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# Sensationalising Sleep: Perspectives and Protocols for Understanding Discourses of Sleep Health in Aotearoa New Zealand

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## ABSTRACT

Sufficient sleep is a basic right, vital for functioning and wellbeing. Socioecological disparities in sleep status are increasingly highlighted. However, broader social and cultural factors, including beliefs and practicalities of sleep, are seldom considered. This is particularly important for bicultural countries such as Aotearoa New Zealand, where mainstream discourses and health promotion have been colonised. Media provides a platform for shaping beliefs and attitudes concerning sleep. Media messaging contributes to definitions of 'normal sleep' and sensationalised messages around sleep(lessness) and disease—seldom accounting for nuanced differences across the lifespan or Indigenous knowledge and practises concerning sleep and wellbeing. How messages concerning sleep are delivered, interpreted, and resisted varies and warrants exploring—particularly among populations predisposed to sleep disturbances. This paper provides a narrative review of the social and cultural factors influencing sleep and highlights the paucity of research in this space. Responding to these gaps, a current research agenda is presented concerning sleep-related discourses and practises in Aotearoa New Zealand. This includes explorations of media representations of sleep, key audience interpretations, and the development of a theoretical framework to inform appropriate sleep-related research and health promotion relevant to contemporary Aotearoa New Zealand and beyond.

## 1 | Introduction

The importance of sleep as a state of rest and rejuvenation is well recognised and, in theory, sleep should occupy around a third of our time [1]. Sleep provides an essential function supporting all states of physical and mental wellbeing as well as waking production [2]. Prior research has, for example, identified problematic sleep as associated with an increased likelihood of cardiovascular disease, obesity, mood disorders, cognitive impairment, and even earlier death [2–4]. Despite this, a disconnect is apparent between social expectations of sleep and the reality of life, with many people attempting to function around the clock [2, 5]. Over a quarter of adults in industrialised countries report suboptimal or disordered sleep, having implications for public health as well as economic, psychological, and social costs [4]. Given the bidirectional relationship sleep has with physical and mental health, activities of sleep health promotion are increasingly considered important and complementary to other pillars of health (such as healthy exercise and eating) [6]. Sleep health promotion typically targets the improvement of sleep duration and quality through individuals' paying attention to and adapting sleep-related behaviours to enhance such metrics (i.e., achieving longer or more consolidated hours of sleep or feeling more satisfied with sleep quality). Interventions

incorporating techniques such as sleep education, behavioural change methods, relaxation therapies, and environmental adaptations have indicated positive results for improving sleep [6]. However, many studies are inconclusive. This is often related to the complexities of sleep and the heterogeneity of the samples. However, how sleep-health messaging is received and interpreted as well as social and cultural considerations requires greater attention in this space.

This narrative review reflects on the sociological factors that influence sleep(lessness) in contemporary society, with appreciation for cultural differences and variations across the life course from the context of Aotearoa New Zealand. The influence of public health messaging and sleep health promotion is then outlined, with key consideration for the role of media in shaping sleep-related discourse. These reflections inform an agenda for future research. The protocol for a psychosocial inquiry is presented. This includes projects concerning the representation and interpretation of sleep-related messaging across thee lifespan. Furthermore, broader theoretical frameworks of sleep will be developed, helping inform appropriate and relevant sleep-related research and health promotion.

## 2 | Inequalities of Sleep

An emerging body of research recognises the important role of socioeconomics for informing the timing and quality of sleep. For example, shift workers, unemployed people, or those living in socioeconomically disadvantaged areas are more likely to have compromised sleep [2, 3, 7]. The relationship between ethnicity and sleep health is increasingly recognised in relation to socioeconomic sleep disparities. For example, in Aotearoa New Zealand, Indigenous Māori (who make up approximately 18% of the NZ population) have been found to be more likely to have restricted or disordered sleep compared to non-Māori people [8–10]. This has been attributed to living in a society that is not responsive to Indigenous values or needs as well as the impacts of individual and structural racism. Inequalities of living and sleeping environments, physical and mental health challenges, and poor access to healthcare are all thought to contribute to suboptimal sleep for Māori. However, an increased need for sleep research which incorporates Māori involvement, knowledge, and frameworks of wellbeing has been identified in order to complement and counter dominant Western models [7, 11, 12].

