

The Sleep Well Workbook

A step-by-step programme for insomnia &
companion to You Can Sleep Too!

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The Sleep Well Workbook

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INTRODUCTION



To quote Pink Floyd, 'If you don't eat your meat, how can you have any pudding? How can you have any pudding if you don't eat your meat!' Maybe you prefer a nice chickpea and lentil curry, and you are already eyeing up your chocolate melt-in-the-middle pudding with Hocking's Dairy Cream Ice, but the point I am making is still the same.

If you didn't read the blurb before purchasing, that's OK, I probably wouldn't have done either, and that chuck-yourself-in-at-the-deep-end attitude will help with all the behaviour changes recommended in this book. But, if you have picked up this book without reading ***You Can Sleep Too!***, I would highly recommend that you read that one first before commencing with the **Sleep Well sleep-coaching course**.

You Can Sleep Too! contains all the sleep knowledge. Sleep knowledge is the foundation that you need to build on.

Without first addressing the inaccurate beliefs you may well hold about your sleep, the result will be that you are far less willing to do the quite-hard-at-times behaviour changes outlined in this book. This is because you will not know why they are so important.

Without that foundation of evidence-based sleep knowledge, you also will be far more likely to fall back into old habits and behaviours, or to not continue with the **Sleep Well sleep-coaching course** when things get a little difficult.

Another major barrier to overcoming insomnia, especially for people who have had it for a long time and tried *everything* else but nothing has worked, is that their confidence that insomnia can be overcome has been completely eroded.

In ***You Can Sleep Too!*** I recount my own twenty-year battle with insomnia and tell you how I overcame it with CBTi. By showing you how I overcame my insomnia, I will

give you your confidence back so that you can overcome yours.

Before starting this programme, I really want you to have a firm belief that your insomnia can and will be beaten; armed with that certainty, you will be unstoppable! So, if you are hanging around in cyberspace with a load of likeminded insomniacs, I'd strongly advise you to abandon ship before starting this programme. This might seem like I'm taking a support network away from you, but please flick to the Insomnia, loneliness and social media chapter at the back of this workbook to understand why I'm asking you to do this.

I will also be referring to my first book frequently. If you have already read my first book, **You Can Sleep Too!**, thank you for reading it. This one is a little different from the first as it is a week-by-week, step-by-step workbook.

Please try to do all the steps outlined and in the order that they appear. The course has been structured in such a way as to make these behaviour changes as easy as possible; however, they will still require some commitment. But they do work!

These changes can be hard to make, but I know from first-hand experience how completely life-changing they are.

To complete the programme, you will need either

an A4 blank lined workbook where you can write everything down.

or

Download (for free) and print the worksheets from youcansleeptoo.com (there are a lot of them so check your cartridge!)

or

a copy of **The Sleep Well Journal** (You can find this on Amazon by searching the title and Pannell).

The Sleep Well Journal is a 253 page workbook with all the exercises already laid out for you, ready to be filled in. This journal will make things easy for you. Whatever option you choose, the important thing is having something where you can put pen to paper.

So, grab yourself a lined notebook or a copy of *The Sleep Well Journal* and a pen, and let's do this!

About the course

The Sleep Well sleep-coaching course starts with groundwork and then there are five stages of practical behaviour changes that are designed both to build your sleep drive and to help change your mindset around sleep. This mindset shift will help you to tackle the anxiety and worry that you may attach to sleep.

Some of the steps I will be recommending will seem very intuitive, and it will be obvious why I am asking you to do them - waking up at the same time, for example, stimulus control, or setting yourself a buffer zone.

On the other hand, some of the things I will recommend that you do, such as writing a gratitude journal, keeping a thought record and using the memento method may seem less intuitive and less directly related to sleep.

Let me explain briefly why I will be suggesting that you do these things. It is important to think about insomnia not as a sleep disorder but rather as a 24-hour disorder. This is because insomnia is something that has an impact on all 24 hours of the day.

Have you noticed how much you have adapted your behaviours during the day in order to try to protect your sleep or to force yourself to sleep at night? I certainly did, and these my day-time behaviours only served to feed my insomnia at night.

They also left me feeling isolated, and they eroded my self-esteem and self-confidence. This is all part of the condition; insomnia is so much more than not being able to sleep at night.

So, if I'm asking you to get light first thing in the morning, exercise during the day, complete a gratitude journal in the evening, I am asking you to do this to tackle the whole condition, all 24 hours of it.

The day is also where you build your good sleep for the night. You have no control over your sleep at night-time, and trying to force and control sleep at night is what can fuel insomnia. Therefore, I have taken the focus away from trying to sleep at night (which you cannot control) and shifted it to what you can control (what you do during the day).

Essentially, there is method and reasoning behind all these exercises. And they are

all put in place not only to help you sleep at night but also to help you enjoy your day (in order to sleep at night) and, eventually, to lift you back up to a place of confidence and contentment – the place where you were before you had the condition.

This **Sleep Well sleep-coaching course** includes:

1. **Re-education** to address your unhelpful beliefs around sleep and to replace them with factual information. (The bulk of this was all done in *You Can Sleep Too!*, so if you have skipped that book, you are missing out on the absolute foundation my methodology – please do read it!)
2. **Behavioural changes** to help build your sleep drive (behavioural changes also produce cognitive changes).
3. **Cognitive restructuring** to tackle your anxiety, obsession and worry around sleep. Cognitive restructuring also helps with relapse prevention.

The exercises in this workbook that I have tailored for you are all designed to build the sleep drive and/or to effect cognitive changes. Some also have the added benefit of helping you to feel amazing. And if you feel good while doing the course, you're much more likely to stick at it! Please do all of them as best you can!

If you would like help with this course, I offer one-to-one online support that follows this five-stage programme but is tailored and adapted to your individual needs and life. The course includes:

4 x Sessions via Zoom every two weeks (stages 1-4)

1 x 'Catch up' session via Zoom (four weeks after completion of stage 4)

This package also includes regular phone calls throughout to help you feel supported every step of the way. Please visit sleepprep.com to book!

All that said, let's do this!



Groundwork



GROUNDWORK



Getting clear

Always watch where you are going, or you may step on a piece of the forest that was left out by mistake.

- Winnie the Pooh

Why do you want to overcome insomnia?

This sounds like a stupid question. Insomnia is horrible, of course you don't want it in your life.

But why **exactly** do you want to cure your insomnia?

Making behaviour changes and breaking habits are hard in the short term; sometimes they can be very hard, so it is important to be very sure about exactly why you want to put yourself through this programme.

You need something compelling to aim for, and you need to be very clear about what that is, so when things get dicey in the short term, you stay on track and keep moving towards your aim.

To help you get very clear on why you are doing this programme, I am going to use an adapted cognitive-restructuring technique exercise I learnt from Tony Robbins.

As you have already read *You Can Sleep Too!*, you can probably guess some of the habit-and-behaviour changes that are coming up during this five-stage programme.

The most effective one is using sleep windows or sleep scheduling.

The three main components of sleep windows and sleep scheduling are

1. A fixed wake time

2. Going to bed at the time when - or after (if you're not feeling sleepy) - your sleep window begins
3. Stimulus control (leaving the bedroom if you're starting to feel stressed or anxious).

Other behaviour changes that will help you overcome insomnia include:

4. Getting light during the first third of your day
5. Being active during the day
6. The buffer zone
7. The timeless night.

The exercise I am using to help you fix your aim is called 'Getting clear' and it is outlined next. It is important to physically write your answers down as there are a great number of scientifically proven benefits of doing so.

If you skipped the introduction.

All the exercises can be filled in on The Sleep Well Journal. This can be downloaded for free from youcansleptoo.com or a hard copy can be purchased from Amazon.com

GROUNDWORK: EXERCISE 1



Getting clear

Step 1

What behaviour would I like to change?

Step 2

What is the pain associated with taking this action and changing this behaviour?

Step 3

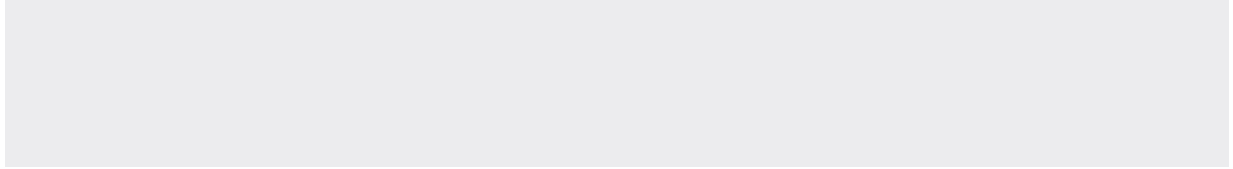
What pleasure have I got in the past by continuing this behaviour?

Step 4

What will it cost me over the long term if I don't change this behaviour?

Step 5

What pleasure will this new behaviour give me? And what will I gain from doing it over the long term?



* * *

You can perform the exercise outlined with as many behaviour changes as you can think of, but the most important ones are the three already outlined, so definitely try to do these if possible.

I would recommend that you spend twice as long on step 5 as all the other steps combined.

If I had done this exercise when I still had my insomnia, this is what mine would have looked like for behaviour change 1 - Setting a fixed wake time and getting up at the same time.

GROUNDWORK: EXAMPLE 1



Getting clear

Step 1

What behaviour would I like to change?

I would like to get up at the same time every single day.

Step 2

What pain do I associate with getting up at the same time every day?

Setting an alarm and getting up when I haven't slept well is hard, and it doesn't feel good. It is hard to leave a warm bed and push away the possibility of sleep in the short term as it will mean that I may be tired, stressed and anxious during the day.

Step 3

What pleasure have I had in the past by sleeping in late?

If I didn't sleep well, and I slept in late that meant that I could catch up on sleep and feel less stressed and anxious during the following day.

Also, I tend to sleep much better in the morning than early on in the night, and this is when I get my best sleep, so it would be lovely to just stay there if I am asleep.

Step 4

What will it cost me in the long term if I don't change this behaviour?

I will continue to have insomnia. I won't engage in my life fully, and I will continue to see the bed as a place of fear and worry. It will steal from me my enjoyment of the day, and of the night.

Step 5

What pleasure will I gain over the long term if I wake up at the same time every day?

Waking up at the same time every single day is the most important, evidence-based cure for insomnia. If I were to cure my insomnia over the long term, I would no longer feel anxious and stressed at night-time and no longer spend hours and hours in bed forcing, fighting and pleading with sleep. It would give me an escape from all of that.

I would take on more challenges, live more fully, start doing all the things I love again. I would have better relationships, and it would have a massive positive impact on everyone else around me in my life. I would no longer worry about doing the things I love during the day and in the evenings because I fear it will impact my sleep over the short term. I could use the mornings to go running, go surfing, do yoga with Adrienne, take the dog out and watch the sunrise, which would set me up for a wonderful day. If I were to change this one habit, I would be healthy, happy and strong and it would change my entire life for the better.

★

Sounds compelling right? One habit-and-behaviour change for all of that, for the remainder of your life. You need something chasing you - the proverbial stick - (i.e. the pain of not changing your behaviour) and something to run towards (the carrot, aka the pleasure of changing your behaviour)! If you make this behaviour change compelling enough, when that alarm sounds, no matter how painful it is to prize yourself out of bed when you don't absolutely have to, nothing is going to stop you!

I would advise that you repeat the exercise for the other two habit-and-behaviour changes.

2. Going to bed at or after (if not feeling sleepy) your sleep window begins
 3. Stimulus control (leaving the bedroom if starting to feel stressed or anxious)
- And if you would like to, the following behaviour changes would be great as well:
4. Getting light during the first third of your day
 5. Being active during the day.

6. The buffer zone
7. The timeless night.

All these questions and the boxes to fill in are included in ***The Sleep Well Journal***.

Sciencey stuff 1

Writing things down

I know it has probably been a long time since you were at school, so there may be a little bit of you that begrudges writing things down in a workbook.

But there is also an evidence-based reason why I am asking you to physically put things down in ink, and I'm going to quote some papers and chuck some words at you that I don't fully understand either to hopefully convince you how worthwhile all this is to do.

The reason why handwritten notes are a such a powerful tool is because they are amazing for encrypting embodied cognition.

The idea behind embodied cognition is that the mind is not only connected to the body but that the body influences the mind. This in turn supports the brain's capacity for the retrieval of information. It does this because the learning process is reinforced by 'the mere physical act of shaping letters [which] activates the motor memory in the sensorimotor zones of the brain' (Alonso 2015, p. 265) and 'sensorimotor systems are primarily responsible for the control and execution of motor behaviors, and their refinement during learning and development' (www.nimh.nih.gov/research/research-funded-by-nimh/rdoc/constructs/sensorimotor-systems).

Put simply, physically writing things down activates different areas of the brain which in turn makes it easier to remember things.

Note taking is also great for metacognitive thinking. Metacognition is 'thinking about one's thinking', or in simpler terms, it's our 'awareness of our own thoughts'.

Essentially, if you write things down, science has proven that it will help you understand and remember everything a lot more effectively.

Your goal is to overcome insomnia, and you are more likely to achieve your goal by writing things down. Much more likely, in fact.

Psychology professor Dr Gail Matthews conducted a study of 267 individuals and concluded that 'You are 42% more likely to achieve your goals, simply by writing them down on a regular basis' (see Gardner and Albee 2015).

Another reason why it is so important to physically write things down is because doing so will give you a physical record to keep hold of during your journey to overcoming insomnia.

You will find this helpful to you because reminding yourself from time to time when things get difficult by flipping back through your workbook will really help you to remember why you are doing it. It will help motivate you when you see your achievements in black and white and assist you in staying the course when things get tricky.

And if all this science isn't enough to convince you how important writing in journals is, I'm going to use the best social influencers modern-day society has to offer.

Celebrities

Everybody loves celebrities; their skin is more supple, their eyes more radiant and, if you are lucky enough to get close to one, they all without exception smell like Turkish delight.

Many of them also keep a journal, including Emma Watson, Tim Ferris, Leonardo da Vinci (I know he's been quiet for a while, but he used to be in vogue) and Oprah Winfrey.

Oprah Winfrey journals without fail every single day. And whether she is your cup of tea or not, if you take a look at her life story, she has overcome some incredible challenges to get to where she is today, and she has credited her daily journaling as being instrumental to her success. In her own words: 'It's astonishing to be able to track your own evolution - who I was, who I'm still becoming' (www.oprah.com/spirit/oprahs-private-journals-diary-excerpts/all).

I was given and kept my own workbook during my own course (mine was a CBT-I course), and it was key to helping me cure my own insomnia.

Writing things down works, so please try to do it!

Reducing sleeping tablets

In *You Can Sleep Too!* I discussed why I took sleeping tablets and the attachment I had to them.

I had hundreds of active sleep efforts during my insomnia, but the one that trumped them all and the one thing that I placed most confidence in, the thing that I thought really 'made me sleep' (and therefore eroded the most confidence in my innate ability to sleep) was sleeping tablets.

While sleeping tablets help to reduce anxiety, they do not make you sleep. Only the sleep drive can do that.

It's common for people to question the validity of this statement of fact, especially people who take sleeping tablets that do 'make' them sleep.

If this resonates with you, I'm going to use what CBT calls 'Guided discovery' to explore it, and in the process hopefully undermine the belief that sleeping tablets do 'make you sleep'.

Guided discovery

If you were to wake up in the morning after 7 hours of sleep, having taken a sleeping tablet the night before, if you took another sleeping tablet would you sleep for another 7 hours?

If you woke up after that 7 hours and took another sleeping tablet. Would you then sleep for yet another 7 hours?

If you took them indefinitely every time you woke up after 7 hours, could you - in theory - sleep all the time and never be awake?

When you look at it under a microscope like this, it becomes clear that sleeping tablets do not 'make' you sleep. When you have slept in the past, you did it all by yourself because you had that drive to sleep.

Just knowing that sleeping tablets do not produce sleep can be very helpful in your journey to eventually letting go of them. That said, if you have as much attachment to sleeping pills as I had, you will possibly still not find the process of reducing and eventually eliminating them easy. Writing down a step-by-step plan of how to do this should make things less of a challenge, however.

A word of caution: When you are making any changes to your sleeping pills, please do so under the care and advice of your doctor as this book is not here to provide medical advice!

Reducing sleeping tablets can cause rebound insomnia which will mean that your insomnia may get worse over the short term. This is only temporary, but this worsening of insomnia can lead to anxiety. It is important to know, however, that it is incredibly common for rebound insomnia to happen and that your sleep will very quickly normalise.

To reduce this anxiety as much as possible, I am going to give you control, and hand it over to you to decide what you would like to do with your sleeping tablets.

As you have already read *You Can Sleep Too!*, you understand your sleep now. So when it comes to reducing or stopping sleeping tablets, trust yourself! You will know what is best.

Let's start with the first step of making a plan.

Have a think about how stopping sleeping tablets makes you feel. Think about stopping cold turkey and about how a gradual tapering off makes you feel.

Have a think about when you may feel ready to make changes and what needs to happen first before you reach this stage.

My objective is to make these hard behaviour changes as easy for you as possible, and I would always advise that you err on the side of kindness and self-compassion when tackling these behaviours and do them in your own time.

You may well have had insomnia for twenty years, so perhaps you're excited about finally tackling your insomnia for good. This was how I felt, and a big part of me just wanted to chuck the sleeping tablets straight in the bin right away. If this is also you, even if it takes six months for you to completely stop taking sleeping pills (as it did for me), that is still a comparatively very short time, so it is still amazing progress.

Unless you feel ready for it, and would like to, I would advise making no changes to your sleeping pills during the first, second or even third week of the programme. During the first stage of the course, you will already be making lots of habit-and-behaviour changes, so perhaps give yourself permission to not add another one right away.

Perhaps you are happy to make behaviour changes, but the thought of reducing sleeping tablets is one step too far. No problem!

