

Ever nod off behind the wheel? Ever hear of narcolepsy? If you are sleep-deprived or an insomniac, this doesn't apply to you; however, it's an unpleasant reality for one of my sons. Call him Tonio.

A year ago Tonio wrapped his car around a tree. He'd been at a friend's house, an hour away, making music into the night. As he arrived in his sleeping neighborhood, he dozed off. Luckily he was going slowly enough to escape with a few bruises, but the family car, a late-model Accura, was beyond saving. His wife was not pleased.

I, too, held Tonio's feet to the fire, figuratively speaking—the conversation happened over the phone—for a similar mishap occurred once before. The implications were worrisome.

“I can't help it, Mother,” he said. “It's like a compulsion. I just drop off.”

“How often does this happen to you? Once a week? Once a month?”

“More like three times a day.”

“What? And you haven't had this checked out by a doctor?”

“I've tried. The medics tell me I'm sleep-deprived. I should keep a sleep journal. The thing is, even when I get a good night's sleep, I still drop off during the day.”

The episodes seem to come on, Tonio explained, when he is either engaged in monotonous work or else caught in a stressful situation. An important person—customer or boss—might give a presentation and he'll drop off or, worse, laugh inappropriately. Other times he might work on emails and find himself “coming to” after typing five rows of “m”—he dropped off as his finger hit the key. He'll erase the lines only to have the same thing happen again.

“You need to undergo a sleep study. Set an appointment with someone who can refer you.”

When I visited his home a couple of months later, Tonio had replaced the ruined car but failed to schedule a medical appointment. I nagged and prodded until he did—mothers do have that option—and I shared internet information on narcolepsy. To his astonishment, Tonio found descriptions of behaviors he recognized that previously seemed inexplicable, like laughter at inopportune times. At night, in deep sleep he might race down the hall after an imaginary intruder. Or he'd wake up in bed to find himself paralyzed, unable to utter a sound. The paralysis fades within thirty seconds, but it's terrifying while it lasts. Thus, even before a sleep study confirmed the suspected condition, Tonio learned things about himself.

Though he couldn't pinpoint any specifics, my son had suspected for some time that something was amiss. Thus he settled on a career that involves a good deal of airplane- and cab travel—good in that it limits his time behind the wheel; not so good in that he crosses several time zones at a stretch, which contributes to sleep disruption and obscures the underlying problem.

Tonio has been fortunate that his company allows him to work from home when he doesn't travel. He can take breaks whenever the "dropping-off" moments turn unbearable. Stepping outside to throw the ball to the dog or water the garden helps him return to the computer and carry on. When driving, he keeps a granola bar within reach, for he has found that eating a bite has beneficial effects. Often he pinches himself to stay awake.

Before his condition was known, his wife, noting his pinching as he drove, would yell that he endangered her life and that of their child. "How can you be so lacking in self-discipline? Why can't you get enough sleep?" The altercations would interrupt the monotony of driving; on the other hand, they contributed to stress with the potential of making things worse.

"Ask you wife to drive," I said sensibly, albeit knowing that a mother's suggestions aren't easily heeded.

When the diagnosis came in, Tonio found he'd have to live with a neurological state of mind, something he'd more or less managed already. True, medication can keep the afflicted individual awake, and Tonio takes it when he must, but he finds that a hyped-up sensibility can be worse than a narcoleptic one. Apparently he acquired the condition in late adolescence or young adulthood.

Still it's a relief, he says, to understand what ails him. He no longer berates himself about perceived inadequacy. In college he was embarrassed to find himself asleep, even in the presence of a favorite professor or while learning stuff that interested him. He used to try various tricks to avoid dropping off: he'd force himself to sit in the front row, thinking the added awareness would keep him alert. That didn't work. Sitting further back to avoid the professor's scrutiny had no effect either. He scheduled important classes in the AM, for eating lunch seemed to exacerbate what he took to be chronic inattentiveness. That, too, helped only marginally.

I have urged Tonio, as I have my other two sons, to call me promptly if sleepiness sets in on a drive. A conversation touching on controversial subjects (I'm never short on these) can keep you on your toes. I worry that, in time, Tonio's condition might slip under the radar. He'll forget, or his loved ones forget, just how vulnerable the disability renders him, not to mention those who might cross his path at the wrong moment.