Dorveille and Breath: Two Sleep-Enhancing Strategies

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Two books have recently been published that speak to the challenge of achieving a good night of sleep. One of the books is a novel and the other is non-fiction. The novel is Colson Whitehead's best selling work of fiction called *Harlem Shuffle* (Whitehead, 2021) The nonfiction book by James Nestor is titled *Breath*. These two books could not be more divergent in terms of tone and purpose—yet both point to important aspects of sleep. Specifically, Whitehead introduces the concept of Dorveille Sleep, while Nestor writes about nasal breathing and its benefits (as compared with mouth breathing).

Let me remove the temporary mystery concerning how each of the concepts relates to a third entity that seems far removed from either the streets of Harlem or the way in which we breathe: this is Quality of Sleep. I turn first to Harlem and Dorveille Sleep.

Dorveille Sleep: A Night of Sleep in Broken Segments

In earlier essays I have challenged the traditional notion that the best night of sleep is one which is never interrupted. We are expected to drop off into slumberland at some point in the early evening and wake up refreshed and ready for a new day at some point after the sun rises. We all know that this is the "right" outcome of sleep—or is it? I offer several caveats.

First, the uninterrupted night of sleep is usually illusive. Only as a child or young adolescent do we achieve this outcome. Given the probability that we will wake up and even get up at least once during the night as an adult, then we might ask if this is just our personal flaw or if there is a good, "natural" reason for interrupted sleep. Does it perhaps achieve some evolutionary purpose?

Second, the failure to achieve an uninterrupted night of sleep might be reframed as an opportunity—and perhaps even an achievement. Something of value might come out of the interruption and what we do with this interruption. I have previously suggested that the bridge between two episodes of sleep can be filled with enjoyable and even productive activities. I have also suggested that a second or third segment of sleep at night can look quite different from the first segment. We can change the way in which we are sleeping half way through the night!

Harlem Nights

It seems that I am not alone. Colson Whitehead introduces (or actually re-introduces) us to an old notion about sleep. It is called Dorveille Sleep—and is based on some research findings (and speculations such as I have made) that humans (and perhaps many other animals) are not only accustomed to sleeping in two or more "shifts" (sleep segments), but also benefit from this multi-segment sleep.

For the Harlem characters in Whitehead's novel, this second segment is used by one of the main characters to engage in behavior that differs quite a bit from their accustomed daytime behavior. This character operates in a "legit" manner during the day—but finds several hours late at night—when awake from the first segment of sleep—to enter a world on the streets of Harlem that are inhabited and

controlled mostly by residents who are operating outside the law. Our protagonist can emulate the malevolent inhabitants of this Dorveilles world and engage in activities that are "illegitimate". Then it is back to sleep and later awakening in a world of legitimacy.

Shadow Function

As in the case of the legendary Batman, the late night and Dorveille state in Whitehead's book is inhabited by those who are dark and dangerous. Jungians (Jung, 2013) would point to the shadow function that resides in each of us as the source of the attraction and fear associated with late night activities and Dorveille states. The state of interrupted sleep poses a challenge for those of us who live with this condition: what do we do during the interval between two segments of sleep? Do we engage in activities that are "forbidden" (such as enjoying that chocolate delight or watching that silly movie about inept burglars)? Not quite as dangerous or destructive as the activities described by Whitehead—yet still in defiance of our sober, judgmental self.

If we have taken an often-dangerous drug (such as Zolpidem), then we might even engage in activities that are unsafe during the bridge between sleep segments – and may not remember what we have done when waking up in the morning. Is there a bruise on my hip where I fell during the night or a left-over plate of food that I apparently heated up and ate during the night? I don't remember anything happening! We might not have been fully conscious during the bridge period and engaged in sleep walking, talking in an incoherent manner, or even calling someone on the phone. Sometimes, we recall the semi-conscious activities and assume they occurred in a dream—only to discover that they occurred while we were "almost" awake. The Dorveille phenomenon can be quite disturbing. Some Jungians might even suggest that our "Shadow" function has been at the steering wheel during this period of time.

