



Conscious Life presents

How To Fix Broken Sleep

Guest: Dr Christopher Winter

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[00:00:09] Meagen Gibson

Today I'm speaking with Dr Christopher Winter, an American sleep researcher, neurologist, author, and authority regarding sleep and athletic performance.

He has two books, *The Sleep Solution: Why Your Sleep Is Broken and How To Fix It*, and *The Rested Child: Why Your Tired, Wired, or Irritable Child May Have Sleep Order, and How To Help*.

Dr Winter is board certified in sleep medicine by both the American Board of Sleep Medicine and the American Board of Internal Medicine. He's also board certified in neurology by the American Board of Psychiatry and Neurology.

Dr Christopher Winter, thank you so much for being with us today.

Dr Christopher Winter

I appreciate it, Meagen. It's my pleasure.

Meagen Gibson

I wanted to start off, I have an agenda. I want to go through five major points about sleep with you today, if we get through them all.

Sleep quality, sleep schedule, sleep hygiene, perception about sleep, because that was one of the huge things that I took away from reading your book, and sleep disturbances.

The thing that I think is the most immediately helpful and powerful piece of knowledge that I gained from your book is the difference between your perception of how much you sleep and how much you actually sleep. Can you explain the difference that you've observed in the lab?

[00:01:24] Dr Christopher Winter

To me, that's endlessly fascinating. I don't think I'll ever not find that to be really interesting. It can work both ways, there are people who believe they sleep more than they really do, and a lot of people who think they sleep significantly fewer hours than they really do.

We have a lot of sayings in the clinic, and one of the things is perception of sleep and reality are two different things. What I mean by that is, and it's really important because it has a lot of practical significance, is when an individual is struggling to sleep, there is often a process that happens where that individual's struggle will often start to make it seem as if he or she is not sleeping as much as they really are.

So the lab, or putting somebody in a sleep lab, offers us a very unique opportunity to take a look at that, because there are strengths and weaknesses of sleep studies. One of the strengths is we can measure your sleep down to the second if we want. It's not really negotiable or debatable. I've had to show people videos before who felt like they were just awake all night in the sleep lab.

I'll never forget showing one to a circuit court judge, a step below the Supreme Court, and she said, "I see myself sleeping there. But I feel rationally that you must have taken my face and captured it and done some sort of deep fake and put it on the sleeping body of somebody who's built approximately..." She was joking, of course, but she really didn't feel like she had slept. So it's really important and hopefully empowering.

It does upset people, as I mentioned in my book in that one unusual case. But for a lot of people, there's sort of almost a visible sigh of relief when you tell them, "Hey, I know it feels as if you're getting an hour of sleep a night for the last six years, but not only is that physiologically impossible, but your sleep looks great, and you slept really well during this study". For a lot of people, we used to say in neurology that MRIs could be diagnostic and they could be curative, that once you saw a picture of your brain and it was normal, that thing you were dealing with sort of vanishes and goes away.

I think sometimes sleep studies can do that, too, where you're like, "I felt like I didn't sleep. But, yeah, there's evidence I can't really refute". I think that to some degree, monitors, the sleep monitors we use, can fill that role. Although it's very easy to say, "Well, this Fitbit says I'm sleeping 6 hours. I know I'm not. So the Fitbit clearly doesn't work".

But I think when people understand that sometimes their perceptions can be a bit off, or way off from what's really happening, it lets them unload that burden and maybe change the problem from one of, I can get outside the box of what can I do in order to sleep? And maybe what can I do in order to sleep better, or more consistently, a workable problem.

Meagen Gibson

Because there's also, I'm sure part of that perception issue is the quality. If you don't feel rested, then there's that narrative of, "I didn't sleep at all", and when the truth is you did sleep, you don't feel rested because the quality of your sleep was differentiating throughout the night.

[00:04:50] Dr Christopher Winter

Right. There is a difference between saying you did sleep and you slept perfectly, or in a healthy way. Even if it turned out that the sleep study was perfect and we did 20 sleep studies on somebody and they were all perfect. What I always tell people is the fact that you don't feel your sleep is in and of itself its own problem. My job is not to prove you a liar. "Aha! You lie there. Let the witness show that. Here's the evidence and the jury..." That's not what we're trying to do.

The goal is to get you to a place where when you sleep those 6 hours that you are sleeping, you feel it. We all have those, even people who struggle with their sleep will tell you, "But there was this one Tuesday night back in May where I slept great and felt wonderful". How can we get that exceptional night to be the norm, is really what we're working on.

It's just transforming the problem from, how can we get this person who physiologically can't sleep to sleep, to one of how can we get him or her to feel their sleep and be rewarded by it? That's a workable problem. That sets us off down the pathway of success versus, "I've tried every sleeping pill. None of them work. What have you got for me?" We're in trouble if we can't get off that road.

Meagen Gibson

And along that road, I know that you've said that insomnia isn't a condition, it's a symptom. You're like, "Did I say that?" From the look on your face. I want you to unpack that, because I think we're going down that road of like, there's symptomatology, you don't feel rested, you have insomnia.

Let's start with breaking down the ways people can struggle with their sleep. So, beyond the sleep study, what are the ways in which people are struggling to sleep?

Dr Christopher Winter

Sure, and this gets back to the question you just asked of insomnia. It's really more of a symptom. I think in the book I talked about, it's like blood coming out of your ear, that's a symptom. There's not a, "Well, grandpa died in the war of blood coming out of his ear". Well, no, grandpa died of the war because something happened that created a hemorrhage that just exited his body through his ear. Shoving cotton into the ear to keep the blood from coming out fixes a symptom, I guess, but it's not really gotten to any underlying...

I think that's important because when we think about insomnia as a disorder, then it becomes, oh, well, insomnia is when the person can't sleep. So we give pills to make them sleep. I think that's where problems become versus why are they having these symptoms of feeling like they can't sleep? They weren't six years ago, but they are now. Why?

