Sample translation

**Sleepless: A thousand wakeful nights, one solution**

by Anders Bortne

Søvnløs. Tusen våkenetter og en løsning

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**Foreword**

This book was written to help people with serious sleep problems, but it offers neither *a programme* nor concrete advice – like eating bananas or meditating before bedtime. This is the story of a sleepless life, but it is also an account of humanity’s relationship to sleep. How did we sleep in earlier times? What happens when we sleep? And the most important question if you struggle with sleep yourself, or know somebody else who does: is there a solution that works?

After sixteen years my own sleeping difficulties worsened, almost overnight and without my understanding why. A problem that I’d been able to live with was no longer manageable. I had to do something or go under. I embarked on the regular round of treatments that most insomniacs know only too well: pills, herbs, meditation, acupuncture, yoga. At the same time I started to read books about sleep and sleeping difficulties – not just self-help books but clinical, psychological and historical texts about sleep. I couldn’t find a book aimed at people with serious sleeping difficulties. Most of the books were written for people who were able to sleep but had opted out of it; or people who didn’t understand that they ought to sleep more. Insomnia was, at best, a sub-chapter. And all the well-meaning but superficial sleep advice was, of course, no cure for a serious, chronic health problem. The most remarkable thing of all was the fact that we continue to veil sleep and sleeping difficulties in mystery. Science – and people in general – have never known more about body and health: why do we treat sleep as if there were something mysterious about it?

I am not a doctor or a sleep expert. On the contrary: this book was written by a person who has suffered insomnia for sixteen years – and still sleeps poorly. If you are looking for a book that offers superficial tips about how to sleep better – drink less coffee, exercise more, set aside an hour during the day for your worries and so on – keep looking.

Unless you’d rather read this book, learn a bit about sleep and sleeplessness along the way, put two and two together for yourself and get an insight into how other insomniacs are getting by.

If you ask me, you can’t expect much more from a book.

Anders Bortne, Oslo, 30 January 2019

Part I

April. Pills

(About doctor’s appointments and sleep medicine, facts and superstitions about sleep, how my problems started sixteen years ago, and why sleepless people don’t make pancakes.)

I

Of course, the night before I’m due to see the doctor, I sleep like a log. I wake up rested. I’m not sweating, I’m not freezing. My head is clear. My muscles and joints aren’t aching. Should I cancel? I don’t like going to the doctor. I don’t like sitting opposite a stranger revealing my own weaknesses. As long as I don’t have anything solid to refer to – fever, or a wound or a broken bone – I’m afraid the whole thing will be reduced to sensitivity. *I can’t sleep*. Now I’ve slept, though. I feel better than I have in a long time.

I meet my own gaze in the mirror of the waiting room: steady and clear. My skin has the faint glow I envy other people on sleepless days – a sign of health, of normality, of a night of long, deep sleep.

Maybe I was cured?

Maybe it was over at last?

That wasn’t what I thought a week ago, when I made the doctor’s appointment. I was standing over the bed I share with Line changing the bedclothes – a job nobody but me is allowed to do. Just as a person with eating disorders can become obsessed with the fridge, I’m fixated on the conditions surrounding my own bed. Pillowcases and duvet covers must have buttons to prevent their innards oozing out in the middle of the night. The mattress protector cannot have a single crease or be uneven. If clothes or other items are lying on the bed when I’m about to lie down, I have to go out again and make another attempt later. The cables of the bedside lamps must be fastened firmly to the wall to stop them knocking against the panel when somebody moves. The mere *thought* that the light bulb in the lamp might be too bright can ruin the night for me.

As I tugged off the sheet, the sun shone in the basement window and through the swirling dust and down onto the mattress protector. I stopped and stood there staring at the naked bed as the hairs rose on the back of my neck.

I had changed the bedclothes many times, but I’d never noticed this before: on the left-hand side, Line’s side, I could see wear and tear in the fabric that bore witness to a life of normal night-time sleep. It was many years since we’d bought the bed: of course it would be worn. But on the other side of the bed, my side, there wasn’t a mark. The mattress protector looked untouched. It was as if my wife had shared her bed with a ghost all these years.