This method still works regardless of whether you are taking sleeping pills or not, so you can complete this programme while still taking them at your current rate. If, however, during or after the programme you do feel ready - wonderful - start implementing that change as and when you feel ready to do so.

As with everything in this programme. It's your sleep, so it's your decision!

GROUNDWORK: EXERCISE 2

PLANNING TO REDUCE SLEEPING PILLS



Look at your current sleeping tablet usage. It may be every night. Or perhaps you are only prescribed, for example, 28 that you take over 3 months.

If you take sleeping tablets every night, your planning job for this task is easier.

If you take sleeping tablets sporadically (some weeks you take one sleeping tablet, some weeks you take four or five etc.), then it's a little trickier. But please work out an average amount you take per week and decide which days you would like to take them.

Say, for example, you are prescribed 28 sleeping tablets every three months. That would work out at roughly two pills a week. So perhaps you want to take a sleeping pill on, for example, Monday and Thursday.

The objective of fixing the days is to add some structure and regularity to your sleeping tablets without taking them away completely. After you have chosen your days, set yourself a plan by breaking the course into five stages. Shown is an example of what your plan may look like.



GROUNDWORK: EXAMPLE 2

PLANNING TO REDUCE SLEEPING PILLS



What days will I take sleeping pills?

Monday and Thursday.

Stage 1: Week 1

Whole tablet. (On Monday and Thursday)

Stage 1: Week 2

Whole tablet. (On Monday and Thursday)

Stage 2: Week 3

0.9 of a tablet (On Monday and Thursday)

Stage 2: Week 4

0.8 of a tablet

Stage 3: Week 5

0.7

Stage 3: Week 6

0.6

Stage 4: Week 7

0.5

Stage 4: Week 8

0.4

Stage 5: Week 9

0.3

Stage 5: Week 10

None! 0.2 of a tablet will not do anything and I have proven to myself I can sleep without them!

The gradual tapering-off approach shown in the example can be helpful to you because during the course you will find that as your sleep drive increases and your anxiety around sleep reduces, your sleep confidence will grow. This will assist you in feeling less reliant on sleeping tablets and more reliant on your own innate ability to sleep.

If the example above seems too quick a reduction, perhaps decide to reduce your sleeping pill amount every two weeks or every four weeks.

Also, if you find during the course that the plan you have set yourself is too difficult or causing anxiety, then feel free to pause for a week. Perhaps on Week 4 you take 0.8 of a tablet but don't feel ready to reduce again on Week 5. No worries! It took me many months to phase out my sleeping pills, but I got there, and you will too. And you will be better off pausing on a week and taking things slowly than trying to force yourself to get to the finish as quickly as possible.

Also feel free to rewrite your plan at any time. If you have found that you have bitten off more than you can chew, change it to something more palatable.

If you pause for a week or rewrite your plan, you're still on the right path, you're just taking a little break as you progress along it!

What's quite important is not to go backwards, and it also advisable not to take sleeping tablets contingently. What I mean by not taking sleeping pills contingently is saying to yourself,

I won't taking a sleeping tablet tonight **unless** it takes me X amount of time to fall asleep.

Or

If I don't sleep well tonight, I will take a sleeping pill tomorrow night.

Taking sleeping tablets contingently can reinforce the false belief that sleeping tablets make you sleep and increase attachment to them, so it is best avoided.

Take a tablet contingently when you are not supposed to? If you do, no problem. Nearly everybody finds reducing and eventually stopping sleeping tablets hard, and I was one of them, so if you do too, you will be part of the majority.

Remember you don't have to be perfect for this programme to work for you, just good enough! So please no guilt or self-condemnation.

If you do take a sleeping tablet contingently one night, just use it as an opportunity to reinforce your successes up to this point and to strengthen your resolve for the next night.

General sleep advice

We cannot change anything unless we accept it. Condemnation does not liberate, it oppresses.

- Carl Jung

Sleep hygiene (for tapirs)

Ensure a cool, quiet, lion-free environment. Mud should be damp but not wet.

You have insomnia, so you and I both know that you already know everything there is to know about sleep hygiene. (So I thought I'd tell you something you didn't know already.)

But just to make sure, here is a list of the standard sleep-hygiene rules:

1. Try to stop drinking caffeine before 3pm.
2. Keep the bedroom cool, dark, and quiet (loud noises can disturb your sleep and affect your sleep quality when you are asleep, even if you are not aware of them. So, ear plugs, and eye masks are great).
3. Have a comfy bed (so you look forward to going to it, and so that you get good sleep quality).

4. Don't eat too late to make sure that the body isn't trying to do two things at once (digest a meal and start getting you ready for sleep).
5. Be mindful of alcohol as this can make your sleep lighter.
6. Don't exercise 2-3 hours before going to bed.

Is all this good advice and does it have an evidence base? Yes, and all these things are likely to improve sleep quality, but they cannot, and will not, cure insomnia.

When it comes to sleep hygiene, just like everything else, intent is everything.

Another reason sleep hygiene can be problematic is because feeling like there is a list of things you must do to **make** sleep happen makes you feel as though sleep is incredibly complicated and complex.

But it isn't. (Have I told you about the sleep drive before? If not, you've skipped *You Can Sleep Too!* If I have, you're sick of hearing about it, so I'm not going to mention it again - although technically I just have.) This false belief, however, makes you more anxious and worried about sleep.

Does all this mean that you shouldn't have your bedroom dark or cool or quiet or adhere to this advice. No, absolutely not. I much prefer a cool bedroom, and I also sleep with an eye mask because I like the feeling of it and the darkness it produces.

But the difference between how I am now and how I was when I had insomnia is that I'm no longer ritualistic about sleep habits, and I'm not obsessive about any of these things.

Now that I no longer have insomnia, I break many of these sleep hygiene rules frequently. So, if you find yourself condemning yourself for drinking a sugar-free, cinnamon, dolce soy skinny latte at 3.22pm, you're right to do so (you're not that precious), but the timing really doesn't make much difference. Also, if you want to join an exercise group that finishes quite late - amazing! - go and do it!

So, when it comes to sleep hygiene, follow the rules if you want to and because you like a cool bedroom and a comfy bed etc. But as with all sleep efforts, don't do anything with the intent and purpose of it making you sleep. Because that will always backfire...

Sciencey stuff 2

Habit building

You may have heard, as it is often touted in areas from weight loss and exercise to learning an instrument that it takes twenty-one days to form a new habit. The origin of this came from the plastic surgeon Maxwell Maltz, who would observe that after surgery (rhinoplasty or a facelift, for example) it would take his patients a minimum of twenty-one days to get used to the changes he had made. He wrote about this in *Psycho Cybernetics* (a book that sold over 30 million copies, so it is easy to see how the twenty-one-day thing all started), where he said:

These, and many other commonly observed phenomena tend to show that it requires a minimum of about 21 days for an old mental image to dissolve and a new one to jell.

Maltz 2015

This was his observation, but it was only his observation, not a statement of fact. And what is often missed is that he stated that the twenty-one days was a minimum time frame.

A study by Phillipa Lally at University College London found that it took on average sixty-six days for a new behaviour to feel automatic. She observed, however, that this can vary widely depending on the type of behaviour to be changed and on the person (see Lally 2010).

Now, sixty-six days isn't as encouraging as twenty-one days, but this time frame, or even a longer one, is very achievable.

In my own experience, I would say it wasn't until a few weeks after the course finished that my new behaviours became automatic. I saw results almost immediately, but the real change in habitual thinking probably took me around three months. A little longer than sixty-six days, but a very short period of time in the grand scheme of things.

Does that mean it will take you three months? No! It may, or it may take less, or it may take more. I can't give you a time frame, but I can tell you that when it comes to curing insomnia, consistency is key, and that you will get there.

So how are habits created, and how do we make new ones?

Neuroscientists have discovered that what happens in the brain when we repeat something over and over is that a pathway called a neural circuit is formed, and it gets stronger every time we think or do the same thing. Like a river cutting through a valley, the longer it flows in the same path, the deeper and stronger that path becomes. That's how habits are made.

Our entire lives are driven by habitual behaviour and thinking, but very rarely do we notice it.

Say every day you always turn off at the same junction on the motorway. Today however you need to go shopping and to carry on to the next junction. What's the chance of you taking your usual exit anyway?

The chances are pretty high, and you've probably done that or something similar a fair few times in your life...

Moments like this happen to nearly everyone, but what makes them so shocking and memorable is that they highlight a fundamental paradox in the human experience: despite our sense of control and purpose in our lives, a significant proportion of our daily behaviour is actually driven by habit.

Although the degree to which habit drives human behaviour is difficult to estimate, one study asked participants to record their actions every hour and found that nearly half of their actions were performed almost daily and in the same context. Habits serve a critical purpose in making our behaviour more efficient, reducing the decision burden we face each day and freeing up mental energy for more demanding tasks. But in order to keep established habits from interfering with current needs and plans, the brain has to be able to use and switch between two different strategies: one based on habits, and one based on goals.

(Mendelsohn 2019, e49)

Insomnia is driven by habits, habitual behaviours and habitual thinking. You would think that the brain would discriminate between good habits and bad and favour the good. However, this isn't the case as the brain is a very liberal piece of grey matter.

To conserve energy, it will invariably take the easiest path, even when this is detrimental to you.

This programme is all about building new habits, and to build a new habit, it's not enough to simply stop doing the old habit. You need to replace that old habit with a new one, and habits are built by repeatedly performing the same action over and over again.

Neuroscience explains why changing a habit is so hard: you are actively choosing to go against what the brain wants to do; you are taking the path of most resistance. But every time you do a new behaviour or think a new thought, you are forging a new neural circuit. Repetition of that new behaviour or thought pattern reinforces that new neural circuit. To use the river analogy again, repetition cuts that new path deeper and deeper, until eventually you will find that your new behaviours and thought patterns are not new behaviours anymore, they are just 'what I do'! And when your new behaviours become habits, it will be harder for you to do your old behaviours and think your old thought patterns than it is to do the new.

My beliefs about sleep

Changing habits can be hard in the short term, so it is important that you can look back and see progress. Even if you haven't arrived where you want to be yet, just seeing in black and white that you are growing and progressing can really help you stay the course, so in this next section I would like you to think about where you are now with your sleep.

Perhaps after reading *You Can Sleep Too!* you have already made progress with your thought patterns and behaviours.

If that is the case, please fill in the scale twice. With one pen colour, fill in the scale with how you felt when you were completely at sea with your sleep. With a different coloured pen, fill in the scale indicating where you are now.

At the end of the course, you can go back and fill it in one more time to show to yourself just how far you have come!

GROUNDWORK: EXERCISE 3

MY BELIEFS ABOUT SLEEP



Please circle a number to indicate how much you personally agree or disagree with a statement

(1 = strongly disagree, 10 = strongly agree)

1. Everybody needs 8 hours of sleep.

0 1 2 3 4 5 6 7 8 9 10

2. If I sleep poorly, I should lie in, nap during the day and go to bed early the next night, even if I do not feel sleepy.

0 1 2 3 4 5 6 7 8 9 10

3. I have no control over how I will feel the next day if I sleep poorly.

0 1 2 3 4 5 6 7 8 9 10

4. It is better to take a sleeping pill than it is to sleep poorly.

0 1 2 3 4 5 6 7 8 9 10

5. I have no control over how well I sleep over the long term.

0 1 2 3 4 5 6 7 8 9 10

6. I avoid or cancel doing things in order to protect my sleep.

0 1 2 3 4 5 6 7 8 9 10

7. I believe that there is something wrong with my brain, and if I can fix this through supplements then I will sleep well.

0 1 2 3 4 5 6 7 8 9 10

8. When I pick up a suitcase that I thought was full, but that actually wasn't, for a split second I feel really strong.

0 1 2 3 4 5 6 7 8 9 10

9. If I sleep poorly one night, it will have a knock-on effect during the following week and ruin my sleep schedule.

0 1 2 3 4 5 6 7 8 9 10

10. If I sleep poorly, I will feel depressed, stressed and anxious the following day, and there is nothing I can do to make myself feel better.

0 1 2 3 4 5 6 7 8 9 10

11. The events in my life control my sleep, and the only way to cure insomnia is to change these.

0 1 2 3 4 5 6 7 8 9 10

12. I believe the longer I spend in bed, the greater likelihood I will sleep.

0 1 2 3 4 5 6 7 8 9 10

13. I believe that the harder I try to force sleep, the greater the likelihood I will succeed.

0 1 2 3 4 5 6 7 8 9 10

14. If I can unpick and solve the trigger to my insomnia, then I will sleep.

0 1 2 3 4 5 6 7 8 9 10

15. Insomnia has ruined my ability to enjoy life and prevents me doing things that want to do, and I have to fix insomnia first, before doing these enjoyable things.

0 1 2 3 4 5 6 7 8 9 10

16. The bed is a frightening place to be that causes me anxiety.

0 1 2 3 4 5 6 7 8 9 10

17. I need to set myself a fixed bedtime.

0 1 2 3 4 5 6 7 8 9 10

18. If I sleep poorly one night, I should go to bed early the next, even if I am not sleepy in order to catch up on sleep.

0 1 2 3 4 5 6 7 8 9 10

19) If I bang my head or stub my foot on an inanimate object, I will look at that object accusingly.

0 1 2 3 4 5 6 7 8 9 10

Sciencey stuff 3

The sleep-debt myth

Do you think that if you 'lose' three hours of sleep on Monday, you therefore need to 'catch up' on three hours of sleep on Tuesday?

Sleep doesn't work like that, and hopefully, as you have read in the first book, you have started to let go of the focus on sleep quantity and shifted it more towards sleep quality.

Generally, you will need to sleep more the next night if you slept less on the previous one; however, research suggests that you need to make up less than one-third of the hours lost. This is due to the fact that 'insufficient sleep induces recovery sleep comprising proportionately more REM and deep sleep' (Espie 2013, p. 218).

The brain is pretty smart. If you feel you have 'lost' three hours of sleep, you need to make up less than one. But in reality, **you** don't need to do anything as the brain automatically knows what to do.

And what's that? That's right - Nothing!

You don't need to get those three hours back by napping or sleeping late. The body automatically knows what to do and will do it. It will likely make you feel sleepier a little earlier than usual, that's all. So, as always, if you slept poorly

go to bed when sleepy and get up at the same time every day.

That's it!

The Marie Method

The important thing in tidying is not deciding what to discard but rather what you want to keep in your life.

- Marie Kondo

A few months ago, I dug out my copy of *The Life-Changing Magic of Tidying Up* from my drawer that contains a metronome, a mouth guard, a liquid-chalk window marker, a pair of leaky goggles and a bayonet lightbulb that doesn't fit any of my fixtures.

It's the last messy outpost in my two-bed terrace. Once I proved to myself that I could overcome my greatest struggle by changing behaviours, habits and thought patterns, I took a look around at my life to see what could come next.

When I absentmindedly put my hand down the side of the sofa and pulled out a slice of stuffed-crust Hawaiian, it became glaringly obvious what the next thing would be. (I need to keep at least some integrity so that you trust in my expertise, so obviously that never actually happened. I'm incredibly middle class, so it was actually a chaise longue and a piece of olive-and-mushroom sourdough thin crust.)

After a couple of weeks of intensive tidying, I now have a house that is in order - not perfect, but good enough.

I loved the simplicity and the effectiveness of the Marie Kondo method, so I'm going to use an adaptation of it to tidy up your active and avoidance sleep efforts.

People cannot change their habits without first changing their way of thinking.

— Marie Kondō

GROUNDWORK: EXERCISE 4 TIDYING UP ACTIVE SLEEP EFFORTS



Write down all of the active sleep efforts that you are currently doing or have done recently, done in the past, and/or might go back to doing in the future.

(As a reminder, active sleep efforts are anything you do to try and make yourself sleep - these can include things like warm baths, kiwi fruit, supplements...)

Put every single one of them down on the list so you can see just how many of them there are. When you see them all piled up like that, it may well surprise you how many of them you have.

(I once moved to an island to live in a tipi to make myself sleep. I had no intention or means of doing it again, but I would include it on the list anyway just to show myself all the things I have done in the past.)

The simple act of writing these sleep efforts down can be enormously helpful. It will probably make it glaringly obvious too you how much effort you are putting in to making yourself sleep - sometimes just seeing them like this for the first time can be enough to neutralise the impact these active sleep efforts are having on you and your sleep. But we are also going to be proactive and tackle them one by one during the course!

Now you have the list, decide where to put things by categorising the list into things that are easy to stop doing, medium and hard.

Once you have done this, please put an asterisk (*) next to the ones that as Marie Kondo puts it - 'spark joy'.

These are your active sleep efforts that help you feel calm, happy and content in the evening that you want to keep: meditation, warm baths, yoga with Adrienne are great ones.

Kiwi fruit, lettuce water, supplements, sleeping on the floor, having to have a certain colour duvet etc. Hmm does drinking lettuce water bring you joy, or are you doing it to make you sleep? Nobody thinks 'Goody gum drops, I get to chug a romaine heart.' Into the bin it goes!

The active sleep efforts with an asterisk next to them you can choose to keep if you'd like, providing you are not doing them ritualistically and with the intention of making you sleep.

If you find yourself saying, 'I did yoga last night, but it didn't work,' that's potentially problematic so have a think about your motivation for keeping it on the list.

Under a new heading 'Things that spark joy', jot down the active sleep efforts you want to keep and cross them off the previous list.

Here is an example of what my own list would look like.

