Forty years later my generation was still fighting Nazis in its sleep. If they tortured you, would you give me up? I watched for signs of fear or weakness on my friends' uneasy faces. In the drawn-out procession of collective archetypes that made us sweat and shrink in our sleep, nothing, not even the omnipresent nuclear mushroom, was any match for the figure of an immaculately groomed Nazi with a barking machine gun by his side. The war stories always began with
the unthinkable— the attack on our sleeping and defenceless nation at 4.00 a.m. on 22 June 1941. To kick someone in their sleep was beneath even the Chief Murderer (born in the Soviet Union in the seventies, I knew a lot about the ethical side of mass killings). A war was a war was a war, but sleep remained sacred, untouchable, beyond the forces of history.

I carried this moral outrage over the Führer’s ultimate cowardice through years of chronic insomnia and then, with the birth of my daughter, of unrelenting sleep deprivation. The more I worshipped on the altar of Somnus, the more I loathed my religion. One-third of my life was outside my consciousness, my memory, my history and my control.

Somnus, the Greek god of sleep, is nowhere as popular and well-known in the Western world as his ungrateful and ontologically inferior offspring Morpheus, the god of dreams. Dreams are easy. After all, unlike the state of sleep itself, dreaming (rapid eye movement sleep) can be remembered and can be said to speak clearly to waking life, even if in a language of its own. That language can be decoded (psychoanalysis), analysed (the experimental psychoneurology), appropriated (‘I have a dream!’), mimicked (surrealist or psychedelic art and culture) and even mapped historically. When it comes to the phenomenon of sleep itself, there is a virtual failure of non-scientific imagination. There is a physiology of sleep and a chemistry of sleep, but there can never be a history of sleep.

Sleep, we would believe, is ahistorical because it is asocial. It is an individual act, fully inaccessible even to an individual herself, to say nothing about the befuddled public. ‘For all your enquiries about sleep,’ so goes the voice of Reason, ‘please contact science.’ In the Western world, science has become the great intermediary between people and their sleep, this easily reversible process of relative inactivity characterised by reduced levels of response to external stimuli, lowered body temperature and changed brain-wave patterns. But if sleep
is unequivocally asocial, I want to know, then why does science itself think otherwise? For three decades, science has known that sleep-wake cycles in humans are, to a large extent, socially determined. To synchronise our internal biological clocks with the external twenty-four-hour solar days, we cannot fully rely on natural cues such as earth rotation or the day–night cycle. What humans need are socio-cultural Zeitgeber (from German, meaning time-givers) such as societal timetables and accepted sleep-wake cycles to ensure that we do not get out of sync with the world around us. As more and more sleep scientists began to lock themselves up in deep caves in the 1960s, the inevitability of the eventual desynchronisation of internal and external clocks became an accepted scientific truth. People in our society outside nine-to-five culture—the elderly, freelance and shift workers, the unemployed—have been living the truth of the desynchronisation for years, with their self-determining sleep-wake cycles often running contrary to the commonly upheld temporal regimes.

If sleep is manifestly asocial, I ask, why does the military not think so? Why would the French army in 1991 secretly trial Modafinil, an experimental anti-sleep drug, with the express purpose of socialising a mass of handsomely compensated volunteers into staying awake for forty-eight hours straight? Why would respected Cambridge scientists work ever so hard on developing the so-called 'human alertness technologies', designed to reduce the enormous human and economic cost of unattended fatigue in shift and/or emergency workers? If current economic or security demands can force science to seek ways of normalising and monitoring sleep deprivation, then it is nonsensical to proclaim that sleep neither speaks the language of the wakeful majority nor bends under the wheels of history.

Information and time are the two key commodities of today and sleep is a powerful bargaining chip. These are not simple words. Sleep

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is, after all, habitually bought and sold. According to the American National Centre on Sleep Disorders Research, one in every three people in the Western world suffers from some form of sleep disorder or deprivation. More than 50 per cent of women and 30 per cent of men surveyed by the recent Australian National Health Survey reported taking sleeping pills in the preceding two weeks. In the world of alarm clocks, institutionalised caffeine jolts around siesta times, and a multitude of other strategies designed to socialise our sleep and make it conform to internal needs and external demands, sleep somehow appears untamed, out of reach.