For all my obsession with the bed, I hardly lay in it at all.

I dropped the bedclothes, sat down on the mattress and did something I’d never done before. I pulled out my mobile and googled *sleep deprivation* and *long-term effects*, clicked my way to an internet article entitled: “Here is the terrifying list of what sleep deprivation can lead to”. Diabetes, it said. High cholesterol levels. Stroke, heart attack. Cancer. Beneath the list was a fact box detailing how many hours you needed to sleep each night to maintain your health. It said adults need seven to eight hours sleep every night.

I was frightened and made a doctor’s appointment.

The next day, I was no longer frightened and wanted to cancel. I knew that the fear would return. My own feelings tracked my sleeping problems and the sleeping problems came and went. I fell sick, I was cured; I fell sick again and was cured again. Right now I was no longer sick, I had slept the night before – so I wasn’t afraid. There was nothing a general practitioner could help me with anyway, so why waste my time?

“That doctor’s appointment,” I said to Line. “I think I’ll cancel.”

She looked at me.

“Are you sure?”

“The only thing a doctor can do is give me sleeping pills. And I don’t want those.”

“But if you want any other help, you’ll have to start with the doctor anyway.”

In the waiting room at the doctor’s surgery a woman with crutches and a neck brace sits opposite me, her gaze resting helplessly on the ceiling. Beside me waits an old man who coughs a deep rattling cough every twenty seconds. Over by the door, a mother tries to get a newborn child to stop crying. In the middle of all this, I sit there, well rested and healthy, hoping I won’t get called in before the others.

Then the doctor comes out.

“Bortne?”

My little speech comes out more or less the way I’d prepared it. “I’ve had chronic insomnia for sixteen years,” I start.

“Lately my insomnia has got worse. And now I’m starting to worry about the long-term effects of getting too little sleep. I’m also worried about my heart. And about getting cancer.”

I detail the fear I felt a week ago, try to hold it firm long enough to describe it to the other person even though it feels as if I’m lying.

“I have to find out why I don’t sleep,” I say. “Maybe there isn’t a single explanation, maybe there are many causes. I’m willing to give most things a try. I’m no longer looking for a quick fix.”

I meet the doctor’s gaze. A young man – younger than me anyway– with dark curls and round, black-framed spectacles. He is the replacement of the replacement of my regular doctor, whom I’ve never met. His face is blank, expressionless. Maybe he’s used to patients seeing him as an obstacle between them and their medicine. But I don’t want to be sent home with sleeping pills. I’d rather go home and carry on as before.

The doctor spreads his fingers over his keyboard and writes down some of what I say before placing his hands in his lap and listening again.

“I try to deal with it by myself, too,” I say.

“How do you do that?”

My telephone rings. I quickly fish it out of my inside pocket and reject the call.

“I’ve stopped surfing the net, I’ve signed out of Facebook, I try to read more books, force my brain to think long thoughts. I’ve bought myself a diary. I’ve started exercising. And I try to put down my mobile telephone.

My telephone rings again.

“And how’s that working for you?” asks the doctor.

I take it out and switch it off as I mumble an apology.

“I’m trying to learn a bit about sleep and sleep disorders,” I say. “I’ve borrowed a medical book from the library.”

The doctor’s gaze is on his screen; he doesn’t look at me. I regret telling him that last thing. It was true, I’d gone to the library at lunchtime and borrowed a book called *Sleep and sleep disorders*, and I’ve read about sleep phases and circadian rhythm, about insomnia and other sleep problems. But why do I feel the need to tell the doctor about it?

I need to be careful, I think. Let doctors be doctors and patients be patients.

“Do you have difficulties getting to sleep?” he asks – it sounds as if he’s reading from the screen. “Or is it that you wake up too early and can’t get back to sleep, or do you wake up a lot in the middle of the night?”

