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"Sleep and Sleep Disorders in Selected Works of North American Fiction"

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Olga Czerniawska

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DECLARATION OF AUTHENTICITY

I confirm to have conceived and written this Diploma Thesis in English all by myself. Quotations from other authors are all clearly marked and acknowledged in the bibliographical references, either in the footnotes or within the text. Any ideas borrowed and/or passages paraphrased from the works of other authors have been truthfully acknowledged and identified in the footnotes.

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1.) Introduction

One of the most global phenomena of mankind is sleep. Knowing that every individual on this planet, as well as all animals and most other living organisms need to sleep or rest in one way or another, it is of no surprise that this vital function is also represented in literature, and fiction in particular. Considering furthermore that most global concepts are liable to exceptions one may find individuals who suffer from sleep disorders. The very specific connection between sleep disorders and fiction is the main focus of this thesis.

In order to be able to establish the connection between sleep and literature, an interdisciplinary approach linking both aspects is required. In order to provide such an approach the first part of this thesis will be concerned with the scientific enquiries into sleep undertaken by medical psychology. After a historical overview over the scientific concepts of sleep since ancient Greece, a definition of the term is offered. This will be followed by a brief account of the basic features of sleep and its stages. The ensuing section of this thesis will focus on sleep disorders, their classification, evaluation, and treatment. A significant subject will be insomnia, the sleep disorder later discussed in the context of the three novels which have been chosen. A close reading of these works of fiction will provide a basis for the subsequent analysis of literary representations of sleep disorders.

The main goal of this thesis is to investigate how sleep disorders are represented in fictional works on a number of levels: plot- and character-development, the use of language related to concepts of sleep, subjective and objective illustrations of sleep disorders which are closely related to the different modes of narration provided by the novels, as well as the academic discourse one can connect to these instances. In order to illustrate how diversely a single sleep disorder can be depicted in fiction, three different academic approaches have been chosen to discuss one special type of sleep disorder.

The fictional examples chosen have a number of features in common: they are all written by white male North American authors, published in the 1990s and center around a white male character suffering from insomnia. The novels discussed are *Fight Club* (1996) written by Chuck Palahniuk, *American Psycho*

(1991) by Bret Easton Ellis, and finally *Insomnia* (1994) by Stephen King. All these novels are not the first novels written by these authors[1] and especially the former two novels have often been discussed together with focus on the question of male identity in the 1990s. Featuring both novels but from a different point of view, namely that of the sleep disorder, will provide a different aspect for the reader. A further insight into the novels will be issued with the help of concise and detailed comparative research of the three novels and their specific representations of insomnia.

The literary readings of the presentation and function of insomnia in the novels, will focus on "the uncanny" with regard to *Fight Club*, the "crisis of the male identity" with regard to *American Psycho,* and the literary hero with regard to *Insomnia*. With the help of these scholarly interpretations the concept of insomnia can be shown to be a reoccurring theme in American fiction of the 1990s.

[1] Although in the instance of Chuck Palahniuk's *Fight Club* it was the first novel published by the author. The first novel written, but turned away by publishing houses, is *Invisible Monsters*.

Part I Theory

2.) A Concise Theory of Sleep

> On the first day, Randy Gardner woke at six a.m. feeling alert and ready to go. By day two he had begun to drag, experiencing a fuzzy headed lack of focus. When handed a series of objects, he struggled to recognize them by touch alone. The third day he became uncharacteristically moody, snapping at his friends. [...] He suddenly and inexplicably hallucinated that he was Paul Lowe, a large black football player for the San Diego Chargers. Gardner, in reality, was white, seventeen years old, and 130 pound soaking wet. (Boese: 90)

These observations outlined in a chapter connected to sleep phenomena in Alex Boese's volume on bizarre experiments, recaps the story of a young man who willfully stayed awake for eleven days from December 28, 1963 to January 8, 1964. This experiment, although having evolved into a popular legend (Moorcroft: 45), was an important step giving scientists the possibility to examine the effects of sleep deprivation on a human being. Before Gardner's voluntary experiment, which earned him a world record (which was two weeks later broken by another man), science had worked with various animals. One noted example in this regard is the Russian scientist Marie de Manaceine and her series of experiments about the observation of sleep-deprived puppies (Boese: 90-92).

Of course, there is a considerable difference between individuals who deliberately go without sleep for a limited time and those who are unable to sleep due to physiological and psychological circumstances. In this thesis it is important to link the strands between psychology and literature and thus the basis for the literary research will be founded on a concise introduction into the topic of sleep, its definition and characteristics. The sleep disorder insomnia will additionally be discussed in greater detail in close connection to the practical section of this study. The theoretical section of this thesis will thus focus solely on the discipline of psychology and their extensive and still growing involvement with the topic of sleep and sleep disorders.

The discipline of scientific analysis of sleep and all that is connected to it has followed many different directions throughout history. Superficially, one can say that the understanding of sleep always went hand in hand with the current understanding of the human body. In ancient Greece, for example, sleep was

connected to the distribution of heat in the body as explained by Aristotle. He interpreted sleep as the cooling of heat fumes ingested during eating and causing sleepiness. In the 12th century Hildegard of Bingen gave a different explanation to the phenomenon of sleep: Her theory connected the strands of eating various condiments and the biblical story of original sin. During the time in paradise Adam needed neither nourishment nor sleep, while after the Fall both were required in order to gain physical energy. Four centuries later Paracelsus validated the link between sleeping and night, stating that sleep would be most beneficial if man adheres to the laws of nature, retiring at dusk and awakening at dawn. Another set of explanations was given in the 17th and 18th centuries adding a metaphysical dimension. These explanations included, for example, sleepiness as the imagined draining or thickening of a liquid, or liquor in the brain through extortion of energy. Exhaustion was seen as a symptom of the liquid's inability to fill those small vessels of the brain that are connected to muscles and organs. In the 19th century, oxygen - or the "ether of life" - was discovered. Stored in the brain and distributed from there to the remaining parts of the organism, oxygen could also be used up, which leads to sleepiness. During that time, theories of sleep as a passive activity were highly favored being either an instinct to avoid weariness or an occurrence resulting from the lack of external stimuli. In the following century there were a number of theories which metaphorically described the human body as a bottle filled with various fluids determining each individual's "humors". Some of "the humors" were described as substances or poisons which induce sleepiness. One way of balancing or eliminating these negative fluids which fill the organism, was by cultivating healthy sleeping behavior. It was only in the 1960s that research established scientific proof that hormones and other toxic substances in the human organism are indeed connected to sleep or sleep disorders. A mentionable group of hormones discovered in this connection would be the muramyl pedtides. With the rapid development of neurological science, the fact that sleep is linked to cerebral activity was established. (Moorcroft: 262-263) Still, when people are asked about sleep they "would probably say the function of sleep is for some kind of rest and restoration. Intuitively, this idea seems to be so. We go to bed tired [...], but usually awaken refreshed. Yet, simple rest and restoration ideas of the function of sleep are too simple to be the only answer." (Moorcroft: 263)

In order to be able to discuss functions of sleep it is important to first establish a definition of what sleep is and what it consists of. This will be explored in the following sections, presenting next to a definition of sleep, an additional overview over the extensive classifications of different features of sleep.

2.1.) The Definition and Essential Features of Sleep

Scientists have made use of different methodologies in order to define the phenomenon of sleep. First there were the definitions of sleep as a stopping or slowing of bodily functions as well as brain functions (Moorcroft: 23). It was the absence of activity which led to the conclusion of contrasting the sleeping body to the alert one. As research continued it became clear that sleep consists of a number of alternating stages which include different stages of bodily and cerebral activity. Consequently, the definition of sleep can be established as follows.

> [...] sleep is simply a reversible behavioral state of low attention to the environment typically accompanied by a relaxed posture and minimal movement. (Moorcroft: 24)

This definition focuses to a great degree on sleep as a state like the state of wakefulness, yet is not seen as a negative image of the latter. Additionally, the individual in his unresponsiveness towards his own environment is stressed as an important factor for healthy sleep behavior. As a consequence the lack of interaction between the sleeping person and his environment can be seen as an integral part of “typical” healthy sleep behavior.

Superficially seen, it can be said that a sleeping person is unresponsive towards his surroundings and moves as little as possible and only subconsciously. This, however, does not mean that the brain is entirely inactive during the sleeping process. When focusing on sleep as a psychological phenomenon it becomes clear that this activity consists of much more than of these two externally perceptible aspects. Sleeping adheres to a number of stages which are connected to each other and alternate in a balanced way. It is an intricate sequence of stages through which each healthily sleeping individual passes each night, which can be made manifest by means of EEGs.

2.2.) The Stages of Sleep

The tool to determine which stage of sleep of a person is in at any given moment is the particular structure of the brain waves during the night sleep. The common way to measure sleeping processes is through documenting the electrical activity in the cerebral area. These electric impulses can be measured by an electroencephalogram (EEG) which record wave-like tracks on paper or on the computer screen. The EEG however, is only one out of three parts of the standard analysis of sleep. Additionally, the electrooculogram (EOG) measures eye-movement and the submental electromyogram (EMG) is connected to the chin muscles and assesses muscle movement as well as muscle tension. In order to avoid an overflow of information, sleep is measured in periods which are a specific time frame during which wave and muscle activity is recorded. The usual time span used for that purpose is 30 seconds (Hirshkowitz, Moore, and Minhoto: 13-14). The advantage of this method is that it facilitates the understanding of the process of sleeping, as it can be observed as a uniform phenomenon in healthy sleepers. On the other hand, the classification of sleep into stages runs the risk of generalization because smaller details such as exact amounts of eye movement are disregarded as soon as the stage has been classified into one of the six categories.

Sleep architecture is the summary and mathematical evaluation of the gathered data from the polysomnogram. Condensed into percentage, it can be said that the polysomnogram of a healthy young adult measures approximately “less than 5% awake time, 2-5% Stage 1, 45-55% Stage 2, 3-8% Stage 3, 10-15% Stage 4, and 20-25% Stage REM Sleep” (Hirshkowitz, Moore, Hamilton, Rando, Karacan: 1992; Williams et al.: 1974; in: Hirshkowitz, Moore, and Minhoto: 22). The factors which can be measured during the examination of sleep in this context are almost overwhelmingly numerous, such as the overall time spent sleeping, the number of awakenings, as well as the amount of switches between the different sleep stages (Hirshkowitz, Moore, and Minhoto: 22).

A single unit of sleep consists of six stages overall. These stages are the waking stage, followed by stages numbered from 1 to 4, and finally the REM sleep. REM describes the motion of the eyes during this stage, namely the *Rapid Eye Movement*, which can be recorded with the help of the

electrooculogram. The first stage in the pattern of sleeping is Slow Eye Movements and Stage 1 sleep. This stage can be determined by assessing the features of the sleeping person and submitting these to a process of exclusion of the other stages. Consequently, if neither cerebral activity nor eye movement and muscle tension apply to any other stage, the first stage is specified. One striking feature aiding to the process of classification of this particular stage is the slow eye movement. The can be described as “slow pendular swings of the eyeballs from one side of the orbit to the other” (Hirshkowitz, Moore, and Minhoto: 21).

Stage 2 sleep is the next period in the process of sleeping. This stage can be described through its activity of electrical brain waves in the form of *Spindles*, as well as brain activity in the form of *K complexes*. The former is a process which can be distinguished as very different from Slow Wave activity, or delta movement, setting this stage apart from the Stages 3 and 4. Spindle waves usually follow a K complex wave. This kind of oscillation is composed of an upward movement and an immediately following downwards movement. While spindle waves are low voltage, the K complex waves are high voltage. Both kinds of waves can be influenced by the sleeping individual’s use of benzodiazepines. As will be discussed in greater detail later, this class of medication includes sleeping aids as well as anxiety suppressing drugs (Hirshkowitz, Moore, and Minhoto: 17-19).

Stages 3 and 4 are categorized as *Slow Wave Sleep* (SWS, delta wave sleep) because the EEG activity of the waves is the slowest in contrast to the other stages. The distinctive characteristic defining this stage is the slow, or delta wave activity in the brain — meaning that the waves picked up by the polysomnogram are intense and low frequency (Moorcroft: 19). Moorcroft furthermore describes that the slow waves show “a brain that is idling. At the same time, the body is relaxed but capable of movement” (22). If the brain measures the amount of slow waves as 50% or more of a period it is classified as the 4th stage of the sleep cycle. Stage 3 can be determined when delta wave activity takes up between 20% and 50% of the measured period (Hirshkowitz, Moore, and Minhoto: 15-17).

The final stage before a person moves into the period of awakening is *Rapid Eye Movement Sleep*. As the name already suggests this category is determined through the amount of eye movement. It can be set apart from the other stages by the fact that the activities of the EEG and chin muscle measurement are inconspicuous and the cerebral activity is similar to Stage 1 yet the latter shows less movement of the eyes. The closeness to the first stage lies in the fact that the EEG activity of REM sleep is very close to the EEG of wakefulness. The measured movement of the eyes can either be erratic instances of movement or quite regular activity and is measured through nodes placed on each eye. Apart from eye movement the characteristic of REM sleep is the inability of the sleeper to move. The purpose of this phenomenon is not quite clear until this date but it is assumed that it keeps the sleeping person from physically acting out movements from dreams (Hirshkowitz, Moore, and Minhoto: 19). Another interesting feature of REM sleep lies in the fact that it is markedly contrasted to the non-REM stages. It is not thought to be the normal, idling, "passive" kind of sleep (Moorcroft: 22). REM sleep is also the stage linked to dreaming.

The different stages of sleep can be influenced by a number of factors. External influences, such as loud noises from the environment, can lead to waking and thus disrupt a stage. Additionally, medication influences the brain activity to such an extent that the influence of sleeping pills become apparent in the polysomnogram of a sleeping through dampening or decreasing brain waves such as the spindles and K complexes in Stage 2. A further important influential factor in the assessment of sleep is the subject's age.[2]

2.3.) Sleep and Age

The difference between the sleep pattern of newborn babies in contrast to the young adult sleepers is quite remarkable. Putting aside the differences in brain waves and general brain development when comparing infants with young adults, there is another distinction to be made that can be found in the amount of sleep during a *nychthemeron*. A nychthemeron is the description for a time period containing approximately 24 hours and including both a light portion or

[2] For samples of graphic representations of the brain wave patters recorded during the different stages of sleep (polysomnogram), see Appendix 1.

day, and a dark portion which is the night (Moorcroft: 317). While the normal nychthemeron routine of an adult sleeper consists of a long interval of sleep alternating with a long interval in the waking state, a newborn baby sleeps in numerous fragmented alternations of sleep and wake. Overall, babies sleep twice as much as a healthy young adult (Hirshkowitz, Moore, and Minhoto: 22). With growing age the amount of sleep diminishes and the amount of naps slowly decreases until by the age of 10 they disappear completely. At this age the sleep stages have synchronized to that of an adult as well. Additionally, this stage of life sleep is most intense since children fall asleep easily and wake up fewer times than adults do (Moorcroft: 29-30).

During the early teenage years the body still needs more sleep than an adult organism. Daytime sleepiness is an increasing phenomenon between the onset of puberty and the middle of this stage, from this time on it stays level throughout the rest of the teenage years. A number of complications arise from the fact that Western teenagers suffer from chronic under-sleeping amounting up to 2 ½ hours per night. In order to make up the lost amount of sleep, napping returns for a noticeable amount of adolescent students as well as college students, if their schedules allow it (Moorcroft: 30-31).

The sleep behavior of elderly people differs from young adult sleeping manners as well. The word that metaphorically describes sleep at this stage best is “fraying” (Moorcroft: 31). At this stage the individual differences of sleep between people are the most substantial. Sleep is strongly connected to the life-style led by each person and thus the entire life history of a person makes up the individualized sleeping habits in the senior stage. This factor is one reason why there is no scientific consensus on the amount of sleep needed by the aged. It seems they sleep less at night, however they level the loss of sleep through napping during the light period of their nychthemeron. It seems that the distribution of sleeping time, rather than the amount itself is changing. Some elderly people seem to be less affected by the loss of sleep than young adults. Additionally the rhythm of sleeping changes with advancing years. People tend to feel sleepy earlier in the evening and, as a consequence, awaken in the early morning. Further factors which influence the sleep of the elderly is the higher amount of sleep disorders apparent at this stage. Especially breathing problems

due to snoring, which can be classified as a kind of sleep apnea, as well as periodic limb movement are frequently observed. Additionally illness and medication are two important factors which can influence sleeping habits and lead to such troubles as insomnia (Moorcroft: 31-32).

Before moving on to the classification and description of a number of sleep disorders, which include a specific focus on the phenomenon of insomnia, let us take a look at sleep deprivation and its effects on body and mind. Sleep deprivation provokes a large number of functional troubles in the human body, and its influences seeps into even the simplest of daily activities. Especially effected are emotions, mental processes, and the biology of the body. Some symptoms on the subjective level are irritability and negative moods, possible disorientation and feelings of paranoia, while the change in behavior shows a reduction of humor, instances of micro-sleep, and clumsiness. Mental processes which are affected include difficulties in concentrating, hallucinations, and lapses of consciousness. Biologically, it can be said that there is a shift in hormone production and distribution as well as a decreasing of body temperature by about ½ of a degree, as well as tremors and weight gain (Moorcroft: 38). Aside from brain activity being diminished and a shift in wave activity being measurable, the release of hormones related to growth is seriously reduced. There are difficulties in processing sugar and the production of the hunger-suppressing hormone leptin is decreased. This modification of hormonal distribution increases the likelihood of diabetes and obesity, high blood pressure and memory impairment as a result of heavy sleep deprivation (Moorcroft: 102-103).

In summary, it can be said that sleep is both a fragile and yet the most important phenomenon in every living organism. Sleep can be scientifically measured with the help of the electric waves of cerebral activity and discussed according to the different stages which are lawfully combined into a sequence, if the sleeper is a healthy young adult. Sleep is not only connected to environmental factors but differs with age and the physical state of a person. Yet, due to the dependance of sleep on so many factors it is also susceptible to disorders and pathological behavior. The following chapter will discuss unhealthy sleep behavior, with a

large focus on the phenomenon of insomnia, and consider possible treatments for sleep disorders.

3.) Sleep Disorders and Pathological Sleep

The study and treatment of sleep disorders is still a rather recent development in the field of psychology and neurology. The field as it is known today was founded in the 1970s, with the establishing of sleep disorder centers and other medical institutions for the purpose of systematic and long-term research on unhealthy sleep and has developed rapidly since then. This development advanced partially due to an increasing demand for generating therapies for sleep disorders on a global scale. An additional factor was the growing interest in abnormal sleep behavior and the increasing knowledge of what constitutes healthy and normal sleep (Moorcroft: 201). Yet the research findings on sleep disorders vary significantly and are sometimes scattershot. An example for this are the highly diverging numbers provided when trying to tally how many people suffer from sleep disorders in the United States. The estimate runs from 13% to 49% of the North American population being afflicted from an illness of this kind at some stage of their lives. (Bixler, Kales, Soldatos, Kales, & Healey: 1979; Ford & Kamerow: 1989; Shapiro & Dement: 1994; in Rothenberg: 57 in Pressman & Orr: 2000) Such a wide fluctuation in figures illustrates the difficulty of diagnosing a sleep disorder due to the fickleness of all things connected to sleep and its partially latent qualities. These qualities additionally illustrate an inborn mechanism of human sleep connected to the dichotomy of desire for a state of alertness which is contrasted to the physical and psychological need to sleep in order to maintain a healthy organism. This conflict is one cause for natural tension in each and every organism and mind in this world (Rothenberg: 57).

Additionally, the variation in numbers demonstrates the problem of classifying sleep disorders in lucidly delimitated categories. It is not easy to group individuals with varying internal and external factors, as well as different stages of gravity of their disorder, into pre-constructed rigid frames.

Sleep is a rather complicated organic process. It relies on a number of internal and external factors such as an appropriate environment, while struggles with

medical conditions and the abuse of substances and prescriptive drugs as well as stressful situations and emotional disarray need to be mastered, in order for sleep to be healthy and beneficial for a person. When it comes to sleep disorders, it is important to determine the underlying cause for any potential behavioral problems and decide whether the symptoms of a sleep disorder might be connected to another sickness. An example would be an instance of a grave physical and medical condition. Patients recently infected with the HI-Virus can be observed to suffer from excessive sleepiness (Moorcroft: 110). Another possible danger in diagnosing a sleep disorder lies in the fact that it might be easily mistaken for manifestations of an emotional disorder. Rothenberg specifies, “[e]xcessive daytime sleepiness, for example, may lead a psychologist inquire about major depression, bipolar disorder, or secondary gains in an adolescent who has trouble waking for school.” (58) Thus, it becomes obvious that the line between sleep disorders and other medical conditions, physical as well as psychological, is a very narrow one.

3.1.) Classifications of Sleep Disorders

The first step in research on sleep disorders revolves around the classification of a condition. The complaints of people suffering from a sleeping problem can usually be sorted into three different kinds. Firstly, there can be a problem of an inability to sleep, either completely or to some extent. Secondly, people suffer from excessive daytime sleepiness which can be seen as a negative image of the previous upset. Finally, the third possible complaint is connected to abnormal events which occur during the sleeping process of a person, such as moving arms and legs or snoring (Moorcroft: 201-202). However, the classification of a sleep disorder does not concentrate on the question “How does a person not sleep or sleep too much or being disrupted in his sleep?” but “Why does a person suffer from abnormal sleep behavior?”

Historically, the development of the classification of sleep disorders lays bare the problem at the core of diagnosing them. The dependency of sleep disorders to a diversity of contributing factors leads to several different systems of classification which are as numerous as the factors causing them. Presently there are at least three different forms of classifications existing simultaneously, yet there is one system which is used prevalently in the field of psychology. The

ICSD (International Classification of Sleep Disorders) is a revised version of previous classifications and draws from sources which reach back as far as the 1930s. This classification is the central evaluating focus in the volumes on both the evaluation and treatment of sleep disorders, as well as understanding sleep and dreaming (Rothenberg: 659; Moorcroft: 202-203). This guide towards the evaluation of sleep disorders uses a system of six digit numbers and categorizes them into three major sections, each consisting of additional smaller sections which branch into descriptive designations which are as specific as possible. As mentioned above, in this classification the stress is laid on determining the proper category in which to position a disorder is the cause of the problem and not its description.

The three categories are *dyssomnias*, *parasomnias*, and *medical or psychological disorders*. Considering the first category, it can be said that a person suffers from a dyssomnia when falling or remaining asleep is impossible. Additionally, the occurrence of an immoderate feeling of day-time sleepiness is rated likewise as a dyssomnia. Dyssomnias can be further split into three other categories. The first kind of dyssomnia is the *intrinsic kind*, meaning that it stems from an internal problem which can be both physical or psychological. This group includes such disorders as insomnia, sleep apnea, and periodic limb movement. The second variety of dyssomnia is *extrinsic*, meaning stemming from a source outside and independent of the body. This means that environmental influences such as stress, food allergies, or medication and drug dependency. This class of dyssomnias is probably the easiest to treat, since it can be “healed” by removing the external factor causing the problem. The last category of dyssomnias are the *circadian rhythm sleep disorders*. A circadian rhythm is the timing of certain activities during a single nychthemeron. Thus, this kind of disorders are connected to problems with timing sleep in a healthy way. This category includes difficulties arising from jet-lag as well as shift work, and includes the delay of sleep phases (Moorcroft: 202). For instance, the sleeping problems of the elderly are often connected to the delay of sleep phases, causing sleepiness early in the day and awakening early in the morning, which can be disruptive to the person’s daily routine.

The second larger unit of sleep disorders are *parasomnias*. A person suffers from a parasomnia if there are occurrences disrupting sleep, which either usually do not arise in healthy sleep or which worsen an already existing problem. An example for the former instance would be bedwetting while the latter one includes medical conditions such as abnormal heart rhythms. Parasomnias are less a well defined category than a collection of problems which can arise during sleep. Moorcroft adds a helpful detail about parasomnias by stating that "[t]he key to understanding the parasomnias is to realize that sleep and wake[fulness] are not mutually exclusive states. Rather, they result from a recruitment of various components [...]." (202-203) Parasomnias are composed of four subcategories. The first subclass are *arousal disorders*, meaning that there is the possibility of incomplete awakening during the night. In this cases the mechanisms of the awake state and sleeping function simultaneously and cause disorders such as sleepwalking or sleep-terrors, during which the mind is "asleep" but the body moves. Secondly, *sleep-wake transition disorders* occur during the peripheral states between waking and sleeping. An example from this kind of disturbance would be sleep-talking. The third category are parasomnias usually associated with REM Sleep. This disorder is limited to the sleep phase of REM and includes nightmares. The vagueness of this category becomes apparent in the last subcategory, namely *other parasomnias*. This kind of parasomnia includes nocturnal teeth grinding, as well as the above mentioned bed-wetting.