Sleep status and behaviours change over the life course. Alterations of sleep health have been identified during periods of significant life transition (and increased likelihood of mental health conditions) such as adolescence [13], pregnancy and new parenting [14], ageing and elder care [15, 16]. The occurrence of sleep disorders, symptoms, and the frequency of help-seeking are also somewhat gendered [17]. Although gendered differences have some physiological basis, they are not universal, giving rise to stereotypes around sleeping and sleep disorders [18]. Overall, these insights indicate that beliefs concerning sleep needs, behaviours, and help seeking vary across groups and the life course, which is important clinically, socially, and academically.

### 2.1 | How, Where, and With Whom We Sleep Are Embedded in Social and Cultural Norms

The science of sleep is conventionally grounded in chronobiology, physiology and medicine. However, broader social factors are increasingly acknowledged as informing the timing and quality of sleep [3, 5, 19]. Socioecological models of sleep illustrate how beliefs and culture, living environments, family, and wider society play a role in sleep-related expectations and practises [3]. These ultimately inform the dimensions of sleep health, which are increasingly used to define and promote sleep more holistically than traditional medical models. However, in such models, the onus tends to remain on the individual.

Williams has been at the forefront of a sociology of sleep. Theorising, for example, on the medicalisation and digitisation of sleep, the tensions between sleep and productivity, as well as how wider society and politics inform sleep practise and etiquettes [5, 20–22]. The vulnerabilities of 'dormant bodies' are key. Once asleep, we render ourselves susceptible to the environment and to those who are actively awake [21, 23]. Furthermore, the right to sleep safely in a comfortable bed, alone or with others, can be jeopardised by environmental and financial crises, with many sharing suboptimal or overcrowded living (and sleeping) spaces.

The sociology of sleep has extended to consider balancing sleep with roles and relationships [22, 24, 25]. While the bedroom is recommended as preserved for sleep and intimacy; variability in housing, work schedules, and bedtime behaviours means that harmonious bed-and room-sharing is at risk. Those with a sleep disorder invariably disrupt their bed partner. Yet, in modern Western society, leaving a shared bed to prioritise wellbeing is fraught with negative assumptions around relationship status. Zarhin's recent work expands on this, considering sleep and agency as well as incorporated aspects of accountability and inter-embodiment with others [26].

Sleep is increasingly recognised as culturally informed, with unique experiential, familial, and behavioural factors influencing sleep-related beliefs and practises [27]. In Aotearoa New Zealand, resurgences of Indigenous knowledge and practises highlight Māori approaches to health and wellbeing. Such approaches foster spiritual, celestial, and ancestral elements, as well as connection to land, as key contributors to overall wellbeing [28]. Research including Indigenous Māori indicates unique customs and beliefs associated with the night, sleep, and dreaming that differ from dominant Western cultures [11, 12]. This is evident in sleeping arrangements that are informed more by the collective rather than exclusive needs of the individual. Tendencies to co-sleep and structure bedtimes around family rather than work remain strong, including co-sleeping with infants and larger scale communal sleeping, particularly during ceremonial events [12]. Such practises are reflected within accounts of experiences and opportunities that the night, sleep, and dreaming offer for family, ancestral, and spiritual connections. Such experiences are often reported as having greater value than sleep's role in individual well-being and productivity, as documented in non-Māori contexts [11, 29].

Together such works indicate the importance of unique approaches for exploring broader social and cultural perspectives of sleep to inform agendas of research, clinical practise, and health promotion.

### 2.2 | Sleep Must Fit in With the Demands of Modern Life

Sleep is not considered and practised in the same way between people, groups, or across times and cultures. Pre-industrially, it was common to have longer or biphasic sleep at night [30]. But with the advent of artificial light and the increasingly accelerated pace of society, a monophasic pattern of 7–8 h′ sleep is promoted as ideal, with many attempting to function on less [31]. While traditions of multiple sleeps, short naps, or siesta are still observed in some cultures, these practises are also under threat from the business of modern waking life, environmental disturbances of a 24/7 society, and Western views of antisocial or 'lazy' behaviours.

