

AI TRANSCRIPT FOR BRAAAINS PODCAST EPISODE 002 - SLEEP (BRAAAINSPodcast.COM)

00:00:10 - Sarah Taylor

Welcome to Braaaains, a podcast exploring the inner workings of our brains and how film and television portray them. Hosted by me, a film and television editor, Sarah Taylor,

00:00:20 - Heather Taylor

And by me, writer and director Heather Taylor, aka the Taylor sisters. So before we begin, we wanted to acknowledge the lands from which we've recorded this podcast are part of territories that have long served as a gathering place for diverse indigenous peoples. And we are thankful as guests on this land to be able to live, work and gather.

00:00:38 - Sarah Taylor

Here on today's episode, we'll be talking about sleep. Woo. How to get some why it's so important, and why for some people, it's so elusive. We're going to be talking to Dr. Kristen Casey, a clinical psychologist, author, social media contributor, speaker and consultant about the impact of sleep on our brains and beyond.

00:00:57 - Heather Taylor

But first, Sarah and I are going to talk a little bit about our own experiences and lack of experiences with sleep.

00:01:05 - Sarah Taylor

So I have a daughter, she is almost six. This weekend she turned six. So sleep has changed a lot in my life since having a kid. And just recently I've realized how much I appreciate having good quality sleep.

00:01:22 - Heather Taylor

People used to make fun of me because I could sleep anywhere. Like I would sleep fall asleep in the middle of parties. It's true. I would just like, it's time to sleep. And maybe it's because I'm getting older that I'm finding that I do have more interrupted sleep. And it may be just, and also the last two years, I'm sorry, but my brain is full of existential dread. And yeah, I think it really has impacted my sleep.

00:01:51 - Sarah Taylor

I think one of the biggest things that we can learn or realize about any of the topics that we're going to discuss in this podcast is that to take it with curiosity and to be like, oh, what are we going to learn? And then things become more exciting. And for me, sleep has always been a challenge since I was a kid and it was severe anxiety. I would like. Going to bed was scary. I didn't like it. And I think even as a kid I slept walk like, I'm sure Heather's got stories. There was one time I woke up and I thought I was in my bed and I thought my feet were touching my. So my bed was set up and I had a dresser next to kind of like where my head would be, and I woke up with my feet touching something. So I thought I had turned sideways and I was touching the dresser with my feet, and then I saw flame and I was like, what the hell? Where am I? And I was

behind the furnace. Somehow my room was in the basement. Somehow I got out of my bed and walked behind the furnace. There wasn't much space. And then I had this blanket that I liked to sleep with. Do you remember the sick blanket? It was like this knitted blanket that grandma made it. Anyway, there was like two x fours with nails leaning against the wall by the furnace. The blanket was tangled in the nails. I had scratches all around my arms and legs. I was like, 15 or 16. I ran upstairs to my mom's room and stood over top of her. And this is what my mom always had stories of me. Like, I would always wake up in the middle of the night scared. And I'd come and stand, but not want to wake her up. So she'd wake up to me, like, covering over her bed, but I was, like, so freaked out. So when I'd stand there, she could wake up with a gasp. So she did that. And I thought that, I know the furnace monster. So I jump on her. But I'm, like 16. I'm like a full grown human and I'm bleeding. And she's like, what is happening? So, yeah, sleep has been interesting. We have some fun, interesting facts that we thought we would share about sleep, because why not? One of the first ones is. So, did you know that sea otters hold hands when they sleep so they don't drift apart from each other? And this is extra cheesy, because when I first was dating my husband, he told me that I would always grab his hand at night and hold his hand when we were sleeping. So then, for our wedding invitation, I have it right in front of my computer right now. My little sister drew two otters holding hands. And then that was what was on our wedding invite.

00:04:13 - Heather Taylor

Full circle. Full circle. One of the facts, I'm going to stick with animals. I saw this one that said, and of course, I don't know, these are from facts, from, like, 25 interesting facts about sleep. So I haven't studied. I haven't done research. We're not experts in animals and sleep, but these are just cool. So the one I saw was like, that dolphins and whales only sleep. Only one half of their brain sleeps at a time, so that the other half can make sure that they go up and get air and then come back down. So I thought that was really cool. I talk about clones, but I totally. If I could make my brain sleep at different times so I could just work 24 hours a day, I would do that.

00:04:53 - Sarah Taylor

I know, but I don't want you to do that.

00:04:54 - Dr. Kristen Casey

I know.

00:04:55 - Heather Taylor

It's not good for me, not good for you.

00:04:56 - Sarah Taylor

But maybe it would be good for you because there's only half your brain.

00:04:59 - Heather Taylor

I think a lot about, like, I'm almost like, which shark is it? Sand shark? No, there's quite a few sharks that have to continue to swim to live because that's how they breathe.

00:05:11 - Sarah Taylor

Yeah. I feel like sometimes maybe you're part shark.

00:05:14 - Heather Taylor

Part shark.

00:05:15 - Sarah Taylor

Did you know humans are the only mammals that willingly delay sleep? I sometimes call it sleep. What do I call it? Revenge waking. I can't think of the term. There was a term where I was like, I'm so tired, but I need to watch the show, or I need to do this thing.

00:05:30 - Heather Taylor

Stay awake. Sleep. Procrastination is what I suffer from. It is something that I think some people have because there's like. Or it's just like, again, your brain is still going and your body's like, I'm tired. But your brain's like, you should stay awake now, so you need to eat some food. And I'm like, no, you do not need to eat any food right now.

00:05:49 - Dr. Kristen Casey

Go to bed.

00:05:50 - Heather Taylor

But it's like, dopamine, please wake, wake, wake. And you're like, no, sleep time, sleep time. My husband's like, he doesn't like people touching him when he's sleeping. So he's like, we'll have a little cuddle. And then he's like, sleepy time.

00:06:03 - Sarah Taylor

He makes me move.

00:06:05 - Heather Taylor

I get it.

00:06:05 - Sarah Taylor

But he's like, sleepy time.

00:06:07 - Heather Taylor

And I'm like, all right, I get you.

00:06:09 - Sarah Taylor

When I first had Charlotte, she would go to bed and then I would be super tired and I could probably just fall asleep, but then I would be like, this is my time. And then I would stay awake till two in the morning watching tv, which in the end did not result in good things. So I don't do that anymore.

00:06:25 - Heather Taylor

We were so fascinated with sleep. It's like every facet of our life. We think we're doing it wrong.

00:06:33 - Sarah Taylor

Yeah.

00:06:34 - Heather Taylor

Why do we keep thinking that we do everything wrong? We can just do our own thing.

00:06:38 - Sarah Taylor

It's cool. Exactly. Which is, I think we're going to reinforce that exact thing through this podcast because I feel like every expert we talk to is going to be like, you got to listen to your body. You got to do what's best for you because we're all unique, individual humans, and that is okay.

00:06:53 - Heather Taylor

Yes. So I think that's a perfect segue to talk to our guest, Dr. Gacy.

00:07:00 - Sarah Taylor

Yeah.

