of the night. It was considered by many to be a sacred time, it was a place, a time of viewing life through night consciousness. There was a place for awareness in the middle of the night, it was a quiet time. Sometimes people would make sandwiches, sometimes couples would make love. There's actually a story, sometimes you would light candles and your neighbors would actually come in get into bed with you . . .

Dr. Dave: (laughs)

Naiman: . . . which when I lived in California, we saw something similar going on but I think it had a completely different meaning.

Dr. Dave: (laughs) What's your advice then to, you know, I had one such night last night, I don't have them frequently but I woke up around 4 and I did not get out of bed and I just kind of lay there and tried to, oh, I just said the word tried. That's probably a bad word. But I did try to still my mind, still my thoughts, just could not go to sleep. Do you advise people get up, do something or just lay there and the very fact that you're laying there is maybe as good as sleep?

Naiman: It really depends on some of the nuances of the experience. It could well be that some of the epidemic of insomnia in the middle of the night awakenings that we see today, is this natural tendency for nightwatch trying to reemerge in a world where it doesn't fit. I think most middle of the night awakenings are bonafide insomnia. So when people wake up at night and they are tossing, turning, struggling even if just internally, cognitively, if there is a struggle to get back to sleep, that kind of agitation quickly becomes the classically conditioned with the bed. That's something in my writing called "bed noise". It's not a literal noise, it's psychological noise. And it's not a good idea to keep cultivating that. So when there is a waking with agitation, I do encourage people to get out of bed and this is a standard sleep medicine treatment. This has been in research for years with one of my colleagues at the university Rich Bootzin has done wonderful work in this. It often is a very common perpetuating factor in insomnia that the bed becomes "noisy". So it's best to get out of bed. Now conventional sleep medicine would suggest doing something relaxing like watching tv, reading, or knitting. I think all of those activities are not a good idea because they require light. What I encourage people to do is to meditate, pray, do something that's comforting, or relaxation practice of some sort away from the bed maybe in a chair or in the couch in another room until they start to feel sleepy and then get back in the bed then sometimes there is a bit of back and forth before that classically conditioned bond is broken. But once it's broken, bed noise recedes. Now if people awaken, in my clinical experience with this is that it happens more with women than men and I can't explain that. But people waking in the middle of the night and there's a profound sense of rest and peace and there's no agitation, then I think it's

fine to stay in bed if you choose, it's a natural meditative period. Some people will get up and engage creative endeavors at that time. I think that's fine to accept its important to block against light. Even a little bit of light will signal the brain to stop producing melatonin and that's not something you want to do.

Dr. Dave: Yeah, you talk quite a bit about light in your book and I even think the reason I had a problem last night may have been the fact that I was up at the computer longer than usual . . .

Naiman: . . .um hmm . . .

Dr. Dave: . . . and I do spend most of my day in front of a computer and often much of the night and so I'm concerned that what that's doing to my brain in terms of the diurnal rhythms that you talk about in your book . . .

Naiman: . . . yeah . . .

Dr. Dave: . . . and have you, what do you know about computers in particular . . .

Naiman: . . . un humm

Dr. Dave: . . . and sleep issues?

Naiman: Well, back up, let's step back for just a second.. .

Dr. Dave: Sure.

Naiman: . . . and talk about light. We know now for sure that it's the blue element, the blue wave if you will of light that suppresses melatonin.

Dr. Dave: Hmm.

Naiman: I was saying before that I think we are all always asleep, that sleep is the default, that it's the fundamental state of consciousness. There is a biological parallel; the pineal gland with light to produce melatonin all the time. And melatonin would be produced by the pineal unless it got a signal that it was daytime and that signal comes through blue light, there's a special retinal epithelial pathway. So the brain really wants to sleep all the time; it's awakened by the presence of blue light, it's awakened by the suppression or maybe the concealment of underlying sleep. Given that, screens and this is true for television screens, and very much for computer screens, give off a lot of blue light. So as we're sitting which I do too, facing our computer, we're getting, the brain is getting a signal that it's daylight and if it's 8, 9, 10, 11 at night, it can have a negative impact both on your circadian rhythms, it can delay your sleep cycle. A lot of people think that they are night owls but when they look at their lives, they are way over exposed to light at night. So they're not really night owls they've just sort of damaged their circadian rhythms, they've convinced the brain that daylight or daytime extends down to 11, 12, or 1 am. The other thing, there's a real frightening piece to this that there's been data, good studies over the past few years, one of them found a dose dependent relationship between exposure to light at night and this is on the part of women, and a pretty significant increased risk for breast cancer.

