

EYES WIDE OPEN

A prolonged bout of insomnia left David Leser a physical and emotional wreck. Now recovered, he still remembers the experience as one of the most harrowing of his life.



I first lost the ability to sleep 23 years ago on a working trip to the Holy Land. Until that moment I'd never questioned the inevitability, the inescapability, of sleep. I was tired. I went to bed. I read a few pages of my book. I drifted into deep slumber. I didn't think about it. I didn't will it. It just happened.

I was on edge from the moment I boarded the plane. The trip had been arranged at short notice and there were bulging briefcase files to digest before I arrived in the Israeli-occupied West Bank.

I didn't sleep a wink en route from Sydney to London; nor in the 18 hours between landing at Heathrow and taking the midnight flight to Tel Aviv. Nor, again, in the five hours that followed from London to Tel Aviv's Ben Gurion Airport.

By the time I arrived for my interview in Ramallah, the Palestinian city just north of Jerusalem, I had gone nearly 50 hours without sleep. That was just the beginning.

After the interview I returned to my hotel to rest. It was late morning and, with the adrenalin rush of travel and a story deadline, impossible to switch

off. I bided my time until I could head to bed for an early night.

At around 8 pm I took a sleeping tablet, to no avail. Then another one two hours later. Nothing. By the time dawn's lament broke next morning I'd been tossing and turning for 10 hours.

For the next six nights I remained wide awake, worrying about the story, worrying about my wife juggling work and children at home, worrying about not sleeping – so much so that by the time I flew out of Israel a week after my arrival, I'd managed to go without sleep for 194 hours. (And yes, I clocked it.)

Later that day, I collapsed on a bed

in London, drew the curtains and beseeched sleep to come.

But [Pooh] couldn't sleep. The more he tried to sleep the more he couldn't. He tried counting sheep, which is sometimes a good way of getting to sleep, and, as that was no good, he tried counting Heffalumps. And that was worse.

(A.A. Milne, Winnie-the-Pooh)

At this point the thought occurred I might never sleep again, that I would have to be hospitalised – narcotised – in order to have sleep induced. Otherwise I would surely die of sleeplessness.

I had crossed an invisible line and was now terror-stricken. I called my cousin, who arrived with two strong sleeping tablets and the sweet benediction of a neck massage. It broke the insomniac circuit and I passed out for six blessed hours. However, I was never quite the same again.

Something in me had snapped. Some level of confidence in my own recuperative abilities had been lost to me. I began dreading the night, began thinking about sleep the way some people view a difficult assignment. Could I solve the riddle of the sleep logarithm? What would happen if I didn't?

After returning to Australia I stopped sleeping in the same bed as my wife. I began wearing a sleep mask and stuffing plugs into my ears. I made sure the doors were closed tightly and the curtains drawn. I stopped drinking coffee. I started taking Valerian tablets and before lights out listening to relaxation tapes: ambient lullabies that dulled my senses with their appalling massage-room monotonies.

I started doing yoga. I began seeing a sleep psychologist, until she died on holiday in Manhattan by stepping off a kerb looking the wrong way. I saw a doctor, an osteopath, a kinesiologist, a Chinese herbalist, an acupuncturist and a homeopath.

The advice came thick and fast. I needed to take more breaks from my computer. I needed to stretch. I needed to address my anger and redress my chi – I was way too overheated. I had to change my diet. No chilli, tomatoes or capsicum. No alcohol before bed. I reverted to childhood cups of Horlicks with hot milk, sometimes adding tumblers of whisky.

I began running on the beach in the morning, up and down, north and south, for 45 minutes, then swimming laps of the ocean pool, up and down, east and west, hoping the physical efforts of the day would pay dividends by nightfall.

I would sleep three hours, then wake and not be able to go back to sleep. Sometimes I would scream out in frustration. Then I would read, but lose concentration. I would mute the television, following shapes and imagined dialogue for hours on end. I would creep through the house to make myself a cup of tea, stand by the bedroom doors of my wife and daughters, listening to their gentle, enviable stirrings.

