

Fixing Our Broken Sleep

with Rick Clerici, C.Ht. of Clear Mind Systems

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Synopsis: Key Take-Aways from Today's Presentation

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In order to fix our broken sleep, we first have to understand it. And yet, studying sleep can feel like studying the cosmos--it's that vast. The best course of action is to begin by taking it slowly and intentionally without over-analyzing or overthinking. Because as we know, obsessing over our sleep can lead to more sleeplessness! Simply commit to observing and collecting information about your sleep patterns for a period of 30 days.

Now, let's define sleep.

What is sleep?

Sleep can be defined as the natural, periodic suspension of consciousness necessary to regulate, repair, and restore physical, emotional, and cognitive health.

If health were a wheel, sleep would be the hub. Sleep is responsible for many functions in the body, such as:

- Systems and functions like blood sugar, blood pressure, immune function and appetite are regulated during sleep
- Learning is encoded during sleep and moved into long-term memory
- In slow wave sleep 80% of the necessary growth hormones are secreted to mend the wear and tear of daily life
- Heart activity drops by 10% during sleep
- The glymphatic system cleans neuro-toxins out of the brain during sleep

When you compare the two states of being--sleep and wake--the sleep state is actually much more active than the wake state. When you are asleep, every single system in your body is doing something on every level: regenerating, repairing, regulating, rejuvenating, and restoring the entire body.

Because sleep is *the* foundation of all of our physical, emotional, and cognitive health, we also need to look at the correlations of insufficient sleep to other areas of medicine and health. The decline in sleep quality can be seen across a spectrum of related health issues and fields of study such as heart disease, diabetes, diet and nutrition, depression, anxiety, suicide, and drug abuse.

When we see it from this overall perspective, no one is getting enough sleep for a multitude of different reasons.

How can I observe my sleep in order to help it?

Now that we know what sleep is, we can understand how it works and determine how we can take better care of it. In reality, we can only observe our wake state. When we are asleep, we are completely without consciousness. Therefore, one cannot observe their literal “sleep” state. Instead, what we can do is observe the habits we have around sleeping.

First, take notes for a period of 30 days first thing in the morning. Nothing major is necessary, simply take a few notes. You might write down something like, “I woke up at 2 a.m. to use the bathroom and I think I fell back to sleep immediately.” Or, “It took me a while to fall asleep, then I woke up three times.” Or, “I think I laid in bed for 45 minutes; I was frustrated and couldn’t sleep at all.” Or, “I think I got enough sleep last night, but I simply cannot get myself out of bed. I hit the snooze button four times and was late to work again.”

Over the course of the month, you will start to see patterns emerge that will tell you a lot about how you are sleeping.

Second, see if you can enlist a partner to help out. If you have someone in the household who can look in on you, or look over at you, several times in the night, this can be quite helpful. They may observe you snoring loudly, stopping breathing, kicking rhythmically during the night, or even getting up and walking around.

Third, enlist the help of a sleep doctor. There are specialists who can give you the help you need to begin to have a good night’s sleep.

Sleep doctors may prescribe a device like a Portable Sleep Study which has an oximeter for the finger and attaches to your wrist while you sleep. Some Portable Sleep Study devices will also have a cannula situated under the nose as well. They are very accurate and readily available and are likely to be covered by insurance. These are wonderful tools to help diagnose things like disordered sleep breathing.

It's possible that your sleep might require something additional like an in-person sleep lab study.

With technological advances, personal sleep tracking devices are also helpful, however only use those for one week and see how the readouts coincide with your personal observations. If you become obsessive about the tracking device's findings, you might end up with something called ortho insomnia. Ortho insomnia is insomnia caused by overuse of tracking devices that make you overthink and worry about sleep on an excessive level. They are of no value after one week of tracking.

Next, ask yourself, what is your own natural sleep style? Intuitively, we know when we should go to sleep and for how long. Are you the type of person who must go to bed early? Or are you the type of person who is fine going to bed after 11 p.m. or midnight? These are valuable comments on your own circadian rhythms.

Why our sleep is “broken”? Our internal sleep drive and circadian clock

Since 1890, we have gained 4 to 6 hours of light per day and lost 4 to 6 hours of darkness. We have an internal homeostatic sleep “drive” system that tells us when to get up and when to go to sleep. Let's say that you get up at 6:00 in the morning and you go to sleep at 10:00 in the evening. Your sleep drive is lowest when you are first waking up and highest at the end of the day. Therefore, the sleep drive needs 16 hours out of every 24 to build back up again.

The sleep drive works alongside something called our internal circadian clock. The circadian clock uses light to turn on this process maintaining wakefulness. Then, a lack of light, or darkness, is needed to turn off the alerting chemicals, and promote the production of melatonin, and ultimately assist the homeostatic sleep drive.

For a good restful night's sleep, follow the "Eight to Get Eight" rule:

1. Make the bedroom a simple place for sleep and intimacy, free of work and technology.
2. Keep as regular of a sleep schedule as possible.
3. Wake up in a dark room and then get as much light as possible.
4. If you nap in the afternoon, keep it to 20 or 30 minutes.
5. Protect the last 60 to 90 minutes before bed-time from bright light
6. Try auditory entertainment like audible books, podcasts and soft music in that dark period before bed.
7. Make the bedroom as dark as possible and use a sleep mask if you can't eliminate all light.
8. Keep the room cool from 62 to 65 degrees.

Simple Solutions to Reduce Excess Night-Time Light Exposure

- Save simple chores and reading in low light for the end of the evening
- Move computer use to an earlier part of your evening
- Keep lights as low as possible in the evening
- Keep the bedroom dark during sleep and in the morning
- Get some bright preferably natural light first thing in the morning

Resources:

<http://www.clearmindsystems.net/>

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