What Is Sleep Anxiety? How to Stop Overthinking Sleep Transcript

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All right, it's time for another show and you know what that means, It's Time for Precals. And Emerson, what's going on today? You know, Jerry, we have Dr.

Janet Kennedy coming on the show today. She is a psychologist, NYC sleep doctor, and she's a clinical psychologist. Has done a lot of work with CVTI, so really looking forward to what she has to share with us today, We've had a few psychologists on.

It's gonna be fun to see someone that's got her varied experience and what's she got to offer today? And CBTI, we hear it tossed around a lot. We don't hear being used enough.

So it's going to be fun. In fact, I'm sure almost everybody has had that one time or the other where they laid awake at night thinking about all sorts of things and they can't turn their head off.

Yep, definitely. I wonder if she's going to be able to talk to us about that? I hope so. Maybe. And I know she has done a little bit of work with dreams and nightmares.

With, I think we'll maybe could ask her a bit about cognitive behavioral therapy for nightmares, so hopefully that will give us a chance to take about the student today.

That'll be good. And talking about get us a chance to talk about where is Robert today? You know, he is AWOL.

Dr. Janet Kennedyu2019s Background and Path Into Sleep Medicine

I don't know what what's going on, but now we miss him. He is definitely makes our show better and we'll miss them today. he's gonna miss on a great conversation, I think.

throwing a wrench in the questions question. His dizzying intellect is exciting. Exactly. All right, you ready to get started? Yeah, let's do it. On to the show.

Lights out. Welcome, everyone. Once again, to another episode of Sleep Tech Talk, the sleep podcast with your hosts and friends, Emerson Kerr, Robert Miller and me, Dr.

Gerald George Monaco. Folks, thank you all so much for joining us once again. It's been an amazing journey. And all thanks to you. Thank you so much for the likes, the shares, all the love.

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With that being said, Robert, I'm sorry. Robert's not here today, right? And so- That's right, yeah. What is going on today? Well, Jerry, thanks so much.

We are so fortunate today. we have Dr. Janet Kennedy. She has a PhD in psychology. she's a licensed clinical psychologist and sleep specialist known as the New York City sleep doctor.

She is the founder of NYC Sleep Doctor, that is at nycsleepdoctor.com. It's a practice focused on treating behavioral sleep disorders through psychotherapy, coaching and consulting.

She specializes in helping adults, adolescents and sometimes children overcome issues like insomnia, night walking, nightmares and non-restorative sleep using evidence-based methods, particularly cognitive behavioral therapy for insomnias, CBTI.

With over 20 years of experience, she began her work at the Manhattan VA Hospital, where she developed and launched a multi-site sleep disorders treatment program for veterans to improve sleep without medication.

She did private practice in 2008. Dr. Kennedy offers online telehealth sessions in states where licensed. She is also the author of The Good Sleeper, the essential guide to sleep for your baby and you.

I sought after speaker and has appeared in media, podcasts, and publications on sleep topics. Her practice emphasizes non-medication approaches to achieve restful sleep and break cycles of poor sleep, and exhaustion.

So sorry for tripping over my tongue there a little bit, Dr. Kennedy. Welcome to the show. It is so exciting to have you on. You know, one of the questions that we just love to ask, because we all have our own story of why sleep?

What got you into sleep medicine? Well, my first job was at the VA. I had done my internship there and they brought me back to be the psychologist in primary care.

And at that time, Ambien was expensive and it was being doled out quite a lot in the veteran population. They were looking for alternatives and they wanted me to create this program as that alternative.

So I quickly became an expert in sleep and trained myself in CBTI, built out a program, trained interns, collected data. launched it, ran it at the Brooklyn, Manhattan, and St.

Albans VA sites, which are all actually under one, you know, that's one VA multi-site center. And I did that for quite a while and then started to have kids and got interested in children's sleep basically because I wanted to be able to sleep myself and go to work the next day because I knew that I wasn't going to be much good to anybody if I was up all night for months and months on end and um so in about in 2008 I decided that i wanted to give private practice a try and I launched NYC Sleep Doctor part doing about half working with parents of young children and then half working with adults.

Womenu2019s Sleep, Hormones, and Sleep Anxiety

And over the years I've, you know, leaned more into adults and as I have gotten out of the child rearing and more in to the midlife woman age myself, I ve gotten more interested in mid-life women going through perimenopause and menopausal and the sleep issues that go along with that.