The third and final category of sleep disorders according to the ISCD are the *medical/psychiatric sleep disorders*. Cases connected to these disorders suffer not only from problems with sleep as a primary problem, but also have a medical or psychological issue at the center of the issue. This includes repercussions of mental illnesses such as schizophrenia or alcoholism, as well as neurological disorders like Alzheimer's. Other physical problems include possible nausea during the process of sleeping or peptic ulcers (Moorcroft: 201-203).[3]

[3] For a complete version of the ICSD see Appendix 2.

Having established a classification of sleep disorders, it is now beneficial to take a look at a small number of different disorders, their features and the problems they cause in the life of a person affected. In the following section the main focus will be put on dyssomnias since they are the clearest fit for the term “sleep disorder”. The phenomenon of insomnia as a subgroup of dyssomnias also is a frequent problem that people can have with sleeping, mainly due to the wide range of meaning attributed to this specific label. Insomnia encompasses possible troubles with falling asleep, staying asleep, as well as early awakening (Rothenberg 61-62). In order to provide an extended theoretical basis for the discussion of insomnia in literature, there will be a separate chapter attributed to this specific disorder.

3.2.) Selected Sleep Disorders

The pool from which to choose the disorders to discuss is a sizable one. However, there are some disorders which seem to be at the center of attention of sleep-related research. Among these disorders one can find narcolepsy, sleep apnea, periodic limb movement disorder, REM behavior disorder, as well as the above mentioned insomnia. This is the selection of disorders which will be treated in the following unit.

The first sleep disorder surveyed is narcolepsy. Patients suffering from narcolepsy usually describe troubles with staying awake, including excessive daytime sleepiness, as well as moments of feeling weaknesses in the limbs or any other body parts. It can most easily be described as a disorder of the area of neural control mechanisms which is responsible for controlling sleeping and waking behavior. This disorder has a basis in the genetic codes of an organism. As a consequence of the unbalanced mechanism, people suffering from narcolepsy lapse into micro-sleeps of different degrees. For the brains of people suffering from narcolepsy it becomes nigh impossible to keep the REM state separate from the waking state (Rothenberg: 65). Grave cases of narcolepsy can include the sudden loss of muscle tone leading to feeling weak or being unable to keep up one’s posture. This means that a person runs the risk of collapsing akin to sudden fainting, as well as dream-like, hypnagogic hallucinations. It is possible for narcoleptic conditions to develop gradually and it is possible for them to begin well into the adulthood of a person. When

examined in a sleep laboratory the difference between a healthy sleeper and a sleeper suffering from narcolepsy become apparent. The narcoleptic's sleep is less efficient due to numerous awakenings and the sleeper drops into REM sleep very fast in comparison to the healthy sleeper which results in hypnagogic hallucinations as well as the paralysis of the body. The biggest problem in that state is the discomfort resulting from nightmarish hallucinations and the inability to escape due to paralysis of the muscles. About half the people suffering from narcolepsy describe additional blackouts, meaning that they report on actions which they have no remembrance of performing. Since these "sleep attacks" are usually prompted under certain circumstances, such as emotional pressure or stress, one possible treatment is symptomatic by avoiding these situations as much as possible. Additionally there are pharmacological aids which support the state of alertness (Rothenberg: 65-66). When it comes to consequences in the daily lives of people impaired by narcolepsy, it can be said that their social life suffers greatly. In order to avoid symptomatic stimuli narcoleptics try to control their emotions as well as possible and thus might seem emotionally empty. Daily activities such as driving a vehicle additionally become dangerous due to accidents caused by the attacks of sleepiness. Moorcroft collected a number of adjectives associated with narcoleptic patients and they are often "somewhat depressed, anxious, and frustrated. Others describe them as being unmotivated, withdrawn, and aggressive or believe they are lazy, bored, slothful, or depressed." (234-235) The numbers given in that context show that more than 5 out of 10,000 people suffer from narcolepsy. Consequently, the overall number of US Americans affected counted approximately 250,000 people in 2003 (Moorcroft: 235).

The next sleep disorder under scrutiny is *sleep apnea*. This label refers to all kinds of disordered breathing during the sleeping process. A person suffering from apnea has a partially or completely obstructed airflow, leading to either a decrease or whole cessation of airflow. As a consequence, there are two kinds of sleep apnea: *Obstructive apnea*, which means an absence of breathing and *partial apnea*, also known as hypopnea, which is when an incompletely obstructed airflow leads to insufficient oxygen saturation of the organism. One kind of sleep apnea which can be either obstructive or partial is snoring. Apnea can lead to heavy daytime sleepiness due to a fragmented sleep at night as a

result of the awakenings caused by troubled breathing. Both the slow wave sleep and REM sleep stages were unable to set in due to the frequent awakenings of the person suffering from apnea, resulting in and unsatisfactory sleeping experience. There are a number of features which are connected to sleep apnea and snoring, some of them being excessive weight, high blood pressure, as well as heart problems. Some apneas, such as snoring, run in families together with the connected heart problems. After treatment through various sleep-aiding devices such as a *continuous positive air pressure machine* which leaves the breathing pipes unobstructed through an individually adjusted stream of air, problems such as irregular heart palpitations and high blood pressure improve. This sleep disorder influences the daily life by causing daytime sleepiness, blackouts, headaches in the morning, and automatic behavior, which is the performance of the task while the individual is both unresponsive and unable to process any information (Moorcroft: 42). Especially the excessive sleepiness can lead to accidents and employment problems which can be easily followed by depression. A number of other problems connected to this sleepiness are memory problems, lack of concentration, as well as negative individual traits such as irritability. Treatment can either be through the facilitation of breathing through machines such as described above, as well as weight loss. Furthermore, there are dental appliances to position the lower jaw and tongue in front of the upper jaw and thus aid breathing. Another possibility is a surgical correction of any existing abnormalities in and around the airways, especially when other treatment fails and the above mentioned characteristics of the sickness do not apply to a person.

Another sleep disorder related not to the lack of sleep is *idiopathic hypersomnia*. This means that this segment of the population is sleepier without an apparent cause. Beginning in their teens or early adulthood, an increased daytime sleepiness can be observed with the patients themselves claiming to be constantly tired. Neither naps nor increased sleeping time aids to ameliorate the feeling of constant fatigue. The only observable contrast to regular sleepers lies in the fact that the sleeping cycle of the people affected is slightly longer than an average one. Idiopathic Hypersomnia can run in a family but does not always do so, and furthermore an increased number of subjects suffers from migraine headaches and fainting spells. Currently, there is neither a known

cause for this kind of sleep disorder, nor an option for treatment except for sleeping the required and slightly increased amount of sleep required by the organism. A disorder which is similar to Idiopathic Hypersomnia is the long sleeper syndrome. The symptoms are overlapping to a large extent but careful analysis shows that the daytime sleepiness can be kept to a normal level if the affected patient sleeps 10 hours per night. Problems such as aggressive behavior at being wakened, automatic behavior, as well as blackouts and spells of micro-sleep disappear with sleeping the prescribed amount of time, while the Idiopathic Hypersomnist would feel less refreshed and alert after 10 hours of sleep.

A sleep disorder connected to movement during the night is *periodic limb movement*. The characteristic limb to cause this disorder is the lower leg, usually both of the legs involved yet in cases more serious other limbs can disrupt sleep through movement as well. The activation of a muscle and the following movement hinders the sleeper from reaching a deeper stage of sleep. This results in a very slow sleep efficiency leading to daytime sleepiness which in turn can cause accident through moments of micro-sleep, or other problems in the daily routine of a person. During the night the sleepers have no awareness of the movement of their limbs and neither do they register actively the large amount of awakenings. The disorder is possible to be operative in the genetics of a family, but especially with aging *periodic limb movement* becomes more and more common. It can be said that approximately over 40% of American retirees suffer from this disorder (Moorcroft: 241). Consequently one source for the nightly limb movement might be connected to other medical conditions. Especially patients with kidney failure, going through dialysis therapy report a frequent problem with muscle movement and cramps during night. Pregnancy seems to enhance the possibility to suffer from *periodic limb movement* as well, as is an insufficiency of iron supply or Parkinson's disease. A feature which is quite surprising is the fact that fever seems to suspend the movement of the legs during the night. An example given by Moorcroft illustrates the gravity which can be reached by the disorder. In this case the patient slept for 435 minutes and during this time her legs moved 353 times. This affected the sleep heavily and caused enormous discomfort during the day,

the excessive sleepiness during the day resulting for instance in a car crash at one occasion (239-240).

Another interesting sleep disorder is the *circadian rhythm disorder*, which is an extensive part of the dyssomnias. One phenomenon of this condition is the sleep phase delay disorder which illustrates the tension between body and mind, as well as the large influence of the environment on our bodies. This complaint is based on troubled sleep onset earlier in circadian rhythm in order to be able to rise earlier due to university classes or similar obligations. In contrast to insomniacs however, the individuals suffering from a delayed sleep phase do fall asleep at the same time each night, even after spending sleepless hours beforehand. Waking up and rising from the bed is very difficult at this stage and as a consequence sleepiness interferes heavily with daily activities. A possible treatment for the sleep phase delay disorder is chronotherapy, consisting of a gradual movement of the sleep time forwards in order to be able to control sleep in a healthy way again. The other side of this coin is the advanced sleep phase syndrome which describes people feeling sleepiness early in the day, but as a consequence awaken in the early morning hours. A disorder between the two already discussed ones revolves around the problem of not having a fixed 24 hours schedule at all, which does not only influence sleeping habits but also other daily activities such as eating patterns. As a consequence it can be said that the overall physical and mental stability of these individuals is a comparably weak one.

The last sleep disorder discussed is the *REM behavior disorder*. This condition is characterized by unusual dreaming, especially concerning vivid nightmares with a lot of action and movement like fending off monsters or running away from a mob of angry people. The problem in this case is the fact that the dreamer is prone to acting out these maneuvers during sleep, endangering himself and a possible partner sharing the bed. In the sleep laboratory it becomes clear that a usually quite normal sleeper can turn dangerous during the REMS stage, which itself can be classified as normal. Some other changes of these sleepers include an increased amount of Slow Wave Sleep, and an increased amount of eye movement during the REMS. Additionally, limb movement is active throughout the entire sleeping process. An external feature

of this disorder includes the fact that it is possible for it to run in the family, and is especially prevalent in elderly males aged 60 or older. Almost half of the patients affected suffer from brain damage and diseases such as Alzheimer's (Moorcroft: 243).

3.3.) Insomnia

The term insomnia includes a vast number of different problems connected to sleep, yet the first and foremost of troubles in the context of insomnia are connected to not being able to fall asleep as well as possible difficulties maintaining a constant state of sleep. Considering the previously discussed sleep disorders it becomes apparent that insomnia can function as a symptom to a different disorder, as well as a sickness standing on its own right.

Describing the term insomnia, Moorcroft likens it to a different medical condition. According to him insomnia can be compared to fever.

> Just as a fever may be caused by many different things, insomnia is a symptom resulting from any number of causes. Since insomnia may have various causes, it may be classified either as a type of dyssomnia or as a type of sleep disorder secondary to medical/ psychiatric disorders. (245)

Additionally insomnia does not exclusively affect the sleeping cycle. Daily activities become heavily affected by sleeping troubles. As a consequence it becomes almost inaccurate to classify insomnia as a sleep disorder solely and should be treated as a phenomenon covering the night as well as day of an affected person.

In order to demonstrate what an extensive area insomnia covers, it is useful to look at four kinds of insomnia. Each kind of insomnia can be determined through its striking characteristics setting it apart from the simplifying statement often heard in connection with this disorder, namely "I cannot sleep". Firstly, there is sleep onset insomnia which can be determined by focusing on the amount of time needed for a person to fall asleep. If this span of time exceeds 30 minutes, sleep onset insomnia is diagnosed. Secondly, sleep maintenance insomnia focuses on the performance of maintaining sleep during the night. If a person wakes up more than 5 times during the night and the overall minute

count of being awake is more than 30 minutes, sleep maintenance insomnia can be identified. The third kind of insomnia is early arousal insomnia. People suffering from this disorder have no troubles falling asleep and maintaining sleep, yet they awake earlier than the average sleeper. If the overall amount of sleeping time falls below 6,5 hours, insomnia is determined. Finally, insomnia does not have to mean that person is sleepless during a certain stage of the healthy sleeping process, since for instance light sleep insomnia is a disorder focusing on the problem of entering Slow Wave Sleep. As a consequence the sleeping process is not beneficial due to its superficial and light nature. Consequently, light sleep insomnia can be determined by looking at the percentage of each sleep stage during a sleep cycle. If stage 1 sleep takes up more than 12% of the cycle, while SWS is less than 5% (or if later in the sleep of the elderly the amount of SWS declines to less than 3%), light sleep insomnia can be diagnosed.

Of course individuals suffering from short times of troubled sleep are not uncommon in Western society, yet these short instances would not necessarily be diagnosed as insomnia. Transient insomnia affects every person on this planet a few times during their lives, while short-term insomnia can be limited to a time span between a few days and some weeks. If problematic sleeping habits continue to last for more than three weeks, persistent insomnia is diagnosed which requires professional treatment.

In order to guarantee qualitative as well as effective treatment, it is important to determine the cause of insomnia. As a consequence, another categorization of insomnia is based on the underlying causes of sleeping problems resulting in four major categories of insomnia. This kind of categorization is closely related to the direction mentioned earlier taken in sleep-related psychology, concentrating on the causes of a disorder in order to determine its status in a system of classification. The first main grouping of insomnia based on causalities is insomnia related to medical problems. Chronic illnesses and the pain and discomfort resulting from them leads to aggravated sleep behavior. Additionally other sleep disorders such as the already discussed sleep apnea and periodic limb movement can cause insomnia without the affected person being aware of the consequences of obstructed breathing or twitching muscles.

The second major category is insomnia which is closely connected to psychological problems. Between one third and one half of all insomnia-related problems can be traced back to a persisting psychological problem (Moorcroft: 248). Additionally people suffering from a specific psychological problem as well as a sleep related troubles show similarities in their unhealthy behavior at night. For example, schizophrenia causes sleep onset as well as generally poor sleep while phobic disorders and obsessive-compulsive behavior can cause sleep onset and sleep maintenance troubles. Yet the psychological disorder which causes the most substantial sleeping troubles is depression. Although a large number of depressed individuals claim hypersomnia, or the phenomenon of sleeping more than the average healthy sleeper to be a persisting problem, insomnia is still more influential. The impact of this sickness is enormous both on the sleeping patterns of an affected person, and on the electric waves of the brain so that the shortened REM latencies during night can even help to diagnose depression in its earliest stages. Aside from depression's influence on the REM stage, Short Wave Sleep is affected by the psychological phenomenon as well.

Insomnia related problems can result from lifestyle choices as well. The term lifestyle in this sense includes disorders resulting from maladaptive behavior as well as substance abuse. On the one hand behavior such as a chronically tense character can lead to a higher neck muscle tension measured in the neck muscles as well as an increased pulse rate. Furthermore, chronically tense individuals suffer from more and prolonged awakenings during the night resulting from worrisome thoughts or dreams triggering feelings of anxiety.

The problem of reduced REMS and SWS which was mentioned numerously beforehand and can be seen as a characteristic of insomnia of all kinds goes hand in hand with this kind of insomnia as well. An interesting phenomenon is learned insomnia. Starting with the unconsciously formed cues that objects and places usually associated with sleep such as the bedroom and the bed are connected to sleeplessness, the affected person finds it impossible to sleep in these situations. This conditioned insomnia results in the sleeper being able to sleep better in an environment void of all sleep-related cues, such as a student

sleeping the best night since a long time on the ledge of a mountain (Moorcroft: 249).

On the other hand, disordered sleep resulting from drug and alcohol abuse is categorized as belonging to lifestyle insomnia as well. Both socially accepted drugs such as alcohol and nicotine, or legal over the counter drugs as well as illegal drugs influence sleep pattern and brain activity to different extents, as soon as they cross the blood-brain barrier. The complications resulting from drug use lies in the fact that drugs can be both treatment and cause for a sleep disorder. Drugs can be used as treatment for pharmacotherapy in the area of insomnia, yet the advantages and disadvantages of such a therapy need to be identified first since the complexity of this kind of therapy includes a wide range of risks (Roehrs and Roth: 393-340). In the case of substance abuse both the initiation as well as discontinuation of narcotics leads to problematic sleep behavior. Especially cocaine, amphetamine, opiates, as well as every-day substances such as nicotine and alcohol withdrawal may cause troubles with sleep (Spielman and Glovinsky: 134). An interesting fact is the connection between alcohol and disordered sleep, since this substance prolongs the total time of sleep, yet sleeping under its influence leads to increased limb movement and less REM sleep resulting in a low sleep proficiency.

Finally, the last category of insomnia is primary insomnia. In contrast to the three former classes of insomnia, this kind cannot be traced back to an underlying medical, psychological, or lifestyle related problem. There are a number of different kinds of primary insomnia as for example those individuals who try too hard to fall asleep. As a consequence if attempting to fall asleep through activating their brain processes a contrary effect is reached and it becomes impossible for the brain to reach a state of relaxed activity. Another example for primary insomnia can be found in childhood onset insomnia. These people suffer from insomnia throughout their entire lives for no apparent reason, though it is presumed that the brain suffers from a dysfunctional sleep and waking mechanism. In some cases the disorder goes back as far as the very first years with people from the environment stating that even as babies these individuals slept less than the average infant. Another kind of primary insomnia include sleep-state misperception insomnia which can be described as a

subjective diagnosis of insomnia, yet would not apply to the professional diagnostic features of the disorder. In most cases the affected people are simply short sleepers. Another primary insomnia is characterized by normal sleep which results in showing symptoms of insomnia. Although the same treatment is applied to insomniacs ameliorates the symptoms, examinations in sleep laboratories show no changes in brain and muscle activity before and after treatment.

Treatment of insomnia is as manifold as its different categories and subcategories. There is the possibility of using pharmaceutical aids such as sleeping pills which are particularly effective for transient or short term insomnia. Persistent insomnia, however, should be treated at its behavioral, medical, and psychological roots and, as a consequence, cognition-behavioral treatment for insomnia, or CBT-I is advised to be more beneficial in the long run. The effectiveness of this treatment relies largely on the fact that it can be easily individualized and thus provides solutions to a wide amount of problems.

CBT-I consists of a number of different components which can be matched according to the needs of the insomniac. In order to be able to establish an adequate treatment it is of utmost importance to examine the history of sleep of the patient with the help of sleeping logs, for instance, as well as screening for any psychological conditions such as depression which has been established to have an enormous impact on sleeping behavior. Any medical conditions and the included use of medication, which might have insomnia as a listed side-effect also, need to be considered during CBT-I. The first important component of this treatment is the education on the basics of sleep. Knowledge in this area can help the affected individual to insights on pathological attitudes and improve sleep hygiene through demonstrating correct behavior in the bedroom.

The supplementary component on cognitive changes focuses strongly on altering counterproductive thoughts and behavior in order to facilitate the transition from the waking state to sleeping. There are a number of cognitive stratagems which allow cognitive influence on insomnia. For example, the paradoxical intention maneuver describes an instance in which overwhelming worries about the subjective sleeping behavior might lead to problematic sleep.

As a consequence it is important to minimize negative attitudes towards sleeping in general and replace them with positive ones through ingraining positivity with the help of catchphrases such as “Everybody, including me, can sleep well” (Moorcroft: 253; Bootzin and Rider: 326-327). The sleeper should additionally be provided with a set of realistic expectations towards sleep in order to avoid misconceptions and disappointment. It can be said that the personal attitude of a person plays a surprisingly important role in the quality of his sleep. Cognitive tricks such as repetition of positive phrases and an overall positive attitude can aid the onset of sleep considerably.

Another constituent of CBT-I is stimulus control which is closely connected to the conditions of the sleeping environment and requires the patient to follow a set of rules established for healthy sleep, such as using the bed for sleeping only and move activities such as watching the television into another room. Such rules can be established as belonging to the area of sleep hygiene. Especially the use of irregular daytime naps as well as a counterproductive sleeping environment and numerous further factors contribute to problems with sleep hygiene, which in turn decrease the amount of beneficial sleep. The component of arousal reduction is made up by a number of smaller elements which can be described as relaxation through self-hypnosis with a strong focus on a relaxed state of body and mind. Meditation is found to be beneficial during times of problematic sleep as well (Bootzin and Rider: 316-322).

A medical aspect which is found to be helpful during treatment of insomnia is regular biofeedback. The most substantially used biofeedback mechanism used is EMG, or electromyography. This kind of feedback is closely connected to the aspect of relaxation with regard to sleeping (Bootzin and Rider: 326). Additional aspects such as abdominal breathing and guided imagery training are just two fragments out of a large pool of activities. Sleep restriction might seem counterproductive at the first glance, but stimulating sleepiness due to restricted sleeping time helps the patients spend the time in bed actively sleeping. Finally, circadian rhythm maintenance helps establishing a healthy routine during the nychthemeron by fixing the hour of going to sleep and getting up again. Overall, the cognitive-behavioral treatment can be carried through in a group or as an individual and usually shows signs of effectiveness after a few weeks.

Another possibility for treatment is the previously mentioned use of sleeping pills and other pharmaceutical aids in order to establish a pharmacological therapy. Sleep facilitating drugs mainly consist of benzodiazepine hypnotics, usually focus on the facilitation of sleep onset as well as an increased sleep maintenance. The use of pills should, however, not last for a longer period of time, since a symptom of withdrawal from benzodiazepine hypnotics is again insomnia. However, the advancement in the insomnia related sector includes the development of new kinds of hypnotic components which include less intense side-effects. As there are different kinds of insomnia it is of great importance to adapt the pharmacotherapy to the category as well as gravity of the disorder. Additionally age and physical fitness play a role in the appropriate prescription of drug-related treatment. Benzodiazepine hypnotics have a number of side-effects, as for example amnesia. The longer and more intense the pharmacological therapy, the more likely it is to damage the brain. Additionally addiction to sleeping pills is a danger which should be considered as well. In contrast to prescribed medication, over the counter sleeping pills which are largely based on anti-histamines produce little effect and are not recommended by professionals (Moorcroft: 256). However, a combined therapy of sleeping pills in connection with CBT-I is possible but leads to surprising results in a number of cases, namely a decreased effectiveness of the CBT-I. The reasons for this phenomenon are unclear at this stage but might be based on the fact that sleeping pills prove to have immediate effectiveness while the CBT-I takes a few weeks to ameliorate sleep behavior and, as a consequence, patients tend to follow the activities of the latter less carefully.

Overall, it can be said that sleep disorders can be seen as some of the most prevalent psychological problems in modern Western societies. This can be attributed to the fact that the disorders can exist both independently as well as in connection to other sicknesses. Sleep disorders exist in different categories which connect the unhealthy behavior of the human body or mind to different contexts and which offer a wide range of solutions which can be assembled to propose a therapy aiding the greatest possible number of people. Insomnia is a disorder which can metaphorically stand for all other sleep disorders, since it functions either in connection with another complaint, or operates

independently. The insomnia of an individual is usually set into the context of his life, connected to the past and present, emotions as well as environment. Only with the help of a therapy which encompasses all these aspects can this condition be ameliorated, being turned from an unhealthy and negative unrest to a healthy and beneficial process of sleeping.[4]

4.) Sickness in Literature

The connection between literature and various physical as well as mental disorders is a surprisingly close one. Considering the connection between illness and creativity it is of little surprise that a number of authors use this rather negative aspect of human life in their works of fiction, poems as well as plays, or other genres of art. Sandblom describes the relationship between sickness and artistic creativity in his volume “Creativity and Disease - How illness affects literature, art and music” as vital to the understanding of an artists work, being furthermore connected to form as well as content (1997: 15-16). Especially the universality of illness is an important aspect mentioned by Sandblom, making art which is related to disease relevant to a large audience. In order to be able to look more closely at three instances of sleep disorders in works of literature it is of importance to see how illness can be used in literature, especially how it can be used to add to the overall impact and depth of plot and character.

