

**Intro (Rashi):** Hello, and welcome to The Alternative Story podcast. In today's podcast, we're gonna be talking about sleep and everything related to sleep. We're gonna find out if it's better—truly better rather—to early to bed and early to rise, et cetera, et cetera. So we're gonna be deconstructing a lot of these myths. We are gonna be understanding what it means to not be able to sleep, to have nightmares. And it looks, by the conversations that we've had before this, that it's gonna be a two parter. So stay tuned!

**Rashi:** So to talk about sleep we have my co-founder and co-director—and spouse—Paras.

**Paras:** Hello.

**Rashi:** Paras is a counseling psychologist. He also teaches and does a lot of work as well as—I don't know, takes care of Zoe with me.

**Paras:** Absolutely. No, that's the most important job of all.

**Rashi:** Yes. So tell us a little bit more about what your interaction or what your challenges with sleep are.

**Paras:** Sure. I mean, for the longest time and I think again now my bio on Twitter has always mentioned that I'm a sleep enthusiast, so I love my sleep. And unfortunately, for the past few years—I would say since about 2018, 2019—my relationship with sleep hasn't really been the best?

**Rashi:** Mm-hmm.

**Paras:** And that's been thanks to some medication that I had to start taking. And I recently, you know, diagnosed or recently discovered sleep-related issue that I live with, which really prompted me to deep dive into the relationship of sleep with different medicines. The relationship of sleep disorders and physical & mental health, and really the whole gamut of all of that. I mean I did always know about this at a superficial level, as a student of psychology and as somebody who teaches psychology, but as they always say—there's no better way of knowing it than experiencing it yourself.

So, yeah. So I think I do have a lot of personal experience and—Which, of course, prompted me to talk to a lot of other people, clients also, who struggle with their sleep. And yeah, we discovered that there are definite common themes that are there, in terms of the sleep related issues, that a lot of us seem to be facing these days. And it just sort of goes under the carpet. People don't really think about it. I

mean, in fact, it's a topic of so many jokes, so many memes, so many tropes about millennials and Gen Z to be sleeping badly, to be tired all the time, to be hopped up on caffeine.

**Rashi:** Oh, of course. I mean, the number of times people have said, "I can sleep when I'm dead." It's ridiculous.

**Paras:** Yeah. Yeah. I mean, the hustle grind culture, being hopped up on caffeine pulling all nighters, pulling 18 hour-20 hour shifts and, all of that basically, has been something which is—[trails off]

**Rashi:** So let's just get it out there that this is not okay. Right? This—We are starting off with the premise that says that doing all of this—You need sleep to function, or function well, yeah.

**Paras:** Oh, absolutely. Absolutely. There's no—there's no denying the fact that sleep doesn't really have any replacement. There's no—there's no supplement that you can take that will replace the restorative effects of sleep. There is no hack or there's no—I don't know, I mean, there's no trick or hack in which you can divide up your sleep into small bits and not suffer some consequences about it. Yeah. There's a lot of stuff which claims that that is the case, but at least in my knowledge and in my experience as a therapist, doesn't seem to be useful or helpful at all.

**Rashi:** I think it's safe to say, at this point, there isn't enough anecdotal or even scientific proof to support that you can get away with not sleeping enough or breaking up your sleep, etc. Right? I mean, we don't know what's gonna happen tomorrow but as of now, we know that getting those—Yeah, getting those hours of sleep in the night is very essential.

**Paras:** In fact, there is evidence which points to the contrary and says so definitively. Like there is research that says that lack of sleep and lack of quality sleep are both detrimental to health. So there's definitely conclusive evidence, which talks about how the quality and quantity of your sleep not being the best really, really has an impact on your health.

**Rashi:** And we are both very, very—Uh, what do you say? We are examples. Very good examples of that. Both of us can get really irritated when we don't have enough sleep and you've experienced that part of me and I've experienced that part of you. So it's—At least we have anecdotal evidence to support that.