It becomes incredibly important to ask these questions because it informs our therapy. Because when we stop at a symptom, "I hurt, my elbow hurts". "Well, we could cut your arm off, that might solve the problem". But you didn't really solve the problem, you just dealt with a symptom in a barbaric way.

So there's lots of ways that sleep can go sideways. I think insomnia is one of them, where your expectation of sleep, timing of sleep, amount of sleep quality is not meeting your reality. There is a disconnect there, I expect to sleep from 11-7, not wake up at all, and feel great the next day, and

I'm not. So I think that mismatch between what I expect and what I'm getting and the way I feel about that is a huge part of what we do. And we would call that insomnia.

[00:08:35]

But there's many sleep disorders. I think there's 88 diagnosable sleep disorders that you can go to and see a sleep specialist and walk out the door with a diagnosis. There are a bunch of circadian disorders where the timing of your sleep doesn't necessarily match up with what's ideal for you. Shift worker, you travel a lot and go across time zones. You're a kid who likes to stay up until 04:00 in the morning playing Fortnite or Minecraft, and school's getting in your way in terms of the way you want to spend your time and sleep.

Blind people often have difficulty regulating that because they're not getting light impulses to their brain. There's a lot of breathing disturbances, sleep apnea, and things of that nature that make it difficult to sleep and breathe at the same time, which is a nice thing to be able to do. And then there's movement disorders, parasomnias, people who wake up and do strange things in the middle of the night.

There's a whole host of them. But the lion's share of what we see typically in the clinic is a lot of insomnia, a lot of sleep apnea, but there's many things in the middle there.

Meagen Gibson

A lot of people don't realize that... I live with someone with sleep apnea, that not feeling rested is because you've literally been laboring to breathe all night. Takes a toll on your heart, takes a toll on your body, takes a toll on your nervous system. If you're gasping for breath all night, of course you're going to wake up tired.

Dr Christopher Winter

Yeah, and extremely sleepy and incredibly capable of sleeping. We have this unusual situation where the person that you're describing has a tremendous sleep problem, and a tremendous general health problem. But often when you talk to that individual, their metric for good sleep is, "Yeah, but I get in bed and fall asleep like that, and I don't wake up. So I'm a great sleeper, but my wife takes her 30, 45 minutes to fall asleep sometimes she's a terrible sleeper."

I would almost reverse those things and say it's okay to get in bed, take 30-45 minutes to fall asleep. Clearly, she's not in need of sleep. But your rapid descent into sleep every time your body is still, at work, at a stoplight, in church, watching a baseball game, that's a little distressing.

One of the drums that I beat in my life is that, "Hey, sure, if you want to get in bed and fall asleep quickly, that's fine. You don't want to waste time. Just get right to it. Great." But we've really got to get away from, that's our metric for what a good and bad sleeper is, both adults and parents.

I've got two kids, one's a good sleeper, one's a bad sleeper. I guarantee you the good sleeper is asleep and falls asleep fast. The bad sleeper, it takes a little while for him or her to fall asleep. It's okay to think about these things, but that can be very misleading because I have a lot of people that come to our clinic with breathing disturbances, and you ask them, "Hey, I'm Chris, what can I

do for you today?" Like, "I don't know" "Really? You don't know why you're here?" "Well, my wife told me to come." "Well, okay. The picture is becoming clear now. Let me guess, you fall asleep like that, and she says you snore and she's counted 13 seconds between breaths". "Yes, exactly".

[00:11:48] Meagen Gibson

I don't know how you got into my bedroom, like, four years ago when we were having this exact scenario, but, yeah, that's exactly how it happens.

Dr Christopher Winter

That's right. It takes some time to convince people, but, yeah, it's a huge problem.

Meagen Gibson

And I think it's preconceived notions about what somebody with sleep apnea might look like or act like as well, like. My husband is a triathlete, he was training for triathlons when he developed sleep apnea. I just happened to come across an article that said that triathlon athletes who have sleep apnea are at a really high risk of dying in their sleep of a heart attack. And I was like, "Do a sleep study right now!"

Dr Christopher Winter

We have this image of the truck driver, no offense to truck drivers, you keep the supply chain rolling. Thank you for your support. But we do have this idea that they're bigger, 45 year old guy, heavy, sedentary job, behind the wheel of the truck. When you look at people like triathletes, not only is that a problem, because it's not the mental image of what we would think about for somebody with sleep apnea, but there's also a pretty built in excuse for his sleepiness.

"Well, he goes out and he bikes 28 miles and swims 4 miles, and he comes home, sits down to watch Wheel of Fortune and he falls asleep on the couch." But he's a triathlete, so nobody's like, "Why is he falling asleep on the couch?" Well, yeah, he went 38 miles today.

It's like carpenters, we always say the same thing about them. They hang sheetrock all day long and do all this stuff. They're busy, busy, busy. They get home and they nod off in their trucks, but they somehow make it home and they immediately fall asleep. And nobody questions it because they were building houses all day, out in the heat, of course they're tired.

There's certain jobs that really hide sleep apnea, versus the accountant. That's a tough one to hide because they're sitting there at their desk and they're nodding off. They'll come to see you, but the triathlete will just assume he's training too hard or he's not fueling, he's not getting enough carb-protein balance right. I love working with triathletes, they're always cognitively thinking about everything and how it all works out. But they're probably pretty easy to convince to go see a doctor because, "Hey, fix your sleep apnea, it could radically change your performance in some of these things if you ended up having it."

[00:14:10] Meagen Gibson

Yes, that's exactly what it was like. "Think about how much faster you'll be!"

Dr Christopher Winter

Yeah, absolutely. And that's documented, there's all kinds of research about that.

Meagen Gibson

Absolutely, I love that we covered that. I do also want to talk about the different types of, not so much insomnia, but trouble falling asleep, trouble staying asleep or waking up too early. Are they all symptomatically just different colors of the same issue, or are they caused by different things, do you think?