Up to this point the research on the connection between various disorders and illnesses and their illustrations in literature is very strongly focused on the genre of drama, tragedies to be more precise. Especially the tragic works of Shakespeare and his contemporaries seem to be of academic interest when

[4] During the research for the theoretical basis of this thesis, an article on new developments in sleep research was published. A fair amount of new information on the topic of sleep disorders was provided by this article, of which two are especially noteworthy in the context of sleep disorders. The first important finding is that a substantial damage in an area of the brain can lead to sleep disorders. As a consequence, sleep disorders can be seen as the first symptoms of degenerative neurological damage, such as, for example, Parkinson’s disease. Patients with Parkinson’s disease show a very high density of brain tissue in some areas of the brain, which points towards the brain’s attempt to repair the damage done by the disease. A second discovery provides a new theory for the sleep disorder “narcolepsy”. According to a new study, narcolepsy is an event during which some cells of a body aggressively attack its own nerve cells. Narcolepsy is thus not only a sleep disorder, but also an autoimmune disease. Overall, it can be said that sleep research is a field which has been flourishing in recent years and constantly provides new theories of sleep and sleep disorders (Ehgartner: 96-104).

connecting the strands of psychology and medicine to literature. In “Shakespeare’s Imagery And What It Tells Us” Caroline Spurgeon explains one instance which helps establishing Shakespeare’s tragedy “Hamlet” as atmospheric and interesting, with the aid of images linked to sickness and disease. It is “[...] due to the number of images of sickness, disease or blemish of the body [...] the idea of an ulcer or tumor, as descriptive of the whole condition in Denmark morally.” (Spurgeon in Stagg: 43) Going back further in literary history, Greek tragedies such as Euripides’ “Orestes” used the concept of sickness in order to illustrate body and mind of a character. In this case illness can be seen as a standardized metaphor belonging to the pool of literary tools of Greek tragedies, symbolizing different malfunctions of any possible kind. (Smith: 19) These malfunctions can either be seen as the problem belonging to an individual or a symbol for the state or an entire group of people in a certain sphere of society. Diseases in the terms of Greek tragedies have fixedly established causes as well as cures. The interaction between hereditary factors, in the case of “Orestes” being the blood of his mother, and environmental or external factors can cause a disease which can only be healed by the expulsion or digestion of particular problems, resulting in the catharsis of the body and, consequently, the mind. In “Orestes” the sickness lies within “the conscious knowledge of evil action” (Smith: 297) and manifests itself through the body via a foamy mouth and matted hair, as well as the mind which is disintegrating slowly and causing fits that can be dangerous to the people around him. This kind of literary madness in the Greek tragedy can seldom be traced back exclusively to the affected character, but is often divinely inflicted or caused by hereditary factors. In Orestes’ case the references to his blood relative Tantalus are made quite openly and extensively (Smith: 301). Moreover, Apollo influences the life of Orestes crucially and can be seen as a plausible cause for the hero’s afflictions. It is Apollo who finally resolves the tragedy in the end, saving the ones and punishing the others without much explanation but accepting the blame for prompting the first murder which in turn rendered Orestes mad.

As a general conclusion it can be said that the tradition of both physical illness and psychological madness are rooted deeply in the culture of creative writing,

going back to the origins of Western literature, namely Greek tragedies. However, the use of sickness as a theme in literature is rather diverse.

Throughout literature there have been many other instances of sickness in both plays and novels. David Bevan presents a broad historical overview over various literary periods and the prevalent illness processed in works of fiction of that specific time:

> [...] the Romantic predilection for melancholy, the post-Romantic(!) scourge of syphilis, the more Modernist malady of tuberculosis, Sartrean nausea and the telling of contingence and latterly, alas! still tragically emergent - the very contemporary traumas of Aids-related narratives. And thus, from melancholy, that etymological black bile returned by Baudelaire's poetic and spiritual anguish to its original site as ascribed by ancient medical lore and which guards the body's harmony ... across a century and a half to Aids and the anguished rediscovery of the long-buried spectre of the plague. (Bevan: 3)

This quote illustrates well how grave and wide-reaching the impact of sickness on literature actually is, and how strongly it is tied to a certain moment in the history of a culture. Susan Sontag quite recently established illness, sickness, and disease as factors which sooner or later have an impact on the lives of each and every person on this planet. As a result, the preoccupation of Western literature with sickness, which practically borders on obsession, can be tied to the universal qualities of disease and sickness, changing the lives of people all over the world and having thus both experienced authorship as well as an audience which feels closely affected by this kind of literature.

The universal qualities of illness are not only the reason why authors incorporate them in their creative work. One can say that illness and disease are very strong metaphors for a large reservoir of different meanings and thus address numerous dimensions in literature, often in connection to characters and stories. In "Illness as Metaphor" Susan Sontag describes the metaphorical stereotypes which are assigned to ill people, resulting in negative consequences such as prejudice towards the sick. Sontag specifies two illnesses which are especially prevalent in the use of the metaphor of illness, namely tuberculosis in the nineteenth century and cancer in the twentieth century. In order to clarify the roles of these diseases in the context of a negative metaphor resulting in taboo and the shunning of the afflicted

individuals, Susan Sontag includes specific examples from literature to illustrate the way in which tuberculosis is depicted in literature (Sontag: 3-9). On the basis of aspects such as these, it can be said that disease is a recurring theme in contemporary fiction. Additionally, the reflection of illness can result in the emerging of a negative stereotypical attitude towards ill people, which can again develop a negative image of sick people in society. As Susan Sontag well demonstrates, illness, as well as the specific theme of illness in literature, has been dealt with over many centuries and will most likely be a central theme in literature in the future (Sontag: 72-86).

In the following part of the thesis three works of fiction will be discussed with focus on the way in which the sleep disorder attributed to the main characters of the novels is represented. It will be argued that each of the three instances of insomnia have a different means of adding to the spheres of meaning on the novel. A comparative approach of both language and content of the novels will help to establish common features as well as surprising differences in the way in which sleep disorders are described. Such a comparative approach is made plainer when considering some of the common features of the novels. Firstly, they were all written by white North American males and published in the 1990s. Secondly, the main character of the novel, who is also the first person narrator in Chuck Palahniuk's *Fight Club*, the focalizer of narration in Bret Easton Ellis' *American Psycho*, and the main character accompanied by a third person omniscient narrator in Stephen King's *Insomnia*, all suffer from the sleep disorder insomnia. Although the roots for the disorder, along with its symptoms and descriptions are varied in all three instances, the discussion of these factors can aid not only to establish sleep disorders as a part of the historical development of sickness in literature, but also recognize the function of sleep disorders as a means which supports the plot as well as the character description and development in a work of fiction. Additionally, in all three works of fiction, the sleep disorder can be seen as a fraction which underpins possible literary readings of the works, starting with the concept of the uncanny in *Fight Club*, underlining the interpretation of Bret Easton Ellis' works of fiction in connection to identity fragmentation and loss of identity, and furthermore explaining the literary hero in Stephen King's *Insomnia*.

All in all, it can be said that the following chapters of this thesis will focus on three examples of insomnia in contemporary fiction. The focal points are concerned with how the sleep disorder is represented on the basis of descriptive language as well as content, how it supports plot and character, and finally which different scholarly readings it may support and thus which additional insights can result from putting the focus of attention on the sleep disorder of a work of fiction.

II Practical Application

5.) Chuck Palahniuk's *Fight Club* and the Concept of the Uncanny

The following sections will be concerned with illustrating the way in which a sleep disorder can be described and used for a number of purposes in three different works of literature. Firstly, the main focus will be on the novel *Fight Club* by Chuck Palahniuk. The main argument of this section centers around the suggestion that it is possible for sleep disorders to add further dimensions to the understanding of both character and plot of a piece of fiction, as well as potentially provide additional meaning. The theoretical reading discussed in connection with *Fight Club* is the so-called "element of the uncanny" which amongst other things results from the thematization of insomnia. A number of additional features in the novel can be said to support the phenomenon of the uncanny and thus will be marginally discussed to contribute to the picture of said subject in *Fight Club*. Accordingly, the main topics of this chapter are the description of the sleep disorder in the novel itself, the role of language and vocabulary in this context, and the question as to whether it is possible to illustrate the disorder exclusively through literary expressions. Furthermore, the function of the sleep disorder in relation to character and plot will be discussed with regard to its effects on both. The final aspect will then focus on motifs of the uncanny in the novel, with a special emphasis on the relationship between disease and the uncanny.

To briefly introduce the novel: the plot and action revolve around an unnamed first person narrator, whose quotidian life is changed drastically due to a number of incidences which lead to the formation of an underground boxing club, or Fight Club, giving the novel its name. Together with two additional characters, namely Tyler Durden and Marla Singer, the plot includes the depiction of the complications of a love-triangle relationship as well. In the course of the novel the narrator realizes slowly that Tyler Durden and he himself are actually two different personalities in one and the same body. It then becomes obvious that the narrator of the novel is not only suffering from a sleep disorder but is also afflicted by a multiple-personality disorder. Aside from the first chapter, which is structurally directly connected to the end and serves as a frame-narrative to the core narrative, it can be said that insomnia is a very prominent feature attributed

to the nameless narrator from the very beginning of the novel and described by the author in some detail.

5.1.) Tracing Insomnia in *Fight Club* - Depiction and Application

Although the reader never learns the narrator's name, his sleep-disorder insomnia is one of the very first character traits that one associates with the character. At the beginning of the second chapter the narrator states, "I went to my first support group two years ago, after I'd gone to my doctor about my insomnia, again." (*Fight Club*: 18) This sentence indicates a number of features regarding the sleep disorder which the narrator suffers from. Firstly, the sleep disorder is explicitly stated as being insomnia without any elaboration on the symptoms such as restlessness during the night or whether the disorder relates to the sleep onset or sleep maintenance. The fact that medical help has been sought and especially the word "again", placed at the end of the sentence and adding gravity to its meaning, indicates that the problem has not arisen for the first time. However, considering the use of the word "again", the reader can infer that the disorder surfaces in a series of sleepless nights and is not of the continuous kind. The narrator further elaborates on his situation:

> Three weeks I haven't slept. Three weeks without sleep and everything becomes an out-of-body experience. My doctor said, "Insomnia is just the symptom for something larger. Find out what's actually wrong. Listen to your body." I just wanted to sleep. I wanted little blue Amytal Sodium capsules, 200-milligram-sized. I wanted red-and-blue Tuinal bullet capsules, lipstick-red Seconals. My doctor told me to chew valerian root and get more exercise. Eventually I'd fall asleep. (*Fight Club*: 19)

This quotation illustrates the subjective feeling of the suffering character and contrasts it to the medical opinion of the doctor. The narrator describes his personal feelings, his dissatisfaction with his physician's advice, and establishes his search for a solution to his problematic situation. As discussed in the theoretical part of the thesis, insomnia can indeed be both a symptom of another disease as well as a sickness standing on its own. In this case, the physician's support is based on assuming the former to be true cases. This diagnosis becomes validated as the plot of the novel progresses, and the insomnia can clearly be categorized as a main aspect of a graver psychological disorder, the protagonist's multiple-personality disorder.

Considering the fact that the insomnia-related visit at the doctor's is not a premiere in the life of the narrator and his familiarity with the bevy of sleep-disorder related drugs, the gravity of the disorder and its extension into the character's life becomes undeniable. This is especially added to by the mental color-coding of the drugs in his narrative and the ease by which the narrator illustrates his intense knowledge of the matter. In order to gain a comparable expertise in this field, it can be assumed that the narrator's preoccupation with the disorder reaches beyond the nights spent in bed awake and the time spent in medical institutions. The narrator's knowledge might stem from private research done in that area, or might illustrate the versatility and tenacity of some chronic patients who suffer from sicknesses and thus through the constant contact with medical establishments are able to gather an impressive pool of information connected to their own complaint. As a consequence it can be said that the narrator suffers from either a transient kind of insomnia, yet the gravity of the insomnia illustrated further in the novel indicates it might even be classified as persistent insomnia.

Contrasting the narrator's knowledge about and need of medication is the physician's perspective who draws back on natural mechanisms of the body. Valerian root is one solution for the sleep disorder proposed. The second instance is physical exercise as an energy-regulating activity which is supposed to make the patient tired and, as a consequence, will ameliorate sleep onset as well as optimize the depth of sleep. Exercise which is performed a few hours before bed-time is indeed a recommended technique in order to help troubled sleep. "Listen to your body", is a mantra in the treatment of disorders which is based on the self-regulating mechanisms of an organism and when uttered by the physician in this instance can be read in more than one way. On one hand, the patient is supposed to observe the functions of his own body, but considering the fact that the narrator might suffer from a multiple-personality disorder already at this stage, the phrase also applies to the second personality, namely Tyler Durden within him. The listening can also be transferred to Tyler, and as a consequence the narrator begins to see this second persona outside his body, probably taking the advice of the physician too literally.

In close connection to this piece of doctorly advice, the following comparison can be unlocked as well: “Three weeks without sleep and everything becomes an out-of-body experience.” (*Fight Club*: 19) When considering the fact that the body of the narrator is not only inhabited by his own character but an additional one, the out-of-body experience can be seen as the distancing of the narrator and the surfacing of Tyler Durden within the single body they share. Thus the subjective and intimate description of one person’s struggle with insomnia becomes a clue to the actually serious state of his ailment. The split between body and mind which the narrator connects to his sleep disorder is further elaborated a few pages later:

> This is how it is with insomnia. Everything is so far away, a copy of a copy of a copy. The insomnia distance of everything, you can’t touch anything and nothing can touch you. (*Fight Club*: 21)

This description of the emotional experiencing of insomnia is the first one in a series of similar evocative and descriptive instances. In connection with the separation of body and mind, the “insomnia distance of everything” is a descriptive phrase which further illustrates the gap between the physical body and the character of the narrator and how he perceives it.

The narrator’s first successful solution to his insomnia is the visiting of support groups which focus on different diseases, such as brain parasites, organic brain dementia, and most significantly to the plot: testicular cancer. The last group includes the repeatedly appearing Big Bob who enables the narrator to first cry and then sleep. “Walking home after support group, I’d felt more alive than I ever felt. [...] And I slept. Babies don’t sleep that well,” (*Fight Club*: 22) the narrator states, describing the relief felt after two periods of insomnia. The comparison of his own sleep behavior to the one of an infant is thought-provoking. Consider the fact how parents of small infants often have an upset sleep-pattern due to the sleep routine of their baby which is profoundly different from their own, it can be said that it is neither the depth nor amount of sleep which supports this kind of comparison. What makes the sleep of infants worth positive consideration is the carelessness and carefree nature of it which goes hand in hand with being at the center of attention of caring people.

After having established his own situation centering around the insomnia, the narrator proceeds to explain the narrative present of the plot:

> Until tonight, two years of success until tonight, because I can't cry with this woman [Marla Singer] watching me. Because I can't hit bottom, I can't be saved. My tongue thinks it has flocked wallpaper, I'm biting the inside of my mouth so much. I haven't slept in four days. (*Fight Club*: 22)

The character of Marla Singer ironically appears during the support group "Remaining Men Together" for testicular cancer and thus endangers the narrator's position in the group because he has meet him at other support groups where she is a "visitor" as well.

The narrator's need to "hit bottom" in order to be able to "sleep like a baby" illustrates a familiar idea of sleep which needs to be considered. Both phrases indicate that sleep is a fundamental biological function. The fundamental nature of it lies in the fact that from birth unto death every human being of every class, race, and gender is required to sleep. The way in which sleep is seen by the narrator includes the notion that the earlier the stage of life or the worse the circumstances, in this case illustrated by the different diseases which the narrator suffers from in the eyes of the other participants of the support groups, the easier sleep comes. Additionally, in contrast to concepts which stress the isolation of the sleeping individual, as being unresponsive towards its environments as established in the beginning with the help of Moorcroft, here the narrator relies on a number of people in order to be able to sleep. "Losing all hope was freedom. If I didn't say anything, people in a group assumed the worst. They cried harder. I cried harder." (*Fight Club*: 22) Especially his connection to Big Bob is given exceptional gravitas. Without the connection to other support group participants such as Big Bob, the narrator would not feel like "[...] the little warm center that the life of the world crowded around," (*Fight Club*: 22) and be able to sleep.

However, with the appearance of Marla Singer the narrator's insomnia returns because of his inability to relax and focus on his disease. This inability is based on the suppressed fear of possibly being exposed by Marla Singer as an actually healthy human being. The momentum in the narrator's life which is

strongly focused on the return of his sleep disorder is the basic starting point of all that follows in Chuck Palahniuk's novel.

The description and focus on the narrator's sleep disorder is, however, not the only instance of sleep related topics. In order to gain further insights into the character of the narrator, who can essentially be described as an ordinary person put into an extraordinary situation, other facets aside from insomnia are introduced. One of these is his occupation, and the focus of the third chapter lies heavily on introducing the narrator's career parallel to Tyler Durden's job. The subject matter of sleep is casually interwoven with the description of the characters' everyday life.

"You wake up at Air Harbor International," (*Fight Club*: 25) is the very first sentence of the third chapter of the novel. References to the modern nomad's life ruled by business trips, slumber on airplanes, and awakenings in unfamiliar surroundings is presented to the reader as an almost mortifying experience of alienation. In connection to the above established theory of sleep, however, the fact that sleep can more easily be found in alien surroundings than in familiar ones, seems to be falsified. Yet, considering the fact that the plot is peppered with phrases such as in "You wake up at O'Hare. You wake up at LaGuardia. You wake up at Logan," and "You wake up at Dulles. [...] You wake up at Love Field. [...] You wake up at SeaTac," (*Fight Club*: 25-26) a certain routine of the unfamiliar is established. The possibility of finding routine in foreign places may lead to a more successful sleeping behavior than finally arriving at home and being confronted with the crippling inability to familiarize oneself with the old environment. As a result one symptom of this inability might become manifest through disturbed patterns of sleep or the onset of insomnia.

With insomnia as the starting point, the plot of the novel develops further and connects the narrator, Tyler Durden, and Marla Singer. These three characters become intertwined and the issue of sleep becomes trivial subordinate to other events. The underground boxing club helps the narrator to sleep and serves as a substitutional cure for the relief he previously experienced by visiting support groups. "You aren't alive anywhere like you're alive at fight club. [...] There's hysterical shouting in tongues like at church, and when you wake up Sunday

afternoon you feel saved." (*Fight Club*: 51) Yet there are a few hints in the text at the sleep behavior and potential complications related to it. It seems as if insomnia is lurking in the background and surfacing from time to time in order to accentuate certain ideas or problems of the narrator which finally turn out to be hints at his split personality.

This part of the narrator's insomnia is worth further examination. Complications with both sufficient time of sleep as well as lack of it, begin to arise as soon as the fight club begins expanding into further groups such as "Project Mayhem" or the "Mischief Committee". The narrator loses touch with Tyler Durden but resumes his occupation at an automobile company's department for compliance and liability. There, one finds first hints at the narrator being actually active during times in which he thinks himself asleep, or in a state of insomnia:

> This Friday night, I fall asleep at my desk at work. When I wake up with my face and my crossed arms on my desktop, the telephone is ringing, and everyone else is gone. [...] I smell gasoline on my hands. [...] I'm still asleep. Here, I'm not sure if Tyler is my dream. Or if I am Tyler's dream. I sniff the gasoline on my hands. (*Fight Club*: 137-138)

The narrator who fell asleep in the office building wakes up to a smell of gasoline on his hands and a phone-call from Tyler Durden. For the reader who is now aware of the fact that the narrator suffers from a multiple-personality disorder it becomes obvious that during the time in which the narrator thought himself asleep, his other self took over the body and handled gasoline. The line "I'm still asleep" is followed by an instance in which the narrator is very close to understanding what is happening to his body and mind. Tyler Durden and his own self become interchangeable in a dimension which consists of two sides, namely the dream-state and the waking-state. The two dimensions are separated by the thin veil of sleep. After having suffered from insomnia for a long time, the fragile veil is severed and the dreaming and waking become confused and intermingle, as it becomes so with the different personalities of the narrator. Stating this train of thought in such a condensed way, yet preceding it with the words "I'm still asleep", reveals his awareness that he and Tyler are the same person though this notion has not yet surfaced into the waking state, but lingers behind the veil of sleep.

The revelation comes while the narrator is traveling through the United States in search for Tyler Durden. This chapter of the novel begins with the familiar words "You wake up at Sky Harbor International" (*Fight Club*: 156). Mirroring the state of business travels, it becomes clear that the point at which fight club and Tyler Durden were pleasure and not work has been surpassed. Finally, a bartender aids the narrator to resolve the mystery of Tyler Durden, by stating that the narrator visited the bar on the previous Thursday. With this information to aid his memory the narrator recaptures his recollections of that specific night:

> Last Thursday night, I was awake all night with the insomnia, wondering was I awake, was I sleeping. I woke up late Friday morning, bone tired and feeling I hadn't ever had my eyes closed. (*Fight Club*: 158)

In this instance, the overlapping between the two personalities is voiced in a straightforward manner for the first time in the novel. While the narrator finds himself in a state of insomnia, especially when questioning the stage of consciousness he finds himself in, the body occupied by Tyler Durden travels throughout the country to set up new fight clubs.

The recognition of the situation in which he finds himself triggers in the narrator an obsession with both sleep and Tyler Durden. This obsession is illustrated by the frequent, almost mantric, repetition of the phrases "I've got to get some sleep", which is voiced four times in two pages as well as "I've got to find Tyler", which is repeated twice (*Fight Club*: 160-161). It is the telephone conversation which he conducts with Marla Singer that makes the narrator, as well as the reader, realize the actual condition of his split personality. When asking whether they have "slept together" (*Fight Club*: 159), the vocabulary matches the circumstances. Combining the sleep disorder of the narrator with the sexual relationship between Tyler Durden and Marla Singer effectively creates an intimate connection between the three characters.

This bond between the characters is further enhanced by Tyler appearing in the subsequent chapter in order to explain his position towards both the sleep disorder as well as the triangular love-relationship. It is on page 162, shortly before Tyler's arrival, that the reader is confronted with a devastating revelation of the subjective awareness of the narrator of his insomnia:

> All night long, your thoughts are on the air. Am I sleeping? Have I slept at all? This is the insomnia. Try to relax a little more with every breath out, but your heart's still racing and your thoughts tornado in your head. Nothing works. Not guided meditation. You're in Ireland. Not counting sheep. You count up the days, hours, minutes since you can remember falling asleep. Your doctor laughed. Nobody ever died from lack of sleep. The old bruised fruit way your face looks, you'd think you were dead. (*Fight Club*: 161)

In this descriptive passage numerous different images connected to sleep disorders are touched on. It can be said that the narrator's preoccupation with his own disease which might be the cause of his insomnia. Additionally, the counting of time spent in a state of insomnia illustrates the deep involvement of the narrator in his own ailment. This kind of anxious thinking is known to be counterproductive when trying to fall asleep. However, other attempts which usually aid sleep are not fruitful either. These attempts are guided mediation, followed by autosuggestion via picturing oneself in a calming place, in this case the green expanses of Ireland (this thought is connected to the narrator's memories of a journey to Ireland). This in turn is connected to the instance of counting sheep. The association between Ireland and sheep is a common one, and again the connection of sheep to the topic of sleep is another familiar one. Thus it can be said that there is a chain of associations in the narrator's mind during this state of heavy insomnia. This chain might be explained partially by the profound exhaustion of his body and mind which works without sleep. Yet, considering the subsequent actions of the narrator, namely contacting Marla Singer and asking her to keep him awake in order to escape Tyler Durden's attempt to take over his physical body completely, there is the possibility of an underlying mechanism which keeps the narrator awake in order to save him.

The metaphors used to describe the state of body and mind in this context are worth looking at. Illustrating the distress, the narrator uses the phrase "a racing heart" to describe the physical aspect of what he is feeling. On the one hand this simile refers to a heavy and fast heartbeat; considering the word "race", however, it can also be said that usually there is always more than one participant in a race. The speed needs to be considered as well, since it is also inherent in the second part, metaphorically describing the state of mind. Linking thoughts to moving inside the head at the speed of a tornado illustrates both the

speed, but also the devastating effect of this kind of thinking. A powerful force of nature in action, tornados can be associated with a number of highly negative connotations such as death, destruction, and suffering.