**Paras:** And we know how grumpy Zoe is. If you wake up in the morning like really really early.

**Rashi:** Oh my god, yes. Actually, that's a good example. Actually, that's a good question to start off with also. That's—What is sleep like? We know that most animals sleep. There is proof that even plants sleep. I know how temperamental my plants are in the evening. So what exactly is sleep? I mean, what happens and why do we need sleep? I think if we can start off from there—

### *What Happens During Sleep?*

**Paras:** Sure. I mean, like—Our body goes through different cycles of different functions during the day and at different points in the day. There are different, I would say, hormones or different chemicals that our bodies secretes to facilitate different kinds of functions that we need to do during different times of the day.

So when I say different cycles or different functions that our body needs to be doing at various points in the day, I'm referring to how when you wake up, the body stimulates your bowel movements and your system to ensure that you—Obviously you're sleeping, so you've been holding it in and you need a fresh start to the day. So your bowel movements are triggered immediately. There's a physiological process involved in that.

And I think I read somewhere that, in the morning—in the first half and hour, 45 minutes after you wake up—your bowels contract much more than they would at any other point in time in the day. Which is why you—For most of us, within the first hour of waking up, we need to use the washroom. Post that, of course the hunger cycle is stimulated because if you're going to function for the rest of the day, then the body needs its fuel. The body needs something to start the day and it needs energy to burn. So that's going to happen.

**Rashi:** Of course.

**Paras:** Again, at different points in the day, your body is going to secrete different chemicals to increase your level of alertness, to the point where you'll have a point where, in your day, you'll be the most functional or most productive. I know that this is different for different people.

**Rashi:** Correct.

**Paras:** Like I know that I may be awake and I may be doing stuff, say from seven to ten or something, but my body really kicks into gear only like 10 onwards, you

know? And that's something which is different for different people. So everybody has these—You know, you can colloquially say that these are your power hours where your body—

**Rashi:** Yeah, of course!

**Paras:** —is the most alert, your brain is the most alert, you have the most energy, you have the most productivity. And then, of course, as your energy is depleted or it's a little lower, you feel hungry again; there is usually a dip in your alertness and your productivity after your first large meal of the day, after lunch.

**Rashi:** Especially if you've had a lot of rice, of course.

**Paras:** Of course, of course. And then by the end of your work day, of course, what starts to happen is that your body starts to wind down. And it is connected—to some extent at least—to the circadian rhythms. And what we mean by the circadian rhythms is like, we have our internal body clocks, which usually are aligned with the rising and the setting of the sun in the place that we are at.

**Rashi:** When you say a place that we are at, you mean geographical.

**Paras:** Geographically, yes. Geographically where we are at, and also temporally in terms of the time of the year, what season is it, how much sun are you getting at that time in your place? So usually, your body will find it harder to sleep when it is bright outside. Usually, you'll find it hard to stay awake very, very long when it is dark and very quiet outside.

So your body is usually designed to follow the circadian rhythms like that—that it's inbuilt rhythms and these are aligned with the seasons as far as possible. So by the evenings after sunset, what happens is that—I'm not getting into the specifics of it scientifically because that'll just be too academic.

But imagine that there's Chemical A, and Chemical A is responsible for your alertness. Then there is Chemical B which, after it reaches a certain threshold, it triggers your sleep cycle. So as the day wears on and it gets darker and darker, and then sunset happens the levels of Chemical A keep dropping and then when it is fully dark, it reaches a point where Chemical A levels are dropping and Chemical B—those levels are rising.

**Rashi:** Okay.

**Paras:** And they have a complimentary function also. The presence of Chemical B breaks down Chemical A and makes the levels lower and lower. So that after a point, Chemical B, which is supposed to trigger your sleep cycle, first reaches an equal level. So you now may be awake but you may not feel very active or very energized. So this would probably—Colloquially, you can say that this is the time of the day where—8 to 10 PM, 8 to 11 PM, where you're home—you just want to sit on the couch, eat something, watch TV, and then just wind down for the day.

**Rashi:** So it almost feels like Chemical A and Chemical B are like on a seesaw.

**Paras:** Yes, they are. Yeah. Yes they are. And I mean, they wash out each other is what the idea is.

**Rashi:** Correct, correct. Is Chemical B—Or rather, Chemical A that makes me wake up, is that coffee?

**Paras:** It can—It is triggered by it! Caffeine is triggered by it—Sorry, the chemical which is responsible for waking you up. I mean, of course there's not just one chemical, there's a bunch of them. There's serotonin, there's dopamine and all of them.

