



# Sleeping, dreaming, and health in rural Indonesia and the urban U.S.: A cultural and experiential approach

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## ABSTRACT

Sleeping, dreaming, and health or well-being are all closely related phenomena from an experiential and cultural point of view, and yet all three are often studied in isolation from one another. In this paper, I use an ethnographic and clinical lens to compare and contrast patterns of sleeping and dreaming and their relationship to health in a rural Indonesian society and among urban middle class people in the US. I demonstrate how culturally shaped patterns of sleeping and dreaming become linked through social practice and the implication of these practices for health and well being. I underscore, in particular, the seamless connection between waking and non-waking life, how daytime activities affect patterns of sleeping and dreaming, but also how the emotional and behavioral residues of the night affect daytime life and experience. Data for the Indonesia case were collected during extended fieldwork in 1981–1983, while the U.S. data come from my ongoing part-time private practice of psychotherapy and psychoanalysis.

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## Introduction

As a number of studies have pointed out recently, we still know relatively little about human nighttime behavior and activities from a comparative, social science point of view (Ekirch, 2005; Galinier et al., 2010; Moorcroft, 2003; Musharbash, 2009; Schnepel & Ben-Ari, 2005; Steger & Brunt 2003; Williams, 2005; Worthman & Melby, 2002), and what we do know is often isolated into discreet disciplinary pockets. Steger and Brunt (2003) have observed, for example, that whereas anthropological and sociological studies of sleep have often ignored or neglected the waking activities concurrent with sleeping or within which sleeping is embedded, scholars in the urban studies tradition have tended to focus on those very nighttime waking activities, especially in urban centers, to the exclusion of sleeping, dreaming, and resting behavior. And while there is a small but significant body of anthropological literature on the cross-cultural studies of dreams and dreaming (see, eg, Heijnen & Edgar, 2010a, 2010b; Hollan, 2004a, 2005; Kennedy & Langness, 1981; Lohmann, 2003; Mageo, 2003; Stewart, 2004; Tedlock, 1987), these studies, with few exceptions (eg, Laughlin, 2011) rarely examine how dreaming is affected by patterns of sleeping per se. Conversely, the

anthropological and sociological studies of sleeping patterns cited above rarely examine how these patterns punctuate or affect dreaming. What we do know about the relationship between sleeping and dreaming in a more formal sense comes primarily from laboratory studies, but as Worthman and Melby (2002) have noted, these studies usually examine sleeping and dreaming under conditions of privacy, isolation, darkness, quietness, and comfort that, though common in many contemporary European–American societies, are quite rare historically and cross-culturally (see also Ekirch, 2005, 2010).

Each of these bodies of scholarship makes important contributions to our understanding of human nighttime behavior, and yet they are all decontextualized to a certain extent. From a cultural and experiential point of view, sleeping, dreaming, and nighttime waking activity are all closely interrelated phenomena that affect and are affected by one another (Cartwright, 2010; Laughlin, 2011; Worthman & Melby, 2002). Ideally, they should be studied as a piece and within the context of everyday waking behavior, rather than in isolation. In this paper, I use an ethnographic and clinical, person centered perspective (Hollan, 2001; Levy & Hollan, 1998) to demonstrate this close interrelation and its impact on health and well being. Such an approach, though time consuming and limited to fairly small samples, allows one to investigate how sleeping and dreaming are conceptualized and experienced from the actor's point of view, which is crucial for understanding how these processes are related to health and well being as subjectively

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experienced and perceived (Hollan, 2008). Analytically, this is critically important because individual actors do not internalize cultural attitudes about sleep and dreaming (or anything else) wholesale, but use and enact them more incrementally and partially, in accordance with idiosyncratic proclivities and socialization experiences (Hollan, 2012). The case studies from Toraja and the U.S. will illustrate these particularities in the enactment of sleeping/dreaming culture.

I use the concept of “health” very broadly to mean not only physical health, but also emotional and mental health and well being. While it is clear that relative amounts of sleep or its deprivation very likely have profound implications for human biology and physical health (Cartwright, 2010; Dinges et al., 2005; Stamatakis & Punjabi, 2010; Tasali et al., 2008; Zisapel, 2007), it is also clear that the science of sleeping and dreaming per se is still developing and that from a cross-cultural perspective, many authoritative pronouncements about what amounts and kinds of sleep are most conducive to health actually may be rationalizations that support and are supported by deeply embedded cultural notions of personhood and morality (Brunt & Steger, 2008b: 20; Steger & Brunt, 2003: 10). Nevertheless, such pronouncements and beliefs about sleeping and dreaming are extremely important because people use them to interpret and experience their own sense of health and well being. For example, a person who sleeps only four to five hours per night might feel physically exhausted but also content and virtuous, because he or she believes that hard working, successful people only need four or five hours of sleep per night, as in the U.S., or because he or she believes that ascetic attitudes toward sleep engender spiritual strength and power, as in Java, Bali, and other parts of Indonesia (Geertz, 1976; Hollan, 1992). Conversely, someone who gets eight, nine, or even ten hours of broken sleep per night might still feel ill and exhausted if he or she believes that only uninterrupted sleep is conducive to health. In either of these cases, we end up knowing much more about how sleep is related to an overall sense of well being than to biological “health” per se.