Another interesting insight is given with the inclusion of the medical opinion which surfaces again for the first time after almost 150 pages into the novel and reveals information which was previously not voiced by the narrator. “Your doctor laughed,” (*Fight Club*: 162) is an especially powerful phrase. The power of the sentence lies in the doctor directly addressing the narrator through the personal pronoun. Through such a use of direct speech the reader can also feel this sentence with this specific pronoun to be directed at him. The resulting literary interplay with the question of who is specifically meant, makes for a notable effect on the reader, making them experience the agitation of being laughed at by a person in power, one by whom seriousness is expected. The phrase following this playing down of the narrator’s situation by his physician alludes to death from sleep disorder and treats the situation as unimportant even further. The view that dying from insomnia is considered impossible might be explained by the fact that it is usually fatigue or exhaustion originating from a sleep disorder, not specifically insomnia itself which leads to the death of an affected individual. Fatal instances such as car crashes, other accidents, or the failure of the body to continue functioning, can often be traced back to sleep disorders, yet one never hears of insomnia having killed a person. This idea of death in connection to insomnia will later be taken up again with the example of Stephen King’s novel *Insomnia* and will be further discussed.

Very shortly after this extreme bout of sleep deprivation, the narrator manages to come face to face with Tyler Durden. The way in which the sleep disorder functions is further elaborated by Tyler and makes the narrator understand the peril he finds himself in:

> Tyler says, “We both use the same body, but at different times. [...] Long story short, when you’re awake, you have the control, and you can call yourself anything you want, but the second you fall asleep, I take over, and you become Tyler Durden. [...] Geez, it’s not insomnia. As soon as you fall asleep, I take over and got to work or fight club or whatever. [...] (*Fight Club*: 163 - 167)

Tyler Durden does explicitly explain that the state which the narrator suffers from is not insomnia, though the range of disorders can be said to include insomnia as a symptom or part of the more profound problem, namely the “dis-associative personality disorder” (*Fight Club*: 168). It is both the subjective feelings described by the narrator, as well as the situations he describes, and the ways he tries to cope with it which constitute the sleep disorder as the sickness it is. In this case the answer to the question of where the insomnia ends the “dis-associative personality disorder” begins, lies in the elusive boundary between symptom and a fully-fledged, harmful psychological condition. An interesting note is given by the use of the word “geez”, before the rejection of the idea of insomnia. As it was with the medical counseling, this term plays down the narrator’s affffliction of not being able to sleep. On the other hand, Tyler Durden might also be alluding to the split personality disorder, which in this case is much graver than the sleep disorder, and thus attempting to tone down the narrator’s subjective feelings towards his insomnia.

An aspect which is worth considering briefly is the influence which the narrator has on Tyler Durden’s being. Tyler can only exist in the space during which the narrator usually sleeps. As a consequence, Tyler’s being is tied to some details of sleep, and it turns out that the space in which he surfaces can be manipulated and might even be dangerous to his fictional existence. This fact is not unknown to Tyler, and in order to be assured of his ongoing existence he warns the narrator. “I’ll still live my life while you’re asleep, but if you fuck with me, if you chain yourself to the bed at night or take big doses of sleeping pills, then we’ll be enemies,” (*Fight Club*: 168) Tyler states in order to defend the situation he finds himself in. The product of this threat is the narrator attempting to stay awake throughout the following nights in order to be in control.

This threat is the point in which Marla Singer is pulled into the action once again. She is the person the narrator turns to in order to stay awake, or in case this turns out to be impossible, to monitor all his movements (*Fight Club*: 172). Additionally, the extent of the surfacing of Tyler becomes clear to the narrator as he explains it to Marla; “And if I went to bed earlier every night and I slept later every morning, eventually I’d be gone altogether. I’d just go to sleep and never wake up,” (*Fight Club*: 174) the narrator clarifies. This sheds light on the danger

his persona finds himself in. The exhaustion resulting from a day spent in a state of tiredness following a night in which his body was fully functioning leads to the narrator going to bed earlier than on the previous day. His mind, however, receives signals of weariness from the body since it is not resting as the mind is, and thus the time slot allotted to sleeping is increased. This extension of the sleep phase also means an extension of the time the other personality has to be in control.

“For years now, I’ve wanted to fall asleep. [...] Now sleeping is the last thing I want to do.” (*Fight Club*: 181) This sentence is uttered by the narrator shortly before the final resolution of the conflict between him and Tyler Durden. Of interest is the use of the word “now” in this context. On one side the continuity of the first “now” seems to be a closed one, yet can be read as overlapping with the second “now”. The need to fall asleep covers the same area of interest as the urge to stay awake in order to keep Tyler Durden from surfacing, resulting in conflicting emotions. These conflicting emotions are further explored with his turning to Marla Singer for help. The narrator’s dislike for the female protagonist is grounded in the fact that she has interferes with his visits to the support groups. This establishes a connection between his sleep disorder and Marla, making her part of the problem. With Tyler Durden starting a sexual relationship with her, the intricate web of connections between the characters becomes more complex. Marla does not distinguish between the narrator and Tyler because she is the last one to learn about the complications of the “dis-associative personality disorder”. Consequently, the narrator’s conflict with Marla being his enemy and lover at the same time, is another illustration of the conflicting emotions within the narrator.

He finds himself staying awake with the help of wake-up pills, Marla Singer’s company, and an all-night bowling special. These strategies can be seen as negative images of the strategies explored by the narrator when he was unable to sleep. Drugs are considered in both cases and the company and help of other people are of importance. Ironically, the falling back on bowling, being a kind of physical exercise, reflects a negative image of the doctor’s advice to perform sports in order to aid sleep onset.

Finally, after the resolution which ends with the narrator almost committing suicide by shooting a bullet into his head, he speaks about his life after Tyler. He seems to find himself in a closed institution, a kind of hospital which he likens to heaven. “Everything in heaven is quiet, rubber-soled shoes. I can sleep in heaven,” (*Fight Club*: 206) the narrator describes his situation. The relief felt by the narrator because he is able to sleep again is illustrated by likening it to something that is associated with heaven. The fact that sleep is now possible seems to be the greatest relief for the narrator, especially because he receives drug-related treatment, the “Valley of the Dolls playset” as the narrator calls it (*Fight Club*: 163, 207). This is a reference to Jacqueline Susann’s novel *Valley of the Dolls*, which was published in 1966 and features a range of female characters addicted to different kinds of prescriptive drugs, which they call “dolls” (Susann: 442). In *Fight Club* the hunt for the “Valley of the Dolls playset”, which the narrator has been yearning for so long, is complete and sleep can finally be achieved.

5.2.) Summarizing the Aspects of Insomnia in *Fight Club*

In summary, it can said that the above exploration of insomnia in *Fight Club* reveals a number of interesting aspects of the use of sleep disorder in the novel. First and foremost insomnia is used to characterize the narrator. Unlike insomnia, his occupation for example, is discussed in greater detail, but not so his disease. Secondly, together with meeting the female protagonist Marla Singer, the problem with sleeping serves as a stimulus for the plot and sets it in motion. Thus, insomnia is not only the starting point of the plot, but also serves as a catalyst for the further development of the action, as well as a device to add another dimension to a character. A third aspect of the sleep disorder as depicted in this novel is the connection it establishes to the other two protagonists. On the one hand Marla Singer’s arrival triggers the insomnia. Moreover, her relationship to the narrator illustrates the underlying tension of opposite emotions which the narrator later experiences in terms of a deprivation to sleep. The insomnia is furthermore used as a device to underline complications in the actions of the narrator and Tyler Durden. Although the narrator finds a few possibilities to escape the sleeplessness, it always seems to be lurking in the background in order to remind the narrator and the reader, that there is a larger problem at hand. Finally, the sleep disorder can also be

simply seen as a symptom of the “dis-associative personality disorder”. For Tyler Durden it is the device to gain control over the narrator’s body, while for the narrator sleep is at first a blessing and later something that must be avoided in order to survive. Sleep and sleep disorders are explored from many different points of views in *Fight Club*, although they are all expressed by one and the same first-person narrator and demonstrates well how many different meanings can be attributed to one and the same matter.

Language-wise the sleep disorder is described from a subjective standpoint with the help of metaphors and constant repetition of certain phrases. Especially the notion of a “racing heart” and “thoughts like a tornado” provide the reader with a very personal insight into the destructive power of insomnia. Additionally, chains of thoughts are used in order to provide the reader with the symptoms of insomnia. Moreover, the idea of counting and focusing on time-spans demonstrates the narrator’s problematic relation to time, which stems from exhaustion as well as the constant preoccupation with trying to establish a routine which might be fruitful to sleep.

Having discussed the way in which sleep disorder is used in the novel to expand its meaning, one can now move on to explore which further levels of meaning are added by the featuring of insomnia in this specific example of literature. The aspect chosen for academic enquiry is “the uncanny” and in the following pages the connection between sleep disorder and “the uncanny” in *Fight Club* will be discussed. As an addition other aspects from Chuck Palahniuk’s novel will be considered which support the investigation.

5.3.) The Uncanny in Chuck Palahniuk’s *Fight Club* (1996)

This section of the thesis will focus on providing aspects for one possible scholarly reading of the novel previously discussed. The concept of the uncanny will be introduced briefly with a main focus on its features which will then be traced in *Fight Club*. Additionally, the theme of insomnia in the novel can be seen as a supporting feature of the presentation of the uncanny will be developed by considering the connection between mental disorder and the uncanny.

5.3.1.) A Short Introduction to Sigmund Freud's Concept of the Uncanny

The Freudian concept of the uncanny is largely elaborated in the essay "Das Unheimliche", which was published in 1919. In this essay Freud discusses an aesthetic concept one may encounter throughout one's life and which can be found both in literature and reality. The essay begins with a thorough analysis of the different meanings as well as the historical roots of the German word "heimlich". This serves as the basis for the semantics of the word "unheimlich", which is was later translated into English by "uncanny". It is however argued that by this rendition of the German into English some connotations of its meaning get lost. For instance the connection to the word "Heim" or "home", suggesting an important primary notion of "uncanniness": being away from home, or un-home-likeness as it can be translated literally (Svenaeus: 4, 125; Jentsch: 2).

This key concept in Freudian theory, which Freud himself considered in the concept of literature as well by discussing E. T. A. Hoffmann's stories and a number of fairy-tales from different sources, furthermore includes a number of features which can be used to trace this concept in numerous other works of fiction. Aside from its association with the notion of sickness and disease, there are two supplementary main features and a number of smaller instances of the uncanny that can also be traced throughout the novel *Fight Club*, and which support the argument by examining this work of fiction from this angle.

One essential feature of the uncanny in literature is the use of the image of the "automaton", as Freud illustrates it in his essay with the help of the character of "Olimpia" from E. T. A. Hoffmann's short narration "Der Sandmann". Closely connected to this mechanical, and as a result not-alive but still moving and gesticulating being, evoking in the reader a feeling of alienation and uneasiness, is the concept of the "doppelgänger" or "double". The link between the two concepts can be established by considering that both are two possible artificial reproductions of personae or characters. The double can be seen as the manifestation of one of the three levels of the human consciousness, established by Freud at a later stage, namely the "super-ego" (Svenaeus: 5). Of

importance in the consideration of the uncanny in *Fight Club* is another of its features, namely the use, or rather experience of involuntary repetition. This kind of unintentional as well as uncontrollable re-living and re-visiting of places and actions can be likened to the event of walking through a labyrinth and is thus experienced as an uncanny sensation.

The two aspects will be the main focus of the examination of the uncanny in the novel. However they are not the only aspects of the uncanny which can be found in literature and reality. There is for example the notion of superstition and the all-pervading power of human thinking, as well as close connection to death and the motif of being buried alive, which are typical features of the uncanny.

Freud confirms in the final paragraphs of the essay on the uncanny that the hidden mechanism behind the effect which the uncanny has on the reader or affected person is that it reanimates primitive fears such as the fear of death, or confirms infantile fears, such as the one of magic and superstition. As a consequence, the uncanny can be seen as a mechanism based on certain universal fears of mankind. Furthermore, Freud highlights the importance of the context in which possibly uncanny events happen, since, for example, the uncanny in fairy-tales seems less uncanny because the reader is prepared for unusual action when he is familiar with this specific genre (Freud: 17-19).

Before turning to the uncanny and to disease and in particular to insomnia, it is beneficial to first describe the instances of the “doppelgänger” as well as of the use of involuntary repetition in some detail in Chuck Palahniuk’s novel, and to discuss also the other respective features briefly.

5.3.2.) Tracing the Uncanny in *Fight Club*

When discussing the Freudian concept of the uncanny in *Fight Club* the first aspect which should be considered in depth is the motif of the “doppelgänger”. This conception of a pair of characters consisting of original character and a double, is represented by the two characters of the narrator and Tyler Durden, his double.

The motif of the doppelgänger includes a number of related ideas, such as the implication it bears for the identity of the character affected. It leads to a questioning of the values of his identity, especially since in the Freudian concept the doppelgänger represents the super-ego. The super-ego can be seen as a manifestation (in the case of the "doppelgänger" a physical manifestation, and in the case of *Fight Club* a psychological manifestation) of the unconscious and a self-observing instance. The "doppelgänger" can also be seen as a manifestation of the father figure, which includes the components of law and threat. Overall, it can be said that the "doppelgänger" is a strong force which is based on the identity of the person he is based on, yet works very closely with the function of conscience.

In *Fight Club* the narrator is the focal point of the novel and since all action is reflected through his point of view it can be said that he is very strongly anchored in the position of the original character, on whom Tyler Durden as the reflected "doppelgänger" is based. As the plot advances, however, the boundaries between the two characters becomes blurred, just as the boundary between the narrator and Tyler becomes more indistinct, as the latter begins to take over the former's body.

The "doppelgänger" motif is especially elaborated and validated through the character of Marla. From the narrator's point of view Tyler Durden and himself are two separate people, while from Marla's perspective the two characters are one person. Her position in this "doppelgänger" motif can be illustrated by the following quote which is taken from the chapter in which the narrator turns to her help in order to validate the fact that she knows him under the name of Tyler Durden:

> 'You're such a flake. You love me. You ignore me. You save my life, then you cook my mother into soap.' [...] I ask Marla what my name is. We're all going to die. Marla says, 'Tyler Durden. Your name is Tyler Butt-Wipe-for-Brains Durden. You live at 5123 NE Paper Street which is currently teeming with your little disciples shaving their heads and burning their skin off with lye.' (*Fight Club*: 160)

In this quote Marla voices the confusion she feels towards the narrator and Tyler. Since they are actually two characters in a single body and both have different attitudes towards her as a person, they also acted differently towards

her. Since the doppelgänger of a person does not have to be an exact copy of the source persona, it is interesting to note that Marla stresses opposites in behavior as well as action towards her. On the level of emotions she stresses the fact that Tyler has sex with Marla, which can be seen as a kind of physical love, on the other hand the narrator is indifferent to her, since she is the person who drives him away from his support groups. The following actions can both be assigned to Tyler Durden: the night he saves Marla's life by keeping her awake so her organism can process the sleeping pills she has ingested. On the other hand, he uses the fat sent by Marla's mother for plastic surgery to manufacture soap. It is however not the fact that both deeds can be ascribed to Tyler, but the dual way in which she expresses the actions carried out by two characters in one body. As the doppelgänger pair in this novel consist of Tyler and the narrator, the contradictory nature of their sentiments as well as actions can be divided into pairs.

As mentioned above, after a while the division between Tyler and the narrator grows closer as the novel proceeds. This also influences the doppelgänger motif, especially the question of who can be seen as the doppelgänger. The first traces of Tyler being the one in charge, while the narrator assumes a rather passive role, happen quite early in the novel. For example, "[a]t the hospital, Tyler tells them I fell down. Sometimes, Tyler speaks for me. I did this to myself." (*Fight Club*: 52) The passivity of the narrator does not make him automatically the doppelgänger in the dual relationship, yet it already bears traces of his character superseded by Tyler Durden. Additionally, the idea of a self-observing instance surfaces in this example as well. Although it is Tyler Durden speaking through the narrator's mouth, he is in the full possession of his body. This kind of parallel functioning of the two characters leads to the possibility of observation as well as active influence on the actions of the narrator.

In the course of the novel it becomes clear that Tyler also thinks about the notion of him being the original character and the narrator the doppelgänger. This assumption can be based on the fact that Tyler is the one who initiates important actions such as the foundation of the fight club, while the narrator follows and participates but hardly ever initiates any actions. In the scene where

Tyler confronts the narrator with his troubled position he explicitly establishes himself as the dominant force:

> This is a dream. Tyler is a projection. He's a dis-associative personality disorder, A psychogenic fugue state. Tyler Durden is my hallucination. "Fuck that shit," Tyler says. "Maybe you're *my* schizophrenic hallucination." I was here first. Tyler says, "Yeah, yeah, yeah, well let's just see who's here last." (*Fight Club*:168)

At first the narrator attempts to persist in the position of the main personality who inhabits his body, by a description of Tyler's position in contrast to his own. The small word "my" plays an important role in this dialogue, since it mirrors the fact that this is not only a struggle over power but also over property, which in this case is the narrator's body. The scene furthermore uncovers some themes which can be ascribed to the doppelgänger motif. First of all the doppelgänger's use of threat is established by Tyler voicing his possible takeover of the narrator's body. Threat and law go hand in hand in this motif and as a consequence, it is of no surprise that Tyler Durden establishes the fight club on the basis of ten rules which must be followed. Additionally, the narrator must never speak about Tyler Durden to other people, which mirrors the first and second rule of the fight club, which is "you don't talk about fight club." (*Fight Club*: 48)

Having established the condition of the doppelgänger in the novel, the second feature of the uncanny in *Fight Club* can be discussed, namely "involuntary repetition". The repetition and mirroring of motifs is a literary device often used in the novel, as for example the theme of forcefully staying awake. At the beginning it is Marla Singer who is staying awake supported by Tyler Durden in order to escape a suicide attempt committed by means of sleeping pills. Quite at the end of the novel it is the narrator who needs to stay awake with the help of Marla singer and drugs she gives him, in order to escape Tyler Durden. This mirroring is not of the involuntary kind, yet still leaves an uncanny feeling in the reader who experiences one of many instances of déjà-vu throughout the novel. This of course is literally incorporated in the descriptions which the narrator offers the reader when talking about his sleep disorder: "Everything is so far away, a copy of a copy of a copy." (*Fight Club*: 21)

Repetition can thus be found on the narrative level as well as in parts of the structure of the novel. An additional factor which supports the connection between the uncanny and involuntary repetition is the routine of the unfamiliar discussed earlier. Throughout the text sentences are structured in such a similar fashion, that the location of the narrator is indicated and the narrator's loss of orientation illustrated. This sense of disorientation is transferred onto the reader as well. The loss of orientation is an important aspect of the uncanny. It is already inherent etymologically in the German word "un-heim-lich" - being away from home. The narrator's unclear geographical position and the fact that his apartment was destroyed during one of his business trips, leave him homeless. Through Chuck Palahniuk's use of repetitive language this feeling of the uncanny by disorientation is partially also transferred on to the reader.

Two other features of the uncanny, namely the all-pervading power of human thought and the fear of being buried alive, can also be traced in the novel. Connected to the latter instance, one could consider the relationship between the two main characters at the final stage of the novel including the plan of Tyler Durden to take over the narrator's body as a version of being buried alive. In this case the body is still alive but the consciousness of the narrator has become submerged by Tyler's consciousness. Whether or not the narrator sees and feels what is happening and to which degree he is able to control movement or thought of his body is unclear. In any case a great deal of helplessness and an impotence towards a certain force from outside is included in both situations and can thus be likened to the feeling of impotency when being buried alive.

The former instance, namely the all-pervading power of human thought, which can include the concept of the evil-eye or killing someone merely by using one's thoughts, is well represented in the novel in the relationship between the narrator and his supervisor at work. The scene in which the narrator wakes up to find the smell of gasoline on his hands leads to the following course of action:

> The fight club mechanic asked, what will you wish you'd done before you died? I wanted out of my job. I was giving Tyler permission. Be my guest. Kill my boss. (*Fight Club*: 186-187)

It is the narrator's wishful thinking, that is at his core and which he then voices during a dangerous situation and leads to his desire to be carried out into action. Whether the uncanny in this situation is lost due to the fact that the reader knows that the death of the narrator's supervisor has been caused indirectly by the narrator himself, and directly by Tyler Durden, is debatable. The idea of using the power of wishful thinking as an instrument to influence the life of a character at the cost of another is there. As a consequence, it can be said that the uncanny has a liberating effect on the narrator, which he is unable to enjoy because he actually states that he feels regret.

Overall, the concept of the uncanny can be traced with in both descriptive details as well as in the overall structure of the novel. Especially the motif of the "doppelgänger" and the use of repetition in language are means to achieving this effect. On the one hand the narrator's insomnia is emphasized by the repetition of certain words and the allusion to a copying mechanism, which can be seen as a metaphor for repetition. On the other hand the instances of employment-related narrative includes descriptive passages, which are mirrored when the narrator starts to actively search for Tyler Durden. Additionally to these two features of the uncanny, two minor features can be found in *Fight Club*. The first one is connected to the motif of being buried alive which can be found as an indirectly voiced fear in the narrator that Tyler Durden has intentions to take over his body. The second one is the concept of wishful thinking and the all-pervading power of the mind, in this novel this motif is illustrated by the narrator when he mentally leads to kill his boss by uttering his wish to do so.

The uncanny in *Fight Club* will be further discussed in the following section which will concern itself with the specific connection between the uncanny and illness. This examination will also include the elaboration on the theme of insomnia as represented in the novel.

5.3.3.) Illness, Insomnia, and the Uncanny

In order to establish insomnia as represented in *Fight Club* as an aspect of the concept of the uncanny, it is of importance to first consider the connection between illness and the uncanny. Frederic Svenaeus links the two subjects with

the help of the Freudian concept of the uncanny and by relating it to Martin Heidegger's philosophy of the "homelessness" of human existence, which depends on the experience of the unfamiliar and the uncanny. Heidegger elaborates this notion in his book "Sein und Zeit" in particular.[5]

In the works of Heidegger the concept of the uncanny has a different meaning than in Freud's. It is applied to the human race as a whole, whereas the Freud discusses the uncanny and its relation to the individual. Heidegger claims that existence is pervaded by the feeling of the uncanny, especially when one considers the fact that man is placed in insecure temporal and local conditions. As a consequence everything and all there is on earth is an empty statement against the backdrop of meaninglessness. This meaninglessness is the foremost reason why human existence can be considered to be dominated by an inherent sense of homelessness. Furthermore, the fact that the only fixed and culturally independent certainty of life is the event of death, only underlines the apparent lack in meaning of human existence as such. It can be said that the only fixed event during one's existence is the one of a future of non-existence. Additionally, the concept of death essentially refers to the physical state of non-being and an openness towards what comes after living. As a consequence, there is a widespread uncertainty about what will happen after life (Svenaeus: 7-10). According to Heidegger, "to become a human being means to be born to homelessness" (Svenaeus: 7).

Considering the metaphor of life as a "maze" and the individual as a participant trying to find his way successfully through this maze, this notion of the Freudian uncanny can be said to relate to the concept of homelessness of humanity.

The connection between illness and the uncanny, however, focuses on a combination of the two concepts established by Freud and Heidegger, namely the idea of the inherent unfamiliarity with the world and one's own existence, as well as the homelessness of every single individual in the world. Illness is a concept is related to both the uncanny and the sense of man's homelessness.

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[5] Heidegger's influences on the concept of the uncanny are discussed in greater detail in the works of Frederik Svenaeus, especially the essays "Das unheimliche - Towards a Phenomenology of Illness" and "The body uncanny - Further steps towards a phenomenology of illness".

This becomes obvious in the psychological condition of anxiety. The feeling of homelessness becomes obtrusive in a human being and becomes manifest in a number of symptoms, such as panic attacks. The uncanny can voice itself by means of a sickness, at the moment the moment the uncanny becomes too oppressive to a person. Additionally, the fact that every human is prone to suffer from illness adds to the sense of homelessness in the world and can thus enhance the sense of the uncanny.

In contrast to the disruptive force of illness, one can define health as a phenomenon based on a certain rhythm which finds its source in the feeling of being an active part of the world. The position of health as an unchanging condition can be replaced by health being an evolving concept with its own rhythm (Gadamer and Lederer in Svenaeus: 12-13). As a consequence, the disruption of the rhythm of health by illness results in an isolation of the individual from the world. Isolation and alienation are two additional aspects of the uncanny of illness. When connecting this concept to the illness of insomnia is represented in *Fight Club,* there are a number of examples which support this idea.