Dr Christopher Winter

I think in general they can be caused by different things. The adage that you always learned back when we were in school was, individuals who were anxious, had a lot of trouble falling asleep. Their sleep onset insomnia was their big thing. Depressed people had the awakenings before the alarm and couldn't get back to sleep. Sleep maintenance somewhere in the middle, you're waking up at 02:00 in the morning and going to the bathroom. You can't get right back to sleep again.

I think that when you actually look at the way sleep is structured, there's a lot more deep sleep, or slow wave sleep up front, a lot more REM sleep or dream sleep on the back end, that is where the problem is happening. If somebody says, my first half of the night is always great, I struggle with sleep maintenance in the second half or vice versa.

There can be clues there as to what might be going on. For instance, individuals who have periodic leg movements, these little funny leg twitches that are very genetic usually happen much more in the first couple of hours of the night than the last few hours.

If somebody says, "I really struggle to fall asleep, but when the alarm clock goes off, I feel like I was just starting to really get some good sleep, and I can sleep in till noon easily on the weekends or take a four hour nap", that might give you a little bit of a clue in terms of what might be disturbing it. Again, insomnia being a symptom.

Not all insomnia is somebody who's worked up about the current political situation, or the potential conflict with China's navy that they read about. That's freaking them out. It can be something is truly disturbing the quality of your sleep.

That's, once again, where we want to get to the root of the problem, because that individual is not going to come to our clinic saying, "My legs twitch once every 7.3 seconds during the night". Although if they're married to an engineer, she will come to the clinic with her partner and say, "I have done the calculation, about every 7.3 seconds, my partner's legs do this", but for the most part, they're oblivious to it, but they'll come and say they can't sleep.

[00:16:41]

The timing of those things can be important. If it's a medication effect, usually that's going to be much more upfront. As the medication is metabolized during the night, the sleep gets better. We always want to pay attention to those types of timings.

Meagen Gibson

There can be some, not necessarily simple, depending on what your relationship is with it, but, like stimulants or depressant substances, whether they be prescription, or just something like coffee and dark chocolate, can also give you an insight into which type of disturbance they're having.

Dr Christopher Winter

Absolutely. That's why it's really important when you sit down and talk to somebody about sleep that we always just go around the clock. When you wake up, what's your schedule like, and when do you exercise, and what's your work situation like? Is it consistent, are you working different shifts? You work your way around the clock and you end up with, what are you doing at night before you go to bed? What do you eat, what do you consume? Those things can be extremely helpful too, that whole sleep history.

Meagen Gibson

I'd love it if you could tell us now about the difference between fatigue and sleepiness. You touched on it just a little bit when we were joking about the triathletes, because I love that discernment that you made in the book.

Dr Christopher Winter

I've given lectures about that, I've got this big picture of a runner who looks like she has quit. She's just standing there with her hands on her knees. The point I always make, and I think the triathlete is a great example because, my guess is your husband knows fatigue, is a master of fatigue management, pain management. When do you push through? When are you like, "I don't have it". At some point, the body just can't go any further. We deal a lot in that because I think that our current medical establishment doesn't do a great job of differentiating tired.

In the book I write about the word 'tired'. In the English language, we often use it to mean different things. Your husband might say, "I'm not doing the big bike ride today I had planned. I'm going to back off and cut the mileage down for the next few days because I've just been a lot more tired lately than I have been normally."

What he's probably not saying is that he's worried that if he does the 28 miles bike ride, he's going to nod off in a saddle. What he's saying is he doesn't feel like he's recovered enough from previous workouts to have the energy that he needs. He's got a race coming up in three weeks. He can feel that his fatigue level in his body isn't right.

And we all have that. "Hey, coach, you got to take me out of the game. I'm just too tired to guard that guy right now". Pull him out, put the sub in, let that person who's fatigued maybe not feel fatigued, if he can rest a little bit. He's probably not saying to the coach, "Coach, I cannot keep my

eyes open out there. I keep nodding off and he keeps dribbling past me and scoring a bucket." That's not what they're saying.

[00:19:38]

So tired can mean fatigued. Tired can also mean being excessively sleepy. When somebody comes and says, "Why are you here?" "Because I've been so tired for the last eight months". It's really important to dive down into that. And it's okay if the primary care doctor didn't. I'm happy to do that, that's why we're here, because my job is to either figure out, is that tired something related to sleep and if so, let's figure that out and fix it.

If it's not, we can at least send that individual back with a better understanding that your sleep looks good. I don't think that's the reason why you're feeling the way you feel. And moreover, I think this has much more to do with fatigue in you than sleepiness.

Meaning that we have a lot of people who are excessively tired, who can't nap, and it routinely takes them 2 hours to fall asleep at night. That's not the behavior of somebody who's excessively sleepy. It's important to understand that, because even if we can't figure out what's going on, we can help reframe the symptoms in a way that's starting to point them more towards a potential diagnosis and hopefully a treatment.

"Listen, I think you've got like a tick borne illness", or "You're B12 deficient", or "This is depression", or "This is clearly something from the medications that you're taking for your whatever" versus "You've got a sleep disturbance, either in quality or quantity, that we need to address."

Because it's very easy, if you were feeling great a year ago and you're not feeling particularly energetic now, to think based upon the current climate, what's on social media, "I just got to sleep better. If I could just sleep better or more, I could get back to the way I was feeling a few years ago". Maybe. Maybe it has nothing to do with... It's almost like "If I could just eat more chicken". "Why do you think that?" "Well, somebody said eating chicken is really good for you because it's got a lot of protein in it." "Well sure, but how did you connect chicken with the fact that you've been feeling poorly for the last two years." Nobody does that.

But there's just something very natural about waking up and feeling terrible and thinking, "If I could have just done something last night, I would have woken up and felt better". We're always trying to help people navigate those waters.