GROUNDWORK: EXAMPLE 4

TIDYING UP ACTIVE SLEEP EFFORTS



Write down all your active sleep efforts

Sleeping in the spare room. Eating kiwi fruit. Booking a long-haul flight to Japan because I once slept well on an aeroplane and I think if I do that it will happen again (this actually isn't one of my own but one I heard of during my course - you are not alone!). Ashwagandha. CBD. Tryptophan. L theanine. Sleeping pills. Drinking valerian tea. Drinking sleepy-time tea. Drinking liquorice tea. Using grapefruit juice to make supplements more effective. Using 'David delight pro' head set. Lying on acupuncture mat before bed.

Reading. Staring at the fire. Watching a recorded sunset before bed. Warm baths. Listening to the 'Detectorists' at a low volume. Listening to Pink Floyd on low volume through headphones. Sleeping at the opposite end of the bed. Sleeping with my mattress on the floor.

Yoga with Adrienne. Warm baths. Sleeping in a hammock. Sleeping outside in a tent. Lavender. Warm baths with lavender. Warm baths with lavender and Epsom salts. Lettuce water. Cherries. Meditation. Omega 3 fish oil. Moving to the San Juan islands and living in a tipi. Watching teletext. Progressive muscle relaxation. ASMR. Hypnosis. Acupuncture. Reflexology.

Things that are easy to stop doing, medium and hard

Easy	Medium	Hard
<i>Lettuce water</i>	<i>CBD</i>	<i>Sleeping in spare room/bed share</i>
<i>Lavender</i>	<i>Tryptophan</i>	<i>Sleeping pills</i>
<i>Kiwi</i>	<i>L theanine</i>	
<i>Using grapefruit juice</i>	<i>GABA</i>	
<i>Licorice tea.</i>	<i>David delight pro</i>	
<i>Long haul flight</i>	<i>Warm baths *</i>	
<i>Staring at fire*</i>	<i>Acupressure mat</i>	
<i>Recorded sunset</i>	<i>Detectorists</i>	
<i>Omega 3</i>	<i>Yoga *</i>	
<i>Lavender</i>	<i>Meditation</i>	
	<i>Pink Floyd</i>	
	<i>Reading *</i>	
	<i>Meditation*</i>	

Things that spark joy

Staring at fire, warm baths, yoga, reading, meditation.

* **

Tidying up avoidance sleep efforts

Please complete the same exercise for all your avoidance sleep efforts. Avoidance sleep efforts are those things that you have stopped doing to protect sleep. Or things you would like to do, but don't, to protect sleep.

Again, just the simple act of writing these down all in one place can be enormously helpful as it will very clearly show you just how much effort and force you are using to make sleep happen, and the extent to which insomnia has limited your life.

So, write your list, and when you do, feel free to write out a compelling future of the wonderful things you would be doing if you didn't have insomnia and that you could be doing in the future.

These can be small things and big things too. Perhaps if the perfect job opportunity came up - something that you would really love to do - you would be worried that it might involve lots of travel, and you would potentially turn it down. Perhaps, in the past, you have avoided getting into a committed relationship or cohabiting. Both the examples above are things that I have heard people do to appease and 'accommodate' their insomnia.

So have a think what you would be or could be doing, if you were far less accommodating. Let your imagination run wild. Maybe you would start a business and have loads more money, so you could take a submarine to the bottom of the sea. Maybe you would start bungee jumping or...

...join a netball club in the evening, enrol in a meet-up group, exercise after work (or indeed in the morning at the weekend because you no longer must 'catch up on sleep'), watch live music, surf late in the evening, eat out at a restaurant, meet up with likeminded individuals to flash your interior light in a layby near the Malmaison hotel off Bayshill road...

Anything on your list is possible - and not just once you have overcome your insomnia either. The best way to teach your brain that insomnia is not a threat is to start doing these things, so, during the course have a think about how it would feel to start doing them.

Shown is my own example.

GROUNDWORK: EXAMPLE 4

TIDYING UP AVOIDANCE SLEEP EFFORTS



Write down all your Avoidance sleep efforts.

Staying in a hotel, cancelling plans if I sleep poorly, surfing in the evening, surfing during the day (if I feel tired or haven't slept), going to open mics, playing music at open mics, meeting up with friends, sharing a bed, watching a film before bed (blue light), pursuing my career and starting a new one, making long-term plans, booking a holiday, staying over at friends' houses, going camping, saying yes to a job opportunity which may mean I have to frequently get up early or travel and stay in hotels, going to the gym in the evenings, going to the gym in the morning (if I feel tired), booking fun activities at the weekend in the mornings, camping at the weekends, being more spontaneous because I don't need to worry about sleep...

Things that are easy to stop doing, medium and hard

Easy	Medium	Hard
<i>Watching a film in the evening</i>	<i>Not Cancelling plans</i>	<i>Pursuing my career</i>
<i>Surfing in the evening</i>	<i>Going to open mics</i>	<i>Staying in a hotel</i>
<i>Surfing during the day (if tired)</i>	<i>Playing music at open mics</i>	<i>Making long-term plans</i>
	<i>Booking morning activities</i>	<i>Saying yes to job opportunities</i>
		<i>Going on holiday</i>
		<i>Sharing a bed.</i>

Sciencey stuff 4

Taking the easy road

You will notice that I did not include the category 'things that spark joy' on my avoidance sleep efforts list. This is because everything on my list is either something enjoyable or something that will benefit my overall wellbeing and happiness over the long run.

It's an interesting phenomenon. When things get hard in life and we start struggling, you would think that we would choose to do more of the things that make us feel good to counteract feeling bad. But the exact the opposite is true. This isn't just my observation; it's also an observation backed by science...

The amount of effort required to do something influences what we think we see, a new UCL study has found, suggesting we're biased towards perceiving anything challenging to be less appealing (Hagura et al. 2017).

'Our brain tricks us into believing the low-hanging fruit really is the ripest,' says Dr Nobuhiro Hagura, who led the UCL team before moving to NICT in Japan. 'We found that not only does the cost to act influence people's behaviour, but it even changes what we think we see.'

For the study, published in *eLife*, a total of 52 participants took part in a series of tests where they had to judge whether a cloud of dots on a screen was moving to the left or to the right. They expressed their decisions by moving a handle held in the left or right hand respectively. When the researchers gradually added a load to one of the handles, making it more difficult to move, the volunteers' judgements about what they saw became biased, and they started to avoid the effortful response. If weight was added to the left handle, participants were more likely to judge the dots to be moving rightwards as that decision was slightly easier for them to express. Crucially, the participants did not become aware of the increasing load on the handle: their motor system automatically adapted, triggering a change in their perception.

'The tendency to avoid the effortful decision remained even when we asked people to switch to expressing their decision verbally, instead of pushing on

the handles,' Dr Hagura said. 'The gradual change in the effort of responding caused a change in how the brain interpreted the visual input. Importantly, this change happened automatically, without any awareness or deliberate strategy.'

www.ucl.ac.uk/news/2017/feb/humans-are-hard-wired-follow-path-least-resistance

An awareness that the brain is hardwired to see the lowest hanging fruit as the ripest is important to understand.

When I had insomnia, I believed that I stopped doing certain things for the sole reason that I wanted to protect my sleep. This was in large part true, and a solid grounding in evidence-based sleep knowledge was important to help make the mindset shift to my new belief that, in fact, the things that I avoided doing were actually helping me to sleep well over the long term.

But an awareness that I stopped doing things because the brain is hardwired to take the easy route is also important. Insomnia is a daily struggle in and of itself, so to choose to take on additional challenges when the brain is hardwired not to, well it's easy to see why I didn't...

But taking on additional challenges is exactly what I am asking you to do by completing this course, to actively choose to not pick the lowest hanging fruit and to complete behaviours that are going to be challenging over the short term. So, appreciating that the brain is always looking for a get-out will be helpful on this course.

I'm going to be suggesting that you write in *The Sleep Well Journal* daily. It's not overly difficult to do, but unless it is made as easy to do as possible, science would suggest that it probably won't get done.

I would suggest that you designate a spot for your journal that is easily visible, and make sure it doesn't move throughout the programme. Designate a pen that will only be used for it, and perhaps choose one that you can clip to the front so that it will never go missing.

During stimulus control, if it's cold at night, have a dressing gown ready and perhaps a warm blanket already prepared for you draped on the sofa for when you go downstairs.

Remember when you had a job interview and the night before you would have

everything prepared, your clothes would be laid out, the kettle and coffee machine would be full, you made sure everything was as streamlined as possible the following morning, so you didn't have to think about anything.

Perhaps try to think of the Sleep Well sleep-coaching course in the same way. If you're waking up earlier than usual, have everything prepared to make doing so as effortless as possible. If you're exercising in the morning, have everything laid out, ready to go. If you're reducing your sleeping tablets, choose a reduction so small week by week that it causes you no anxiety to do it in the short term.

Essentially, during all five stages of the course, try to remove as many obstacles as you possibly can from every single one of these exercises to make them seamless. If you do, you will be far more likely to choose to do them. And if you do them, you'll sleep!

Another great technique you can use to override the brain's natural inclination towards taking the easy path is the 5 second rule that I'm borrowing from Mel Robbins.

'If you have an instinct to act on a goal, you must physically move within 5 seconds or your brain will kill it.'

Robbins explains that when you feel an urge to work on a goal, your heart is trying to tell you that there's something you need to do. You then have a 5-second window to get started on that goal before your brain talks you out of it.

Use that 5-second window to do the following:

- Start counting backwards to yourself from 5 to 1: 5-4-3-2-1.
- As soon as you hit '1', push yourself to move. You have to take physical action!

As you count down from 5 to 1 you'll be distracting your brain from coming up with reasons why you should do something else instead - like watch cat videos or reorganising your book shelves.

In addition, you'll be placing all your focus on the goal that you're trying to get yourself to work on. Finally, counting down from 5 to 1 is a starting ritual. It will interrupt old behaviour patterns and trigger new ones.

The 5 second rule is a brain hack. It's a form of metacognition which allows you to trick your brain so it can't sabotage your efforts. ...

Robbins explains that when you have an instinct to work on a goal, in 5 seconds the following can happen:

- Doubt can take over.
- Fear can take over.
- Overanalyzing can take over.

All of these things can prevent you from acting. And the reason that doubt, fear, and overanalyzing occur is because your brain is designed to stop you from changing. This is because change is uncertain, scary and new, and your brain's main function is to keep you safe.

However, the opposite is also true. In 5 seconds you can get yourself to act by using the 5 second rule.

<https://daringtolivefully.com/the-5-second-rule>

I discussed frequently in *You Can Sleep Too!* how the brain's primary function is to keep you safe (and here it is reiterated again in this article) and how its misguided attempts at doing so can cause and perpetuate insomnia. It seems that this hardwired threat-monitoring system can also prevent you from taking the steps to overcome insomnia too, so it's well worth having something very easy to do that can counter act that.

I will be posting a link to the 5 second rule in the Recommended resources section at the back of this book. This webpage also explores why this 5 second rule is so effective by delving into

- The Do Good, Be Good Principle
- The Progress Principle
- and
- The Feelings are Just Suggestions Principle.

Consistently using the 5 second rule principle can not only help you overcome insomnia; once it has become a habit, it can also be used to improve many other areas of your life too, so it's worth doing.

A LITTLE PEP TALK BEFORE YOU BEGIN



This short chapter talks about the erosion of confidence and self-esteem in insomnia, so it may well not apply to you. If that is the case, you're probably not going to want to hear what I have to say, so please just skip it.

But if that resonates with you...

Imagine you were taking care of yourself like somebody you actually cared for and wanted the best for. And then you thought, OK I am caring for this person, I would like things to go as well for them as possible... How does that sound?

I know from personal experience that this is a hard thing to think and do when you have insomnia. It was hard to do the things that were good for me and my sleep because I didn't know for twenty years what those things were. By the time I did know what those things were, it was hard to do them.

Over two decades, the narrowing of my life resulted in my confidence and self-esteem being eroded to such an extent through endless negative self-talk, criticism and judgement (What's wrong with you? Why can't you just go out in the evening and have a good time like everybody else without constantly worrying about your sleep tonight? Why can't you share a bed with your wife, it's so easy? Why can't you do something so simple that everybody else on the planet can do without thinking, you're like a 14 year old boy, there must be something wrong with you... round and round.)

So, when it came to treating it properly with something that would work but that would require effort, there was a part of me that didn't feel I was somebody that I actually cared for anymore. Also, the behaviour changes were hard, and I was being asked to do something incredibly hard, not only when I was at my lowest point, but also when I was still sleeping poorly.

But if you are somebody who has had their confidence and self-esteem eroded by insomnia, please – even if it’s not true yet – complete the course as if you were somebody you cared for and wanted the best for, who understands how much potential there is within you to set everything straight.

This involves making everything as easy for yourself as you possibly can in order that you keep going with it. It also involves doing everything as best you can. And, when like me and everybody else, you do the course imperfectly, you carry on the next day without criticism and self-judgement.

We’re all wretched and lost creatures who eat junk food or sit around and scroll through our phones watching absolute trash in a pair of superman pyjamas from time to time. We all need to go to the toilet, and we all say things, think things and do things we wish we hadn’t and worry about what that says about us as a person.

That doesn’t preclude anybody from overcoming their insomnia. And when you have overcome yours, have a think about if there is anybody you know that you can help with theirs so that everything seems all bright and shiny again for you.

As always, if you need support at anytime during the programme, please visit sleepprep.com

Something to Ponder...

When I had my self-esteem eroded by something as corrosive as insomnia it was easy to turn to nihilism (the rejection of all moral principles, in the belief that life is meaningless). When you consider that we are only one person in 8 billion, why wouldn’t we think this way?

Something that really helped me with this destructive thought process was to *think of myself as a node in a network*.

Over the course of our life, we will statistically each know over a thousand people, and those thousand people will know a thousand people, and those a thousand people. This puts us one step away from a million people, and two steps away from 1 billion.

The effects of our choices ripple outwards in ways we can never fully comprehend and have the potential to influence people more than we can ever realise.

When you think of your life like that, everything we do matters!



Stage 1



STAGE 1



Weeks 1 & 2

Rivers know this, there is no hurry. We shall get there some day.

- Winnie the Pooh

I would advise doing Stage 1 of the course for a minimum of two weeks, but feel free to extend it until you feel comfortable to move on to Stage 2.

Now you have put the groundwork in place, the next part of the course introduces some new behaviour changes.

The purpose of Stage 1 is to slowly introduce you to the new habit-and-behaviour changes that build your sleep drive. Stage 1 of the course does not include any exercises that work on changing your thought patterns directly (although behaviour changes do help to create thought pattern changes as well). If you are taking sleeping tablets, I advise making no changes to them. This will make the first practical part of the course as easy as possible; we have time!

The reason why the first part of the course only tackles behaviour changes is because trying to tackle thought patterns directly too early on can be too big a leap. If I use my own insomnia as an example. At the start of the programme, I was so anxious and stressed about sleep, I simply didn't have the mental energy to tackle my thought patterns or do anything that was too complex or mentally taxing. I also didn't want to do anything that was going to add to my anxiety around sleep any more than I had to (this is why I would advise not making changes to your sleeping tablets during this stage of the course).

All I wanted to do was hand over control of my sleep to someone (or something) and let that take care of everything for me. I had been carrying insomnia for so long

it was a relief just to set it down for a while. I also wanted very clear easy to follow instructions that, if I did them, they would lead to better quality sleep.

I've tried to write each stage of the course being very mindful of my own insomnia and how I felt at the time. Naturally everyone and everyone's insomnia will be different, but I've had to use some sort of benchmark to gauge it.

If your progression through the course runs along the same lines as my own, by Stages 2 and 3, after you have been following these behaviour changes for a few weeks and you have started to see your sleep improve, you will hopefully find, as I did, that you do have enough mental and spiritual energy to start tackling your thought patterns more directly.

But until then, I'm going to suggest that you only need to follow some very simple behaviour changes. Not many. Three in total (four if you count stimulus control separately from sleep scheduling/sleep windows).

You can forget about the 1001 other things you have been doing to 'make you sleep'. Hand them to me, I'll look after them for the next two weeks or so!

Hopefully, doing this will feel like a massive burden has been taken off you. You don't need to research GABA on the internet, you don't need to order a new bottle of CBD oil, you don't need to work out the perfect temperature for a hot bath and the perfect time you need to take it. You don't need to do any of these things at all!

The only things I recommend you do do during Stage 1 are either to
set yourself a sleep window
or
begin sleep scheduling.

It would also be hugely beneficial for your sleep to get light as soon as you wake up, as bright as you can, and during the first third of your day.

Also, to start conditioning the brain to believe that you can still have a great day even if you sleep poorly, perhaps, look at some of your activities that you can do during the day that bring you joy. You'll find them in your Groundwork exercises. I would advise choosing the easier ones. Anything else you want to do that you enjoy that you haven't already listed - brilliant - maybe jot down what those things are in your journal right now.

During the next **one or two** weeks, it would be good to start doing some of them if you want to and sticking a tick next to them after you have done them.

So

1. Sleep window/sleep scheduling
2. Get light first thing
3. Do fun stuff in the day
4. Stimulus control

Both sleep windows, and sleep scheduling include stimulus control.

Below is a reminder of how it is done.

Stimulus control is designed to break down the conditioned response of the bed being a place of anxiety, stress, and wakefulness.

It is common for people with insomnia to lie in bed for hour after hour trying to force sleep to come. This just leads to hyperarousal and anxiety.

So instead of fighting sleep, I instead recommend you leave the bedroom and indulge in something that you would love to do instead.

Stimulus control was featured on page 108 of *You Can Sleep Too!*, but I have included it again to save you having to locate your copy.

But what if due to mobility reasons or living arrangements etc. stimulus control isn't possible for you? No problem. The alternative is 'countercontrol' which you will find in the 'Optional extras' section of this book. You can do this as an alternative if you'd like!

Stimulus control

What do you enjoy and would look forward to doing at night-time?