The first instance which allows the linking of insomnia to the uncanny is the narrator's distance from reality, voiced in him experiencing his surroundings "through the insomnia distance of everything" (*Fight Club*: 219) because of his illness. This alienation from his environment can be seen for instance in the narrator making a list of the different cities the he has visited in the course of his business trips, is further enhanced by the language of the novel. The language supports this sense of loss of orientation and indicates that it is caused by insomnia. Two examples in which the language represents the illness can be found in the sentence structure which is built on a minimum amount of words, and the frequent repetitions of words and phrases. These two aspects aid to evoke the feeling of uncanny in the reader by supporting confusion, disorientation, and the escape from reality.

Furthermore, the homelessness of the individual in his world as a part of the uncanny is illustrated my means of the narrator's body, which becomes an uncertain space, because it is apparently inhabited by two characters. The

complete loss of control over one's movements can be seen as an exemplary instance of the body as an uncanny space, and so does the confusion around the fact that the narrator is known to other characters of the novel, such as Marla Singer, only by the name of Tyler Durden. Consequently, it can be said that aside from the physical troubles connected to the uncanny, the narrator's identity proves to be unreliable, and linked to the issue of the narrator's name. This is further enhanced by the fact that the reader is not provided with a proper name of the protagonist, which likewise results in a feeling of uncertainty in the reader. This supports the idea of the uncanny by effectively leaving empty spaces for the reader to fill or think about.

The narrator's uncertainty concerning time and place is further enhanced during times of illness. The temporal factor is accounted for by the frame-narrative which constantly reminds the reader of "the story within the story" and the fact that the actual action is set in the past. Additionally, the insomnia of the novel leaves the narrator with an uncertain idea as regards the dimensions of time, especially when considering the implications which the insomnia has on the daily rhythm of his life. Day and night become exchangeable due to the fact that there is no moment of sleep that could indicate a dividing line during the twenty-four-hour period.

The insecurity of the local dimension is established by the fact that the narrator loses his home at the beginning of the novel. As a consequence, it can be said that the onset of the feeling of the uncanny, can be found when he loses his ability to orient himself in space. Additionally, the effects of his business trips add to his sense of displacement within a geographical community smaller than the United States. The mirroring of the business trips during the search for Tyler Durden further reinforces the feeling of disorientation in the world, and finally culminates in the narrator describing the hospital he finds himself in, as "heaven" (*Fight Club*: 206).

Considering Heidegger's claim that mankind's homelessness in the world is partially based on the uncertainty of what will happen after death, it can be said that the narrator in *Fight Club* establishes a life after death, although this death is not his own but the one of Tyler Durden. This resolution also includes the

recovering from insomnia. The narrator is offered help and finds a place in the local as well as temporal dimensions of the world as the “doppelgänger” has been defeated and the illness treated. By this turn of events one can say that almost every feature of the uncanny is removed in the final chapter of the novel.

By way of summary, it can be said that the novel includes numerous instances of the uncanny. With the help of theories established by Freud and Heidegger, the narrator’s insomnia can be seen as a fixed feature of the uncanny. Connecting the inherent sense of homelessness of mankind and the uncertain spacial and temporal dimensions to the uncanny as depicted in the novel, it is the narrator and his environment which supports such a reading. However, when considering the final chapter of the novel, it can be said that all aspects of the uncanny are resolved in the end, and thus provides a happy ending. This happy ending is then again disfigured in the very last lines by the repetition of a name familiar to the reader, which works with the mechanism of involuntary repetition and again reinforces the feeling of the uncanny:

> Because every once in a while, somebody brings me my lunch tray and my meds and he has a black eye or his forehead is swollen with stitches, and he says: “We miss you Mr, Durden.” [...] “We look forwards to getting you back.” (*Fight Club*: 208)

2.) Bret Easton Ellis's *American Psycho*: Insomnia and the Fractured Identity

After having discussed the first variety of sleep disorder in a work of fiction, the following chapter will be concerned with the novel *American Psycho*. This novel was chosen because it is connected to *Fight Club* on a number of levels: the most obvious ones are the fact that both books were published in North America during the 1990s and written by white male authors located in the United States. Considering the parallels on the level of production, it is of further interest that both novels take up the theme of sleep disorder on the narrative level. Although the novels have some common ground, their use of insomnia on the level of action is quite different. A detailed comparative approach to the way in which the two authors deal with the theme of insomnia will be provided later.

In the following pages *American Psycho* will be analyzed with focus on the way in which the main character's insomnia is represented. Additionally, the connection between the main protagonist's sleep disorder and his unhealthy way of life, such as the abuse of prescriptive drugs, will be discussed. Finally, the last part of the chapter on *American Psycho* will be concerned with the scholarly reading of the post-modern novel with an attempt to link the sleep disorder with the concept of the fractured identity which a central feature of post-modern fiction. Overall, the main claim this chapter is that a sleep disorder can affect a change in a character from order to disorder, and in this case can serve as a change in a of personality which is also symptomatic of the post-modern individual.

6.1.) The Representation of Insomnia in *American Psycho*

Before moving on to the interpretation of the sleep disorder featuring in the novel, it is necessary to establish the character's condition of sleeplessness as described by Bret Easton Ellis. In contrast to *Fight Club* the insomnia of the main character in *American Psycho* is nota central issue. It is a minor theme an is not portrayed in great detail.

In order to establish a context for the insomnia, it is necessary to provide a short overview of the main character of the novel, as well as its action. Patrick Bateman, the main protagonist as well as narrator of the novel, has a profitable job on Wall Street. He is above average when it comes to his looks, and due to

his financial and physical status finds himself at the center of New York's society. However, there is a flaw in his personality that he hides from the public eye: he is a psychopath and a brutal killer. He has violently murdered a number of people and is sexually deviant. Over the course of the novel, Patrick Bateman progressively loses touch with reality. His view of reality is as distorted as his character, and thus the reader tends to question the truth of what he narrates about his life.

An important aspect in the life of Patrick Bateman his obvious addition to drugs. He takes drugs both in society, as well as in private. The very first instance in which insomnia is mentioned explicitly is the scene in which he is seen shopping:

> Some kind of existential chasm opens before me while I'm browsing in Bloomingdale's and causes me to first locate a phone and check my messages, then, near tears, take three Halcion (since my body has mutated and adapted to the drug it no longer causes sleep - it just seems to ward off total madness), I head towards the Clinique counter [...] (*American Psycho*: 172)

Patrick Bateman's elaborate description of the personal use and the effects of the drug Halcion, which supposed to induce sleep, indicates his familiarity with this kind of self-medication. Additionally, the fact that his body does not respond to the triple dose of this heavily sedating pharmaceutical in the way a healthy organism does, already indicates the gravity of the problem. Especially when considering the fact that there is no experimental phase with the use of Halcion, it can be assumed that the narrator must have suffered from disordered sleep for quite some time.

A noteworthy period of insomnia haunts Patrick Bateman after he supposedly has murdered a colleague named Paul Owen. The question as to whether or not he has killed his colleague remains unresolved throughout the novel, even though in the final pages of the novel the murdered character surfaces alive again. As a consequence, the reader can never know for sure whether Bateman has really killed Paul Owen, or if this is only an elaborate fantasy of the narrator. The issue of the unreliability of the narrator is crucial to the critical assessment of the events he describes. As regards to the murder of Paul Owens, it can be said that this deed, insubstantial whether real or fantasy, haunts Patrick

Bateman more than he admits openly. This is indicated indirectly by the insomnia he suffers from, during the time following the murder. The scene is described as follows:

> Later, around two, in bed, I'm unable to sleep. Evelyn catches me on call waiting while I'm listening to messages on 976-TWAT and watching a tape on the VCR of this morning's *Patty Winter's Show* which is about Deformed People. (*American Psycho*: 210)

Considering the fact that shortly before the narrator has poured lye onto the body of his colleague to dissolve the corpse, it is of no surprise to the reader that pains of conscience should keep the murderer awake. What is most surprising, however, is the fact that his behavior does not stray from his regular activities, especially, he goes on the "Patty Winter's Show" on T.V. which is part of his daily routine.

However, what is of interest here, are two aspects which are considered to interfere with a positive sleeping behavior. On the one hand, watching television in bed is detrimental to sleeping. Secondly, the telephone within reach of the bed and his listening to messages at two o'clock a.m. are instances which are very likely to produce insomnia and other disruptive sleep behavior.

The alleged murder of his colleague, the television routine, the use of the telephone in the bedroom, which turns out to have a woman on the line whom he tries to avoid, are all aspects hindering the onset of sleep. Still it can be said that it is most probably the murder he has committed that has the greatest impact on his disorder. The murder triggers the need to occupy as many different channels of thinking as possible in order to avoid sleep. The aversion towards sleeping can be accounted for by the fact that sleep and dreaming are mechanisms which process the happenings of the time spent awake and thus, Bateman is unconsciously not ready to cope with nightmares as after-effects of his crime and manifestations of his guilty conscience.

The key-word for the second explanation for the character's aversion to sleeping is "uncontrollable" subconscious. Considering how Patrick Bateman modifies and controls his body by practicing sports and the use of beauty products as well as his surroundings by communication, it is of no surprise that

a part of himself, which cannot be controlled actively is likely to be avoided. As a consequence, the fear of the impact of the ungovernable subconscious on him results in his reluctance to sleep which finally develops into negative sleep hygiene and chronic insomnia.

Patrick Bateman's behavior at night is further illustrated later in the novel, in a scene which also offers another thought-provoking insight into his sleeping behavior:

> So we wouldn't run out of things to talk about over lunch, I tried to read a trendy new short-story collection called *Wok* [...] I had to put this slim volume back into my bookshelf and drink a J&B on the rocks, followed by two Xanax, to recover from the effort. To make up for this, before I fell asleep I wrote Bethany a poem, and it took a long time, which surprised me, [...]. (*American Psycho*: 221)

In this passage several other sleep-delaying instances are addressed. Firstly, the combination of medical drugs and alcohol appear to be disadvantageous to sleep. The connection between alcohol and unrestful sleep has already been established: it leads to a shallow and easily disruptive sleep. Moreover, Xanax is a heavy sedative used to suppress anxiety disorders; it has a number of side-effects such as an increase of the inebrietory effect of alcohol.[6] Secondly, the final moments before bed are filled with activities which require a lot of effort and time. It is however unclear how much time the narrator really spends on such activities. The surprise of Bateman considering the amount time spent writing, and which is usually slotted for sleeping, can be seen as profound enough to be disruptive to his sleeping behavior. Once again Patrick Bateman uses the combination of drugs and sleep-obstructing behavior in order to escape falling asleep.

Whether Patrick Bateman prevents himself from falling asleep actively or does so in a subconscious manner in order to escape the unconscious realm of his psyche is an interesting question. Yet bearing in mind that the novel is written in a first-person narrative situations and there are no references that he is specifically afraid of sleeping. However, one could say that the sleep preventing mechanism is most probably caused by the unconscious.

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[6] The information on effects and possible complications of the use of the medical drug Xanax is summarized on the internet platform drugs.com.

As the novel progresses, the unhealthy lifestyle of drugs in combination with alcohol and a sports schedule in order to stay fit, as well as the troubles with sleeping which surface in irregular instances slowly but surely leave a negative impact on the narrator. This is well described in the following instance:

> May slides into June which slides into July which creeps towards August. Because of the heat I've had intense dreams that last four nights about vivisection and I'm doing nothing now, vegetating in my office [...] but the bright midmorning sunlight floods the room, piercing my skull, causing my hangover to throb, and because of this, there's no workout this morning. (*American Psycho*: 255-256)

This passage illustrates how once more it is also the surroundings of Patrick Bateman which hinder him from having restful sleep. A comfortable temperature of a room is part of a positive sleep hygiene and vital to restful sleep. This time however, it is not an underlying mechanism keeping the narrator from sleeping but something he cannot control, namely the weather. In the instances presented previously, Bateman seems to be rather unfazed by his disruptive sleep behavior because it is him who controlled the cause of staying awake. This time however, it is something that is beyond his grasp and this way it has a heavy impact on the protagonist.

What offers an interesting aspect is the effects of the unfruitful sleep on Patrick Bateman. The impact on his daily life seems to be a heavy one, considering he describes himself as "vegetating", a word which is sometimes used in order to describe patients in heavy coma with little hope of ever awakening. This description builds up a fascinating contrasting image, on the one hand, the sleepless individual unable to move through life due to his sleep deprivation, and on the other hand, the individual who is unable to pursue his life due to the state of absolute sleep he finds himself in.

Additionally, such symptoms as light photophobia which is attributed to the consummation of alcohol but might be rooted in too little sleep as well, and overall irritation as it is later described in a dialogue with his secretary, as well as the fact that Bateman is not able to physically exercise, all point towards a strong impact of the disruptive sleep on the daily activities of the narrator. The influence of alcohol in this context is not a contrasting aspect, as already

mentioned, alcohol and the dependance on it leads to problems with sleeping as well.

The dreams described by Bateman are striking in this context as well. Vivisection is the scientific practice of dissecting and operating on live organisms. This means that the life forms are not under general anesthesia, which implies that they are deprived of sleep during a procedure in which sleep would most probably be a liberating experience. Although the narrator does not describe the dream in a very detailed manner, there are two possible interpretations, which establish a more precise reading and which play with the theme of binary pairs. During the procedure of vivisection there is the instance which operates in contrast to the one which is operated on. One idea could be that Patrick Bateman sees himself as an individual who lacks sleep in time of dire need of sleep and thus it is his environment which deprives him of the sleep in a harmful way. The other idea which reverses the role of patient and scientist is when one considers the unconscious attempts of Bateman to sabotage his own sleep, thus he is the operating instance hurting his subconscious which is in a perpetual state of wakefulness. In both instances Patrick Bateman is the victim who is suffering, yet the big difference between the two interpretations is the contrast between the narrator himself inflicting the pain, versus the environment being the causing factor. These two interpretations can be furthermore seen as keys to a feasible reading of the novel, giving the reader the possibility to question the roots for Patrick Bateman's insanity.

Connected to the previous sleeplessness after the murder of Paul Owen, is an instance later in the novel which illustrates the progressing insanity of Bateman. In this scene he sexually assaults and kills two women, the one being a model from a wealthy family and the other a prostitute. After approximately two pages of graphic sex and violence which are set during one night, the next morning the narrator states:

> I get very tired looking at it [the severed head of the model which sits on the kitchen counter] and though I didn't get any sleep last night and I'm utterly spent, I still have a lunch appointment at Odeon with Jem Davies and Alana Burton at one. (*American Psycho*: 279)

The indifference of Patrick Bateman towards the victims of his killing spree seems to be mirrored in the indifference he feels towards missing out on an entire night of sleep. In this section the density of vocabulary around the concept of sleep is quite high. “Getting tired to look at something” and “being utterly spent” are two phrases which can be connected easily to sleep. In the context of the text they can be read in different manners as well. Firstly, there is the aspect of experiencing annoyance at having a severed head on the counter, in contrast to the exhaustion felt during the act of seeing. Secondly, being spent does not only illustrate the fatigue felt after a night of activity but also the sexual weariness experienced by the narrator after repeated intercourse with two women in a short span of time.

The final instance which includes a direct topicalization in the novel can be found a few pages onwards in the text. At the beginning of the chapter “Killing Child at Zoo” Patrick Bateman describes his sleeping behavior as follows:

> A string of days pass. During the nights I’ve been sleeping in twenty-minute intervals. I feel aimless, things look cloudy, my homicidal compulsion, which surfaces, disappears, surfaces, leaves again, lies barely dormant during a quiet lunch at Alex Goes to Camp, where I have the lamb sausage salad with lobster [...] (*American Psycho*: 285)

For the first time in the text, Patrick Bateman describes his own sleeping behavior in more detail than before. The fact that he tells of his sleeps as functioning in stretches of twenty minutes shows an interesting change in his conduct at night. In contrast to the previous instances of sleep related narrative, in this case it seems as if Bateman has been willing to sleep yet is unable to do so.

A concept which plays an important role in this part of the novel is the idea of time in connection to rhythm. Staring with the description of the passing of time in form of a unified whole fragmented by the beginning and end of a day, the short intervals described by the narrator can be seen as mirroring the longer intervals of the day. As a consequence, Bateman sees the rhythm of daily life as consisting of smaller and larger units which cause the character to experience the passing of time with connection to negative emotions. This can be explained with parallel to the distress he feels due to the fractured sleep he experiences.

When sleeping in twenty-minute stretches it is impossible for body and mind to gain any recovery from sleeping. Consequently, the following sentence illustrates the highly individual consequences of disrupted sleep: a feeling of aimlessness, an overall depressive attitude, as well as the surfacing of Bateman's lust for murder. Still, after the description of the narrator's suffering from the disordered sleeping behavior, he resumes everyday life in its familiar rhythm of time intervals without returning to this topic again.

In connection with the description of the last symptom springing from the disordered sleeping behavior, it can be said that the use of the word "dormant" in this context is worth considering. The word "dormant" is rooted in the French, and ultimately in the Latin, language. The verbs "dormir" and, of Latin, "dormire" can be translated as "to sleep". Thus, the words used to describe the murderous side of Bateman's character are taken from the word-field of sleep. Considering how much this last description of sleep derives from the other instances, this joining of murder and sleep is a motif repeated in the novel.

A significant parallel to Chuck Palahniuk's *Fight Club* should be noted at this point as well. Palahniuk's narrator makes use of repetition in order to illustrate his very personal experience of insomnia. "Everything is so far away, a copy of a copy of a copy," (*Fight Club*: 21) is an example of the use of this kind of repetition. In the paragraph discussed above Patrick Bateman also makes use of the repetition as to describe his very personal as well as individual urge to murder which is closely connected to his sleeping behavior. This parallel in the stylistic use of repetition in order to illustrate something personal and individual in connection to sleep and sleep disorders seems to be a device worth mentioning due to its frequency in connection to this very specific context.

The final description of Patrick Bateman's troubled sleep concludes this section which is concerned with tracing the instances of sleep-related writing in Bret Easton Ellis's *American Psycho*. To summarize, it can be said that the sequence of writing about sleep in this novel is used in a very cohesive way. All the examples discussed include a connection to Patrick Bateman's hidden life as a serial killer. What these examples also have in common is the fact that they are all described with a certain tone of indifference, which mirrors the

indifference the main character feels towards all aspects of his own environment. A fascinating facet of the sleep disorder described by the narrator is the fact that in all the instances but two, the sleepless state of the character is caused by himself. A possible solution to the underlying mechanism which actively keeps Bateman from sleeping and thus hinders him from confronting his own subconscious which is an important part of sleep and dreaming. The first of the two conceivable interpretations of the dream mentioned by Patrick Bateman supports the notion of the strong divide between the subconscious as a force outside the control of the character and his conscious side. The other interpretation however, focuses on the influence of the environment in constructing a character such as Patrick Bateman including his perfect body yet murderous personality. Additionally, it seems as if drugs and alcohol are an important key to the distinctive sleeping behavior of this character. Furthermore, Bateman's narration of sleep-related circumstances is often followed by a mood of indifference towards this problem. Only in the last instance of troubled sleeping, it seems for a moment as if the narrator felt real anguish at his ailment which is finally resolved in indifference once more. An additional feature of the depiction of sleep in this novel, is the use of sleep-related vocabulary which is used outside the direct illustration of sleep, but always related indirectly to the individual sleeping behavior of Bateman.

Having provided a basis consisting of the key scenes of the novel which are directly linked with sleep and the destructive sleeping behavior of Patrick Bateman, the following section of this thesis will be concerned with establishing a connection between the character's disturbed sleep and the postmodern notion of the "identity crisis". This theme can be traced in numerous fictional works of the 1990s, *American Psycho* being among the most frequently discussed ones.

6.2.) Disordered Sleep and the Postmodern Concept of Identity Crisis

As discussed earlier there are a number of meanings linked the theme of sleep and insomnia in contemporary works of fiction. *Fight Club* provides the reader with the opportunity to familiarize himself with a postmodern version of the uncanny, while several features in *American Psycho* have been attributed with belonging to the genre of postmodern American gothic fiction (Heyler: 727). This

however shall not be the main focus of this section, since the uncanny and the gothic are similar concepts and it would be beneficial to offer another kind of reading which can relates to sleep and sleep disorders, in order to provide as many different insights into this topic as possible. The action of the novel may be is set in the 1980s, it is still a product of postmodern literature and reflects many ideas from this period of writing. As a consequence, the main reading followed in the subsequent pages will be the postmodern identity crisis of the traditional and normative male identity and how the main character in *American Psycho* voices this identity crisis through his sleep disorder.

6.2.1.) *American Psycho* and the Crisis of the Male Protagonist

Before turning to an interpretation of the way in which sleep and sleep disorders are represented in the novel as symptoms of an identity crisis, it would be beneficial to explain some theoretical issues. A key concept in this regard is "pomophobia", which describes the fear of the redefinition of a normative male role in Western society (Byers in Storey: 1). One of the most important novels discussing this kind of fear of the 1990s is *American Psycho* as it provides a narrator and main character as the same voice, who perfectly illustrates this crisis of the unstable sense of self (Storey: 2).

Considering the first person narration of the novel, Patrick Bateman is the character at the center of the novel who stands as a single individual in contrast to his environment which consists of a mass of people and events. It can be said that Patrick Bateman is shaped by this environment, as thus becomes a construct of society. This construct of the character is especially mirrored in the language spoken by Bateman which consists largely of slogans, brand names, and phrases taken from the media (Storey: 2).

Another aspect of the main character which is connected to his special position as the first person narrator is his unreliability. This unreliability is reflected in his style of narration, which is strongly filtered through his consciousness. As a consequence it is intensely colored with the character's overall subjective point of view. In *American Psycho* this form of narration reveals also the unstable sense of self of the narrator-protagonist. This is illustrated in such scenes as the murder of Paul Owen and then turning out that it may not have happened at all.

As a consequence the reader questions a number of other events such as the murders that follow later and claim to have been committed by by Patrick Bateman. Thus, it can be said that the first person narration underlines the unstable sense of self of Bateman (Storey: 2-3).

The aspect of language is also a very important one in this novel. Julian Murphet describes it in the reader's guide to *American Psycho* as "[...] a provocative and mocking deflation of our hopes that literature should explore the best and most meaningful potentialities of our language" (Murphet: 25). Mark Storey classifies the language spoken by the protagonist as a traditional male language system, "deeply mirred in the 'crisis of masculinity'" (Storey: 2). The claim of the postmodern crisis of man is to a certain extent based on the assumption that the traditional male language system is unable to adapt in the future system. The traditional system based on male dominance can be described as an order of the society as experienced by the male self. The inability of a patriarchal language system to continue existing is accounted for by the way it is undermined in the novel by taking them to their extremes and thus showing how the different language sphere do not result in a single coherent male identity, but a very unstable character with shifting identities. The male language system is the language used by Patrick Bateman, and this is the language the reader is confronted with. This subjective position in the narrative mood has two consequences: on the one hand, it gives a false image of a unified self (Storey: 6). On the other hand, the first person narrator "can undermine the reader's expectation of a monological narration and emphasize how the chorus of masculine discourses that create Bateman lead to a chaotic and fractured sense of self." (Storey: 6) The chorus of the many different voices of maleness in this instance is created by the language spoken by Patrick Bateman, which overlaps with the narration of the novel.

Another important dualism in the reading of the postmodern crisis of the male self (aside from the issue of reliability versus unreliability), is the blurring of the character Bateman and his environment, or "the Other" (Storey: 7). "The Other" represents a group of people consisting other groups and minorities other than the traditional male one, and is a danger to the patriarchal society. The group consisting of "The Other" is one cause for the impossibility of the normative

masculine language system construct to continue existing. The traditionally male language is infiltrated by foreign ideas deriving from “The Other” and thus poses a danger to the position of the male. The position of the male in society becomes insecure and causes fear inside the individuals belonging to the traditional male group. This fear is, on the one hand, voiced in pomophobia and on the other hand surfaces in the hatred for women, who belong to the category of “the Other”. In the case of Patrick Bateman this aversion culminates in his torturing and murdering of his female companions (Byers in Storey: 7).

What should be noticed, however, is the fact that Patrick Bateman also has a number of very strong moments of self-awareness. An example of this illustrates that his character is a constructed entity, and he himself seems to understand his own persona as “[...] fabricated, an aberration. I am a noncontingent human being. My personality is sketchy and unformed, my heartlessness does deep and is persistent. My conscience, my pity, my hopes disappeared a long time ago [...]” (*American Psycho*: 362).

