THE SLUMBERING MASSES

Sleep, Medicine,
and
Modern American Life

Matthew J. Wolf-Meyer
An eye-opening look at why a “good night’s sleep” might be anything but

Americans spend billions of dollars every year on drugs, therapy, and other remedies trying to get a good night’s sleep. Anxieties about not getting enough sleep and the impact of sleeplessness on productivity, health, and happiness pervade medical opinion, the workplace, and popular culture. In *The Slumbering Masses*, Matthew J. Wolf-Meyer addresses the phenomenon of sleep and sleeplessness in the United States, tracing the influence of medicine and industrial capitalism on the sleeping habits of Americans from the nineteenth century to the present.

Before the introduction of factory shift work, Americans enjoyed a range of sleeping practices, most commonly two nightly periods of rest supplemented by daytime naps. The new sleeping regimen—eight uninterrupted hours of sleep at night—led to the pathologization of other ways of sleeping. Arguing that the current model of sleep is rooted not in biology but in industrial capitalism’s relentless need for productivity, *The Slumbering Masses* examines so-called Z-drugs that promote sleep, the use of both legal and illicit stimulants to combat sleepiness, and the contemporary politics of time. Wolf-Meyer concludes by exploring the extremes of sleep, from cases of perpetual sleeplessness and the sleepwalking defense in criminal courts to military experiments with ultra-short periods of sleep.

Drawing on untapped archival sources and long-term ethnographic research with people who both experience and treat sleep abnormalities, Wolf-Meyer analyzes and sharply critiques how sleep and its supposed disorders are understood and treated. By recognizing the variety and limits of sleep, he contends, we can establish more flexible expectations about sleep and, ultimately, subvert the damage of sleep pathology and industrial control on our lives.

Matthew Wolf-Meyer is assistant professor of anthropology at the University of California, Santa Cruz.

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Please consider a review or feature of *The Slumbering Masses*, or an interview with the author. Please contact Heather Skinner, Publicist, at presspr@umn.edu with questions, requests, or comments.

*The Slumbering Masses: Sleep, Medicine, and the Modern American Life*

By Matthew J. Wolf-Meyer

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Q&A with Matthew J. Wolf-Meyer

Author of

The Slumbering Masses

Sleep, Medicine, and Modern American Life

The Slumbering Masses: Sleep, Medicine, and Modern American Life addresses how normal, American sleep has developed since the 1800s, largely in response to the demands of the industrial workday. Whereas Americans used to sleep in two or more periods throughout the 24-hour day, they started to sleep in a consolidated, nightly pattern in the 19th century. This laid the basis for the emerging field of sleep medicine, which was able to use the average of eight hours of nightly sleep to gauge pathological sleep. By the turn of the 20th century, this model of consolidated sleep had taken over in American sleep science and medicine, and has helped to define orderly and disorderly sleep for contemporary Americans – from narcolepsy and insomnia, to shift work sleep disorder and REM behavior disorder.

1. What is normal human sleep?

For many of us, about eight hours of sleep each night is what we hope for. This is an average though, and many people sleep anywhere from seven to nine hours, if left to their own devices. And many people sleep from six to ten hours. And beyond that, it starts to become a little more problematic: very short sleep and very long sleep, both of which can be considered disordered.

But this is all based on the idea of sleep being consolidated. If we look at other species and societies outside of the United States and Northern and Western Europe, we start to see that many people and animals sleep in biphasic or polyphasic fashion. That is, rather than sleep in one long sleep phase – roughly eight hours of sleep – they sleep in two or many shorter periods. So, like many other animals, humans can sleep in biphasic fashion – nightly sleep with a nap during the day, or two short periods of nightly rest, with a break in between. And for many people, this form of sleep works better. But the demands of the American work and school day often mean that this kind of biphasic sleep isn’t something we can easily pursue without social arrangements, or being seen as a behavioral problem.

2. Why do Americans sleep the way they do?

The best evidence we have is that until the 1820s or so, many Americans did sleep in a biphasic fashion. That is, they either slept a short period at night and then napped during the day, or they went to sleep around dusk (to save on candles and other lighting costs), slept for four or so hours, woke up for a short period, and then went back to sleep until around dawn. If you consider that for many Americans, and for much of the year, we experience more than eight hours of darkness at night, this latter plan makes a lot of sense.

When industrialization began in the U.S. – and this is around the same time that allopathic medicine is also beginning to solidify and develop – employers wanted to...
maximize the workday, and pay as little for lighting costs as they could. As a result, they started the work day early and it ran late, basically disallowing people from naps throughout the day. As a result, by the time people got to bed at night, they were tired enough to sleep through the night. At the same time, physicians start talking about the need to stop people from sleeping in unconsolidated fashion, and this eventually leads to more and more diagnoses of insomnia for the working class. Previous to that, insomnia – and sleep disorders more generally – had really been something only aristocrats complained of. And, now, many of us need to sleep in a consolidated fashion, which has made the pharmaceutical industry very interested in marketing sleep aids to ensure that we can sleep as we want.

3. Is there something wrong or dangerous about pharmaceuticals for sleep?

There’s nothing explicitly dangerous about pharmaceutical treatments for sleep, but there are a number of things that raise concerns. For example, although the newer drugs – like Lunesta, Rozerem and Ambien – aren’t addictive like some earlier drugs were, but they can be what doctors refer to as ‘habit forming.’ That is, even though people get less and less of a physiological effect from the drug, they still need it in order to fall asleep at night because they think it’s the only way they can fall asleep at night.