00:07:00 - Heather Taylor

Just a quick reminder to our listeners that this interview should not be taken as medical advice, and it is for informational purposes only. So, because everyone's brain is different, as we will continue to talk about. Please consult your healthcare professional if you have any questions or concerns. So now, Dr. Casey.

00:07:25 - Dr. Kristen Casey

I'm Dr. Kristen Casey. I'm a licensed clinical psychologist. I'm based in Kansas city. I have a telehealth only private practice. I love what I do. It's just amazing. I first got introduced to sleep issues and sleep treatment during my APA accredited internship at the Veterans Administration. And at first I was not excited. If my supervisor hears this, she will laugh because I was like, really? Do I really have to do sleep treatment with people? This is going to be so boring. I'm not interested in this. It was just part of the rotation because I worked in primary care, so people were coming in with a lot of low grade depression, anxiety, sleep stuff. So as I'm doing this group, it was a group format. I'm like, everybody's going to fall asleep, which is great, but it's boring for me. So I started doing the sleep treatment and I fell in love so quickly because people got better so fast. It was incredible. It was just incredible to see the growth and healing that happened in such a short period of time. So I was required to do cognitive behavioral therapy for insomnia. And it's an evidence based, it's actually the first line treatment for chronic insomnia, which is exciting over medications. So that's how I got into it. Before that, I was an EMT on an ambulance. That was my first career. And I really did struggle with insomnia, but I didn't quite know how to fix it. So I had personal issues with insomnia. And then during my clinical training, that's kind of how I got into it, and the rest is history, really.

00:08:46 - Sarah Taylor

Wow. It's really cool that you're on both sides, that you were in the medical field, like, dealing with people's physical ailments, and then you morphed into this world of a brain, which is very exciting. It's really great.

00:08:58 - Dr. Kristen Casey

And I'm just so honored to have both experiences because when I was an EMT, I didn't want to give it up, but I was so burnt out, I was really tired.

00:09:07 - Sarah Taylor

What are the most common reasons people can't get the sleep that they need?

00:09:11 - Dr. Kristen Casey

The most common ones that I personally experience within my practice with the people that I see is people can't stay asleep. They have frequent awakenings throughout the night, or they can't initiate sleep. So they have trouble falling asleep. The latency to fall asleep, meaning, like, the time it takes them to fall asleep is extremely long. So they're laying in bed awake, frustrated, can't get to sleep, and that causes anxiety about their health. And, like, what does this mean for me long term, if I can't sleep? And what does this mean for me tomorrow when I have all these things that I have to do? So it's really basically awakenings overnight and difficulty falling asleep. Those are the two major ones.

00:09:46 - Sarah Taylor

That is me.

00:09:48 - Dr. Kristen Casey

Right. Tell me about it.

00:09:50 - Sarah Taylor

Yeah, I feel like I'm going to learn some stuff today. This is great.

00:09:54 - Dr. Kristen Casey

Hey, that's exciting.

00:09:55 - Sarah Taylor

Yeah.

00:09:55 - Heather Taylor

So I just want to go back a little bit about insomnia. So you're talking about insomnia, and I think a lot of people, or people, a lot of people feel like they have. How do you deal with that? Chronic insomnia?

00:10:04 - Dr. Kristen Casey

Honestly, there's so many different ways that you could go about handling insomnia. So I like to look at the clinical presentation of insomnia before I kind of designate it as insomnia because difficulty falling asleep in silo doesn't technically mean you have insomnia. It could be extremely frustrating, and that's valid. It sucks. But usually insomnia presents as difficulty falling asleep, staying asleep, waking up before your intended alarm, and dissatisfaction with the quality of your sleep, and feeling extremely tired and sleepy the next day. So there's daytime fatigue, there's all these other factors, and usually those symptoms are present for at least three to six months, happening at least three times a week. So depending on who you are as a person,

depending on the things that you have going on, acute insomnia is different. It's similar to, like, an example of acute insomnia would be like jet lag, you know, that'll go away or it will remit with time. Chronic insomnia, it feels like there's no light at the end of the tunnel, and you don't quite know how to get better sleep. So people come to me with depression or anxiety, and they're like, yeah, I'm not sleeping. Which makes sense, because the diagnostic criteria for depression and anxiety sometimes includes sleep difficulty. So sleep is embedded in all these different things. But when we focus on insomnia rather than comorbid issues, it's because the insomnia is the one causing the functional impairment, more so than depression or anxiety or something else.

00:11:20 - Sarah Taylor

Okay. Yeah. So depression. Anxiety can cause sleeplessness. Insomnia can cause depression and anxiety.

00:11:28 - Dr. Kristen Casey

100%. Yeah, it's like chicken or the egg sometimes. And it truly depends on the client. And that's why I try to give my clients a voice like, what would you like to see first? I mean, we can't tackle everything all at once, but usually if you handle your stress or your anxiety outside of your sleep difficulties, usually your insomnia will remit, the symptoms will get better over time.

00:11:46 - Sarah Taylor

That's good.

00:11:47 - Dr. Kristen Casey

It's a plus if you work on something, if you're just focused on healing and growth, something will happen. Yes.

00:11:54 - Sarah Taylor

One thing at a time, I think is a big key. Yeah, totally. Well, you talk about mind racing. That was one of the things you're saying when you're trying to fall asleep. Do you have any tips or anything about, like, your body is feeling exhausted, but your mind won't stop racing, so then therefore you can't fall asleep.

00:12:09 - Dr. Kristen Casey

That's one of the most common problems, too. We call it arousal, which is a fancy word for anxiety before bed. So we have this. I'll start with the three pillars of sleep, because it'll give you some background. So when we focus on sleep treatment, we focus on circadian rhythm, which is our natural sleep wake cycle. We focus on sleep drive, which is basically hunger drive, but like sleep. So if you eat a piece of cake, your hunger drive goes down, you're not hungry anymore, just like if you sleep or you nap, your sleep drive goes down, you don't need to nap or sleep for a while. And then the third is arousal, which is anxiety. So the arousal part and the anxiety, the rumination, the overthinking, the I can't get my brain to turn off, is actually a survival mechanism. If you think about us in our hunter gatherer days, back in the day, there's theories of us living outside with other animals, like bears and stuff. So this arousal or anxiety about survival actually kept us alive. So even if you have your sleep drive set or your sleep drive is

really high and your circadian rhythm is set, say you're waking up at the same time every day and you have a good routine, that arousal will keep you up no matter what. You'll stay up for days if you are extremely anxious, like if you really cannot get to sleep. It's part of our fight or flight experience, survival. So for people who have that sort of anxiety and the anxieties in the 21st century aren't, hey, I'm going to get eaten by a bear. It's, is my partner going to leave me? Am I going to be able to pay my bills tomorrow? How is work going to be right. They're really big stressors. So what we normally like to do is we like to really analyze what your thoughts are and really try to figure out, hey, are these thoughts rooted in a lived experience that might actually happen?

00:13:43 - Sarah Taylor
Right.

00:13:44 - Dr. Kristen Casey
For people who have anxiety about COVID or something? I mean, those are real fears, right? But if there are anxieties or ruminations about things that potentially will happen or have not happened yet, we like to really look at those and figure out why is our brain going to that point? And we give a lot of strategies and techniques to reduce that rumination. The most prominent one is called scheduled worry time. So we really practice allotting time to worry and not in our bed.