Our culture is soaked with the tears of bigtime insomniacs. For those who cannot get it, or cannot get enough of it, sleep is a blissful release, a divine expression, an ultimate cure of any kind of malady.

The innocent sleep
Sleep that knits up the ravelled sleeve of care
The death of each day's life, sore labour's bath,
Balm of hurt minds, great nature's second course,
Chief nourisher at life's feast.

Shakespeare, Lady Macbeth. No footnote is required.

Many centuries later, another great entertainer was feeling ready to give his life for a good night's sleep. The Fabulous, Fantastic Franquin, Australia's most celebrated showman in the 1950s and 1960s and a self-proclaimed insomniac on the verge of nervous breakdown, was rescued by a continental physician, Dr Scandel of Paris. Released from the prison of perpetual consciousness, Franquin was ready to spread the gospel. Franquin's secret of how to sleep, one of the first self-help sleep books to be published in Australia, was written with near-Shakespearean pathos: "Throughout countless centuries men

have sought the glorious oblivion of sleep—but never so fiercely as in this twentieth century.' Franquin's brand of insomnia vaccine, however, has been convincingly outperformed by sales of medicated sleep, one of postwar science's preloved promotions; such a hit because everyone was waiting for it to arrive.

From the creation of a postmaternal woman in the 1920s to the rise of the neurotic housewife in the suburban 1950s, women were primed to become the avid consumers of medicated sleep. While sleeping difficulties affected both men and women, the treatments of these afflictions were profoundly gendered. The explicit targeting of women by the psychiatric and pharmaceutical industries has been made possible by the feminisation of anxiety and depression and by the continuously reinforced connection between depression and sleep disturbances. At the time of Franquin’s debilitating illness and miraculous recovery, science discovered psychotropics, a diverse group of drugs that included minor tranquillisers, hypnotics, sedatives, barbiturates, benzodiazepines and antidepressants. The majority of these drugs have been used, at some time or other, to treat sleeping disturbances, radically intertwining sleeping difficulties with anxiety and depression. The timing was perfect. ‘Bored housewives’ they were called, and all over the Western world they were whispering in unison, ‘I adore my husband and kiddies yet I find myself snapping their heads off just because the children get healthily boisterous at times. I am starting to get really worried about it.’

To keep children’s heads intact, house-bound women were administered Valium, Miltown and sleep. Not unlike annoying dogs, unstable women behind the picket fences were put to sleep to protect their long-suffering families and communities from outbreaks of angst-ridden, uncontrollable, pathologically excessive boredom. Over the last fifty years, psychotropic medications have become an almost

organic part of the female psyche. In the land of milk and honey, rivers of antidepressants and hypnotics run wild, with psychotropic drugs being the second most commonly used prescription group in Australia after the contraceptive pill. Research shows that over the last twenty-five years women have been consistently prescribed twice as many psychotropic drugs as men. In the 1990s, an archetypal over-worked businesswoman, juggling glass ceilings at work and grubby floors at home, is a chief consumer of medicated sleep.

In his celebrated The sleeping pill, Ernest Hartman spoke about the deification of sleep:

> When the world is terrifying and unexplainable, we create gods and demons to make sense of things. I believe we have made a sort of god, or rather a genie-in-a-bottle, out of the sleeping pill, the fulfilment of so many of our deep needs are thus conveniently 'encapsulated'.

Sleep is an object of adulation and relentless pursuit. It is also a villain in disguise. With paranoia being the main political platform of the 1950s, sleep became an unusual suspect. Reds did get themselves under American beds, as sleep featured heavily in Cold War demonology in both the USA and Australia. Don Siege's Cold War film Invasion of the body snatchers, the progenitor of the alien invasion genre, had giant alien pod-like plant sacs replace the inhabitants of an ordinary American town with emotionless look-alikes in their sleep. One of the film's working titles was Sleep no more. In the iconography of the 1950s, sleep was presented as the most fragile link for a nation fighting to stop the onslaught of 'the other', whether 'the other' was a communist threat or the collective unconscious, that seasoned guardian of national psychosis and repression. Sleep was potentially a state of paralysis that allowed not only for the nation's body but also for the nation's identity at large to be snatched away and replaced by alien replicas.