Meagen Gibson

It's hard, too, because feeling rested and the currency of rest is valuable. And people, if they're fatigued, you don't feel hopeful and like, you can really charge through your day and bring your best game to whatever it is that you do during your day, whether you're a stay at home parent, or a teacher, or a neurologist. It's no wonder people are constantly trying to jockey that and eat more chicken so that they can kick butt during their day.

Genuine sleepiness, though, not fatigue, what is genuine sleepiness?

[00:22:36] Dr Christopher Winter

Sleepiness is drive to sleep. Genuine sleepiness to me, looks like "I don't go to church anymore because as soon as I sit down on the pew, I nod off." Or "Timmy keeps getting letters sent home from his 11th grade teacher saying that he is falling asleep in class", or "I'm not sure what happened. I was driving down the road. The next thing I knew, I was sitting in the median because I had nodded off".

So sleepiness is drive to sleep, and we've heard it all. I'm sure most sleep specialists have. "I have fallen asleep during intercourse". I had a patient who fell asleep during their wedding ceremony while the preacher was really getting into, "We are gathered here to..." And he was doing that. And it's on the wedding video, which is not exactly what the bride wants to see, most likely. Patients fall asleep during errands, concerts, you name it.

When an individual is building a desk on a treadmill because she's determined that's the only way she can get any work done. It's just she's walking 3 miles an hour to do it, that's eliciting this idea that your drive to sleep seems higher than it should be.

Why? What is your sleep schedule? "I go to bed at midnight. I get up at 04:00 every morning, train for my triathlons". Okay, well, that's pretty obvious. I know what's going on, I think.

Or "I get home from work, take a three hour nap, wake up, try to get the kids lunches packed, make dinner, sit down, fall asleep in front of the television. My husband wakes me up. We go to bed, we go back to sleep together. On a weekend I'll sleep almost the entire weekend away, and I still cannot stay awake". Okay, well, that's not a sleep quantity picture anymore, there's something wrong with the quality of your sleep, which is a lot of what we do.

That's, again, that idea that what concerns me more? The patient who can't sleep or the patient who sleeps too much? It's the latter, for sure. What occupies more time in chat rooms on social media? Not even close. In fact, we did an article on hypersomnia, we did a podcast on hypersomnia in kids. I keep a little log of all the media that I do. If I do an interview for a newspaper or magazine, I think there was, like, 500 of them or something like that.

I went back to see how many of those articles were about excessive sleepiness. It was one. One woman from Prevention Magazine wrote an article about people who are excessively sleepy. 99% were, how do you fall asleep? What's the best mattress for falling asleep? What's the best sleep master for falling asleep? What's the best temperature? What are three hacks for not falling...?

I think insomnia is a very important topic to pay attention to, but it's so disproportionately tilted towards that, because once again. "Oh, what is he complaining about? That guy falls asleep everywhere. He's good at sleep". Probably not. Probably something else going on there a little bit. So that's the kind of things we look for.

Meagen Gibson

Absolutely. And I'm thinking about people like, I have a neighbor who does night shifts in the NICU and has two kids in school. So not only is she on shift work, but she sleeps in three or four hour spurts, as she can, so that she can be a present parent in the afternoon. And then on her days off, she's expected to just be a normal person with a normal sleep schedule. It's hard. I was a news

reporter for the better part of a decade and worked a lot of overnight shifts, as do doctors. It's a rough thing to have to encounter.

[00:26:11] Dr Christopher Winter

I'll plug somebody else's book, Diane Macedo, who's a correspondent with ABC News, just wrote a book called *The Sleep Fix*. What I find so fascinating about it is the telling of her life within what you were just describing. There's lots of people who have difficult work situations, but there's something really rough about, "You got to be up at 03:00, we'll go through the news of the day, and so you can be ready for your 6 AM..." I don't know how those individuals stay in that business that long.

Even when I was going through residency, I thought if I had to do this for a living, I would die early. And I'm being totally serious. I felt my body dying. But the thought is, okay, get in, get out after three or four years and you just get a real job and your body heals because you were young. It's not that big of a deal.

I just watched some documentary on Three Mile Island. It was like these people would go in to do things, but it could only stay there for like a minute and a half before they had to get out because the radiation would just tear themselves apart. That's kind of what it felt like. So I don't know how you all do those kinds of things. And so I thought her accounts of that were really interesting.

Meagen Gibson

It was a lot of Dr Pepper and a lot of snickers bars, if I'm honest. The things you do when you're in your 20s.

Dr Christopher Winter

That's exactly right. One of my favorite questions to ask patients is, when they indicate on their list smoking, is why do you smoke? Which is a fascinating question. I try to ask it as much as I can. Or if somebody didn't smoke, you don't ask. But if somebody smokes, why do you smoke? Those are some really interesting answers. And for people with excessive sleepiness, it's often, I don't like it, I don't want to, but it's just what I do to keep myself awake at work, slip out, go outside...

Meagen Gibson

It's an arousal tool. To keep yourself engaged and stimulated.

Dr Christopher Winter

You see that in young people, in universities, and the military is a big one where the shifts you're working on the naval boat when you're out in the Pacific are crazy. So they're all dipping and using nicotine and things because they're trying to artificially keep themselves awake, and drinking a lot of coffee, and a lot of Red Bulls and Monster Energy and things like that. Which can be not such great consequences there, too.

[00:28:33] Meagen Gibson

Absolutely. So we all know we shouldn't consume that stuff. We're trying to sleep.

Dr Christopher Winter

Yes. Nothing wrong, I have no problem with caffeine. I drank some earlier today. Latte is wonderful, but just, it should never be a crutch. I always ask patients, "Do you like the taste? Is it part of a ritual, or do you need it?" Like, "I have to start my day with caffeine", that's probably not where you want to be. And certainly in not excessive amounts and not late at night before you're trying to sleep.

Meagen Gibson

Right. If it's required for function as a human, that's something.

