

Disordered Sleep and Healing Darkness

Almost everywhere on our planet, night bears little resemblance to how it looked just one century ago. Even as late as 1950, seventy percent of rural households in the US still had no electric lighting. Many readers may join me in a 1960's childhood recollection of visiting neighbors in southeastern Montana still unaided by the effects of electricity, but not without the moth-attracting kerosene luminescence that grew as night's shadows gradually fell and people talked long into the dark -- or washed dishes long into the dark. In times past, human activity naturally downshifted as dusk signaled the approach of night. Rather than watching television, catching up on work, drinking, and being entertained, people made a slow and easy transition toward sleep.

In recent decades the naturally quieting influence of dusk has been displaced by the cultural imperative of "prime time," most certainly a key factor in epidemic sleep and dream disturbances. Prime time literally primes us – but not for sleep. To comply with expectations that we remain fully alert if not completely active into the evening, we boost our naturally slumbering energies with foods, substances, and activities. We refuel with caffeine, refined sugars, adrenaline, and gratuitous evening light. Rather than allowing ourselves to gradually let go of the day, we extend an active, waking daytime posture into the night. In fact, we extend daylight itself.

In addition to its deleterious effects on sleep, overexposure to nighttime illumination has been linked to increases in cancer, diabetes, and immune dysfunctions – giving new meaning to the notion of friendly fire. Beyond wasting immense amounts of electrical power, says Rubin Naiman in [Healing Night](#), light pollution is damaging plant life, killing birds, and compromising human health. A majority of American adults experience regular symptoms of sleep disorders. These include chronic patterns of insufficient sleep, various forms of insomnia, sleep-related breathing disorders, as well as a host of other serious problems that compromise sleep quantity and quality. The National Sleep Foundation found that seventy five percent of American adults experienced symptoms of sleep problems at least a few nights per week. Many millions of us routinely struggle with insomnia – difficulties with falling asleep, staying asleep or maintaining quality sleep throughout the night. The incidence of insomnia is, furthermore, steadily rising.

Sixty million Americans chronically struggle with "Insufficient Sleep Syndrome"; an overriding compulsion to trade sleep for productivity. During the past three decades alone, Americans have increased their net work time by an average of one full month per year, the equivalent of about one hundred fifty extra hours of work. The situation is even worse for working mothers who in the same period of time have increased their work time by about six weeks a year. With the growth in popularity of electric lighting, Americans lost nearly twenty percent of their sleep time – nearly a two-hour cut per night. Strong evidence mounts suggesting that lost and damaged sleep is associated with a wide range of serious medical and psychiatric conditions. A number of studies have linked the loss of deep sleep to the contemporary epidemic of obesity. Additional research suggests that those who obtain an average of only six hours of sleep per night increase their risk of viral infection by fifty percent. Similar relationships have been noted with coronary heart disease, strokes and cancers.

The link between sleep and mental health is critical and complex. Approximately eighty percent of people with mental health problems also suffer from insomnia. Although sleep disorders are a common symptom of mental health problems, they also appear to be causal factors. Insomnia, for example, has long been known as a classic symptom of depression. In recent years sleep scientists have confirmed that insomnia is also a major cause of depression. Sleeping and dreaming affect our psychological well-being, influencing our moods, attention, learning, and memory. To complicate matters further, our mechanistic view of sleep leads us to confuse being asleep with being unconscious. Too often we believe we are obtaining deep and restorative sleep when, in fact, we are simply knocked out by medications, substances, or the backlash of sleep deprivation.

We too casually accept the fact that many widely used substances and medications significantly suppress dreaming. And the dream is, alas, being gradually displaced by the dramatic, where all sorts of entertaining distractions are substituted for dreaming. Entertainment, the new opiate of the masses, mitigates the subtle ache and numbness symptomatic of our dream loss. Our innate hunger for the imaginative and creative sustenance of dreaming is now quelled with the processed and prepackaged images of television, movies, and video games. And then as adults, our consensual reality dictates that we define our “dreams” as something we pursue through work – not dream work. Are we unwittingly engaging the services of professional dreamers to do our dreaming for us?

Our disregard for dusk and darkness is complemented by a similar posture toward dawn and daybreak. Morning in modern times has little to do with the rising of the sun and the advent of the day’s new light. It is now complicated by symptoms of sleep and dream deprivation, substance and sleeping pill hangovers, a frenetic groping for counterfeit energy, and yet another rush hour. Most Americans are too chronically sleep deprived to awaken without an alarm. Complex changes in body and mind occur as we approach awakening. Our melatonin levels have peaked, cortisol is on the rise, our body temperature has bottomed out, and our psyches are deeply immersed in dreams. It is indeed darkest before the dawn.

How we awaken in the morning establishes a trajectory that powerfully influences the quality of our day. Our failure to descend deeply into sleep and dreams compromises our ability to ascend fully into the waking world. The once naturally robust peaks and valleys of our circadian cycles are in danger of flat-lining. Numerous studies suggest that chronic sleep and dream loss by night contaminates the quality of our wakefulness by day. Chronic poor sleep distorts our perception and negatively affects our mood, exacerbating life’s waking challenges.

Perhaps we suffer from a darkness deficiency. Recent findings suggest that there may be beneficial effects associated with time awake in darkened space. Just as light stimulates the release of serotonin, which energizes us, darkness encourages the production of melatonin, the key neurohormone in our night biology, sleep and dreams. If mindfulness is about becoming more aware of subtle daytime waking experiences, lucidity is a mindfulness of night.