I treat anybody and everybody. I see a lot of men coming to me wanting to sort of maximize their health, get out of bad sleep ruts, and get off medications.

post-adolescence realizing that sleep isn't as easy as it used to be and needing to kind of clean things up and get on track. And you know, I love it, because it's short-term, and I meet a lot of different people and helping people with their sleep is really incredibly rewarding.

So with that in mind, we talk a lot in the show about women in sleep, kind of experiencing it yourself and some of the dynamics. What have been some those learnings, not only for you, but through your patients?

Because what we see a a is that women have treated like little men. for such a long time. And we're beginning to see that narrative change. The Academy's really giving more focus to this.

How has that affected your practice kind of looking at it through your personal lens and as a psychologist? Well, my first real foray into hormonal sleep issues was in pregnancy, actually.

Because I was already doing this work, It wasn't scary to me. I understood what was happening, so I was frustrated, but I didn't get into the kind of loop that often then perpetuates the problem and makes it into something more permanent.

So I count myself lucky with that. But understanding that physical link way back then, which was now a very long time ago, you know help sort of set the stage for me and then certainly um going through hormonal changes um later on and and you at that time sleep wasn't necessarily my main issue but I was definitely plugged into a lot of different women's groups sharing information online about all the different things that are happening to our bodies and and trying to understand and share information and get good care.

So that really inspired me to really educate myself much more in terms of the physiology and also coordinated care that's needed so that a lot of what I do with the women I work with is help them access appropriate medical care and fortunately that's now much more available.

I mean we have a long way to go but there are affordable specialty practices now that are really excellent providing much greater access and immediate access to care when women are in crisis because oftentimes that those changes come up kind of all, it's sort of like the frog in the boiling pot of water, like when you realize it is happening then it suddenly like this huge emergency and you need to, you can't wait three months to see your doctor and then another six weeks to get a call back, that model doesn't work for perimenopause for sure.

Well, it kind of reminds me of some of what I've read online about you is kind getting into the sleep anxiety piece, you know, kind as you're talking about that.

It sort of reminded me that statement. Can you kind elaborate on what that means and how you help someone manage sleep? Sure and this is the sleep anxiety it does not discriminate age or gender wise for sure.

You know basically sleep issues as you know come about for any number of reasons explainable or not and but what keeps the Sleep Problem in place is, the way that we react to it and that can be behavioral, it can um trying to make up for lost sleep and sort of distorting the the natural homeostatic process of of rebounding from a rough night um or it can be the anxiety that builds around whether you're going to rebound at all like you have a bad night and you start saying to yourself well i better get back on track tonight because i have this big big thing tomorrow or what if this persists what is the rest of my life what Everything's broken and and I'm never gonna enjoy anything again.

I mean, these are the thoughts that that occur and they're not crazy. It's a desperate feeling when you're exhausted and, and then that's compounded by, you know, all of the the Clickbait out there every time there's a new study saying, you know, if you don't get 7.2 hours of sleep, You're going to die or really get fat or have dementia like that's not helping people when they're when their struggling.

Bedroom Habits and Better Bedtime Reading

And so what I do with is you know we typically with cbti you start with the behavioral part and partly that's because it works really well and when you can get in there and make a few strategic behavioral changes oftentimes people get traction really quickly and and start to see that their body can do it their, body, can actually sleep and once that aha moment happens, the anxiety starts to diminish or get into at least a more manageable level or form.

And then, you know, then we work with the Anxiety too, right? And You know, some of it is correcting misconceptions and changing catastrophic language.

That's the CBT part where you identify the thoughts like, oh, I'm going to be a disaster tomorrow. I am not going be able to function. And I often say to people, have you ever not functioned?

What does that even mean? you will perhaps have a less than optimal or even bad day, but is that, you know, in this sort of scatterplot of data points in your life, those things do happen and you make it through and then you have another night and another day.

So kind of putting those thing back into perspective, not trying to say No big deal. Right. I'm not trying to say it feels good when you don't sleep or that it's not a problem or you, you know, even that you perform optimally when your sleep deprived.

That's Not the point. The point is that these things do happen. We can tolerate it. And when you tell yourself you can't tolerate, it you are building the anxiety and that gets more and more disruptive.

The body gets into a state of hyper arousal. You go into your fight or flight response. Suddenly you've got adrenaline making things worse instead of better and you're off to the races.

So if you shift that, and start to focus on your resilience of, no, I'm not necessarily going to love the way I feel tomorrow, but my body has ways to help me through that bad day.

You get adrenaline during the day when you're sleep deprived. It gets you through the presentation. you have the opportunity to unwind and process it and move on into a better night.