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The vulnerability of selfhood in sleep is not always a metaphor for something else. It can become a terrifying fact. In 1988, a royal commission into deep sleep therapy (DST) found evidence of the therapy at the Chelmsford Private Hospital in Sydney. Dr Bailey, who claimed author's rights over the use of forced coma on patients suffering from a range of psychiatric disorders, was found guilty of effectively murdering twenty-four Chelmsford patients between 1963 and 1979, and countless DST survivors were left to suffer grave medical complications associated with prolonged states of unconsciousness and immobility. Somewhere in blissful and affluent suburbia, within the confines of a hugely successful private hospital, people were routinely tortured and killed. The principal weapon was sleep. Carmel Bird's *The white garden*, inspired by the findings of the royal commission, has Dr Ambrose Goddard, closely modelled on the real-life Dr Bailey, explain:

God gave Adam a dose of Deep Sleep and whipped out his rib while he was under. And here at Mandala we send the brain on a little holiday. The Deep Sleep Ward is in fact named 'Hawaii'.

*The white garden* is set in 1967, a time when privately ensured patients could be kept in hospitals for years under the generous Private Hospitals Act of 1908. In 1968, Dorothy Porter's latest hero, Dr Peter Cyren, takes over Callan Park Psychiatric Hospital with the express desire of fixing every 'sad or sorry mind' in the place. Callan Park Mental Hospital is well known for its part in the 1961 royal commission that followed widespread allegations of cruelty and professional misconduct at the Sydney hospital. Ironically, the aforementioned Dr Bailey, Australia's foremost advocate of deep sleep therapy, worked as a director of the Cerebral Surgery Research Unit and a superintendent at Callan Park in the years preceding the 1961 royal commission. Dr Peter Cyren, in Porter's *What a piece of work*,

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is, in some sense, Dr Bailey. As he slowly takes in 'the breeze of sleep / they can't get enough of', gently rocking to the sounds of 'acoustic hypodermic', 'Doctor Kiss-and-cuddle' inaugurates 'a hands-on tenderness treatment for patients'. The treatment is simple and it always works:

Frank is in Heaven.

I'll argue about this therapy later
with Monica over dinner
statistics. Statistics.
About the poor bastards
who never wake up
who are never reborn.
Bugger statistics.

This therapy works
like a charm.'

Dr Harry Bailey committed suicide in 1985. Not so. Porter's Dr Cyren. Having killed, abused and tormented his patients and lovers, he eventually leaves Callan Park and sets up a private practice.

In the debates around DST, whether fictionalised or not, sleep figured as a weapon of torture, a site of the complete takeover of individuals by the diabolical forces of insanity masquerading as science. The blissful oblivion of sleep became transformed into a state of enforced and non-consensual paralysis, a state of total powerlessness for an individual whose identity and selfhood are taken away never to be returned.

Only a few years ago, St Albans teenagers Shane, Bindi and Mark Paxton were vilified by the Australian nation for sleeping too much. The Paxtons' behaviour was not simply irresponsible, it was socially and civilly unacceptable. Proper 'civic' sleep is both our civic right

—as institutionalised and mythologised by the eight-hour day and
the right to privacy—and our civic responsibility. Paxtonian sleep was
an insult because it defied the uniformity of civic temporal regimes
and because it was made irrevocably public by an unnerved media
vigilante. Twenty years before A current affair's finest hour, Pete,
the laziest koala in the whole Australian bush was being taught a
comparable lesson. In Jill Shearer's manifesto for young citizens, 'The
laziest koala', Pete preferred to sleep rather than to help his bush
companions in any way. When fire attacks the forest, no-one is there
to help the oversleeping koala. Finally rescued by Mitchell the cock­
atoo and Red the kangaroo, Pete is a changed creature. He learns the
value of compassion and regard for others. 'I guess he won't do so
much sleeping from now on,' Red utters mischievously. The laziest
koala in the whole Australian bush is now ready to become a mature
and responsible member of the forest community.