I give this some thought. It was difficult to see it like this, from the outside, with the doctor. In the early years, sleeplessness was just that: an ailment, a sickness, something that could be observed. But in the past six or seven years, it has been *me*. I think back over the recent weeks. Last night I slept well, but the night before? I didn’t sleep then. Or the night before, or the two nights before that. It was so difficult to remember: the sleepless nights and days merged, nothing stood out, there was nothing to navigate by. Like a long, dark tunnel: you only know when it begins and when it ends. Was it worse than before? Was that why I’d got so frightened? Was that why Line had insisted I should go?

“All three?” asks the doctor.

I nod.

“Have you noticed any other issues apart from sleep?”

“It’s been very up and down for a while,” I say. “But I’m used to it. I get a bit angry. Or wound up. Or down.”

I tried to avoid the word *mood*.

“Do you work?”

“Yes.”

“What do you do?”

“I work in a ministry, as a speechwriter. And I’m an author too. Plus I have a cartoon strip in a newspaper. And I’m involved in a couple of music projects as well.”

“Sounds like a lot,” says the doctor.

“A few weeks ago, I had to take time off sick. I couldn’t take any more. It’s the first time I’ve been off sick because of sleep.”

“How long were you off?”

“Four days.”

A bug, is what I told my boss. If I’d told them the truth, that I was off sick because I could no longer cope with my own insomnia, they’d have started wondering what was *really* wrong with me. I don’t hide my sleeping problems, but so far, it’s something I haven’t tended to share with people who aren’t close to me. Saying *I don’t sleep* is like saying *I’m bleeding* – everybody will wonder what caused it. And since I don’t have a good answer, anybody can fill in the blanks for themselves. Anders is depressed, Anders has experienced some trauma, Anders is unhappy in his job or his home life or both. Until I’ve found the answer for myself, I’m afraid other people will see me as weak.

I don’t know why I’m bleeding: I just am.

Taking sick leave, even for a few days, was a defeat. The insomnia, when it appeared sixteen years ago, was like a huge rock that dropped into the middle of the road, but I always managed to find a way around it: I’d go home at lunchtime to sleep, come in an hour later, leave an hour earlier, or simply hold out until I could sleep again. It wasn’t the first time I’d been stopped in my tracks by my sleeping difficulties; but I’d never taken sick leave before, not because of sleep deprivation. I couldn’t fight my way forward any more. There was no way around.

“Have you tried a sleep study?” asks the doctor.

“No,” I say. “Do you think it would be any use?”

Sleep study is a term that has popped up in the past few years on the few occasions when I’ve talked about my sleeping problems with friends or family. *Have you tried a sleep study?* Was this my great hope? Was that why I was here? I wasn’t even sure what it was, other than that it involved spending a night sleeping at the hospital and being watched. It sounded like an insomniac’s PhD thesis: *Sleep study*.

The doctor shoves himself away from his desk, so that his chair trundles across the floor and over to a shelf where he pulls down a thin folder, which looks like his own notes. He searches in the folder, reads a bit, continues searching. The last time I was here with one of the kids, he didn’t meet my gaze once. I’m used to doctors who’ve seen everything, heard everything, who never quite believe that there’s anything seriously wrong, regardless of what ailment you come in with. But now he’s curious and engaged. Maybe I’m the day’s most interesting patient. Maybe he’s only had migraine and flu cases today, and then I come sailing in with sixteen year’s worth of insomnia. Maybe cases like mine were what made him take up medicine in the first place. Maybe he’ll start to flip through folders from his student days, ring his old professor, who also awakens from his academic slumber to ring him back in the middle of the night with suggestions for ground-breaking solutions. Overtime food, blackboards full of scientific formulae, late nights in the library basement.

“I don’t know,” he says, still bent over his folder. “But it’s normal to look for underlying causes.”

“What do you mean?”

“Well, what’s stopping you sleeping. There can be a lot of reasons, as you said yourself. Perhaps a sleep study will help identify them.”

He shuts the folder, puts it back where he found it and shoves himself back to his PC.

As a result of telling my doctor about my problems, of asking him for help, I now feel something I haven’t felt for a long time: hope. Hope and fear. Do the two always go together? Is that why I was so reluctant to go to the doctor? Was I afraid to start hoping again?