**Rashi:** So there's a set of things that wake you up, make you feel alert, and things like coffee trigger it and make you feel more awake.

**Paras:** Yes. So, it's basically, for somebody who's not familiar with neuroscience that much—And again, I'm not a neuroscience expert, but from whatever understanding I have as a mental health professional it's basically the fact that there are parts of your brain which are responsible for waking you up and they trigger activity of certain chemicals and those chemicals trigger the activity of certain other chemicals. And that's basically how it happens. So it's a concerted effort. It's not just like two chemicals on the seesaw, but that's a good analogy to understand it with.

**Rashi:** I mean, there's a lot that is happening in our bodies that are still not understood, or we understand it at a very superficial level. And what I remember from what I had learned is that sleep is one of those things. It's that we understand consciousness and sleep very minimally, and newer things are constantly being understood about it. And it's fascinating.

**Paras:** It is, it is.

**Rashi:** Right now, what we understand—and if I were to summarize what you just said—is basically there's a lot happening in our body throughout the day. There's circulation, there's digestion, there's...I don't know what else but uh—Respiration!

**Paras:** Yes, you would die without it! [laughs]

**Rashi:** Yeah but with COVID...Yeah, so there's a lot happening in our bodies constantly. And that creates a kind of fatigue. And at the same time, there are chemicals and there are neurotransmitters and there are hormones that are being secreted, that is helping us wind down. And that is at the most—at the peak when we are falling asleep. And a lot of stuff is happening.

So, we also spoke a little bit about circadian rhythms. We spoke about what happens—There's an internal body clock that seems to be working. So I remember in school I used to wake up at 6 AM on Sundays as well, and I'm associating a lot of that with the circadian rhythm. And even during summer vacations towards the end of the summer vacation, my grandmother would start waking me up slowly, slowly towards the school time. So that the first day, I was not like absolutely sleepy in school.

**Paras:** Yes. Absolutely. So that's the wonderful thing about our brains. Our brains are completely designed to keep us alive and keep us optimally functional to whatever schedule or routine we are doing. So our brain adapts; our brain can adapt tremendously. It is one of the most adaptive parts of the human experience that—If you are eating badly, if you are sleeping badly or in a high amount of stress, let's remember that your brain still does manage to do its bare minimum functions in whatever resources you're giving it.

Of course, it's not gonna do an optimal job but your brain still manages to keep you alive. So if there's one thing that the brain is able to do, it's able to form habits and routines and stick to that. So if you do something for a considerable amount of time, your brain is really, really good at repeating that.

I mean the corollary of that is also that if you are not sleeping well for a long period of time, your brain gets used to not sleeping well for a long period of time. Okay. But at the same time, if you start fixing that your brain adjusts to that. We call this as hedonic adaptation which means that, as soon as things improve, your brain is able to come to that level, the brain can set the benchmark higher now and say that, "Okay, now I'm sleeping well. So let me optimize the functions that were suboptimal earlier."

And similarly there's a reverse of that as well, that if we are not optimally getting full food rest, and other kinds of relaxation our brain will also adjust for that and be like "Okay, things are suboptimal, so let me cut off certain things—" which the brain would then consider as non-essential.

And that's where you have your different sleep-related health challenges that start to emerge. We get into the details of that going later, but I think I just wanted to touch upon something that you asked me at the start: What exactly is happening when we are sleeping? I mean, I did answer what is happening during the time we are awake.

**Rashi:** Correct.

**Paras:** But in terms of what is happening while we are sleeping—So, again, our bodies are really, really good at making it seem as if nothing has changed over a period of time, but there is—There are cells which are growing and cells which are dying off and being shed every single second. Right?

**Rashi:** Correct.

**Paras:** And again, the same goes with our muscles; the same goes with our bones. It's not that our bones and our muscles are constantly the same. Our muscles, through the course of the day, have micro-tears which happen.

**Rashi:** Of course.

**Paras:** Of course, our bones and our joints take a lot of activity during the day as well. And of course there's the digestive part of the work that happens. So this is at the physiological level. At the psychological level as well, there's a lot of—How would I say, there's a lot of consolidation of your memory. So think about it like this, the best example that comes to my mind is that at like 2:00 AM, every night, our WhatsApp on your phone will be like "Hold on for a few minutes. I need to sync everything. I need to back up everything, and then you can use it again."

