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Longing for Sleep: Assessing the Place of Sleep in the 21st Century - Part 2

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By Simon Williams and Matthew Wolf-Meyer

Sleep has been in the news for the past decade or so as a matter of growing concern. Along with this popular, medical and scientific attention, social scientists have been increasingly interested in sleep as an object or process of study. The first major sociological book published on sleep was [Simon Williams' Sleep and Society](#) (Routledge, 2005), after which a number of other monographs and edited collections followed, including Williams' latest book on [The Politics of Sleep](#) (Palgrave, 2011). In 2012, [Matthew Wolf-Meyer](#) published the first anthropological study of sleep in the United States, [The Slumbering Masses](#) (University of Minnesota Press, 2012). In the conversation that follows Williams and Wolf-Meyer assess the field of social studies of sleep, discuss their commonalities and differences, and think about the future of sleep and its place in the social sciences and humanities. The conversation is appearing in three posts for the purpose of comments and responses. (Read [Part 1](#) and [Part 3](#)). The entire interview is also available [here as a pdf](#).

Q4. What role have capitalism and medicine played in the problematisation and politicisation of sleep over time?

SJW: Well you should really be kicking off here I guess, given the line you take in your new book on sleep, medicine and American life. Perhaps then I should discuss where I think we converge and diverge on these matters in terms of your line in the book.

Your main argument as I read it, focusing on the U.S. in the main, seems to be that human sleep is variable in ways that capitalism and medicine (as a mechanism of contemporary capitalism) fail to recognize or allow for — given its new sleep regimen and preferred ideal of eight hours consolidated sleep per night – and instead seeks to ‘pathologize.’ Hence the need, in your view, to think beyond any such pathologization in order to account for these differences on the one hand, and to think about other more flexible institutional structures to accommodate these variations on other hand, thereby ensuring people get a good night’s sleep without

recourse to medicine. This, granted, is to grossly simplify but it seems to get to the nub of what you are arguing in the book.

So where then if my reading is correct, do we converge and where do we differ or diverge on these matters?

Well, like you, I understand capitalism as a complex assemblage, which is deeply implicated in how we sleep and the sort of 'problems' people experience, both past and present. Whilst these sleep problems, moreover, may prove costly for capitalism in terms of accidents, lost productivity and performance and so on, we also agree I'm sure that sleep is big business for capitalism, including an ever expanding market of sleep related goods, products, and services designed to sell us the dream or promise of a good night's sleep. The transformation of sleep itself furthermore into a form of 'capital' or a 'productive act,' if not the ultimate performance enhancer and secret to success, is something I find particularly intriguing if not ironic about the workings of capitalism today, as writers such as Steve Kroll-Smith and Megan Brown have ably documented in the case of practices such as the workplace nap or the power nap — what my colleagues and I have recently termed the 'customisation' of sleep ([Williams et al. 2013](#)) in contemporary times whereby corporeal needs and corporate demands are further realigned in these and countless other ways.

Similarly, we both seem to be trying to work beyond the medicalization thesis these days (and nights no doubt) in seeking to more fully explore medicine's complex if not contradictory roles and relations within all this. The medicalization thesis undoubtedly casts some important light on these issues, but it obscures or omits much in the process too, rendering at best a partial if not problematic picture, particularly when it comes to the newly forged links between sleep, enterprise and enhancement of the kind I alluded to above. My preference instead is to refer to the biopolitics of sleep, which includes of course some of the issues you raise in the conclusion of *The Slumbering Masses* under the, unfortunate in my view (if you will forgive me for saying so) rubric of a 'multibiologism'; unfortunate, that is, given the 'biologism' bit carries too much past baggage to be a useful social scientific term however much you wish to revamp or rehabilitate it. So perhaps we should be thinking about a better term of reference here to capture and convey these multiple forms of sleep as human variation rather than medical pathologies, though I don't have one ready-to-hand for you I am afraid! [Margaret Lock's](#) notion of '[local biologies](#)' perhaps might be useful here, or maybe something from the Nikolas Rose and Paul Rabinow stable on biosocialities?

But here anyway we begin to run up against some of my other potential qualms or quibbles with you on these matters, as I don't think your thesis

in the book, suggestive as it is, can be pushed too far, or to put it another way perhaps, it is surely only part of the story, albeit an important part of the story, even when restricted to America.