When you are doing your own stimulus control, if you are in bed and you feel relaxed and happy - wonderful! If you stay there and allow sleep to come, it will. But if you feel that anxiety is starting to creep up on you and you feel yourself trying to force sleep, kill the beast when it is little and give yourself permission, instead of worrying, to leave the bedroom and go into a separate room and do something that you absolutely love.

Avoid computers and avoid phones; the brain can associate both of these devices with work, worry and wakefulness, and there are too many distractions and rabbit holes to fall down with them. I would also advise against computer games.

Also avoid anything that gives you a 'reward' for being awake. Reading a fiction book is great, but reading a fiction book because you need to complete it for an English exam is not.

Make sure you set up your area before bed to make engaging in that activity as easy as possible. (In my case, book on the coffee table, reading light on!) Only return to bed when you feel sleepy again. Especially during the early stages of stimulus control, you may need to leave the bedroom more than once - or even multiple times during the night.

Does stimulus control work immediately? No. It isn't a secret weapon that guarantees sleep. But little by little, the anxiety associated with not being able to fall asleep will gradually lessen as the brain is conditioned that wakefulness is not a threat (quite the opposite; if you do something you love at night when you are awake, then there is nothing to fear from being awake) and that the bed is a place for sleep!

Sleep scheduling or sleep windows?

The choice is yours! It's up to you what you choose, and it will depend on your personality which one you want to go with. Both sleep scheduling and sleep windows limit time in bed and then slowly build that time back over a number of weeks. Here are, as I see it, some pros and cons to both.

Sleep windows

Pros

- You can start restricting time in bed right away.
- They are easy to implement.
- There is no tracking or monitoring, which can be helpful if you will find it difficult not to obsess about sleep duration.

Cons

- There is the possibility for a greater margin of error when choosing your sleep window. (You could underdose your sleep window by choosing a time to be

in bed far greater than it needs to be or overdose it by choosing a difficult amount of time.)

- There is no tracking or monitoring! Some people like to see a visual guide to know how much they are improving and to see in black and white what is going on with their sleep. (I was one of them!)

Sleep scheduling

Pros

- This is the gold-standard treatment, so there is a large evidence base to support its efficacy.
- You are less likely to underdose or overdose your time in bed.
- You can see in black and white what is happening with your sleep. It can be very motivating to look back through sleep diaries and see your improvements, especially when times get hard.

Cons

- It requires writing things down, tracking etc., so it is more difficult to implement. The harder things are to do, the less chance there is of people doing them!
- It can cause you to focus solely on sleep duration and lead to trying and effort around sleep.

Ultimately which one you decide works best for you doesn't matter. But reducing time in bed is probably the most important behaviour change you can make.

Doing the Sleep Well course but skipping the sleep window section is like going into a fancy restaurant, sitting down and eating the menu instead of the food, and then complaining that it wasn't very appetising.

So, I would very recommend that you do choose one of them, as it's a very important step in overcoming insomnia.

It is vital that you read the section on **paradoxical insomnia** at the end of this book and speak to your doctor before limiting your time in bed. To briefly describe it, paradoxical insomnia is a rare sleep disorder (previously known as subjective insomnia) that causes people to think they never sleep, but there's no evidence of

this when their sleep is objectively measured on a sleep test.

People with paradoxical insomnia should not restrict their time in bed because they are already getting the sleep they need; they just don't know it!

Furthermore, please note that this book is not here to tell you do anything, and it does not provide medical advice. **You have a legal obligation not to drive or operate heavy machinery if you are feeling sleepy. Do not limit your time in bed until you have discussed doing so with your doctor.**

That said, please see the chapter on sleep windows below.

Sleep windows

I had been spending 9, 10, 11, 12 hours in bed. But how much was I sleeping, and what good had it been doing me?

None. The longer I spent there, the more it fed my anxiety and the less I slept.

How long do you spend in bed, and how long do you feel you are actually sleeping? Is that helping you?

Perhaps your sleep schedule is so erratic that you do not know how long you spend in bed or how long you spend asleep as that changes all the time. This was the case for me.

But very roughly, how long do you feel you are sleeping?

You may say that you feel you are only sleeping 2 to 3 hours a night but spending 9 hours in bed (this is how I have felt in the past, but you will be sleeping longer).

You spend 9 hours in bed, but you feel you are only sleeping for 2 or 3 of them? That's a lot of time that you could be using to do something you enjoy.

Now you know that less time in bed leads to longer and better-quality sleep. Perhaps you might think about how long you would like to spend in bed and what would be realistic.

Go a bit Goldilocks and the three bears when trying to come up with the answer:

8 hours-too soft! The average time a normal sleeper sleeps is around 7 hours.

Do you need to spend 8 hours in bed?

4 hours-too hard! You should always give yourself a good opportunity to sleep, and it should **never be below 5 hours**. Remember, even if you think you are only sleeping 2-3 hours, you will be sleeping more. It will just be very fragmented and poor-quality sleep that you are getting.

5.5-6.5- hours (possibly 7 at the upper end) - just right! 5.5 hours is less than the average time normal sleepers sleep, so it is a little on the extreme side and being a bit rough on yourself. 6 to 6.5, maybe? It's up to you.

If, for example, you have chosen 6 hours to be in bed, set your morning time to whenever you want. Let us say 6.30 am, so you should make sure you go to bed after 12.30 am. That doesn't mean you must go to bed at 12.30 am as you still should only go to bed when you feel sleepy. But try to make sure that it is after 12.30 am.

This 6-hour sleep window isn't forever. When you start feeling that you are falling asleep more quickly or waking up less frequently or still waking up in the night (which is what normal sleepers do) but falling back to sleep faster, in short, when you feel your sleep quality is improving and you would like to, perhaps extend the time you have in bed by 15 minutes or so every week.

Does it have to be 15 minutes, and does it have to be every week? No. Try not to do it too quickly, but it's your sleep, so it's your decision. You understand how sleep works now, so trust yourself to make the right one!

After a month, six weeks or perhaps two months, you will eventually reach a point where you no longer feel you would like more time in bed. Wonderful!

You now know how long you personally like to spend in bed to get good-quality sleep.

You choose the data you record on your sleep window. If you don't want to do any monitoring or recording, or if you feel you would be the kind of person who would become preoccupied with sleep duration, then I suggest you don't do any recording, or alternatively just do the very minimum and record answers for steps 1, 3 and 5 of the exercise shown.

If you are the kind of person who would like to look back on your sleep and see your progress, or you're an engineer or mathematician and data makes you froth at the mouth with excitement, then you may wish to record the following.

STAGE 1: EXERCISE 1



Sleep Windows

1. The time you went to bed
2. The number of times you left the bed for stimulus control
3. The time you got out of bed in the morning (not the time you woke up but the time you actually got out of bed)
4. Your sleep duration to your best guess.

Then give yourself a subjective score out of 10

* **

Please see *The Sleep Well Journal* for worksheets.

Sleep scheduling

Sleep scheduling is a CBTi technique.

I took a sneaky peak at some other workbooks to see what everyone else was up to, so I could make an informed choice about how to write my own. What I noticed was a tendency towards overload of information, tracking and monitoring.

Everything was controlled to the finest of details. Write down if you had caffeine after 3pm. Did you have alcohol? If so, how much. What time did you dim the lights? What time did you finish exercising? Did the time you ate dinner affect your sleep? Did you visit the toilet during the night? If so, please describe your pyjamas and write down if you used one- (thrifty but incredibly risky), two- (the middle way - very Buddhist) or three- (very opulent, this is why you have so many house guests) ply toilet paper.

It's all too much, I had been controlling sleep for twenty years and it hadn't worked, and now I was expected to reinforce the idea that it is possible to control sleep by writing it all down. No chance!

Normal sleepers don't do any of this. Perhaps you note down that you did stop drinking caffeine at the perfect time and drank no alcohol and didn't exercise after 6pm and made sure you got plenty of exposure to light in the morning, and you did do this and you did that, but you still didn't sleep well.

What does that mean? That means you must have done something wrong, and if you can find out what that was then you will sleep better. Nonsense.

It doesn't matter if you drank caffeine at 4.22pm instead of stopping at 3pm. It doesn't matter what time you finished your meal or if you exercised later than normal. None of that really matters. And even if it does matter a bit, worrying and obsessing and acting like it matters, matters far more than the act itself.

A good question to ask yourself when it comes to sleep is this:

Is this something that I would have worried about before I had insomnia?

or

Is this something that a normal sleeper would think about?

Now, naturally, sleep diaries and restricting time in bed isn't something a normal sleeper would do either. But it is something that in the short term will help you along your path to becoming a normal sleeper.

But while you are doing these things, it is best not to add any more controlling elements than those that are necessary.

So, I'm simplifying your first stage of sleep scheduling to the essentials: time you went to bed, time you woke up, how many times you woke during the night, how long during the night you feel you were awake for.

From that data, please calculate how long you slept for.

I also want you to write down anything you feel is important to you, and just give yourself a very subjective score out of ten of how you felt you slept that night.

The guidelines to follow during your first stage of sleep scheduling are

1. Only go to bed when you are can't-keep-your-eyes-open sleepy tired.
2. If you are in bed feeling anxious or stressed about being in bed awake, leave the bedroom (stimulus control).
3. Wake up at the same time every single day.
4. No Napping!

It's important to understand that the times you put in your sleep diary are just your best guess.

I advise that clocks are completely off the menu from the time you go to bed to the time you wake up in the morning (and it would be helpful to you if you don't use anything that has a clock on it during stimulus control), so please don't clock-watch during the night or try to be too exact.

So, the time you feel you slept for, while it is calculated from the times in your sleep diary, will not be completely accurate, because those times are rough estimates.

That's fine. It will give you a ballpark figure, however, and the evidence is that that will be enough for you to go on.

Please see *The Sleep Well Journal* for eleven weeks' worth of sleep diaries.

Here is what one week of sleep scheduling may look like.

STAGE 1: EXAMPLE 2



Sleep scheduling

Column 1	2	3	4	5	6	7	8	9	10
Week number 1	Last night I went to bed at:	I got up at:	I was in bed for X minutes	It took me X minutes to fall asleep	I woke X number of times	During the night I was awake for X minutes	I estimate that I slept for Y minutes	Comments	Subjective sleep score
Night 1	11.00	7.15	495	210	0	0	285	Third pill.2.15	4
Night 2	11.00	7.20	430	80	0	0	350	Third taken 1.15	5
Night 3	11.00	7.15	495	180	0	0	315	No tab	6
Night 4	11.45	7.30	425	120	1	45	260	No tab	5
Night 5	12.30	7.25	415	15	0	0	400	Half	8
Night 6	1.00	7.40	400	120	0	0	280	Whole - very anxious going to bed.	2
Night 7	11.30	7.20	410	120	0	0	290	None	5
Total			3140				2180		
Average in minutes			A = 449				B = 311		
Average in hours and minutes							C = 5.11		
Sleep efficiency							69%		

Sleep efficiency = $\mathbf{B} / \mathbf{A} \times 100 = \dots$

This week's sleep efficiency = $311 / 449 = 0.69 \times 100 = \mathbf{69\%}$

This week I slept on average for = **5 hours 11 minutes.**

On the table included as an example, you can see my actual results from my sleep diary from the first week of my course.

How to fill in your own

Completing **column 2** is easy. Just jot down when you went to bed.

Column 3 should be the time that you physically got out of bed, not when your alarm was set or the time you woke up!

As for minutes spent in bed (**column 4**) and the estimated time you think you slept for in minutes (**column 8**), that is the number of hours multiplied by 60 plus any extra minutes.

$$\begin{aligned}
 6 \text{ hours } 22 \text{ minutes: } & 6 \times 60 \\
 & = 360 \\
 & + 22 \\
 & = 382 \text{ minutes}
 \end{aligned}$$

Sorry if this is pretty basic. I have friend who's the brightest button I have ever met but has dyscalculia, so I'm writing this as if I were helping him with his sleep (and if you're reading, John, you still owe me £10, so with inflation at 2.19% that's obviously £427.62).

To work out your averages for that week that is the **Total** divided by 7, i.e. for me to work out an average time I slept during my first week, you can see from my diary that that would be:

$$2180 / 7 = 311$$

And to calculate that 311 minutes back into hours that's ... oh forget it! If you're not John (sorry, John) you already know how to do it; if you are John, you're cross by now - so just go here:

<https://www.calculatorsoup.com/calculators/conversions/minutes-to-hours.php>

There's a good one here too!

<https://mysleepwell.ca/cbti/sleep-diary/>

If you follow the link above, it will take you to step-by-step instructions of how to fill in the sleep diary, and it will provide you with a sleep diary calculator that will do everything for you!

If you prefer to see things visually, please search YouTube for 'Bed restriction therapy to overcome insomnia and broken sleep'.

Sleep efficiency

You may have noticed that I have included my sleep efficiency for the week on my example table. **Sleep efficiency** is the percentage of time you spend asleep while in bed. Say you spent 10 hours in bed (600 minutes) and slept for 5 hours (300 minutes). Only half the time you spend in bed is spent sleeping so your sleep efficiency would be 50%. Sleep efficiency is calculated by time spent in bed sleeping, divided by time spent in bed, multiplied by 100.

If you take a look at my diary you can see that my sleep efficiency for **Week 1** was 69%.

During the first stage of the course, you don't need to worry about sleep efficiency. I've only included it now to show you how it is done as you are going to need to know how to do it for Stages 2-4 of the course.

But for now, all you need to do is record the data. The most important data you need is the average time you spent asleep during the week (for me if you take a look on my example: **C = 5.11**) So the average time I spent sleeping was 5 hours and 11 minutes.

We will use the data that you record about your average sleep time to determine the size of your initial sleep window.

If you take a look at the example, you will notice that I chose to list my sleeping tablets in the 'Comments' column. I think I only chose to list my pills and nothing else owing to the fact that tablets were something that carried an awful lot of weight for me because of the guilt I attached to taking them.

But that was me! You choose to write down whatever you want here. If you were feeling anxious before bed, jot it down; feeling more confident than usual, jot it down! This section is personal to you, so please include whatever you feel will benefit you.

Sleep diaries are effective in your treatment as they are great way for you to see in black and white what is going on with your sleep.

Taking mine as an example, you can't draw definite conclusions from a snapshot of one week, but if you were to make some general observations, you would see

1. That my problem was falling asleep, not staying asleep.
2. During the first 3 nights I still was still having 11pm as my fixed bedtime. (Was I sleepy at 11pm? No! but it was such a habit to go to bed at 11pm that, even though I knew that I should only go to bed when I felt sleepy, I still hadn't quite got there yet.)
3. Once I do start going to bed later, the time it takes me to fall asleep is less!
4. A pretty sporadic but not-too-bad wake time. (It was meant to be 7.15 - but if I were to do a diary retrospectively from before I did a sleep course, my wake time would have ranged from 7am to 3pm! So a vast improvement!)
5. I was taking tablets contingently and by varying amounts. (Take a look at the first two entries - you think that a third of tablet did anything? Not a chance! What about that whole tablet? I slept worse on that night than I had on previous ones.)

Would a sleep diary be helpful to you? Or would something that requires less tracking help you more? The answer is that it depends...

Sleep diaries make it glaringly obvious what kind of behaviours you are doing that are not helping you sleep when you can see an overview of your whole week.

They can also be quite motivating. I loved being able to compare my final diary on Week 8 to this one, the difference was absolutely mind-blowing: my sleep was so well regulated, my time in bed was less, but my time in bed sleeping was far greater, and I had more or less cut out my tablets.

But, did I focus on the diaries too much, and did I become slightly obsessive over monitoring and analysing and focusing on sleep duration? Yes, I definitely did. There was also a time midway through my course where my sleep was slightly worse than it was the previous week. It is motivating seeing your improvements in black and white, but it's also pretty demotivating to see them taking a dip, especially after you have been 'trying' so hard!

So be mindful when/if you decide to do your sleep diaries that all your focus isn't put on them. They are just a tool, that's all.

Instead, I would recommend that you place your focus on how well you are

doing your behaviours, how motivated you are to continue with the programme and how much better and more optimistic you are feeling about your sleep. The overall objective is for you to become a normal sleeper. Normal sleepers don't do any monitoring or tracking. They don't pay any attention to their sleep or try to control it in any way. You're not there yet, but you will be.

In the meantime, sleep has left you feeling out of control, so you are going to want something you can control. You have full control over the time you get up and your day. Take back control of the morning, and take back control of the day. Do that, and you won't feel the need to control your sleep.



Stage 2



STAGE 2



Delays are not denials

*Though it linger, wait for it; it will certainly come and **will not delay.***

- The Bible

You've got this far, good stuff! The first **one to two** weeks can certainly be the hardest, and it will take a while yet for the behaviour changes to start to feel natural. When it comes to the first stage of the course, and how you experienced it, it is important to know that everyone is different.

For some, just the relief of finally doing something to address their sleep and having a roadmap out of insomnia can be such a relief that it will bring that anxiety and stress down. This can be enough in and of itself to tackle the hyperarousal, so you may find that you can sleep well initially.

This can happen, and if it happened to you, wonderful! If it carries on that way that's amazing too, but don't be disheartened if it doesn't. For most people progress is not linear.

If it hasn't happened to you, don't worry, that's also equally common (remember, I talked about the extinction burst in *You Can Sleep Too!* Perhaps flip back through and reread this).

The important thing is that you are doing it, and when it comes to curing insomnia over the long term, consistency is key! What you are doing is the most evidence-based long-term cure, so you are on the right path, even if it does seem a little overgrown and thorny.

If it ever does feel too hard, go back perhaps right to the start and reread Exercise 1: Getting clear to remind yourself why you are doing it, and please take solace in the

fact that it is hard, and you're doing it despite that. Very good!

It will almost certainly still feel like a huge amount of effort needs to be made when waking up at the same time or doing stimulus control. And you almost certainly will have had nights where you just haven't had the mental energy to do it and therefore didn't follow the course 100% to the letter.

