



Ever Present: Attention and Alertness in the Unawake

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ABSTRACT

Unlike patients diagnosed with traditional sleep disorders, this subject displays persistent equivalence of consciousness even while asleep. This poses a set of epistemic challenges to ideas of what constitutes sleep, self, and awareness.

KEYWORDS: sleep, awareness, consciousness, dream, alertness

Last year my neurologist, a woman of infinite patience and rare comfort in admitting befuddlement, asked me if I would be willing to visit a teaching seminar she was conducting. I agreed immediately because how often does one get to be the featured item at a major research hospital's version of Show and Tell?

So she assembled an array of reports: my presentation history, my ever-lengthening list of medications, my sleep study results, my EEGs, my CT scans, my fMRI results, a sheaf of documentation with which one could make a polychromatic flip-book of my brain activity. An enormous array of data, all to prepare them for the following question: Is this guy for real?

Here is the story I told her students and colleagues. Here's the story I tell. It's a true story, but I make no pretense to accuracy.

One night I fell asleep. I slept deeply, which I know because I don't remember having slept at all. Sometimes you perceive that you have slept so heavily that you wake confused, uncertain as to where you are, who you are, what hour or year it is. Your body feels as if it has lain, dead, where struck by a hammer, until such time as divine forces intervene and grant it life once again. If you don't wake to this feeling refreshed, you at least know that something has happened to you, something fundamentally unlike the position from which you characterize it.

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I don't remember much of what I did that day, but I do remember how I slept that following night. I slept poorly, but not in a way entirely unfamiliar to me. Everyone dreads those nights after which one feels one has not slept at all, usually because one assembles dreams that, for whatever reason, concern wakefulness itself. I had one of those nights. And then I had another one, and then another, and then it occurred to me that I wasn't having a sequence of similar events. I was experiencing one event, forever and ever, amen.

A small army of very clever physicians and researchers have determined what this is not, but that winnowing doesn't bring us any closer to what "it" is. Even so, it has taken an extraordinary amount of time, effort, and money to rule out even the most general terms, all of which refer not to conditions that can be measured but rather subjective reports that data can refute but not replace. For example, some insomniacs and parasomniacs insist that it takes them hours to fall asleep; standard polysomnography usually indicates that they fall asleep far earlier. I can only imagine that, if you have the subjective experience of struggle, being told that you aren't struggling at all must be maddening. But at least the data offer some clarification. *Look*, says the technician, *you are simply wrong*.

But what if your estimation of your own states of alertness, when you are awake and when you are asleep, and when you are awake again, conforms perfectly to what the objective measures indicate? What if you and the data and the technician all agree, even when you shouldn't?

Every time I have been required to fill out a questionnaire concerning when I fell asleep, how many times I woke during the night, and how many hours of sleep I estimate myself as having experienced, I've answered with an accuracy that suggests I must be cheating. And after a fashion I am cheating because while it defeats definition to say that I am awake when I am asleep, I am alert and aware. Of course I know when I fell asleep; I was there, wasn't I?

In saying I experience it "like" this, it's important to emphasize the discursive value of the simile or the metaphor because I cannot describe what it is, only what it is like. Language never fails to fail; every adjectival or adverbial modification fails to clarify the thing to which it refers, which is itself auto-contradictory. Thus, we pin our hopes on measurement, even though we know our measures mean nothing independent of our deficient articulation of them, and this is likewise the moment at which having Poet on your tax form is a liability because once a clinician or scholar finds out what I (fail to) do for a (not-quite) living, the assumption immediately devolves to imagination. *You, sir, have an over active imagination*. To which I can only respond. *You have no idea what that means, but you are correct*.

So here is what it is like:

Waking alertness is singular. I perceive what I perceive, remember what I remember, know what I know. It's like you, except with me.

Sleeping alertness is doubled. I know what I know, but I know what he knows too. He doesn't know what I know, however. Thank goodness: that's a hall of mirrors from which neither he nor I would ever emerge.

Perhaps an example will help. I often dream of tidal waves. Explanations for this abound; my favorite, because it is the least pathological, is that I grew up on shores and beaches, by rivers and oceans. I also suspect that I dream about tidal waves because I have dreamed about tidal waves.

