**The Real Problem with America’s Sleep Problem**

By Robert Roy Britt for Medium | Luminate

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“The saddest day of my life was when I left preschool and naps were no longer allowed.” That’s what my son said when I told him what I’d learned in researching this article about sleep. At 17, he struggles to fall asleep most nights and despises rising at 7 a.m. for school. I struggle to stay up past 10 p.m. on any given night, and sleeping the whole night through, or past dawn, are things I only dream of. What I learned is this: We may both be normal, and the state of advice on sleep is totally whacked.

Watch any TV ad for sleeping pills and you’ll think we’re a nation of sleep-deprived zombies, hopelessly careening through insomniac days in need of serious medication. The reality is far more complicated and full of contradicting studies and advice, and the solutions for many people are often simple and cheap yet ignored.

Here’s the real problem with America’s Sleep Problem:

Seemingly solid information and advice — doled out by government agencies, supposed sleep experts, journalists, medical institutions and, of course, the pharmaceutical industry — are often based on nonexistent references or studies that in many cases are small and inconclusive, outdated or funded by the sleep-aid industry.

Sleep is good. It’s vital. It can fuel good health, even happiness. Lack of it can leave you…

**Tired & Cranky**

Clearly many people do not get as much sleep as most experts say they need. And the importance of sleep to overall health and well-being is well documented. So it’s important to sort fact from fiction, good advice from the sketchy, the possible from the likely from the inevitable. Along the way, I’ll also explore a couple some counterintuitive lines of thinking.

Let’s start with the official line:

More than a third of Americans don’t get enough sleep, the Centers for Disease Control and Prevention says, adding that lack of sleep is linked to several bad things, including depression, heart disease, type 2 diabetes and obesity. There’s a good body of evidence for these effects.

I’d add that lack of sleep makes us *freaking tired and cranky*, and those are the immediate consequences most of us lousy sleepers most wish to fix.

I’ll get to that, but first let’s understand the data and the motivations and the research — good and questionable — that drives all the advice around insomnia (which is a serious condition, but a label tossed around too loosely, in my view) and sleep problems in general.

**Disingenuous Labels**

Claims widely cited by the government and medical institutions that “Americans are sleep-deprived” and that “insomnia is common” are disingenuous. Here’s why:

* They ignore the flip-side of the data: Nearly two-thirds of the population are apparently sleeping just fine.
* They attach definitive-sounding labels to a slew of sleep issues that occur in wildly varying degrees—the continuum of every human condition—making it difficult for people to grasp the true extent of their own sleep problems, and offering a dangerous crutch: “There’s not much I can do. I’m an insomniac. It’s complicated.”
* They provide cover for the pharmaceutical industry to successfully peddle meds not just to those with serious sleep disorders, but to anyone who has the occasional rough night.

My son recently said to me, “If they tell you that you’re ADHD, you’ll behave accordingly.” Paraphrasing him further: It’s a license to be what they say you are, not what you really are, and not what you want to be.

Fact is, America’s Sleep Problem is to a great degree self-inflicted via alcohol, caffeine, poor diets, lack of exercise and late-night screen time, just to name a few things. Poor sleep is far more solvable than many people may realize or are willing to admit.

I’ve come to realize that the term “insomnia” should be reserved for those with serious sleep disorders that cannot be solved by simple behavioral changes. A lot more on that below.

**How Much Sleep Do You Need?**

Seven hours is the recommended minimum for adults, according to the CDC, based on recommendations by the American Academy of Sleep Medicine and the Sleep Research Society.

That recommendation seems reasonable, based on multiple studies that document health risk associated with less sleep time.

As one example, a 2016 Rand Corporation study of employer-employee data, in the U.S. and four other countries, found this:

Those who slept less than 6 hours a night on average had a 13 percent higher mortality risk than those sleeping 7 to 9 hours, and those sleeping between 6 and 7 hours had a 7 percent higher mortality risk than those who slept more.