So yes of course these models and classifications of sleep you document and detail matter in terms of what is or isn't defined as problematic or pathological at any given historical point in time. And yes of course, to repeat, capitalism is deeply implicated or imbricated in all this in terms of how our sleep has changed over time: the colonization or subsumption of sleep as a vital lifeworld matter by capitalism you might say. But we also surely need to acknowledge or accept that at least some of this problematisation or pathologisation of sleep is not simply the product of a failure to conform to the new sleeping regimen under capitalism you discuss, but a consequence of the fact that these 'variations' are in fact genuine problems, whatever the norm, model or regimen, that people struggle with and suffer from day in, night out; problems moreover, as an accumulating body of contemporary evidence in sleep science and sleep medicine suggests, with short and long-term risks for health, safety and wellbeing. Now the emergence of these latter risk discourses, to be sure, is important for us social scientists and scholars in the humanities to document, discuss and debate, but we also I think, harking back to some of the points I raised earlier about the need for a new more constructive and open relationship to the medical and the life sciences today, need to heed or take on board at least some of what these findings have to tell us. So there are problems I think with pushing your variation not problematization or pathologization thesis too far here, though perhaps to be fair you never intended to. Either way, I can't quite see how conditions like narcolepsy, or other conditions like obstructive sleep apnoea (OSA) or restless leg syndrome (RLS) say, fit in with your overall arguments here, despite an illuminating STS paper by [Tiago Moriera](#) (2006) on the emergence of OSA, and various critiques of the 'marketing' of the latter from the 'disease mongering' stable ([Woloshin and Schwartz 2006](#)).

As for relations between medicine and capitalism, well these are close to be sure, but they are also complex if not contradictory given medicine too of course, like capitalism itself, is an assemblage of many parts, including elements or strands of sleep science and medicine that may to varying degrees, implicitly if not explicitly, be more or less challenging or critical of contemporary capitalism, not least its inflexible institutions which pay like heed to our circadian or chronobiological 'rhythms of life.' So yes capitalism and medicine are intimate bedfellows, but the relationship is not always a happy and harmonious one even so.

Thirdly and closely related to this second point, your analysis I think underplays the valuable indeed vital role which medicine and public health may still play here, particularly those aforementioned strands which lend

themselves to critiques of contemporary capitalism in various guises. Downstream medical or medicalised solutions, to be sure, can only achieve so much when the real or root causes of many sleep problems today ultimately lie ‘upstream’ in the wider global dynamics and drivers of contemporary capitalism and the ‘wired’ world, but we should be careful nevertheless, not to throw the proverbial (medical) baby out with the (capitalist) bath water here. Medicalisation indeed, we should remember, may be positive rather than negative, involving both gains and losses which need to be judged on a case-by-case basis. Hence it is certainly not all, or always, bad news or wrong-headed.

Finally, on a wider political note, another important aspect of all this that greatly interests me here, beyond the issues documented and discussed in your book, concerns not simply the problematization or pathologisation of human variations in human sleep, but the politics of sleep in terms of inequalities, inequities, justice and human rights. We now have a fairly sizeable body of evidence from social epidemiology, public health and the social sciences, for example, that suggests an inverse relationship between social position, particularly socio-economic position and sleep problems (duration and quality). I quite like [Benjamin and Lauren Hale's](#) recent work in this vein, indeed, which poses the pertinent and provocative question of whether social justice is good for sleep — and answers in the affirmative. Sleep is also a basic human right of course, as I discuss in my book on the politics of sleep, including violations both past and present in the name of interrogation if not torture, and the vulnerable sleep of those without bed or abode sleeping rough on our streets and in other poverty stricken parts of the world. So the politicization of sleep I think is quite literally a vital global matter with many faces and facets, some darker and more disturbing than others.

Anyway, perhaps these comments and concerns are unfair or wide of the mark, in which case apologies in advance, but here is your chance to correct me and set the record straight for other prospective readers too, so over to you...