00:14:08 - Sarah Taylor
I like this.

00:14:09 - Dr. Kristen Casey
We actually encourage people to worry and be anxious about stuff, but in a designated time space so that you have more control about your mind and when you're thinking about these things. Because if you could gain control about when and you could compartmentalize, then you'll be able to do that in your bed. You'll say to yourself, hey, I've already worried about this. So scheduled worry time has three components. It's worry identification, worry delay, and then the actual worry time. So you identify, hey, I'm worrying. My mind is going in a million different places. Let me delay it to the 01:00 p.m. Time every day that I have, when I actually can have space to worry about it. And then you actually worry at that time. And then when you're laying in bed, you'll say to yourself, I've already worried about this for 15 minutes earlier today, and I came up with no viable solutions. Therefore, if I worry now, it's actually not going to be so helpful for me. So then you actually are going to be able to calm your mind a little more because, hey, I don't have solutions. Doing this is actually not going to help.

00:15:01 - Sarah Taylor
I'm like, got goosebumps. I'm very excited about the concept of worry time. I've never heard that. And I'm going to implement that. That is amazing.

00:15:09 - Heather Taylor
I want regular worry time. This is great.

00:15:11 - Sarah Taylor

I mean, that's it.

00:15:12 - Heather Taylor

I'm done. I've learned everything, right?

00:15:15 - Dr. Kristen Casey

I am healed. I'm complete.

00:15:17 - Sarah Taylor

Dr. Casey saved me. What are the impacts of not having enough sleep?

00:15:24 - Dr. Kristen Casey

Yeah. So there's so many different things in the research out there, and it depends on what we're talking about. Like, sleep deprivation is one thing and then inadequate or low quality sleep is another. When I think about low quality sleep, like people who are chronically just not getting enough sleep per night. And the sleep that they are getting isn't consolidated. It's not helpful. You'll experience a lot of daytime sleepiness. You'll also deal with a lot of cognitive impairment, like brain fog. Some people even have perceptual distortions. When you have a lot of sleep deprivation, you'll kind of see things that aren't really there. That's extreme. That's, like, super extreme. Difficulty concentrating, difficulty attending to things, anxiety, irritability, depression. There's also functional impairments when it comes to work. There's increased absenteeism, taking more pto, going to more medical appointments because insomnia and feeling really unrested. Right. Also might have indirect correlations with not eating so healthy, not getting enough exercise, things like that. Less vitality is also a big one. People feel less fulfilled in their life just as a human being. And it could also be. There's a lot of research out there to support that there's adverse changes in endocrine function. So hormones and stuff. So it really just depends. That's why I focus on sleep so much, because you never know what could. Actually. Everybody has different underlying conditions as well, so obviously, take that with a grain of salt. For people who already have medical conditions, it might make those worse. Because we need sleep, because sleep is restorative.

00:16:56 - Heather Taylor

I don't know. There's this idea of, like, your sleep cycle has Rem. You can correct me if you think I say wrong, but, like, deep sleep and then light sleep. But what is the benefit of those components of sleep? And why do you need things like light sleep?

00:17:10 - Dr. Kristen Casey

Every sleep stage does different things for our bodies. So if we think about the function of sleep, sleep isn't for relaxation, it's for restoration. So when people are mentally exhausted from their day or they're feeling, like, burnt out or something like that, they might say, oh, I just want to sleep it off. That's not going to fix your burnout. Right. It will definitely help you feel potentially a little more rested. Right. But really, what sleep is for is for restoration. And like you said, with REM, REM is our most active stage of sleep. So with REM, we have the tendency to remember our dreams as well. So it lasts between 20 and 40 minutes. It's important for many, many

different things. A lot of it is, like, repairing muscle functions and stuff like that, like, more biological and physical things. And then, like, the lighter stages of sleep are actually just as important as deep stages of sleep. I think sometimes there's a misconception that, oh, I need deep stages of sleep. You certainly do. You also need the other stages, because during different stages, different things happen. So when we go from n one to n two, meaning stage one to stage two, it is a lighter sleep. There's different brainwaves that could be observed from a polysubnography, which is a fancy word for a sleep study. And during those times, your brain will kind of do memory consolidation, temperature regulation, hormone stuff. Every stage has something different to offer. So it's important to get that consolidated sleep. And I like to focus on that, like two or less awakenings, depending on how old you are. When we're older, we wake up a little more. But if we have that consolidated sleep, then we're going to go through those cycles. We're going to go from REM all the way to n three, the deeper stage of sleep, and then back we'll do the cycles, because if we have interrupted sleep, then we're not really quite doing all the cycles. Our sleep architecture is a little messed up.

00:18:49 - Sarah Taylor

That leads to my big question is I have a husband that snores.

00:18:53 - Dr. Kristen Casey

Oh, gosh.

00:18:54 - Sarah Taylor

A six year old daughter and three dogs.

00:18:58 - Dr. Kristen Casey

So you haven't slept in forever. Got it.

00:19:00 - Sarah Taylor

Exactly. I get interrupted all the time. Right. Is there any tips or things that I can do differently so that I get these patterns, like get the full cycles?

00:19:11 - Dr. Kristen Casey

Yeah, that's a good question. So with people who are moms, literally my heart goes out to you because it's hard. So it's really difficult when we have environmental disruptions. Right. And if we have a bed partner that snores, I mean, that's going to keep us up all night. So when I see people for sleep treatment, we do really try to work on and look at your sleep environment and if there's a way to coincide your sleep with your bed partner and your children, of course. And if not, some people actually sleep in a different room or they wear headphones or earbuds and stuff like that. So it really just depends for the bed partner too, with snoring, there's a couple of different interventions for them as well, which I'm sure that you guys have exhausted resources if this isn't an ongoing issue. Most people tell me that. I've tried the breed strips, I've tried everything, but sometimes white noise. So you really have to figure out what works for you. The thing that is the most effective, in my opinion, for people who have a bed partner that has frequent awakenings overnight or does snore is to actually separate during bed. And I know that's not super sexy, right? Of like, we're going to sleep in different beds, we're not getting

divorced. But my sleep hygiene matters more than it means to be with you overnight. But I think in the beginning part of the night, to spend time with your bed partner could be helpful. And then as you start to drift off and you have those internal cues of sleepiness, like the nodding off and the feeling, like, heavy. At that point, you retreat and you go into your own space in your own bed. I also know that people will have two beds in one room, but in your case, it's like the noise. So it might be coaching your kids, too, on like, hey, it's bedtime and we have to just completely be quiet. Or increasing their sleep drive to the point where they're exhausted and they're just going to sleep through the night.

00:20:50 - Heather Taylor

If someone doesn't have a bed partner and they just wake up on their own, what reasons would it be getting up? And how can you get to sleep in the middle of your sleep cycle like that?

