

# Talking Therapies: How important is sleep?

With Heather Darwall-Smith

Sally:

Hello and welcome to Talking Therapies, a podcast made together with Psychologies magazine and the UK Council for Psychotherapy, or UKCP for short. I'm Sally Saunders and I'm the editor-in-chief at Psychologies. Each month on Talking Therapies, we'll be talking to a UKCP therapist about a range of topics. When life becomes demanding, one of the first things to be sacrificed is our sleep. But how important is sleep and should we place more value on getting enough rest?

Heather:

Our sleep needs change throughout our lives. It changes in response to what's going on externally. It is not a fixed beast, it's not a perfect 'this is what I'm going to do'. You can't control the sleep cycles. It's going to happen the way it's going to happen. But what you can work with is what's going on in your life so that hopefully you give yourself the best chance.

Sally

That was UKCP psychotherapist Heather Darwall-Smith. Heather left behind a career in marketing to retrain as a psychotherapist. Now working in her own private practice. Heather specialises in working with issues related to sleep and anxiety, using a combination of approaches to meet clients where they are.

Sarah

Most of us experience sleeplessness in some form or other, but how do we know when we have a problem that requires professional support?

Heather:

It's a good question because our relationship to what sleep and sleeplessness is, is really individual, because our sleep needs are different, and how we sleep is different. But I think the overall answer to that is a series of responses. So, if you're someone who's feeling anxiety, or dreading sleep, that's definitely a case to start to think about seeking support. But there's sort of the clinical list, things like struggling to get to sleep, it's taking longer than half an hour to fall asleep, for example, or you're struggling to stay asleep, or you're waking a lot - three o'clock waking, which might suggest insomnia. If you feel tired in the day, even after seven, more than seven to nine hours' sleep, then there could be something called excessive daytime sleepiness in the picture. If you're finding it hard to do regular daytime activities, or you're falling asleep when you really feel you shouldn't be, particularly things like if you're feeling sleepy when you're driving, definitely seek support. If you're someone who snores or your partner reports that you snore, then that's important to get support. If you're someone who, again, your partner reports that you jiggle around a lot in your bed, there could be a limb movement disorder as part of the sleep picture. So, there's multiple things that mean that you need to seek further help, because some of these things are biological sleep disorders, but it could also be other psychological issues that lead to problems with sleep.

Sarah:

And what does the latest data show about the prevalence of sleep issues? Are there any particular trends, for instance, among specific demographics?

Heather:

It's been really interesting, as you can imagine. The last 18 months, there has been an increase in problems with sleep and definitely this has to do with a change in the stress levels and sleep behaviours. So, for many people, lockdown has meant a sort of blurring between work and home, and a lot of routines have broken down and there's an increase in sort of generalised anxiety. Humans, we don't like the unknown, we don't like things being outside of our control. So, there's a sort of logical response in increased stress which will disrupt sleep. There's been lots of reports of increased vivid dreaming, I think that's been generally report in the press, but also in the literature. But people who've already had sort of some sleep problems, that's accelerated. And interestingly, people who were good sleepers before have out of the blue developed insomnia. But definitely I would say when we think of demographics, my youngest, I don't work under 18 and my youngest patients are 18. My oldest, I think, is late 80s. And everybody's touched by this, absolutely everyone, because there's sort of the university student population, for whom asleep is often a problem. Being locked down in a city they don't know and the problems with being online all day has brought sleep problems. For parents, homeschooling, juggling everything, the ability to be able to sleep is the thing that gets squeezed. People who've had COVID, we know that there are changes to the sleep-wake pathways. We don't know what and why. So long COVID deepen the same problems with their sleep. So, no one isn't touched with it because, yes, there are things that might predicate someone having a problem with sleep. But actually, we are all human beings with the nervous system, which get very intense. So, the result is that we don't sleep because the system thinks 'I need to stay awake.'

Sarah:

Well, this is it. I mean, you mentioned there, people's lifestyles, we're staring at blue light screens all day and more and more of us are living in cities, which, of course, are just lit 24/7. But there's something about the term insomnia, it suggests there's a problem or disorder with the individual. Might not the sleeplessness be a perfectly normal reaction to living in these stressful times, or even having unaddressed life experiences?

Heather:

Absolutely. And that's very much how I see part of how insomnia manifests. Because if we think of the bio- psychosocial model, so biologically, we may be prone to insomnia or sleep disruption. But psychologically, there are multiple reasons why something like this may happen. But our social landscape is often out of our control. So, our living standards, if we're living in shared accommodation, or as you say, 24-hour light, there's multiple reasons why even our environment means it's really difficult to get sleep. Because we need it to be dark, we needed to be quiet, we need to feel safe in our environment. And if those key factors aren't met, then right at the base level, we have a problem.