Dr. Dave: Hmm.

Naiman: We believe what mediates this again is the suppression of melatonin. Melatonin is fascinating in lots of ways. It is a very old primordial molecule that's in all living things, you find bits of it even in a grain of rice or a banana. But melatonin essentially signals to the body to our biology, the brain, the body, that's it's night, there is no real clock. Inside the body I think is like the inside of a casino, they don't want you to know what time it is in there.

Dr. Dave: (laughs a bit)

Naiman: And so there's no clock in the body and it, there are oscillating rhythms from cells all the way up to different clusters in the brain. But the body needs to be told that and the brain and the body try to dance with the environment of course. And so melatonin is critical. I think we are a seriously melatonin suppressed culture. There has been a series of other studies I have (unintelligible) recently that used satellite photographs of the earth at night and if you have ever seen any of these, there are thousands of them now, the planet seems to glow brighter every year. It's as if the planet is like this light fixture that's connected to a (unintelligible). Somebody is turning . . .

Dr. Dave: . . . hmmm . . .

Naiman: . . . it brighter every year. So we're flooded with light. The International Dark Sky Association a group that happens to be based here in Tucson, interdisciplinary group of scientists, astronomers, physicians, and so on, have been trying to sound an alarm about light pollution for years. And so and as recent (unintelligible) studies they found a strong correlation between areas of the highest light intensity on the planet and certain types of cancer risk. And once again, it makes sense; light suppresses melatonin. Melatonin turns out to be a really potent oncostatic substance. Among the other things it does, it seems to freeze cancers. In the Center for Integrative Medicine where I work in the university, we pretty routinely use megadoses of melatonin, I'm talking 20, 40, 60 milligrams, really large doses as an adjunct to treating virtually all non-immune system that metastatic cancers and we're getting more and more data on this. There are lots of clinical trials and lots of longitudinal studies underway.

Dr. Dave: You are touching on a lot of things here that I want to follow up on vis-a-vis the melatonin. A couple of years ago I interviewed Dr. Norman Shealy . . .

Naiman: . . . um hmm. . .

Dr. Dave: . . . one of the leaders of alternative medicine. He was talking about research suggesting that melatonin decreases with age and so I have been supplementing with melatonin now for actually for a number of years and I do have the impression that it helps me to sleep through the night.

Naiman: Yeah. I was actually at a conference with Dr. Shealy a week before last . . .

Dr. Dave: Oh really yeah.

Naiman: It does seem; the whole age related decline model is I think a complex one. If I can say just a quick word about that. Our data about what aging looks like requires a caveat. What we know is how people age in our world. It's very important to understand the toxic burden that most of us carry from chemicals in the environment to overexposure to light and incredible levels of stress and so on, we have to say that for example, so melatonin levels decline in our world, it's a statistical norm. We don't know that it's a health norm, we don't know that that's normal aging. And it's true that pineal gland which produces most of the melatonin in the brain begins to calcify with age. Now if we step back, it's almost as if we have been whipping this little gland for years and years, we've been suppressing its function night after night, year after year with overexposure to light at night. So yeah, it becomes less efficient, less effective and it produces less melatonin over time. I've been taking a small dose of melatonin nightly for about 20 years and honestly I'm grateful, I'm generally a very good sleeper. I struggle with sleep pretty much only when I'm traveling long distances. But I think that like everybody else, I've been overexposed to light at night. I am overexposed to light at night a lot even though I dim my lights when I can and I think it suppresses melatonin so I take it as a supplement.

Dr. Dave: Yeah, is there some other; you talked about blue light and it made me think of well, photographers used to work in red light.

Naiman: Hmm umm

Dr. Dave: I'm wondering if during that period of waking up in the middle of the night if there's some other kind of light that one could have?