We might speculate that the "myth" of uninterrupted sleep is motivated in part by our concerns about the late night and interrupted sleep. We wish to run away from recognition of our own potential behavior during this interval of time in our 24 hour day. Perhaps there are two reasons why we are hoping that our sleep is not interrupted. It might not only be because the full night of sleep is supposed to be healthy for us, but also because we are fearful of what we might be doing during the bridge between periods of sleep. This need not be the case. Our Dorveille sleep (with two or more sleep segments) might actually be a good thing for many of us.

Activities During the Bridge

What are some of the more productive (or at least pleasurable) activities in which we might engage during the bridge between two segments of sleep? How do we make use of Dorveille—other that wander around the streets of Harlem? I asked some of my friends and colleagues about what they do. I received a wide variety of responses.

First, with regard to pleasure, we might savor some favorite food. Chocolate might not be so evil. Neither might many other kinds of comfort foods—a bowl of cereal, a glass of hot milk (perhaps with some flavoring), a piece of leftover Bar-B-Que chicken. We might instead read some poetry. Jungians would suggest that we might take out a book contains myths or fairy tales as a counter (or complement) to the shadow. We might bring in another medium by playing some relaxing music. There are wonderful adult lullabies (such as those recorded by Carol Rosenberger) There is always the option of viewing TV or

checking out our mobile device. Perhaps a few minutes of our favorite sport or a short mini drama. We might even take in a few minutes of news.

One of the favorites suggested by a close friend (who lives in a part of the world that enjoys a warm climate year around) is to spend a few minutes outside during the bridge: view the stars, listen to the sounds of night. If living in a rural area, these might be the sounds of crickets, hooting owls, or trees rustling in the wind. My friend lives in a city, so he spends time listening to the late-night sounds of his city. Colin Whitehorse might agree that these urban sounds (whether in Harlem or in my friend's city) can be quite soothing.

What about productive activities? The most important point to remember is that this is NOT the time for high level productivity. That outcome should be reserved from daytime activities. However, this might be the occasion to engage in some simple, pleasurable tasks such as cutting up vegetables for an upcoming dinner or rearranging a floral display in your living room.

There is an even more interesting—and distinctive—form of productive work that can be done. We know that creative ideas often emerge while we are falling asleep (hypnogogic sleep) and while we are waking up (hypnopompic sleep). We even know that rich insights can be generated while we are dreaming. Deirdre Barrett (2001) writes about the "committee of sleep" that can provide us with valuable ideas regarding a problem with which we are wrestling. We can record (write down) some of these insights and ideas during the period of time when we are awake between sleep episodes.

This is a great time to prepare bullet points or a rough outline. We can become the creative genius of Dorveille. The more fleshed out and polished version should await daytime, when we can engage our alert and more discerning self. When the sun rises and we review what we have prepared at night, the outcome might be glowing delight and appreciation for our nighttime self. It might instead be our daytime critique of a recording that is bizarre, obvious or simply silly. We might chuckle while reading this mis-mash. It has entertainment value if nothing else. We might be Dorveille genius at night but not during the day.

There is one other productive activity in which we might engage during the bridge between sleep segments. We can determine what we are going to do (if anything) that is different during the next sleep segment.

Differences in the Later Segments of Sleep

We often have a multitude of options available to us. If we live in a home or apartment with an unoccupied bedroom, we might choose to sleep in a different room. The couch or a reclining chair might also be an option. Another option is to make the bedroom in which we are now sleeping either cooler or warmer—by opening or closing a window, turning up or down the thermostat, or turning on or off a fan or air conditioner. We can add more blankets, take off blankets, add pillows, or take away pillows. This obviously gets a bit more complex if we are sleeping in the same bed with another person. Some negotiations would have to take place. This is why the move to a second bedroom is often the best option.

There are several other changes we can make. Some occur in the bed. We can sleep on a different side or on either our belly or our back. We grab (or set aside) a long side pillow. If we have one of the fancy

new adjustable beds, then (depending on the bed) we might change the shape, degree of softness, or level of warmth.

There is one other change to be mentioned that leads us to review of the second book about breath. If we possess some device that aides breathing, then we might make use of it for the first time or set it aside between segments. The change might allow us to begin breathing in an easier manner (through both our mouth and nose) or help us begin to breathe exclusively through our nose. We begin (or cease) using a device that opens up our throat (to reduce snoring). Or we shift our position in bed to ease breathing or increase nose breathing. These are all changes that address the issue to which we now turn our attention.