Meadows' 'embodied conceptual framework' of sleep describes the negotiation between normative perceptions around 'healthy' sleep behaviours, the pragmatics of sleep and social roles, individual experiences and feelings around sleep, and the visceral biological body's need for sleep [32]. Sleep can therefore be viewed as a practise. Theories of 'rhythmanalysis' expand on this notion, considering how institutions and services inform individual and collective time use (including sleep) which can become desynchronised affecting wellbeing [33].

Unique factors have been identified as influencing sleep in contemporary society. For example, periods of rest are increasingly encroached by the external distractions of 24/7 work and production as well as the ability to remain digitally connected to social and entertainment media [31, 34]. The addictive nature of binge watching, overworking, and instant messaging challenges sleep by pushing back the desire to rest as well as physiologically interfering with circadian synchrony. The importance of such factors for both supporting and disrupting sleep were highlighted during the 2020 pandemic-related restrictions that contributed to sudden and drastic alterations to the typical momentum of society and human condition [35, 36]. Another key consideration for contemporary society is the plethora of digital health trackers and apps available on the open market. Despite their varying quality and validity [37], individual outputs regarding sleep timing and 'quality' are increasingly recorded and compared against recommended averages as well as that others. While this may aid sleep-health promotion, the persistent self-monitoring of sleep can also have paradoxical effects [31, 38]. Indeed, 'Orthosomnia' is a newly defined sleep disorder characterised by an unhealthy quest for perfect sleep and optimal daytime functioning via self-monitoring [38]. The mismatch of marketing sleep as a modifiable behaviour without necessarily improving it needs exploring in terms of the public's consumption and interpretation of messaging. How these recent developments inform sleep-related messaging and discourses needs consideration in order to understand and support sleep health in contemporary society.

### 2.3 | Discourses of Sleep Health

Language can both reproduce and contest social relations at the service of powerful interests. Meaning, interactions, and social relationships are apparent in interrelated bodies or systems of texts (discourses) which can inform society with regards to ideas, objects, and behaviours [39, 40]. Popular media content includes sponsored articles, amateur guidance, and product advertising, alongside research findings and real-life accounts which are freely accessible on various platforms. Media content can, therefore, entrench broader social discourses and stigmas relating to sleep, sleepiness [41, 42], and disease [43] as well as age [44], gender [45], class, and culture [46].

Sleep is typically described in terms of its importance for emotional regulation, cognition, growth, and metabolism [1]. Recommendations are made around 'doing' sleep to optimise health, function, and performance [47, 48]. Such messaging supports the pursuit for sleep to capitalise on individual and collective wellbeing and productivity. This is enabled by activities such as workplace provisions of flexible schedules and (in some cases) nap opportunities. Aspects of sleep are noted to be becoming overly medicalised and commercialised; evident in the growing market of products and remedies that promise to promote comfort, induce sleep, or improve waking alertness [33, 47, 49].

Previous media-related sleep research has mostly been Eurocentric and considers the medicalisation of sleep problems and treatments [41, 50–52], gendered constructs of sleep and body capital [45], and the malleability of sleep around working life [53, 54]. These studies indicate that 'harmful' sleep behaviours are often highlighted within media messages that are typically divorced from both scientific rigour and the realities of individual and social circumstances [47, 53]. Individual and collective consumption of such messages can therefore have paradoxical effects on sleeping and waking life. Pilot works from Aotearoa New Zealand have identified negative, sensationalised, and contradictory discourses of sleep within the mainstream news. For example, analysis of texts about sleep in older adulthood identified discursive constructions of an inevitable decline of sleep with ageing; sleep's role as both a remedy and risk for diseases (such as dementia); and the overwhelming simplification of solutions for self-managing sleep alongside recognition of its complexity [55]. Conversely, an analysis of texts about sleep and pregnancy identified discursive constructions of 'banking' sleep before baby; sleep's role in 'being the perfect mother' (including directions around reducing risk of infant death via sleep practises); as well as the inevitability that sleep will fail amongst the busy lifestyle of parenthood [56].