There’s also some evidence that people are taking much higher dosages of these drugs than they need to, which results in ‘Ambien zombies.’ People wake up with a drug hangover, and are technically still asleep as they go through their morning routines, drive to work, and maybe even the beginning of work. And when Ambien zombies are driving, they look just like drunk drivers, with slow response time and erratic behavior. Moreover, there’s also some hints that people who experience sleep maintenance insomnia – meaning they wake up in the middle of the night, and are predisposed to be biphasic sleepers – develop secondary sleep disorders when they take some of these drugs. So while they’re technically still asleep through the night, they get out of bed to eat, sleepwalk, or sometimes experience sexsomnia. This might all be because part of their brain is awake, while another part is asleep, and they’re following some of their waking impulses.

4. Other than pharmaceuticals, how do disorderly sleepers manage their sleep and social needs?

Many people do find relief with pharmaceuticals and medical prostheses, like CPAP and BiPAP machines for sleep apnea. For many sleep disorders, only medical treatments work to resolve symptoms – like REM behavior disorder. But for many people, especially insomniacs and narcoleptics, the treatments can sometimes be worse than the symptoms, as side effects can often outweigh benefits of drugs. So many people – and I talk about a few of them in The Slumbering Masses – end up finding ways to organize their lives so that they don’t have to medicate themselves. For some people this means living on disability support or retiring early; for other people this means working nights or finding alternative work schedules. And while this works for many people, the downside of it is that they can often be estranged from society, including loved ones.

5. What can we do to make sleep better for everyone?

The first thing we need to do is to start thinking of variation of human sleep as normal –
just because someone sleeps late or in an erratic fashion doesn’t necessarily mean they need medical attention or that they’re an abnormal sleeper. Secondly, we might start thinking about how else we can arrange our work, school, family and recreation to accommodate sleep. Some workplaces have toyed with flextime and onsite napping facilities, which are a step in the right direction, but many employees feel too embarrassed to take advantage of them. So, in the case of workplaces, it may really take employers leading the way and setting new norms for employees. In the case of schools, there’s been some rethinking of school start times, especially for high school students, who need more sleep and tend to wake up later (for physiological reasons). Unfortunately, not enough schools have made the switch. One other option is to have a flexible school day, with some students starting at 8 a.m. and some starting at 10 a.m., with the former ending the school day early and the latter staying late. If those are both institutional fixes, the other fixes need to be interpersonal in that for many disorderly sleepers, many of their tensions can be with loved ones who wish that they would sleep otherwise. This isn’t always possible, and that reality can cause further stress. Instead, we need to accept that for some of us, a normal night’s sleep will never be had. So parents need to accept that children have variable sleep needs and that that’s normal; and intimates need to accept that sometimes going to bed at the same time isn’t necessary for a good relationship.

6. Why does sleep seem to be in the news so much lately?

Pharmaceutical companies have done a lot to get us thinking about sleep in the U.S. since the late 1990s, when they started to aggressively market the new drugs for sleep, like Ambien and Lunesta. Since then, there have been a number of controversies related to sleep that have piqued people’s interests, including some bedsharing accidents in which infants have been smothered by parents and cases of murder that has been associated with the perpetrator being sleepwalking at the time. These are often pretty sensational cases, but they’re comparatively rare. Comparatively, only a handful of children die by being smothered by a parent each year; many more die in their cribs alone as a result of Sudden Infant Death Syndrome (SIDS) or smothering. Likewise, it’s rare for there to be more than one use of the sleepwalking defense discussed in the news in any given year, but when it is used, it’s likely that there will be a lot of media coverage of it. Sleep is intrinsically fascinating, in no small part because it’s always partially a mystery: what do we know of what we do while asleep, other than what people tell us? These kinds of cases get us thinking about the risky side of sleep, and how we’re often vulnerable and potentially dangerous to others. Despite how peaceful sleep is for many of us, confronting the risky aspects of sleep can’t help but pique our imaginations.

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Matthew J. Wolf-Meyer is Assistant Professor of Anthropology at the University of California, Santa Cruz. His work focuses on medicine, science and media in the United States, and draws on history, contemporary experiences and popular representations of health and illness. The Slumbering Masses: Sleep, Medicine, and Modern American Life is the first book-length social scientific study of sleep in the United States, and offers insight into the complex lived realities of disorderly sleepers, the long history of sleep science, and the global impacts of the exportation of American sleep. Wolf-Meyer holds degrees from the University of Minnesota (PhD, Anthropology, 2007), Bowling Green State University (MA, American Cultural Studies, 2002), the University of Liverpool (MA, Science Fiction Studies, 2000), and Oakland University (BA, Literature 1998).

Wolf-Meyer originally became interested in sleep as an undergraduate, when he worked third shift for three years. Throughout high school, he had been a late riser, and would often need naps after school; during college, he decided to fit his schedule to his sleep pattern, and would take late classes and work through the night. While many of his co-workers experienced difficulties with night work, Wolf-Meyer enjoyed it. However, it made sustaining relationships with night-sleepers difficult, and he eventually abandoned night work for a daytime schedule. He returned to thinking about night work and sleep for his dissertation, which led him to his interests in the contemporary experiences of disorderly sleep and the practice of sleep medicine in the United States.


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