In what follows, I compare and contrast patterns of sleeping and dreaming in a rural Indonesian community and among urban dwelling middle class people in the United States. I illustrate how culturally shaped patterns of sleeping and dreaming are linked through social practice and the implication of this for health and well being. I underscore, in particular, the seamless connection between waking and non-waking life, that is, how daytime activities affect patterns of sleeping and dreaming, but also how the emotional and behavioral residues of the night infiltrate and affect waking experience (cf. Cartwright, 2010; Laughlin, 2011; Lohmann, 2003). In the rural Toraja community, I demonstrate how communal sleeping and a pattern of punctuated sleep coupled with beliefs that dreams are “real” and evidence of a spiritual dimension of existence, typical of what Laughlin refers to as a “polyphasic” culture (Laughlin, 2011: 65), mutually reinforce one another. In the U.S. case, on the other hand, I argue that a cultural compartmentalization between “work” and home as refuge and widely held, “monophasic” assumptions (Laughlin, 2011: 63) that dreams are imaginary in nature and relatively meaningless help promote and make commonsensical the idea that one should be getting seven to eight hours of uninterrupted sleep each night, and that when one does not get such uninterrupted sleep, one is thought to have a “problem,” perhaps requiring medical attention and medication.

## The data

The Indonesian and U.S. data that I present here were collected for different reasons and under different circumstances. The Indonesian material was gathered while I was conducting long-term

anthropological fieldwork in a rural Toraja village from 1981 through 1983 and during a number of follow-up visits in the following years (see especially Hollan & Wellenkamp, 1994, 1996). (Research for human subjects was approved by a review board at University of California, San Diego, where I was a graduate student at the time.) The Toraja are wet-rice farmers who live in scattered villages and hamlets throughout the central highlands of the province of South Sulawesi on the island of Sulawesi in Indonesia. They are well known throughout Indonesia, and now throughout much of the world, for their elaborate and complex funeral ceremonies. At the time of fieldwork, most Toraja considered themselves to be Christians, however their religious and existential beliefs were still influenced by traditional ideas about the power and significance of ancestral figures, *nene'*, and spiritual beings referred to as *deata* (see Hollan, 1996). Many Christian Toraja still encountered *nene'* and *deata* in their dreams, and many still believed such beings intervened directly in human affairs. For most Toraja villagers, the question was not, which spiritual beings, including the Christian God, actually exist and which do not? But rather, which of these beings, at any given moment in one's life, had the power to influence the course of one's fate and fortune?

Toraja society was organized hierarchically, and social position and status was reckoned through both kinship and the competitive slaughter of buffalo, pigs, and chickens at community feasts (Volkman, 1985). Many younger Toraja left the highlands to find work in the urban areas of Indonesia, but when they did, it was not uncommon for them to send a portion of their earnings back to Toraja, which their families often used to stage ever larger and more elaborate feasts. These large and spectacular feasts, in turn, have attracted growing numbers of tourists in recent years, and tourism has now become a major industry in certain parts of Toraja (Adams, 2006).

In contrast, my U.S. material comes from my part-time practice of psychoanalysis and psychotherapy in southern California.<sup>1</sup> Over a period of more than twenty years, I have talked to many, mostly middle class people about their most “compelling concerns” (Wikan, 1990) in life, concerns that have deeply affected their social, emotional, or physical well being. While none of these people ever reported sleeping or dreaming difficulties as their sole or primary reason for coming into psychotherapy, almost all of them complained at times about sleeping difficulties or insomnia, which is one of the primary reasons I became interested in sleep research. People that come into my practice often complain that their worries and concerns keep them up at night or cause them to have anxiety dreams or nightmares, which then interrupt their sleep. But they also often complain that sleeplessness and disturbing dreams in themselves cause familial and professional problems for them, by leaving them exhausted and irritable.

The urban dwelling middle class population of southern California is diverse in terms of race, ethnicity, and religion, and my practice reflects this diversity. Yet despite this diversity, many of my clients share the widespread North American idea that, ideally, they should be getting seven to eight hours of uninterrupted sleep a night and that usually dreams are not particularly significant nor easily remembered. The exception to this latter point is anxiety dreams and nightmares, which do tend to be remembered, even without a cultural orientation bringing attention to them or helping

<sup>1</sup> The information I provide in this section is highly disguised, drawn from composites of people I have known in my private practice. The case of “Fred” is also highly disguised. I have altered aspects of his work, family life, and social identity to protect his anonymity. The underlying dynamics of his case, though highly disguised and untraceable, remain true to his life's predicaments and dilemmas, however.

to make sense of them. Like many middle class people, most of my clients sleep alone or with a partner (Rosenblatt, 2006), in a bedroom separate from other people in the house, including children, and in beds made comfortable with sheets, blankets, and pillows. Many comment on how they use reading or the watching of TV to relax themselves and to put themselves in the mood for sleep—one of the many rituals surrounding sleep time found around the world “that constitute the transformation from social life to sleep” (Brunt & Steger, 2008b: 25)—but as far as I know, they darken and silence bedrooms for sleep itself. This is a culture of sleep and dreaming that in many ways is the mirror image of the one I will describe for the rural Toraja below.