So some version of that is happening with our memories as well. Like "Okay, these are the experiences that I had during the day. Let me just file these experiences under different memories that I have. Let me just take stock of all of these experiences and consolidate that so that when we wake up the next morning, it's not like we're waking up with a blank slate. We wake up with continuity in our memories." And that happens with—

**Rashi:** That's actually a great analogy, right? I mean, I was just thinking about this optimal thing as well, and—Like the example that you said earlier, when we spoke about hedonistic adaptation, and you said something about how the brain goes into suboptimal performance because of lack of sleep or anything else that might be annoying the brain. When you're talking about WhatsApp kind of taking a stock at 2:00 AM, I just remember that sometimes when my battery is low, it does not back up.

**Paras:** It doesn't do that. Yeah, yeah.

**Rashi:** Yeah, so your phone's like "Okay, this is not essential. I'm gonna save battery for other things." And that kind of—

**Paras:** Yeah. Or if you're not connected to Wi-Fi, it does that. So again, it says that it's going to take a lot of toll on limited resources that you have right now. So I'm not going to do it right now. I'll do it when, like you said, when the phone is plugged in again, and when you are on a good stable connection again. So, yeah.

**Rashi:** Since you're talking about what happens when you're sleeping, one of the most important things for me that happens is dreams. So—And you're talking about consolidation of memories. Often, I see things that have happened or I have thought about in the day, happening or seeing them in my dreams. So what is happening? Like, why am I dreaming? What are dreams? I mean, that's a very meta question, I feel like. What exactly are dreams?

**Paras:** [laughs] Yeah.

**Rashi:** It also feels like an interview question. Like, what are dreams? What are your dreams? Like huh.

**Paras:** It reminds me of 'Losing My Religion' which is by REM, right? I mean, the band is REM?

**Rashi:** Yes, it is.

**Paras:** And they just keep saying "That was just a dream, that was just a dream" in that song. Yeah. Fun fact! Okay. I didn't realize that connection until right now. I don't know how—

**Rashi:** [laughs]

**Paras:** So, actually speaking about what happens and why, why do we—



## *REM Sleep*

**Rashi:** Okay, do you wanna kind of explain that joke? Because we haven't touched upon REM in this.

**Paras:** Yes. REM is basically one of the phases in your sleep. So again, sleep—If you've ever studied basic psychology, we learn something about the sleep cycle which, again, is the lay term for it. The slightly more technical term is "multiphasic sleep cycle" which means that your sleep goes through phases or different cycles. Each cycle is around 90 minutes of time. So you go from light sleep to deep sleep, you go into REM.

REM is basically what is called as rapid eye movement. It looks pretty creepy but it does happen, like rapid eye movement is—Your eyes are closed but your eyeballs are moving left to right rapidly.

**Rashi:** And if you have dogs or cats, you can definitely see this on them. I don't know how—

**Paras:** You can see this in a—If you're sleeping next to somebody and you are awake—it would be very creepy to do that but—if you were just watching them sleep.

**Rashi:** Just stare at them. Hey, come on. Edward did it to Bella so, well.

**Paras:** Sure. I will pretend to get that reference. Anyway—

**Rashi:** Do you know that reference?

**Paras:** I know it's from "Twilight"—

**Rashi:** Twilight!

**Paras:** I know it's from "Twilight". Wait, he's a vampire. Why would he not sleep? Like why would he—

**Rashi:** He doesn't sleep. Vampires—

**Paras:** Yeah, he doesn't sleep, that's why. That's why.

**Rashi:** Vampires don't sleep in "Twilight".

**Paras:** Exactly. Exactly.

**Rashi:** They also, uh—

**Paras:** The other dude is a wolf.

**Rashi:** Vampires also disintegrate when they go into the sun so, well.

**Paras:** Yeah. I mean, and the other dude is a wolf, so wolves are also awake in the night. So, yeah. Anyway, coming back—

**Rashi:** He's not a *wolf*, he's a werewolf.

**Paras:** So, sleep cycle! Don't distract me. Okay, we have different phases in our sleep and one of them is rapid eye movement sleep. Rapid eye movement sleep is when we are dreaming. That is the time where we have these dreams and rapid eye movement sleep is the deepest stage of your sleep.