One big caution, before you get all alarmed and reset your alarm:

Much of the research into sleep is based on self-reporting surveys, and people tend to suck at that. People might say they slept 7 hours, when in fact they got less, or more. Data from a sleep-monitoring watch, band or bed (yes, high-tech beds have these) can be enlightening, not just in revealing actual sleep time but by graphically showing the tossing and turning of disrupted sleep. (We had a Sleep Number bed for a while, and on many nights its data on how long I slept was an hour or so different — in either direction — than my guess.)

Meanwhile, experts say every person has different sleep requirements. And some studies find people need less sleep as they age. Let’s look again at the official government recommendations, which interestingly ignore napping after age 5:



“Most adults need 7–9 hours of sleep a night, but after age 60, nighttime sleep tends to be shorter, lighter, and interrupted by multiple awakenings,” the National Institutes of Health [says](https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Understanding-Sleep) in one of its web pages, slightly contradicting the 7-8 hours it mentions on other places, and the 7–8 hours advised by the CDC. Research has not concluded definitively whether this is normal, or good, or bad. Maybe it just is.

So while the CDC guideline seems sensible, it does not apply to every individual. Children, by the way, need a *lot* more sleep, but that’s another story.

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**Sidebar: Robbing Teens of Their Dreams**

The changing hormones of puberty are said to shift the biological clocks of late adolescents and early teens, encouraging them to stay up later than adults, but then sleep in, according to the NIH. Sound familiar?

So while teens need 8 or 9 hours (or more, depending on who you ask), the pressures of modern society —boatloads of homework, oodles of extracurricular activities, early school start times and nagging parents — force more than half of them to get less than 8, the CDC says, and three-quarters of 12th-graders get less than 8 hours.

The impacts range from learning and memory problems to negative effects on mood and physical health, say researchers at Stanford Children’s Health Sleep Center. And this: “When teens wake up earlier, it cuts off their dreams,” says Rafael Pelayo, a clinical professor of psychiatry and behavioral sciences at Stanford. “We’re not giving them a chance to dream.”

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**Who’s Data is that Data?**

A lot of the advice on sleep in well-meaning articles is poorly sourced, *and often not sourced at all*. You will see this unsupported information regurgitated over and over, by bloggers and second- and third-tier media sites and even institutional health websites where you might expect not just links but footnotes.

This is important:

The source for much information in many online articles about America’s Sleep Problem is the National Sleep Foundation and its websites (sleepfoundation.org and sleep.org) or the organization’s journal, (Sleep Health).

Here’s the thing: This foundation routinely present important facts and claims with no mention of where the information came from or how it was derived — no citations of independent experts, no links to supporting studies. The links you will find typically go to other pages on the foundation’s own site. Where did this information come from originally? Good luck finding out.

Oh, and you should know this:

The National Sleep Foundation receives significant funding from the pharmaceutical industry, in particular manufacturers of sleep medications. The organization says it remains independent in deciding what to write about and how. The foundation may produce lots of great advice, but I do not use it as a resource.

**Survey Says**

One interesting batch of data on sleep habits comes in a 2013 Gallup poll, which found Americans averaged 6.8 hours of nightly sleep. The figure hadn’t changed much since the 1990s, but it was down by more than an hour from 1942, Gallup said.

But this data has some holes, including the years 1943 to 1989.

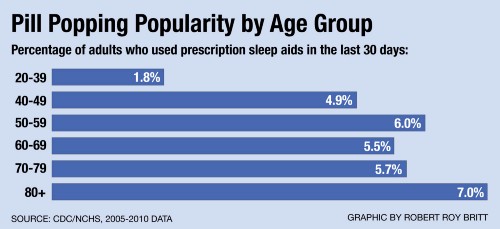
And self-reporting surveys often yield inaccurate findings. In this case, Gallup spoke by phone with 1,031 adults, with a sampling error of 4 percent. And, per Gallup: “Question wording and practical difficulties in conducting surveys can introduce error or bias into the findings of public opinion polls” — especially, one might assume, in a survey purporting to fairly measure the same phenomenon across seven decades of cultural and societal change. In addition, the polling organization’s online presentation of this survey does not say boo about how the 1942 data was collected, whether the methodology was similar or not.