Sarah:

And so, I wondered if there were any immediate self-help steps that you would recommend as a psychotherapist that perhaps we can put into action ourselves?

Heather:

Yeah, I think there are three things to consider sort of upfront. Sleep relies on having the opportunity to sleep, so you've got the time. It relies on your environment, being as I say, called quiet, dark, safe, and relaxed mind and relaxed body. The first two are sort of easy. The third one isn't quite so easy, because relaxed mind relaxed body, well, what does that mean for the individual? But the key things that are really important are - firstly, try not to worry, because biologically, the truth is our body can sleep, absolutely truth. Because we haven't evolved out of needing sleep. So, the body will take what it needs when it can. And the first point is to think about getting up at the same time every day. The body really likes routine, we have a circadian rhythm, which means our bodies, have a whole lot of clocks inside.

So, if we can get up at the same time, get lots of light to reset that clock, and start to get some movement in the process, we sort of draw a line in the sand to help set the clocks up for the day. And really working with that light-dark cycle, so getting lots of light during the morning, and then lowering lights in the evening. So, we work with our natural environment, because that's how our circadian rhythm works. It works with the rhythm of night and day. And I think also increasing movement, one of the things that's been really clear is that people have moved less during lockdown. So, I'm not talking about taking on a rigorous exercise regime. I'm talking about increasing the number of steps we get each day, I'm thinking about first thing in the morning, taking a 10-minute walk outside to get that light, get that movement. So, it really is working with light and dark, it's working with movement, and it's working with consistent routine. So consistent wake-up is key. Consistent bedtime is important, but harder sometimes to maintain. But if it's sort of 80% consistent, then that's great. But I think also accepting that sometimes we have a bad night is important. And sometimes we have a grotty day because we've had a bad night is key, because I feel a lot of people really want to have perfect sleep, because they feel that their performance is going to be impacted. But sleep is an imperfect beast. So really accepting the sort of ebb and flow of it is massively important.

Sarah:

Could you explain to listeners that value in investing in psychotherapeutic support, rather than perhaps some of these quick fixes?

Heather:

There are no quick fixes, that's how it is. There are no quick fixes to this. Because if you think that the body is either in hyperarousal, so it's gone on alert, because it thinks it's under threat, or it's gone into hypoarousal, so it's dropping away. We have to really get to understand how to bring the organism back to sort of a midline. And that's something you'd work with someone as to 'okay, what is it here that's caused your system to accelerate, that makes it think it's under threat. What is it that sitting in here, that means that your body doesn't necessarily feel safe?' Because sleep is the ultimate in letting go. And if we can't let go, then sleep is impacted. It may be that we're sleeping. But it may be that the quality of our sleep isn't great. We're only able to get into light sleep, we can't get enough deep sleep. So, for me, that is the sort of key piece. Yes, we do look at structure and education about sleep and how it works is vitally important. And looking at behaviour is hugely important. I think of it this way, we can work with and sort of top down, the cognitive piece as to our behaviours and thoughts around sleep. But also from a psychotherapeutic perspective, we're working very much bottom up, what's happening in the limbic system? What is it that's creating this sense of unease? What is it that means maybe we can't prioritise our sleep? There's so many different dynamics involved in getting that time. So, a really good example, maybe you're in a relationship, and you've got different sleep times, different sleep needs. How do you navigate that as a couple? How do we put your needs first? How do we navigate that? There's lots of different reasons why someone can't sleep and often really looking at that sort of base level as to what's going on here is massively important.

Sarah:

Are there any dangers in not seeking support and perhaps thinking the symptoms will go away on their own in time? I mean, you've mentioned there, you've got quite an age range of clients and I also wondered how long they had taken to reach your consulting room.

Heather:

It's really interesting with that, because some people come in very quickly, they have a short burst of insomnia, and they seek help. Some people it might have taken 40 years before they seek help. It's really, really interesting as to when someone does seek help. I think there's firstly, people don't know how to get help. But there's also 'will the symptoms go away?' Well, if it's a biological sleep disorder, no it won't. So, if it's something like sleep apnea, or narcolepsy, or circadian rhythm disorder, there's various things like that, that you may need medical help with.