You do need REM sleep because your REM sleep is the most refreshing sleep. This is the time in your sleep cycle where your body is doing the most repair work in terms of your muscles, your cells in terms of your memory consolidation also. It is—That's what's happening at that point in time.

So one of the things that—A nerd term about sleep, that I learned when I started researching on it, was something called as REM latency, right? So REM latency basically means the time between you falling asleep and your first REM cycle, right? The longer that is, the longer the time period between you first falling asleep and you going into a REM cycle the worse your sleep is.

So for example, if your REM latency in terms of hours is say, 3.5–4 hours, that's a really bad measure because that means that you're going to have one, maybe two REM cycles at the max and REM cycles are not extremely long. So you're not going to get a lot of restful sleep. That also means that you're going to take a longer time to fall asleep from the time you are actually tired and your body is ready to go to sleep. And the depth of your sleep is also going to be really, really bad. So—

**Rashi:** So what is a good REM latency?

**Paras:** Again, it differs from person to person. But if you were to say—In terms of falling asleep, you should fall asleep within the first 20 minutes of you hitting the bed. That's a normal sleep latency. In terms of your REM onset sleep latency, again,

this is different again for different people. What we are saying is that usually within, say the first 90–120 minutes of your sleep, you should have your first REM phase.

**Rashi:** My second question about this is: Now how do I measure it?

**Paras:** This is usually done through what is called as a sleep study. You may have seen sleep studies portrayed sometimes in movies and shows—and usually it's done really, really badly—but it is... Basically you're hooked up to a bunch of apparatus and it's usually done in a hospital or in a lab wherein there are—there's of course a pulse oximeter to see your heart rate and your oxygen levels. There's usually a cannula, the pipe thingy, which is an exterior nose to see whether you're breathing in and breathing out—so that is another thing. And of course there are electrodes to map brain activity.

So again, without getting into too many specifics at different phases in the sleep cycle, the electrodes will record different kinds of waves and there's alpha waves, there's beta waves and things like that. Right? So different waves are associated with different stages in your sleep cycle. And that is—The graph on a scale of time is measured and, it is measured at what point in your sleep cycle did you go into that level of brain activity or when did those waves start? So that is how it is scientifically measured.

The hack version of it, which can give you an estimate (which is, I would say enough for a normal person) would be—If you have—Most of us who are tech savvy have some kind of a smart wearable device these days. And your smart wearables usually have sleep tracking, which automatically happens. Again, they're not the most accurate, but they can give you a fair estimate of when did you fall asleep, in the sense that your movement reduced significantly? What amount of time in the night did you not move at all for 15, 30, 45 minutes?

Some of them are now even claiming to track REM sleep, but I think that that's just a proxy reading that they're doing on the basis of the fact that some of these can monitor your heart rate and your SPO too now. So I think a mixture of your movements, your heart rate, and your oxygen levels and your blood pressure levels—some of these measure now—would be able to estimate what stage in the sleep cycle you are in.

So it's definitely a good idea to know how well you are sleeping but, even if you were to do this the old fashioned way, if you were to just keep a track of what time you went to bed (around what time approximately did you go to bed) and—without an alarm or without any kind of, you know, any other person waking you up— when do you usually wake up? You will see that there is a consistency to it. We do all

have a rhythm. So to understand your baseline rhythms, you could just do this for like a week. Just note it down, take a note pad and note it down—that this is the time I went to sleep, and this is the time at which I woke up on my own.

And for most people you will see that—Most adults, you will see that this is somewhere between 6–9 hours of sleep. Again, this is what it will be. Most of us will average somewhere around 7.5–8 hours. So that's why usually you say, "Get your eight hours," but it's not a hard and fast rule. Some of us are okay with 6.5–7; some of us need 8.5–9. But yeah, you will see that without prompting, your body will wake you up in approximately this amount of time.

So, yeah. So there are these—Basically these different sleep phases that are happening, ideally every 90 minutes. And hopefully, your body is going through these complete cycles and going through multiple iterations or multiple cycles of these 90 minute cycles, through the night, so that you can have adequate amount of sleep. So that's why we say not just sleep quantity, we also say sleep quality.