The abject, as used in this context, as well as the disappearance of emotions and sense of right, are two factors why Bret Easton Ellis’s novel is often seen as a part of the movement of anti-aesthetics, in addition to his involvement in postmodern fiction. The anti-aesthetic is a development in the arts, which is seen as a part of postmodernism, confronts its consumers with repressed fears and desires. Often this includes references to genres such as cinematic horror and pornography as well as sexuality (Geyh: 659-660).

Overall, it can be said that the label of postmodernism often includes the depiction of ideas which have so far been repressed by society and the public discourse. *American Psycho* is a piece of fiction including a main character suffering from his unstable position in society, which is mainly expressed by his language. This discourse indicates two dichotomies: firstly, the question of reliability versus unreliability, and secondly the contrast between the subject and his environment. However, Patrick Bateman has a certain degree of self-realization, which is the reason why the novel is a rather complex work of fiction, indeed “a 400-page puzzle” (Storey: 1).

6.2.2.) Sleep Disorders and the Crisis of the Male Protagonist

Having provided a short introduction to the topic of the postmodern identity crisis of the male subject, one can now turn to contextualizing sleep and sleep disorders within in this frame of reference. As discussed above the novel includes a number of instances in which the narrator's subjective attitude towards sleep is elaborated on.

Turning to the connection between the unreliable narration and the way in which Patrick Bateman's sleeplessness is depicted, it can be said that although the narrator feigns indifference to his own problems with sleeping there are hints at his being agonized. This state especially is apparent when considering that the disrupted sleep is often linked with the serial killer side of his character. When thinking of Patrick Bateman as leading a double life split up into the various spheres, one could say that Bateman's sleep disorder is mainly triggered by his negative side, the one of violence and crime.

On the other hand, instances of undisturbed sleep and rest can be linked to the social side of his persona and are therefore not described in great detail. This line of argument additionally explains why the sleep of the narrator is disturbed more frequently as the novel progresses, since Bateman finds himself more and more living in the fantastic and brutal underbelly of his life.

Thereby, it can be said that by relating narrative style to sleep, a fictional dichotomy of good versus bad sleep is established: disturbed sleep is attributed with the negative side of the character, while undisrupted sleep is assigned to the more sympathetic persona of the socially functioning Patrick Bateman. At this point it should be added that this kind of judging of sleep behavior in a highly stylized black and white pattern underlines the artificial nature of the main character and thus should be seen as a fictional construct.

Another feature of Bateman's sleep which shows a link to the dichotomy within this character, is the dream of vivisection. When considering the two interpretations provided which illustrate the two forces influencing the overall behavior of Bateman, it becomes clear that this is another instance confirming

the different spheres of dominance within the single character. In this dream, as it is in the novel, there is always one part which modifies its challenger as it is done by Patrick Bateman himself during his murder sprees. Vivisection can be said to be part of a mechanism of this character, both on the inside, which is then voiced through the dreams, and on the outside, which is represented by Bateman performing such operations on other people. This line of argument only supports the character's entanglement with the crisis of the traditional male role in society, since the omnipresence of dissection can be seen as a representation of the forces which work on his from the outside and in him from within the inside.

The anti-aesthetic movement in literature offers another point of view of the disordered sleeping behavior of Patrick Bateman with view of its role in postmodern fiction. One feature of this genre of literature is the inclusion of the abject corporeal which can be seen as an embodiment of the inner reality of a character (Geyh: 660). In this novel, the main character is physically as close to perfection as it gets, yet his inner side reveals itself to be highly abject. It is likely that this kind of character causes more fear than the openly abject one, since one cannot rely on his body only. This once again illustrates the unreliability which is inherent to the character Patrick Bateman. One feature which can be said to be of importance in the field of the abject, whether bodily or psychological, is sickness. By including sleep disorder into the range of problems which contrast Bateman to a healthy human being, the position of the novel within the category of anti-aesthetic art is confirmed.

To summarize, it can be said that in *American Psycho* sleep, both healthy and disturbed, is a feature which confirms the stark duality of the main character in the novel. The duality illustrates the many spheres of a single identity which in turn is a direct link to the troubled male identity and its crisis. Another feature of the novel which is a sleep-related instance is the dream of vivisection whose possible interpretations uncover the forces working from within and from the outside on Patrick Bateman and are cause to the agony of fear he feels due to his unstable position in society. Furthermore, the inclusion of an affliction of sleep supports the novel's position in the sphere of anti-aesthetic art and provides the reader with the possibility of recognizing it as such even though the

physical aspect of the main character in its wholeness and ideal looks cannot be classified as belonging to the physically aberrant.

6.3.) Comparing the Sleep Disorders in *Fight Club* and *American Psycho*

To conclude the section on Bret Easton Ellis's *American Psycho*, it would be of interest to briefly connect it to Chuck Palahniuk's novel with focus on the sleep disorder as it is depicted in the two works of fiction. This kind of comparative approach is useful when considering that both novels were written during the same decade and both include the same sleep disorder, namely insomnia.

An important common feature in the domain of language has already been discussed, namely the fact that both authors express the character's agony of sleepless nights through the use of repetition. Another feature both novels have in common is the fact that the sleeplessness is connected to a graver problem in the character suffering from it. In the case of *Fight Club* this is the multiple personality disorder of the narrator while the exact ailment of Patrick Bateman from the other novel cannot be pinpointed and it fits best under the label of "insanity". Yet, it can be said that it is obvious that the occasional sleepless night cannot account as a cause for the loss of sense of reality in *American Psycho* and the ensuing complications. As a consequence, both sleep disordered characters operate their disturbed sleeping behavior with an underlying problem at hand.

Another parallel worth mentioning is the connection between the sleep disorder and murder. While in *Fight Club* the narrator's "double" Tyler Durden murders his boss while he is sleeping and operating as Tyler, *American Psycho* provides a more profound connection between sleeplessness and murderous thoughts. Though it must be concluded that the murders in both cases are not caused by insomnia directly. They are related to disorder.

Finally, in order to provide some differences between the two novels, it can be said that the sleep disorders in both novels are described differently. Bret Easton Ellis often turns to words from the world-field of sleep in order to describe events in the sentences surrounding the mentioning of a sleepless night and, additionally, bestows Patrick Bateman with indifference towards his

sleeping behavior, while Chuck Palahniuk makes use of vocabulary connected to destruction in order to illustrate the deep agony within the narrator due to his state. Additionally, Patrick Bateman sabotages his sleeping behavior quite openly with the use of drugs, alcohol, and unhealthy sleep hygiene, while the narrator in *Fight Club* seeks medical help and attempts to find a solution for his problem.

Overall, it is apparent that the insomnia in *Fight Club* is depicted more elaborately and generally has a greater influence on the character, than the occasional sleepless nights spent as described by Patrick Bateman in *American Psycho*.

7.) Stephen King's *Insomnia* and the Literary Hero

As another example of a sleep disorder featured in selected works of fiction the novel *Insomnia* by Stephen King will be discussed. Like the other two novel this novel was published in the 1990s. It was written by a white male author living and published in the United States in 1994. An interesting instance which connects Stephen King's novel with the Bret Easton Ellis's *American Psycho*, is the fact that both authors are part of the literary genre of postmodern Gothic (Heyler 2000; Bruhm, 1996). Already the title of the book suggests that the sleep disorder of insomnia is one of the main topics. In contrast to the previously discussed novels this one is narrated by a third person narrator with a focalizer: the main character Ralph Roberts. After tracing aspects of sleep and sleep disorder related writing in this specific work of fiction, a possible scholarly reading of this concept will be provided. The reference frame for the interpretation is the concept of the hero in literature.

In order to understand why the issue of the hero in literature is of particular interest in this context a short outline of the plot of the novel is required. Ralph Roberts is a retired widower living in Derry in the state of Maine, a town often found at the center of King's writing. Due to unknown circumstances Ralph suddenly begins to suffer from disturbed sleep which turns into chronic insomnia as the plot of the novel progresses. He begins seeing the auras of people as well as three creatures who introduce themselves as Clotho, Lachesis, and Atropos. These characters represent contemporary varieties of the Greek goddesses of faith. Through their fixed position as creatures taking the lives of people, Clotho, Lachesis, and Atropos can be seen as closely related to the contemporary image of the reaper. They need to take terminate the lives of people in order to keep the universe in balance. Atropos begins upsetting the balance by taking lives of people that are not supposed to be taken and, consequently, people begin to behave very strangely in Maine. Together with a female neighbor and friend who suffers from exact the same kind of insomnia as Ralph does, he sets out to fight against Atropos and save his friends as well as keep the universe in balance. Interestingly, this novel which features death as another extensive topic, includes an epilogue describing the death of the main character, set about a year after the main action.

This summary additionally illustrates how Ralph Roberts can be described as a hero as conceived in literature. What makes him so interesting is his insomnia, since without this disorder he would not be able to perform the necessary actions to save the world. Because of his the insomnia he is an individual able to perform heroic actions. As a consequence it can be said that the connection between fictional hero and insomnia is definitely a significant one and worth discussing.

7.1.) Tracing Insomnia in *Insomnia*

Before being able to examine how the concept of sleep works in connection to the representation of the hero in Western literature it is of importance to establish the way in which sleep is depicted in the novel. Since insomnia is one of the main themes in this novel it is impossible to trace each detail described in the book- This is especially valid since in this novel as well, repetition is a strong feature of describing the sleep disorder. As a consequence, a number of representative examples are chosen and furthermore the use of repetition will be discussed briefly.

In this novel the reader is confronted with the topic of insomnia on a number of different levels. Firstly, there is the title of this work of fiction which makes it clear that the sleep disorder must be an important theme in the book. Secondly, the initial part of the novel (the novel consisting overall of three parts plus a prologue and an epilogue), is opened with an epigraph which deals expressively with the theme of insomnia. This epigraph consists of a quotation taken from Iris Murdoch's novel *Nuns and Soldiers* and establishes a comprehensive context for the sleep disorder:

> There is a gulf fixed between those who can sleep and those who cannot. It is one of the greatest divisions of the human race. (Murdoch: 1980 qtd. in *Insomnia*: 37)

This general and quite global context within which Murdoch places insomnia is a noteworthy notion in the context of fictional representation of a sleep disorder. The portrayal of insomnia in fiction seems to be largely based on the idea that there is a dividing line between individuals who sleep healthily and those whose sleep is disturbed. In the previous two novels discussed this idea can be said to

be well functioning. The narrator in *Fight Club* sees everything through "the insomnia distance of everything" (*Fight Club*: 21), while Patrick Bateman differentiates between himself and "the Others" in numerous instances. Considering this connection between the three works of fiction, leads to the awareness that the epigraph of Part I of *Insomnia* is a precursor to the emotions of Ralph Roberts. Consequently, it can be said that this quote of Murdoch illustrates not only the happenings of the following novel but also the way in which insomnia can be depicted in a work of fiction in general.

Before this direct introduction to the theme of insomnia the prologue contains a number of hints at the main character's inability to sleep. Together with the title of the novel, such instances evoke expectations in the reader concerning this topic. An example of this is a description focalized by Ralph and dealing with his neighbor: "Ralph had an idea that Ed wouldn't be able to tell someone to go to hell without suffering a sleepless night in consequence, [...]" (*Insomnia*: 16). Such a passing remark illustrating the goodness of a man is a first hint at the following action. Furthermore, the epilogue concludes with the lines, "But he had no trouble sleeping. That would come later," (*Insomnia*: 35) which refer directly to Ralph's future sleep disorder. With these passages in mind it can be said that such a reference evokes expectations concerning further developments in the reader.

Turning now to the very personal view of insomnia which Ralph Roberts experiences in the novel, it can be said that its onset is the starting point for all the following events. The main plot of the novel is set one month after the end of the prologue and the very first lines establish the problematic situation in which the main character finds himself in:

> About a month after the death of his wife, Ralph Roberts began to suffer from insomnia for the first time in his life. The problem was mild to being with, but it grew steadily worse. Six months after the first interruptions in his heretofore unremarkable sleep cycle, Ralph had reached a state of misery he could hardly credit, let alone accept. (*Insomnia*: 39)

These very few introductory words establish a very clear picture of the main character's ailment. The progressive aggravation of the sleep disorder is mentioned, while a more detailed account of the insomnia is not given yet. This

might be due to the fact that most readers will be able to understand what it means to suffer from insomnia. Additionally, the influence of the third person narrator renders a more detached and less subjective image in contrast to the descriptions provided by the first person narrators in the previous examples. Another feature which differs from the illustration of insomnia mentioned so far is the use of specific periods of time, namely insomnia being endured for six months. In both *Fight Club* and *American Psycho* the passing of time is described vaguely, while in this case it is referred to very clearly. An interesting aspect, which can also be attributed to the style of a novel written in third person narration, is the use of scientific vocabulary connected to sleep in order to describe Roberts' behavior. This includes the use of specific vocabulary such as "sleep cycle", for example. What is connected to the subjective side and explicitly stated is the fact that the sleep disorder causes distress for Ralph Roberts and thus leads to him looking actively for a solution of this problem.

The following action of the novel describes the measures taken by Roberts in order to find an explanation as well as a possible resolution of his suffering. One of these means is his visit of the public library:

> [...] the books on the subject [...] weren't much help. There were several on sleep disorders, but they seemed to contradict one another. Some called insomnia a symptom, others called it a disease, and at least one called it a myth. The problem went father than that, [...] no one seemed exactly sure what sleep itself was, how it worked, or what it did. (*Insomnia*: 39)

In this paragraph the novel proposes a number of thoughts which are connected to insomnia. Such a thorough explanation of sleep and sleep disorder, which once again uses words from the jargon of the field, provides the reader with an even deeper insight into this specific subject. Additionally, the character's insomnia is rendered as inexplicable, since there is no connection between the insomnia as described in medical studies and the one suffered by the protagonist.

As discussed in the theoretical section of this thesis, insomnia can indeed be said to be both a symptom and a disease standing on its own. Another important idea voiced by the narrator is the conflicting views of scientists on this issue. The discipline of sleep study is one still developing new knowledge on

the subject of sleep disorders. As a consequence, the character in the novel is unable to gain any serviceable knowledge about his disturbed sleep. As a next step he considers consulting a physician, however he has lost his trust in this institution after the tragic death of his wife from cancer.

Soon after the discussion of Ralph's problematic attitude towards medical care in Derry, the narrator states the current position of Ralph towards his sleep disorder:

> By later summer Ralph had read enough about insomnia to know that the type that he was afflicted, while not rare, was a lot less common than the usual slow-sleep insomnia. (*Insomnia*: 40)

The exemplary instance of insomnia is recognized by the narrator and helps to illustrate the character of Ralph Roberts. By the way he deals with his disorder it becomes clear that he is a person who tackles problems actively and without considering help from people outside first. It can be said that in this instance the insomnia aids to add subtle facets to this specific character.

The phrase describing the subjective knowledge of Ralph Roberts as well as the time-related development of the plot is followed by a very detailed and almost scientific account of slow-sleep insomnia. This discussion includes numerous instances of the use of special vocabulary from the field of sleep science, including archaic concepts of sleep-related research and their translation into a modern approach. By including such a basis for the reader to consult the author establishes a strong connection between fiction and reality, since the knowledge presented is not fictional but serves just as correctly in reality. Establishing a connection of this kind between fact and fiction the reader finds it easy to connect to the main character of the novel. It additionally establishes a basis rooted in a fictional world close to reality for the following supernatural events which are at the center of the novel.

The novel's special focus on the subject of sleep and sleep disorder continues in a dense accumulation of facts throughout the beginning of the first part. After a scientific explanation of slow-sleep insomnia the subjective sleep disorder of Ralph Roberts is described in some detail for the first time:

> Following Carolyn's death, Ralph began to suffer from premature waking. He continued to go to bed most nights following the conclusion of the eleven o'clock news, and he continued to pop off to sleep almost at once, but instead of waking promptly at six-fifty-five, five minutes before the clock-radio alarm buzzed, he began to wake at six. [...] But it didn't end there. By the first week of May, Ralph was waking up to birdsong at 5:15 a.m. He tried earplugs for a few nights [...]. What had changed was inside his head. There was a switch in there, something was turning it on a little earlier each day [...]. (*Insomnia*: 40-41)

This is followed by a list of days during which Ralph experienced awakening more and more prematurely. Connecting the knowledge one has of the character with the information provided earlier, one could say that it is Roberts' advanced age causing the suffering of insomnia due to the general changes in sleep behavior attributed to the sleep of the elderly. Considering however, how strongly the main character's amount of sleep diminishes, it can be said that this cannot be attributed to the changes in sleep behavior that come with age. A noteworthy information is given at the very beginning of the passage, namely the death of Ralph's wife as a starting point for the sleep disorder. It can be said that this event was the most important one in the character's life and so the changes in his every-day life can be traced back to his wife's death.

The language used to depict Ralph Roberts' sleep routine is based on a number of metaphors. On the one hand, the phrase "to pop off to sleep" is used, which describes the fast onset of sleep after lying down in bed. This indicates that the character's disorder is not sleep-onset insomnia, but a different kind. Early arousal insomnia is, aside from sleep-onset insomnia, sleep-maintenance insomnia, and light sleep insomnia, one of the four kinds of insomnia already discussed. With the progressing worsening of Roberts' insomnia his sleeping time falls below the mark of 6,5 hours, and as a consequence, can be determined to be early arousal insomnia. This metaphor is one possible way of illustrating the definite kind of insomnia the character suffers from in a work of fiction.

The second instance of interest is the personal image of Roberts which he uses to illustrate the early arousal insomnia by likening it to a switch inside his head. Considering the fact that a switch needs to be used by an individual in order to

perform a desired kind of action, it can be said that the “something” which is said to turn this switch serves as an early foreshadowing of the force later affecting in Roberts’ life. Eventually it becomes clear that this force does not only cause his insomnia actively, but also uses it for very specific purposes. This particular metaphor is used to hint at the following action and the way in which Roberts’ insomnia will influence the action.

Turning back to the early stage of Roberts’ insomnia, its consequences, and the way the character attempts to deal with it, his own descriptions of the circumstances are noteworthy as well. The character’s self-reflection unveils his knowledge that the sleep disorder is possibly based on the changes in his life, namely that he has retired from work and the passing away of his wife. Another possibility presented by the character is the assumption that his life consists of routine and the boredom of every-day life keeping him awake. Exercise is a feasible idea considered, yet the physical work performed in the garden is not a solution to the insomnia either (*Insomnia*: 42).

Both these thoughts mirror issues which are addressed in sleep disorder treatment. Most significantly, profound changes in the lives of individuals, such as are experienced by Ralph Roberts can indeed be said to cause enough turmoil to result in a sleep disorder. What has to be considered however, is the fact that usually the sleep cycle normalizes itself after a certain period of time, while in this case the ailment only gains in gravity with time. The second aspect, the boredom of daily routine and the lack of physical exhaustion are both resolved through the knowledge that routine does not cause insomnia but actually helps the onset of sleep, as well as the heavy physical exercise performed during gardening which does not ameliorate the situation either.

Slowly but surely the early arousal insomnia begins to impair the everyday activities of Ralph Roberts. His memory begins to fail him and the people in his environment notice the negative impact of the illness on the character’s behavior and his looks. Ralph’s neighbor even describes him as, “[...] looking folded, spindled, and mutilated” (*Insomnia*: 55). The people surrounding Ralph Roberts begin sharing their personal recipes against insomnia, building up something of a canon of family traditions and ideas how a sleep disorder can be

cured. Among the recommended activities before bedtime are listening to classical music, or the use of condiments such as whisky mixed with a tablespoon of honey (*Insomnia*: 55). Especially the latter instance is detrimental to sleep onset on account of the influence which alcohol has on the organism during sleep, as well as the glucose of the honey working in a rather upsetting way due to the sugar delivering new energy to the organism. Yet, it is noteworthy how the environment of Ralph Roberts behaves in the case of insomnia which is grave enough to affect both the body and the mind. Not only does Ralph's neighbor share his private recipe for sleeping troubles but he also shares his personal story of a phase in his life during which sleep was not coming easily. The reason given by the character is his mid-life crisis and connected to a six month long span of insomnia which passed as soon as the organism became used to the new period in life (*Insomnia*: 56).

As the plot progresses the insomnia becomes a steady companion in Ralph's life and is omnipresent in the descriptions of Ralph's daily activities. Additionally, there are a number of troublesome happenings in Ralph's surroundings. These make it obvious that there is a force influencing people negatively, such as turning a loving father and husband into an abusing and violent character. The reader is a witness of Ralph's struggle with the situations and sees his state deteriorate progressively. One day Ralph fails to be able to stay asleep again and decides to seek help in a drug-store.

In this drug-store there is a shelf named "sleeping aids", which is described as follows:

> His eyes slipped across the boxes (the majority were a soothing blue), reading the names. Most seemed strange and slightly ominous: Compōz, Nytol, Sleepinal, Z-Power, Sominex, Sleepinex, Drow-Zee. There was even a generic brand. (*Insomnia*: 117)

As a character who does not rely on many drugs Ralph describes his uneasiness towards the large selection of sleeping aids. Notable is also the fact that the names of the sleeping aids are either connected to the word "sleep" or the Latin word "somnus", which is a noun translating directly as "sleep". Nytol refers to the usual time of the day during which people sleep, namely night, while Compōz suggests the calmness which one experiences during the stage

of sleep. Finally, Z-Power and Drow-Zee work with the letter “Z” which is an onomatopoeic pun on sleep, since it represents the sound of snoring. The latter drug-name also refers to “drowsy” which is a welcome feeling during the time of sleep onset. Ralph’s mentioning of the generic kind of sleep aid illustrates furthermore the high demand for sleeping aids and reveals his astonishment, since he now knows that there must be a larger group of people relying on this kind of medication.

In this drug-store Ralph meets Joe Wyzer, a pharmacist who becomes a character of reference and substitute for medical assistance when it comes to Ralph’s insomnia. This character has a knowledge of insomnia which adds to the narrator’s previously discussed discourse on insomnia and sleep. He also recognizes Ralph’s problem by stating, “Are you an insomniac? I’m asking partly because you’re investigating the sleeping aid, but mostly because you have that lean and hollow-eyed look,” (*Insomnia*: 119) and thus provides the reader with another graphic description of the influence of insomnia on the appearance of the character. Ralph diagnoses himself as a “premature waker” (*Insomnia*: 120) and thus establishes himself as partially knowledgeable in the field of sleep disorders.

Wyzer begins asking questions related to Ralph’s sleeping behavior, the recipes he tried to follow in order to cure himself, dreaming behavior, as well as medical attention received in this context so far. This almost analytical approach to the problem and the fact that his jargon includes very specific terms such as “lucid dreams” and voices theories of dreams (*Insomnia*: 122-123), makes Ralph feel trustful towards Wyzer and they decide to attempt solving the problem of Ralph’s disorder together.

The two characters tackle the problem immediately and Wyzer exhibits a large amount of knowledge in the field of sleep, including theories why sleep is needed:

> There are certain things mankind - womankind, too - keeps striving for. [...] But the most fundamental thing of all is what you’ve been missing, my friend. Because there’s nothing really that can measure up to a good night’s sleep, is there? [...] Sleep is the overlooked hero and the poor man’s physician. Shakespeare said it’s the thread that

> knits up the ravelled sleeve of care, Napoleon called it the blessed end of the night, and Winston Churchill - one of the great insomniacs of the twentieth century - said it was the only relief he ever got from his deep depressions. (*Insomnia*: 124)

In this section of the novel Wyzer is used as a character who gives the concept of insomnia an authority in the medical world, as well as the historical and literary one. This kind of contextualization serves on two levels: Fundamentally, it helps Ralph to understand that he is not alone with his sickness and this gives him solace during a very hard time in his life. Knowing that Shakespeare, Napoleon, and Churchill managed to live active and very influential lives is of help to deal with his own sickness. Secondly, these units of information also serve to give the reader insight into how deeply a sleep disorders affect Western society, including its culture and people. Additionally, the paragraph includes a particular attitude to sleep and insomnia. While sleep is described as a hero and physician, both being very positive personalizations, insomnia is connected to depression, and thus given a negative connotation. Once again the dichotomy between sleep and insomnia is reinforced. Additionally, the fundamental nature of sleep is discussed, putting it at the basis of human life preliminary to economic and social factors such as “a decent sex-life” and “a roof to keep the rain out” (*Insomnia*: 124).