Not unlike the delightful Mr Red, the Australian state is both pre­
scriptive and protective when it comes to sleep. In Australia today,
retail trading legislation determines the closing hours of shops and
business outlets, police manuals contain firm instructions on ensur­
ing citizens' right to restful sleep as well as on halting various noises
or commotion after dark. The state regulates daylight saving, decides
the working hours of public transport, and ordains adequate sleeping
arrangements for childcare facilities. In the last few decades, the state
has also concerned itself with formulating standard welfare require­
ments for shift workers as well as with the placement of restrictions
on continuous hours of work.

The institutionalisation of the eight-hour day is a monumental
achievement and a historical watershed, but it is also a temporal dogma
that punishes those who choose their own time-scheme. Historical-

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8. Jill Shearer, 'The laziest koala', in Gwen Lovell (ed.), Bedtime stories for young
Australians (Paul Hamlyn, Sydney, 1971).
ly, the state’s obsession with the individual and collective temporal uniformity and discipline reached its crescendo in the moral panic around Australia’s inefficiency as a nation at the time of World War I. Scientific time-management, national efficiency and collective thrift turned individual time-distribution, together with voting and jury service, into a key civic responsibility. While the consumerism and emphasis on leisure in Australia from the 1950s onwards mock the austerity of social Taylorism, leisure is by no means a free-floating concept. Economic revolution, not the social transformations of post-war society, is eating away at the state-monitored uniformity of temporal regimes.

While the economic demands of the twenty-four-hour society are gradually overpowering the painstakingly crafted ideology of the welfare state, the state is throwing its weight behind the protection of its citizens’ right to privacy. Sleep is, of course, the ultimate manifestation of this privacy. When sleep somehow enters the public arena, not only the person involved but the whole public sphere is made vulnerable. Witness the homeless. The site of homeless sleeping on the street, under the public gaze, is an indication of enormous social deficiency, while the much less sensationalised site of homeless people crowded in shelters with no prospects and no supporting mechanisms is somehow much less disturbing. The ‘problem’ with the homeless, of course, is that they make their private ‘misfortunes’ so very public. Their private deeds are displaced—they sleep, eat, copulate and discharge their bowels in the wrong (that is, public) places. The right to privacy is a liberating concept, until it can be used to cleanse the public sphere of various social pathologies by labelling them private and, therefore, automatically pre-political. The homeless’ rights to privacy allow the state to see its responsibility as providing their shelter, not their future.

One of the seven deadly sins in a post-industrial era, sleep is shunned if not outright despised in the economic discourses of our time. The
invention of the light bulb, the emergence of scientific time management and conveyor-belt industrial culture in the early twentieth century, as well as the recent information revolution, have all combined to produce a work ethic that posits sleep as a no longer necessary evil. The ideology of the eight-hour day—which respected sleep even while demanding its uniformity—is gone. Instead, the reality of the twenty-four-hour day sees sleep as a problem. Sleep is wasteful, unproductive, economically non-viable, yet its absence or lack is disruptive, even catastrophic. The solution, of course, is not to increase sleep but to develop technologies that would make sleep malleable.

Ultimately, the negation of 'biological time' is the very underpinning of post-industrial society. Fantasies of sleep reduction and disengagement from human physiology are becoming scientific prerogatives. Thomas Edison himself despised oversleeping. His invention of the light bulb was designed to liberate us from the time wasted on sleep and idleness. Today the ability to cut down on sleep is a significant economic advantage for individuals and businesses and a source of admiration in society at large.

Sleep prowls in the public arena and speaks to the public imagination in non-scientific and non-pharmaceutical dialects. Sleep is collectively interpreted, and people and societies assign meanings and ascribe values to it. Discourses of sleep interact with a range of public debates about the human body, individual and social pathologies, identity, gender, efficiency, civilisation, the future of our planet and so on. The fact that these interactions are never clearly articulated and that there is no formal scholarly recognition of sleep’s extracurricular activities means that sleep is remystified and monopolised by scientific idioms and economic agendas. History’s unconscious indifference (no pun intended) to sleep means that we end up unable to claim an intellectual or emotional ownership to one-third of our lifetime.