Breath

While multiple benefits might be derived from enjoying two or more segments of sleep during the night, it is also apparent that there can be too much of a good thing. Frequently interrupted sleep is not healthy—and a fitful night of sleep certainly is not associated with either productivity or a calm demeaner during daytime hours. While there are many reasons why sleep can be frequently disrupted, one of the primary culprits is the failure to take in adequate oxygen. When our breathing is disrupted, our sleep itself is disrupted. This interplay between sleep and breath is one of the main focal points in James Nestor's (2020) book about breathing. More specifically, the culprit is identified by Nestor as breathing through one's mouth rather than through one's nose.

Nose breathing: The benefits

Nestor first notes that we human beings are the worst breathers in the animal kingdom. Every other species breathes through their nose. Unlike other species, we are inclined to breathe through our mouth rather than our nose. Much of the reason for our failure to breathe through our nose comes from evolutionary changes associated with shifts in the location of our larynx (so that we might make effective use of language). Our ability to breathe correctly is sacrificed on behalf of our ability to be articulate in our use of language.

Nestor offers great praise for the act of breathing through one's nose. He points to multiple cultures in which nose breathing is emphasized—where even children are taught how to breathe correctly through their nose. Many benefits derive from nose breathing (in contrast to mouth breathing). First, nose breathing serves some rather mundane functions. Hairs in one's nose, for instance, help to clean the incoming air and the nose gently warms the incoming air on a cold day before it enters our lungs. Second, nose breathing can yield even more complex benefits that impact broader biological functioning. Nestor (2020, p. 50) cites the research findings of a colleague regarding the biochemical impact of nasal breathing:

> One of the many benefits [of nasal breathing] is that the sinuses release a huge boost of nitric oxide, a molecule that plays an essential role in increasing circulation and delivering oxygen into cells. Immune function, weight, circulation, mood, and sexual functioning can all be heavily influenced by the amount of nitric oxide in the body. (The popular erectile dysfunction drug sildenafil, known by the commercial name Viagra, works by releasing nitric oxide into the bloodstream, which opens the capillaries in the genitals and elsewhere.) Nasal breathing alone

> can boost nitric oxide sixfold, which is one of the reasons we can absorb about 18 percent more oxygen than by just breathing through the mouth.

With these benefits awaiting us, the question becomes: why do we continue to breathe through our mouth? Is it all about training our children? Is there no hope for those of us who learned how to breathe primarily through our mouth? Please stay tuned. There is hope for us. However, we must first turn specifically to the impact of mouth breathing on quality of sleep.

Mouth breathing: The disruption of Sleep

There are two parts to the sleep-enhancement equation regarding breathing. It is not only that beathing through our nose is beneficial, but also that breathing through our mouth is detrimental—especially during the night. Nestor (2020, pp. 29-30) offer the following disturbing description of what occurs when we breath out of our mount while sleeping. He relates it to his own self-experiment in breathing just from the mouth:

> Mouthbreathing causes the body to lose 40 percent more water. I felt this all night, every night, waking up constantly parched and dry. You'd think this moisture loss would decrease the need to urinate, but, oddly, the opposite was true.
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> During the deepest, most restful stages of sleep, the pituitary gland, a pea-size ball at the base of the brain secretes hormones that control the release of adrenaline, endorphins, growth hormone, and other substances, including vasopressin, which communicates with cells to store more water. This is how animals can sleep through the night without feeling thirsty or needing to relieve themselves.
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> But if the body has inadequate time in deep sleep, as it does-when it experiences chronic sleep apnea, vasopressin won't be secreted normally. The kidneys will release water which triggers the need-to urinate and signals to our brains that we should consume more liquid. We get thirsty, and we need to pee more. A lack of vasopressin explains not only my own irritable bladder but the constant, seemingly unquenchable thirst I have every night.

With both sides of equation now in place, we can turn to the fundamental question: how do we increase breathing through our nose—especially at night.

Assisting Nasal Breathing

There are several ways in which to promote breathing through our nostrils rather than our mouth. Some are meant primarily for use during the day, while others are for use during the night.

Daytime: The most obvious way that we can promote nasal breathing throughout the day is by cleaning our nose so that it is easier to breathe through it (rather than through our mouth). As we all know, the most frequent manner of nose cleaning is gently blowing one's nose into a tissue.