But you'd have to be able to kind of get out of that loop. And that's where I try to help people get that traction. A sound sleep calls for a high performing mask.

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Because every patient deserves expert guidance, wherever they are. Choose Solesh. One selfie. Better sleep. Scan the QR code to know more. Now you've got a couple of strategies that you talk about when it comes to working in the bedroom and then certain things to read and not read in a bedroom.

What are some of those and can you kind of walk us through that? So, you know, with now that so many people work at home and certainly during the real lockdown period and COVID, it was a really big issue.

People were working in bed, they weren't getting dressed even, and they were just like in, maybe you'd put on a decent shirt, but you're in your pajama pants and, just kind of like, Day is blending into night.

There's no distinction. And that can be trouble because if the bed is a place where you're solving life's problems and you are getting your work done and fighting with your partner and your shopping or doom scrolling, then the

bad loses its value as a cue for sleep.

And I totally identify with people getting comfort out of being in bed and during a crazy crisis time like we were in six years ago, wanting to pull the covers up is a natural thing.

So obviously, having some empathy there and compassion for those impulses is important, but really helping people understand that that's not a long-term viable habit and creating a space for the business of life that is not the place where you're supposed to be turning it all off is really important.

And, you know, I live in New York City, people don't have spare rooms to do that stuff in. Sometimes people are living in one room. And so you have to get creative with how you define your spaces.

Um, and if there's nowhere else to sit, but the bed, You know? I would have people sit on the bad, just not in the or at the other end of it, or, find some way to change it up, to make it feel different when it's time for bad.

and, oftentimes that's good enough. But then when it comes to the sort of bedtime routine and the distractions that I find are really helpful, I do differ a little from the purists and and um the CBTI purist because they will say don't read in bed and read boring things but I have found in doing this for over 20 years and putting myself to bed too that that walk from the couch to the bed is often a source of anxiety, right?

You get yourself nice and sleepy reading something and then you try to sleepwalk to bad and not wake yourself up and already your mind is going to that place of, oh, I hope I don't wake myself up too much.

Nightmares, CBT-I, and Rewriting Recurrent Dreams

What if I'm not sleepy when I get back to already you're moving in the other direction and I find that if people can comfortably read in bed without a lot of anxiety or sort of self-talk around you know clock watching or hoping that they're falling asleep or not disturbing their partner and they can be remain calm and make that a lovely time, um, that that's really helpful because you can read past the point of, you know, just sleepiness.

You can't read until you're not processing the words on the page, put the book down and go to sleep. And with practice, oftentimes people get frustrated that they can stay awake long enough to read enough because it's such a good sleep cue.

Um, and then I also, my other sort of diversion is I prefer to read things that are interesting and engaging, not necessarily axe murder mysteries or whatever, things are going to get you freaked out and overly agitated.

But if I'm trying to a read a textbook at night, I'm not getting out of my mind, I am out my racing thoughts. I still making my grocery list. Still thinking about all the things I didn't do during the day that I need to do tomorrow.

And the whole point of reading is to pause that stuff to really separate your daytime, you know, multitasking brain from sleep and give the brain a chance to slow down, calm down.

And the body takes that cue and says, okay, if she's over here, reading about fantasy land and wherever, there's no fires to put out. I can, I assert my sleep imperative now and the body will take over and take you to sleep.

And with practice, it works quite well. I've found people report better sleep quality as well when they take that time to read before bed. It doesn't have to be long.

So those are my tricks. Some of them. I think those were some really good tricks and talking about tricks, you know, if somebody's suffering from nightmares and we had a guest a while back that did therapy for patients that didn't have night terrors, the nightmares.

But could you talk a little bit about the tricks to rewrite these nightmares people have and even recurrent kind of nightmares? Yeah, so I recently did a formal training in CBTN for nightmares and have had the opportunity to work

with a few patients doing this and it's really remarkable.

It's somewhat of an exposure. So you start by telling the nightmare and often that's really hard for people because nightmares often come from trauma and then they cause their own trauma.

um which you know it's unpleasant to call these things to mind and so the the mind really tries to put them out of awareness and is resistant to approaching these.

Things um so just the act of telling the nightmare is is um sort of step one And then you identify different themes, themes of safety, being believed.

There's different, you know, different things that come up in nightmares that are pretty common. And then, you know, and these are in subsequent sessions, right?