Then I would return to the gloom

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of my bed and start counting all over again, until the first cracks of light began filtering into my room and I would crawl out of my boneyard to have breakfast with my family.

On the surface things couldn't have looked more upbeat. I was married to a beautiful, intelligent woman and together we were blessed with two gorgeous, healthy daughters. We lived in an old farmhouse close to the sea and, not only did I work from home, I also had the privilege of a prized and well-paid feature writing job. I had it made. Everyone said so, including myself.

Except that internally I was a mess, and it began to show physically: purpling circles under my eyes; sallow complexion, the haunted look of a man whose boat has capsized a long, long way out to sea.

Although I felt utterly alone, the truth was – as I was to learn later – there were millions of Australians going through a variation of what I was experiencing. They couldn't get to sleep at night, or they couldn't stay asleep, or they woke repeatedly during the night, or too early in the morning. They felt unrested by day, hyper-aroused by night. Bed was the promise. Bed was the threat.

According to Dr Maree Barnes, president of the Australasian Sleep Association, an alarming one-third of Australian adults suffer some kind of sleep disorder. “And we are really starting to see the impacts of this,” she says. “There are the obvious problems of anxiety and depression, poor problem-solving skills and poor memory, but also emerging evidence that insufficient sleep suppresses the immune system and that is associated with high blood pressure, cardiac disease and diabetes.

“We also know now that 40 per cent of road traffic accidents are due to insufficient sleep, so if we could address that, imagine what that would mean for the economy and health of the nation.”

Barnes offers a range of corrective behaviour patterns to optimise sleep, and getting a prescription for sleeping pills is not one of them. “If you go to your GP complaining of insomnia, you will have a 90 per cent chance of walking out with a prescription for a sedative,” she says. “That's a short-term fix for a long-term problem.”

The behaviours around bedtime are crucial: no big meals before sleep, no stimulating the nervous system with nicotine or alcohol, no iPads or laptops in bed (and, yes, that means forgetting about emails or Facebook alerts in the middle of the night!); don't exercise

too strenuously in the evening (sleep requires a lowering of body temperature); don't take cat naps in the late afternoon; set aside “worry time” during the day, rather than trying to sort it out in the witching hours; go to bed at roughly the same time each night and, when travelling, switch immediately to the time of your destination.

And that's what I tried for years ... with only modest success.

Finally, about five years ago, I said to myself, “To hell with this, I want my life back.”

I resumed drinking coffee. I left the curtains open at night. I went to parties and drank as much as I wanted, which was never very much. I took catnaps during the day. I went to bed whenever the mood seized me. I began meditating more regularly. I stopped obsessing.

Gradually, sleep began making its welcome reappearance. By not caring about the very thing I had been caring most about, I stopped frightening sleep away with my own impatience.

Which is why, according to Dr Moira Junge, sleep psychologist with the Melbourne Sleep Disorders Centre, the best therapeutic outcomes come from combining behavioural changes with a cognitive approach to identifying – and working with – unhelpful thought patterns.

“I suspect with you,” Junge says, “the problem was you became too preoccupied about your sleep. And the amount of arousal and fear in being vigilant about sleep became the issue.”

Insomnia is obviously a complex, multi-factorial condition. It can ambush anyone at anytime, and it may recur at different times in your life. “Once you've been bitten by that fear,” Junge says, “you may be prone to it for the rest of your life, but once you've developed skills around cognitive and behavioural strategies, you know how to nip it in the bud.

“It may come back but it won't be the days and weeks and months and years that you've had. It might just be a bad bout every now and then.”

Junge has never known anyone to actually die or collapse from lack of sleep, and says that most of her patients at the Sleep Disorders Centre, and at her own private practice, are usually very “interesting and talented people”.

I take some comfort from this.

But even more comforting was the return of “nature's soft nurse”, as Shakespeare once put it.

After 18 years I'd finally returned from exile. •