While many of my clients do often make a connection between what they are experiencing in waking life and their sleeping and dreaming difficulties at night, ie, they draw a causal connection between the two, many of them also still wonder whether medication might be the appropriate treatment for their nighttime difficulties, reflecting the growing North American idea that many (if not all) personal and social problems have an underlying biological cause or treatment—a growing medicalization of sleep and nighttime behavior that is becoming more evident in many places around the world (Brunt & Steger, 2008a, 2008b; Steger & Brunt, 2003).

While these two bodies of data, both based on thematic analysis of extensive interviewing and observational materials, are distinct culturally and historically and are not meant to be directly comparable in every respect, I will use both to illustrate the point that from a cultural and experiential point of view, sleeping, dreaming, and health or well being are always closely related phenomena, even if they are related differently in different times and places. I begin with a discussion of sleeping and dreaming in rural Indonesia, followed by a comparative discussion of the U.S. case.

### Sleeping, dreaming, and health in Indonesia

Houses in rural Toraja villages are usually built on the edges of terraced rice fields, to facilitate access to the fields, and within and under groves of bamboo, which provide shelter from sun and monsoon rains. Traditionally, ancestral houses called *tongkonan* were built in rows adjacent to one another and opposite a row of rice barns. Formally, large, extended families lived in each *tongkonan*, which were raised above the ground on stilts, to protect against rats, mice and other pests, and enclosed in wooden boards, which, if families could afford, were carved and painted with traditional designs depicting local plants, domestic animals, and other signs of prosperity. Such houses were often divided into two or three living areas, separated by wood framing or hanging clothes or other materials, but because they often had few if any windows, they were considered stuffy and dark and so not particularly comfortable. By the 1980s, many families were choosing to live in more light-filled, airy houses, copied after those found among the Bugis people on the coastal plains of Sulawesi, built adjacent to their *tongkonan*, maintaining the ancestral houses only for ceremonial and ritual purposes. These newer houses are wood frame, also raised above the ground, and often covered only by bamboo boards that crack and split as they dry out and age, thus permitting a certain amount of sound, light, and sometimes rain and wind, to penetrate. Apart from chests or shelves for storage of personal belongings, most houses have almost no furniture, people sitting, eating, socializing, and sleeping on woven bamboo mats.

Apart from children attending school, most people we knew in rural Toraja followed an agricultural rhythm of life: they arose early in the morning, any time from about dawn onwards, to tend domestic animals and to work in the fields and gardens, take breaks

during the day to eat and rest and possibly nap or sleep, and then go to bed relatively early, after dark. Because many parts of rural Toraja were still without electricity, darkness came shortly after sunset. Those who could afford kerosene burned lamps to enable cooking and socializing to go into the night, but the expense of kerosene and the fact that in this mountainous region, temperatures drop rapidly after dark, meant that most went to sleep relatively early. Indeed, except during funerals and other types of feasting ceremonies, nighttime in rural Toraja was generally very dark and very quiet.

With very rare exceptions, people never sleep alone in rural Toraja. When Jane Wellenkamp and I first set up our own household there to begin extended fieldwork, our neighbors wanted to take turns sleeping with us, fearing that we would become cold and “lonely.” We later learned they also feared we might be vulnerable to thieves or spirits that roam at night. So people slept together in village Toraja for warmth and for a sense of comfort, safety, and security, a practice that began at birth and continued throughout life. The idea that someone might choose to sleep alone was almost inconceivable to the Toraja we knew, and special arrangements were made to insure that people did not have to live or sleep alone. For example, any older, single person could “adopt” a relative’s child to help with household labor and for company. Here are the culturally influenced attempts to make sleeping safe and secure that Brunt and Steger underscore (2008b: 23–26) and that Vogler (2008) focuses on in her study of sleeping practices in a refugee camp along the Thai–Burma border.