In summary, sleep-related discourses typically concern functions of sleep, 'normal' sleep practises, and definitions and implications of 'problem' sleep. Such discourses typically focus on the individual as central to their sleep-situation and have implications for health promotion activities across various social circumstances in contemporary society. People vary in how they accept, alter, or resist the media they access [43, 57]. Research considering lay responses to media content identifies the importance of audience

interpretation which, in turn, can influence individual and social positioning [58, 59]. However, there is a need for greater theoretical and empirical work concerning the individual and collective consumption of sleep-related messages.

## 3 | Current Directions

A revitalised research agenda is underway to generate knowledge and understandings of sleep-related discourses in contemporary Aotearoa New Zealand society. "Sensationalising Sleep: Discourses and practices of sleep in Aotearoa" is a programme of qualitative research supported by the New Zealand Royal Society Marsden Fast Start Fund (2023–2026). Research priorities include an initial phase using reflexive thematic analysis of the sleep-related content within mainstream digital media. This informs the second phase involving critical discourse analyses of key texts relevant to groups of people identified as the topic or audience of such content. Then, members of these groups are being invited to engage in discussions concerning access, consumption and interpretation of sleep-related messages. In the ultimate phase, this work will enable the construction of frameworks to expand, refine, and challenge existing theoretical perspectives and inform future appropriate sleep-health promotion. These phases are illustrated in Figure 1 and described in more detail below.

## 4 | Phase 1

The objectives of Phase 1 are to collate and describe sleep-related content within Aotearoa New Zealand's mainstream digital media. Texts including 'sleep' are being gathered from the databases of leading national news providers (*e.g., The Dominion Post* and *The New Zealand Herald*). Similarly, texts from online sources *The Spinoff*, *E-Tangata*, and *Waatea news* have been sourced to include content representative of popular culture and more specifically intended for Indigenous audiences. Content referring to sleep both explicitly and implicitly is being included to represent the nuanced nature of sleep messaging.

Given the scale of this data, a realist approach is being adopted to represent the semantic themes of media content about sleep. Based on pilot research [55], around 10% of texts are typically defined as relevant (e.g., concerning sleep disorders,