MWM: I think you do a pretty good job of getting to the crux of the argument in *The Slumbering Masses*, which I'll simplify even more: the institutions that frame American everyday life are indebted to the particularities of American capitalism, which includes the historical industrial and colonial contexts in which American capitalism came to be the hegemonic economic form in American social life. Among those institutions, medicine is clearly important, but on equal footing with other social forms like work, school, and the family. Like all social forms, medicine exerts force on individuals, which might be disciplinary (or

controlling) in its aims. And so, I forward the argument that we need to think about human variation more than pathology, which leads me to 'multibiologism' (which, yes, is a pretty clunky neologism), akin to earlier models of multiculturalism. The multibiological stance, which I'm sure I'll have to defend at length in the not too distant future, leads me to argue for more flexible (less disciplinary or controlling) institutions, which might result in less medicalization and more attention to the differential capacities of humans – both in terms of sleep, but potentially in other realms as well.

That summary aside, clearly the smoking gun in my argument is capitalism, both in the sense of industrialization forcing certain changes in human life (namely, the move to consolidated sleeping), and also in respect to the profit motive (both for individual workers earning a wage and doctors, scientists and corporations making profit off of labor and the sale of pharmaceuticals). Pushing back against this problematization of sleep requires a pretty broad set of actors, which I try to gather together in *The Slumbering Masses*: non-compliant patients, social movements (like [Take Back Your Time](#)), and physicians who choose to find social rather than chemical solutions to disorderly sleep – and social scientists.

My cynical Marxian thinking really leads me to the position that we're stuck with capitalism, but that we might be able to tinker with it from within. But that depends on drawing actors together across disciplinary and social divisions – hence 'multibiologism.' I wanted a word that made sense to a wide variety of people, and, due to the discourses of multiculturalism, multibiologism seemed to fit. And, for most people, it's relatively free of any over-determining genealogy (we might see problems with 'bio,' but, in my experience, clinicians have even more problems with the 'politics' in 'biopolitics.') So it may be clunky, but as a tool its lack of finesse might lend itself to more immediately instrumental critiques. We'll see...

But this is all to say that we're in agreement that medical professionals – whether clinicians or public health researchers – can do more for improving sleep, but they need more tools to do that work with, since science alone clearly isn't getting us very far. As an example, one might look at the constant debate about [school start times in the U.S.](#): parents really believe that kids can be good students any time of day despite the evidence that adolescents need more sleep and school start times are directly at odds with their sleep needs. We might dismiss or critique the science, but if public health officials can embrace an idea like more flexible institutions, the result might be the same: we might end up with schools that allow students to attend when they're best able and not when they have to. My more optimistic side tends to think that this is a real possibility – especially if we can link it up to discourses about efficiency! (However much we might internally deride 'efficiency.')

And we're in total agreement about sleep and social disparities, which is research that really needs to be done among social and laboratory scientists. To forecast my answer to #5, I briefly mention it in *The Slumbering Masses* (and its at the heart of an article I'm working on), but I find one of the functions of a lot of contemporary medicalization to be the 'whitening' of individuals; that is, medicine becomes one of the mechanisms by which disorderly individuals come to be orderly and brought into the fold of white, mainstream Western society (and I follow [Douglas Holmes](#) here in his discussion about race in Europe). More work definitely needs to be done on non-white disordered sleepers and sleep in non-white contexts – although I'll be slippery here and say that I don't want to delimit what counts as 'white' here and would rather leave it open ended to think about sleep across a variety of class and colonial (and postcolonial) contexts. My hope in pushing the study of sleep outside of whiteness is to get a more robust sense of what normative sleep really looks like, as well as getting a more robust picture of the social forms that privilege certain people and certain kinds of sleep.

Q5: What normative questions and issues does this raise?

MWM: As I mentioned above, medicine is one of the control mechanism through which individuals become more orderly, both in a top-down sense (clinicians disciplining individuals through medicalization) and bottom-up sense (of individuals wanting to be normal and seeking recourse through medicine). The most straightforward example here is the eight hours of consolidated sleep that individuals are induced to desire, and which drugs like Ambien and Lunesta take as the goal for their chemical structure. That consolidated model – at least as I argue it – is really about producing both orderly individuals and an orderly society. When people aren't sleeping as expected, problems arise. And this goes for work, school, family and romantic relationships (and so on). But at the heart of this conception of order is really the unexceptionality of heteronormative whiteness.