**Rashi:** So basically what we are saying right now is that there are—Your sleep happens in multiple phases. There are different things that happen and REM is a kind of sleep that's the most restorative, the most relaxing. The ideal kind of sleep. It happens a couple of times in the night. But—

**Paras:** It should happen more than that. I mean, you should have three or four phases of REM sleep.

**Rashi:** You should have a few, correct. You should have a few REM cycles in your sleep. Not your entire sleep can be absolutely REM, but a few REM cycles is good. And, yeah. So, I also wanna say that—You know, sleep is supposed to be relaxing life. It's supposed to be something that you wake up in the morning and feel better about. If you're not feeling that, if you feel like—And Paras already said that we need around 6–9 hours, is that what he said? Or 7–9 hours of sleep?

**Paras:** Yeah. I mean, 6–9 hours is the window. Like I said, most of us will be okay with the 7–8 hour window. And at least 90–120 minutes of that should be good, solid, deep sleep.

### *A Little Bit About Sleep Issues*

**Rashi:** Correct. So we are gonna talk about sleep issues in the next podcast, but I wanted to say that if you think that either you're sleeping much more than this—What would be an outlier, Paras? If I'm saying nine is normal, most of us fall into this category, but what is the concern? When should I start worrying? What are the outliers?

**Paras:** Again, it's very contextual. If you had a very difficult day, if you had a long tiring day, you may want to sleep 10 hours, 11 hours, 12 hours even. Or if you're somebody who's not a morning person like me, and it's the weekend, and you're sleeping 10, 11 hours easily, that's something that is okay—or at least it's explained.

Certain medications of course will make your sleep longer and, again, there's nothing that can be done about it. You will need to sleep longer than the average person if you're taking some medication. So I would just say that you don't look at every single day, you would look at a trend—over a week or a fortnight—to see how you are sleeping during that period.

**Rashi:** Correct.

**Paras:** And I would say that, over a period of a month at least, if you have seen that you're consistently sleeping lesser than six hours or you're barely getting 3–4 hours of sleep, that definitely means that you are in a significant amount of sleep debt. And over a period of a month without any known reason or any explained reason, like say medication or something like that, if you are consistently feeling tired despite 11–12 hours of sleep this is definitely a concern that is there.

And again, one last thing I want to add to that is that—It can also—One of the things that we also have to look at is: When are you feeling sleepy? Like, for example I may still be okay if I have slept at one stretch for like 8, 10, 12 hours, but if you are feeling sleepy and tired throughout the day, right? And you feel like "If I were to shut my eyes for a few seconds, I will fall asleep." And that's happening at any given time in the day, that is definitely telling you that you are sleep deprived.

**Rashi:** Correct, correct. So yeah. I think that there's a lot of things—I mean, one of the things that I think that you mentioned, that was very important for me, is that it's not about one day or one week. It needs to be consistent over a period of time. So on Sundays, obviously you're going to be lazy. You're going to be—I mean, we are recording this on Sunday, so ha! We're not being lazy, but uh—You are gonna sleep much more on days that you have more time and more leisure. And being in bed is not equal to sleeping, if you're going to be doing things.

So I think there's a lot of unpacking to do here for each person. But if you are feeling tired after sleeping, if you are—you don't feel rested after waking up, almost every day of a month or longer, I think it's time to at least bring it up in therapy—

**Paras:** Absolutely.

**Rashi:** —if you are in therapy, or see what else could it be. What are the changes that have happened? Like one thing I know for sure is, in times of immense grief in my life, I have coped with it through sleep. I think we spoke about it in the podcast with Ahla also that my coping mechanism—my favorite coping mechanism—is to sleep. And obviously I—

**Paras:** And it's the opposite for me. It's the opposite for me. Like I remember that when I was in school and I was in college exam periods meant that I would only be able to study through the nights. Exam days, I would barely be able to sleep. I would only be able to eat after I finished my exams. So I think, as is the case with most indicators, you either have very little of it or you have too much of it as a coping.

**Rashi:** Absolutely. And this is also something to say, right? In busy households, there's a lot of context to be given. If the only alone time that you get is in the night, you're going to take it. You might want to be awake for a longer period of time to have that time to yourself, to have access to shared resources. Maybe that's the TV, maybe that's the computer, maybe that's just privacy that you get in the night because everyone's asleep. There's a lot of social context around this.