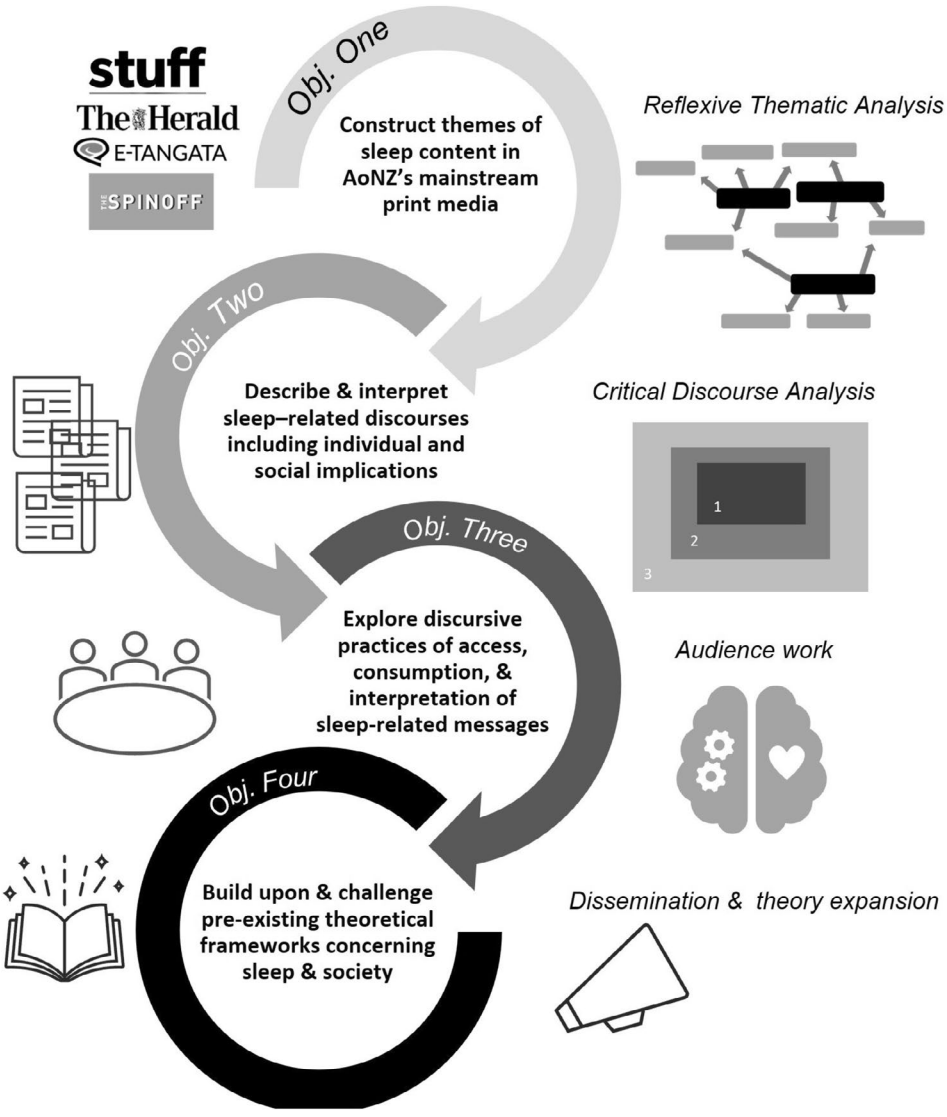


**FIGURE 1** | Flow diagram of research objectives of current "sensationalising sleep" programme of research including sources and methods.

fatigue-related incidents, or sleep recommendations). Reflexive thematic analysis is a well-defined and theoretically flexible qualitative methodology for identifying meaning and patterns within data [60]. This process is being used to code and construct semantic themes and patterns from the texts, as well as identify key topics and audiences for Phase 2.

## 5 | Phase 2

The objective of Phase 2 is to describe and interpret sleep-related discourses and their individual and social implications using critical discourse analysis. A social constructionist approach is being used to analyse core sets of texts from the perspective that language is foundational to social interaction and reflects historical and social context [39, 40]. Projects using critical discourse analyses are focusing on how discursive activities (i.e., how we talk about sleep) are used to construct and maintain ideologies and power relations concerning sleep health. This process questions the social implications within the texts by considering the distal context (the economic, cultural, or regional setting that surrounds texts) as well as latent meanings regarding social experiences and practise. In the context of this project, such analyses have the potential to reveal valuable insights into the topic of sleep embedded in its various social guises (e.g., sleep health, sleep as a resource, or a right).

Here, Fairclough's processes [40] are informing the analysis of key texts through the steps of identifying and describing texts relevant to leading topics and audiences of sleep content (also informed by Phase 1); interpreting the processes behind the production and audiences of the texts; then explaining the texts, their processes, and attributes using social, cultural, and historical theories and concepts. This process involves reflecting, workshopping, and cross-checking findings to analyse the sleep-related discourses and their positioning and function in modern society. Advisory group meetings and feedback help to ensure the incorporation of cross-cultural perspectives to interpret and draw conclusions that are relevant both locally and internationally. Content includes texts and images produced by, for, and about Māori. Assessment of this content will be led by Māori researchers and considered using appropriate worldviews and models of wellbeing [28]. This will support the provision of complementary epistemologies (as opposed to merging them into one) with the intention of better understanding inequities in sleep and social wellbeing.

Findings will inform a better understanding of the socio-ecology of sleep and sleeping in modern-day Aotearoa New Zealand, including valuable insights into the topic of sleep embedded in its various social guises (e.g., sleep health, sleep as a resource, or a right). The centrality of recent events such as the pandemic and economic pressures is being recognised. Outcomes are informing Phase 3, in which key groups of people are invited to contribute to research concerning discourse practises.