In any case, in any given dream, the consciousness experiencing the dream also recalls having dreamed of tidal waves. So when the waters start to rise, he thinks, charmingly, how odd and thrilling it is that he is finally experiencing a tidal wave after having dreamed of them so many times before. He has persistence of attention and memory, but that doesn't prevent me, while dreaming, from thinking no, you fool, this is another dream. We are dreaming it at the same time. I know we are an us, but he thinks he's a him, and he's going to make the same mistake tomorrow night that he is making right now. I know because I was there for all the prior mistakes.

Two points: nothing is more tedious than listening to someone describe their dreams, and you cannot use terms like "him" and "us" in the company of junior neurologists and neuroscientists without having them conclude, to their relief and delight, that you have schizophrenia.

So as to manage these two risks, sometimes I deploy other, less oneirically overdetermined analogies. Consider, for example, the phenomenon I call serialization nausea, a problem best expressed in our current era as one of Netflix gluttony. Sometimes you make the bad choice of watching too much television, hour after hour of television, mostly episodic, and (depending on your tolerance) you start to realize that your mind feels sick. You are beholden to an act of attention you can neither excite nor terminate. And when you do finally close the device to which you have been so grossly wed, you notice silence. Silence! Darkness! It's so different from what you had grown accustomed to, so other, so sweet and pure by comparison, such a relief, a liberation from the burden you are, paradoxically, built to bear.

Now imagine you can never cease watching television. Imagine that all you can do, in lieu of electing no television at all, is to change the channel.

If that doesn't resonate, try this: imagine you cannot blink. Imagine that all you can do, in lieu of darkness, is to shift your attention.

If each of these metaphors fail—if all suggestive, subjective descriptors fail—finally I can perform tricks. Set the alarm for any minute an hour, set the alarm for randomness, and whenever it goes off I can tell you what time it is, to within five minutes' accuracy. Wake me up at any time and ask me a

question, and I will answer it as if I had been awake before you asked it. Ask me to think about something—you know, why don't you sleep on it, see how you feel tomorrow—and in eight hours I will render unto you an answer no more or less elaborate than what I would have produced had I been pondering in the waking world.

If and when, in the effort to explain these things, the message gets through, I am inevitably met with the following question:

So are you always sleepy? Are you sleepy right now?

No, I'm not sleepy. Were I failing to sleep, I would be dead. I sleep perfectly well. What I cannot do is cease being aware, and so what I am is tired.

Debates as to the practical versus logical value of the illusion of a continuum, of both consistency and persistence, go all the way back. But what I have learned is that the illusion of discontinuity is at least as valuable. There's something about us that requires oblivion; we need not just diverse objects of attention but to sometimes pay no attention at all. For a long time after waking to having been awakened, I was willing to commit extraordinary crimes and go to unreasonable lengths to *not experience*, until it became apparent to me that the concept of a long time no longer makes any personal sense, for all its prior conceptual validity. In some immeasurable way, I am having one day. Not the same day repeatedly, not a day of exceptional duration, because nothing ever truly repeats and a day is only as long as whatever not-day allows. This peace may be a forced one, but it strikes me as superior to the alternative, which is to focus on things like how I no longer feel as if any sliver of time is any longer than any other. This makes me a terrible correspondent: it isn't as if I don't know how long it has been since I have seen a friend or been in touch with them, it's just that I register ten minutes and ten years as having the same aspect, which is that of having occurred today. I would rather not dwell on that. I would rather not dwell on anything because I have all the time in the world, and the more of it I spend the more appalling becomes the infinity of the store.

If there's an afterlife I am going to be very, very upset.

Theories:

You are a light sleeper!

You drink too much coffee!

You just had shingles? You were finishing a steroid sequence? The steroids have activated your brain in a weird way! Shut up, that is too a thing!

You have autoimmune problems? That explains everything.

You have this condition because it has occurred to you to have this condition!

You've been eating snacks past 7:00 PM!

You are enlightened! (Upon being this characterized, I demurred, and said that I didn't know enough about enlightenment to judge. That, apparently, is just what an enlightened being would say. Who knew?)

You just haven't tried the right drugs!