This is wonderful! Aiming for perfection early on is likely to result in more force, more grasping and more anxiety around sleep. Focus on all the successes you have had and let go of everything else. You don't need to be perfect, just good enough, and just doing these behaviour changes as well as you can is more than good enough.

Also, it's natural for you to want your insomnia to be fixed straight away, right now!

Of course, you want that, especially if you have had insomnia for a long time you want to be done with it right away. But just like it took time for your anxiety and stress and worry around sleep to develop, it also takes time for anxiety to lessen slowly and gradually.

One thing that is helpful when it comes to the Sleep Well sleep-coaching course is to lower your expectations. I know this isn't a fashionable thing to say and probably not something I would put on the advertising poster. But high expectations of what it can give you, and when, will lead to grasping and disappointment when it doesn't meet the exact time scale.

So lower, lower, lower... Perfect, that's about right!

It *will* work as long you keep doing it...

Stage 2 of the course introduces some more behaviour changes.

As you are still getting used to the behaviour changes from Stage 1, Stage 2 doesn't add too much else to the list of things to do.

However, if you have opted for sleep scheduling, Stage 2 introduces the sleep restriction element. (I will discuss how to do this shortly.)

If you are working with a sleep window, then you are already restricting your time in bed, so there will be no changes. Just keep adding time to your sleep window as and when you want to, when you start seeing better-quality, more consistent sleep.

Stage 2 introduces four more techniques to add sleep windows/sleep scheduling:

1. The buffer zone
2. A gratitude journal
3. The memento method
4. The Marie method (revisited).

Also, if you are taking sleeping tablets, please look at your sleeping tablet groundwork. If you want to, start to follow that plan. If the thought of reducing your tablets now creates too much anxiety and worry and you would rather delay doing that, very good. It's brilliant to recognise the signals your body is giving you and to listen to them, as this will massively help you on this programme. So, perhaps leave it for now and consider starting at a later stage in the course. Whatever you decide will be the right decision.

The buffer zone

The buffer zone should be filled with relaxing enjoyable activities that spark joy. Perhaps grab your favourite ones that you have categorised as relaxing and that 'spark joy' from the active sleep efforts groundwork exercise. The buffer zone was featured in *You Can Sleep Too!*, but I have included it again to save you from having to locate the book or to flick back through it.

STAGE 2: EXERCISE 1



The buffer zone

Choose a time in the evening that you allocate to only doing things that you actively enjoy. Let's say 9.30 pm. So before 9.30 pm, make sure all your work is complete (dog walked, washing-up done etc.), and after 9.30 pm you should only do the things that you find relaxing and enjoyable. It doesn't matter what they are. Pour yourself a herbal tea, grab a book, put a podcast on. It really doesn't matter. This time is for you, and you can do what you want with it.

This isn't a time to run through a list of relaxation techniques to force sleep. If you do **anything** with the intention of trying to **make** sleep happen, it is counterproductive. Also, the buffer zone isn't there for you to try to protect sleep. If you fancy going out for a meal, an exercise class or a trip down the pub to hear some music and can't do the buffer zone, no problem!

The purpose of the buffer zone is to train your brain that the time before bedtime is not a threat. Far from it! Setting aside a time when you only do the things that you enjoy will condition your brain to believe that bedtime is something to start looking forward to. And, with consistency, it will!

~

When it comes to the buffer zone, and all other techniques, intent is everything! It's great to do yoga with Adrienne - we all need that Texan ray of sunshine in our lives - and it's wonderful to sit down with a relaxing book. But these things become sleep efforts when they are used to produce sleep.

So how do you know if you are doing these things with the intention of making yourself sleep?

Well, if you say to yourself, 'If I drink this herbal tea, I hope that it helps me relax and it makes me sleep,' that's a sleep effort! You can feel a sleep effort intuitively.

If you sleep well and you say to yourself, 'I slept well because I did yoga with Adrienne,' now that again is a sleep effort! Or if you say to yourself, 'I didn't sleep well because I didn't do my yoga with Adrienne, didn't do it long enough, well enough,' again that's ...

Just know nothing can or will make you sleep except your sleep drive. So do whatever you want in the evening, but do it just for the sheer joy of it!

Gratitude journals

This may seem like an odd thing for me to ask you to do on a sleep course, but insomnia is an insidious thing. Especially if you have had it for a long time, it can chip away at your self-confidence, erode your self-esteem and leave you in an emotional state where the world seems incredibly dark, and a place you don't want to be in.

Insomnia also cultivates an incredibly negative mindset. People have a vivid sense of memory and a fantastic imagination, which is a wonderful thing when everything is working as it should be - not so much when you see the world through the dark distorted lens of insomnia.

Before and during the early stages of insomnia, I was always a glass half full person. When there was a problem, there was always a solution, and I found it easy not to dwell in a place of negativity. This changed for me during my insomnia. Spending hours in bed awake and, effectively, gifting myself loads of unstructured time to be worried and anxious wasn't ideal. Disappointments, feelings of lack, guilt, shame, inadequacy, loathing towards my condition... It's not hard to see why somebody with insomnia could develop a very negative mindset over the long term.

As for the short term, a paper by Sandra Tamm documents why sleeping poorly on a given night can foster a negative mindset the following day (I'll provide details on how to find this in the Recommended resources section at the back of this book).

So, it's common if you have insomnia to view the world very negatively. But a positive mindset is a reasonably rare thing to begin with, regardless of whether somebody has insomnia. This is due to something psychologists call the negativity bias.

The brain is always searching for everything that is lacking in our lives. Digging through the past, it is hardwired to look for, pay attention to and remember the bad things that have happened to us more than the good things. Projecting into the future, it is constantly on the lookout for the bad things that could happen to us, rather than the positive things.

Why is that? You know how the brain works now and what its primary function is. By focusing on scarcity, it keeps us alive by ensuring that we keep the cave stocked full of delicious berries and edible roots.

Focusing on the bad things that have happened and could potentially happen to us in the future is the brain's way of keeping us safe from the wolves and the bears and making us best prepared for the moment when we need to bite a shark or chin a charging hippo.

We live in the safest time in history, but we're still running software from the Stone Age! We are hardwired for survival and procreation, not for happiness, and the negativity bias keeps us safe, so we can pass on our genes.

So, the brain is hardwired for negativity. That's a problem, because it's important during your sleep course that you focus on your successes, improvements and the things that bring you happiness and contentment. Doing so will make you far more likely to stay the course when things get dicey.

So, with everything working against us, it's important to be proactive in cultivating a more helpful, positive mindset. This will not only help you over the short term during the completion of your course but also over the long term as well. Below is a passage from Dr Vikki Barnes' book *Free Happiness: The Art and Science of Positivity*. Vikki is a clinical psychologist who worked with Virgin where she designed and led their national wellbeing programme. Her book is beautifully written with a perfect blend of anecdote and science. I met her while on a walking meet up, and I asked if I could quote a passage from her book in mine. I'll be including the details for this book in the Recommended resources section, but in the meantime, with her permission:

KINDNESS AND GRATITUDE

Let me start with one of the first things I realised had a profound effect on my mental health and something we can all make better use of. Gratitude.

It is by definition, the quality of being thankful, readiness to show appreciation for and return kindness.

Being more grateful

Think of one thing you're grateful for right now; one thing in your life that you are glad you have. Take a moment to dive deeper into the thing you're grateful for and how it makes you feel. We spend significantly less time thinking about things we are grateful for than things we don't have and would like more of, or things others have that we don't.

Neuropsychological studies show us that the information we feed into our brains has a huge impact on how our brains function going forwards. Brains function like muscles, so we can strengthen the bits we like and want more of, such as good thoughts.

When we do this our worlds appear to become better, and we feel more optimistic. This is because of the input we are offering to our brains. As an example, have you ever focused on the one thing that went wrong during your day, even when lots of other things went well? How about when you made a mistake or failed at something and subsequently berated yourself. Using negative language and berating yourself changes the neuronal activity of your brain, by assisting it to pick up on the negatives. This of course affects your mental health. What we need to do is switch those negative self-statements to positive ones. So, a brutal post-failure internal dialogue of 'I can't believe you messed that up!' becomes a kind, compassionate and infinitely more healthy 'you did your best and you're still a great person!' Now we know that our brains are taking all of this in as input to decipher our worlds and respond accordingly, imagine the impact if we were to reframe all our negative statements. The advice is simple: replace the negative with positive.

(Barnes 2021, pp. 13-14)

As well as tackling the negativity bias, the shift in mindset that a gratitude journal will cultivate also means that negative, anxious thoughts and emotions will bubble up less frequently when in bed at night. But if they do, because the brain has been trained during the day to shift focus away from negativity and rumination, it will instinctively

know how to get out of this negativity spiral without the need for any effort on your part.

I can already forecast that there will be a reluctance for quite a few people to engage with the gratitude journal and the memento method below it. I am constantly bombarded by nauseating inspirational, think-positive quotes overlaid on a picture of a flower on social media too.

What makes it worse is that they are invariably posted by somebody who never does any of the things that they are preaching about, which makes you want to hit them with a shovel...

(Incidentally, I hope you've been enjoying my quotes at the start of the chapters; I very rarely follow through with any of them.)

Positive thinking when you are going through something very hard, preached in isolation without any tangible, actionable things you can do to overcome insomnia, can feel very oppressive. But it's not being used in isolation here. It is instead being used to reinforce all the positive tangible behaviour changes you are making. So, if you are doubting, perhaps think again, and see if you can doubt your doubt. And if you are still doubting, search YouTube for 'Test your awareness: Do the test'. And watch the video before reading the comments.

Watched the video? What you focus on really does matter!

Now don't get me wrong, I'm not saying that if you do fill in your gratitude journal every day that your thoughts are going to be filled with unicorns cantering through orange blossom on a minute-by-minute basis. You will still experience negativity.

But what will happen is that gradually, over time, you will find that you will start to experience less negative emotion and more positive emotion both during the day and when in bed at night. And this change in cognition will result in you starting to actively choose to do more positive behaviours for your sleep than negative ones.

Tipping the scales like this will make the course easier for you and will make you more likely to keep going with it, and succeed, which is what you want to happen.

And hey: We've been through a lot together, and have many more hurdles to cross, but I can't wait to cross them together. (So just do them and don't be a t*t about it! 🍀)

Morning gratitude journal

Water the weeds and the weeds will grow. Water the flowers and the flowers will grow.

- Ajahn Brahm

Take the time to do this journal in the morning. If you get into the habit of making it the first thing you do when you wake up as you sit with your cup of tea or coffee, your brain will be conditioned that drinking tea or coffee also means you fill in a gratitude journal, this way you will never miss it.

Get the lights turned up as bright as you possibly can, grab a cup of coffee and start putting pen to paper.

Imagine how it would be to start the day thinking like this! Imagine also how it will affect your health, wellbeing and happiness over the long run, and imagine how much better you will sleep over the long run too if you can condition your brain to always focus on the positive ('Had a poor night sleep last night - No worries, I know I'm still going to have an amazing day and sleep really well tonight!' That's how somebody with a positive mindset would automatically think, so that's what we are going to start to create now!

Here are the questions to answer. They are all laid out for you, day by day, in *The Sleep Well Journal*.

STAGE 2: EXERCISE 2A



Morning gratitude journal

What am I happy about in my life right now?

What am I excited about in my life right now?

What am I proud of in my life right now?

What am I committed to in my life right now?

* **

That's it. Four questions that will be finished before you drain the last dregs of your coffee.

Those are the morning questions. Trust me, if you do them for an extended period of time consistently, you will notice a change in your thought patterns.

Night-time gratitude journal

There are also four evening questions. Perhaps do this at the start of your buffer zone with a cup of herbal tea, it will condition your mind to feel great during the buffer zone, and it will also be a very clear demarcation that lets the brain know that the buffer zone is beginning.

STAGE 2: EXERCISE 2B



Night-time gratitude journal

What positive things happened today that made me feel good?

What positive things did I choose to do for myself today that made me feel good?

What small thing did someone do for me today that made my day just a little bit better?

What small things did I do for someone today that made their day just a little bit better?

~

Sometimes when you're high on top of your mountain of woes, especially when you haven't slept as well as you would have liked (because you are choosing to do

something hard in the short term like fixing your sleep to benefit you over the long term), it is hard to come up with some answers. But if you look hard enough you can nearly always find something.

Take the question 'What small thing did someone do for me today that made my day just a little bit better?' As I write this, I have just got back from a long dog walk. It was unusually warm and sunny for the time of year, so my dog was thirsty. Along the walk there was a bowl of water that somebody had left out that she took a drink from. She nearly always takes a drink from that same bowl, and up until now I have never really thought about it and have always taken it for granted that the bowl would be there.

But now that I have given it some thought, it's clear that somebody who I don't know, and am likely never to meet, has gone to the trouble of getting in their car, driving to the shops, buying a bowl with their own money and, every single day, without fail, washing it (it's always sparkling), filling it up, walking to the end of their drive and leaving it out, just so dogs belonging to people they don't know can get a drink of water if they are feeling thirsty. They may not even have a dog themselves - I have no idea!

And when I come to think about it further, I can probably think of at least ten to twenty other houses in the village all with dog bowls outside, and I'm unlikely ever to get to know these people either.

Seek, and ye shall find; knock, and it shall be opened unto you.

- King James Bible

That's the beauty of the gratitude journal, it helps you actively choose and seek the things you want to find.

Remember how I talked about being a node in a network three steps away from a billion people? Well, that's what the last question is designed to help you focus on. It's common for insomnia to make people very insular as they pull up the drawbridge to do battle with something that nobody around them understands.

However, 'supportive ties [are] positively related to sleep quality' (Kent et al. 2015, p. 912), and focusing on what small things you can do for other people will help to rebuild these social relationships.

I'm going to extend this seeking mind now, and narrow it in to be more directly related to sleep.

The memento method

It all depends on how we look at things, not how they are in themselves.

- Carl Jung

The *Memento method* was inspired by the film *Memento*, whose principal character has anterograde amnesia and therefore can't remember anything from the day before, creates his own reality through what he writes down on a notepad.

We can do that with our sleep too. During the remainder of the course, I want you to create your own reality around sleep by every day writing down only your successes with your sleep. You can stretch and bend the truth as much as you want, but no matter how poorly you slept the previous night, please make sure that without fail everything you write down is a success.

The nights you slept well, the entry will be easy.

But.

Say, you slept poorly the previous night on a Friday; you snoozed the alarm a few times, so you didn't get up at your fixed wake time. You also cancelled an obligation because you didn't sleep. Well, this will be a little harder to fill in, but doable. Here is what your entry could look like:

STAGE 2: EXAMPLE 3



The memento method

Thursday 7th November 2021

I got out of bed at 7.12 when my alarm was set for 6 am. This is incredible progress with my course because before I started the course, usually on the weekend I don't set an alarm at all! It shows how I am moving in the right direction. I did stimulus control 3 times last night because I woke up quite often, which means I am following the course and conditioning the brain that the bed is a place for sleep.

During the day I made sure I got plenty of light early in the day. By having less sleep last night, I also increased my sleep drive for tonight. I had planned to meet up with friends today but cancelled doing that. This is excellent because it strengthened my resolve to make sure that the next time I am in a similar situation I don't do that again. I'm also in a far better place than I was four weeks ago because, while I may not have done everything perfectly, at least I now have an awareness of what does and doesn't work for sleep, whereas before I was completely blind so had no idea about whether my behaviours were a help or a hinderance. Great success!



By doing this are you lying to yourself? No! You are just framing imperfection in a way that is helpful to you, that will help you with this course, and that will help you fix your sleep problem over the long term. That's the objective, so anything that helps things move in that direction is very good.

Think of a five-year-old's drawing of a person that they bring home from school. Neither you nor I would ever say this, but you and I both know it's going to look pants. The hands will look like cauliflowers, it won't have a neck, and everything will

be completely out of proportion. Quite frankly if I were their art teacher, I would be absolutely ashamed and want to throw myself in the canal.

But you say it's wonderful and put it on the fridge, and one day they have a painting hanging in the Tate.

And to further this analogy. Think of that drawing again and make it as bad and ugly as you possibly can. Now picture that same drawing in an expensive frame selling for \$137.5 million. It looks a little different now, doesn't it? Now Google 'Woman 3 - art' and be prepared to be just a little bit sick in your mouth.

How you frame things and the value you put on them really does matter.

The way your world manifests itself to you is in large part determined by your aim within the world. Your aim is to overcome your insomnia over the long term; this stuff is hard, so choose to choose a perception of your sleep that serves you, keep it and discard everything else.

The Marie method – revisited!

For exercise 4, during the next two or three weeks, please start crossing off some of the easier active and avoidance sleep efforts.

Perhaps do this after you have found that you haven't indulged in them at all for at least a week and feel secure in the knowledge that you won't go back to that active sleep effort again. If for example you used to eat kiwi fruit every night before bed and you haven't for over a week, cross it off the list!

But before you jump straight into this exercise, it is best to double check that you are not being asked to do anything you don't actively want to do. So, we'll check that there is no conflict of interest first.

A conflict of interest

A conflict of interest arises when you say something like 'I sleep well after I have had a valerian tea, but I don't want to take valerian tea to sleep.'

That's a conflict of interest; you want sleep, but you also want to stop drinking valerian tea because it tastes rank. So valerian tea is something you would want to stop drinking to end this conflict of interest.

But maybe there won't be a conflict of interest.

So, before you start ticking off any of these active sleep efforts, it's important to ask yourself the question, 'Am I OK with the way things are now?' I for example, as I said earlier, I still sleep with an eye mask every night. I don't really need to as I know I could choose to sleep without one as my bedroom is always dark. But I like how it feels, and it's an easy thing for me to do every night that has no impact on the rest of my life and drives no worry or obsession around my sleep.