Naiman: Yeah, this is a technological advance okay. So we know that you can create light bulbs or filters that strips out the blue wave length of light so you can get what are called Low Blue or No Blue lights. When you take blue out of clear light, daylight or the light in most of our indoor spaces, when you strip out the blue, the light looks amber. So there are products; I've worked with a company that produces what are called low blue lights, in fact my bedroom has no standard light in it. All the light bulbs are low blue lights and I also have a set of glasses, goggles if you will, where if ever I'm going to sit at the computer or watch tv at night, and it's tricking the brain and the data does show where these are even exposed to light, they filter out the blue, your brain will respond as if it's in darkness, it will continue to produce melatonin. So I think this is a step in the right direction. I'm a fan of nature and I think whenever possible, we need to be with natural authentic dusk or darkness but for most of us, that's nearly impossible in our world. These low blue lights are a great idea.

Dr. Dave: Yeah, can we find those by Googling them say?

Naiman: Yeah, you can. The company that, in fact the only company I'm aware of that does this there maybe others is called Photonics, p-h-o-t-o-n-i-c-s- and their website is; it's a link from my website: it's Lowbluelights, that's one word, lowbluelights dot com.

Dr. Dave: That's fascinating information, I'm definitely going to look into that. Now you talk about light pollution and right now I believe, there is a meteor storm . . .

Naiman: . . .yeah . . .

Dr. Dave: . . . going on and I can't see it, I haven't seen meteors in years

and I have this, this actual hunger to sit out underneath a night sky which I can't do here in coastal northern California; it's just, we don't get clear skies here, it's usually cloudy and there's light pollution.

Naiman: Yeah.

Dr. Dave: And I've started to just have fantasies about just taking a special trip; I don't know where you can go, you know. Where is the best place in this country to go to get a night sky?

Naiman: One of the best places is Arizona for a number of reasons. So I live in Tucson and the metro area here now has about a million people, close to a million people and it's one of the few cities in the country, probably in the world its size where you can still see the Milky Way in the middle of the night. And the reason for that is Tucson is in part because of the presence of the International Dark Sky Association, we have really progressed in lighting regulation. I've had this fantasy which I hope one day will be translated into research, of creating a model community coming to a town like Tucson and doing an educational program where people are encouraged to dim their lights at night and where the community itself would do what Tucson is working on which is dimming outdoor lighting, dimming street lights. And what happens and as you can actually see the night sky. Somebody once said described the night sky as universe's largest national park. It's not quite national. . .

Dr. Dave: . . .right . .

Naiman: . . . park . But yeah, it's gorgeous and there are places in Arizona if you go to the wilderness that it's just simply breathtaking.

Dr. Dave: I remember that from childhood and from camping trips years ago and now my life just somehow isn't in that direction and you know, you point out that we're dark deprived, like not really getting to see the stars in the night sky, most of us. We're are also light deprived; you pointed out

that the average person, this was kind of shocking but it certainly fits my life. That the average American gets maybe an hour of sunlight a day.

Naiman: Yeah, and that study was actually done in San Diego a town I lived in for many years and which is a very easy place to be outdoors. The numbers probably a lot less in most places. We're sort of, it's almost a kind of subtle agoraphobia. I know there has been a solar phobia for years. A lot of physicians and dermatologists based on data, were advising people to stay out of the sun.

Dr. Dave: Yeah.

Naiman: I remember my dermatologist once saying to me that even 30 seconds walking like from your house to your car a big scooshe of sunlight could be unhealthy. And now we're recognizing we are in the midst of vitamin D deficiency epidemic. So many health problems associated with this solar phobia. I think metaphorically vitamin D is the counterpoint to melatonin. I think vitamin D in some ways conveys a deep sense of wakefulness if you will to the body, the brain, and the mind. It's involved in so many functions and because we are underexposed to good quality light during the day, by the way, if you're sitting indoors in a well-lit room, and you look outside and it's cloudy, even on a cloudy day, it's 8 to 10 times brighter outdoors than it is indoors in that well-lit room. So most of us are underexposed to good quality light during the day, we're overexposed to poor quality and too much light at night.

Dr. Dave: In fact, speaking of artificial light, you tell us a story about Thomas Edison in this regard with kind of a spin on it that I've never heard it but it's a different spin on his invention of the electric lightbulb. Can you tell us that story here, give us your portrait . . .

Naiman: . . . I think so . . .

Dr. Dave: . . . of Thomas Edison?

