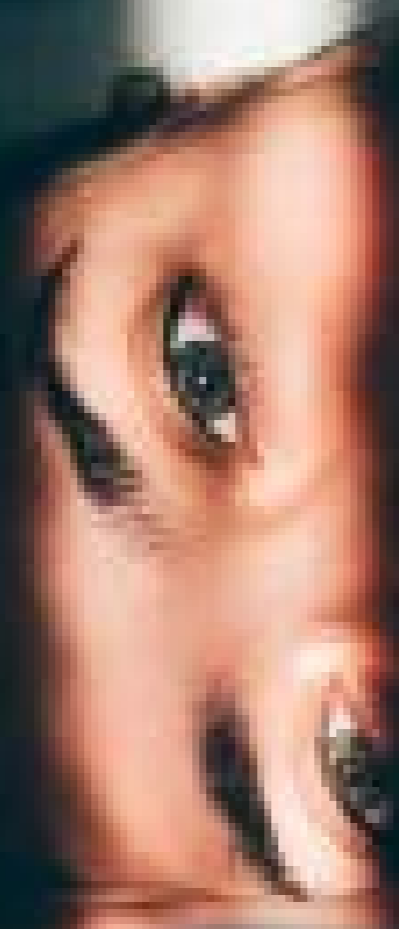


**YES, YOU
READ THAT
CORRECTLY:
DE-THINK, NOT
RE-THINK. WHY?
BECAUSE OUR
CULTURE'S
INCREASING
OBSESSION WITH
SLEEP MAY WELL
BE WHAT'S
KEEPING
US AWAKE.**



It's **TIME** *to* **DE-THINK** **SLEEP**

BY ROBYN MACLARTY

How are you sleeping?
I was a little taken aback
when my GP asked me
this question. I was in
his office for a new Yaz
script, not sleep issues.
I shrugged. 'Badly.'

'For how long?'

'Uh,' I laughed wryly, 'my whole life?'

It was true. I can't recall sleeping well since
my early teens.

He proceeded to lecture me on the harmful
effects of long-term sleep deprivation, such
as obesity, diabetes, cardiovascular disease,
stroke, dementia, depression and cancer.

I maintain a healthy cynicism about the

medical fraternity, having been misdiagnosed
more than once, and keep doctors' fallibility
front of mind before I swallow a verdict, yet
I'd had an unusually sleepless few nights
before my appointment, even for me, so I was
more receptive than I might have been. I left
with scripts for Yaz and something called
Aspen Trazodone, which the doctor had
assured me wasn't a sleeping pill, as such, but
rather a mild, short-acting, non-addictive anti-
depressant with a sedative effect.

That night, I took one of the pills before
bed. It worked. I slept through the night,
waking partially, groggily, at one point
but quickly drifting off again. A godsend!
I thought.

I foisted my newfound sleep solution onto anyone who'd listen. 'They've changed my life! Really, you should look into it!'

Even better than sleeping through the night, I was no longer being woken by a sucker-punch of anxiety to my chest. Previously, I would jolt awake and my mind would latch onto anything and nothing: a work deadline, politics, a financial concern, and then, more than occasionally, to the fact that I was not getting back to sleep. I'd visualise the coming day as an interminable slog to get back to bed, worry about whether I'd have enough energy to exercise or to prepare for a meeting, and wonder if I'd ever know what it's like to be anxiety-free.

Now, with the help of pills, my midnight neuroses had evaporated like morning mist. But you know what they say: if it seems too good to be true...

After two short weeks, the other shoe dropped. I realised that I wasn't really 'waking up' any more. I felt sluggish and fatigued even after sleeping through the night. My body began to feel weird; my skin felt prickly and hot; and I had splitting headaches. I never get headaches. It turns out these were side-effects of Aspen Trazodone.

I started taking little breaks from the pills, only taking them sporadically, but every time I did, the symptoms returned, so eventually I stopped, fully expecting to return to my pre-pill sleep-stress pattern. Yet, amazingly, that didn't happen. Don't get me wrong: I still woke up during the night, but it was no longer a source of stress. Instead, I would just think, oh, well, I'll just lie here and think a bit, and rest; it will be fine.

And it *was* fine. I was gentler with myself during the day. More patient. I hadn't realised that I'd

been in the habit of berating myself for not sleeping well enough, not having enough energy, not doing or being enough. Certain tensions left my body, ones I hadn't even been aware of.

What the hell? All this from a mere change in attitude towards sleep? How could I have been so unaware of something that was draining my wellbeing so insidiously?

I didn't know it at the time, but I had been inadvertently cured of orthosomnia: an unhealthy obsession with getting enough sleep.