00:21:00 - Dr. Kristen Casey

Yeah, that's a big one. That's the one that people struggle with the most. So looking at the three pillars of sleep, like anxiety, sometimes people who are late sleepers tend to have higher anxiety than those who don't. Are you exhausted? Is your sleep drive super high? Have you been active throughout the day? Right. If you're sedentary all day, you might have more frequent awakenings overnight or you might be easy to waken at night. If we are waking up overnight and we have an awakening that's lasting more than five minutes and you're actually awake, like, eyes are open, you want to grab your phone type of thing, you're that awake. We actually suggest getting out of bed. And the reason for this is there's this conditioning that happens. We only use the bed for sleep and sex and that's it. Like, no phones in bed, no nothing. Nothing else. No conversations about finances or stress, nothing. Right. I know that could happen. So really, conditioning our brains to the bed is only used for sleep. And when I have those internal cues of sleepiness, that's when I'm going to actually be in this space. So if you don't have those internal cues of, like, I'm tired, your brain, I mean, we're really smart creatures, right? Your brain is going to be like, oh, this is the time that we're going to be awake and you're going to condition your body that way. The old psychological study by Pavlov and the dogs. Are you guys familiar with that it's the exact same concept of, like, you're pairing your bed with wakefulness rather than pairing it with sleep. And sometimes when people have those awakenings and they're not able to get back to sleep, they're actually pairing their bed with wakefulness. So you leave your bed, you do something that's super boring, like taxes. Taxes and some that's going to make you feel bored, and it's not going to be scrolling on your phone. And if you are scrolling on your phone, I like to use a harm reduction approach. Like, don't watch anything exciting. Maybe Google puppies or something. Anything that's just vanilla. And then once you have those internal cues of like, wow, I'm nodding off. At that point, you go back in your bed, you won't have to do the song and dance forever. It's only really when you have that experience. And most of the time, people are able within a couple of weeks, to get their brains back to like, okay, I'm pairing the bed with sleepiness type of thing.

00:22:51 - Sarah Taylor

I don't think we asked you sent this question, but I'm curious. I've heard my doctor is mentioning that sometimes as we get older, for women, our hormones can affect, like, we often will wake up

at 03:00 a.m. There's like this magical 03:00 a.m.. Number. What is happening in that situation and what can we do to, I don't know, get back into the sleep mode? Yeah.

00:23:11 - Dr. Kristen Casey

So in terms of the hormone experiences, your physician will know more than me, but I will tell you, the research that I've looked at in terms of menopause, hormones, stuff like that, as we age, and I actually just made a video on this. And it's more so about temperature and hormones than it is about anything else. So with hormone imbalances or when our bodies are changing over time, internally, there's a lot going on. And overnight, traditionally, when we're babies, right, human growth hormone, that's why we need so much sleep when we're younger, right. Human growth hormone is dispelled overnight. That's why newborns will sleep, like, forever, basically. And then we don't need as much sleep as we age. But when we get to this point of our hormones changing, hormones are released. Some of them are released overnight. So I think that could implicate things. The other thing is sometimes these hormonal changes are accompanied with sweats, like, feeling, like hot, hot flashes. And our body temperature actually fluctuates about two degrees, our core body temperature, overnight. So that could actually really impact things. If you are having these hormonal changes and you are having night sweats or you're having hot flashes and stuff like that, your body's basically saying, like, we're overheating, we need to kind of sweat right now, which is counterintuitive for sleep, right? Because our body temperature actually has to drop two degrees overnight. So that could be part of it. It might not be the whole situation, but when I look at insomnia, that's the one thing that I focus on within my bounds, really, because I have limitations for that case. I always tell people to have ice packs, like in their fridge and stuff, and you'll go to sleep and you'll put an ice pack in a certain area, obviously remove it as you're actually falling asleep, but just to kind of get that core body temperature back down so that you could sleep overnight, is.

00:24:49 - Heather Taylor

That why some people sleep hot? Is it hormonal or some people just sleep hot?

00:24:54 - Dr. Kristen Casey

Some people do. I mean, there's a bunch of different things that could impact that, too. It could be substance use, too. I know when people drink alcohol and have other substances, sometimes that can increase your body temperature because you're metabolizing things. If you eat late at night, your body's digesting. I mean, it's going to be difficult for your body to get into those deeper stages or to actually initiate sleep when other things are going on. That's why it's so important to have a really good routine about when you're eating, when you're exercising.

00:25:18 - Heather Taylor

What are some recommendations for getting better sleep? Like, how do you do it consistently?

00:25:23 - Dr. Kristen Casey

If you google, this is a Google search on thenationalsleepfoundation.org. And then you just type in sleep hygiene tips. Those are the basic ones. If you go to sleep treatment, insomnia treatment, it's way more in depth than that. But basically the three things that I really like to focus on is waking up at the same time every day, no matter what. That's impossible for most

people, especially if you have kids. It's hard, but that's going to set your circadian rhythm. Our circadian rhythm is located in the suprachiasmatic nucleus in our hypothalamus. And the hypothalamus is really, really focused on our sleep wake cycle, and it's really sensitive to light and consistency. So if you are waking up at the same time every day, if you think about melatonin, right, melatonin secretion will happen at the exact same time every day. If you wake up at the same time every day, your body will operate similar to a robot, like a machine. So that is, in my opinion, the most important thing if you want to acknowledge good sleep health. And then upon waking, exposing yourself to light, like flipping all the lights on, which sounds like nobody wants to do, but I promise you that's part of it. So those are the two big things. And then the third one is having a really good relationship with your thoughts. I think people overthink sleep. They think about it so much that they make themselves so anxious and that could also be counterintuitive and that's something that we look for. So really acknowledging the benefits of sleep. I'm excited to go to sleep tonight. I can't wait to go to sleep tonight. I'm going to think about my sleep health by moving more. And ultimately you're going to help your whole body when you think about your.

00:26:48 - Sarah Taylor

Sleep, you saying that working with our thoughts, I think that makes a huge difference. Like when I was a young child, I kind of dealt with anxiety my whole life. But as a young child, sleep, like going to bed gave me huge anxiety. And then like that morning dread, I'd get really anxious first thing in the morning. And I still sometimes catch myself falling into that pattern because I've been doing it forever. And even the other day I was like, okay, I'm awake. And I'm just like thinking of all the things I have to do. And then I just got out of bed. It was like 5:30. I didn't need to be, but I'm like, I'm awake. Why am I lying here ruminating over all the things? And then it just instantly made me feel better, right? So I think that's really great to hear.

00:27:24 - Dr. Kristen Casey

That's one of the best things that you could do. Like when we bed lounge and just say we stay in bed awake again, it's the conditioning. You're conditioning your brain to say we stay in bed awake. We're very reptilian in that way of if I'm doing this one thing, that means this one thing, really. So even though in your mind you're saying I'm kind of tired, I'm just going to lay around, your body is having a different cue. So the minute that you wake up getting out of bed, when my alarm goes off, my whole focus is just getting my feet on the floor. Then whatever happens after that happens, I just focus on that and then I'm able to kind of go through the motions or I'll kind of pump myself up. Thought wise, right. And say, I'm going to put my feet on the ground, I'm going to go brush my teeth. And then they have the option to get back in bed. I talk myself out of it, but I give myself the option. Less pressure.