Naiman: Edison, I think he was great man in lots of ways obviously very creative. But he was a man who epitomized the revolutionary sweep of industrialization. He set about to invent the light bulb with a clear, outspoken intention of allowing human beings to function like machines. The Industrial Revolution was, the machine suddenly became the savior, the belief with industrialization was the machine the generic notion was going to save humanity. This was the answer to everything. And so Edison wanted human beings to be able to work 24/7. In fact he was quoted by the press repeatedly saying anybody who slept more than 3 hours a night, was quote 'lazy and indolent.' He was often spotted falling asleep in his soup in the afternoon you know, he would nod out. I think actually there was a positive backlash. When people deprived themselves of sleep, they are also depriving themselves of dreaming. And we are so aware that if you don't get enough sleep at night, sleep will rebound into your waking day, you'll get sleepy during the day. Most people aren't aware that if you don't dream enough sufficiently, you'll also get a dream rebound, people get dreamy during the day and this is not a romantic kind of dreaming it's somewhat pathological. But it can also be creative that sort of rebound of dream consciousness that's repressed at night, can really expand one's sense of consciousness during the day. I think for people like Edison that's part of what on, I think part of what went on explains this creativity.

Dr. Dave: You know, we're kind of running out of time here but I did want to talk more about dreams. What are your thoughts on the meaning of dreams?

Naiman: One thought is that we've become so concerned, overly concerned with deciphering the meaning of the dream that we've lost touch with the more fundamental question which is, what's the meaning of dreaming, what is a dream? And by the way, I've spent 30 years of my career; I got interested in sleep through an interest in dreaming I'm a Jungian oriented dream therapist, I've trained in sand tray therapy which I've done for years, so I have a deep feeling about the meaning of dreams

but I'll tell you I think as important as the meaning the dream might be, it's even more important to just know that the dream is meaningful. And I think that's the first step. I also I do take some issue with some of the classical Freudian perspectives you know, Freud said dreaming was the royal road to the unconscious.

Dr. Dave: Yeah.

Naiman: I think that's a reflection of the waking consciousness bias. I don't think dreaming is the royal road, I think it's the actual territory, I think that's the dream, we're there.

Dr. Dave: Yes.

Naiman: And we don't have to translate it into waking terms. When that's done, too often the dream is understood by comparing it the meaning of the images as they would appear in your waking world. So and we stop there. There's a little bit of a turning of a common spiritual notion on its head.. The spiritual Judeo-Christian notion of as it is above, so is it below. Most dream analyst dream interpretation is based on the belief that as it is below, so it is above. That we can understand the meaning of this sort of ephemeral dreaming consciousness which I would say is metaphorically above its expanded. We can understand that by comparing it to things in the material world. So a flower; you dream about a flower and you're told that it's about sex because in the world of matter, flowers are associated with reproduction or you dream about a pen or a telephone pole and of course from a Freudian perspective that's phallic and it's also associated with sex. But I think, I'm not saying that that's not a possible valuable interpretation but I think when we stop at that level, we've reduced the dream, we've pulled the fish out of the water and study it in the dry world of waking, we often pull the dream out of its wetness if you will, out of the sea of sleep. And by the way, this I think another important reason to understanding dreaming in context, is that our dreams are most visible when we are disconnected from the sensory world.

Dr. Dave: You know, I suspect that you have a lot to say about dreaming and I'm thinking that we should do a second interview if you'd be willing down the line where we devote the whole session to dreaming, is that something that you'd might be open to?

Naiman: It was my dream David that you'd say that.

Dr. Dave: (laughs)

Naiman: Yes, because I find myself trying to squeeze so much in . . .

Dr. Dave: . . . yeah, yeah, and I don't want you to have to do that. So I think we should probably wrap it up here. Is there any final thought you'd like to leave our listeners with?

Naiman: Well, just the simple thought that we can look at night consciousness, we can look at sleep and dreams not exclusively as a servant to waking. For example, all research done on sleep, asks what does sleep do for the waking life, for the waking body and mind and the answer is phenomenal you know sleep improves immunity, it can support our memory, performance, athletic performance, it can improve our appearance. Many, many positive ways in which sleep supports waking world of health and mental health. But to stop there really limits our spiritual understanding of sleep. What I say to people is consider the possibility that there is something else here that sleep is not simply a servant of waking life but there's something of value that we can, in a metaphoric sense we can learn to enter the sea of sleep with our eyes open and see what else is there, develop a relationship with that serenity.

Dr. Dave: Okay, that's a great thought to leave us with. Dr. Rubin Naiman, thanks for being my guest on Shrink Rap Radio.

Naiman: My pleasure, thank you very much. Your doing great work, I still

appreciate what you do.