So, for me, there is no conflict there. I could stop sleeping with an eye mask if I wanted to, but it's not something that causes me any trouble, so instead I choose to say that there is no conflict of interest. I'm quite happy to continue sleeping with an eye mask. And really that's OK, isn't it? Are there normal sleepers who still sleep with an eye mask?

With some of the things that I did, however, there was an obvious conflict of interest. I felt like I had to take a warm bath every single night to sleep well. This may not seem problematic at first glance, but it stopped me meeting up with friends, going out and doing things I enjoyed; it made me worried to stay in hotels in case they didn't have a bath.

This was a conflict of interest that needed to be addressed, so it is something that I would want to stop doing and cross off the list. (Now I am free from insomnia, I often have a warm bath in the evening, but what is different is I don't do it ritualistically or obsessively to make me sleep.)

So, look through your list as honestly as you can. The easy active sleep efforts that cause no conflict of interest - no problem. If you want to keep doing them, keep doing them. Say I'm OK with doing that, and I'm OK with the way things are - I attach no judgement to that action whatsoever. When there is no judgement, there is no conflict.

But as for the behaviours that do cause you issues, where there is a conflict, now is the time to start confronting the ones that you feel ready to tackle directly, in order to resolve that conflict. Do you really want to be taking a cocktail of supplements every single night, and is this what people with no anxiety, worry or stress do? Do normal sleepers try and force sleep by taking supplements every night, and if they started to

do that, do you think that would start to erode their confidence in their innate ability to sleep? So, take a look at your list honestly, keep the ones you want to keep and start discarding the ones you don't.

Sleep Scheduling

Disclaimer: Please visit your doctor to discuss bedtime restriction with them before limiting your time in bed. You have a legal obligation not to drive or operate heavy machinery if you are feeling sleepy.

Do not restrict your time in bed to below 5 hours.

Calculating your initial bedtime restriction

If you have opted for sleep scheduling over sleep windows, Stage 2 of the course is when you would want to start restricting your time in bed after you have discussed doing so with your doctor.

To do this, for the last week of sleep scheduling that you have just completed, take a look at the average time that you spent sleeping during that week. (On your sleep diary this is designated as C.)

In my case that would be 5 hours and 11 minutes.

What is your average time?

If it is dramatically lower than 5 hours, at say only 1, 2 or 3 hours a night, please do not restrict your time in bed. Please reread the chapter about paradoxical insomnia and continue with the advice already outlined (go to bed when sleepy, get up at the same time every day). If you see no improvements in your sleep after two or three weeks, please visit your doctor for a referral to a sleep physiologist.

Say your average time was 5 hours 30 minutes. This is your benchmark for bedtime restriction. And you have a few choices...

5 hours 15 minutes? Nope! your bedtime restriction should not be below your average time!

5 hours 30 minutes? Yes, great stuff! But have a think about how this makes you feel. If you think, 'Sure, I can do this,' great stuff! Do it. If it sends you into a tailspin of anxiety, then perhaps give yourself a little more time.

5 hours 45? Decent!

6 hours? Fair to middling...

6 hours 15? Pushing it, but OK-ish. You want this course work for you, so try not to underdose the treatment!

6 hours 30? Erm well... It's up to you, it's much better that you do something than nothing, and if you used to spend 10 hours in bed, then reducing it down to 6 hours 30 is still a big step.

It's important to remember, however, that if you were to choose a time closer to your benchmark, it won't be for ever! You will be adding time on as you progress through the course. Also, the times closer to the benchmark tend to get results much more quickly (providing people more or less stick to them) as they build a really strong sleep drive and they provide a really dramatic psychological leap (i.e. I can't believe how quickly I slept last night/how few times I woke etc - it's true, there really is nothing wrong with me or my ability to sleep!)

That all said, be honest with yourself when you choose your time. Do what you feel is challenging but you can stick too. But as always, it's your course, so it's your decision.

Stick or twist

If you take a look back to the example sleep diary that I included on Stage 1 of the course, you will see that I have calculated my sleep efficiency.

Sleep efficiency is calculated by time spent in bed sleeping divided by time spent in bed, multiplied by 100.

So, if you take the results from own diary that is:

Time sleeping: B = 311 minutes

Time in bed: A = 449 minutes

$$B / A \times 100 = \text{sleep efficiency}$$

$$311 / 449 = 0.69 \text{ (approx.)}$$

$$0.69 \times 100 = 69\%$$

These were my results, however, before I started restricting time in bed.

Say you have set yourself a bedtime restriction of 6 hours. When do you increase your time?

At the end of every week of bedtime restriction calculate your sleep efficiency.

If it is below 90% **stick**. Don't add any more time. If it is above 90% **twist**. Add 15 minutes or so (again it's your decision, but 15 minutes is a good benchmark - a decent amount of time but not moving too quickly). 89.45%? Oh go on... **twist**

If you find that after a good few weeks you are not achieving 90%, you may have been a little too generous on your initial bedtime restriction. Perhaps consider shortening your time in bed a bit, but only if it doesn't create loads of anxiety and you want to.

You know my style by now, so of course there is no punishment or failure here. You're just being kind to yourself by giving this course as much chance to work for you as possible.



Stage 3



STAGE 3



By now we have implemented behaviours that are designed to build a strong sleep drive; you have started to tackle the negativity bias using gratitude journals; and you are creating a new perception and reality around your sleep by using the memento method.

I would advise that you carry on doing those exercises for the remainder of the course. Perhaps you'd now like to also tackle some of the unhelpful thought patterns around sleep that you can experience while you are in bed, work on reducing anxiety around sleep through physical exercise and also tackle some of the anxious thought patterns and the overactive brain as well.

People with insomnia often say that they can't sleep due to an anxious brain, or they just can't seem to switch off. The most effective treatment for this is what you have already been doing with all the behaviour changes to build a strong sleep drive. Also, spending less time in bed means that there is less time to lie there awake and ruminating. But by now you hopefully also feel ready to tackle the thought patterns more directly.

Using my own course as an example, by Week 6 I had had some good nights of sleep where I fell asleep very quickly and slept like a 'normal sleeper'. Not every night, but I had certainly started to see some improvements. These improvements helped me to see that there was nothing wrong with me or my ability to sleep.

This massively helped me to reduce my anxiety around sleep, and this reduction in anxiety in turn made me more open to start tackling some of my unhelpful thought patterns.

Hopefully you have now got a few nights of good sleep under your belt too, and perhaps these good nights of sleep have also helped reduce your anxiety. If not, no worries, the rate at which everybody progresses will be different, so perhaps stay a

little longer on Stage 2 of the course if you would like to.

For those of you who would like to tackle your thought patterns directly now, I'm going to split the techniques into two categories.

1. Techniques while in bed.
2. Techniques for the evening.

I am also going to introduce an increase in physical exercise if you feel you would benefit from that.

The techniques we have coming up are

In-bed techniques

1. Paradoxical intention technique
2. Distraction techniques

Evening techniques

3. Put the day to bed
4. Thought record

And lastly,

5. Get moving!

In-bed techniques

It is important to note that these techniques are not to make you sleep or for you to try and force sleep to come; this is impossible. They are just there to help reduce anxiety, and in combination with a strong sleep drive, they will allow sleep to come. Over the long term, however, I find the best technique is the one already taught in *You Can Sleep Too!*

If you are in bed and you find yourself trying to force or control sleep, I want you to visualize yourself scrunching up your face and trying really, really hard to turn your hair blue by using a breathing technique.

That's all I want you to do!

Now I am free from insomnia, this is the only technique I use when I am in bed and find myself trying to sleep. It is this visualisation technique that prevents me from

falling back into old thought patterns.

That said, this mindset shift of knowing that you cannot force sleep does not come automatically, and I have only reached the stage of acceptance about being awake at night now that I am free from insomnia.

I also now feel no anxiety about being in bed awake. But again, that is only how I feel now, and it wasn't how I felt 4 weeks into my course.

So, until you can reach a stage where you no longer feel anxious about being in bed and are just as happy being in it awake as you are asleep, I'm going to outline a couple of fantastic in-bed techniques you can use in the meantime.

If you find, however, that you can't help but use them to force sleep, and you are finding that they are not serving to reduce anxiety, no problem!

This is where stimulus control comes in. So, if you do find yourself leaving the bedroom, there is no failure involved. All you are doing is strengthening the sleep drive for the following night and conditioning the brain that the bed is a place for sleep, by not spending time in it awake.

If you find that you sleep after one of these techniques - wonderful. If you find that you do stimulus control instead - wonderful! Either way you will still get to where you want to be.

The paradoxical intention technique was one that I learnt on my own course (my course was a CBTi course), and I met it subsequently when I completed a SleepScience course. I personally found the paradoxical intention technique incredibly useful during the early stages of my course, but like everything, it is there to be let go of...

I have said it earlier, but it's so important it needs repeating.

These techniques do not make you sleep. That is impossible. So be mindful about why you are doing them. If at any point you find yourself saying, 'That worked last night,' or 'That didn't work,' or 'That doesn't seem to be working,' etc. there's a problem there!

That all said.

STAGE 3: EXERCISE 1



The paradoxical intention technique

The paradoxical intention technique is about deliberately choosing to engage in the thing that you fear the most - not sleeping!

This type of therapy is premised on the idea that performance anxiety inhibits sleep onset. Paradoxically, if a patient stops trying to fall asleep and instead stays awake for as long as possible, the performance anxiety is expected to diminish; thus, sleep may occur more easily.

<https://div12.org/treatment/paradoxical-intention-for-insomnia/>

Instructions

When you are in bed not asleep, with the lights off, stare up at the ceiling and repeat in your head the mantra 'I will stay awake, I will not shut my eyes'. As you feel sleepiness come, gently push it away.

With this technique, don't fight sleep to such an extent that it makes you more anxious! Just do it until you feel sleepy, and then give in to sleep and allow it to come.

★

The takeaway from this technique is you cannot force sleep. Just like thirst and hunger, sleep is a natural process and is involuntary.

While this technique can be helpful in the short term, how it can be useful in the long term is by creating a psychological shift away from force and effort to sleep and towards less effort, and eventually no effort.

Distraction with imagery

This technique is a distraction technique. Distraction techniques can be very helpful because rather than trying to challenge or rationalise thoughts, which can be very

hard to do and may lead to fighting these thoughts and further arousal, distraction simply replaces those thoughts with something neutral. And there is a good evidence base to support the efficacy of this.

'Studies have found that distraction is able to decrease the activation of the amygdala. Distraction also appears to create changes in some areas of the pre-frontal cortex.'

www.verywellmind.com/coping-with-emotions-with-distraction-2797606

Many thoughts can bubble up when you are in bed trying to sleep.

The overactive brain just can't help but problem solve. Most of the time, however, it is trying to find a solution to a problem that isn't even there yet, such as this one: 'I know for a fact I won't sleep tonight. So, when I lose my job tomorrow because I can't sleep, and apply for another job in sales, but don't get that one, and then apply for a job in scaffolding, but don't get that, and end up having to work as a butler in the buff, when I fill in my SA103, box 17, do I put "hospitality", "restaurant work" or ...'

It can get exhausting! (I put it down as 'entertainment - other'.)

Forecasting failure such as in the example above is very common in insomnia (I know I will not sleep tonight, so I know I will lose my job if I don't...).

Perhaps you may think it a good idea to rationalise and challenge this type of thought process rather than simply distracting yourself from it by saying to yourself something along the lines of 'I have slept much better since starting this programme, and have had some good nights of sleep, so there is a good chance I will sleep tonight. When the work is done and it's time to break out, while I know there are certain occasions when high flyers want to be away from prying eyes and wagging tongues, maybe I won't have to wear a little apron, in Reading, in the private dining room MALMAIS1, unless I want to.

This rational, truthful thought at face value seems like it would be helpful. However, is this something normal sleepers would think? No! Normal sleepers have no relationship with sleep; they don't even think about whether they will sleep well or not, just like they don't think about whether they will feel thirsty.

Challenging thoughts can therefore indirectly attract too much attention to them.

And there are other pitfalls to challenging rather than distracting yourself from

thoughts too. Guy Meadows in *The Sleep Book: How to Sleep Well Every Night* discusses what some of these are.

One of the main issues is that people simply do not believe the rational statements they are saying to themselves, especially in the middle of the night.

Many also find the process like an endless tug of war, in which their mind creates a thought, and they challenge it ... Another potential problem is the fact that challenging thoughts places an unhealthy level of importance on something that at its most basic is just a bit of noise in your head.

The act of challenging therefore unhelpfully glorifies or sensationalises the unhelpful thought, rather than just accepting it as a thought.

(Meadows 2014, p. 108)

STAGE 3: EXERCISE 2



Visualisation distraction

Picture a strawberry, what colour is it? Red? What kind of red? What colour are the pips? How big is it? What colour is the stalk? What kind of green? How does it smell?

Change the colour of the strawberry to purple. What kind of purple? What colour are the pips? What colour is the stalk? How does it smell?

Change it to orange...

You can rotate the fruit to any kind you want and use as many colours as you want.



Please see a link to a beach visualisation exercise at the back of this book. I will also recommend another guided visualisation that may be helpful to you.

Sciencey stuff 5

Thought suppression

So, we know challenging thoughts at night-time does not work, but what about suppressing the thought to eliminate it completely? Is that a good option? The following study should answer that!

Harvey (2003; [The attempted suppression of presleep cognitive activity in insomnia]) instructed individuals with insomnia and good sleepers either to suppress or to not suppress one issue/problem/thought while trying to get to sleep. On the night of the study, the participants who were told to suppress reported that they took longer to fall asleep and rated their sleep quality as poorer compared with participants given non-suppression instructions. This finding suggests that attempting to suppress a thought adversely affects both (a) self-reported sleep-onset latency and (b) sleep quality. The effect was detected for both the good sleepers and the patients with insomnia.

(Schmidt et al. 2011, p. 177)

So thought suppression has been proven to be ineffective. However, it is something very common that people will do, as it's a very intuitive reaction to something unwanted and intrusive. But the effort to stamp down on a thought just causes it to return. Thoughts don't like to be pushed and kicked around, so when that thought does return, it's twice as grouchy and with much sharper teeth! You don't want this bigger grouchier thought either, so of course you stamp down on this one, only to find it pops up again, proper pissed. This can turn into a vicious cycle.

Sleep requires no effort, but thought suppression creates effort and control. A thought can occur automatically without effort, but the act of trying to suppress it does require effort and that feeds the thought.

Suppression and challenging don't work. Please use distraction instead. It's also not advisable to try to challenge and reframe your thoughts while in bed. But it is advisable to do so during the day...

In day/evening techniques

The gratitude journals that you are already doing are a fantastic way to put the day to rest in a positive way. Also, the memento method is an amazing means of framing your sleep differently so that you worry about it less at night.

Here is another exercise to add to the techniques you are already doing that is a great way to tackle your thought patterns at night.

The thought record

Training in structured problem solving might counteract non-constructive forms of repetitive-thought prior to sleep.

(Schmidt et al. 2011, p. 185)

Shown is a cognitive restructuring technique that you can use during the day to train the brain in structured problem solving to tackle the repetitive, racing mind at night. I learnt it from clinical psychologist Nick Wignall. With his permission, I have included it in this workbook. (I will provide a link to Nick's website in the Recommended resources section at the back of this book.)

A great time to do this exercise is during your buffer zone. Doing this exercise in your journal during the buffer zone will wire the brain to automatically start thinking in a different way. When these troublesome thoughts do pop up at night, you will **subconsciously** tackle them with what you have learnt from this exercise, rather than challenge them directly (which can increase arousal).

When it comes to racing, negative, intrusive thoughts it is best to understand them before you address them. What these thoughts are, are warning signals from the brain. The brain is (as always, it's primary function to keep you alive!) concerned about your safety. Your thoughts produce emotions such as anxiety and fear. This leads to a physiological response (blood pressure increases, heart speeds up etc.). This is the hyperarousal that I covered in *You Can Sleep Too!*

Probably the most common racing, troublesome repetitive-thought insomniacs have at night is 'I don't want to be awake. I hate being awake. I want to be asleep.'

When you get these racing thoughts, the brain is warning you about being awake at night. Your brain wants to be heard, so show it that you are listening to it, **properly** listening to it, giving it your full attention, by completing a thought record in your buffer zone about the fear you have about being awake at night. The more you listen to your brain before bed, the less it will warn you at night when you are in bed.

You can use the thought record not only for anxiety around being awake at night but also for fear you have around the bed and the bedroom. You can also use it for other stressful, anxiety-inducing situations occurring in your life that you are repeatedly thinking about at night.

A quick note before we get stuck in. Like lifting weights, learning an instrument and indeed like all the other techniques in this workbook, the power of the thought record comes from – You’ve guessed it! – repetition and consistency over time. The more it becomes a habit, the better it will work for you.

So, please set your expectations realistically. It is unlikely to work for you the first night you try it, or the second, or the third... But you’ll look back on day 56 or so when your brain has automatically started thinking in this new way and be amazed at how easy it is!

So let’s do this!

STAGE 3: EXERCISE 3



The thought record

Step 1: Hit the pause button

Cognitive Restructuring can be useful in many situations. But the best time to use it is when you notice that you're feeling a strong negative emotional reaction to something, especially if your response seems out of proportion to what happened.

Our typical way of responding to a sudden wave on negative feeling is to act on instinct:

Feel angry → lash out

Feel anxious → hide

Feel sad → have a beer

An alternative is to use sudden, strong emotion as a cue or reminder to 'hit the pause button' instead. Then, once you've briefly paused, ask yourself, 'What's going on here?'

When we can inhibit our instinctive response to negative feelings and approach it with an attitude of curiosity, our chances of managing the situation intelligently go way up.