00:28:11 - Sarah Taylor

Yeah. We have to be gentle with ourselves sometimes.

00:28:13 - Dr. Kristen Casey

I think really we do well.

00:28:15 - Heather Taylor

And talking about kids and Sarah and my niece, who's six, it's awesome. How important are those childhood sleep schedules and how does it impact your sleep health as an adult? Is there anything you can do to unlearn bad habits, for instance?

00:28:33 - Dr. Kristen Casey

That's a good question. So I'm having several thoughts. So the first is, I don't specialize in children, but I could talk about sleep over our lifespan. When we're younger, we do need more sleep. It's really important for us to get more sleep because there's a lot more that happens overnight for us. Like, we just talked about infants and newborns, like hormone secretion. There's a lot of things that happen, and young people, especially adolescents, young, young people. It's hard to be a young person in the world in general. There's a lot of things that you have to deal with and things that you go through. So I think restorative sleep is helpful. So getting into a cycle of, hey, now it's bedtime. And having it be exciting for kids, I think, is really important because they kind of dread it. Like, oh, the day is over. Almost like reframing it in a way of like, hey, it's going to be exciting. So, for example, one of my nieces, she hates bedtime, and we talk about turning the lights off and putting on fun lights. They're like the string lights that turn different colors or whatever. And that's the only time that we do it. We only do it around bedtime. Right. So she gets excited, like, oh, my gosh, yay. It's like the purple color now. So making it fun, making it exciting. And then they'll start to value that over time as we age. If there's chronic sleep issues throughout our younger years, like you mentioned, there might be a potential to also experience them as adults. And if we have chronic sleep deprivation, it does affect our health. Right. It affects things. There's also something to consider, too. There's predisposing factors for insomnia. Like if we already have anxiety, we're more likely to have insomnia. If you're a woman, you're more likely to have insomnia. So there's all these different factors that might be out of your control, really. But the sleep habits that you do will really help, and it won't make those sleep issues as bad pretty much over time.

00:30:14 - Sarah Taylor

I like that I do some of those things already.

00:30:16 - Dr. Kristen Casey

So that's good. It's reaffirming, right?

00:30:18 - Sarah Taylor

Yes. Thank you.

00:30:19 - Dr. Kristen Casey

Yeah.

00:30:19 - Sarah Taylor

Thank you for that.

00:30:20 - Dr. Kristen Casey

And most people are doing all the right things. I think sometimes they're thinking about like, oh, I

saw this on social media. That means I have to do it. Or like, this person gets 9 hours of sleep and I only get five. There must be something wrong with me. Everybody's body operates so differently in terms of quantity of sleep. So that's another myth that's out there.

00:30:38 - Sarah Taylor

Yeah, that was going to be one of the questions was like, how much sleep should we get? And so you already are like, tell us exactly what I need to do.

00:30:46 - Heather Taylor

And there's all that stuff that's going around now. Like, ben Franklin would sleep 4 hours and then be up for two and do awesome stuff and then sleep for four more. Should we do that type of sleep? And I think there's just all these rumors and things and people are like, I don't know, wanting to know, what are we supposed to do?

00:31:05 - Dr. Kristen Casey

There's a lot of information out there, and there's a lot of research out there, which I'm super excited about because they're using real people, they're using real polysomnographies, real randomized control trials to kind of look at all these things. And what I make of this and when I look at all the research is everybody's body functions differently. Because if you think about it, your work is different than my work and my work is different than your work. Right. And you have kids. I don't. We have dogs. There's so many different factors to consider that if you don't have any stressors in life, I don't know anybody like this. If you have no stressors, technically, right? If there's no medical conditions, no stressors, you're just like, kind of floating through life. Yeah, of course you're going to get 8 hours of consolidated sleep. I mean, there's nothing else happening in your life. I mean, I think people have to consider, what life am I living and how much am I able to sleep, right? So I know that there's a lot of research out there to support, like, around 8 hours ish. There are people who sleep more than that. I personally sleep 5 hours and I feel completely fine. There are people out there who sleep 9 hours and they're like, if I don't sleep at least nine. I'm not functioning right. So that person who sleeps 9 hours might actually exercise and be walking around all day. Meanwhile, I'm sitting in a desk all day, right? So I might not need that much sleep. So it really depends on your body's needs. So I always like to encourage people instead of focusing on the number and comparing to somebody else's life, because it's just like social media. Oh, they look better. Their life is completely different.

00:32:27 - Sarah Taylor

Right.

00:32:28 - Dr. Kristen Casey

So instead of comparing, figuring out what's my baseline and let me take my own sleep data, what works for me? Like, what worked today, what worked the past week, what did I do today that actually helped me get to a point where I felt tired?

00:32:41 - Sarah Taylor

I like you talking about making yourself getting to the point of feeling tired, because I don't think I've ever really thought about that. It's just like, okay, it's 10:00 I should be getting ready for bed.

But there's people out there that are like night owls. And so maybe they're not ready for bed until one, but they're forcing themselves to then lay in bed for a couple of hours.

00:32:58 - Dr. Kristen Casey

There's a lot of different. Everybody has like, a different bed window, right? There's people who have advanced phase sleep issues, meaning like, they're going to sleep way late, waking up way late, like nydolls. And then there's people, we normally see this in older generations or older populations, but people who are going to sleep super early. So delayed sleep syndromes. Right? So it really, really depends on the person, your needs, right. Just say if you're 70, 80 years old, right. And you're waking up at the crack of dawn, right? And you're just like, hey, I'm just going, going. That person's probably going to fall asleep a little earlier because they're waking up earlier, right? If you're a night owl, my brother, I will never forget this. If he hears this, I'm going to out him and whatever. It's really funny. But he would stay up all night long. We thought there was something wrong with him our whole life. I'm like, there's something wrong with you. Like, you're staying up all night. But he would be so productive. Like, he would get everything done overnight and then he would sleep all day. And I'm like, this is not right. But he just functions better. And sometimes our circadian rhythm, like our natural circadian rhythm is just set in that way.

00:33:57 - Heather Taylor

How do you deal with that when you have to live in the world that we live in, where they often have specific times that you have to do things and you have to be specifically awake. How do you shift those things and what do you do to make up for, I don't know, when you start to lose sleep and how do you make up for that?

00:34:14 - Dr. Kristen Casey

Yeah, that's a good question. I really encourage people to see a sleep specialist, if that's the case, because it's really important to shift your bed window and shift your schedule under supervision because you could really just have a rebound insomnia effect. You could be exhausted. Being sleep deprived and being behind the wheel driving is extremely dangerous. So I always like to keep that in mind. And people are on medications for certain things. Right. So what we do in sleep treatments, depending on the person, is we try to figure out where their natural circadian rhythm sets. Like, when do you actually feel those internal cues of sleepiness on average? Right? Maybe it's 10:00 p.m. Maybe it's like 04:00 a.m. Whatever that is. And then we start there. People hate it because they're like, no, I want to fall asleep at ten. I'm like, I get it, just bear with me. It takes some time. Right? So we start there. Yeah. And then we do this thing called sleep restriction or sleep compression, depending on the person. Right. So we'll move that bed window based on your wake time, maybe a half hour earlier per week. If it's sleep compression, it's a lot longer. It might be like 15 minutes every two weeks or something. Because our bodies are so sensitive to these things. People sometimes say, oh, yeah, I'll just wake up earlier the next day and then it'll be fine, no big deal. And that's okay. But your body's actually really taking tune to that and it's going to shift everything based on that wake time. So I always say focus on the wake time rather than the bedtime because you might be anxious, you might have kids stuff going on. I mean, those are out of your control. But the control that we do have is we could always wake up to an alarm. Like once that alarm goes off, you have a choice,

at least you might not want to, that's okay, but you at least have a choice to wake up to that alarm.