It's not like one and done. And, then you work on rewriting the nightmare. So, actually consciously inserting different content into this nightmare and then rehearsing it.

multiple times, you get in the habit of reading through it daily. Sometimes before bed, sometimes during the day when you're calmer, incorporating relaxation exercises to bring down the physical tension that accompanies exposure to difficult content.

And over time, what happens is you don't necessarily dream the new dream. but the old dream starts to change and that there's more agency, there is more opportunity for escape, things are sillier or more manageable.

Or it just stops happening so much because the other piece of it is the avoidance. When you approach something you've been avoiding, oftentimes it stops popping in when it's unwanted because you're not bracing for it, you are not trying to keep it out of awareness.

So it is a really remarkable strategy and I am so happy to have that in my toolkit because it really is so troubling when someone is suffering from Recurrent nightmares and you know that off very often is is PTSD related and You know, so there's there a whole other aspect of therapy around PTSD that Is separate from this?

But they you, know so it's not like you're gonna cure your PTSD necessarily by doing nightmare therapy but On the other hand, it does really make a huge difference because once a person isn't afraid to sleep because they aren't just waiting for this horror show to happen when they close their eyes, then other symptoms are more workable as well.

Stress, Grief, and Sleep Disruption

Talking about other symptoms, what about, you know, we're talking about nightmares and dreams, but the stresses or nightmares in daytime job, job loss or job stress or, or death in a family.

And that of course, excuse me, that, of, course trans transfers or transmits into the person's sleep. How do you work with patients or clients with, with those kinds of situations?

Well, it depends on whether it's an acute stress that's going to pass or it is something that is more long-term and requires adjustment. So, you know, It is absolutely normal for your sleep to react to the things that are happening in your life.

You can't expect to suffer a deep emotional loss and sleep through the night. I mean, some people do, but most people don't. there's nothing wrong with a person who can sleep after something like that happens, more power to them.

They're probably suffering in a different way. But it is absolutely normal to have those disruptions. I remember after 9-11, I was an intern at the VA on 9 11, and I didn't know that much about sleep at that point, but my sleep was just

messed up for a month or two.

And I I was in the city. I wasn't a first responder. Fortunately, I didn't lose anyone. But I messed up and that was normal. and then it reverted to something more normal as I sort of got used to that horrible thing that happened, as it passed a little bit for me.

Had I been more directly involved, it would have probably been disruptive, also normal. So some of it is helping people not feel like a freak, for reacting to something in a normal way and really having compassion for what they're going through and then trying to problem solve.

So, to say, alright, you're already in the state of hyperarousal because of this stress What are the other things you're doing that are contributing to that?

Maybe you shouldn't be video gaming at night. Maybe, you should really be doing more to help yourself unwind. maybe you need to be in therapy to talk through this.

But if someone has like a chronic stress, like just a job that is, has bad boundaries and high pressure, then you want to figure out real routines that can help them manage that.

Sometimes that is, sorry, get another job, rarely. But there are jobs that are just bad fits for people and people are in toxic situations and helping them exit them is one solution.

Other things are really understanding how to implement some boundaries, whatever they may be. Maybe it is just 10 minutes of reading that someone needs to do at night to give themselves that cognitive break from the super high way of activity and mental activity of the day.

Um, maybe it's more exercise. It's thinking about how they're compensating with food or they are drinking too much or trying to understand where, how they can cope, introduce healthy coping with stress and rely less on the things that are going to create bigger issues, you know, not really help the situation.

Wow, that's fantastic. I sort of got lulled into following you there. I'm going me, me also me. So just real quick, some fun, quick questions before we wrap up.

Just three. The morning shower myth, does a hot shower at night actually help you sleep or is that a myth? It actually does help. It's not the only way to get that effect, but it helps by raising your body temperature quickly and then you have the body temperatures drops and that drop is what is helpful for sleep.

There's also like a hydrotherapy aspect of the shower which helps to de-stress you. So that's a nice healthy thing to do. A bath is good as well. If you don't have time for any of that, you can put a hot water bottle at your feet when you go to bed or wear socks.

Okay, so if the drop is what it is, a hot shower and then a cold plunge, I'll go to sleep. I was joking. You know, you know I don't think the cold plunges is appropriate at that moment.

Yeah, because you want your body to like, it's cooling from the inside out, right? Cold plungers on the outside in. All right, next question. The night owl identity.

Is being a night Owl a fixed biological trait or Can a condition night owl truly become a morning person? Somewhere in the middle, right? Like we all have a chronotype and so we favor one over the other.

