



Sailing the Sea of Sleep

Considering the role of your mind in the quality of your sleep.

*“So it is that in the waking state
that if the awareness is not really developed
and evoked in someone, you will find that
they act very similarly as in dreaming.”*

— Moshe Feldenkrais

Lincoln Stoller, PhD, 2019. This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International license (CC BY-NC-ND 4.0)

www.mindstrengthbalance.com



In the second section of this series, titled “**Relearning to Sleep**,” we considered the role of your brain’s underlying state, as reflected by your brainwaves. This is a non-cognitive aspect of your awareness that governs your tendency to be anxious. The “hows” of thought that underlies the “whats” you think about. In this section we’ll consider the whats, that is the contents of your mind and what role this has in sleep.

Psychology

We’re trained to think of our minds as chemically driven neural machines, whose change requires ingesting correcting chemical. This is an error in two regards. First, your mind is the primarily producer of these chemicals, not a consumer of them. And second, while the chemicals are links in a chain of almost infinite complexity, they are only that: small links in a very long chain.

Behaviors, on the other hand, are not links, they are mechanisms designed to maintain balance.

You can no more fix your electrochemistry by shooting molecules into your brain than you can fix an electrical problem in your house by shooting screwdrivers into your fuse box. Chemicals are a component of your brain, not your mind.

If you’re looking for better sleep, forget the pharmaceuticals, they won’t solve anything. Work with your mind. Coping mechanisms have their place: sawdust will quiet a failing transmission, and soap will plug a hole in your gas tank. I understand that. I used soap to plug holes in my gas tank when I drove into a field of

boulders 100 miles into the bush. These are short-term coping strategies; you can't stop there.

Seventy-five percent of sleep problems are psychological, but they are not a mental illness. You are not missing a chemical, in need of tests or in-patient care. Your solution will not be found in psychology's Diagnostic and Statistical Manual, the DSM. Your problem will not fit into a pigeon-hole, and the purpose of the DSM is pigeon-hole people.

There is nothing wrong with this. Many people with mental problems have amazingly similar symptoms and that is why the DSM is useful, after all it is a statistical manual. It just happens that the key signature of people with problems sleeping is just that: they have problems sleeping, and they don't have much else in common beyond that.

Therapy

I've given classes on sleeping to groups of younger and older people. Younger people appear to have less sleep problems but I suspect they only recognize their problems less. They can get away with burning the candle at both ends and they're rewarded for overextending themselves.

Middle aged people seem to have the most severe sleep problems because, I suspect, they are not so resilient and their dysregulation has reached acute proportions. Even so, if they're still working then they're still being rewarded for abusing themselves. They continue to be told sleep is an extravagance and they continue to believe they have no right to it.

Older people have physical problems that disrupt their sleep, and they have bad habits that sustain and advance their mental and physical problems. Because sleep is an integrating experience, problems with it feed in from all aspects of one's health. If you eat, exercise, or think poorly then all or any of these can contribute. And when there are multiple causes, as there usually are, then these causes are interlinked and cannot be addressed separately.

You might think about sleep problems as similar to weight loss problems as both are systemic and, in both cases, the "problem" is not really the problem, it's the symptom. You cannot "fix" sleep by addressing sleep any more than you can fix being overweight by reducing your weight. Those are end results but they do not provide the means.

In the fourth and last section of this series we'll summarize the answer to the question, "Who Says What Sleep Is?" I will emphasize that in order to sleep better you need to reframe this question at several levels: who you're listening to, whom you're giving authority to, and what you're willing to do about it.



Your Past Life in the 12th Dimension

Your waking mind focuses on external action, not internal awareness. Internal awareness is the territory of

your sleeping mind and realms of unrestrained awareness. We have other minds and harbor multiple personalities, but our one awake personality represents us.

Actually, even that isn't true as anyone who knows you well will tell you, but we think of ourselves as if it was true. We see ourselves as an integral oneness, even if we have a disordered personality. Those who don't we call schizophrenic.

The reason we have multiple personalities—at least the normal ones—is because we are dealing with problems that require them. You may ask, “Why can't one personality support multiple points of view?” The answer is that it can in many cases, depending on who's available to you but in some cases, such as when you must love and hate the same person at the same time, it's necessary to employ more than one.

Most of us are in contact with our alter personalities. They shift our moods but we can hold our identity. This defines how flexible we are in waking life, but even for the most normal among us there are deep feelings that we are not able, or cannot afford to adopt lest we put our self-image and social acceptance at risk. We must hold these personalities in abeyance. They are not gone, only repressed.

As I say, these alter personalities are created by necessity and the perception they carry needs to be integrated into us through some means. The two most common means are repetition, the act of recreating the situations that gave rise to seminal experiences in the first place, and dreams.

Recreating experiences means repetition, and we're all aware of how we typically recreate situations of conflict in order to better understand them. It takes a lot more work than you might expect, and we usually feel stuck in the process.

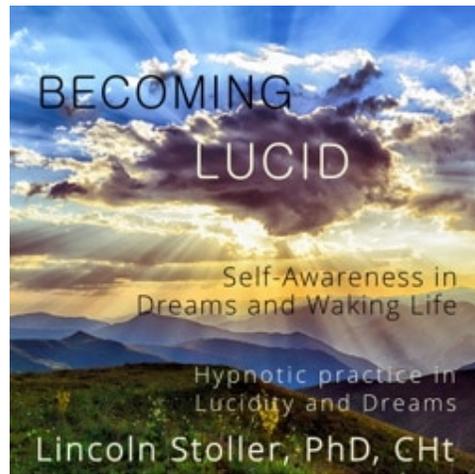
Dreams, it should be noted, are not limited to what you remember. We all dream a lot, every night and, to a less dramatic extent, during the day. It's my experience that we often forget our night dreams because they're too disruptive to our daytime identity. I can remember a one-minute dream that will keep me cognitating all day. If I remembered the typically hours I dreaming that I do I'd never have time to live an awake life. Nevertheless, we all have hours of dreams each day, and they provide the stage on which our dissociated personalities play out their roles.

The psychology of sleep, then, is tremendously larger than your limited self-conception. Those dream characters you occasionally, fleetingly remember probably spend more time each night talking to each other, fighting with each other, threatening and even attacking each other about what's important in your life than you do when you're awake over the course of a week. The carnage, disorder, and resistance that results accounts for a good portion of your difficulty sleeping. Your disturbed sleeping is the result of your not knowing what to do about this.

Don't take any of this too literally. The forces of the psyche are universal but can differ in the manner they present.

In the fourth and last section of this series I'll summarize my answer to the question, “Who Says What Sleep Is?” focusing on the need to reframe this question at several levels: who you're listening to, how much authority you give to them, and what steps you're ready to take.

Preview “Becoming Lucid, Self-Awareness & Dreams”



To subscribe to this newsletter, click on **Newsletter-Subscribe**.