00:35:44 - Heather Taylor

How do you know my life so well?

00:35:46 - Dr. Kristen Casey

I know, right? It's like, oh, my gosh. Yeah. It's so common. It's so common.

00:35:51 - Heather Taylor

What do you think about naps? Like, how and when should people nap?

00:35:56 - Dr. Kristen Casey

Yeah. So again, I like to base it on the person, and like you alluded to before, sometimes people sleep in two separate windows. Sometimes they have a consolidated window depending on their work and stuff. I personally don't nap. I want my sleep drive to be extremely high overnight because I want that consolidated sleep overnight. If you know you're the type of person that enjoys naps, we have to adjust expectations for nighttime, you're not going to sleep nearly as much. So if you are going to nap, that's totally fine, if that's part of your life, but adjusting those expectations for night because your sleep drive is not going to be high again. When we nap, when we take coffee, our sleep drive is not as high as it was before, so we're not going to need as much sleep. So if you're napping, we usually say under 30 minutes is okay to not affect the sleep drive. Not right before bed, of course, but like during the day. And then safety naps are also a big thing. So I always again, harm reduction approach, right? If someone has work to say they're working a twelve hour shift and they're trying to stay up to get on that shift and that cycle, but they're exhausted, take a safety nap. You might actually need to rest. And even if you're losing an hour or two of sleep at night, you still technically rested and napped earlier. So it's not a big deal.

00:37:05 - Heather Taylor

That's great. I never thought about safety naps. What a great phrase.

00:37:09 - Dr. Kristen Casey

If you're like nodding off, I mean, that's probably a good sign. Like your body is exhausted. I know when people are switch. That's why it's so important to engage in sleep treatment when you're trying to shift that cycle because you might feel exhausted and you might say, no, let me stay awake. But you might actually put yourself in danger, right? Of like I'm falling asleep.

00:37:28 - Heather Taylor

Like people who do shift work, how do you do that?

00:37:30 - Dr. Kristen Casey

I don't know how I used to do it. It was rough. And there's a lot of people out there, like my friends who work in hospitals who are ER doctors and medics and stuff. They'll work like two shifts back to back. And I'm like, are you part of the simulation? Are you sleeping? Are you okay? What's going on?

00:37:47 - Heather Taylor

A friend of mine actually asks who has some sleep questions and they're like, does the use of sleep aids like melatonin? And I know people also take CBD and cannabis. How does it affect the body's ability to naturally fall asleep without them?

00:38:01 - Dr. Kristen Casey

That's a really good question. I love this question. So if you think about waking up at the same time every day, you are setting your circadian rhythm, and then it starts this orchestrated event of biological process, like all these things that happen overnight and throughout the day. So if you wake up at the same time every day, and you're really routine and structure oriented, so just say you're eating around the same time every day. Like, just say, right, you're going to have bowel movements at the same time every day. Melatonin secretion is going to happen at the same time every day. The internal cues of sleepiness will happen at the same time every day, and then your expectations for sleep will be the same. Hey, around 10:00 p.m. Every night I get sleepy. Because you're literally operating like a structured machine, basically. So when you do take a sleep aid, right, it disrupts that cycle. Some people need it, right, with jet lag and stuff like that. But when you take exogenous melatonin, meaning melatonin that's not created in your body, you're taking a pill, your body is saying, oh, wow, we're tired. Okay, whoa, let's get things going, right. Let's kind of get in the mode of sleep. Melatonin doesn't actually help you fall asleep. It starts again, that orchestrated event of getting you ready for sleep. So when you take melatonin again, your body is noticing an elevated level of it, and that kind of indicates, hey, something's going on. We probably have to get ready for sleep. So when we take melatonin, exogenous melatonin, just say we take that and then overnight that melatonin secretion kind of stops, because then we're waking up. If we have exogenous melatonin, there's too much in our system. And then once we stop taking it, or once that amount, the amount that we took is secreted and it's kind of metabolized, our body might wake up like, oh, okay, that kind of went pretty quickly. Now what? Because the melatonin that is created naturally in our body, for example, if you're sleeping, just say 6 hours, it's going to happen for a certain amount of time. When we take exogenous melatonin, it's secreted and metabolized in a different way, and it could be too quick. The half life of melatonin is different. So you might be actually waking up more than you want to. Not everybody reports that, but some people do. That's with melatonin. When we think about over the counter medications, like benadryl and zequil, it's diphenhydramine. It's the exact same drug. Benadryl and zequil are the same exact thing. So when you take that overnight, it's difficult for your body to get into deep stages of sleep. And you might actually wake up feeling unrested. It really helps with sleep onset, meaning the time it takes to fall asleep. But we notice that sleep quality may suffer, and I say may because everybody's different. Most people report that they're waking up still feeling groggy and unrested. So I always like to use sleep aids for acute insomnia. And that's what the research shows, too, like melatonin and diphenhydramine are good for if you have jet lag or you're just trying to reset your sleep cycle. But if you're taking it every single night, then your body doesn't have its natural cues anymore and you're not listening to your body. And that's, in my mind, where the problem is with the over the counter medications, even though they are useful.

00:40:55 - Heather Taylor

So if you took it over time then, and you just suddenly stopped taking it, then your body wouldn't understand how to sleep.

00:41:01 - Dr. Kristen Casey

Right.

00:41:02 - Heather Taylor

It would just be all over the place.

00:41:03 - Dr. Kristen Casey

Yeah. So there's definitely a transition period when people stop taking. We're just talking about over the counter medications, not prescription medications for sleep. Right. So when we take over the counters. Yeah. Your body will maybe have a rebound insomnia effect, or it might not know when it's tired, or you might not know the internal cues of your own sleepiness. Right. So that'd be important to get on a strict routine and strict schedule. I remember taking ZQI when I was an EMT because I would be waking up all night to go on calls. Like, my pager would go off. Pager. I feel so old saying that my pager would go off, and then I would have to run overnight to the rig, go to this horrific scene, and then come back and try to fall asleep.

00:41:39 - Sarah Taylor

Right.

00:41:39 - Dr. Kristen Casey

So I would be taking Zquil to just get myself to go to sleep. I would be waking up exhausted. My body had no idea when it was tired. And then I realized, let me just stop taking everything. And those two weeks were terrible. And then my body started to tell me when it was tired. And then again, you reconnect with yourself. And I think when you reconnect with your sleep in a natural way, you actually get reconnected with yourself just as a human. And it's really great. It's a really cool process.