Wyzer continues the discussion of the topic of sleep and sleep disorders after establishing himself as a person who suffers from the same kind of early arousal insomnia as Ralph. As a consequence Wyzer works on medical papers in this specific field, explaining his expertise and deep knowledge of this discipline of medicine, as well as his willingness to help Ralph’s case. By continuously letting Ralph describe his dreams and overall nightly behavior, he manages to explain to Ralph that “you’re still having coherent dreams, and, maybe even more important, *lucid* dreams, you’re still having good sleep.” (*Insomnia*: 125) This intensely specific knowledge on this area distinguishes Wyzer’s point of view towards insomnia from Ralph Roberts’. While the former is an expert in collecting information and diagnosing as well as explaining the problem of another person, the latter is focused very strongly on his own ailment and so is the knowledge of the area. Wyzer is furthermore able to guess which kinds of sleeping drugs would be recommended during an

average medical consultation avoided by Ralph so far: Dalmane, Restoril, Haclion, Valium, all belonging to the family of benzodiazepines (*Insomnia*: 125).

The language Wyzer uses to describe all this information is very informal. By adding phrases such as “my friend”, he builds a personal connection to Ralph Roberts and is able to reach out to him more than Ralph’s usual environment does. This is mainly based on the large amount of knowledge exhibited in this field, as well as the fact that Wyzer takes Ralph seriously and talks about his disorder as a sickness with medical background instead of a personal and temporary ailment.

Considering the amount of sleep disorder related discourse in the novel so far, it becomes obvious that it is a very central theme in the novel. One can safely assume that Ralph Roberts and his insomnia are at the very core of the novel, carrying enough momentum as well as useful information to advance the plot and further development. The onset of Ralph’s insomnia is the starting point of the plot and is later used in order to give an explanation for the changes in Ralph’s perception. These changes are used by Ralph in order to be able to cope with certain situations in the conflict with supernatural forces.

Connected to the sleep disorder, Ralph Roberts begins to see strange characters such as small bald men in white lab coats and, additionally, the colors and shapes of auras of the people around him. This mutation of his previously normal perception is caused by his insomnia. This thought is marginally picked up by Wyzer during their sleep disorder related conversation:

> [...] you’re probably suffering some short-term memory loss, but your fly is zipped, your shirt is on right-side out [...] I am asking you to change your point of view for a minute or two. To think of all the areas you’re still perfectly functional. [...] People who stop dreaming [...] also start to suffer from perceptual problems such like hyper-reality. (*Insomnia*: 126-127)

Hyper-reality is the keyword for the change in perception as experienced by Ralph. After Wyzer mentions this symptom of disordered sleep, Ralph notices that “A grey blue aura had begun to gather around the hands of the man reading the newspaper, and around the just-visible crown of his head. It seemed particularly bright around the onyx pinkie-ring he wore.” (*Insomnia*: 127) This

instance illustrates how Ralph's new dimension of perception is represented in the novel: by describing color, shape, as well as location of the aura on a person. Usually, the aura indicates emotions as well as weaknesses of characters, both humans and animals, and thus is later actively used by Ralph to spot irregularities in his environment and be able to approach problems and enemies in this way.

A very vital piece of information given by Joe Wyzer is connected to the way in which people suffering from insomnia deal with their sickness:

> "People die from lack of sleep all the time," Wyzer was saying, "Although the medical examiner usually ends up writing *suicide* on the cause-of-death line, rather than *insomnia*. Insomnia and alcoholism have a lot in common, [...] they're both diseases of the heart and mind, [...]. So yeah - people *do* die from lack of sleep." (*Insomnia*: 130-131)

This paragraph illustrates an interesting connection between insomnia and addictive behavior and even links it to suicide. This discussion of the effects of insomnia on the lives and deaths of individuals is included by Wyzer in order to serve as a warning for Ralph and his so-far untreated insomnia. Additionally, it gives the reader more input to consider the dangers of chronic sleeplessness, and establishes a hypothesis which is discussed in *Fight Club* as well, namely the question whether it is possible to die from too little sleep.

This lengthy discussion of sleep and sleep disorder related topics between Ralph Roberts and Joe Wyzer can said to be a moment of explanation as well as clarification for both Ralph and on another level, the reader as well. It is however not the final instance of scientific sleep disorder related discourse in the novel. Another instance can be found later, in which Ralph consults another book in the library whose content is quoted directly by the narrator. The piece of writing is *Patterns of Dreaming* by James A. Hall M.D. and the passages quoted discuss the connection between sleep deprivation and various psychological afflictions such as schizophrenia (Hall 1991 in *Insomnia*: 186). This section depicts Ralph's need for a scientific explanation for the changes in his environment, as well as the changes in his own perception and the ensuing hallucinations. As it becomes clear from the reading of these books as well as from the following action of the plot that there are no scientific explanations for

some aspects of life, which in this novel is represented by the supernatural elements.

Before Ralph accepts his fate as the hero with powers of his own, in a battle against supernatural forces, he is looking for a scientific explanation due to his concern with his own well-being. Meanwhile the narration is interrupted by a number of dialogues with an inner voice of Ralph's, which for example states that, "[...] *Ralph - at our age, mental illness is common! At our age it's common as hell, so GO SEE YOUR DOCTOR!*" (Insomnia: 263)

Considering the role of Ralph as a hero in this novel it is of interest to turn to one character who serves as a sidekick. Indeed, there is one character who seems to be suffering from the same affliction as he does. Lois Chasse, who lives in the same street as Ralph does, turns out to be afflicted by the same kind of early arousal insomnia as the main character does including the mutated perception of reality. The scene of revelation that she is an insomniac as well, is described as follows:

> It just so happens you're not the *only* one who can't get a decent night's sleep, Ralph. [...] *Insomnia!* [...] I go to sleep at about the same time I always did, but don't sleep through anymore. And it's worse than that. I wake up earlier every morning, it seems. (*Insomnia*: 289)

This scene illustrates well how much the two characters have in common in their sleep disorder. Additionally, the name of the disorder is spelt in italics, giving it the central point of focus. Another noteworthy idea is the fact that Lois is telling her affliction in direct speech, which gives a second subjective insight on a character suffering from this illness, next to the narrator and the impressions filtered through Ralph. The connection between these two characters is established not only through the fact that they are widow and widower, but now additionally through their common suffering. As a consequence, a partnership is established which works on the level of battling against the supernatural forces as well as on a more personal level by Ralph and Lois falling in love and spending their remaining life together.

In the context of the revelation that Ralph is not the only person suffering from the insomnia, an interesting metaphor for describing his subjective feeling towards the sleep disorder is voiced:

> [...] . . . but hadn't it often felt as if he were the only person in the world to have that particular *kind* of sleepless night? Standing helplessly by as his good-sleep time was eroded minute by minute and quarter hour by quarter hour? It was like a weird variant of the Chinese water-torture. (*Insomnia*: 289)

There are a number of images in the section which are worth being disucussed. One of them is the isolation felt by Ralph Roberts due to his sleep disorder. As already mentioned above the image of isolation in connection to sleep disorders depicted in North American fiction is a very frequently used one, and can also be found in *Fight Club* and *American Psycho*. Secondly, there are two depictions of insomnia and its destructive force. This example features insomnia as an eroding power. It destroys precious time and by that injures the human being as well. The insomnia is furthermore likened to Chinese water-torture, a practice which is notorious for its slow pace but strength, as well as the fact that it can possibly cause the insanity of the tortured person. The qualities attributed to Chinese water-torture are transferred to insomnia: the slow pace, as well as the possible insanity of the insomniac. Additionally, torture is a practice which is usually carried out by an external individual, like the insomnia is afflicted on Ralph and Lois by an external supernatural force.

The force which causes the insomnia is represented by the little bald doctors namely Clotho and Lachesis, who attempt to fight against Atropos, being the adversary in this scenario. After defeating Atropos with the help of his mutated perception and the help of Lois, Ralph is finally free to sleep. After a few nights of rest both characters are restored to their previous state and their perception has lost all the additional dimensions.

Overall, it can be said that *Insomnia* features a very detailed account of a character suffering from a sleep disorder, all the more the most thorough description of insomnia of all the three instances of insomnia in fiction discussed. In this novel the sleep disorder can be described as the starting point for all the following actions, as well as the reason why the character

suffering from it is able to fight against supernatural powers. Of interest is also the fact that the sleep disorder can be determined in terms of early arousal insomnia. Ralph Roberts however is not the only person suffering from this kind of sleep disorder, it seems that additional characters are afflicted by disordered sleep in order to give other subjective insights into the same kind of troubled sleeping as well as serve as helping hands for Ralph on his adventure. An interesting aspect is the use of a substantial amount of non-fictional information on sleep and sleep disorders as provided in this novel. Through this kind of connection to reality the sleep disorder is established as a disease on its own and without connection to the altered sleeping behavior of the elderly. Another facet of the insomnia is when Ralph meets his sidekick Lois who aids him in his battle. The connection between the two characters is established by the same temporary illness they suffer from. Finally, the language used by the author to describe the sleep disorder is on the one hand scientific to add credibility to the non-fictional accounts of insomnia and, on the other hand, there are moments which are strongly filtered through Ralph's consciousness are very subjective and include thought-provoking metaphors, such as the parallel to the Chinese water-torture.

It can be said that the insomnia represented in *Insomnia* serves a number of roles, such as being the catalyst of the action as well as influencing power over the characters. What will be of most interest in this connection in the following part of this thesis is the way in which the insomnia forces Ralph into the role of a hero. The next chapter will also be concerned with the concept of the hero in literature and how insomnia ties in to this idea in Stephen King's novel *Insomnia*.

7.2.) The Hero Without Sleep

Having discussed the representation of insomnia in selected examples from the novel, it is now time to tie the concept of this specific sleep disorder in to a scholarly reading. The novel features its main character as a brave person with special powers, yet the exceptional perspective of Ralph is caused to a large part by his sleep disorder. Thus it is an important factor in his role as a hero. Ralph cannot be described as a conventional hero, however, and neither can his power. The following section will establish a short introduction to the theme

of the hero and then compare this idea with the way in which Ralph and his special power of insomnia-related vision of hyper-reality can be traced in this tradition.

7.2.1.) A Brief Introduction to the Literary Hero

“Though infinitely varied in detail the hero story is always the same,” (Hourihan: 9) the scholarly reading of the hero-story describes this distinctive genre. This short quote also points towards the formulaic character of adventure stories revolving around a single hero and his companions. There are a number of straightforward contextual features attributed to the hero in Western culture. In order to be able to classify Ralph Roberts from Stephen King’s *Insomnia* as a hero in the literary sense it is of interest to focus on an inventory of these very specific features first.

The features attributed to the hero are connected, first to a specific central character of a story, and his gender and race, cataloguing the fictional hero as being “white, male, British, American or European, and usually young” (Hourihan: 9). The following characteristics are concerned with the setting and environment of the action, being described as an unknown wilderness. A good example for such an unknown wilderness would be a foreign country outside the Western hemisphere or any other place that does not belong to the concept of “home”. When focusing on the details of the plot, it can be said that the hero is a character who is usually contrasted to a number of adversaries. In the course of his quest the hero must defeat a number of characters belonging to the other, evil side, in order to establish himself on the good side. This also includes a display of his special abilities. Another attribute which can be found in the hero-story is the fact that there is usually a male companion or a group of companions who support the hero on his way and against his adversaries. As the plot of the story progresses the hero achieves his goal and is rewarded in a certain way: this can be a reward consisting of material or spiritual riches, but also the destruction of the enemy forces which were a threat to his contemporary and prospective safety. The plot can be then mirrored in a sequence of the hero returning home including situations and circumstances of further battles. Finally, upon returning home the hero is welcomed and celebrated (Hourihan: 9-10).

These features are at the core of numerous canonical hero-story in Western culture, such as Homer's "The Odyssey" or "Beowulf". Hero-stories are seldom a work of fiction standing on their own but relate strongly to other hero-stories and other genres via the channel of intertextuality. The patterns which can be found in the hero-story are frequently encountered in literature (Hourihan: 13). Another important aspect of the hero-story is the fact that it is often based on the representation of binary pairs, such as good versus evil, light versus dark, and rational versus irrational. This kind of dualistic thinking consistently represents one group of characters as being inferior to their opponents, yet unable to exist without the other group to measure against (Hourihan: 15-17). One of the most important factors in the story of a hero is the point of view represented. It is no surprise that the focus is always set steadily on the central hero. The narration revolves around this single character and other characters are only included as far as they are connected to the hero in one way or another. As a consequence the story is very strongly filtered through and colored by the judgements and attitudes of the hero, including his knowledge as well as moral values.

Overall, it can be said that the story of the hero is a very important genre in the literary tradition of Western society. Through this long tradition the hero-story has gained in artistic significance and developed a number of very specific features which help its classification. The features draw heavily on the character of the hero himself but include his environment as well. The similar way in which the different hero-stories are constructed in terms of plot-development is another aspect worth mentioning.

With the knowledge of the hero-story being a constructed literary genre as the basis, one can now turn to inspecting the hero and his specific heroic features in Stephen King's *Insomnia*. These insights will aid to furthermore establish the sleep disorder insomnia further as a vital part of the story.

7.2.2.) Ralph Roberts as the Heroic Insomniac

In order to establish Ralph Roberts as a literary hero a number of different aspects of the novel need to be focused on. The starting point of this

classification will be the main character himself. This will be followed by a section contrasting Ralph to his adversary Atropos, as well as a short discussion of Lois as a minor character. After the positions of the characters in the novel are established the plot of the novel will be examined with focus on possible features of the hero-story. Finally, the concept of insomnia as represented in this work of fiction will be considered into the context of the hero-story.

Ralph Roberts has already been established as the fixed main character and central focus of the narration. Yet, he does not fit the role of the hero completely. He is a white American male, three aspects of identity which do fit his role perfectly. When it comes to age, however, he is certainly too old for the category of the hero. Being a widower and retired, these two characteristics of Ralph Roberts place him outside the concept of the classical hero and into the area of the anti-hero.

One could argue, however, that these two characteristics are used in order to provide the reader with an alternative notion of a hero. By attributing Ralph Roberts features of a hero as well as features of an anti-hero, the question as to whether the hero's quest will be successful and the story will end happily, cannot be answered right away. This uncertainty adds to the suspense which one can usually attribute to the hero-story or adventure story. As a consequence it can be said that a hero who does not adhere to all features of the literary hero, can still be classified as one. This idea stems from the thought that the uncertainty created by features which are not heroic, adds to the tension and anticipation which can be found at the psychological center of hero-stories.

Turning to other characters in the novel, it becomes obvious that there is a complication in drawing the line between good and evil. Ralph's main opponent is a being who belongs to a group of three supernatural beings which introduce themselves as Atropos, Clotho, and Lachesis. These three designations are usually attributed to the three Moirae. The three Moirae belong to the canon of Greek mythology and are three goddesses of fate or destiny. They can be recognized by the scissors or shears they carry, which they use in order to

measure and cut the thread of life of a mortal being. In the novel *Insomnia* they are described as male beings who are:

> [...] very short, probably no more than four feet tall. They appeared to be surrounded by greenish auras. They were dressed in identical white smocks, which looked to Ralph like the ones worn by actors in those old TV doc-operas [...] He sensed nothing about the two figures [...] other than the long sharp-looking thing one of them was holding. (*Insomnia*: 212-213)

In this instance only two of the three Moirae are present, namely Clotho and Lachesis. A few pages onwards, the sharp looking object is recognized by Ralph as being, “a pair of long-bladed, stainless-steel scissors.” (*Insomnia*: 218) As the plot progresses, it becomes obvious that Atropos is the most aggressive and dangerous of the three other-worldly beings. With his behavior of stealing objects belonging to characters and then cutting their threads of life prematurely he can be established as one of the main adversaries of Ralph. He is described as being more menacing than his two companions. The three characters of the goddesses of fate and destiny are illustrated in the novel as small bald doctors, are invisible to the people who do not suffer from the kind of insomnia as Ralph does. Yet, there are a number of characters who are influenced by a force opposing Ralph that tries to either complicate his quest, or to murder him. These are the different adversaries the hero is facing on his adventure.

Another character vital to the hero-story is the sidekick who in this novel is represented by Lois Chasse. She suffers from exactly the same sleep disorder as he does and is influenced by this ailment as much as Ralph is. She serves as a companion for the quest and after it is fulfilled becomes Ralph’s partner. So it can be said that her character is the female counterpart of Ralph as a hero.

The next step to establish Ralph as a hero in an adventure story is the way in which the setting of the novel is depicted. The development of the quest in the hero-story and the way it is represented in this novel will be mentioned as well. With reference to the setting, it can be said that the unknown wilderness is embodied by Ralph’s special visual power which stems from the sleep disorder. His vision is enhanced in such a way that his surroundings become unrecognizable and new to him. As a consequence, the hero needs to adjust his behavior accordingly.

The way in which the quest is developed is quite straightforward and so adheres to the hero-story as well. After the first symptoms of insomnia have set in, a number of strange events are noticed by Ralph. He is advised to find the source of these happenings and after the confrontation with a number of adversaries, he defeats the final enemy and returns home. What he gains on this quest is first and foremost Lois Chasse who becomes his partner for the rest of his life, as well as the regaining of his ability to sleep. Of interest in *Insomnia* is also the epilogue which describes the death of the hero in quite an unheroic way, namely he is the victim of a car accident.

These event leads to the discussion of the role of insomnia in the novel. It can be said that Ralph is the hero only as long as his sleep disorder lasts. On he one hand his special powers are firmly rooted in his malfunctioned sleeping behavior. His special vision is explained by Wyzer to be a symptom of exhaustion and lack of sleep. As soon as the insomnia is resolved and Ralph is able to sleep soundly again, his special abilities vanish. On the other hand, the prologue and epilogue describe Ralph outside his life with insomnia and he proves to be as helpless and mortal as any other person in his surroundings, while during the central action of the novel he was able to change the course of the lives of these people. Considering these factors, it can be said that Ralph is a hero only with the support of the force which provides him with his insomnia and after his role as a hero is fulfilled, he returns to his daily life as an ordinary human being.

To summarize, it can be said that Ralph Roberts is a literary hero since a number of heroic features apply to the him. Additionally, his environment is geographically alien enough and hostile enough to support the need for a hero. What is especially noteworthy in Stephen King's novel is the idea that insomnia plays an extremely vital role in the construction of the hero. It provides him with special powers as well as the urge to act on it in order to be able to sleep again. With this in mind it becomes obvious that the role of the sleep disorder is not a marginal one but a very vital one in this novel.

7.3.) Comparing the Representation of Insomnia in the Three Novels

To conclude the section which discusses Stephen King's *Insomnia* it is interesting to briefly compare the way in which sleep disorders are illustrated in the three novels. The differences in the description as well as the investigation of the three different kinds of insomnia create thought-provoking insights into the way in which sleep disorders are used in North American fiction. Having established the differences in the presentation of sleep disorder related discourse in *Fight Club* and *American Psycho*, the inclusion of the third novel shows yet another facet of insomnia. The little information given on insomnia in *American Psycho* and the very subjective rendering of this illness, differ markedly from *Insomnia*. What is interesting, is the fact that the protagonists of the novels have all lucid dreams of the nightmarish kind.

Comparing the three novels, it becomes apparent that *Insomnia* provides the reader with the most comprehensive insomnia-related input, both from a subjective subjective and an objective point of view. Most substantial is the amount of information provided by Wyzer and the books in the library, two instances which do not appear in in the other novels. In contrast to *Insomnia*, the narrator in *Fight Club* does consult medical advice but is met with little help. Wyzer, on the other hand, is not a doctor but his consultation is done in a diner on a shift-break. This is rather the role of a good friend than that of medical assistance. The idea of death related to sleep disorders is also diversely treated in both novels. While in *Fight Club* the physicist established that "[n]obody ever dies from lack of sleep" (*Fight Club*: 161), Wyzer claims the very opposite: "[...] people *do* die from lack of sleep" (*Insomnia*: 131).

These two opposing opinions in works of fiction, mirrors the reality of sleep-related research. There are still a number questions connected to sleep which are unanswered. The different findings of different sleep research centers have resulted in contrasting hypotheses of how sleep and sleep disorders work. Such a contrasting image of scientific discourse is very well mirrored in the fictional exploration of sleep disorders, as is illustrated especially well in the two novels *Fight Club* and *Insomnia*.

8.) Conclusion

Taking into account all the issues that are discussed in this thesis, there are a number of conclusions that can be drawn. First, it is important to acknowledge the interdisciplinary approach once again, since it has been very beneficial in the section of the practical application. Without the theoretical framework to the practical analysis of the next, a proper assessment of the sleep disorders represented in fiction would have been impossible. Without the help of the theory a number of noteworthy issues would have gone unnoticed. An excellent example for this is the importance of sleep hygiene, which is entirely disregarded by Patrick Bateman in Bret Easton Ellis's *American Psycho*.

The interdisciplinary approach of connecting literature to a field of psychology and neurology which is still open to new developments and findings additionally illustrates the shifting perspectives which one can attribute to both sides. While the latter is subject to new developments, the works of literature associated with sleep-disorder-related fiction can be read from a number of different positions, uncovering numerous new facets to a single volume. This idea was illustrated in this thesis by including three different academic readings to three different works of fiction with the same category of sleep disorder represented either very centrally, or more in a peripheral way.

In order to show how vast the number of dimensions which can be attributed to a single work of fiction is, yet how they can all hinge on a single feature, the three novels were discussed in a diverse manner. The feature mentioned, is in this case the sleep disorder. Considering how insomnia is used for certain purposes of adding sides to a character or depth to the plot, it can be said that it is a theme which recurs in the fiction of the 1990s.

The analysis in the areas of plot and character have revealed a surprising diversity as well as complexity when it comes to representing insomnia. While the narrator in *Fight Club* suffers from insomnia so that it is impossible for him to function like an ordinary member of society, Ralph Roberts in *Insomnia* turns into a hero, but only with the help of hallucinations caused by insomnia. The third protagonist of this research, Patrick Bateman in *American Psycho* meets

his sleepless nights as nonchalantly as his bouts of murderous thoughts and actions.

The language which represents the various ways in which authors write about insomnia is usually designed to describe as authentically as possible, what it is like to suffer from long-term deprivation of sleep. Chuck Palahniuk describes the devastation of the character's psychological constitution, while Bret Easton Ellis retains his monotonous language, and Stephen King focuses on the detailed principle of the excruciating slowness of madness and death inevitably linked to chronic sleeplessness.

What should not be left unmentioned is that the characters suffering from insomnia are all parts of an environment which influences their behavior as well as the way in which they deal with the sleep disorder. They are never alone. Additionally, in the cases of *Fight Club* and *Insomnia* both characters are subject to a process of healing, either at an institution or in their own bed after saving the world. Such a "happy end" cannot be expected nor found in Bret Easton Ellis's *American Psycho*, yet the fact that insomnia is not mentioned in the last 100 of the novel pages leaves the reader with the notion that the sporadically surfacing sleep disorder might not be a crucial disease in Bateman, though it stands out among his other issues.

Returning to the concept of the happy end, it is quite striking how easily a conflict resulting from insomnia at the core can be resolved. Stephen King describes this in a straightforward manner:

> They [Ralph and Lois] slept - sometimes apart but mostly together - [...] about twenty-two hours, all told. [...] Following two more nights of sound, unbroken sleep, the aura had begun to fade, as well. By the following week they were gone, and Ralph began to wonder if perhaps the whole thing hadn't been some strange dream. (*Insomnia*: 631)

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Figure 1: Moorcroft, William H. *Understanding Sleep and Dreaming.* New York: Kluwer Academic/Plenum Publishers, 2003. Page 18.

Figure 2: Moorcroft, William H. *Understanding Sleep and Dreaming.* New York: Kluwer Academic/Plenum Publishers, 2003. Page 19.

Figure 3: Moorcroft, William H. *Understanding Sleep and Dreaming.* New York: Kluwer Academic/Plenum Publishers, 2003. Page 20.

Figure 4: Moorcroft, William H. *Understanding Sleep and Dreaming.* New York: Kluwer Academic/Plenum Publishers, 2003. Page 20.

Figure 5: Moorcroft, William H. *Understanding Sleep and Dreaming.* New York: Kluwer Academic/Plenum Publishers, 2003. Page 21.

Figure 6: Moorcroft, William H. *Understanding Sleep and Dreaming.* New York: Kluwer Academic/Plenum Publishers, 2003. Page 21.