So don't take it just at face value but don't underestimate the need for sleep as well. I think that's one thing that our culture has done, is that we talk about sleep in a very flippant way.

**Paras:** If I can come in here, there's also a lot of morality attached to sleep. You know, we think that people who are sleeping longer than usual are just lazy and unprofessional. And people who are working late hours or waking up first thing in the morning are really exemplars. We have a certain person who brags about working 18 hours every day for the last eight years or so. And sleeping—

**Rashi:** I wonder who you're talking about.

**Paras:** —Of course. And then sleeping during long distance flights and staying awake during the trips. So yeah. Yeah. There's a lot of, there's a lot of fetishization of having very little sleep and being awake all the time.

**Rashi:** Absolutely. And one of the things that I read recently, while preparing for this podcast, was our sleep is a social justice issue. And I think that is a very important. The gig economy, people who work more than one job or people who are forced to work 18 hours because of the gig economy—

**Paras:** Or shift work.

**Rashi:** Sorry?

**Paras:** Or people who have to do shift work.

**Rashi:** People who have to do shift work, people who live really far away from physical offices because they can't afford houses closer to their workplace. All of this makes sleep more complex of an issue than just a physical issue. It is a social justice issue.

You know, I've always looked at women who do cleaning of vegetables or shopping of vegetables in the train as an issue but I didn't see the sleep people—Women who go to sleep in the trains necessarily—because they have to start doing work as soon as they go home—as necessarily a social justice thing. So it's very interesting for me to have understood that, to understand sleep in that way.

And I am very cognizant that we all started this conversation because we thought about dreams and we haven't really answered that question because I think that's an interesting kind of thing, that there are certain symbols that keep coming up in dreams, for me at least. Is that common? Okay, let's start with more—Like, what exactly are dreams? Why do we dream?

### *About Dreams*

**Paras:** That's an entire area of study and right from the—

**Rashi:** [laughs] Sorry, are you saying you can't answer that question in 20 minutes?

**Paras:** I don't think I can answer that. And I think it'll be like an entire podcast to itself, but I can definitely say that right from the time of Freud, psychotherapists have always hypothesized what the role of dreams is. So Freud, of course, has a book on dreams itself.

And Freud, in psychoanalysis, talks about the fact that there is the conscious, the subconscious and the unconscious; and that the subconscious and the unconscious can only be accessed in certain altered states of consciousness, which he talks about—sleep and hypnosis being two of them. So basically what Freud says is that dreams are the material in the unconscious or the subconscious mind, which is experienced by us.

There are other therapists or analysts which have a different take on dreams. So, for example, Gestalt therapy which is—Freud was from Austria, Gestalt is from Germany. So Fritz Perls is a German psychotherapist who gave us Gestalt therapy and Gestalt therapy talks about the fact that there is no conscious, unconscious, subconscious; there is no past and future. Everything is in the here and the now.

So if we're experiencing something from our past today—in the form of flashes in our mind, in the form of intrusive thoughts or in the form of our dreams—he basically says that it's just unfinished business. It's just something that's been on your mind that's going on.

And of course there's also stuff which basically just says that dreams have a lot to do with what's going on in your mind on a daily basis. Stuff that you have watched, stuff that people that you have been speaking to, people that you've been thinking about, will show up in your dreams quite often.

So dream analysis again, a lot of the psychodynamic therapists—which is Freud, Adler, all of these people who are Freud and his followers later on—have written a lot about what are dreams and why do we dream? And there are, of course, others also which have talked about dreams as well. So I can definitely say that dreams have been an area of fascination and interest in terms of psychotherapy. There's also, of course, postmodern therapies, which talk about the role of nightmares, recurrent nightmares and how that is associated with people who have gone through trauma.

So people who are survivors of trauma have not just dreams but also reliving of their trauma during the day times. You have the concept of intergenerational trauma, that you may see certain kinds of symbols or violent experiences, which may not even be your experiences. This can be your—the intergenerational experiences that you have had. And there's a lot of interesting stuff that's coming up over there, in the area, that intergenerational trauma can also be experienced in the form of dreams.