Typically, Toraja households consisted of a married or unmarried couple, their children, and various relatives, including aged parents or grandparents and single siblings or cousins. Sleeping arrangements depended on the relative ages and sexes of the household members and on the number of rooms available for sleeping. Most contemporary houses, as I allude to above, were divided into a front area that was used to eat and to socialize during the day and for sleeping at night, and a back area that was used primarily for sleeping and for storage of personal belongings. The divide between front and back might have been a split bamboo wall, but might also have been nothing more than a hanging cloth of some kind, and the back area might have been further divided by a wall or cloth. The primary couple of the household usually slept in the back area of the house, along with their youngest children, the ones thought still too young to know or understand what sexual behavior was or to recognize it if they saw or heard it. All other members of the household slept in the front part of the house, though if they are old enough to know when others in the room were sexually mature and were embarrassed by that, they divided themselves up by males and females. Not uncommonly, older, opposite sex siblings began sleeping in completely separate houses, to avoid any awkwardness about sleeping in the same room together.

Co-sleepers often huddled together closely, sharing blankets and covers for warmth and for the comfort and security of bodily contact. This close contact with one’s sleeping partners along with the continuous awareness of other housemates and domestic animals that the permeable walls both afforded and could not prevent, meant that sleep in Toraja was always punctuated. One could not help but be aware of others as they turned in their sleep, slipped out of the house to urinate, mumbled or talked during dreams and nightmares, or chatted when unable to sleep or when a dream had awakened them. To give just one brief example from my own experience: I once visited an elderly man who normally slept in the back of his house with his elderly wife and one or two young grandchildren. When it was decided that I would spend the night, the elderly man slept in the front of the house with me while his wife remained in the back with the children. Throughout the night, we could hear his wife, who had been ill for an extended

period of time, coughing loudly and repeatedly and turning in her sleep, which in turn, led the children to toss and turn. Also, the elderly man and I roused each other as we both got up at various points during the night to urinate in the bamboo outside of the house.

While it is clear that this pattern of punctuated sleep, which is common in many parts of the world (Worthman & Melby, 2002) is quite different than the uninterrupted or “fragmented” sleep (Stamatakis & Punjabi, 2010; Tasali et al., 2008) measured and studied in most sleep laboratories, it is not yet clear how such a pattern might affect the cycles of NREM and REM that many scholars think are characteristic of human sleep everywhere (Hobson, 1999; Iber et al., 2007). We do not yet know, for example, whether and to what extent punctuated sleep suppresses slow-wave sleep (SWS), and if so, whether it has the same negative consequences—impairments of alertness and cognitive performance, of memory formation, of neuroendocrine function, and of glucose metabolism—we have come to anticipate from such suppression among isolated sleepers in laboratory settings (Tasali et al., 2008). Nor is it yet completely clear how co-sleeping affects many other basic biological functions during sleep and the implication of these for health. Only many more ecologically valid studies of naturally occurring sleep in different parts of the world will tell.

What I can report, however, is that punctuated sleep is normalized in a place like Toraja. I never heard anyone complain about being roused at night, and those that end up being tired during the day simply find time for a nap, either at home or under temporary shelters in the fields and gardens. Indeed, what is much more worrisome to people is the thought of having to sleep alone, without the comfort of familiar bodies around oneself and leaving oneself more vulnerable to wandering thieves or spirits of various kinds.

Although Toraja found evidence of spiritual beings in many aspects of their lives (Hollan & Wellenkamp, 1994: 34–43), their existence and influence became most clear and unmistakable in dreams. During dreams, it was thought that the spirits of deceased relatives, especially those of parents and grandparents, the spirits of other dreamers, and other more potentially dangerous spirits might visit dreamers as they slept, or that dreamers' own wandering spirits might encounter other spiritual beings as they roamed away from the dreaming body. Such encounters were often thought to be prophetic in some way. For example, a deceased mother or father might give advice or directions to the dreamer on how to realize good fortune of some kind, or conversely, the ancestral spirit might threaten a punishment if promises were not kept or if the dreamer persisted in some form of misbehavior. Other encounters were much more directly threatening and dangerous, as when a spirit during a classic “nightmare” experience attempted to attack, immobilize, suffocate, and kill the dreamer (cf. Adler, 2011).

Such dream beliefs and experiences connect sleeping and waking life in a seamless and very “social” way (see also Heijnen & Edgar, 2010a, 2010b; Laughlin, 2011; Lohmann, 2003; Mageo, 2003; and Stewart, 2004). One's daytime behavior is commented upon and evaluated by the ancestors and other spiritual beings during dreams and in turn, these evaluations and admonitions feed back into one's everyday behavior, consciousness, and sense of well being. Let me give two, brief examples of this. As one of the wealthier, more high status people in the village where Wellenkamp and I worked, Nene'na Limbong had many financial and ceremonial obligations to his family and neighbors. He often complained of how taxing these obligations were and once reported a dream to me in which he saw his body being cut up, butchered, and distributed in just the way sacrificial animals are

killed and distributed at feasts. In response to all these obligations and to his sense of being under assault, he marshaled his resources and was starting to develop the reputation as one who was more stingy and tight-fisted than he needed to be. But he also reported a dream in which his deceased father attacked him and tried to drag him away from his village into the afterworld, a dream that he knew, even at the time of dreaming, portended his own death, unless the spirit of his father could be assuaged. After thinking about this dream, Nene'na Limbong realized that his father was probably upset because he was hungry, perhaps because he not been given the offerings that he deserved, and so Nene'na Limbong immediately sacrificed a pig to him. This act simultaneously satisfied the hungry spirit of his father, prevented his own premature death, assuaged his guilt for having neglected his father's spirit, and fed his immediate family and community, who ate the material remains of the sacrificed pig.