## 6 | Phase 3

A key aspect of Fairclough's approach to discourse analysis is the processes by which the object of the research is received [40]. Therefore, the objective of Phase 3 is to explore discursive practises of access, consumption, and interpretation of sleep-related messages among key groups of people representing the topic or audience of the sleep messaging. Groups identified through a recent scoping review [12] as well as initial developments from Phases 1 and 2 include Indigenous Māori, adolescents, perinatal parents, and older adults, as well as shift workers.

A diversity of studies are underway to accommodate and acknowledge appropriate practises for such groups. For example, Māori-led discussion forums (*wānanga*) and creative workshops, focus groups with high school students, one-to-one online interviews with expectant mothers, group discussions and poetry workshops with older adults. Common across these projects is the use of example texts identified in Phase 2. This is to help facilitate discussions and maintain a focus on sleep health messaging and promotion as well as if and how such messaging may have informed perceptions or behaviours around sleep. In some instances (e.g., within the creative workshop with older adults and Indigenous forums) visual artefacts (e.g., photos and illustrations depicting sleep relevant to their population) are also being incorporated to help elicit response.

Transcripts and accompanying notes from these projects are being examined concerning discourses and practise of sleep and sleeping. As per Phase 2, the processes and attributes of these discourses are being workshopped with a wider research team and advisory group to enable explanations using social, cultural, and historical theories and concepts. Through these conversations with relevant and diverse audiences, the deconstruction and modification of media messaging around sleep and sleep health promotion are being illuminated. Once complete, findings will be interpreted with considerations of the initial phases of analyses to provide a greater understanding of the degrees of dissonance and resonance around the key discourses within the texts, helping inform meaningful outputs, future research, and sleep health promotion activities.

## 7 | Phase 4

The objectives of this final phase involve drawing together this set of novel projects and their outputs to build upon and challenge pre-existing theoretical frameworks for understanding sleep and supporting meaningful sleep health promotion activities. The thematic and discursive constructs formed through Phases 1–3 will represent various groups across the life course and the unique Aotearoa New Zealand perspective as well as reflect modern life including eras of personalised digital tracking, cost-of-living crises, and the pandemic. This will allow for fresh perspectives that build upon and challenge pre-existing literature and theoretical frameworks including foundational socioecological models of sleep [3] dimensions of sleep health [2], and frameworks of health incorporating worldviews of Indigenous Māori [28]. Sociological perspectives of sleep and sleeping will be considered and expanded upon including theories of embodiment [19, 45], negotiation [32], medicalisation [47, 53], and digitisation [31]. Tensions of sleep as both a power and vulnerability, in addition to the malleability of sleep practises within the rhythms

of modern society [33] will also be key considerations. The distillation of local findings will enable expansion of broader theories, allowing the important aspects of sleeping by and for the people to come to the forefront. Thereby generating new understandings and agendas for research, policy, and health promotion.

## 8 | Summary

This paper situates current understandings of sleep as a social science and the role of media in sleep health promotion. The research agenda underway will help revitalise this field whilst pioneering a sociological sleep enquiry in Aotearoa New Zealand.

Monocultural mainstream media have great power to reinforce colonising systems and racism [46]. This research will consider the discourses of sleep within Aotearoa New Zealand to understand the impact of media on sociocultural stereotypes and stigmas evident in the discourses of sleep and sleep disorders. This agenda is novel it that it responds to international calls to bring non-Western and contemporary insights of sleep discourse and practises into sleep science. Empirical research and audience work are methodologically unique in this space and will assess how discourses of sleep are accessed, consumed, and interpreted into beliefs and practises. The research builds on early works that begin to represent sleep as a social or cultural practise in Aotearoa New Zealand [12]. Furthermore, by encompassing all sleep-related content across mixed media sources, these works are broader than prior research around specific aspects of sleep in the media. Representations of 'doing sleep' and 'healthy sleep' will be illustrated alongside the factors that are described as disturbing sleep, and how the implications of sleep loss are interpretated across various contexts and populations. Through interpreting the plethora of sleep-related information in real-world settings, these works will allow for empowered knowledge translation and health promotion relevant to Aotearoa New Zealand and beyond.


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### Ethics Statement

Projects in progress have been reviewed and approved by the Massey University ethics committee.

### Conflicts of Interest

The author declares no conflicts of interest.

### Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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