There was—again, touching upon the area of trauma—there was a landmark longitudinal study, which was done in America, called the ACEs study, which stands for "Adverse Childhood Experiences". And the ACEs studies also talk about the fact that children who faced adverse childhood experiences, as adults later on, are more prone to anxiety disorders, traumatic disorders, have worse health outcomes and sleep outcomes, have worse functioning in terms of their memory as well. So remembering and forgetting dreams, reliving of painful memories—all of this—is very closely tied to the world of dreams.



Like I said, each of these can be a series of podcasts but there's a lot that's going on in terms of our dreams, and why are we dreaming certain things, and why are certain things showing up again and again.

Another interesting thing that I realized is that sometimes, if your body is in physical distress—for example, when you are sleeping—then your body may, or your brain may trigger some painful or terrifying stimuli so that you wake up. So, for example, people who have incontinence—which is basically difficulty in controlling your bladder—your brain may wake you up because your bladder is not able to hold anymore.

Or let's say if you have any obstructive respiratory conditions—whether it is something called as COPD, chronic obstructive pulmonary disorder, or if you have sleep apnea or if you just have like really, really bad allergies and stuffy sinuses then, when you are not getting enough oxygen or if you're sleeping in a position where your throat and your nose is closing up, your brain may actually show you traumatic images, or you may wake up with a start because, literally, your brain went into panic mode and had to jerk you out of your sleep. You know? So there are a lot of these connections that we have.

**Rashi:** So I think what I get out of this is that dreams are an essential part, or at least a part of your sleep cycle. And whether you remember your dreams or not, they happen.

**Paras:** Yes.

**Rashi:** Again, dreams might be important cues about what's happening in your body, what's happening in your thoughts throughout the day. And if you're in therapy and you have distressing dreams, then you might want to bring that up with your therapist—

**Paras:** Definitely.

**Rashi:** —or consider therapy. Dreams are not to be ignored because like Paras said, they're important cues to what might be happening. So don't dismiss your dreams, don't dismiss your sleep issues. And yeah, I think the reason that we also decided to go with the two-parter is because there's so much with sleep that's unexplored, and to even understand. Like we take sleep so lightly that we don't understand it so well. And then to put this in with sleep issues, we thought that it would be too much.

So I'm gonna tell you a little bit about what we're gonna discuss in the next part. We're gonna be talking about sleep issues and the intersection between sleep and mental health.

**Paras:** Yes. And definitely—

**Rashi:** So we're gonna be talking about—

**Paras:** And I definitely do think we should also touch upon the social justice connection of it; in sleep as a right.

**Rashi:** Absolutely, absolutely.

**Paras:** The right to sleep and the right to rest as a fundamental human right. A right to adequate sleep and rest. And safe sleep, you know, safe sleeping spaces for everyone. I think that's something that we really wanna talk about.

**Rashi:** And how that impacts the entire social justice thing, right?

**Paras:** Yes, absolutely.

**Rashi:** That's I think very important for us. So that is one. So what we're gonna talk about in the next podcast is sleep and mental health, like I said. So we're gonna be talking about insomnia, apnea, narcolepsy, sleep-walking, sleep paralysis, a lot of these things—We're gonna talk about what it means for adults, what it means for children, what it means for adolescents, because there are certain issues that creep up, especially during special times in our life. So we're gonna be talking about all of that.

What we're also going to do is, we're gonna talk about personal experiences with sleep. So what it means to get a sleep study, what it means to be diagnosed with a sleep issue—all of that is gonna happen in the second part. Until then, if this podcast—or anything that you've heard so far from us—has wanting you to go to therapy, you can go to [alternativestory.in](https://alternativestory.in), book a session with one of our therapists. We have full price as well as Pay-What-You-Want sessions. So all of that is available to you.

Any parting thoughts on sleep, Paras, as of now?

**Paras:** Yeah! I mean, like I said, it is something that we do need to pay attention to—not just the quality, but also the quantity of our sleep. We need to pay attention to how we feel after we wake up. We need to—And you know, since we ended on

the topic of dreams, it's not just the content of your dreams; it's how vivid they are, it's how frequent they are. And also it's how realistic they are, and how confusing or disorienting that they can get, which also needs to be paid attention to.

Of course, I know we're going to talk about at least some of these things in our next conversation but definitely, I think, if your sleep is not fulfilling its basic function of restoring your energy and restoring your body for another day of activity then it's time to really pay attention to it and do something about it.