We also are all aware (especially via advertising) that medications can be taken that treat allergies, "hay fever", colds, flu, etc. – physical ailments that tend to produce nasal-clogging mucus in our nostrils. Many of these medicines are available over the counter, while others require a prescription. It is also important to note, with regard to sleep-enhancing treatments, that some of the medications are specifically intended for use prior to going to bed. While these evening drugs might induce sleep (or at

least not keep us awake as do the daytime medications), they often contain ingredients that do more harm than good—especially for those of us with high-blood pressure or those who need to avoid consumption of alcohol.

There are other over the counter (or prescribed) medications that have been widely used over the past century. These are the nasal sprays—which often contain medications similar to those found in medicines that we swallow rather than spray. These sprays often proport to not only clean our nose but also assist in curing some of the other ailments (such as the common cold and flu) that the other medicines are intended to treat. Some controversy regarding the efficacy of these nasal sprays and some concerns about the medicines contained in these sprays have arisen in recent years. This controversy centers at times on the potential addictive properties of the sprays. There are concerns about addiction. We become increasingly tolerant of the spray's impact, resulting in our increasingly frequent use of the spray to reduce nasal congestion (or attain some specific physical or mental state).

There are two other more "natural" modes of nasal cleansing that have long traditions in certain societies. First, there is the use of humidity and steam. One can place a humidifier in the bedroom or linger over a pot of steaming water. Devices can also be used that specifically provide steam to one's nose as a way to not just clean but also relax our nostrils. One can engage in an even more elaborate procedure of taking a hot, steaming shower or bath. In some societies we find the use of steam baths, steam rooms and even saunas as modes which yield not just cleaner and more relaxed nostrils, but also overall improvement in health (achieving such outcomes as increase in circulation of blood, cleansing of skin pores, and relaxation of muscles). Even without the elaborate preparation (and cost) associated with these steam-filled rooms, we can simply apply a how steaming compress to our face.

In Western societies there is a long history of salt washes. Small amounts of salt and sodium bicarbonate are added to distilled or boiled water. With our head tilled, this mixture is then slowly introduced into each nostril using a baster or rubber dropper. The saline solution exits the other nostril as we lean over a sink. Non-Western societies have introduced us to a similar mode that can be deployed to clear our nose for more frequent and effective breathing. This mode also involves the washing of our nostrils with a saline solution. There is the traditional Neti Pot—involving the placement of a pot of water (with a saline solution) near the nostril. One pulls in the saline water. It travels through the first nostril and out the second nostril (and one's mouth). This procedure is then repeated with the water moving through the second nostril and out the first one.

More recently, this nasal cleansing procedure has been made more accessible through the use of plastic bottles containing the saline solution (which is added to distilled water). The content of this bottle is squeezed through one nostril and out the other nostril and mouth. The procedure is then repeated in the other nostril. Appliances are also available to provide this nasal rinse via a pump built into the appliance. Saline water is pumped into one nostril from one partition of the appliance and then out the other nostril (ending up in a second partition of the appliance). As in the case of the manual nasal rinse, this cleansing procedure is repeated in the other nostril.

We are all aware of one other procedure for cleansing one's nose. We simply have to cut (or even just smell) an onion. Our nose reacts immediately and soon will begin to clean itself (with the assistance of a tissue). We cry over the onion and our nose becomes a bit cleaner--a harsh but effective treatment! A less harsh treatment is also available using other ingredients found in the kitchen. Oregano oil is mixed with almond oil and then gently rubbed into the area around one's sinuses. And there is the one most

available staple in the kitchen: water. We simply drink plenty of water during the day. It helps to drain and expel mucus that has accumulated in our nose. Furthermore, our nose will stay hydrated during the day and remain less sensitive to outside irritants. Obviously, there are alternative to water: tea, broths, soups. So, we can linger around our kitchen and begin to breathe through our nose—perhaps.

Nighttime: In preparation for sleep at night, there are several ways in which we can promote nasal breathing. First, we can be sure that air in the bedroom is "clean." Sometimes this means opening the window; however, the air coming in from the outside might be filled with pollan. An air cleaning system in the room can be quite beneficial, as can an air conditioning system that cleans the air. We also can be sure that our pillows, sheets and blankets are "clean." A freshly washed set of sheets is often welcomed and sets us up for high-quality sleep. Also, a few moments outside before entering the bedroom—to take in truly fresh air—can be of real benefit in preparing for sleep.