“But in the meantime, I have something I think might work,” he says. “They’re not sleeping pills but a medication that’s used for bipolar disorders.”

“Do you think I’m bipolar? Is that why I’m not sleeping?”

“It doesn’t sound as if you have a bipolar disorder. You function at work and a few flare-ups now and then don’t qualify. But it isn’t unusual to use medicines that are intended for one purpose for something quite different. And this one can be used to sleep. What it does is suppress your thought processes.”

“It stops the thought processes?”

“It suppresses them, for the night.”

“So it’s not like I’ll turn into a vegetable?”

“No, these are sleeping pills.”

I nod but I don’t understand. Are these sleeping pills or not? What I fear most of all is taking medication that reduces or eliminates my capacity to write or make music. If I lose that, it won’t help for me to be functioning in all other respects.

“How long should I take it for?”

“A week. Come back to see me after that. Then we can talk about how it’s gone and I can look into the possibility of sending you for a sleep study.”

He writes out a prescription and indicates that the appointment is over. “Don’t be alarmed by what it says on the packaging,” he says as I leave his office.

When I’m in the chemists a few hours later picking up the medicine, I discover that my bankcard isn’t in my wallet. I must have left it at work. I cycle to the office, find the card on my desk, cycle back to the chemists and breathlessly wave the card at the woman behind the counter, who smiles aloofly. I, who had decided not to resort to medicine, who went to the doctor in search of a lasting solution, here I stand in front of the pharmacist like an idiot, rejoicing:

Look, I can pay for my pills!

The pharmacist pushes the box of pills across the counter and keys the amount into the till. I swipe my card. The box looks like any other medicine: a flat, white, rectangular cardboard box.

“Don’t be alarmed by what it says on the packaging,” she says.

I pick up the kids from nursery, put them in the bike trailer and cycle home. As they play outside, I cook tomato soup and fry some pancakes, invite the little girl next door to have dinner with us. After eating, I run upstairs to the family above us with the remaining pancakes. If I’d slept badly last night, we would have been sitting here with ham pizza and cola. The neighbours would have had to fend for themselves. But now I have the energy to behave like a properly functioning, resourceful human being.

Line is working late and won’t get home until the kids are in bed. I tell her about the doctor’s appointment and the medicine I’ve been given.

“But that was what you didn’t want,” she says. “You said so yourself, that you’d decided you didn’t want to have sleeping pills.”

“But these aren’t sleeping pills,” I say.

“Aren’t they?”

“The doctor says they suppress your thought processes. He wants to see if they work on me.”

Line looks at me. I can see she has her own opinion but doesn’t want to say any more. It’s my decision. I put the box of pills on the table between us, unfold the thin paper containing information about the medicine until it is the size of an average tablecloth and read.

*Antipsychotic. For schizophrenia and mania and bipolar.*

II

The sleeplessness arrived in my late twenties, coinciding with the end of my studies, my move from Bergen to Oslo and starting work. Every morning I went to work and in the afternoons I practised with my two bands. In the evenings I went out with friends. At the weekends I worked on my first novel. My social network was large and my ambitions were sky-high. And in the middle of all this, I met Line.

I lived in a filthy little two-room apartment right at the bottom of Trondheimsveien – the first place I’d had all to myself. I remember loving that flat, even though I now remember it as the place where my sleeplessness began. In the little bedroom, on an Ikea box mattress, I started lying awake all through the night: I’d hear the last tram racketing past at one in the morning and the early morning tram at five o’clock. In the mornings, I’d sit shivering on the edge of my bed filled with an unease I didn’t understand. Nothing had happened, nothing would happen. I would be doing the same things I’d done the day before: shower, get dressed, brush my teeth and go to work, where I would write articles for the postal service’s internal bulletin. The most dramatic part of my job was taking pictures of the employee of the month receiving a giant cardboard cheque. What was I so afraid of? Why wasn’t I sleeping? I looked at myself in the mirror. It didn’t show that I’d lain awake all night, and the days without sleep went surprisingly well. And I would sleep that night again, for sure.

