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Tucked in: Social and Anti-Social Sleep, Surveillance and Security

*Lecture script of the international conference
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A decade into the 21st century, sleep is one of the primary mechanisms through which individuals manage their daily behaviors, laying the basis for contemporary ideas about health, efficiency and normalcy. We complain about too little sleep, long for a normal night's sleep, supplement our sleepiness with caffeine, sugar or other stimulants, try naps or sleep restrictions, or invest in novel technologies, all as parts of everyday life. The result of all this scrutiny and intervention is a relatively stable schedule across society based in human sleep. These predictable sleep patterns for the majority of workers and school-aged children allow for the management of society more generally. Regular rhythms of sleep – typically from 11 PM until 7 AM, Sunday night through Friday morning – allow for the planning of construction, traffic, deliveries, media, sanitation, and other critical functions that maintain society. Because of this interrelationship, where sleep is at once vital to the organization of society and the everyday life of individuals, it has become an increasingly critical site for the articulation of the normal and abnormal, leading to ever greater scrutiny of individual behaviors, both at the level of individual subjectivity and expert interventions. We are induced to better our sleep, often for a fleeting sense of 'health,' but also to uphold social norms related to predictable sleep and the spatial and temporal foundations of contemporary society.

The history of sleep in the North Atlantic from the 18th century through the industrial period was characterized by gross disparities, deeply held beliefs about normal and abnormal sleep, and the influence of market capitalism. The contemporary world of sleep is hardly different. Often, those members of so-

ciety who are the most overworked – low wage laborers, single or working class parents – are also the most under-rested, while those among the upper middle and upper classes are the most likely to complain of a poor night's sleep and seek medical treatment for their apparently physiological complaints. Moreover, for many poor and working class individuals and families, the conditions of sleep often compound lack of time for sleep, as beds, bedding, living condition and number of bedpartners all impact an individual's sleep. In contrast, for many in the middle class and above, the market for sleep technologies – alarm clocks keyed to circadian rhythms, ergonomic beds, consumer pharmaceuticals – has radically expanded over the last 20 years, and the promise of a good night's sleep has become ever more consumable, if also fundamentally elusive. In this presentation, I provide a brief sketch of the history of sleep in the North Atlantic – particularly in Great Britain and the United States – and then turn to the contemporary moment to think about how the scientific, medical and popular ideologies of a 'good night's sleep' interact with the promise of a secure society. Rather than see non-normative sleep – whether in napping or biphasic sleep – as a radical or revolutionary potential, I see the turn towards these alternative models as participating in a broader interest in surveillance, predictability, risk management and 'flexibility' in capitalist societies facilitated by the existence of the long historical emergence of the contemporary security state.

The historical evidence gathered to date increasingly shows that throughout Western Europe and the United States individuals often slept in biphasic patterns before industrialization and urbanization. That is, rather than sleeping in one eight hour period from late in the evening until early morning, many people seem to have slept for two to four hours starting in the late evening, only to awake in the middle of the night for two or more hours, after which they would return to sleep for another two to four hours of sleep. Alternatively, an individual might sleep for a short period at night and again during the day. However sleep was arranged in the pre-industrial period, individuals were able to sleep between six and ten hours during a 24-hour day. These sleep schedules were possible because many people were working for family-run farms or trades; if one wasn't related to his or her employer in a village setting, that employer was surely connected to the worker through blood or close social affiliation. In this setting, arriving to work late due to oversleeping or needing a nap in the

day could be accommodated. When individuals moved to the emerging cities to take the growing number of industrial jobs, they found themselves working for managers with whom they had no social connection, and allowances could no longer be made for individual workers and their sleep demands. Instead, the need to maximize productivity during daylight hours was paramount.

Critical here is that the population of laborers begins to be governed as a mass, rather than as individuals. This governance begins on the factory floor, but quickly moves out to society more generally, as nocturnal activity becomes associated with criminal or non-normative behavior. Curfews enabled police surveillance, and this was underwritten by an increasing sense of humans as diurnal animals in science and medicine. As work times created a regular population of laborers, other institutions aligned themselves with this new temporal foundation, including schools for the monitoring of children. What resulted from this was an emerging social order wherein everyone had a place to be at specific times of the day, and when individuals weren't in their place, it was noticeable; hence the rise of truancy officers for school aged children, and, over the 19th century, the rise in the medicalization of non-normative sleep patterns. Integral to this transition was the rise of public health as a discipline of practice between 1840-1880, which often targeted the behaviors of working class and poor individuals, who were seen as living particularly unhealthy and anti-social lifestyles. Taken together, these institutional and extra-institutional mechanisms of surveillance laid the groundwork for the increasing self-management of sleep behaviors.

By the turn of the 20th century, the model of consolidated sleep had taken hold in medicine and the physiological sciences as well as Western society more generally, providing the basis through which individuals thought of their own behaviors as orderly or not. Although this has significant impacts on the practice of medicine and the proliferation of pathologies associated with sleep, herein I am more concerned with the impacts that this consolidation of normative time has for social life more generally. Again, the primary influence for the consolidation of sleep is the workday. By the turn of the 20th century, the workday had congealed into its current 8-9 hour day, from 8 or 9 AM until 4 or 5 PM. This concretization of work time allowed for the similar stabilization of school time for children, as school served as a mechanism for childcare while

one or two parents worked. More broadly, the consolidation of sleep meant that society could be technocratically managed, from the timing of streetlights, traffic signals and garbage removal, to the scheduling of construction and maintenance for the electrical grid and sewer infrastructure, the timing of deliveries to homes and businesses, the scheduling of popular media like radio and television, and the policing of populations through explicit and implicit means. In other words, the consolidation of sleep led to the spatial and temporal consolidation of everyday life more generally, and this consolidation has led to the ability to police society and individuals in ever more nuanced ways.