Dr Christopher Winter

That's a good rule for sleep in general. Use a noise machine. Great. If you went on a cruise and as the boat's pulling out, you realize you left your noise machine in the car, are you jumping off the boat and swimming back to the dock? Or is it like, "Oh, it's no big deal, I just like it, but if I don't have it..." That's the space you want to be in right there. Night lights and noise machines and things. We're enhancing sleep, we're not depending on it.

Meagen Gibson

So I shouldn't fly internationally with my dome?

Dr Christopher Winter

No, I think that's perfect for... It's funny you say that.

Meagen Gibson

It's heavy, but I'm always like, I've got to take it.

Dr Christopher Winter

There's a little one, I've got it around here somewhere, it's like the size of a hockey puck and it's called The Rome. It charges with the cell phone.

Meagen Gibson

Oh, my gosh. You've just blown my mind.

Dr Christopher Winter

Yeah. You just charge it up, and we always travel with it, so that way if we're tight spaces, or with kids or you don't know what the noise is outside. I'm prone to Catathrenia, where people have this sort of expiratory moan, which doesn't bother me one bit. But I think sleeping next to somebody

who's, "Uhh" all night long is not great. So you just bring a little noise machine there and you're good to go. I can't prove I do that, but I've taken on good authority that from time to time we'll have that going on.

[00:30:29] Meagen Gibson

What's that called when people do that when they're eating? I have a couple of family members that do that when they're eating. They don't know they're doing it at all. We're a little segue here, but now you're fascinated.

Dr Christopher Winter

I would have figured that one out, that's a good one.

Meagen Gibson

We'll talk offline.

I do want to talk about, back to arousal just for a minute, because I know that you mentioned in the book, the phenomenon where you're super sleepy on the couch, you fall asleep on the couch, you're watching something. And then you get up and you go to bed and you're just like, wide awake, and you're like, what the heck? Explain that phenomenon.

Dr Christopher Winter

I think it's the phenomenon if anybody has kids, or if you played sports growing up, the way I always describe it is it's the basketball that you've stumbled upon on a playground, versus shooting free throws for the championship. It's the same act. You're on a hard surface with a line that's a certain number of feet away from an iron hoop. You're holding a rubber ball. My guess is if you're just sitting around shooting free throws for fun on a practice court...

I remember one time I was waiting for my son to finish something and found a basketball at his high school, and I think I made nine out of ten free throws. I couldn't believe it. I was at one point, it was like seven in a row. I'm not a very good basketball player, that's why I wrestled. I would never be able to do that in a game.

In fact, my alma mater's University of Virginia, we won a national championship not too long ago, and there was a player named Kyle Guy who had to shoot three free throws in a row to win the game. And I remember thinking I could never do that. If you have no idea how crazy charged University of Virginia people are, and this guy had a chance to be a legend, he'll never, ever buy a drink again in Charlottesville, Virginia.

He just has to make three of the biggest freeze, and he nailed all three of them. My guess is that guy's a pretty good sleeper if I ever met him and talked to him. So it's that, it's when you're on the couch, what are you trying to do? You're not doing anything. You're watching a couple of episodes of British Bake Off and kind of interested to see if it's the old guy or the young woman who's going to win the pound cake competition or whatever they're doing at that point.

[00:32:44]

And you fall asleep because the one thing you're not doing is really trying to sleep, trying to stay awake. You don't want to go to bed too early. I'm curious about the outcome of this thing. Maybe I'll turn it over to the sports center and see if my favorite team won the game. That's what you're trying to do. But as soon as you turn the TV off and walk the 15 steps to your bed, there's now a new mindset. I have to sleep now or else terrible things will happen to me tomorrow.

So it's a really interesting thing to hear people talk about that. The longer that persists and the more chronic it becomes, suddenly your room is now the place where the awful trying-to-sleep starts to happen. There's patients who'll say "I sleep better when I travel" or "If I get up and go to my kid's room. He's in college, but if we go to sleep in his room with the sweatsocks and pennants and posters everywhere, I sleep much better".

It's like the smoker who doesn't smoke, but if she goes to a bar and there's alcohol, it kind of reminds her of undergrad. Oh, she really wants a cigarette. We very much can be influenced by our environments.

I've told people before, if you want to change the color of your bedroom and move the furniture around, put some different art on the wall just so you're reassociating it with the positive place, which can be very difficult. Easy for me to say, make it a positive association. But for people who struggle, I do an episode of my podcast every week, but the first Monday of every month, I try to make it about insomnia.

One of the things I didn't think I addressed particularly well in the book that you were referring to earlier was how traumatic insomnia can be and how some people refer to it, almost like a mini PTSD. When you're saying to somebody, you actually slept 6 hours last night, it's not diminishing the trauma, and the trauma is huge for a lot of people.

I was talking to a patient one time, and he told me a story about something. His father had been abusive growing up, and when he went back to his old house to sell it, when his father had passed away, he didn't really think much of it. But as soon as he walked into this study where I think a lot of the belts came off and you got spankings for bad grades or whatever, he was physically ill, right next to the realtor, who felt nothing.

They walked in the exact same room, one person feels absolutely nothing, the other person vomits. Why? It's because of the association. There's an association there of something that happened years ago. He'd forgiven his father for it, but it's still powerful.

We have to remember, for people with insomnia, when they lash out at you, "You don't know anything about sleep. Your book's trash. One star. Terrible, terrible, terrible". I don't take that personally. It makes me want to reach out more. I hear you, I know it doesn't feel good when you read that and think, "You're saying that I don't have a problem". No, I'm not saying that at all. You've got a big problem. It's just not exactly what you think it is, and we're going to hopefully find ways to work together to get you out from under that trauma, because it's kind of massive in a way.

We see it in that example that you just gave. I can do it here, but if I move to this environment, I struggle. That's why I always tell people, if you're having trouble with insomnia, go quickly to a

sleep doctor. Don't wait years for it to happen, because the quicker you can get around that and not let this acute thing, which always starts somewhere and it's usually trivial. "I was a great sleeper until the divorce, the job loss, the Yankees lost the World Series, whatever". If you can address it then, it's no big deal.