THE QUEST FOR SLEEP PERFECTION

When you give a previously unidentified phenomenon a name, you make the invisible visible. This is what researchers from Rush University Medical College and Northwestern University's Feinberg School of Medicine did when they coined the phrase 'orthosomnia' in a 2017 report titled 'Orthosomnia: Are Some Patients Taking the Quantified Self Too Far?'

The research focused mainly on the influence of sleep-tracking devices – 'There are a growing number of patients who are seeking treatment for self-diagnosed sleep disturbances such as insufficient sleep duration and insomnia due to periods of light or restless sleep observed on their sleep tracker data' – and referenced a 'perfectionist quest for the ideal sleep in order to optimise daytime function'. Ostensibly, these 'patients' were consulting their tracking apps to ascertain whether they were attaining or falling short of a superficial 'ideal' amount and quality of sleep, and enlisting the help of sleep doctors accordingly.

The term 'orthosomnia', however, has brought a far more widespread

phenomena into focus, of which sleep-tracking devices are only a symptom: the commodification of sleep.

Despite the fact that we don't all need the same amount or pattern of sleep, the message has been drilled home: anything less than 8 hours of unbroken sleep each night may lead us to an early grave. And, while sleep scientists agree that a long-term sleep deficit is no recipe for health, it is, rather, the 'sleep economy' that stands to benefit from fear-mongering.

Where once, advertisements for camomile tea, firm pillows and sturdy mattresses were about the extent of it, there now lives a market worth an estimated \$76 billion comprised of products ranging from space-aged to could-be-helpful to idiotic: performance pyjamas; temperature-regulating sheets; weighted blankets; a sleep robot-cum-snuggling pillow that supposedly regulates your breathing; melatonin supplements; CBD gummies; medication; white noise sound machines; guided meditations; bedtime stories for adults; blue-light blocking goggles; an alarm clock that analyses the temperature, sound level, luminosity and humidity of your bedroom; smart watches that use an accelerometer and heart-rate monitoring to determine length and quality of sleep; titanium earplugs; speaker pillows; essential oils; 'light therapy' glasses; a brain-activity-monitoring headband; and smart beds with adjustable firmness, biometric sensors and a 'water-based climate control system'.

While these products claim to help improve sleep, generally with dubious or scant evidence to support such claims, the shadow side of the message is that they are also reminding us that 'we need to sleep better – or else'.



'I had been inadvertently cured of orthosomnia: an unhealthy obsession with getting enough quality sleep.'

THE TYRANNY OF PRODUCTIVITY

What struck me as I researched this article was the link between sleep and productivity. We are constantly encouraged to improve our efficiency during the day – and now this demand has been subtly extended into the night-time hours, where the quality and quantity of our sleep is seen in terms of success or failure, and linked to our value to society. Sleep has become a project, a metric, something to be measured and assessed, and improved upon.

We're often told how much sleep deprivation is costing big business. ScienceDaily.com estimates that 'increasing nightly sleep from under 6 hours to between 6 and 7 hours could add US\$226.4 billion to the U.S. economy.' Companies now publicise their sleep policies: US insurance company Aetna gives its employees a bonus for extra sleep; Procter & Gamble installed lighting in its offices that regulate melatonin; and Google, Nike, Facebook and Uber all offer sleep pods and individual or communal nap rooms for employees to siesta.

On the one hand, we're told that 'mounting evidence suggests that a good night's sleep seriously boosts productivity'; and on the other hand, a 2021 study from MIT found that 'more sleep alone doesn't improve performance or wellbeing'.

Regardless, the focus on how sleep relates to productivity could well be contributing to the pressure orthosomniacs feel to 'achieve' 'efficient' sleep.

THE SLEEP HYGIENE HOAX

Many of the sleep products mentioned above use the tenets of 'sleep hygiene' as their foundation. It's advice we're all heard before: establish a regular sleep schedule; use naps with care; don't exercise physically or mentally too close to bedtime; limit your exposure to light before bed; don't use your bed for anything but sleep and sex; avoid alcohol, nicotine, caffeine and other stimulants before bedtime; and create a peaceful, comfortable and dark sleep environment.

Sleep hygiene is often bandied about as if it were an established, legitimate strategy to curb sleeplessness, but in actual fact there is no meaningful evidence to suggest that it makes a dent in real sleep problems.

It may well help those who already sleep fairly well to sleep even better, but sleep hygiene has been thoroughly debunked as 'limited and inconclusive', according to a review of empirical evidence

published in the US National Review of Medicine. In addition, a systematic review by the American Academy of Sleep Medicine concluded that clinicians should not prescribe sleep hygiene alone for insomnia, due to a lack of evidence for its efficacy and potential delaying of adequate treatment.