In contrast, Nene'na Tandi was a relatively low status, poor man who felt even more poor and deprived because he had never been able to have his own biological children. Childlessness is considered a genuine misfortune among the Toraja, and Nene'na Tandi wondered whether the ancestral spirits might still be punishing him for his wildness and misbehavior as a youth (Hollan, 2004b). But in his case, dream life offered some respite from and compensation for his daily concerns. In particular, he reported that his dream spirit often had sex with the dream spirit of a beautiful young woman in his village. Indeed, their dream couplings had been so frequent and so intense that he had become convinced that he was the actual father, spiritually speaking, of the young woman's son, pointing out to me his physical resemblance to this boy. Here again, from a cultural and experiential point of view, is the seamless connection between dreaming and waking life, and the implications of this connection for a person's sense of either well being or dysphoria. While in Nene'na Limbong's case, nighttime anxiety about maintaining a proper relationship with a deceased father motivates daytime action meant to insure and maintain a sense of personal and social safety and well being, with Nene'na Tandi, it is his conscious, daytime concerns about his childlessness that seem to inspire reassuring dreams about his virility and attractiveness to women, at least on the spiritual plane of existence. Note that in both cases, the culture provides a way of coping with anxiety and uncertainty in a socially adjusted, life enhancing way (Spiro, 1965).

In Toraja, then, as elsewhere, culturally influenced patterns of sleeping and dreaming are closely intertwined and in this case, mutually reinforcing. Although without physiological measurement, it is difficult to know precisely how a pattern of punctuated sleep affects the frequency of nighttime REM and NREM sleep, and so how often and for how long a person might actually be dreaming at night, it is certainly conceivable that such a pattern might increase the likelihood that dreams will be remembered, since one is more likely to be roused during and immediately after dreaming. In turn, Toraja ideas about dreams feed into and reinforce the pattern of punctuated sleep. By imputing value and significance to dreams, such ideas and assumptions make dreams more likely to be remembered (Kracke, 1981, 1987; Laughlin, 2011) and more worthy of contemplation and discussion when they are remembered, thus increasing the probability that dreams will awaken or arouse dreamers. And aroused dreamers, in turn, are more likely to rouse co-sleepers, either indirectly, by their awakening and turning, or directly, when they awaken others to report and discuss a dream.

### **Sleeping, dreaming and health in the U.S**

The lives of my urban dwelling middle class U.S. clients offer a sharp contrast to the rhythms of day and night in rural Toraja. Most of them were born into nuclear families and as adults they



remain in such families, or aspire to create them. Most of them are also full time workers or students who work or study apart from home and family for large parts of the day, though some are now coping with unemployment, reflecting the high rates of unemployment in the contemporary United States more broadly, especially in California. All of them are experiencing difficulties in their lives, most typically, feelings of anxiety and/or depression in relation to problems with family, other intimates, or work and career. As I mentioned above, none of them have identified sleeping or dreaming disorders as a primary reason for coming to psychotherapy, though almost all of them have complained of sleeping and dreaming problems at times. And this is one of the points I want to underscore: that although urban middle class people in the U.S. do not, from a cultural point of view, consciously connect and interrelate their daytime and nighttime lives as directly as the Toraja do—indeed their culture of sleep and dreaming tends to compartmentalize day from nighttime behavior—experientially those lives do affect one another in fairly direct ways and are mutually implicated. To illustrate this, I discuss at some length the case of a man I call Fred.

I should make clear at the outset that I focus on Fred not because I think he is somehow “typical” of middle class Americans in all respects, but rather to demonstrate how a particular man with a particular family history and particular problems in life uses and enacts middle class cultural ideas about work, sleeping, and dreaming in his daily and nightly life. Although Fred is exposed to many of the same ideas about sleeping and dreaming that many of my other middle class clients are, the way he weaves them into his daily and nightly life is unique (Hollan, 2000, 2012), related to the particularities of his emotional memories, in much the way that Cartwright (2010) suggests. His case illustrates, then, not only the generality of some urban American middle class attitudes toward working, sleeping, and dreaming, but also the experiential particularities of one man’s daily and nightly life as actually lived, similar to the ones I provided for Nene’na Tandi and Nene’na Limbong in the Toraja section above.

