# “Everyone Laughs at Me for Going to Bed Early”: Spatiotemporal Norms Concerning Sleep Health in Israel

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# Abstract

Multiple studies have explored how time constraints might affect individuals’ health in modern Western societies. However, we know less about how sociocultural norms concerning the “proper” use of time and space might affect health. This study enhances our understanding of the link between spatiotemporal order and health by examining spatiotemporal norms and expectations relating to sleep in Israel as they emerge from semi-structured interviews with 56 Israelis, including males and females, Arabs and Jews, religious and non-religious. Respondents and their partners commented on sleep-related behaviors earnestly and using humor, revealing the existence of spatiotemporal norms regarding four dimensions of sleep health: timing, duration, continuity of sleep, and alertness/sleepiness. The study concludes that since individuals tend to conform to current spatiotemporal norms, interventions aimed at promoting sleep health should address not only individual differences but also community and societal factors.

Sociological studies have illustrated that actions and social relationships both shape and are shaped by time; “they bear the imprints of the temporal structures within which they arise and they help construct these same structures” (Leccardi 2014:20). A central factor affecting human experience of time is sociotemporal order, which is based on artificial rather than natural constraints and consists of social norms and conventions regarding time (for example, norms surrounding the “appropriate” duration, sequence, timing, and frequency of activities), and traditions of measuring, reckoning, and organizing time (Zerubavel 2020:44). Time and space are intertwined, with temporal and spatial rhythms comprising a spatiotemporal order that structures our experiences of everyday life, including the nighttime (Lefebvre 2004, Wolf-Meyer 2012). Whereas there is a substantial amount of social scientific research on how time and temporal arrangements may affect people’s physical or mental health, including sleep health (see, for example, Chatzitheochari and Arber 2009, Epstein and Kalleberg 2004, Flood and Moen 2015, Kleiner and Pavalko 2010, Kleiner, Schunck and Schömann 2015, Maume, Sebastian and Bardo 2010, Moen and Yu 2000, Robinson and Michelson 2010, Roxburgh 2004), most of these studies focus on time constraints, such as those stemming from work and family obligations. Additional empirical research is needed to elucidate the ways in which various sociocultural norms and expectations regarding time and space could affect people’s health. The current research begins to fill this gap by drawing on semi-structured interviews with 56 Israelis to shed light on the spatiotemporal norms that affect sleep health.

# BACKGROUND

# *Sleep, Sleep Health, and their Sociocultural Dimensions*

Sleep research has proliferated since the 1950s, enhancing our knowledge of various aspects of the subject. Indeed, major advances in sleep science led to the development of contemporary sleep medicine in the late 1970s (Wolf-Meyer 2012). Sleep science and sleep medicine have consistently linked sleep to various individual and public health outcomes (Foster 2020, Hillman and Lack 2013, Ramar et al. 2021). In contrast to multiple health problems that are seen as inevitable, sleep is viewed as a behavior that could be modified, at least to an extent (Tubbs et al. 2019). This is why many sleep associations along with sleep specialists lead campaigns and interventions aimed at promoting healthy sleep (Albakri, Drotos and Meertens 2021, American Academy of Sleep Medicine 2014, National Sleep Foundation 2021, Ramar et al. 2021, Zarhin 2021). Sleep hygiene education is based on providing a set of behavioral and environmental recommendations designed to encourage healthy sleep habits. These include, for example, prioritizing sleep, keeping a regular sleep-wake schedule, exercising regularly, and avoiding caffeine. However, the effectiveness of public sleep health campaigns is unclear, and there is little empirical evidence regarding the utility of sleep hygiene recommendations that target the general population (Irish et al. 2015). Prescriptions for lifestyle changes usually target individuals, but their success could be hampered by the fact that the issue of sleep involves factors that are not uniquely concerned with the individual.

In light of this, sleep scientists have given increased attention to “sleep health” in recent years, rather than focusing merely on sleep disorders or sleep deficiency (Buysse 2014, Hale, Troxel and Buysse 2020). In an attempt to define “sleep health,” Daniel Buysse (2014:10-11) identified five dimensions that seem most relevant to assessing and measuring sleep:

Sleep duration: The total amount of sleep obtained per 24 hours.

Sleep continuity or efficiency: The ease of falling asleep and returning to sleep. Timing: The placement of sleep within the 24-hour day.

Alertness/sleepiness: The ability to maintain attentive wakefulness. Satisfaction/Quality: The subjective assessment of “good” or “poor” sleep.

These dimensions can be described in positive terms to provide a more holistic approach to the study of sleep. They are also in line with the World Health Organization’s conceptualization of “health” as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (2006). Indeed, sleep health is a multidimensional concept that directs attention to the socioecological context in which sleep takes place. As Hale et al. (2020:88) note, “sleep health is a function of multiple levels of influence, ranging from individual behaviors to interpersonal factors, community influences, and broader societal influences.”

Nevertheless, additional empirical research is required to shed light on those community and societal factors that affect sleep health, including the role of sociocultural norms and expectations. Although sleep is often seen as an asocial and individual matter, it is in fact embedded in the social world (Taylor 1993). Several sociological and anthropological studies have explored the different ways in which people around the world have thought about and practiced sleep in various historical periods (Brunt and Steger 2008, Rudzik 2015, Steger 2017), empirically illustrating Simon Williams’s observation that “How we sleep, when we sleep, where we sleep, what we make of sleep, and with whom we sleep, are all socially, culturally and historically variable matters” (Williams 2007a:314).

In the same vein, Mathew Wolf-Meyer (2011, 2012, 2015) situated sleep within the broader spatiotemporal and economic regimes of contemporary American society and argued that the normative expectation for a consolidated seven to eight hour nightly sleep aligns with the institutions of work and family life under late capitalism. Wolf-Meyer found that disordered sleepers struggle to regulate their sleep, for example through medical intervention or caffeine consumption, to make it fit this normative expectation. The expectation that sleep takes place in the confines of the bedroom is also a result of sociohistorical changes: As Norbert Elias’s work (Elias 1978[1939]) illustrates, sleep has been civilized in a similar way to other bodily functions that have been moved from the public to the private sphere.

Furthermore, Simon Williams (2007a) notes that there exists a “social etiquette of sleep,” or a link between normativity and dormativity. Sleep behaviors are open to judgment from others, who might label sleepers as selfish (e.g., when someone takes a nap instead of helping their spouse with the housework), attentive (e.g., in certain circumstances where a person is prepared to give up sleep), or stigmatized (e.g., a woman who snores). Meadows et al. (2008) contributed to our understanding of the link between normativity and dormativity by empirically examining the dynamics of the couple around “bad” sleep behavior. The authors show that breaking civilized codes of conduct in sleep could have biographical or public reputational impacts and cause embarrassment, especially among women. Other studies have shown that individuals are not entirely exempt from moral responsibility for what happens in their sleep: While they are not blamed for disrupting their partners’ sleep, they are still held accountable and expected to “do something” to diminish their snoring and the disturbance it causes (Zarhin 2020).

Despite these enlightening studies, there is a need for further empirical research to explore in more depth what kinds of sociocultural norms and expectations currently prevail with regard to sleep. In particular, what is the role of spatiotemporal norms in shaping individuals’ sleep health? Such a nuanced understanding would enhance our knowledge of how spatiotemporal order potentially affects the health and well-being of every individual.