But the sleep never came; it just carried on – two nights, three, four in a row.

I was so surprised by this sudden absence of sleep that I’d tell acquaintances I met about it, as if I’d been mugged in the middle of the street. *I haven’t slept for two nights! It’s true! I don’t know what’s causing it!*

But I wasn’t looking to understand *why* I wasn’t sleeping, I simply needed to sleep. I went to the doctor – a different one in those days – who also prescribed sleeping pills. What else was there? Sleeping pills were the only things the doctor and I both knew about; of course I would take pills. And to start off with they worked. Imovane, Apodorm, Stilnoct. I went to the doctor and got the prescription and when I ran out, I got a friend who was newly qualified and had his medical licence to write out prescriptions on evenings and weekends. Sometimes I got sleep medicine from friends who had it lying around at home. If my pill-pusher didn’t have time to meet me, we’d agree a place where I could come and pick it up. I had the inventiveness and persuasive capacity of all pill addicts. I always managed to get hold of pills but simultaneously tried to hide how desperate I was. Once I arranged a meeting with a friend who said she had one pill at home. I hadn’t slept for three nights and had no other options. She was due to leave town, so I persuaded her to leave the pill in a plastic bag underneath the rubbish bins outside her apartment building before she left. Through the city and the pouring rain I walked to the agreed spot, lay down on the ground and fumbled beneath the rubbish bins until I found the plastic bag. Happily, I headed home, one hand in my pocket, clutching the crumpled pill package with its single remaining pill.

One little tablet and I slept at night. If I had to do something the next day that required me to be at my best, I could count on one of the little pills. By the time I published my first book, I was totally reliant on sleeping pills the night before an interview. I was terrified of sitting there like a zombie: I wanted to give the impression of being smart, clever, *alert*. And I came out better in the photos too.

This was before I realised my sleeping problems were there to stay. For me, sleeplessness was a burden I would have to carry for a while but which I would one day be able to lay down. In the meantime, I did my best to hide its weight from other people, and to hold out. So I took a pill, slept deeply, slept long and woke up fully rested the next day.

It was too good to last. The pills became less and less effective, and in the end they had zero effect. Instead I became woozy, apathetic, dry-mouthed.

Sleep medicine does not result in natural sleep. Studies have shown that people who sleep with the aid of sleeping pills don’t get enough of the deepest brainwaves, which determine how deeply and well we sleep.[[1]](#endnote-1) Sleeping pills attack the receptors, preventing brain cells from sending out impulses. They are sedatives – the pills anaesthetise you, just like alcohol – and are a bad foundation on which to build a lifestyle. And then there are the unintended effects of sleeping pills that I wasn’t aware of when I was addicted myself – because I *was* addicted. Sleeping pills can make you forgetful, you can act without being fully conscious, your reaction time can increase the day afterwards, making you a dangerous driver. When you stop taking sleeping pills, you may end up sleeping more poorly than you did before you started taking them. And it gets worse. A large American study compared 10,000 patients who took sleeping pills with 20,000 people who didn’t take medicine to help them sleep.[[2]](#endnote-2) Those who took sleeping pills had a 4.6 per cent higher likelihood of dying in the course of the two-and-a-half year study period. Mortality increased the more often people took the pills. The study also proved what earlier studies had suggested: that there was a link between sleeping pills and cancer. People who took sleep medicine had a 30–40 per cent higher likelihood of developing cancer!

Sleeping pills work badly and can kill you. But even though I know that now, I would still take sleeping pills regardless if I knew they helped. Wouldn’t a person who hadn’t had food for three days eat anything to allay their hunger without listening to warnings about potential side effects? When you can’t sleep, you’ll do anything for a few hours of sleep – just ask the half a million Norwegians who currently take sleeping pills to sleep. And usage is increasing. Between 2000 and 2012, usage of sleep medicine rose from 6.9 per cent to 11.1 per cent.[[3]](#endnote-3)

I know only one other person who suffers what I suffer from, chronic insomnia. But almost everybody I know has tried sleeping pills at one time or another. And you don’t need to search under rubbish bins for them the way I did. One friend started taking sleeping pills when he was hospitalised and has continued ever since. Every time he runs out, he logs on to his doctor’s website and writes just two words: sleeping pills, and then the prescription arrives. No questions asked.