Regardless, the CDC says adults need at least 7 hours and a lot of people aren’t getting it. Since my own survey of one suggests 7 or or more hours of sleep would be nirvanish, and since I can’t find any solid evidence to contradict that presumption, let’s take 7 hours as a decent benchmark for many of us.

Can you sleep too much?

The science on this isn’t clear, but studies have shown that oversleeping is associated with higher risk of obesity, heart disease, depression and other ills.

“We don’t exactly know the cause and effect,” says Vsevolod Polotsky, a professor of medicine at Johns Hopkins Medicine. “It probably works the other way, that when you are sick, it leads to more sleep time.”



**The Problem with Sleeping Pills**

**“Although sleep problems can happen at any age and for many reasons, they can’t be cured by taking a pill, either prescription, over-the-counter or herbal, no matter what the ads on TV say.” —**Dr. Preeti Malani

Humans spent $49.5 billion on sleep aids in 2016, and the global market is expected to be $79.9 billion by 2022. (Some market researchers put the estimates lower, some put them higher.)

Sleep medication has its place, in helping those with chronic illnesses get some rest. But like so many other drugs today, sleep aids are overused and can be dangerous. Science says. Of course, as you might expect, there’s not as much money poured into studying the *dangers* of sleep aids as there is the *need* for sleep aids. But here’s what I’ve got:

In one study published in BMJ in 2012, patients who regularly took prescription sleep aids were five times as likely to die during a two-year period, and the heaviest users were more likely to develop cancer. Like many studies, this one had shortcomings, but it served as a wake-up call.

“If someone comes to me on a sleeping pill, usually my tactic is to try to take them off it,” Dr. Nancy A. Collop told the New York Times at the time. Collop was then president of the American Academy of Sleep Medicine and director of the Emory Sleep Center in Atlanta, and previously had been an investigator in a clinical trial of the sleep aid Lunesta.

Here’s another: “Certain commonly prescribed sleeping pills are associated with a more than fourfold increased risk of death, even among those taking fewer than 18 doses a year,” said researchers whose study was published in the journal BMJ Open.

Some related perspective: More than a third of Americans over age 65 use sleep aids, ranging from prescription and over-the-counter drugs to unproven “natural” aids, according to a 2017 poll by University of Michigan researchers. Most of them said they hadn’t discussed their sleep problems with a doctor.

“Although sleep problems can happen at any age and for many reasons, they can’t be cured by taking a pill, either prescription, over-the-counter or herbal, no matter what the ads on TV say,” said Dr. Preeti Malani, who led the poll. “Some of these medications can create big concerns for older adults, from falls and memory issues to confusion and constipation.”



Ah, were it so easy when we get older!

**Happy Nappers**

Those of us who sleep a few hours at night and aim to squeeze in an afternoon nap are pretty convinced of the benefits. We’re what you might call happy nappers. But don’t take my word for it.

“A certain percentage of people are regular nappers, explains Kimberly Cote, a psychology professor at Brock University in Ontario. “If you ask these people, they’ll be aware they’re getting benefit: They’re more alert, have better moods and they’re feeling sharper.”

A survey by the Pew Research Center (albeit done clear back in 2009) found that on a typical day, a third of U.S. adults take a nap. Probably just a statistical coincidence, but that’s roughly the same percent of the population that is said to not get enough sleep.

While there are several studies suggesting naps can have positive effects, the studies are few and far between. The findings on possible negative impacts of napping are downright murky.

A very small (just 11 subjects) 2015 study published in the Journal of Clinical Endocrinology & Metabolism suggested that a short nap reduced stress and bolstered the immune systems of men who’d slept just 2 hours the night before. Another small study (44 participants), published in Current Biology in 2011, found nappers did better on an evening test after a midday nap.

Such is the state of napping research — small, narrowly focused studies that often haven’t been replicated. I can’t find one that is conclusive in showing whether naps overall promote better health or happiness. I just know they make me very happy, and they’re probably important to the wellbeing of those around me during many an otherwise grouchy afternoon.