(A word on drugs. I have tried every drug it is legal to prescribe for on or off-label use; the only one I haven't taken is distributed from a central pharmacy like unto Fort Knox, comes with Schedule I penalties for misuse and costs, on average, \$36,000 a year. I am afraid to try it; what if it works? As for the remainder, well, each changes the tenor or the mood of the sleep alertness, but none reduces it altogether.)

I am a simple creature. I enjoy a spell of epistemic anxiety as much as the next person. That said, there's a difference between contemplating the question of in what consciousness does or does not inhere from the leisure of your own inquiry and serving as the means by which other people (say, an auditorium full of anxious, impossibly young students seeking their MDs in neurology) ponder the same. It is unpleasant because that difference documents how much we depend on ignorance, even as we cannot abide it. I did not want to annoy the conclave of doctors and scientists, but I could not help but do so. I did not want them to strike me as petulant and reductive and given over to the utility of the checklist, but they could not help but do so. We had little to offer each other, other than dread.

The subtext of our deliberations was the unasked question of whether this state, even were it to exist, poses a problem. From one perspective, if it doesn't present a measurable problem, the question of its existence becomes moot. If there's no conspicuous disadvantage, can I see any way in which it might be advantageous? Aside from the aforementioned tricks (the utility of which is generally limited to making people uncomfortable), I would have to say no. The ability to concentrate while unconscious seems like it would inevitably confer advantage, but the evacuation of unconsciousness traditionally understood so alters the terms of attention that the shift cancels any potential advantage. The best I can offer is that some people do actively seek to achieve the sort of benign detachment I've had forced upon me, but as with all matters that violate the idea of choice, it is the lack of options that matters, not the details of the option remaining. I would recommend this experience to everyone, were they able to choose whether to persist in having it. If nothing else, it would make matters much, much easier to explain.

After all, other than the creepy accuracy of my sleep self-reports, I only have two pieces of what might count as evidence that I don't disappear from myself the way I once did. Alas, the first, while conspicuous, doesn't meet the standard of correspondence, much less of cause, and the second is purely anecdotal.

The data component, as per my EEGs, is that my delta or slow-wave sleep amplitude and frequency is roughly ten times that of the average, so that the regular if high seas of that sleep phase are, in my case, one sharp rogue wave after another. While this does afford me the opportunity to claim that I have

ten times the brain of an average human, it doesn't necessarily mean anything because, as I have been told again and again, we don't know how sleep and consciousness work because we don't really know what they are for. Still, it makes for a melodramatic graph.

The anecdote. Have popular media accounts caused you to wonder what operatic dialogues transpire between the medical staff when you are anesthetized for surgical procedures? I am both relieved and disappointed to report that the reality is far more mundane. I know because last year I had my wisdom teeth extracted, and when the procedure was over and I immediately asked what the surgeon meant when he said he had seen something troublesome in the back left region of my jaw and mentioned to the surgical assistant that I was sorry to hear that her daughter was having trouble with the essay portion of the SAT but that I was an English teacher and would be happy to help her out, and by the way, who is the country music fan in here and what radio station was that anyway, or was it Pandora or something, forgive me, I'm slightly confused.

I've never caused such transparent discomfort in my life.

You remember all that? They asked with the worry of the soon-to-be-litigated-against. *Of course!* I chirped through mouthfuls of wadding. *Don't worry! I couldn't feel a thing!*

You aren't supposed to remember the procedure, they reminded me. I just tapped the side of my head. Ten times, I said. Ten times that of a normal man.

(I had previously discussed this possibility with my neurologist, who wondered how I would respond to major sedation for more radical surgeries. She was fascinated to see how I would respond, and I told her, with affection and all due deference, to go directly to hell.)

Sometimes, when I am evaluating ways to articulate an experience that proves impossible not because other people don't have it but rather because they have it in an interrupted context, I try to calculate how old I am. Age, and time, and awareness: all have set means of measurement, each recedes the more zealously we apply the measure. My crack team of brain wizards asks me questions, and I say I don't know. I ask of them questions of my own, and they say they don't know. I wonder more and worry less because the one thing we all agree upon, the one thing we do know, is that as best as anyone can tell, whether or if answers are forthcoming, one thing is certain: I'll be here.