Many of the procedures for nasal cleansing that we use during the day are particularly important to consider when preparing for sleep. These include the nasal washes, steam-related treatments, and drinking of fluids. When available, a brief session in a hot tub or spa before going to bed can be helpful in not only relaxing our muscles, but also loosening the mucus in our nose. Even a hot bath can do the trick. As already noted, one needs to be careful about taking the multi-purpose night-time cold medications given the many ingredients that not only are not needed but also can be disruptive of health (and sleep).

We can also introduce several methods while falling asleep that helps to keep our nose clear. First, we can elevate our head when going to sleep. If we have an adjustable bed, then the upper portion of this bed should be elevated. Second, we should ensure that fresh air is blowing across our face. It is one thing to have fresh air circulated around our bedroom. It is another thing to ensure that we are exposed to this air. While it is nice to snuggle up in bed with our head wrapped around pillows, sheets and blankets, it is also important to be sure we can still freely breathe!

Sleep Apnea

There is another major challenge and concern regarding the interplay between breathing and sleep quality. This is the condition known as Sleep Apnea. As a condition that produces disruptive sleep, apnea can at times be quite dangerous to our health. While there is a complex form of sleep apnea related to signaling of the brain, the most common form of sleep apnea occurs when the muscles in our threat relax. A relaxation of the throat muscles results in the impediment of air flowing to and from our lungs. We may wake up, gasping for air or we might simply adjust our head or start breathing from out mouth in order to obtain more air. Snoring is frequently an outcome of sleep apnea, as are a dry mouth and restlessness. In the morning we might have headaches and are inclined to be irritable. We might find it hard to pay attention and even stay awake during the day.

There are many advertised modes of treatment for sleep apnea, ranging from specially shaped pillows and chin straps to pills and rhythmic sleep lights. The most widely used device, however, is the CPAP machine. While this machine comes in several different forms, its primary purpose is always to provide positive air pressure that helps to keep the air passages in our threat open. With our face (or at least nose) covered in a mask, air is pumped into our nose and/or nose and mouth. In additional to the basic CPAP machine there is an APAP machine that automatically adjusts the air pressure based on sleep position and potential impact of medication. Another variant, the BIPAP machine increases pressure

during the inhale of air and decreases pressure during the exhale. Regardless of the machine being deployed, users of CPAP machines are less likely to experience sleep apnea and to snore. On the other hand, this machine is very difficult for some people to use because it is uncomfortable to wear (thereby making it harder to fall asleep or to sleep without disruptions). Also, as many advertisements have informed us, the CPAP machine must frequently be cleaned. It certainly isn't meant for everyone.

There is also the matter, once again, of nose breathing and mouth breathing. When the mask covers both the nose and mouth, it is just as likely that we will breathe in the pumped-in air through our mouth as we will breathe it through our nose. Even when the air is pumped specifically into our nose, our mouth is free to take in additional air. The question remains open: does the CPAP increase the portion of air that we take in through our nose? Furthermore, does the comfort of CPAP air coming into our lungs outweigh the discomfort of the CPAP machine for the sleeper? Perhaps it is just a matter of "getting use" to the CPAP—as many of its users declare. There certainly are many people who can't sleep without their CPAP machine –and bring it with them when traveling. Perhaps the answer for some sleepers can be traced back to the multi-segment Dorveille pattern of sleep that I described earlier. The CPAP machine can be used during one sleep segments. "Natural" ("free-style"?) sleep is then embraced during one or more of the other sleep segments.

Several alternatives to CPAP are available. The choice is not between the CPAP machine and nothing. It is not between a machine and the medications, pillows and other modes I have already identified that proport to eliminate (or at least reduce the occurrence of) sleep apnea. Specifically, there are appliances that help to keep our jaw aligned when we are asleep. This alignment keeps our throat from closing up (or at least becoming constricted). They are much less expensive than the CPAP machine and cause little discomfort. The appliance does have to be produced by a dentist, who prepares a mouthpiece that is molded to fit our upper and lower teeth. This appliance can be used for many years with minimal care (occasional cleaning). While there are over the counter devices that provide some of this alignment, the ones prepared by the dentist tend to be much more effective (if somewhat more expensive).