**Hate Naps? Yeah, You’re Not Alone**

The Mayo Clinic says naps can reduce fatigue and improve mood, memory and reaction time, but it does not provide any source for those claims. Such bold claims without proof is not unlike me *saying* I can dunk (which I’ve done in a recurring dream, by the way). Let’s assume Mayo is correct, or at least likely to be on the right track. Mayo also says naps may cause subsequent grogginess or mess up nighttime sleep.

So are naps a win-lose situation?

Either of those scenarios may or may not be true for a given individual, given their own sleep habits and patterns.

An article by Kirsten Weir on the American Psychological Association website, while noting the need for more napping research, cites multiple studies to make a strong case that there are indeed benefits to an afternoon snooze, especially in boosting same-day cognitive ability (such as that evening test).

But perhaps not everyone is predisposed to enjoy naps or their benefits, Weir shows, citing the research of Cote. Frequent nappers seem to sleep lightly and wake easily, Cote says, while infrequent nappers — she among them — may “wake up woozy.”

**Is Everyone Insomniac?**

The NIH definition of insomnia casts net big enough for a tens of millions of king-size beds: “Insomnia is a common sleep disorder. People who have insomnia have trouble falling asleep, staying asleep, or both. As a result, they may get too little sleep or have poor-quality sleep. They may not feel refreshed when they wake up.”

Does anyone not fit this definition now and then? Could we maybe be a little more specific?

I’m clearly an insomniac by this definition. Sure, I could use another hour of sleep now and then. But it’s a disservice to true, chronic insomniacs — who face severe health issues — to lump me in with them.

And even among serious insomniacs, all is not gloom and doom. Here are three insomniacs who we can presume did some seriously productive work while burning the midnight oil:

* **Benjamin Franklin**, who once said, “There will be sleeping enough in the grave.”
* **Thomas Edison**, who with a degree of irony gave us, well, you know.
* **Margaret Thatcher**, who once said, “Sleep is for wimps.”

I don’t mean to make light of the lightest sleepers. Insomnia can be debilitating. Van Gogh is thought to have contributed to his own poisoning by dousing his bed with camphor in an effort to combat insomnia. Isaac Newton had two nervous breakdowns thought to have been related to his lousy sleep. But perhaps insomnia is not necessarily always and only a bad thing.

And maybe it should be rethought altogether.

**Is Insomnia Even Real?**

Here’s a rather radical idea you won’t hear in a pharmaceutical ad: If you’re among the millions of us who always or frequently wake up in the middle of the night, you might be entirely normal.

Before electricity, all but the most affluent humans spend most nights amid a lot of darkness — up to 14 hours on winter nights in much of the populated world. So there’s this thought that humans were, for eons, biphasic sleepers, meaning they woke in the middle of the night because, well, nobody needs 14 hours of sleep.

“During this time some might stay in bed, pray, think about their dreams, or talk with their spouses. Others might get up and do tasks or even visit neighbors before going back to sleep,” says Roger Ekirch, a sleep historian at Virginia Tech University and author of “At Day’s Close: Night in Times Past” (Norton 2005).

Ekirch sites references to “first sleep” and “second sleep” in writings from pre-industrial Europe, and he notes the fading of those segmented sleep references in the 19th Century. You can read more about this alternative explanation of what’s now called insomnia in an excellent thought-provoking article by the talented and thorough science writer Natalie Wolchover.

I love the related perspective from Matthew Wolf-Meyer, an associate professor of anthropology at Binghamton University in New York and author of “The Slumbering Masses.” Wolf-Meyer says there are no drawbacks to biphasic sleeping, except that it doesn’t fit well with the demands of modern society, where you won’t find many places to nap in the typical workplace.

“Our society is structured around consolidated sleep … and spending 12-to-14 hours in bed each night would cut into work and family time,” he writes. “And so, even though biphasic sleep might work for us physiologically, it does not work as well socially or professionally.”

If the complex and sometimes conflicting information about America’s Sleep Problem has glazed your eyes over, perhaps now would be a good time to check out my 10 Ways to Sleep Better (Based on Actual Science).

Or maybe just take a siesta.

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