00:42:03 - Sarah Taylor

That's sort of like what I'm gaining from this conversation is that it can be something that we can be curious and excited about, like going into like, oh, what is my body telling me? And really just embracing this sleep. It's fun. It's great. So, yeah, maybe I won't have to look at it in such a scary way sometimes.

00:42:20 - Dr. Kristen Casey

I know, because I think we put a lot of pressure on ourselves, especially living right now. There's so much going on in the world and it's really difficult to feel like, when am I going to feel rested? When am I going to feel okay? And I think a lot of times people clump everything into like, I need to sleep because if I sleep, then I won't be tired. Tiredness, like when your soul is tired, sleep doesn't fix that. Good connections fix that. Really connecting with your kids and friends and family and having a job that you love and all that really fixes that soul tiredness. Sleep is for restoration, for a biological process. Just like when you eat, it's for sustenance. So if you really

think about the function of sleep, you could get excited because it's a natural part of it and your body will tell you what it needs. Like if you listen to your body, it will tell you what it needs.

00:43:03 - Heather Taylor

That's amazing. I'd love to know what are some resources that you can recommend for people, like places that you've already mentioned. A few places, but maybe some good books or sites and things that they could do to engage with in terms of getting better sleep or dealing with.

00:43:20 - Dr. Kristen Casey

Totally, totally. So three come to mind. The first is the National Sleep foundation. So sleepfoundation.org is great. They have blogs literally in the search bar. You type in like alcohol and insomnia or like I can't fall asleep, whatever the issue is. And there's so many articles out there that are verified by medical experts. So it's a really good resource backed by medical experts, people who specialize in sleep. If you're into reading Heather Taylor's book, why we sleep is my absolute favorite book. It's such a good book. I don't know if he has an audio version, but I do know for sure he has a physical copy and potentially an ebook. And then the third would be if people are actually wanting to engage with a sleep coach, dawn health. It's an app that I actually partner with and I do a lot of their sleep content. They do one on one sleep coaching and it's based on cognitive behavioral therapy for insomnia, they're really, really focused on being evidence based and really using research and science. So if you're looking for a cheaper option than seeing a psychologist, of course, this is through an application. It's a certain amount of money per month, and it's really great. So those would be the three resources.

00:44:26 - Sarah Taylor

I've learned a lot today. I have learned so much.

00:44:30 - Heather Taylor

I feel like I want to go try sleeping right?

00:44:32 - Sarah Taylor

No, no, don't do it. Wait, you got to get your sleep drive, right? We have to work on our sleep drive.

00:44:38 - Dr. Kristen Casey

We got to look at our sleep drive.

00:44:40 - Heather Taylor

It.

00:44:41 - Sarah Taylor

I love it. Dr. Casey, thank you so much for joining us today. This is wonderful.

00:44:46 - Dr. Kristen Casey

Thank you. And thank you for the opportunity. And I want to say I love your podcast, and I'm

really excited for other episodes. And you guys were just wonderful to talk with, and it just felt like I was talking with, like, two old friends. So thank you so much.

00:44:57 - Sarah Taylor

Yay. Thank you. Awesome. Where can people find you on social media at?

00:45:02 - Dr. Kristen Casey

Dr. Kristen Casey. I'm on Twitter, TikTok, Instagram, and YouTube. Instagram would be probably the best source because I do a lot of sleep content on there.

00:45:12 - Sarah Taylor

Oh, awesome. Great. Thank you so much for providing all of this content to with the world. It's amazing. Yay.

00:45:17 - Dr. Kristen Casey

Thank you so much.

00:45:20 - Sarah Taylor

Dr. Casey blew my mind. I am so excited to go to sleep tonight.

00:45:25 - Heather Taylor

I was actually, like, debating. I don't nap, but I was debating sleeping, like, right now, and it's currently the middle of the day. But I was like, why? Like, I feel like I've learned some things and I need to apply them to my life immediately. So thank you, Dr. Casey, for being awesome.

00:45:42 - Sarah Taylor

Thank you. And worry time. I'm going to implement that, and I'm going to really think about my sleep drive. I like this. Sleep drive?

00:45:49 - Heather Taylor

Yeah, sleep drive. Like eating, I'm assuming, like, sex. I don't know. Lots of drives.

00:45:54 - Sarah Taylor

We have.

00:45:54 - Heather Taylor

I think what we've seen in films, not a lot, though, is more about insomnia, specifically.

00:46:00 - Sarah Taylor

Yeah. Like disordered sleeping.

00:46:02 - Heather Taylor

Yeah, disordered sleeping. Because it's kind of. Well, I'm going to say this is air quotes, more interesting because things can happen to you when you don't have enough sleep.

00:46:12 - Sarah Taylor

Fight club and the machinists were all ones that were. They had suffered from insomnia and sleep issues, and then extreme things happened. Extreme mental instabilities and stuff. Right, like in Fight club. Yeah. Well, and then in the machinist, he got very skinny and malnourished. But I feel like in some of the stuff we were reading that isn't actually what would necessarily happen. Like, you would end up eating, maybe gaining weight because your body needs more energy because you're not getting the sleep and all that kind of stuff. So anyway, you'll eat more.

00:46:44 - Heather Taylor

So there might be something else going on with that gentleman.

00:46:47 - Sarah Taylor

Yeah, there was a lot of things going on.

00:46:50 - Heather Taylor

There was.

00:46:51 - Sarah Taylor

It's been a while since I've seen.

00:46:52 - Heather Taylor

That one, but, yeah, I think one of the things I wanted to kind of plug in a way. So a friend of mine is a filmmaker in Brooklyn, Michael Debazio Ornelis. I hope you got it right. He'll tell me later when I got it wrong. Anyway, so he has insomnia. Very bad insomnia. And so he recently made a film that came out on Amazon about chronic insomniacs called the sleepless. And it's basically about this couple, or not a couple, but these two people, Zach and Sophia, who wander the pre dawn streets of New York City on an impromptu first date because they both can't sleep. So I thought that was kind of, like, really fun. And I think what was cool is I asked him, because this is the impact of shows, of film and normalizing these kind of things, he actually had viewers reach out, quite a few people who reached out and said they felt less alone in their struggle with insomnia, having watched his film. Yeah, but he also said that there was a guy who said he couldn't sleep, remembered the film was around and then watched it and fell asleep. So he's like, I hope it was after the film was done, but good on you.

00:47:57 - Sarah Taylor

Maybe it's a new thing to help you fall asleep.

00:48:01 - Heather Taylor

I did ask Michael about a film he thought got insomnia.

00:48:05 - Sarah Taylor

Right.

00:48:05 - Heather Taylor

And so the thing that he mentioned was his first choice was the film. Well, this makes sense. Insomnia.

00:48:11 - Sarah Taylor

Yeah.

00:48:12 - Heather Taylor

So if people don't know this, it's a 2002 American psychological thriller directed by Christopher Nolan, and it's a remake of a 1997 Norwegian film of the same name. So basically it stars Al Pacino, Robin Williams and Hillary Swank. And it's set basically. Two LA homicide detectives are investigating a murder in Nightmute, Alaska.