[00:36:39]

My wife's a schoolteacher, and I've always been fascinated by girls who get turned off by math. That's kind of a thing in education, that if something happens earlier in there, they say an answer and the boys make fun of them in the class, and now they don't talk, and they're stupid and they're not good at math. They'll determine as a fifth grader, they're bad at math. No, you're not.

Meagen Gibson

Sometimes even earlier than that. I have a fifth grader.

Dr Christopher Winter

I'm not a teacher, but... I always think that if a great math teacher comes along in that child's life and shows them a monkey can do math, you can do math. It's just practice and having the right instruction, the right attitude about it, you can radically change that person's course of education. The same thing is with sleep. But if you let it fester and they get old, it's hard to convince the 32-year-old who went into interior design. No, you were awesome at math, you just had a terrible teacher, and circumstances that led you down a path where nobody got you off that path onto something else.

That's what we're trying to avoid, is that malignancy that can come about with insomnia very easily. It becomes less of a problem and almost more of a personality identification. "My name is Chris, I'm a sleep doctor. I am reasonably good at this, and I'm short, and I've got three kids." That's how I identify myself. When you start to identify yourself as, "Yes, I'm this, I enjoy this, and I'm a bad sleeper, and nobody can fix it", that becomes almost a completely different entity than just somebody who struggles to fall asleep.

Meagen Gibson

I love that you really validated that because you name the people that come in and don't know why they're there, because somebody else has forced them. But are there people also that come in and they say, "I've done everything I can think of. I've taken all of the electronics out of my bedroom, and I have dark curtains over every window, and I have a noise maker, and angels come down and wistfully put lavender under my nose before I fall asleep, and I still am struggling."

And then you tell them you're sleeping fine. I love that you named that, you want to validate... I know the data says you're sleeping, but I know you're also still struggling and you don't feel rested. So let's get to the bottom of it.

[00:39:03] Dr Christopher Winter

Absolutely. Sometimes there is this, it almost kind of borders on, and I'm certainly not trying to diminish, like, a body dysmorphic... The person comes in, she's 42, she's in a Lululemon outfit, clearly just gotten back from the gym, looks like she's 30, and telling you how dysfunctional she is. There is a little bit of, I'm not trying to minimize your struggle, but let's take a step back here. Let's get 100 doctors lined up in the room and just take a look at you and give me some impressions. Fit, youthful. Seems... Not that you don't have a problem, but as a neurologist, my definition of dysfunctional, which is a word that's often used in the clinic, is a little different from what I'm seeing right here.

You got up, you got dressed, you found my office. You used a phone to navigate. You operated the car. You didn't wreck, you didn't hit anybody. You're giving me a great history. You didn't fall asleep, that's a big one. It's one of those things where it can really build upon itself, and our current medical system doesn't do a good job of lessening it.

In fact, I would say we worsen it. Let's give sleeping pills. And when that sleeping pill doesn't work, A) how are we defining work? B) when it doesn't do what that patient thought it was going to do, how does that change? "Oh, my God. This was the brand new pill that this doctor said would work, and it didn't work. I'm really screwed up." And they'll come in and say, "No pills work for me as if I've got a thing growing in my head. And none of the treatments are working. Nobody knows what to do."

Meagen Gibson

It seems, from what you're saying, that the pill is like the cotton ball in the ear for the bleeding.

Dr Christopher Winter

It very much is. But nobody ever takes the time to really dig a little deeper and get to the source of the problem. The current treatments almost reinforce the problem in a strange and difficult way. And when the doctor says, "I don't know, I don't have any more sleeping pills to give you", what is that message? To me, that's the cancer patient who the doctor says, "I don't know, I'm sorry, we have no more clinical trials for you, so you just need to go home and let nature take its course". That's, I think, what they're hearing, which is truly awful.

When somebody comes to see me who's been down that path, my first thought is, I'm incredibly thankful that they even tried. Do you know what I mean? Like when the doctor says, we have no more chemotherapy, I'm probably not going to go to another cancer doctor and say... I would believe her when she said that to me, that she's exhausted everything. I don't think anybody's hiding it from me.

So when somebody actually takes a leap of faith and says, let me try one more sleep doctor, and see what he has to say, because he had a book, or I saw him on news thing or whatever, you're like, "Oh, thank God for that book, if that's what got you in here", anything to get you in here just so we can have a conversation.

[00:42:02] Meagen Gibson

How do you assess somebody for stress and the role that that's playing in? If you come in, somebody has a great sleep study, and you've assessed everything else and you're like, "Actually, you just have entirely too much stress". Is that something that you can help them develop a treatment plan for, or how do you handle that?

Dr Christopher Winter

I think we can get the ball rolling. So many issues related to sleep, and particularly insomnia, don't work without stress. If I meet somebody at a dinner party and tell me about your sleep, "Well, I go to bed at 21:00, it takes me about 2 hours to fall asleep". My first question would be, how do you feel about that? "Oh, I don't care. It's fine", you're probably never going to have insomnia, but you're also probably never going to start a successful company or rise to the top of your journalism profession.

I've always found that within a sleep clinic, we see the most interesting, motivated, driven, passionate, gritty hustlers. Because you have to have those tendencies for the anxiety and stress to affect your sleep in that way. If you're just selling, I always tell people, if you're just selling hacky sacks at Fish concerts and, "Hey, man, buy the hacky sack or not, I'm just going to hang out, watch the Fish concert. I don't really have much of a care about the way things work", the insomnia doesn't work.

I have two sons, and I always looked at them the way they would approach sports, and one would always be calculating. Like, "I've struck out three times in the last seven. If I strike out two more my next four at bats, I'm going to drop below this batting average, which will put me in the bottom half of the team." Wow, that's a lot of math for a 13-year-old to be doing in a meaningless game. Let me tell you something, you think it's important? It's meaningless. I will forget it by the weekend.