In a 2020 blog post titled 'Why sleep experts' fake news makes me mad', Kathryn Pinkham, founder of the UK's largest specialist insomnia service The Insomnia Clinic, writes, 'Here's the uncomfortable truth: sleep hygiene does not work for insomnia or sleep problems! ... When sleep experts and magazines keep on churning out this advice, it makes people feel even more despondent as they have already tried all of this and still can't sleep. In fact, if you pay too much attention to sleep hygiene, you can actually make your sleep worse. This is because it places too much emphasis and attention on an area which gets worse the more you focus on it.'

THE SLEEP DEVOLUTION



Arianna Huffington, it could be argued, has been one of the biggest catalysts for orthosomnia. Despite her stated intention

of starting a 'Sleep Revolution' – also the title of her highly publicised 2016 book of the same name – it reads as a shopping list of orthosomnia doctrines, holding perfect sleep up as the antidote to burnout and the holy grail of the personal transformation quest for wellbeing and happiness, maximum productivity, and fulfilling work and relationships.

It's not that these claims are 100% untrue, exactly, but they're also not really true. While legitimate, diagnosed sleep disorders and massive sleep deficits (in other words, regularly pulling all-nighters) can have a starkly negative influence on all of these spheres of life, in general a little lost sleep is no cause for concern.

'The human body is incredibly resilient,' says Dr Dale Rae, who leads the University of Cape Town's Sleep Science research unit. 'If you have a few nights of broken sleep, it adapts. There's no need to be worried about your sleep patterns unless you're sleeping so little that you struggle to function during the day.'

Perhaps the most misleading of Huffington's claims is that 'we are in the midst of a sleep-deprivation crisis', a statement on which her entire revolution is based. But are we really? While many news headlines have raised the alarm of a 'sleep epidemic', with seemingly solid evidence in

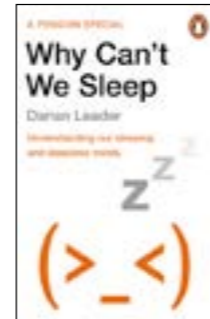
'The insistence on achieving an unattainable ideal of sleep might also be harmful.'

support of unprecedented levels of sleeplessness sweeping the globe, others are countering this hyperbolic claim, also with compelling evidence. 'There is absolutely no good evidence that sleep durations are shortening dramatically in the UK or elsewhere,' writes John Groeger, professor of psychology at Nottingham Trent University, in an article for TheConversation.com. A study he was involved in about a decade ago found that participants were sleeping less 'by about 20 to 30 minutes per decade'. But the data refers to different people at different ages rather than the same people when they were younger and older.

He also cites a 2015 study published in the journal *Current Biology* that looked at the sleep patterns of tribespeople in Bolivia, Namibia and Tanzania. 'It measured their actual sleep as opposed to self-reports, and found they averaged between 5 hours 40 minutes and 7 hours 6 minutes a night. In other words, many of them seem to be sleeping less than those in the fast-paced 24-7 UK.'

Interestingly, he speculates that while our impression that humans of today sleep less than their predecessors is probably inaccurate, perhaps the more important question is whether or not we need more sleep than before due to the pressing demands of modern life. There is no doubt that people are feeling fatigued. The Covid-19 pandemic with its gifts of anxiety and grief could certainly be fingered as a culprit, but claims of a 'sleep epidemic' were being made (and challenged) well before 2020.

Someone else who challenges the mainstream narrative around sleep is



Darian Leader, a British psychoanalyst and author of *Why Can't We Sleep?* 'It's true that broken sleep might be bad for our health, but the insistence on achieving an unattainable ideal of sleep might also be

harmful,' he writes in *The Guardian*. 'No one is measuring what it feels like to strive for a sleep that escapes us, or factoring in the effects of the resulting sense of failure.'

Leader explores the commercialisation of sleep, where perfect sleep is turned into yet one more task to be performed. 'Sleep experts broadcast their advice and opinions as if some new philosopher's stone has been found... Companies boast of their new sleep policies, with sleep hygienists eager to get into the boardroom... Sleep has now become a commodity, which we are desperate to acquire and never quite sure of possessing.'

He shares the work of historian A. Roger Ekirch, who challenged the notion that an unbroken night of sleep is natural or ideal. Ekirch 'argued that the basic form of human sleep prior to the mid-19th century was biphasic. Humans would have a first and then a second sleep. Retiring around 9pm or 10pm, they'd sleep till midnight or 1am, then rise for an hour or two – a period known as "watching" – then return to their "second sleep" till morning. Although the times for starting the first and second sleeps would shift historically and geographically, the biphasic pattern was more or less constant.'

Advice from a real sleep scientist

I've had so many people come to see me who never thought of themselves as having a sleep disorder, yet they tell me, "My sleep tracker tells me I'm not sleeping enough!" says Dr Rae, who has a special interest in the relationship between sleep, the body clock and physical performance.