But you can certainly train yourself to sleep well on a different schedule. the trick is consistency. So the trouble that night owls often get into is that they are night owl on the weekend and then they try to be early birds during the week.

And that doesn't work because you're spending the whole first part of the day trying to get back on track and you

feel like garbage in the morning.

Quick Sleep Questions: Showers, Chronotypes, and Wearables

It's what we call social jet lag. You want to um commit to not necessarily early bird waking on the weekend but earlier than you'd like um and and keeping that consistency as long as you're able to get enough sleep during the week um you know like if you are chronically sleep deprived that's a whole different story but um if keep a consistent schedule um not varying wildly on weekends it's going to be easier for you as a night owl.

Okay, last question. So we're talking sleep tech. You know, we are the sleep nerds, and we have all this stuff. Yeah, I know that we haven't been very technical, have we?

Not so much. We have our rings and all the stuff, so we had the gadgets. Is it all worth the money or is it really just a distraction when it comes to wearables?

So I don't prescribe wearables and I often ask people to take them off. Um, because I find that people tend to get very distressed about what their data is when it's, and then that contributes more to performance anxiety.

It leads people look for quick fixes rather than bigger sort of routine changes or health healthy behaviors like there's something about the tech that leads people into this hacking idea that you can get the payoff without the investment and you know ultimately Drinking some special tonic at night to get three more minutes of REM sleep is not going to benefit you.

I am biased in that the people I see are anxious about it and I don't find it helpful for them. But I do think there's a place for the wearables in giving people information that they might not be aware of about their habits.

So someone doesn't realize they really aren't allotting enough time for sleep. And that's important. That can lead to profound change. But the those granular bits about this amount of you know stage two versus that amount, of stage three or rem, I find those to be um a little much and and they tend to um they, tend, to get people pretty agitated about and also they don't necessarily come with a a key where people are understand that no you actually do spend 50% of the night in stage two sleep.

That's not a bad thing. I find that it's a source of anxiety for a lot of people. Well, Doc, thank you so much. That was that was very, very interesting and also fun.

And we kind of geeked out on that. It was so it was really cool to hear all these things, but we are out of time. OK, so thank so you much for joining us.

Thank you for having me. it's my pleasure. Yeah, it has been absolutely fantastic. and folks out there, Thank You so Much for Joining us once again. And we appreciate all the support, the love, likes, shares, subscriptions.

We ask you to keep getting the word out and we look forward to bringing more amazing guests and amazing content for you in the future. Don't forget, huge shout out to our sponsors.

Be sure to check them out. And until next time, we say lights on. In the books and that means it's time for post cows. So Emerson, what were your thoughts?

You know, Jerry, this is one of those few times that I've gotten lulled into. our guest and kind of forgot that I was supposed to be interviewing her.

That's how much I enjoyed today is Dr. Kennedy was fantastic. And, you know, just the, how she's looking at different things. I mean, we've had so many guests on that are fantastic, psychologists and behaviors, but I felt like she brought kind a different point of view today.

And how she looked at anxiety and CVT and nightmares and even some of her sleep hygiene was a little bit

abstract little different from what we've seen in the past but I love to rationale.

even about what to read, because I totally identify with that. When I am in my head about something and can't seem to stop ruminating, you know, reading something distracting doesn't stop the riminating.

Closing Thoughts and Post-Show Wrap-Up

I'm still deep in thoughts and it just, what a brilliant idea that when you're locked into your thoughts like that and you can sleep, get something interesting to break that mental cycle.

That's brilliant. I've never thought about that before, and I'm definitely going to be using that next time I wake either having trouble falling asleep or staying asleep.

So fantastic advice today. if the typical conventional wisdom reads something boring and I don't want to pull out the end user agreement in order to licensing agreement and in ordered to fall asleep because you can't even begin reading that.

But reading something interesting, you're willing to pick up the book and take a look at that and. I agree with you. Overall, the different topics that she spoke about that made it made a lot of fun, kind of got stuck into wanting to keep going, almost lost track of time.

No, exactly. I think there's so much more. The one thing I do regret is she's got a book called The Good Sleeper, and maybe we can have her on some time.

But for our listeners, that is definitely a but worth picking up and taking a deeper dive into our guest today if you want to do that. Yeah, what a great visit.

Someone we should certainly have back sometime. Agreed. Well, I we should call it, especially because Robert's not here today. So it's a little… Definitely miss that guy.

No, this was good. And I'm certainly glad that we got to meet Dr. Kennedy and look forward to much more with her. Amen. Well, folks out there, thank you.

Until next time, cheers.