Although the effects abated, I continued to take pills for a couple of years, out of sheer desperation. I tried to cut out the sleep medicine for a while to flush out my system – only to prepare my body for a new round of pills. But it didn’t help. I tried what are known as sleep-inducing drugs, which had even less of an impact but equally troublesome side effects. The medicine had turned against me. It was my brain telling me to stop. Three years after insomnia entered my life, I had to give up the pills. I was better off without, even though I slept even more poorly in the vacuum that followed – which rapidly prompted me to look for other things that might help me sleep. But sleeping pills I never touched again.

Today, it is over twelve years since I last tried using medicine to sleep. Should I start up again?

**Afterword. How to live better with serious sleep disorders**

I think offering superficial advice on how to combat insomnia doesn’t just mislead insomniacs – it also disconnects them from the understanding of their own problems. Insomnia is linked to the highest possible degree to the individual’s own lifestyle and psyche. Quite simply, to *who you are*.

Moreover, insomnia is a serious, complicated and long-lasting condition. Many of the sleepless people I have met have suffered from sleep problems their entire life. If that’s the case, a list of quick fixes isn’t going to be much help. So I had actually decided not to include such a list. Yes, in fact, this book was a reaction against all this sleep advice.

But I’ve learned along the way that it is useful to meet other sleepless people and exchange experiences. The burden becomes lighter to carry. You understand your own problems a bit better. And even if you don’t eliminate your sleep problems, it may still be useful to learn what helps and what doesn’t. I live better with my sleep problems today than I did in the early years.

So, if it’s possible to boil down all that I have experienced and learned over many years as a sleepless person, why not try to share it – in as simplified and comprehensible a way as possible. Here are my ten pieces of advice:

1. The most important issue is not how long but *how* you sleep. Just a few hours of deep continuous sleep are better than a long night with many interruptions.
2. Don’t lie to yourself. If you want better sleep, you need to know what your sleeping pattern is first. So: write down how you sleep. How long? How many times do you wake up?
3. Do what you like. Don’t try to adapt your sleep to other people. Don’t be too worried about keeping everybody happy. It doesn’t work.
4. Log off. Sit down or go out and build a snow castle. The art of falling asleep is intimately connected to the art of being present. At least that’s what I think.
5. Fixed routines are good. Find some that suit you. Don’t make too much of a big deal out of it.
6. You are responsible for your own life. Continue to make decisions, big and small.
7. Do try and find out what you are *actually* afraid of when you’re afraid of not sleeping. It can help to talk to somebody who knows you well. Like, what are you up to? Think it and it grows. Say it out loud and it diminishes.
8. Desperation is the lifeblood of all mental disorders. All these rules, routines and thoughts about getting sleep can contribute to heightened awareness and, as a result, pressure. So: don’t try too hard.
9. CBTi is the only treatment that I can say with certainty has helped me. The most important things I learnt were: get up at the same time every morning. Don’t lie in bed longer than you usually sleep. For example: you sleep five hours every night and want to get up at seven every morning. You are not allowed to go to bed before two in the morning and must get up at seven o’clock – no matter what. If you don’t sleep in that time period, you must get up and try again later. Stay awake until the next night. It’s tough to start off with. But it works for most people.
10. Live your life. I know that isn’t easy.

1. Why we sleep (2018) by Matthew Walker, page 323 [↑](#endnote-ref-1)
2. Why we sleep (2018) by Matthew Walker, page 328 [↑](#endnote-ref-2)
3. A 10-year trend of insomnia prevalence in the adult Norwegian population" (2013) by Ståle Pallesen, Børge Sivertsen, Inger Hilde Nordhus and Bjørn Bjorvatn [↑](#endnote-ref-3)