Versus my other son, who would strike out 30 consecutive times, and he'd get up to the bat, in the 31st, and you could tell in his face he thinks he's going to hit a home run. No, he's not, he's going to strike out 31 times. But the history didn't even... "I'm going to hit a home run. Here we go!" It was great. The memory of a fruit fly or something, it was great. He's a perfect kid to coach because everything just kind of, "Eh, I don't like her. I still get dinner". That's what he was concerned about. "Do I get dinner? Yes." No matter what you do in the game, you still get the same hamburgers.

So to me, I think that's an important sort of situation there in terms of that stress. We're not trying to get rid of it, we're just trying to help people manage it or compartmentalize it. I'm a huge Stephen King fan. I love the book *The Shining* and the movie, Kubrick fan. And then the follow up was called *Dr Sleep*, which was clearly a message from God that this is for you, Chris.

But what I loved about that movie was this idea that he had taken these things from his past and had literally made these little mental boxes for them. It's a really cool concept. They do a great... I thought they did a great job in the movie, putting that physically, what was in words. But I love that.

You're not trying to get rid of the stress. I just need you to manage it. It's like a laser. Point it toward your business. Point it towards your relationship with your significant other. I just need that when

you go to bed, you just point it somewhere else. That's a skill, just like hitting the ball, just like anything else we do in life to be able to harness that, control it.

[00:45:41]

The other analogy I gave, which might make sense to some people, I don't know much about comic books, but my kids were really interested in the X-Men. And one of the X-Men shoots lasers from his eyes. It's like his name is Cyclops. And when they found him, he's just a high school student destroying everything because it's just randomly shooting out of his eyes. But the professor guy who's in charge of all these mutant kids with special powers makes him these glasses that allow him to more easily harness it and control it. Now you want to shoot the bad guy, you can, but you don't blast your aunt when she comes to visit you and gives you cookies. Laser her to death or whatever.

I love that idea, that anxiety, we use that as kind of a curse word, but it's a powerful tool. I want my neurosurgeon, as they're creeping around trying to find the injuries in my brain, I want her to be one anxious young woman I don't want, like, "Well, it's here somewhere. I don't really care. I'm not really thinking too hard about it". No, no, no. I want it to be all consuming for her.

So that anxiety can be a real source of strength and power, just not when you aim it at your sleep. So that's a lot of what we're trying to convey to people. And I think that starts with good education. It starts with that individual knowing it's impossible not to sleep.

So let's start there. So thank God. Or, "Hey, you don't have to sleep eight hours, you can sleep seven". I mean, so many people just saying something like that to them with some authority, like, "Really? Because I heard if you don't get eight hours, you have a stroke by the weekend. I don't want to have a stroke by the week because I have plans". No, that's not how that works. You may not be somebody who needs eight. Eight is in the middle of a bell curve distribution, you're just over here a little bit.

Meagen Gibson

You might be nine. You might be six.

Dr Christopher Winter

Exactly right. What were Mom and Dad like? That's one of my favorite questions to ask patients. How much did Mom and Dad sleep? "Well, Mom was a neurosurgeon and Dad was this big corporate lawyer. I never saw them sleep". Okay, well, there's some genes that might have gotten passed down there, so let's talk about that a little bit.

Meagen Gibson

You touched on this just a little bit before, but I do want to wrap up with this question so that people are clear. When is it appropriate to get a sleep study? How do you know that you should get a sleep study?

[00:47:53] Dr Christopher Winter

I don't think it's ever not appropriate. There are certainly people, I don't necessarily want everybody to have a sleep study just because I don't want to waste their time or their money. But I always tell patients, "I think in this situation, maybe we could keep a sleep diary. We'll restrict your sleep to this schedule. I really want you to try to exercise more. And if you come back and see me in a month or two and things aren't better, we'll do a sleep study".

But I always give the caveat, but if you really want a sleep study right now, that would make you feel better or you feel like something's going on that I'm just missing. I would never say no to that. I always find it strange when a doctor says no to the patient that wants an MRI. It's okay to give guidance. "Hey, listen, I don't think you need an MRI for this random headache you had. It's okay". But if a patient says, "I really want one, and I understand it might be \$2,000 deductible", I'm not going to say no.

I have been on the other end of that, where I've been like, "I don't think you need it". And the patient says, "Well, I'd really like to have one. Make me feel better". Great, you do it. And the patient was right, like, "Hey, got some interesting news for you here". I've done that with my own family members.

Doctors, we're a team with our patients. We're trying to make decisions together. I've got a little bit more experience, but you're going to know you better than anybody's ever going to know you. I think the sleep study is kind of like that. I don't think it's ever not appropriate to do it. Now, there are home studies and in-lab studies, the home study is really only appropriate for looking for sleep apnea.

If you're a 28-year-old woman who's very fit and doesn't snore, and doesn't really have the classic signs of sleep apnea, I'm not sure the home study is particularly helpful. Conversely, if you are that truck driver who every time you come home and spend the night next to your partner, and your partner says, "You're terrifying me, you stop breathing for, like, 32 seconds at a time". I don't think you need the big study. The home study is perfectly fine.

But talking to a sleep doctor about that is never inappropriate. I don't think I've ever done a sleep study in my entire career where I felt like I got nothing from that. There's always something, even in normal studies, telling us all kinds of things.

One of the things that always irritates me is when a patient comes, he's like, "Well, I had a sleep study a year ago". What did it show? "They said it was nothing. Didn't show anything". That's never true. It always showed something.

It's like, what did the MRI show? Nothing. Oh, so where your brain should be, there was just a black hole? No, there were all kinds of things there. Now, every one of those hundred things could have been normal, but we need to know about that and talk about that and make sure all 100 things were checked and were normal, because that sends us down a pathway. There's always data, even if it's not pathological data.

[00:50:39] Meagen Gibson

Fascinating. I love that point. It's data of you. And over time, especially comparatively, if somebody said they had a sleep study a year ago and you're going to ask them to do another one, the comparison of the two will tell you a lot, too.