The extension of this is the ordering of society itself, and one of the things I track are the ways that [normative models of sleep and society in the U.S. and Western Europe are forcing other societies to align with them temporally](#). Sometimes this is just about aligning communities in nearby time zones for their collective convenience, as in the case of Spain in the E.U. But the stranger cases are those in which dominant societies force subordinate ones to meet them temporally across wide time zones – as in the case of the U.S. and India. U.S. businesses functionally preserves normal sleep for their employees while subjecting Indian workers to non-normative sleep schedules (by both American and Indian standards), which results in Indian employees being exposed to the possibility of Shift

Work Sleep Disorder and social estrangement. So, while the normal is clearly at work here, it's working in perverse and uneven ways. It's important here – and this takes us back momentarily to our discussion of capitalism and sleep – to think about the consequences of our spatiotemporal orders, both locally and globally, and how these are producing new forms of inequality and risk.

One of the places where we diverge is human rights and sleep, which might be one of the ways that we might tackle these concerns about disparities in sleep. I'm constantly wary of human rights, since it places the human into often static terms, and often traffics in human exceptionalism. One of the generative things for me about sleep – and this might be a gesture towards work in the future – is that all life sleeps (or is dormant in some way). Tackling sleep from this perspective helps to decenter the human as the foundation for analysis – and, might also, lead to new models of thinking about sleep, as we come to consider why humans alone consolidate their sleep. That being said, I do think that taking a stance on human rights, torture and sleep in your *The Politics of Sleep* is a necessary step to take, in part because it helps us look towards the next horizon.

SJW: It is interesting to me that you've chosen to answer things that way in terms of emphasizing the normative (consolidated) models of sleep and trying to get people to conform to them.

That's unsurprising and understandable, of course, given the line taken in your book, but I guess there is a prior or at least another question for to ask here as to whether or not our own stance on these matters (in the social sciences and humanities) might or should be normative, and if so, what exactly a normative stance of this kind might involve or entail. And that of course is itself simply another instance or iteration of a long-standing or running if not raging debate in the social sciences and humanities.

Your stance then, in the book, is kind of doubly normative if you like. Normative, that is, in the sense of a critique of the consolidated sleep norms we are supposed to conform today (and hence the pathologizations this creates) in favour of a multibiologism on the one hand, and normative in terms of the stance you take as a consequence or corollary on the need for institutions to be more flexible on the other hand so as people don't need to turn to medicine so much or so often (for chemical solutions to problems of capitalism).

Now whilst I have some problems, as I have already indicated, with

pushing your pathologization (and hence your medicalization) critique or thesis too far, I am certainly with you on the need to stress the need for 'upstream' (institutional) rather than just, or 'as well as' I would say, 'downstream' (individual) responses to our sleep 'problems' today.

As for your 'de-centred' if not 'slippery' stance on human rights, well, my answer to that is both yes and no. You are right of course to be wary of, if not to problematize, any such appeals and I am, to be sure, mindful of those critiques too myself, including as you rightly say the fact that all life sleeps or is 'dormant' in some way. But I still want to hold on to some such notion that getting adequate or sufficient sleep is a basic or fundamental human right nonetheless, whether people choose to exercise that right or not. Hence depriving people of adequate or sufficient sleep for whatever reason is a violation of that right, and an important violation at that.

So I started off, in *The Politics of Sleep*, trying to ground these claims (through recourse to [Bryan Turner's work on human rights](#)) in notions of bodily vulnerability, but I now find it more productive or useful to do so through recourse to the human development or capabilities approach of writers like [Amartya Sen](#) and [Martha Nussbaum](#) on human flourishing.

But the flip side of any such appeals to rights of course is responsibilities, particularly when or if we factor 'risk' into the equation too. So yes, as I have already indicated, we might wish to critique or problematize in some way contemporary discourses that construct sleeplessness and sleepiness as 'at risk' states, and yes we may also wish to appeal to the notion that people have a right not to sleep if they so wish — or to sleep in ways that don't conform to the prevailing sleep 'norms' or models you document and discuss — but to the degree that this places others as well as ourselves 'at risk' then this also involves an obligation or responsibility to get sufficient sleep on the part of us all surely: one, I hasten to add, that is not akin to downstream victim blaming but also, returning to your stance on these matters, places responsibilities on institutions too in helping facilitate this.

[Continue to Part 3](#) – [View the full interview in pdf form](#)

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