Step 2: Identify the trigger

Once you've used sudden, strong emotion as a cue to pause, the next step is to identify what event triggered your response in the first place.

A triggering event is often something that happens in our external environment: A co-worker makes a sarcastic comment, our spouse gives us 'the look,' a car cuts us off on the freeway, etc.

But events in our internal environment - that is, in our minds - can also act as triggers:

thought pops into mind that we forgot to mention a critical idea during the meeting, a memory of a recently-deceased friend comes to mind, etc.

To help identify the triggering event in a given situation, use *who, what, when, where*.

Who is or was present with me at the time I got upset? Because we're social animals by nature, people often play either a direct or indirect role in our emotional reactions.

What happened? Literally, what sorts of things happened to me leading up to feeling upset? Remember that no detail or fact is too small to be influential. The trigger doesn't have to be something big and obvious—in fact, often it's something quite small and subtle.

When did I first start feeling upset? What happened immediately before this? This question is particularly important if you're doing Cognitive Restructuring hours or days after the fact.

Where did it all occur? Often the initial triggers for becoming upset are a part of or connected with our physical environment.

Step 3: Notice your automatic thoughts

Automatic Thoughts are our default, initial interpretations of what happens to us. They're almost always spontaneous (i.e. we didn't initiate them) and typically take the form of verbal self-talk or sometimes images and memories.

For example, if someone cuts you off while driving, your automatic thought might be 'What a jerk!' Or, if you see an email from your boss late at night, your automatic thought might be 'Oh no! What's wrong?! I must have forgotten something earlier.' Or perhaps seeing a billboard advertisement for a funeral home triggers a memory of your mother's funeral—what it looked like, how you felt, etc.

We all have Automatic Thoughts all the time. And most of the time we either don't notice them at all or we're only vaguely aware of them. When it comes to Cognitive Restructuring, it's important to build the habit of becoming more aware of our automatic thoughts and really examining them closely.

Step 4: Identify your emotional reaction and note how intense it is

Emotions are generated from our mental interpretations of things that happen. And

the type and intensity of the emotions we experience depend almost entirely on the type of thinking we engage in.

For example, using the example from above of being cut off while driving: If your thought is 'What a Jerk,' you're likely to feel angry. If your thought is 'That son of a B%tch! What the hell is he thinking?!' you're likely to feel an even stronger form of anger, perhaps bordering on rage.

On the other hand, if your automatic thought was 'Oh my God, he almost hit me! I'm going 70 miles an hour—I would have died!' You're much more likely to experience something like fear or anxiety.

Finally, your emotional response can contain more than just one emotion. If your automatic thought had been, 'What a jerk! He almost hit me?!' You'd probably experience some mixture of anger and anxiety. In this case, it's good to note both but typically there will be one that's stronger or more dominant.

Finally, for each emotion identified, rate how intense it was on a scale from 1-10.

Step 5: Generate alternative thoughts

Once you've identified a trigger, noticed your Automatic Thoughts about that trigger, and taken note of your emotional reaction, the next step is to come up with alternative thoughts for each of your initial, Automatic Thoughts.

For example, sticking with the car example from above, instead of 'Oh my God, he almost hit me! I'm going 70 miles an hour—I would have died!' You might construct an alternative thought like 'Wow that was scary! He got pretty close to hitting me but I'm a pretty good driver and handled it well.'

Or, instead of 'What a jerk! He almost hit me?!' You might say something like 'Maybe his wife is going into labor in the backseat and he's on his way to the hospital?!'

In any case, the important thing is to simply be flexible and come up with more interpretations than your first automatic one. This practice creates mental flexibility, a key component in the ability to disengage from negative thinking patterns and overwhelming emotion.

Also, in addition to simply generating more alternative interpretations or explanations of what happened, it can be useful to notice any obvious errors in your initial thoughts

and develop alternative thoughts that are more realistic.

For example, if your automatic thought was 'Oh my God, he almost hit me! I would have died!' you might point out to yourself that 'I would have died' is far from certain, even if he had hit you, and substitute a thought that contains something about how you're a good driver and it's very possible that you could have acted soon enough to prevent an accident.

If possible, generate at least two or three alternative thoughts for each overly-negative Automatic Thought.

Step 6: Re-rate the intensity of your emotional response

After generating multiple (hopefully more realistic) alternative thoughts, return to your emotion(s) you identified in Step 4 and reassess their intensity. Almost always, they will have gone down at least modestly as a function of questioning your automatic thoughts and generating alternative and more realistic ones.

This final step is crucial because noticing and feeling the relief from your negative emotion decreasing is an important reinforcer of the new habit of Cognitive Restructuring.

In other words, you're much more likely to stick with it as a habit and benefit in the long-term if you get the reward of even slightly lower negative feelings as a result.

Nick Wignall, <https://nickwignall.com/>

* ** *

How to use a thought record to do cognitive restructuring

The six steps mentioned above are a good overview of the elements of cognitive restructuring and how to do it in a general way. But when we're first starting out, it's helpful to have a specific template for guiding us through the steps. And that's exactly what a thought record is for.

A thought record simply a guide for walking you through the specific elements and steps of cognitive restructuring.

Often it takes the form of a paper worksheet. Shown is my example of how I would use a thought record at night, blank thought records are included in *The Sleep Well Journal*. Naturally it will need to be adapted slightly as the trigger is in the future, but it can be easily done. So let's say that my trigger is anxiety about being awake tonight and not sleeping...

STAGE 3: EXAMPLE 3



Thought Record

STEP 1: PAUSE

What happened here?

I am anxious that I will not sleep tonight and spend my time in bed awake.

STEP 2: TRIGGER

Who, What, When, Where, Why?

I just started to have this thought pop into my head the later it is getting so time was the trigger for this thought. I get this thought because there have been times in the past where I have not slept well at night and spent a long time getting really stressed and anxious being in bed awake.

STEP 3: THOUGHTS

What thoughts were running through my mind immediately after the trigger?

Worry about spending time in bed tossing and turning, worry how I will feel the next day if I do not sleep. I am thinking that I have to get up at 6.00am as this time is part of my sleep window and also I need to go to work tomorrow.

STEP 4: EMOTIONS

What emotions am I feeling right now? On a scale from 1 to 10, how intense are they?

Anxiety 7, Stress 8, Worry 8.

STEP 5: ALTERNATIVE THOUGHTS

What are some alternative—ideally, more realistic—ways of interpreting what happened?

I know that I can sleep because I have slept well in the past and I have been sleeping

much better since I started this programme. If I do start to feel anxious at night that doesn't matter as I now know that you sleep better when you spend less time in bed, so if this happens, I can use either a distraction technique or the paradoxical intention technique. Alternatively, I can go downstairs and enjoy reading my book by the fire. This would be lovely if I could do this as I am enjoying the book I am reading. I also know that if that does happen, it will just strengthen my sleep drive for the following night, which will help me progress with this course and overcome my insomnia in the long run. I know I will be absolutely fine the following day at work! I've slept poorly before and I've still done great. I also now know that I can still have an amazing day after a poor night of sleep, and if I do that I will be teaching my brain that wakefulness and poor sleep at night is not a threat. This will help me overcome my insomnia over the long run so if I do not sleep well tonight that would be a really good thing!

STEP 6: RE-RATE EMOTIONS

How intense are my emotions now?

Anxiety 3, Stress 2, Worry 2



This technique is a great way to deal with negative emotions before going to bed, which will mean that they are much less likely to bubble up during the night. If they do, reminding yourself that you have already dealt with them and visualising the piece of paper where you have noted them down may be enough to stop them in their tracks. If, however you still have trouble, again, stimulus control comes in!

The gentle and kind way is the right way. There is no failure attached to stimulus control, either you fall asleep without stimulus control because you are not anxious in bed, or you leave the bed and don't worry and ruminate, and then feel sleepy again and allow sleep to come. Either option helps with your long-term goal of overcoming insomnia.

Sciencey stuff 6

Physical exercise

A small study entitled 'Effect of Acute Physical Exercise on Patients with Chronic Primary Insomnia' (Passos et al. 2010) assigned 48 insomnia patients to 4 groups.

1. The control group: 12 participants were not assigned any physical exercise during the experiment.
2. The moderate intensity aerobic exercise group: 12 participants were assigned running on a treadmill for a duration of 50 minutes at a moderate intensity i.e. jogging.
3. The high intensity aerobic exercise group: 12 participants were assigned running on a treadmill at a high intensity for 30 minutes with 10-minute rest intervals.
4. The moderate intensity resistance exercise: 12 participants were assigned moderate weight-training exercise for a duration of 50 minutes.

The objective of the study was to assess which type of exercise decreased the time it takes to fall asleep and increased sleep efficiency the most.

The results from this study concluded that moderate intensity aerobic exercise was the best type of exercise to improve sleep.

This group showed a reduction in the time it takes to fall asleep by 55% and an increase in sleep efficiency by 13%.

All four groups were also given a Spielberger State-Trait Anxiety Inventory (STAI) to complete 30 minutes before going to bed to subjectively measure pre-sleep anxiety. An STAI measures the strength of a person's anxiety.

And the results were also most significant in the moderate intensity exercise group with a reduction of self-reported anxiety of 15%.

So, what can we conclude from all of this? Well, nothing really, as the study was too small to draw any real conclusions. But another study entitled 'Effects of moderate aerobic exercise training on chronic primary insomnia', which studied participants for a duration of six months came to a similar conclusion (this study also saw a significant reduction in depression and anxiety amongst the participants; Passos et al. 2011).

A systematic review that identified eleven papers also found that that exercise interventions led to improvements in subjective sleep quality for people with insomnia disorder and insomnia symptoms (Lowe et al. 2019). Please see Figure 1 for a schematic diagrammatic representation of an apposite exercise intervention.

All this is looking pretty conclusive - good stuff!

You of course have heard why exercise is so important to your health and the numerous benefits that it will give you countless of times. You now have another reason to add to your list of why to do it: it's been proven to help you sleep (but of course it does not *make* you sleep!).

It's also been proven to have very positive effects on your wellbeing. So, if you can incorporate it into this programme, you'll feel much better in general. This will massively improve the likelihood that you will stick at this course during the trickier times.

As you and I both know, insomnia does take a toll on your mental health. Perhaps you exercise consistently already, if so, great stuff.

If not, I can understand why. When struggling with sleep, it can sometimes feel too much to add any more challenges to those you already have. When my insomnia was at its worst, I exercised far less than normal.

But now you have hopefully started to sleep better and to see some improvements, perhaps you feel like you can take on the challenge of adding some exercise into the mix.

Naturally, the amount you can do or feel able to do will vary from person to person, and some people will have huge time constraints and perhaps mobility issues. That said, have a think about what is feasible for you.

You've been working on cutting down your active sleep efforts, so I don't want to complicate things by adding any more to the list. So as with hot baths, relaxation techniques etc., intention is everything!

Exercise because it helps to reduce anxiety and it makes you feel amazing. Nothing else!

Also, I would advise exercising early in the morning or during the day rather than just before bed on most occasions. But fancy joining a salsa class that finishes at

10pm? Amazing! It may affect your sleep in the short term, but get stuck in and do it anyway!

Maybe you prefer high-intensity exercise or weightlifting to moderate-intensity exercise. Brilliant! Do the exercise you want to do. If you're a cage fighter, you don't have to start ballroom dancing (although you'd have good timing and reactions, so you'd probably be pretty solid at it).

The important thing is you are taking back control from your insomnia. You are no longer allowing it to limit your life, and you are starting to do the things you enjoy again.

As with everything in this course, do the fundamentals such as stimulus control and sleep scheduling, ideally as prescribed.

But everything else can be adapted to suit your individual circumstances and lifestyle. It's your sleep and it's your sleep course, so it's up to you how you complete it.

“Eating One Battery”



fig. 1

“Eating Five Batteries”



fig. 2

Figure 1: Abstract BAT4732

** There is no evidence-base to this. Do not eat any multitude of batteries. (Image: by Homestar Runner)*

STAGE 3: EXERCISE 4



Get moving!

Below is a list of some examples of 'moderate exercise':

- Brisk walking
- Easy jogging
- Using an elliptical trainer
- Cycling at under 10 miles per hour
- Swimming leisurely
- Ballroom dancing and line dancing

If you have mobility issues:

- Ergometers
- Swimming
- Water aerobics

These are just examples. Whatever is doable for you - great stuff!

Perhaps write down some activities and the days and times you would like to/are able to do them and the duration of your exercise. Over 30 minutes is fantastic if you can commit that much time. If not, do whatever is feasible for you.

As with everything so far, you are far more likely to succeed and actually do it if your exercise regime is written down, so it is worth recording it.

As for finding the time to do it... Since you are limiting your time in bed, you will be spending less time there than you used to. And perhaps you set your wake time to much earlier than it used to be during your sleep windows/sleep scheduling.

Now you have that extra free time in the morning, perhaps then would be a great time to pencil in for some of your chosen activities.





Stage 4



STAGE 4



You've got this far, so you will by now hopefully have seen some great improvements with your sleep, sprinkled with quite a few speed bumps.

Perhaps also there will have been some moments where you felt absolutely elated, only to be dragged back down again, and started to question everything.

You've probably not done everything perfectly either and haven't followed all the behaviour changes to the letter. And there are possibly a fair few pages of the workbook left unfilled in.

I didn't do my course perfectly either, and I still overcame my insomnia. Think about flicking back through and filling in some of the written exercises or just picking them up now and carrying on with them.

It's important to keep on going with the memento method, gratitude journals, buffer zone, thought records, etc. And whenever things get a little dicey, maybe reread all your success entries from your memento method from the previous weeks.

Also, if at any point you start to lose motivation, it's good to look back at the very first groundwork exercise where you wrote down the specifics of why you want to cure your insomnia over the long term.

Now that we have introduced the behaviour changes, worked on settling the racing mind and tackling the anxiety around sleep, I am going to introduce what to do if you have a poor night of sleep, experience a speed bump or a short-term sleep problem.

This is an important part of the course because not only will it help you over the short term, over the long term it teaches your brain that a poor night of sleep is not a threat. As you are hopefully already starting to see improvements, Stage 4 is mostly about cementing and building on those improvements and preventing as best you can relapse.

Stage 4 also starts to tackle the medium and hard active and avoidance sleep efforts. We have coming up:

1. Detective work 1
2. Detective work 2
3. The untangling way

DETECTIVE WORK



Stage 4: Exercise 1

Detective work 1

Take a read of these two statements:

If I sleep poorly, I will have a dreadful day.

If I sleep well, I will have a great day.

Are these statements true? Is this the case all the time? Can you think of a time when you didn't sleep well, perhaps because you had to get up early to go skiing, or the night before your wedding or the day before a scuba-diving trip or ... and you had an amazing day?

And can you think of a time where you slept amazingly and had the worst day ever?

And when you do look at it under the microscope like this, you will see that there is not this linear causal link between how well you slept and how good your next day could be.

Now I'm not saying that your sleep has no impact on how you feel the next day, as I know just as well as anybody that it does. But I also know I have indeed had some of the best days of my life after a poor night of sleep.

In the next exercise please write down examples of the amazing days you have had after a poor night of sleep. Also, please write down some the lousy days you have had after sleeping well.



STAGE 4: EXERCISE 2



Detective work 2

I want you to think of the best thing that could ever hypothetically happen to you. Maybe it's winning the lottery, maybe it's landing your dream job, maybe it's bumping into George Clooney in the breakfast queue of your Malmaison hotel and him very kindly offering to butter your muffin.

Imagine you had slept poorly for three days in a row, but the best thing you could ever imagine happened to you that day. How would you feel then?

I, and you cannot guarantee that you will win the lottery, land your dream job, or St George with George. These are not things that you have control over daily. So, let's create a more tangible list of things that you could do, and do have control over daily that will have a positive impact on your day.

Write a list of the things that you could do during your day that would make you feel amazing! You can steal some bits from your list of things that bring you joy and jot them down in your journal.

Now you have that list jotted down you probably know what I'm going to ask you to do next. On the days you sleep poorly, I want you to take a look through this list and do as many things as possible that you can that are on it!

If you do do this, how much better do you think you will feel on those days where you have a poor night's sleep?

And do you think that teaching the brain that you can still have an amazing day even after a poor night of sleep will somewhat diminish the pressure and performance anxiety around sleep?

Compare these two thought patterns.

If I don't sleep tonight, I will have a dreadful day.

It doesn't matter how well or how poorly I sleep tonight because three days ago I slept poorly and had a great day. And if I did it once, I can do it again!



THE UNTANGLING WAY



Stage 4: Exercise 3

The untangling way

We will be using the untangling way to tackle some of the harder active and avoidance sleep efforts on the list.

The untangling way teaches you to face your fear head on and undo the 'tangled' thoughts that you may develop.

But how do you classify a 'tangled' thought?

Say you say to yourself 'I slept poorly last night because I had a coffee at 3.32pm.'

That would be an example of an entanglement. You have linked not sleeping as well as you would have liked to a coffee at 3.32 pm.

If this happens and you've become entangled, what you need to do is that day have two cups of coffee at 3.32 pm.

Or perhaps you say to yourself that you slept well last night because you didn't decide to meet up with friends that evening.

Well, the next night you do the opposite, and you do meet up with your friends.

The untangling way is a direct way of taking back control, which promotes agency over your life and diminishes the power that insomnia has over you.

That said, actively challenging your insomnia like this can create anxiety, so only do this as and when you feel comfortable doing so.

If that is now, in your *Sleep Well Journal* possibly write down some of the harder active avoidance sleep efforts that you are yet to tackle, and start confronting them directly using the untangling way.



