

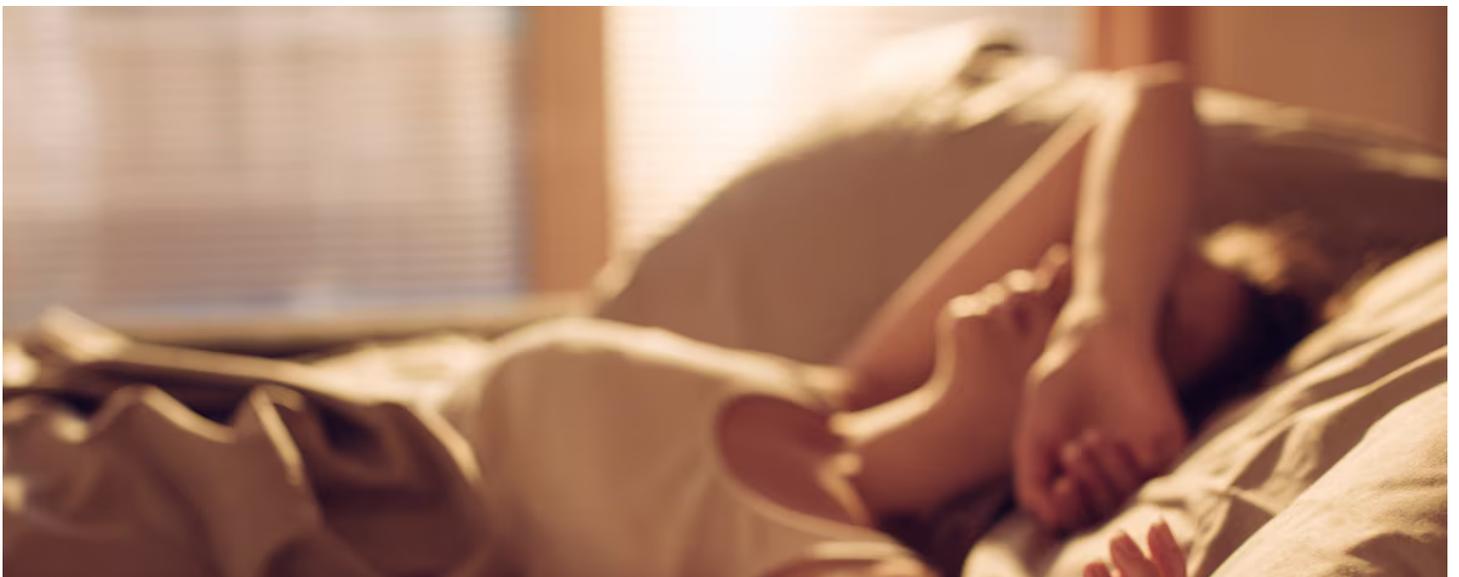


Go ahead, dream – it’s good for you

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Karen van Kampen's new book, *The Brain Never Sleeps*, looks into the science of dreams.

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Many of us have common recurring dreams, from falling to being chased to botching that presentation. Often, we're quick to dismiss them. But research suggests dreams play a meaningful role in our mental health and wellbeing.

As Karen van Kampen writes in her new book, *The Brain Never Sleeps*, "There is no sharp divide between waking and dreaming life. When we are asleep, our dreams are as real to us as waking experiences. They have the power to influence what we think, feel and do." The Globe and Mail spoke with van Kampen about the healing power of dreams – and what happens when we start paying attention to them.

Your father opened a sleep lab when you were nine. How did that shape your interest in dreams?

When my dad opened his first sleep lab, he practiced hooking up electrodes on me at our kitchen table, with our German shepherds running around. Later, I'd nap in the lab while he tested equipment. It was so much fun being there; in my mind, it felt like a cross between a hotel and a government facility tracking secrets. Years later, I read a study suggesting we're as dream-

deprived as we are sleep-deprived. That really turned me onto the question of why dreams matter and how they impact our health and wellbeing.

In simple terms, why do we dream?

One theory is that dreams help consolidate memory and improve learning. Another is that they allow us to prepare for life's threats or difficulties, like losing your phone or having a difficult conversation. A third idea is that they help us process difficult emotions, almost like an overnight therapy.

During COVID-19, many people reported vivid or disturbing dreams.

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What did those reveal?

A large portion of dreams reflect our waking life. During COVID, we were living with constant uncertainty and trying to come to terms with this new invisible threat. That anxiety appeared in dreams as bugs or as something seeping through windows and doors that couldn't keep danger out. Health care workers dreamed of being unable to protect patients. What struck me was how a shared fear became deeply personal in dreams.

You write that people who dream about anxieties cope better afterward. Why?

Research by [the late psychologist] Rosalind Cartwright, sometimes called the "queen of dreams," found that people who dreamed about their divorce coped better a year later. Similar findings show that students who have

exam-stress dreams tend to perform better. The idea is that dreaming helps us engage with difficulty, so we're better equipped during the day.

What surprised you most while researching the book?

Anesthesia dreams. At certain levels of anesthesia, people enter a calm, peaceful state where they revisit difficult experiences without fear. Some described these dreams as transformative; they woke up with this different way of thinking. I was also surprised by research into dream engineering, the idea that we can try and shape and guide our dreams.

Karen van Kampen recommends keeping a pen and paper by your bedside to record what you remember of your dreams.

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What does dream engineering look like in practice?

It can be as simple as setting an intention. When you fall asleep with something on your mind, there's a chance that you'll dream about the topic you've incubated. For the book, I tried my own ad hoc dream experiment at home. I was having a nap and focused on a tree while falling asleep. There's a phase at sleep onset researchers call a creative sweet spot, when you're relaxed but still aware. I could hear kids playing outside my window, jumping through the sprinkler, while my thoughts became dreamlike. I looked at it like a creative brainstorming session.

Many people say they don't dream at all. Are they right?

Probably not. Most people who say they don't dream simply aren't waking during or right after a dream, so they don't remember it. But they're still gaining the benefits.

Are recurring dreams – such as falling– meaningful?

They're common because they reflect common experiences. Work-stress dreams – like when you're giving a presentation and your slides are blank – make sense because we spend so much time at work. Falling dreams are often linked to helplessness. What matters most is the emotional theme and what's happening in waking life.

How can people work with their dreams?

Keep a pen and paper by your bedside and write down whatever you remember, even fragments. You could also make a voice recording. Dreams are a kind of highlight reel of what's weighing on us. Nightmares are especially important. Many people try to ignore them, but they can affect mental health and even create fear around falling asleep. One way to combat nightmares is through imagery rehearsal therapy, where you rescript a nightmare's ending while awake and then practice the new version.

If readers take away one thing from your book, what should it be?

Dreams are an alternate realm of thought that runs alongside waking life. You don't have to pay attention to them. But if you do, they can offer insight and creativity. We spend a third of our lives asleep, much of it dreaming. That's a lot of mental life to ignore.

This interview has been edited and condensed.

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