A Simple Request for Sleep: An 11-Year Journey

Elizabeth Morelli

Eleven years ago I made a pact with the local medical community and myself—"Get me through these insane years at work, mute my early dragons, let me sleep an hour or two at night, and I'll finagle a good life." My providers prescribed sleeping pills in 10-mg doses, added tranquilizers and mood enhancers to augment the effects of the bedtime cocktail, and mentioned that to renew the prescriptions I would have to visit a psychiatrist at six-month intervals. I nodded and, grasping the vials to my heart, drove home and swallowed hard.

I remembered childhood nighttime rituals—"Now I Lay Me Down to Sleep" recited every evening before being given a few sips of water. For years I slept on a top bunk with a drop ceiling so close to my body that if I turned the wrong way, a panel might come crashing down. My sheets were striped and smelled of line-fresh drying, and I built cocoons within their crevices. Nights were efficient, then, and morning a couple of lowered eyelids away.

Sometime in my 40s I began to lose the ability to easily turn days into nights. Stress turned into hot lava at bedtime, coating my body with a tarlike substance that corroded my internal clock. Different hours and times of the day no longer had a special feel—3 a.m. was simply darker than 3 p.m. My body lost its rhythm and the ability to synchronize innate schedules with normal work hours. As a quick answer to a significant problem, I pulled caffeine from my diet, but sleep still eluded me. I added exercise in gentle quantities, eventually upping the level to desperate sessions of aerobics and weight-bearing activity, to no avail. My appetite disappeared the same week. In despair I made appointments with any medical specialist who would listen.

My knowledge of a nightly subworld vanished within a week of receiving the prescriptions. If I took the pills at exactly 11:15 p.m. and slid into bed within 30 minutes, I could count on being awakened by the alarm at 6:45 a.m. after six hours of priceless sleep—not the eight advertised, but I never expected optimum results. The pills also slowed my shrieking metabolism and the shrinking of my body. Not many people give away size-two jeans because they become too big. Unsleeped, I became a silhouette of my past self.

The pills taught me mental bargaining and sleep patterning. When I could organize my nights, days became tolerable again. I was never pushing through a cloud of pills; the Ambien, Klonopin, and imipramine and I were a good match, and I retained the fringes, subtlety, and nuances of life. My reflexes were solid as I came down from the metabolic high.

I retired on the date I had chosen years earlier—the first date possible for early retirement. Over a three-week period six months later, I reduced my intake of the pills down to air—a promise made to the doctors and to myself once I had eliminated job stress. Months earlier my health plan required a shift from brand-name drugs to generics, and I had felt the pill strength ebb. This shift prompted the beginning of the process to quit.

A friend volunteered to find a home for the remaining "little darlings." He fought his own nightly ghouls that were spurred on by sleep apnea. Another acquaintance wanted to witness my flushing of the pellets. A third wanted to celebrate at a local watering hole.

Having grown up during the 1960s, when drugs were candy, I never felt the need to hide my bedtime ritual from others, but I never used the experience as fodder for party talk, either. At best it was a habit; at worst, an 11-year exercise in dependency. I wanted the comedown to be as quiet as the first night's swallowing of the initial pill.

I turned my bedroom into a sleep palace. Several months before I started ousting the pills, I had repainted the room a restorative blue. Then I tackled the wall art, exchanging colorful southwest art for new black-and-white family portraits placed in an exacting pattern. Pen-and-ink drawings of friendly landscapes hung side by side with infrared photographs of soothing river rocks and rounded abstracts. Even the doorknob with faulty lock was replaced in order to keep the bed-friendly cat out of the room. Books, papers, and stationery overflow were moved back to the office. Finally, I created a cushioned headboard to place above my sterile platform bed and added beige-and-white linens in an 800-thread count to redefine the softness of the bed.

The withdrawal began. I scooped up pill vials from the sink top and moved them to the medicine cabinet. There was no physical second step. After a week of starts and stops, I felt like I was coming down with the flu—dragged out, slow, wanting to sleep. "This is called tiredness," a doctor pointed out. "Go to bed when it happens."

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With sleeping pills kicking in on schedule, I had forgotten that the normal person receives cues from the body when it needs sleep. Sleep is a process, not an end product. The idea that people get tired was a concept that I had forgotten. I found it awful. "What is my body succumbing to—loss of control?" I moaned when the tired feeling hit and my schedule had to abruptly stop. "I feel drugged—by my own body."

In postmidnight and predawn hours, I spent the first drug-free weeks tossing and sweating through my fine European sheets. When I did sleep, I awoke to a morning emptiness without as much as a thought transitioning from the night to the day sky. Gradually, however, the dreams that had disappeared over 11 years returned in exacting detail. One night after finishing Bernhard Schlink's *The Reader,* I smelled sauerbraten for hours and commented to the people in the dream about the odor. Once awake I realized that a vegetarian dreaming of German meat must be a sign of eccentricity—or mind rot.

My body developed its own sleep composition. After the first hour of sleep, I awoke in a confused state from a flipbook series of dreams with neither introductions nor conclusions, my T-shirt dripping from neck sweat. There were noises downstairs, little whispers of life moving over creaky wood floors that spelled out an imminent home invasion. To ready myself, I left the bed and paced between windows, sneaking peeks through blinds to the outside.

When the downstairs seemed peaceful again, I returned to bed, settling into the dead center of the mattress under heaps of bedcovers to smother me back into a peaceful rest. The new position permitted two more hours of sleep and led to a slow awakening—a revival that allowed me to take stock of my surroundings and fall back into a tentative sleep if all fared well in my survey. When my mind settled on a negative, the checklist stopped and the problem area magnified until I gave in, turned on my light, and read the rest of the night. If sleep continued, it turned light and dry. I awoke thirsty in the early morning hours. When the first bird twittered, I bolted upright in bed, feeling like a siren had gone off in my head. I had found morning once again, and it was not peaceful.

Sleeping pills gave me a nightly routine that paralleled the bedtime routine of my youth and led to nights of drop-dead somnolence, or what I thought was a good substitute. Only once in 11 years was I caught without my pills and learned quickly that there is no residual effect. With the help of a mild sedative, sleeping pills kick in 20 minutes after ingestion.

Like anyone with a drug dependency, I still want to begin my nights with pills, but I don't. The "cravings" come in the desire for the steadiness of the sleep experience—the "lows" of life, not the "highs." Instead, the remaining pills in my prescriptions are reserved for travel or unspecified emergencies. There is a comfort in knowing that about 25 of each in the cocktail remain nestled in their containers about ten feet away from my bed—a comfort that I'm trying to forget.

First-Person Accounts Invited for Column

Patients, family members, and mental health professionals are invited to submit first-person accounts of experiences with mental illness and treatment for the Personal Accounts column in *Psychiatric Services*. Maximum length is 1,600 words.

Material to be considered for publication should be sent to the column editor, Jeffrey L. Geller, M.D., M.P.H., at the Department of Psychiatry, University of Massachusetts Medical School, 55 Lake Ave. North, Worcester, MA 01655 (e-mail: jeffrey.geller@umassmed.edu). Authors may publish under a pseudonym if they wish.