Fred is a divorced man in his thirties who in his own way of thinking suffers a fear disorder: fear of being exposed as the awkward incompetent he imagines himself to be, fear of his embarrassing family origins coming to light, fear of making almost any kind of decision (for fear of being wrong or making a mistake), fear of other people and the judgments they will inevitably make of him, fear of losing his job, and even the fear of being fearful for the rest of his life. Given all this fear, it is not surprising that Fred is a very anxious person who is often “depressed” about his current situation and prospects in life. But he is also an extremely hard working, intelligent man who has held a job in a highly technical industry for many years. Indeed, his job is the one area of his life that he feels he has some control over because it suits his particular style of intelligence and creativity and, because he is single with few friends and social connections, he is free to spend as much time as necessary, up to six or even seven days per week, to finish his work in a timely way and impress his bosses. Indeed, in many respects he is the classic North American “workaholic.” No matter what else might be going on in his life—illness, family obligations, household or car problems, etc.—his work and job come first. For Fred, this means staying late at work, long past the time when others have gone home to their families, and sometimes spending the night in his office, eating dinner alone in diners or fast food restaurants on his way home at night, and then going to bed late, usually after watching TV for a while to relax himself. Although he used to eat warmed over home cooked dinners when he was living with his former wife, in every other respect, his work schedule remained essentially the same while married, which was one of the reasons his wife sought a divorce.

Fred’s relationship to sleeping and dreaming is a complicated one, as it is for many of my clients, in part because, unlike among the Toraja, sleeping and dreaming are not well integrated, from a cultural point of view, into other aspects of life and experience. Indeed, in some respects, sleeping and dreaming are viewed as obstacles to the achievement of more highly valued goals such as work, going to school, making money, gaining social recognition, or engaging in playful or creative activities. This is the triumph of what Laughlin refers to as a “monophasic” culture, one that skews “the development of consciousness away from ASC [alternative states of consciousness, including dreams] and toward perceptual and cognitive processes oriented outward to the external world” (Laughlin, 2011: 63).

After spending many hours at work each day worrying about meeting deadlines, appearing competent, and avoiding the kind of social exposure he so dreads and fears, Fred comes home to an apartment in a clean, quiet, prosperous neighborhood that he refuses to allow even his boyhood friends to enter, so unkempt and chaotic it is. The chaos of his home is both a partial cause and a reflection of the sadness and depression he feels about his current situation in life, but importantly, he also describes it as a “cocoon” that offers comfort and solace to him. At home alone in the mess and chaos, he doesn’t have to impress anyone and there is no one to judge him. He can simply unwind and relax, the mirror opposite of how he feels the rest of the day. Although Fred’s compartmentalization between work and home is extreme, he shares with many of my other clients that idea that one’s home should be a refuge from the demands of everyday life, even if in his case, that refuge is off limits to anyone but himself. Indeed as Fred and I have discussed, the clutter of his place serves as an extra layer of insulation for his cocoon, providing him with a ready excuse as to why he can never allow anyone to enter and disturb his peace. Here again is the culturally influenced attempt to ready oneself for sleeping by first ensuring that one’s surroundings are safe and secure (Brunt & Steger, 2008b; Vogler, 2008).

Fred sleeps on a traditional bed in a separate room of his apartment that is designed and organized specifically for sleeping, like many other middle class North Americans. And like many others of his background, he keeps a TV there that he watches as he lays in bed getting himself relaxed and drowsy enough to fall asleep. Where he might differ from others, however, is that he has allowed the clutter and chaos of his other rooms to enter his bedroom as well. He reports, for example, that he sleeps on only one half of his bed, the other half being stacked with books, magazines, CDs, and clothes. But he has never complained about this arrangement nor has he ever reported that it has interfered with his sleep in any way. To the contrary, he and I have both wondered whether this stacking and sheltering is yet another effort to maintain the cocoon-like atmosphere of his home, this becoming perhaps even more important in his bedroom, where he reclines and loses consciousness every night.

Fred reports that for the most part, once he turns off the TV at night, he goes to sleep quickly and deeply. He does occasionally have very severe bouts of insomnia which keep him up most of the night and which have led him at times to cancel morning or midday appointments. Usually, though, these bouts of sleeplessness are not a mystery to him, he can identify the worries and concerns that consume him and keep him up on a particular night. What is more mysterious to him is why he sleeps as long as he does, many times until noon or later, and as deeply as he does, to the point that he remembers only a handful of his dreams, though he knows from reading newspapers and other media reports that like all other sleepers, he must be dreaming at least part of the night. Fred seems unaware that his cocoon-like surroundings—their quietness, their darkness, their isolation—might themselves contribute in any way to his long, uninterrupted sleeps. Rather, his concerns are

elsewhere. On the one hand, he worries that these long sleeps are symptomatic of his depression, since he knows that sleep disorders can be related to depression (Cartwright, 2010). But on the other hand, they disturb him because he senses that they are somehow necessary to his recovery from work and the outside world. He wonders whether it is his intense focus and fear of judgment and failure at work that leads him to such a deep retreat at night, and whether the long sleeps are an attempt to sustain and preserve some vital but fragile part of himself that normally goes unrecognized or is suppressed and repressed during the day. From Fred's point of view, this is disturbing because it points in the direction of how compartmentalized and fragmented his life has become and how out of touch he remains with some vital part of himself.