00:48:32 - Sarah Taylor

I like that. It's called Nightmute, and we're talking about insomnia. That's great.

00:48:35 - Heather Taylor

Yeah, exactly. I feel like.

00:48:36 - Sarah Taylor

Is that a real place?

00:48:38 - Heather Taylor

I didn't research it. Maybe you can look if you'd like. I'll continue to say. So this is what he said. I felt Nolan and Pacino really got the insanity aspect right when it gets really bad for a long stretch. Definitely dramatized. But personally, when I was at my worst, the cognitive challenges were frightening and upsetting, and I feel they showed it fairly well, all things considered. I asked him what he would like to see on film and television, and he said, what I wish they'd show would probably be more of the overall disruption. It's kind of a bummer. So I get it. Being sleep deprived is a bummer. But when the sleepless is acute, or, sorry, when the sleeplessness is acute, it can be like living with a disease. It's not just about the struggles at night, but getting through the days and weeks without a healthy baseline of physical and emotional energy. So for the Sleepless, his film, he tried to do that a little bit, but really gently and within the genre of romance, because it's a rom.com, he's like, they talk through it a little because it can be alienating.

00:49:36 - Sarah Taylor

Yeah, I think that's huge. When you can't sleep at night, you feel lonely, right? Like you're all alone. Everybody in the house or in the world you think is asleep, and you're the only one that can't do. And there's lots of people probably out there. We heard Dr. Casey say, why we sleep by Heather Taylor is a good book to read. I've been wanting to read that one. I haven't read it yet. And then a few podcasts. The White Noise podcast and talking sleep.

00:50:02 - Heather Taylor

I think what's cool about the White Noise podcast? It's monthly. It's hosted by Sleep Physicians from the University of Michigan and Ann Arbor. So basically, it's really geared towards

practitioners. But I think it could be helpful for anyone to listen to what they're talking about, their cases, and then talking sleep is the American Academy of Sleep Medicine. So, again, experts on this, talking about the subject, which I think is really important to make sure that you're going to experts for this advice and not someone who's trying to sell you a.

00:50:31 - Sarah Taylor

Pillow or sell you a pill or sell you a new device to put on your wrist or on your finger or whatever, right? Yeah.

00:50:39 - Dr. Kristen Casey

Yes.

00:50:39 - Heather Taylor

100%.

00:50:40 - Sarah Taylor

On that note of selling things, I got some awesome stuff I want to talk about.

00:50:44 - Dr. Kristen Casey

Okay.

00:50:45 - Sarah Taylor

I have a couple of awesome things that I want to share today.

00:50:47 - Heather Taylor

All right, so here's our section. One awesome thing. I mean, it can be more than one.

00:50:51 - Sarah Taylor

I got two awesome things.

00:50:52 - Heather Taylor

Okay.

00:50:52 - Sarah Taylor

Go for it. Okay. Since we're on the topic of sleep, I've become really excited about pajamas. So I have been procuring collecting, collecting luxury pajamas. I bought a pair called show me your moomu, but they're actually like pajama pants, but it's called show me your mumu. And they're silky and so luxurious. And then I treated myself on my birthday to a pair from Lunya, and they are washable silk pajamas, and they're so soft and wonderful.

00:51:27 - Heather Taylor

I have a question. Do they have pockets?

00:51:29 - Sarah Taylor

So the shirt, it's like an oversized t shirt that's made of silk, has a pocket in the thing, but the shorts do not have a pocket in that one. So that's been my awesome thing. And then one other

awesome thing. Charlotte and I always listen to a sleep story when she's falling asleep. We have a subscription to calm, and there's a new sleep story that came out called Spot the napkin. And spot is a non binary character. And Charlotte and I always talk about pronouns, and she's very good about saying they and them. If she sees somebody and she doesn't know if they're a man or a woman. So when spot the napkin came on and I noticed that they were being referred to as they, I said, hey, charlotte, this Spot the napkin is non binary. She's like, yeah. It was just so.

00:52:21 - Heather Taylor

I mean, I have headspace, which you'd think I would meditate, but I just listened to rain on roof or something. It's like rain on rocks. That's my favorite. It's something. If you like rain on rocks, you might like cabin downpour. That's the kind of recommendations I get, which I think is awesome. My one thing has nothing to do with sleep.

00:52:42 - Sarah Taylor

That's fine.

00:52:42 - Heather Taylor

I have a battle with a squirrel, and we just call them backyard squirrel where we live. I don't know why. There's lots of stray cats and lots of just birds and things. We have chickens down the street. This is in my place in Queens, in New York. So it's not, like, not in the countryside. I'm in the middle of New York City. But we have this squirrel who will get really mad if you're in the backyard sitting on his chair, because there's a chair he likes to eat nuts on, and he gets really mad at you, and he'll come up and wave his tail at you, and he's just so mad. But it got really, really cold here, and I felt so bad. But he saw us. He came to the front, he was eating, and he was, like, jumped up. So he was, like, trying to get in the house. And then we couldn't get out of the house. And we're like, go, go.

00:53:23 - Sarah Taylor

And he wouldn't go.

00:53:24 - Heather Taylor

And we're like, I think he wants inside. And we're like, we can't come inside, squirrel. So we had, like, a standoff for a good, like, 15 minutes where the squirrel was just, like, staring at us. I knew what it wanted, and I wasn't going to give it to him.

00:53:37 - Dr. Kristen Casey

Wow.

00:53:37 - Heather Taylor

So that's the battle or backyard squirrel battle. Also, we haven't really seen other humans.

00:53:42 - Sarah Taylor

For a while, so this could be.

00:53:44 - Heather Taylor

Like, part of the isolation that we're feeling.

00:53:48 - Sarah Taylor

The squirrel wasn't looking at you at all. The squirrel wasn't even there.

00:53:52 - Dr. Kristen Casey

No, the squirrel was there.

00:53:53 - Sarah Taylor

The squirrel was there.

00:53:55 - Heather Taylor

I think we just have to entertain ourselves with the wildlife. That's in Queens, New York.

00:54:04 - Sarah Taylor

Well, I definitely learned lots about sleep today, so that was great chatting with Dr. Casey. It was fun.

00:54:09 - Dr. Kristen Casey

Yeah.

00:54:09 - Sarah Taylor

Thanks so much for listening today. And a big thanks goes out to Dr. Casey for taking the time to sit with us. Brains is hosted and produced by Heather and Sarah Taylor. Theme music created by our little brother, Deppisch. Our lovely logo and design was created by Perpetual Notion. This episode was mixed and mastered by Tony Bao. If you want to follow us on social media, check us out at B R AAA I N S podcast on both Instagram and Twitter. And be sure to check out our website@brainspodcast.com, there you can find more resources. Check out our Patreon and merch shop. If you liked what you heard, please subscribe, rate and review us wherever you get your podcasts, and tell your friends to tune in. Till next time, I'm your host, Sarah Taylor.

00:54:51 - Heather Taylor

And I'm your other host, Heather Taylor.

00:54:53 - Sarah Taylor

Goodbye. Bye.