In the context of modern consumer societies, individuals are impelled to scrutinize their own sleep, leading to the increased medicalization of disorderly sleep patterns through self-surveillance. Increasingly, there are mediated means to accomplish this scrutiny, with applications for smart phones, intelligent alarm clocks, and the like monitoring an individual's sleep. Ostensibly, these monitors are intended to improve one's sleep, with means to wake an individual at the right phase of a sleep cycle to ensure the best night's sleep, and tracking mechanisms to help identify recurring problems in sleep efficiency. This individual scrutiny is the counterpart to the ability of society to be more generally scheduled and governed. But it is also a corollary to the flexibility afforded members of the professional and creative classes: whereas working class individuals are monitored by the surveillance technologies of the modern workplace and the implicit surveillance of operating within normative social arrangements, elites are impelled to monitor themselves, largely motivated by discourses of health and well being.

Sleep is but one avenue through which these external and internal monitoring mechanisms have been implemented; we might see similar operations occurring throughout our individual and collective biologies, including, but not limited to, our eating and drinking, our movements through space, our exercise, and our reproductive efforts. Contemporary market societies increasingly focus on biological functionality, its predictability and normality as means to develop and market consumer goods through appeals to individual desires. In the case of sleep, new consumer goods are developed to ensure a good night's sleep, often cast in the language of 'comfort' and 'efficiency.' Given the amount of time we spend in our beds, who wouldn't like to be more comfortable? And

given the work demands of contemporary society, who wouldn't like to sleep more efficiently, potentially sleeping less for the same or greater benefit? As we individually make these choices, we accumulate ourselves into a predictable population of sleepers, who tend to go to bed around 11 PM and wake up around 7 AM (except on weekends – which is also predictable). As the population becomes increasingly predictable, it becomes governable, and in its governance, the population and individuals become subject to increasing levels of securitization, which originates in the state, but is implicitly enabled by the actions of individuals and which enables particular forms of everyday life for individuals.

We might think of the complementary relationship between individual desires for particular kinds of sleep and institutional demands for specific, predictable sleep patterns as the 'securitization process.' For Norbert Elias, the 'civilizing process' followed similar trajectories, one originating in the individual and his or her desire to be recognized as 'civilized;' but there was also an impetus toward particular behaviors originating from those in power to promote and maintain social norms. One of Elias' central assumptions is that the powers of enforcement move from individuals to the state; whereas this shift from individual to the state was a sometimes troubled one, North Atlantic societies now exist in a condition of absolute state power. That we can sleep without fear at night is enabled by this total state control. That we can sleep in public without threat of violence is also an effect of this process. If we aren't sleeping well at night, then it is left to us as individuals to seek medical intervention or the proper technologies to aid us in our daily pursuit of a good night's sleep. Where once we were tucked into bed by our parents, with the promise of a good night's sleep, now we are tucked in by the state, as long as we adhere to the normative order of society.

I am resistant to see any non-normative biological act – like midday napping, the anti-aging movement, alternative diets, etc. – as a form of resistance to these normative social orders. Those who most often have the ability to partake in these social choices are often those who are in the upper, professional classes. That they can afford to behave in non-normative ways without repercussion is often due to their place of privilege and the financial supports available to them; still, today, the industrial laborer who attempts a midday nap will

be fired from his or her job. In my research with disordered sleepers – narcoleptics, insomniacs, sleep apnics, and parasomniacs – some individuals choose to live outside of the normative order of society. Rather than work day jobs, they accept night work or disability benefits; rather than accept medical treatment, they choose to sleep according to their individual desires for sleep. This might be construed as resistance to a normative social order, but these alternatives are possible only because of the social structures produced as a by-product of normative everyday orders. In the best cases, individuals are still able to achieve the goals they set for themselves – romantic partnership, raising a family, and rewarding work; in the worst cases, individuals find themselves estranged from society, unable to find romantic partners, childless, unfulfilled in work or recreation, and, often, experiencing secondary medical disorders like depression, attention deficits and obesity. Resistance, in this model, has consequences as profound as estrangement from society itself.

In either case – normative or non-normative sleep – individuals are able to choose to sleep in particular patterns because the technologies of security that lay the basis for modern sleep – beds and bedding, homes protected from the elements, pests, light and noise – but also due to the security afforded them by the state. Lacking these forms of security may lead to sleep being more troubled for individuals than society. However much we may dislike it, that we can rest easy at night – or whenever we choose to sleep – is an effect of the securitization process. We may dislike the extent of securitization, but individuals are induced towards complicity and acceptance because of the comfort that security originating in the state provides them. Who would choose worse sleep for the sake of destabilizing the security state? For those among us nestled in the bosom of the state, where we are fully protected, this might seem like an alluring possibility, but for those who are already experiencing troubled sleep, the possibility of even less secure sleep will seem a devastating cost for the appearance of greater individual freedoms.