Now from a strictly psychological point of view, Fred's insights about his sleeping problems might be right on the mark, but for my purposes here, I want to emphasize two things. One is that Fred's day and nighttime lives are highly compartmentalized. The divide between work and home has become dramatic in his case, with clear implications for the way he sleeps and dreams and for his overall sense of health and well-being. The "workaholic" life leaves him exhausted and wanting to hide and retreat at night, while his deep sleeps not only disturb his sense of well being, but interfere with his waking duties and obligations—this despite our emerging medical ideas that uninterrupted sleep serves very important recuperative biological functions (Stamatakis & Punjabi, 2010).

Second, though, I want to underscore how Fred struggles to make sense of this divide. Unlike the Toraja, he has few cultural resources to help him connect and interrelate sleeping, dreaming, and his waking life. Indeed if anything, his cultural orientations reinforce the divide between different parts of his life, by minimizing the value and significance of sleeping and dreaming, and thereby giving him the impression that his sleep, which he experiences as being very vital and symptomatic, is really a hindrance to his overall goal of feeling more safe and secure in his life. And when he does occasionally have dreams that he remembers, mostly anxiety dreams about work or of interacting, usually in an anxious, fearful way with his parents, he is left to ponder these on his own (or with me), having no authoritative way of sharing them with others, connecting them to his waking life, or using them to motivate life changing or ameliorating action, as the Toraja do. Rather, his dreams simply weigh on him and contribute to his sense that things are not right in his life and that he is not well.

While Fred is different from many of my other clients in complaining of too much sleep rather than too little, and so he does not take or ponder taking the sleep medications that many of the others do and which have become so popular in the U.S., I would not want to overemphasize the differences. Fred understands his sleep as a symptom that something is not right in his life in the same way that others use sleeplessness to indicate illness or lack of well-being. And they all share a cultural orientation that minimizes the importance and significance of sleeping and dreaming, leading them to conceive of sleep difficulties as a "problem" that interferes with other highly valued goals and that should be fixed or eliminated—not as something that is deeply interconnected to waking life or that should be pondered for meaning and significance. So while Fred is unique in some ways, in other respects his case does illustrate well the way many urban middle class Americans struggle to live with the culturally influenced divide between their waking and sleeping/dreaming lives.

## Discussion

Elsewhere (Hollan, 2008) I have argued that awareness of one's own, subjective state of wellness or unwellness is a dynamic, contingent product of the interaction between body/brain and

experience. Without a body/brain, there is no experience. Without experience, without engagement in a culturally constituted and variable world (Hallowell, 1955), there is no awareness of wellness or lack of wellness. This is a broad concept of "health" that underscores the close interdependence and interrelationship of body and world and that implicates one's "fit" in the social and cultural world as a crucial part of health and well-being.

Existentially, the sleeping, dreaming body/brain is the same one that awakens and acts during the day, and so nighttime activities and experience must be implicated in one's conscious, waking sense of well-being or dysphoria. And conversely, one's waking behavior and activities must affect how one sleeps, dreams, or awakens and behaves during the night (cf. Cartwright, 2010; Laughlin, 2011). Yet these different aspects of human lives are often studied in isolation from one another as if they were disconnected or unrelated. In this article, I have combined ethnographic and clinical, person-centered perspectives to examine this very connection between daytime and nighttime life and its relation to health and well-being in two very different parts of the world. The ethnographic approach allows me to gain a sense of how day and nighttime behaviors unfold in real time and space, while the person-centered one allows me to explore how both day and nighttime behaviors are conceptualized and experienced from the actor's point of view, especially the flow of emotions and emotional memories that connect day and nighttime life. This is an aspect of dream and sleep research that as Cartwright (2010) notes, remains relatively unexplored and understudied.

In the rural areas of Toraja in the central highlands of Sulawesi during the 1980s, people slept and dreamed in much the same way they lived during the daytime, which is to say, communally. People almost never slept alone, preferring instead to huddle together for warmth and for protection from wandering thieves or spirits. Even their dream life was communal, their dream space being shared with a variety of spirits, human and other-than-human, who offered advice, solace, or pleasure, punished misbehavior, or even killed and maimed. Some of these dreams were taken to be "real" and prophetic, indicating a profound sense that dreams were very closely connected to and illuminating of the fate, health, and well-being of the dreamer in waking life (see Hollan, 2003). The connection here between waking and dreaming life was seamless and culturally encouraged: the worries, concerns, and preoccupations of everyday life seeped into nighttime experience, sometimes leading to anxiety dreams and nightmares, but also to problem solving and to emotional compensations of various sorts. Conversely, dreaming experiences reinforced the reality of waking concerns, including obligations owed to God, to community, and to ancestral spirits, motivating action in waking social life (cf. Lohmann, 2010).