The question still lingers, however, regarding nose and mouth breathing. The jaw alignment might encourage nose breathing (as does a CPAP) but it doesn't require nose breathing. There might be less snoring and fewer instances of sleep apnea, but the benefits of nose breathing might not be fully realized. The jaw alignment user will often still wake up with a dry mouth and the desire to urinate (both signs of mouth breathing).

There is one other option regarding the prevention of sleep apnea that has recently arrived. This is a device that is installed in our body (via a minor operation). A handheld device is then available to the sleeper who activates the implanted device. It simulates musculature in the throat to keep open the channel through which air flows. While this device is certainly not for everyone (given its cost and the required implantation of the device), it might hold great promise for those who cannot tolerate CPAP machines and experience severe sleep apnea. Once again, the question still lingers regarding the source of air moving through the opened throat. Does it come from the mouth or nose?

Covering the Mouth

We are left with the challenge of nose breathing still not addressed in a satisfactory manner. How do we ensure that our breath is coming in through our nose rather than our mouth? This is hard enough to achieve during the daytime—when we would have to attend virtually all the time to our breathing. It is

even more difficult during the nighttime when we are asleep. Can we really become nose breathers after a lifetime of breathing at least sometime through our mouth? Are we homo sapiens doomed to a life of being stupid breathers on behalf of our capacity to be articulate speakers?

James Nestor offers a rather "drastic" solution for the nighttime and tried this solution out himself. He decided to place tape over his mouth. He first tried the rather dramatic step of placing of a large swath of tape over his entire lower face; however, he soon found that it only took a small piece of tape placed over the mouth to do the track. Nestor tries the tape solution out himself and reports quite positive results (Nestor, 2020, p. 52):

> In the three nights since I started using this tape, I went from snoring four hours to only ten minutes. I'd been warned . . . that sleep tape won't do anything to help treat sleep apnea. My experience suggested otherwise. As my snoring disappeared, so did apnea.
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> I'd suffered up to two dozen apnea events in the mouth breathing phase [when I was breathing just through my mouth], but last night had zero. I suffered no creepy insomniac hallucinations, no late-night ruminations . . . I never woke up needing to pee. I didn't have to, because my pituitary gland was likely releasing vasopressin. I was finally sleeping soundly.

We are appreciative of Nestor's self-experimentation and his advocacy of mouth-taping. It is probably a wonderful, low-cost solution for many of us mouth-breathers. However, his recommendation and demonstration has caused a bit of controversy. Segments of recent news programs have been devoted to the identification of hazards associated with Nestor's mouth taping. The most obvious hazard concerns the elimination of mouth breathing when one can't easily breath through their nose. Not only is this likely to increase sleep disruption during the night ("I can't breathe!"), it can lead to brain damage (lack of sufficient oxygen) and even death. Are these potential hazards overblown? Perhaps they are. Certainly, most of us would wake up and tear off the tape if we were struggling to receive enough oxygen. However, the warning is worth keeping in mind. Other methods that are more "natural" or at least less dramatic might be tried first. If nothing else, how about some fresh air before going to bed and a gentle blowing of the nose.

Conclusions

Here is the challenge. Can I keep my mouth shut for even a few moments each day? This might require that I listen more and talk less. Other people in my life might appreciate this change in my behavior—not because they want me to breathe from my nose, but because they want me to be more attentive to their own thoughts and feelings. Can I keep my mouth shut for a few minutes while falling asleep? Perhaps it will remain closed as I venture into my dreams? Maybe I can dream of being a beast of the forest who breathes like most other nonhuman beasts through their nose rather than their mouth.

Can I quit worrying about getting a full night of sleep—without interruption? I might not be wandering the streets of Harlem during the bridge between two sleep segments, but I might wander into the kitchen and munch on a favorite cookie made by my daughter or sip on some Egg Nog during the Winter Holiday. Dare I delight in this brief foray into my kitchen? Is it adventurous for me to journey into a different bedroom during my second segment of sleep? Do I take major risks in opening wide the window in my bedroom during the third segment? I say: why not live dangerously--fully engaging and enjoying Dorveille Sleep?

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