If it's insomnia and anxiety is increased, and what your relationship is to those symptoms, getting over that then becomes an active process. Many, many physical and mental health conditions have disturbed sleep as part of the picture. So, depression, PTSD, nighttime panic attacks, that's something that does need support. It maybe you have physical conditions where there's acute or chronic pain and sleep is a manifestation of what's going on there. So, the symptoms of poor sleep, it's really complex as to what's happening. And quite often by the time you notice it's happening, and start to worry about it, that's the point at which to seek help.

Sarah:

Now, if I was a new client coming to see you, and I know you're extremely busy, but if I was a new client coming to see you with sleep issues, how would our sessions play out?

Heather:

So, there's sort of three levels to it. The first part is screening. I'm not a medic, clearly, but there are screening tools that I can use to identify the possibility that there's something else here that it's not insomnia, that it may be something that you do need to be referred on to for a sleep study. Because if I miss that you've got sleep apnea, for example, then that's on me and I really do need to be able to refer you on, so that's the first piece is screening. What else is in the picture? Then we look at right, 'what these 24 hours look like to you?' Do we need to look at your sleep wake time? Are you giving yourself too much time to sleep? What are your relaxation strategies? What do you do for downtime? Do you know how to relax, to prepare for sleep? And then underneath all of that is the psychotherapeutic approach, to really work with the things that manifest from sort of early life. If when you're very young, you don't know what safety is, your body will stay on alert. So that could impact sleep. So really, it's a multiple layered approach. Sometimes I will refer on. Sometimes once someone's done a sleep study, I work with what those findings are. So, if someone had sleep apnea, for example, how they access and how they work with the treatment that they need, sometimes requires psychotherapeutic support. Some people will come in and they'll be with me sort of four to six weeks, and they get what they need, and I don't see them again. But some people it's a much, much longer-term picture.

Sarah:

Well, I was gonna say how soon could a client expect to see any improvements? Because obviously, if somebody is feeling desperately tired and anxious about the impact that might be having on their lives, would working with a psychotherapist mean that's going to take some time to resolve? Or do clients often see some fairly rapid improvements?

Heather:

It's a really tricky one to answer. Some people will come in, and as I say, they will get through a couple of sessions, and they make some changes in their life and I don't see them again. But it really is so individuals, so I never ever say I can set a time on an improvement, because I also don't want to set someone up to feel like they might have failed. I do find that quite quickly, when people develop an awareness and put some consistency to their patterns. So, the consist sleep-wake time, starting to understand the importance of allowing time to relax before bed. Those sorts of changes can kick in quite quickly. But the sort of longer-term things that are harder to really change are things at 3am waking, or waking too early, not getting enough deep sleep. And it really does vary. For some people, it just clicks, it just happens, but for some people, it takes a very long time. And for some people, I have to be really honest for some people, sleep is going to be an ongoing difficult problem. So that again, is where psychotherapy is important because developing some acceptance around my sleep isn't necessarily what I want and working with how do I live with that, is also really important.

Sarah:

You said it's quite normal for people to have ups and downs and some disruption in their lives and for that not necessarily to be a cause for concern.

Heather:

Everybody's sleep need is different. You might need seven hours, I might need nine hours, you might want to go to bed at nine o'clock at night and you're an early bird, I might want to go to bed at one o'clock in the morning and I'm a night owl. Our sleep needs change throughout our lives, it changes in response to what's going on externally. It is not a fixed beast is not a perfect 'this is what I'm going to do.' You can't control the sleep cycles; it's going to happen the way it's going to happen. But what you can work with is what's going on in your life. So that hopefully you give yourself the best chance. But this idea of 'yes, this is how it's got to be' is really problematic.

Sarah:

Thank you, Heather, I mean I think that will be hugely reassuring to listeners. As you said, there's so much pressure upon us and at a time like this where sleep issues affecting all of us, there isn't any group in society, or any age group, or any of us who isn't impacted in some way or doesn't have loved ones who are experiencing difficulties. But what you've shown is that there is help at hand. And also, what you've done is explain a little bit more about the power and benefits of psychotherapy.

Sally:

That was you UKCP psychotherapist Heather Darwall-Smith speaking to Sarah Niblock, the CEO of the UK Council for Psychotherapy. If after listening to that you feel you could benefit from some talking time with a psychotherapist, then go to the Find a Therapist section of the UKCP website and have a look through. The website address is [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk) and use the Find a Therapist tool. We'll also be talking about the importance of sleep in Psychologies magazine this month. You can find us online at [www.psychologies.co.uk](http://www.psychologies.co.uk). We'll be doing a podcast each month with some of the UKCP's psychotherapists, so remember to like and subscribe to our channel to hear it here first. It also helps others find us too. So, join us again next month. Till then, thank you for listening and take good care of yourselves.