In contrast, many of my middle class American clients sleep alone, as does Fred, or in couples (see Rosenblatt, 2006), but rarely in groups larger than two. And like Fred, most of them do not usually remember their dreams. When they do remember a dream, it is usually because it is a nightmare or is anxiety provoking in some other way. Fred and many of the other clients I have worked with can often make some kind of connection between anxiety dreams and their everyday worries and concerns, but because most of them understand dreams to be ephemeral and imaginary, whatever insights they might gain from dreams about waking life are usually quite fleeting and are rarely, if ever, acted upon or used to change waking behavior. More often, anxiety dreams, sleeplessness, or in Fred's case, too much sleep, are conceived as "problems" that disturb the presumed need for seven to eight hours of uninterrupted sleep each night. Such sleep difficulties are generally not thought to lead to insight, but to exhaustion and irritability, which can and do interfere with the ability to realize

one's goals and aspirations in waking life. Notable also is the idea of home and bedroom as a refuge enabling rest and recovery from the striving and competitiveness of the outside world. Fred's "no entry," cocoon-like apartment with its layers of protective clutter is an extreme example of this. The Toraja house, with its thin walls and lack of divisions, is also a place of sleep and rest, but there is no sense that sleepers and dreamers can or should be sealed off from the people and spirits that surround them or that interruptions of sleep are necessarily deleterious.

These differing cultural orientations regarding sleeping and dreaming shape the actual way in which people sleep in the two places, but in turn, the way in which people sleep reinforces their commonsensical notions about sleeping and dreaming. In Toraja, where co-sleeping in relatively undivided, "open" houses is the norm, people are much more likely to be aroused during the night by their sleeping partners and housemates. This pattern of punctuated sleep very likely produces a pattern of REM and NREM cycling that is different than that found in the typical sleep laboratory, but in any case, it makes the remembrance of dreams more likely, since one is more likely to be aroused during or immediately after dreaming. And it is remembered dreams, those that can be contemplated and shared with others, that make Toraja notions about the pervasive influence of ancestral spirits and other-than-human beings self evident (cf. Lohmann, 2003, 2010).

In contrast, my middle class clients, including Fred, sleep alone or in couples in isolated, quiet bedrooms where the expectation is that they will not be disturbed during the night—conditions more closely resembling the modern sleep laboratory. Such conditions might make it less likely that people will remember their dreams on a regular basis (with the exception of anxiety dreams or nightmares), since they are not usually aroused during the night, making dreams less available for contemplation and reinforcing the idea that dreams are fleeting, merely imaginary, and of little significance. The usually quiet, isolated condition of the middle class bedroom that both promotes and insures uninterrupted sleep also contributes to the commonsensical attitude many of my clients have that any interruption or disturbance of sleep must be a problem or symptomatic of disorder, since it appears as startling or so out of the ordinary.

## Conclusion

In both the rural Toraja and urban dwelling U.S. cases, it is evident that patterns of sleeping and dreaming are interrelated and that they have implications for health and well-being in waking life and beyond, and conversely, that waking life directly affects patterns of sleeping and dreaming. Given such close interconnections and mutual influences, I have argued that we should be studying sleep and nighttime behaviors, including dreaming, more holistically and within the context of everyday life (cf. Cartwright, 2010; Laughlin, 2011).

A further implication of my cases is that we should be cautious about too quickly assuming that any particular kind or amount of sleep is necessary for human health, at least at this early stage of research. Punctuated sleeping at night coupled with periods of napping and rest during the day is common in Toraja and in many other parts of the world, both presently and in the past (Brunt & Steger, 2008a, 2008b; Steger & Brunt, 2003; Worthman & Melby, 2002). As I have suggested, whether such patterns lead to a sense of well-being or to dysphoria depends on how they are integrated with other deeply ingrained cultural practices, such as those related to dreaming, and with personal experience—this whatever underlying biological functions might be affected by punctuated sleep. The same is true of the pattern of long, uninterrupted sleep characteristic of middle class people in the U.S. While many find

such sleep conducive to health and well-being, in keeping with the emerging medical idea that uninterrupted sleep is critical to physical and emotional health, Fred is concerned that it may be symptomatic of his deep fear of and withdrawal from the world, a withdrawal resulting from his own family experience and from his obsessive work habits. And it is a culturally grounded expectation about sleep that can itself cause anxiety and problems for people when they discover that, for whatever reason, they are not getting the right amount or kind of sleep thought needed.

It appears, then, that the relationship between sleep and health in rural Toraja, the urban U.S., or anywhere else is a complex and dynamic one and that we must have many more ethnographic and person-centered studies of it before we can know more definitively what kinds and amounts of sleep are optimal or even necessary for human health and well-being.

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