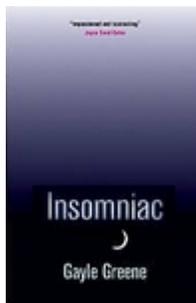


Why Can't You Just Go to Sleep?

A review of



Insomniac

by Gayle Greene

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Reviewed by

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Insomniac is a difficult book to review because it generates so many contradictory feelings. On the one hand, I am highly sympathetic to what Greene is trying to do. Just under a decade ago I faced a series of personal and existential disasters that, among other things, annihilated my sleep. Unable to sleep at night, I was then unable to stay awake during the day, with obvious negative professional and personal consequences. Medicines that were meant to help me sleep just made me feel strange and increased my anxiety about sleep. I stopped taking the medicines, gradually resolved my problems, and slowly my sleep came back.

That episode left me with a new understanding of the fragility of sleep and an understanding that life without sleep is pretty dreadful. Without sleep there is a tendency to become mechanical, going through the motions of life without actually living that life. Most people can cope like that for a while by addressing the mechanical, unthinking tasks that need to be done. Eventually, however, most of us have to think and be creative, and that's

when not sleeping for a few days can be a serious problem. Greene describes her attempt to run a class after sleep loss as like being “underwater, hearing what's being said but not taking it in, reaching for a word but not being able to retrieve it, groping for a fact to find that it's gone, and the drone of my voice tells me *I'm gone, too—I'm on automatic*” (p. 27). The terms insomniacs use to describe their mental state, including *zombie*, *comatose*, *spaced out*, and *running on empty*, emphasize the insomniac as “*not all there*” (p. 43). And that's just the mental side; insomniacs often suffer physical aches and pains as well.

Although people with sleep problems may be able to relate to the author's description of the effects of sleeplessness, *Insomniac* has many significant shortcomings. Greene writes well—she is a professor of literature, after all—so the book is not difficult to read, but it is too long. The message that insomnia is a difficult condition, deserving greater understanding and sympathy, and needing more research efforts to yield better treatment should not require 370 pages of text. One reason for the length of the book is Greene's tendency to indulge in conveying numerous anecdotes. This tendency is abundantly illustrated by Chapter 4, which describes Greene's experiences with sleep conferences.

It is common for those outside science to believe that science conferences represent the state of the art and most exciting findings in a field (Chris Mooney's, *Storm World*, 2007, provides an example). There is some truth in this; exciting and new findings are presented at scientific conferences. But a conference is also where speculative, unsupported, and never-to-be-seen-again findings are presented. Researchers at conferences are generally among friends and can afford to think more freely, but also more loosely, than when they formally submit their findings for peer review. Conferences are good places to float ideas and data that are preliminary to find out how they are received and whether they are worth pursuing. That's what makes conferences exciting for researchers actively working in the field but much less useful, even misleading, for outsiders trying to gauge what is truly known.

Sitting in a session that disappears into a haze of minutiae about treatments and their effectiveness, Greene finds solidarity with an equally bored and frustrated audience member who comments, “That's not how it works, that's not how it is, it's not like that at all. It's a problem like diabetes. . . . There was a *Wall Street Journal* article a few years ago that said the psychotherapist who doesn't learn neurobiology in the twenty-first century should be called a social worker” (p. 94). This triggers a longer conversation, and Greene discovers that her fellow attendee is a physician who has had success with low-dose doxepin in treating insomnia. Later she talks to somebody who thinks insomnia might be an offshoot of bipolar depression and then to somebody who believes parent-child mismatches cause insomnia. These ideas may have merit, and (almost) any idea is worth airing. Ideas, however, are cheap and remain so until intervention and data demonstrate success. Greene is aware of the need for hard data but nonetheless indulges in speculation throughout the book.

When Greene is being critical, she lands some important blows. For example, she is scathing toward psychiatry and psychology for insisting that psychological trauma and unresolved issues of anxiety and depression cause all, or most, insomnia. She correctly

remarks that when insomniacs claim not sleeping causes their psychological problems and fail to recall any problems or stress predating their insomnia they are accused of recall bias or suppression. But insomniacs are readily believed when stating that a divorce, a layoff, or other stressful life event caused their insomnia. The double standard in accepting some types of recall and not others is surely explained by some memories fitting the predominant model of stress causing insomnia rather than some inherent neurobiological disease causing insomnia.

Insomnia as some form of neurobiological, hormonal, or genetic disease evidently holds considerable attraction for Greene: “We are told our minds go racing because we have ruminative, obsessive, inward-looking personalities, or because there is too much stress in our lives.” She complains, “But what if our minds race because there's too much cortisol coursing through our systems?” (p. 150). The idea that at least some insomniacs are *physiologically* damaged and cannot get to sleep because some inherent clock mechanism or sleep switch is broken is plausible and attractive. The idea is plausible because sleep can be described physiologically and apparently involves the quietening of higher cortical areas and suppressing sensory information at the brainstem level (Nofzinger & Derbyshire, 2007). The idea is also attractive because it holds out the possibility of a drug that mends the clock mechanism or the sleep switch.

There are, however, many serious problems with the disease approach to insomnia. First, we have almost no idea why and how people sleep and why and how people don't sleep. We need better tools, better techniques of investigation, and better questions before we can even begin to hope for an actual mechanism that might explain sleep and lead toward a cure for insomnia. Without these developments, the idea that insomnia is the product of faulty neurobiology or hormones or something else is just a guess, and a guess that could be horribly wrong in many different ways. Greene is alive to this problem and calls for a more concerted research effort to understand insomnia. I concur and am somewhat amazed that there isn't far more work and interest in understanding insomnia.

Beyond the lack of knowledge, however, lies a more troublesome problem that relates to the nature of insomnia. The coursing of cortisol through our blood can influence what we are, but we do not live our lives through cortisol. Many years ago, Schachter and Singer (1962) demonstrated that what we feel and think does not slavishly follow our physiological state. High arousal can result in happiness or anger, depending on our interpretation and what is going on around us. Our brain and a certain kind of physiology are, of course, necessary for a normal life, but we do not mine our lives out of neurophysiology. Not getting sleep is lousy. But the truth is that we really do choose our own lives at least to some degree, and there is something childish about living a life through an ailment. At some point the grown-up has to take control and make the best of any bestowed physiological limitations.

One thing I definitely learned from this book is that I am not an insomniac. My sleep might be more fragile than I like, but I can sleep and I recognize my good fortune in that fact. By her own admission, Greene has written “a somewhat cranky book” (p. 22). I

understand that but wonder if she could have written a better book had she been less cranky. Easy for me to say; I slept from midnight to 7 a.m. last night.

References

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