She says the rise in orthosomnia can be attributed to three factors. 'First, in recent years there's been increasing awareness of the health benefits of sleep, and how a deficit can affect you. This makes sense as new scientific research comes to light that helps us understand just how important sleep is over the long term.'

'Second, as this new information has come to light, people have been writing books about sleep, doing PR to sell their books, and generally making a lot of noise in the media that in some instances amounts to fear mongering. At times, the information isn't even that accurate, and the message – get good sleep, or else – is certainly not one that scientists want to promote.'

'Third, the proliferation of devices that offer to monitor your sleep are also causing us to focus on sleep excessively and – usually – unnecessarily.'

So, how can you tell if you have a legitimate sleep disorder? Put down your smartwatch and listen to your body. Excessive exhaustion and brain fog that impact your ability to function during the day, inexplicable weight gain and feeling overly emotional are all red flags.

Generally speaking, says Dr Rae, in the absence of any identifiable physical disorder such as sleep apnoea, a mental health diagnosis or environmental factors (loud noise, for example), anxiety and stress are the number-one blockers of sleep for most people who don't sleep soundly. Anxiety can cause acute insomnia, which is usually fleeting and may be related to a temporary situation. This diagnosis is made when you have considerable difficulty sleeping at least three nights a week but for under a month. Longer than that and it's considered chronic, and this is where

things get tricky, because your body and mind can become acclimated to a broken sleeping pattern, and carry this pattern forward even if the cause has been removed. 'For example,' she says, 'many new mothers or fathers experience hypervigilance at night as a natural side-effect of wanting to be attentive to the baby's needs – but have a hard time ridding themselves of this ingrained pattern once the child has fallen into a more stable sleeping pattern.'

'It's so important to address the root causes of sleep loss. Because once it becomes entrenched, it becomes complicated to remedy.'

'Waking up in the middle of the night and feeling a flood of anxiety as soon as you do, regardless of what is going on in your life, is a classic example.'

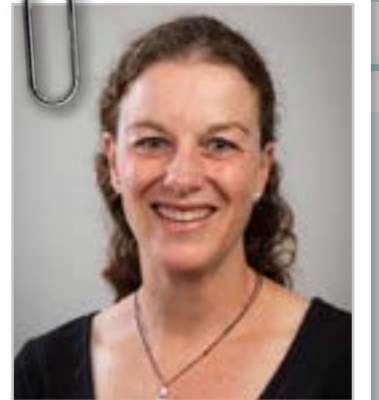
It is to this already-present angst that the 'sleepconomy' caters, cultivating concern about how our lack of sleep may be affecting us in the long term. Now, not only are you lying awake worrying about making ends meet, but you're also stressing about how you're not currently asleep.

No matter how bad the problem seems, Dr Rae says, it is almost always possible to recover from debilitating chronic insomnia with a range of interventions. But first, she says, 'Stop measuring and over-investigating your sleep!'

She might recommend cognitive behavioural therapy for insomnia to help remove negative associations with your bed and bedtime. 'Once your bed or sleep is linked with stress or worry in your mind, it's going to make it that much harder to sleep.'

She might also recommend a therapist to work through any underlying psychological issues, along with creating 'sleep pressure': reducing opportunities for sleep and reducing your sleep time so that you become tired enough to sleep all the way through, breaking the habit of lying awake at night.

Are there any sleep products on the market Dr Rae would recommend? 'No,' she says flatly. 'Commercial sleep monitors



Dr Dale Rae, director at Sleep Science and senior researcher at the University of Cape Town

can measure habitual sleep duration and patterns, but they're not yet good enough at measuring stages of sleep such as REM for us to "self-diagnose" sleep problems. If you are that concerned about your sleep, see a sleep specialist. If you really want to use a sleep tracker, rather choose one you wear somewhere on your body. Ones that sit next to your bed are far less accurate.'

From Dr Rae's advice I can see that I have probably had mild chronic insomnia since my turbulent teenage years.

Yet I don't experience any concerning symptoms. Overall, I feel healthy, even though I could probably do with more energy, but then, who couldn't? In fact, I've come to value the wee hours when I lie awake in the dark with my thoughts, without distraction. Often, I come up with new ideas. Sometimes, I meditate and observe my thoughts. Almost always, I drift back to sleep eventually.

The bottom line? 'If you can still exercise, your weight is manageable, you don't feel overly emotional for no reason, and you're otherwise healthy, don't worry about it!' ♦

Still lying awake? Listen to Jeff Bridges' delightfully surreal 'sleep tapes' (yes, the actor, and yes, they're free: dreamingwithjeff.com). They might not help you sleep, but they will make you smile and perhaps help you to take life – and sleep – a little less seriously.

