

PREFACE

The following piece is a paper on insomnia that I wrote for the UCSB Writing Program's Creative Nonfiction course. Through diligent research and several drafts to adjust my narrative voice to fit the condensed format of the assignment (we were given 6-7 pages), I crafted a hybrid of the traditional research paper and a creative writing piece while still retaining my writing style and voice. I feel that this essay contains some of my best creative writing while still reflecting the time and effort that I put into researching my topic, making it one of my favorite pieces that I've ever written.

I've included the following excerpt because it concludes the first idea that I defined and explored; the second part moved into a slightly different topic and would have seemed out of place. I've also collected the sources I used in this section into a cut version of my full bibliography in order to support my research.

Hands of the Ticking Clock (excerpted, with full bibliography included)

By Jamie Hu

The clock had struck 2:34 AM and the house of 10-year-old Jerry Hu had gone eerily silent. It seemed a shame that he'd been awake long enough to make that observation, but there he was, lying in bed, his mother's rosary so close to his face that he could feel its phantom shadow tickling his cheek. Ticking. He turned back to the clock across the room, squinted at it, and then turned onto his side. He could try counting sheep again, the trick the books told him always worked. Or maybe he could do those breathing exercises again.

Hands on his chest, counting his breaths like hands on the clock. Ticking. He couldn't get the clock out of his head. He turned back onto his side, mashing his face into his pillow. He strained his ears, hoping to hear footsteps in the hallway: his mom, his brother, *anyone*, but there was just the infuriating ticking of that clock.

He wanted to step on it, smash it under his feet, crack the battery between his toes. Could he even do that? 2:47 AM. He had school tomorrow and that meant he'd only be able to get 3 hours and 13 minutes of sleep before he had to get up.

Most people have experienced some form of sleeplessness in their life, maybe from the stress of a psychology exam, a driver's test, a job interview. But for most people, this is less of an everyday occasion and more of an occasional annoyance.

For an insomniac, on the other hand, it looms over their night like an overly long shadow. Every night is a math exam, calculating the hours between the clock and alarm. Every night is a line of sheep in waiting, ready to jump over that invisible fence in preparation for the count. Every night is a claw ready to squeeze out those dreaded breathing exercises like a torture method pulled out of a vampire novel, and every night just seethes with anger and irritation and wishing that the clock would die and the darkness would drown their rampant consciousness.

According to the National Sleep Foundation, researchers have started calling insomnia a “problem of your brain being unable to stop being awake.” The brain will keep itself awake if it feels that it needs to expend energy thinking about something—taking its focus away from sleeping. There are many medical conditions that can cause insomnia, the most notable of these being nasal allergies, gastrointestinal and endocrine problems, arthritis, asthma, neurological conditions, and various kinds of pain. Sleep apnea—when a person's airway becomes partially blocked in sleep—is also a huge cause of insomnia. My dad suffers from it. My brother and I always joke about what he sounds like when he snores—a dying whale, a gasping freight train, an untuned orchestra of pots and pans—but occasionally his rasps peter out in the night and I freeze, terrified, wondering if he's breathed his last.

Sleep apnea and physical problems like it aren't the only disorders that can cause insomnia. Mental disorders such as anxiety and depression are often just as responsible. They usually lead to a host of their own problems: tension, stress, feeling overwhelmed. Likewise, stimulants like nicotine and caffeine can add to these tensions. My dad labeled caffeine as one of the chief culprits for his sleeplessness.

“Drinking tea in the late afternoon is not good,” he said with a laugh when I asked him about it. “Kept me up until the wee hours of the evening.” He paused and then added as an afterthought, “Soda or coffee ice cream are somehow ok though.”

He might have just been trying to qualify the argument—since he does, after all, love soda and coffee ice cream—but his point does seem to show that the causes for insomnia are different for everyone affected. From the outset, caffeine seems like one of the few causes of insomnia that can be controlled, but the unpredictable nature of the stimulant makes it just as likely for its effects to catch someone off guard.

The statement “I have insomnia” is usually followed by one of a few follow-up questions, the most frequent of these being, “Oh! So, do you get a lot of stuff done?” People who don't have the disorder often assume that insomniacs keep full control over their brains during a bout of sleeplessness. It's more time to be productive, less time drinking coffee and straining to keep their eyes open and more time, well, working. It's not that insomniacs can't sleep, they think, it's that they don't need to.

This isn't actually the case. Insomniacs, according to the National Sleep Foundation's Symptoms page, don't just have difficulty falling asleep; they also struggle to stay asleep and wake up at a normal time. Insomniacs often complain of non-restorative sleep that leads to

irritability, difficulty at work, difficulty in relationships, anger, impulsiveness, difficulty concentrating, and crippling fatigue. With all of these problems dragging them down, it's difficult, if not downright impossible for an insomniac to get anything done. Most often, like my dad, they spend their nights lying in bed wide awake, hating life, counting sheep and wishing that the clock could tick just a little bit quieter.

Works Cited

Hu, Jerry. Personal Interview. 30 Jan. 2017.

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“Symptoms.” *National Sleep Foundation*. Accessed 7 Feb. 2017.

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