Appendix 1 - Samples of polysomnography [7]

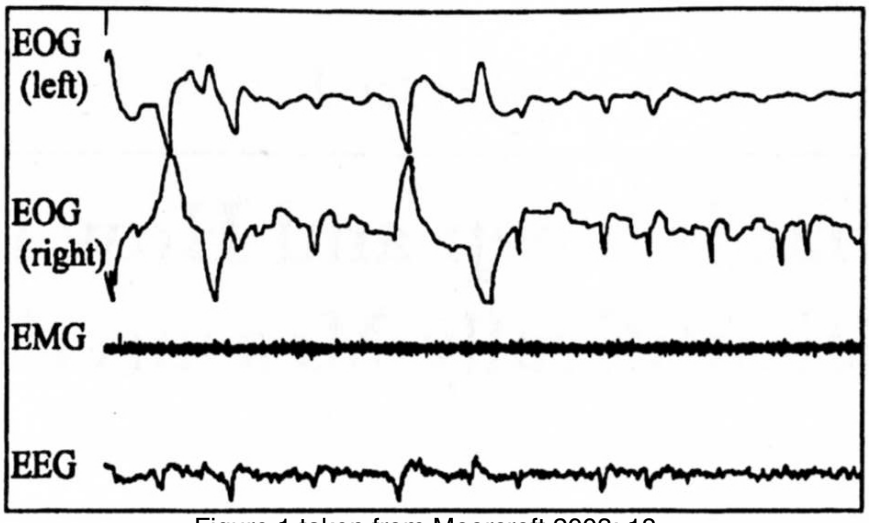

Figure 1 taken from Moorcroft 2003: 18

Figure 1: This graph represents a polysomnogram recorded during the wake state. It records over a period of 30 seconds. The EOG (left) and EOG (right) each represent the electrooculogram of the corresponding eye and most notably record mirroring waves. The EMG illustrates the high thickness of muscle movement in the chin muscles, while the beta brain waves as shown in the EEG can be said to be fast but not very intense.

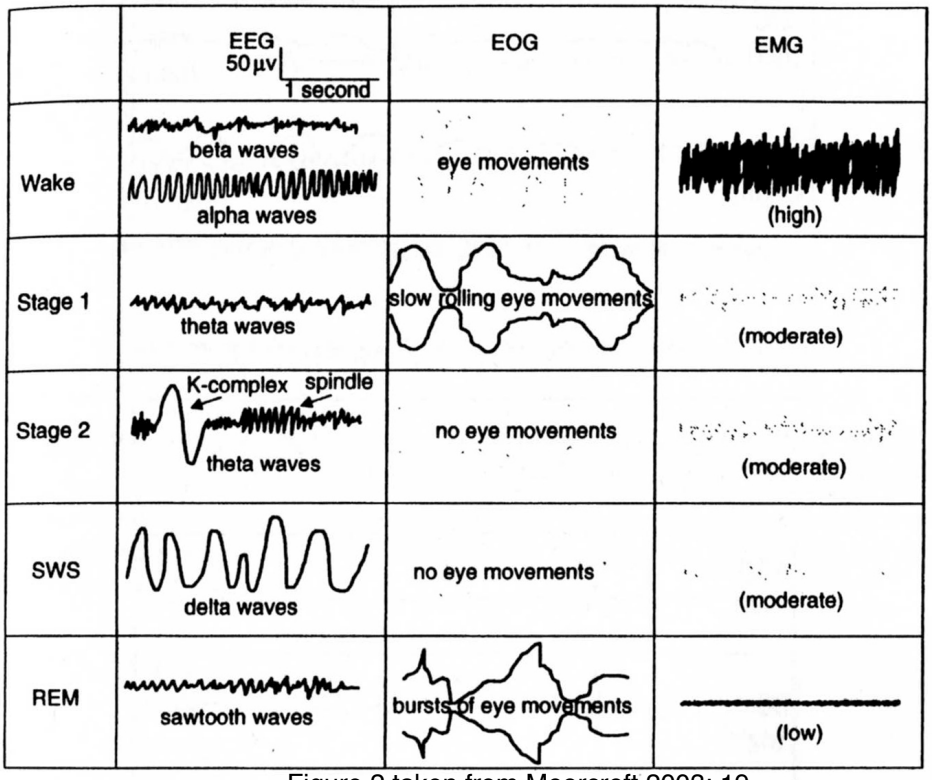

Figure 2 taken from Moorcroft 2003: 19

[7] See: Moorcroft: 18-21

Figure 2: This graph is an overview over the typical characters of the waking state and each stage of sleep. It documents the three important activities of the body and brain as needed in sleep research to determine sleep stages as well as possible disorders.

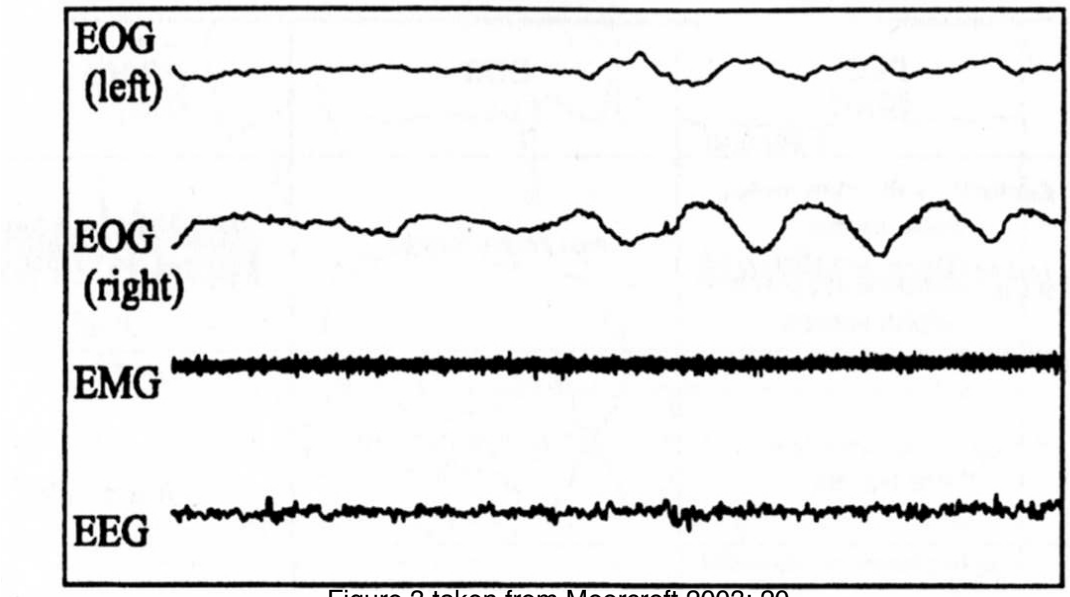

Figure 3 taken from Moorcroft 2003: 20

Figure 3: A polysomnogram recorded during 30 seconds of stage 1 of sleep. Stage 1 is determined by the slow movement of the eyes. Comparing the EMG of stage 1 sleep, it can be said that it thickens even further, while the EEG records comparably low waves, also known as theta waves.

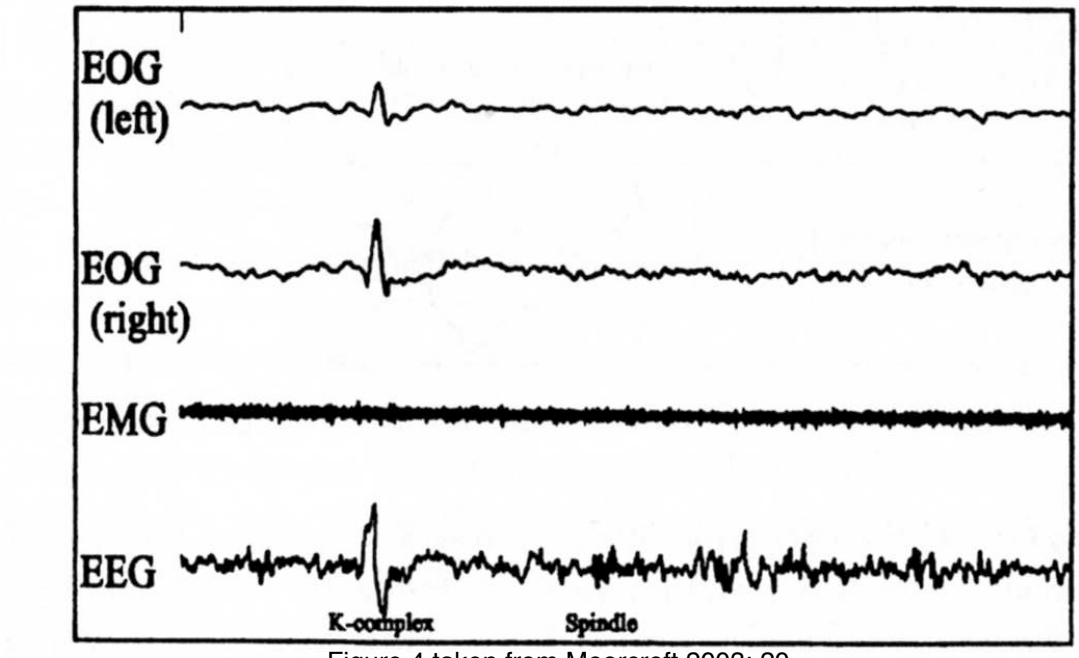

Figure 4 taken from Moorcroft 2003: 20

Figure 4: This polysomnogram records 30 seconds of stage 2 sleep. Eye movement is completely absent, unnoticeably changes EMG, and low theta waves in the EEG featuring the first examples of high voltage K-complexes and low voltage spindles.

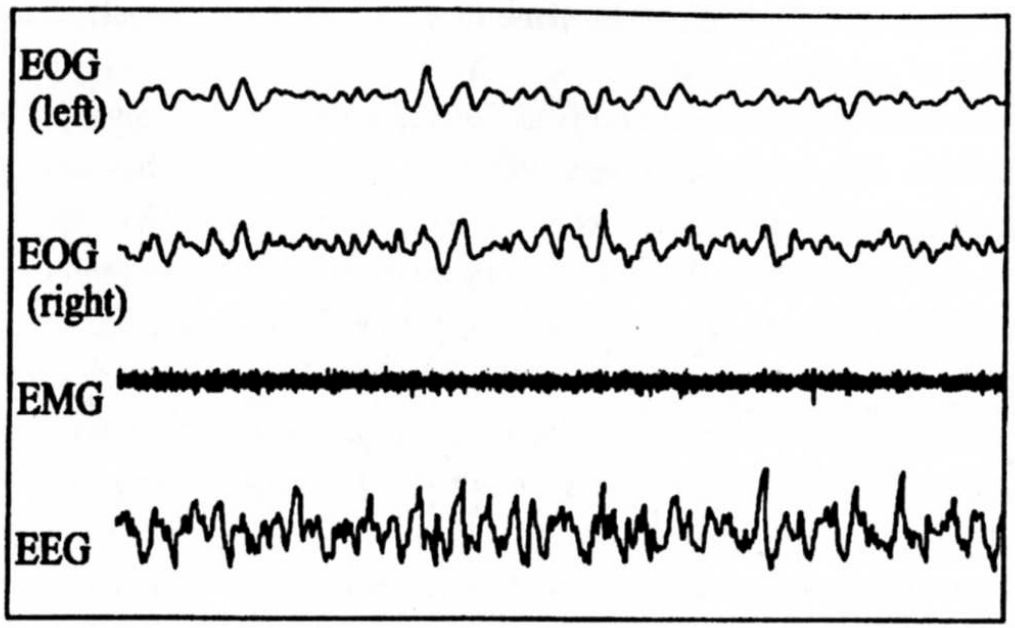

Figure 5 taken from Moorcroft 2003: 21

Figure 5: This graph illustrates a period of 30 seconds during Slow Wave Sleep, which can be found in stages 3 and 4. Eye movement is still absent (the waves recorded in this case exclude eye movement by establishing that the waves are not recorded as mirror images, it is likely that these waves record electrical activity in the region of the eyeballs). The EMG is as thick and moderate as in the previous examples. Most noticeable is the slow but very intense electrical activity in the EEG.

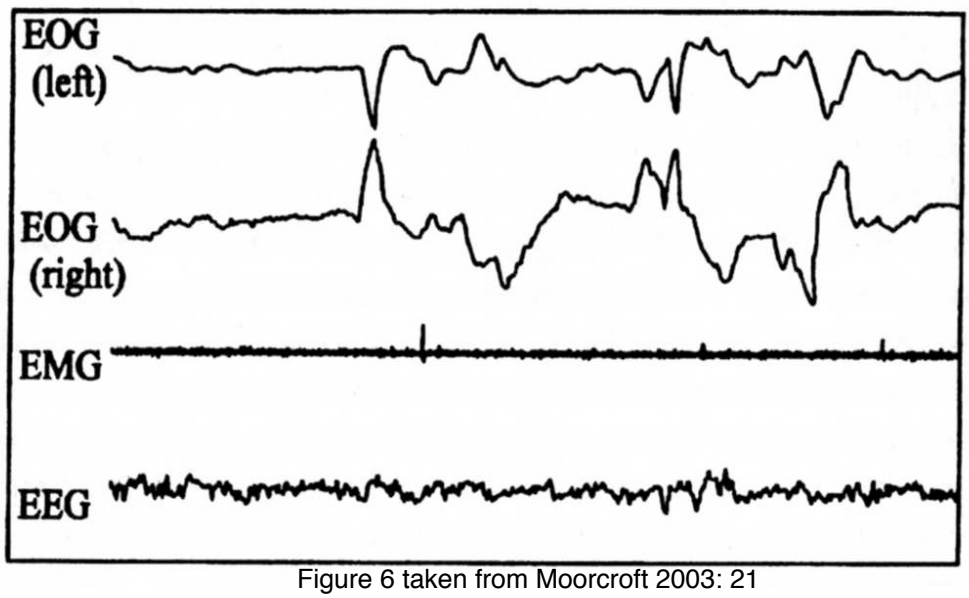

Figure 6 taken from Moorcroft 2003: 21

Figure 6: This final graph represents 30 seconds of the typical activity during REM sleep. Eye movement is recorded in bursts, while the EMG represents very low muscle activity including occasional muscle twitches. The EEG records a low intense but very fast pattern of electrical activity, which can be best described with a comparison to a “sawtooth”.

Appendix 2 - The International Classification of Sleep Disorders [8]

Classifications

1. Dyssomnias
   A. Intrinsic sleep disorders
   B. Extrinsic sleep disorders
   C. Circadian rhythm disorders
2. Parasomnias
   A. Arousal disorders
   B. Sleep-wake transition disorders
   C. Parasomnias usually associated with rapid eye movement (REM) sleep
   D. Other parasomnias
3. Medical-psychiatric sleep disorders
   A. Associated with mental disorders
   B. Associated with neurological disorders
   C. Associated with other medical disorders
4. Proposed sleep disorders

1. Dyssomnias
   A. Intrinsic sleep disorders
      1. Psychophysiological insomnia
      2. Sleep-state misperception
      3. Idiopathic insomnia
      4. Narcolepsy
      5. Recurrent hypersomnia
      6. Idiopathic hypersomnia
      7. Posttraumatic hypersomnia
      8. Obstructive sleep apnea
      9. Central sleep apnea
      10. Central alveolar hypoventilation syndrome
      11. Periodic limb movement disorder
      12. Restless legs syndrome

[8] In: Pressman and Orr: 505-508

13. Intrinsic sleep disorder not otherwise specified

B. Extrinsic sleep disorders

1. Inadequate sleep hygiene
2. Environmental sleep disorder
3. Altitude insomnia
4. Adjustment sleep disorder
5. Insufficient sleep syndrome
6. Limit-setting sleep disorder
7. Sleep-onset association disorder
8. Food allergy disorder
9. Nocturnal eating (drinking) syndrome
10. Hypnotic-dependent sleep disorder
11. Stimulant-dependent sleep disorder
12. Alcohol-dependent sleep disorder
13. Toxin-induced sleep disorder
14. Extrinsic sleep disorder not otherwise specified

C. Circadian rhythm sleep disorders

1. Time zone change (jet lag) syndrome
2. Shift work sleep disorder
3. Irregular sleep-wake pattern
4. Delayed sleep phase syndrome
5. Advanced sleep phase syndrome
6. Non-24-hour sleep-wake disorder
7. Circadian rhythm sleep disorder not otherwise specified

2. Parasomnias

A. Arousal disorders

1. Confusional arousals
2. Sleepwalking
3. Sleep terrors

B. Sleep-wake transition disorders

1. Rhythmic movement disorder
2. Sleep starts
3. Sleep talking
4. Nocturnal leg cramps

C. Parasomnias usually associated with REM sleep
   1. Nightmares
   2. Sleep paralysis
   3. Impaired sleep-related penile erections
   4. Sleep-related painful erections
   5. REM sleep-related sinus arrest
   6. REM sleep behavior disorder

D. Other parasomnias
   1. Sleep bruxism
   2. Sleep enuresis
   3. Sleep-related abnormal swallowing syndrome
   4. Nocturnal paroxysmal dystonia
   5. Sudden unexplained nocturnal death syndrome
   6. Primary snoring
   7. Infant sleep apnea
   8. Congenital central hypoventilation syndrome
   9. Sudden infant death syndrome
   10. Benign neonatal sleep myoclonus
   11. Other parasomnias not otherwise specified

3. Medical-psychiatric Disorders

A. Associated with mental disorders
   1. Psychoses
   2. Mood disorders
   3. Anxiety disorders
   4. Panic disorders
   5. Alcoholism

B. Associated with neurological disorders
   1. Cerebral degenerative disorders
   2. Dementia
   3. Parkinsonism
   4. Fatal familial insomnia
   5. Sleep-related epilepsy
   6. Electrical status epilepticus of sleep
   7. Sleep-related headaches

C. Associated with other medical disorders

1. Sleep sickness
2. Nocturnal cardiac ischemia
3. Chronic obstructive pulmonary disease
4. Sleep-related asthma
5. Sleep-related gastroesophageal reflux
6. Peptic ulcer disease
7. Fibrositis syndrome

4. Proposed sleep disorders

1. Short sleeper
2. Long sleeper
3. Subwakefulness syndrome
4. Fragmentary myoclonus
5. Sleep hyperhidrosis
6. Menstrual-associated sleep disorder
7. Pregnancy-associated sleep disorders
8. Terrifying hypnagogic hallucinations
9. Sleep-related neurogenic tachypnea
10. Sleep choking syndrome

German Abstract of the Thesis

Die vorliegende Diplomarbeit behandelt die Themen Schlaf und Schlafstörung in der nordamerikanischen Literatur. Basierend auf der Idee, dass Schlaf ein globales Phänomen ist, strebt die für diese Arbeit ausgewählte interdisziplinäre Verbindung der Bereiche der Psychologie und Literatur an, das Phänomen Schlaf in der nordamerikanischen Belletristik der 1990iger Jahre zu verfolgen. Die beiden Bereiche der Psychologie und Literaturwissenschaft ermöglichen einen tiefen Einblick in die verschiedenen Ebenen, welche sich durch die Thematisierung von Schlafstörungen in der Literatur bilden.

Die erste Hälfte der Arbeit bildet ein theoretischer Teil, welcher grundlegende Erkenntnisse der Schlafforschung beinhaltet. Ausgehend von einem historischen Überblick über unterschiedlichen Theorien des Schlafes wird eine Definition des Begriffes “Schlaf” erstellt. Weiters werden die wichtigsten Elemente und Instrumente der Schlafforschung benannt, sowie Details des Schlafzykluses des Menschen beschrieben. Die vier Phasen des Schlafes werden von einander abgegrenzt und erklärt. Im darauf folgenden Unterkapitel “Schlaf und Alter” wird die Entwicklung des menschlichen Schlafverhaltens vom Baby bis ins hohe Alter an behandelt. Basierend auf den Informationen rund um Schlaf und Schlafforschung kann sich das folgende Kapitel dem pathologischen Schlaf und den daraus resultierenden Schlafstörungen widmen. Zunächst werden die Klassifikationsmöglichkeiten, sowie die drei gängigen Kategorien von Schlafstörungen beschrieben. Dem folgt eine Auswahl von Schlafstörungen. Dies wird gefolgt von einem eigenen Kapitel zum Thema der Insomnie. Da diese Insomnie ein recht breites Feld der Schlafstörungen darstellt, wird versucht, die verschiedenen Kategorien und Behandlungsmöglichkeiten dieser in einem möglichst weiten Spektrum zu betrachten. Zuletzt wird das theoretische Kapitel mit einem kurzen Einblick in die Thematik der Darstellung von Krankheiten in der Belletristik abgeschlossen.

Die zweite Hälfte der Arbeit ist eine praktische Anwendung des theoretischen Wissens aus der Psychologie im Bereich der Literaturwissenschaft. Die Romane *Fight Club* (1996) von Chuck Palahniuk, *American Psycho* (1991) von Bret Easton Ellis und *Insomnia* (1994) von Stephen King, beinhalten jeweils einen Hauptprotagonisten, welcher an Schlaflosigkeit leidet. Da die Werke alle

in den 1990iger Jahren von Autoren aus Nordamerika geschrieben wurden ergibt sich die Möglichkeit, die beschriebenen Schlafstörungen der Charaktere zu verfolgen, mit Hilfe von literaturwissenschaftlichen Konzepten aufzuschlüsseln, und Aspekte aus den Romanen zu vergleichen. Das erste beschriebene Werk ist *Fight Club*. Die schwere Schlafstörung des namenlosen Erzählers zieht sich wie ein roter Faden durch den Roman und kann somit gut verfolgt werden. Das Dreiecksverhältnis zwischen dem Erzähler und zwei weiteren Charakteren bildet die Grundlage für die Insomnie, welche nur durch den Tod des anderen männlichen Charakters aufgelöst werden kann. Als nächstes wird der Roman in das freudsche Konzept des Unheimlichen eingefügt. Sowohl einzelne Aspekte des Werkes, wie zum Beispiel das Motiv des Doppelgängers, sowie die Schlafstörung, werden in diesem Konzept wiedererkannt.

Danach wird *American Psycho* mit Fokus auf die Insomnie des Erzählers Patrick Bateman beschrieben. Sowohl der Konsum von Alkohol und Drogen als auch ungenügende Schlafhygiene gelten in diesem Fall als Verursacher der Schlaflosigkeit. Die Information über die Schlafsituation in diesem Roman recht beschränkt und somit kann die Insomnie als ein Teilaspekt eines größeren Problems gesehen werden: Patrick Bateman ist ein Psychopath. Auf die Beschreibung der Schlafstörung folgend wird der Roman mit dem postmodernen Konzept der Krise des männlichen Protagonisten verbunden. Dadurch wird der Schlafstörung ein weiterer Wirkungsrahmen zugesprochen.

Der letzte besprochene Roman ist Stephen Kings *Insomnia*. Ralph Roberts ist in dieser Geschichte der Hauptcharakter und bekommt durch seine anhaltende Schlaflosigkeit außerordenliche Kräfte, mit deren Hilfe er die Welt rettet. Allerdings wird ihm die Schlaflosigkeit von einer Macht außerhalb seines Bewusstseins aufgezwungen. Roberts benötigt die Hilfe des Apothekers Joe Wyzer und seiner Nachbarin Lois Chasse, um sowohl die Welt zu retten, als auch die Schlafstörung zu bewältigen. Das Konzept des literarischen Helden liefert in diesem Fall einen Rahmen um die Insomnie aufzuschlüsseln.

Zusammenfassend kann gesagt werden, dass diese Arbeit versucht mit Hilfe der Psychologie dem Phänomen der Schlafstörung in der Belletristik einen

literaturwissenschaftlichen Kontext zu geben. Zusätzlich wird das Motiv der Insomnie in der nordamerikanischen Literatur möglichst ausführlich diskutiert.

Curriculum Vitae

Persönliche Daten:

Name: Olga Czerniawska

Geburtsdatum: 26. August 1989

Familienstand: ledig

Ausbildung:

1995 – 1999: Volksschule Zieglergasse, 1070 Wien

1999 – 2007: Gymnasium, Realgymnasium, Bundesrealgymnasium GRW XIX, Billrothstraße 26 – 30, 1190 Wien

2007 – heute: Studium am Institut für Anglistik und Amerikanistik, Universität Wien
Schwerpunkt auf nordamerikanische Belletristik, sowie der Vergleichenden Literaturwissenschaften

Berufstätigkeit:

Juli – August 2007
Servicekraft bei Aida Café – Konditorei, Filiale Singerstraße 1, 1010 Wien

Februar 2009 - heute
Freie Dienstnehmerin der SVA der Gewerblichen Wirtschaft im Bereich der medizinischen Sachbearbeitung

Besondere Kenntnisse:

Polnisch – Muttersprache

Englisch – in Wort und Schrift

Französisch – in Wort und Schrift