Dr Christopher Winter

Absolutely. People always ask, as a neurologist, what's my favorite test? It's neuropsych testing. It's two and a half hours of doing all these interesting things at the end of it, like, "Well, you have good word finding, but your problem solving is a little straight. And that pattern looks like this". But it's not only remarkably helpful in the moment, but three years from now, if you're still feeling like you're having more problems and you repeat it, now we can look and see how you've changed over the last three years. Yes, there's even more value in that sometimes. So sometimes we repeat studies and that can tell us all kinds of things.

Meagen Gibson

So last question, and then I'll probably let you go. But since you have this athletics interaction and specialty, what is the thing that athletes suffer with the most when it comes to sleep? What makes them unique when it comes to sleep?

Dr Christopher Winter

What I think makes an athlete unique is not the anxiety they feel. I think the modern athlete truly understands how important sleep is to their performance. But unlike so many other situations, it's a little disingenuous for me to say, "Well, if your sleep is poor and you don't pitch well tonight, who cares?" That's what we tell our kids, you still get dinner or whatever. But there is certain, "Well, if you keep pitching poorly, you may not be wearing that fancy uniform that you've gone on right now".

They've reached the level where performance is so fine-tuned and there's so many other people trying to get their spot that I think that pressure takes a certain skill-set to manage because I can't lie to them. "Oh, don't worry about your sleep. You're going to pitch fine no matter what."

But there also is a truth, which is you've slept well for 29 out of the 30 days. I'm not sure that one bad night of sleep is that meaningful. It's sort of like, have you ever played a game where that night you just skipped lunch, or that day you skipped lunch? My guess is you have, you would never go to your manager and say, "Hey man, you got to take me out of the game today. I can't play". "Why?" "Well, I never got around to eating lunch. I'm finished". That doesn't make any sense. We do have this idea that eight hours of sleep we can perform, six hours of sleep, we're impaired, we're dysfunctional.

That's one of the nice things when you work with military people, triathletes, medical people, we're all very aware that you can be quite functional on no sleep because many of us were on call, and never even saw the call room, we were still putting needles in people's necks. Is it the best we could do? No, I don't think we are at our prime. But we're not, "I don't know what to do with this needle. And what's a neck? I have no idea". No.

[00:53:44]

So listen, most common reason you die in a hospital is because of medical mistakes, so I'm not advocating for sleepy doctors, but when you come out of residency, one of the things you know is, "Oh, as long as I get three or four hours, I can function, I can do my job".

What's really fun when you talk to athletes about that, is so many of them have a story of some disastrous night and the next day when they played, it was their best game. All it takes is one of those.

It was a guy for the Giants one time who said, "You know, I thought when you said that to me, you were full of shit", is what he said. That's a quote. He said, "However, during that next season, I had a game where I had two home runs. That was a night. I was up all night with my two kids who had some sort of viral stomach, whatever, bacterial thing". And he said, "I thought about you. He goes, I couldn't remember what your name was. I would have called you, but I thought of you like, yeah, I had two home runs for the first time in my life after a night of my worst sleep."

So there you go. You can perform, and perform quite well. We just don't recommend you make a habit of it.

Meagen Gibson

I'm no professional athlete, but I've also totally personally found that to be true as well. I used to have a narrative that if the kids kept me up or something, or something happened, that I wouldn't work out because I was so tired. And one day I just decided to challenge that notion. And now if I don't sleep well, I'm going to have a fantastic workout. I know it's going to be a great run or something. It's actually going to be a better workout, which is weird, and I don't understand why, but it works.

Dr Christopher Winter

We did research on, we took medical students, when I was in medical school, and my buddies were a lot of the subjects. We would come in, and one night they would sleep normally, the next night they were totally sleep deprived. And the third night they had their sleep ruthlessly interrupted all night long with this C3PO alarm underneath the bed, which is a great story. And what was interesting was, after the night of deprivation, for the first few hours after they woke up, they all had a sense of being elated and fired up, and their cerebral blood flow was actually really good.

I think it's that you pull an all-nighter for the art history exam, and you get in there. Titian, Raphael, bam, bam, bam. And you get out at like 13:00, you crash. But that morning, there's something euphoric about it for some people. So I think that's a good thing, is just to push on through.

Meagen Gibson

Yeah. And then usually sleep pretty well that next night.

[00:56:10] Dr Christopher Winter

Usually pretty well the next night. That's exactly right. And that's something you always want to pay attention to. Everybody who's watching this is going to have hiccups in their sleep. It'd be weird for me to meet a 52-year-old woman at a dinner party, "I've never had a bad night sleep in my life". Really? Don't go anywhere. I need to get your name and number because I have questions for you.

We're going to have difficulty, so how will you manage it? And maybe more importantly, how will you think about it? How will you internalize it? Like, "Oh, bad night. I'm going to go hard today at the gym, and I'll bet I'll sleep really well the next". That's where we'd like everybody to be.

Meagen Gibson

Fantastic. On that note, I will wrap it up. Thank you, Dr Christopher Winter.

Dr Christopher Winter

You bet. Thank you for having me.

Meagen Gibson

Such a delight. And where can people find out more about you and your work?

Dr Christopher Winter

Sure. [Instagram](#), [Twitter](#), [TikTok](#), if you dare to go there. It's all @DrChrisWinter.

My podcast is [Sleep Unplugged](#). New episodes every Monday. And then my books are *The Sleep Solution*, *Why Your Sleep's Broken and How To Fix It*, and *The Rested Child, Why You're Tired, Wired, or Irritable Child May Have a Sleep Disorder and How To Help*. And that's available in paperback as of a few weeks ago.

Meagen Gibson

Awesome.

Dr Christopher Winter

Yay.

Meagen Gibson

Thanks again so much.

Dr Christopher Winter

You're welcome. Thank you. Have a good day. You.