STAGE 4: EXAMPLE 3



The untangling way

How have I become entangled?	What action do I need to take to face my fear head on and address this?	Place a tick in the box every time this action has been completed (until you feel it has been addressed)
<i>I had a coffee at 4.00pm yesterday when usually I stop drinking caffeine at 3pm. For this reason I slept poorly last night.</i>	<i>I will have an even bigger cup of coffee at 4pm!</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<i>I slept poorly last night because I ate dinner in a restaurant and finished eating a lot later than usual.</i>	<i>I will go to another restaurant and eat late or eat dinner later than my usual time.</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
<i>I slept well last night because I listened to soothing whale noise music through my headphones at low volume at 10pm.</i>	<i>I will listen to upbeat music at the same time at a much higher volume.</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<i>I slept well last night because I didn't watch a film/TV before bed.</i>	<i>I will watch an action film just before bed!</i>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

The plateau

At some point, you're going to reach a stage, after you have gradually extended your time in bed, when you stop hitting 90% sleep efficiency or you feel like you don't need or want to add any more time to your sleep window.

Awesome! You now know how long you personally need in bed. I'd advise staying on your window for a few weeks or so, but eventually as you nudge ever closer to becoming the 'normal sleeper' you used to be before you had insomnia, you will want to start letting go of it. Which is where Stage 5 comes in...



Stage 5



STAGE 5



Stage 5 is all about letting go of the course and transitioning towards 'normal sleep'.

The Sleep Well sleep-coaching course creates a bit of a paradox. People with insomnia put a huge amount of focus and attention on their sleep. Normal sleepers do not even think about their sleep, and the purpose of the course is to help you become a normal sleeper. But to build your sleep drive and to tackle the anxiety around your sleep, I have needed you to put quite a lot of focus and attention on your sleep! I don't want you to focus on your sleep, but in order to help you not focus on your sleep, I've had to make you focus on your sleep... There's the paradox!

But now you have proved to yourself that you can sleep using the sleep windows, and now you have tackled the anxiety that surrounds sleep, perhaps now you can start thinking about moving away from the course.

If you were to ask a good sleeper what they do to sleep, the answer will nearly always be the same: a blank expression and the word 'nothing'. If, however you probe a little further, while they think they are doing nothing, they will all invariably actually be doing the same things. They will be going to bed when they are sleepy, and they will, more or less, get up at the same time every single day. If you ask them what they do at night to make themselves sleep if they are in bed and are not asleep, you will also nearly always get the same answer, nothing!

The funny thing is instinctively everybody knows this. Before I had insomnia this is what I did. Before you had insomnia this is what you did. Everybody instinctively knows how to sleep. Ask a five-year-old what they do to sleep, and they will give you exactly the same answer: nothing (or, 'I like jelly and balloons' - both are great answers and correct).

So you want to now start moving towards doing nothing to sleep...

Some of the things from the course are worth keeping, however. The buffer zone is one of them, and if you have enjoyed doing it, the gratitude journal is another.

Apart from that just:

Go to bed when you are sleepy

Get up at (more or less) the same time every day

Get light first thing (as bright as you can).

And keep hold of all the things that you have enjoyed doing more of during the course. If you have been exercising first thing, socialising more, engaging in more fun activities that you stripped out during your insomnia, keep that momentum going and get stuck back into life.

To start doing less to sleep and to shift your focus away from it, the first thing that would be good to come off is your sleep window/sleep scheduling. I discussed a great way to do this in: *You Can Sleep Too!* It's called the timeless night. Here it is again to save you some time.

The timeless night

The timeless night is a very effective way to transition off your sleep window. It works like this.

Now that you have a good idea of when you typically start to feel sleepy, set yourself a time after which you never look at a clock again.

In my example, my sleep window started at 11.30 pm and, because I now had a regulated sleep drive, I would generally start to feel sleepy as 11.30 pm approached.

I chose 10 pm for my timeless night to begin. After this time, I never looked at a clock again until my alarm sounded in the morning.

What this does is three things:

1. It stops you from setting your bedtime by your watch.
2. It prevents you from spending hours on your phone or laptop when you could be enjoying yourself and relaxing. (There are time displays on laptops and phones, so they're out!)

3. It stops you clock-watching and worrying or obsessing about the time when you are in bed.

Say you woke up in the middle of the night and then fell back asleep. Usually, you would know almost exactly how long you were awake for during the night because you would look at the time when you woke. Now you don't. Who knows what time you woke up and what time you fell back to sleep, and who knows how many hours you slept last night? Sleep is a natural process, and your body will sleep when it needs to, so why does it matter how long you have slept?

Remember the buffer zone from Stage 2? Now you can do both at the same time.

At 10.30 pm the buffer zone starts and, also at 10.30 pm, the timeless night starts: time for yourself to do the things you love before bed. (How much time after 10.30? You have no clock, so who knows!) No setting your bedtime by your watch and no obsessing about the time during the night. Good stuff!

Relapse prevention

Insomnia can be a slippery old fish. You think you've got it under control and suddenly it whacks you with its tail. So, if you find that you've been doing well and have yourself a speed bump, (which is incredibly common), just know that it means nothing! It doesn't mean that the same insomnia that you used to have has returned; it just means that you are going through a short-term sleep problem, which normal sleepers have from time to time, so that means you must be a normal sleeper!

I discussed my own 'speed bump' in my other book, so it really is something that happens to virtually everybody.

When (not if - it's highly likely) it happens to you, you can deal with it by following these steps:

Step 1: Honestly assess the situation. Are you going through a particularly stressful situation, a job loss, bereavement, hard time at work?

If so, you have yourself a common-or-garden variety of short-term sleep problem! But you know what to do! Nothing. Just continue going to bed when you are sleepy and getting up at the same time. It will resolve itself in time.

If this is not the case. The second step is to

Step 2: Have a look at your behaviours and thought patterns. Are they the thought patterns and behaviours of somebody who is a normal sleeper? Are you going to bed when you are sleepy, getting up at the same time and not trying to force and control sleep and giving it loads of unwarranted attention by scrolling through the internet researching grounding sheets and weighted blankets? Also, are you spending time on insomnia forums? (If so, take a look at the 'Optional extras chapter.)

If you have slipped into old behaviours, dig out your old workbook and have a flick through all your memento methods just to remind yourself how amazingly well you have done! Then put those great new habits of going to bed when sleepy, getting up at the same time, getting light and getting active back into place.

If after two or three weeks you are still sleeping poorly, providing you have an accepting relaxed attitude about this because you know that it will resolve itself, no worries, keep on with the good behaviours and it will.

Alternatively,

Step 3: If you would like to, have a think about setting yourself a sleep window. If you do set yourself a sleep window, it doesn't mean you are going back to square one - far from it!

During that time when you slept well, you proved to your brain that you can sleep well, and that the bed is a wonderful relaxing place that gives you sleep. Those neural pathways that lead to good sleep, and those new neural pathways that know not to control and force sleep, have already been forged during the course. So, once you start sleeping well again, you will quickly find that the anxiety, stress and worry around sleep also diminishes far more quickly than when you first started the programme.

Speed bumps are one of the final steps in overcoming your insomnia for good because once you have had one, they are simply another reinforcement of just how powerful your new behaviour and thought pattern changes can be. Expect them! Embrace them and move on from them stronger. They are there to be learnt from and will help you over the long term.

Wrapping up

Now we are at the end of this course, I'd like to introduce the last and final mindset shift to help you free yourself of insomnia. I will also encourage you to do something big and spectacular to draw a line under it for good. I'm going to introduce MBTi and 'The final challenge!'

MBTi – Mindfulness for insomnia

Dr Guy Meadows is an expert in MBTi and uses the following quotation to explain it in *The Sleep Book*. This being the case it only seems sensible to introduce it in the same way here.

Individuals with chronic insomnia often feel that they have no control over their sleep and present with a rigid attachment to the desire for more sleep. Mindfulness-based therapy for insomnia was developed to help these individuals by using mindfulness meditation to manage the emotional reactions to sleep disturbance and daytime fatigue that commonly arise during the course of chronic insomnia. These are goals that hypnotic medications do not target and that current multicomponent treatments for insomnia rarely address ... the principles and practices of mindfulness meditation allow for sleep to unfold rather than increasing efforts to clear the mind, or try harder to make sleep happen.

(Ong and Sholtes 2010)

The way I view it, MBTi is seen as an alternative approach to CBT-I to tackle insomnia. I am a huge proponent of it.

This is because ultimately being free of insomnia and being a 'normal' sleeper isn't just about sleeping well, it's about having an attitude where you have a healthy relationship with sleep, or to take that even further, where you have absolutely no relationship with sleep. Poor sleep, OK sleep, good sleep, it's all the same.

Sleep causes no stress, no worry and no anxiety. It's just not something you give a second thought to because you know that even when you do sleep poorly, if you are completely accepting of that and do absolutely nothing, sleep will come. Essentially you become a normal sleeper when you are completely accepting of being awake at

night and are just as happy to be in bed awake as you are asleep.

Bit of a tall order for an insomniac, but for somebody who has completed a sleep course and proved to themselves that they can sleep just like everybody else, well now that's a little bit less of a stretch...

What is mindfulness?

Condensed right down, mindfulness is present, non-judgemental awareness.

To expand on this, it is about accepting your current situation without judgement or struggle.

While I really like mindfulness as a tool to help cure insomnia, my own opinion is that it is far more effective when not used in isolation. My view is that you need to make the behaviour changes first and after that MBTi can be utilised really effectively.

I see it in this way because without behaviour changes and real tangible practical steps to build the sleep drive, you will still be sleeping poorly. You need these behaviour changes to sleep well, to prove to yourself that there is nothing wrong with you and that you can sleep just like everybody else.

If you are not sleeping well before MBTi is introduced and you haven't restricted your time in bed, then you will not have had those few nights of sleep where no matter how anxious and stressed you are it doesn't matter. Your drive to sleep is so strong that when your head hits the pillow you drift off almost instantly, and sleep pretty well the whole night.

When this happens it allows you to make a psychological leap because it categorically proves to you that there is nothing wrong with you or your ability to sleep.

If you were anything like me, at the start of this course you were probably in a really heightened state of anxiety, stress and worry. The longer you had had insomnia, the more it would have cost you and more resentment and hatred you would have felt towards it. This is of course a very natural way to feel.

If I were to have taught you mindfulness techniques to begin with and told you to simply accept being awake at night without struggling with it, it would have been a bit like me asking you to just accept it and not struggle when a bear is chomping on

your leg.

I know for a fact you would have felt like this because mindfulness and acceptance of my insomnia was something I tried before I completed a CBTi course, and it just made me feel more hopeless about my insomnia because I simply was not able to reach a place of acceptance.

But things were different for me as I neared the end of my CBTi course. How I felt about my ability to sleep was different, how I felt about the bed and the bedroom was different, how I felt in myself was different. I was a completely new person; insomnia wasn't a mystery anymore. I knew that sleep was a natural process and that when I felt sleepy my body would give it to me because I had proved to myself that this was the case.

Insomnia wasn't this big scary bear with big gnashing teeth chomping on my leg anymore. It was now a Chihuahua - still aggressive and annoying from time to time, but very easily tamed with some kind words and a tickle under the chin.

Perhaps insomnia is far less threatening to you now too.

If that is the case, you will be in a much better place to take the final step of being OK with lying awake at night.

Think back to the time before you had insomnia. If you woke during the night, did being awake at night bother you or was the bed just a really relaxing lovely place that you were happy to be in?

Now that you are reaching the end of your programme, this is where MBTi comes in, to help you get back to this feeling of acceptance. And I'm going to hand you back to Guy Meadows to explain more about how it can help.

Mindfulness helps insomniacs to reduce hyperarousal levels by enabling them to view the arrival of unhelpful thoughts and painful emotions in a less reactive manner, thereby creating more conducive conditions for natural sleep to emerge ... The key message is that mindfulness is not designed to get you to sleep, but rather increases your willingness to experience the discomfort associated with not sleeping. When you accept what shows up in the middle of the night, you are less likely to react emotionally and more likely to sleep in the long run.

(Meadows 2014, p. 108)

I would suggest that mindfulness is practised during the day when you are making no effort to sleep. The danger of practising mindfulness at night when in bed is that even if you have the intention not to use mindfulness to force yourself to sleep, because you have got so used to controlling your sleep, there is a danger of this happening anyway. Mindfulness training during the day will train your brain to subconsciously respond to thoughts at night.

I want you to be able to use mindfulness to help you sleep. But given that the subject deserves a whole book in and of itself and my understanding is imperfect, I'm not the man to teach it to you. Luckily, I know just the monk for the job, with a wonderful simile about holding a cup of water.

Ajahn Brahm on samādhi

'Concentration' was never a very good translation for *samādhi*, and I have moved from that to 'attentive stillness.' If you can understand that *samādhi* is stillness, you can understand how all will actually disturbs the process of stilling the mind.

I hold a cup of water in my hand and I ask people who are sitting in the front to say when the water is still. And because the water in the cup is still moving around, I try harder to hold that cup of water still. No matter how hard I try, I cannot hold a cup of water still in my hand. There is always some agitation. Trying to hold a cup of water still is like trying to hold your mind still. There is no way in the world anyone can hold their mind still.

But then I just place that cup of water on the ground. The water in the cup moves

less and less until, after a few seconds, it comes to a stage of stillness that I can never achieve when I hold it in my hand.

(Ajahn Brahm 2008, pp. 169-170)

This simile explains in essence what mindfulness is. But if you want to delve deeper, I recommend Ajahn Brahm's book *Mindfulness, Bliss, and Beyond*, which I've included in the Recommended resources section at the back of this book.

You can certainly be free of insomnia without practising mindfulness, most of the population are. But it's the cherry on top of the cake, so I offer it up to you if it sounds like your sort of thing.

Sciencey stuff 7

Insomnia and self-compassion

You read in *You Can Sleep Too!* the story by Ajahn Brahm about the two bad bricks in the wall. I have repeatedly said during this course that for this programme to be effective, you do not need to be perfect all the time, just good enough.

To be free from insomnia in the future your behaviours do not need to be perfect, just good enough.

And if you sleep poorly one night? Very good - your sleep does not need to be perfect all the time as everybody will experience poor sleep from time to time. Just good enough! To prevent slipping back into old habits and behaviours, it is important to remember that there is no such thing as perfect sleep. So again - good enough is good enough.

What I have just written perhaps may have jarred with all the perfectionists reading right now - of whom there are likely to be quite a few. Perhaps if we can draw a conclusion from a paper entitled 'Too imperfect to fall asleep: Perfectionism, pre-sleep counterfactual processing, and insomnia', there will be, statistically speaking, a much higher proportion of perfectionists reading this book right now than there are in the general population. This is because perfectionism has been shown to be a predisposing factor for insomnia...

Using these distinctions, Lundh et al. (1994) found that patients with insomnia

obtained comparatively higher scores on the dimensions concern over mistakes, doubts about action, and personal standards. Moreover, these three dimensions of perfectionism were also positively correlated with sleep problems in the sample from the general population. On the basis of these findings, Lundh et al. (1994) concluded that perfectionism may serve as a predisposing factor for the development of persistent insomnia.

...

Independently of insomnia, research has revealed that perfectionism, in particular the two previously mentioned dimensions, concern over mistakes and socially prescribed perfectionism, is linked to a tendency to engage in counterfactual thinking and to experience counterfactual emotions (Tangney, 2002; Sirois et al., 2010; Flett et al., 2016; Stoeber and Diederhofen, 2017). Counterfactual thinking refers to comparisons between the facts of reality (e.g., actual performance) and counterfactual imaginations of what might have been (e.g., ideal performance) (Epstude and Roese, 2008). Discrepancies between actual and ideal behavior typically elicit counterfactual emotions, such as regret, shame, and guilt, which are associated with the cognitive appraisal 'you wish you had not done something, or that you could undo it' (Frijda et al., 1989). ...

Given that bedtime may often be the first quiet period in the course of the day available to review one's own behavior, we recently proposed that this time window might be particularly suitable for the emergence of counterfactual thinking and associated feelings of regret, shame, and guilt (Schmidt and Van der Linden, 2009). In support of this hypothesis, we found that university students reported often experiencing counterfactual thoughts and emotions at bedtime and that the frequency of such thoughts and emotions was linked to insomnia severity (Schmidt and Van der Linden, 2009).

Schmidt et al. (2018)

Does any of the above resonate with you? If so, the thought record work you have been doing already will help with this counterfactual thinking. As will the thought work from Stage 4, because carrying on normally regardless of how well or poorly you have slept will prove to your brain that after a poor night of sleep you can still get up, get light and get active and still have an amazing day. This will help dampen down the counterfactual thinking such as 'If I sleep poorly tonight, I know I will have a terrible day tomorrow'.

As for the shame and guilt that the study talks about, yes, I know from first-hand experience there can be a lot of shame and guilt attached to insomnia, but hopefully by reading about my own journey through it in my first book, *You Can Sleep Too!*, you will realise that these destructive feelings and behaviours are not uncommon. All they are is just a very common symptom of the condition.

What would you say to somebody with hay fever who feels guilty about sneezing all the time?

Everything you have done, or neglected to do, is just a typical symptom of insomnia. Nobody chooses to have a runny nose because they have hay fever - and nobody actively chooses to step outside of their life because they have insomnia. Just this realisation will help to absolve any feelings of guilt and shame.

As for tackling perfectionistic thinking. You have already been doing that with the gratitude journals. Gratitude is the antidote to perfectionism. When you filled in your journal, I wasn't asking you to look for the golden calf of perfection in your life. I instead asked you to pay attention to the aspects of your life that you are grateful for, and things don't need to be perfect for you to be grateful for them.

But if that nagging perfectionist mind is still present, that's OK. It gives me an opportunity to get as much mileage as I can out of my favourite bubbly Buddhist. When I met him and asked him if I could quote him and use one of his teachings in my book, his exact words were 'If it's to try and help people, you can use as many teachings from me as you like'.

He then abruptly ended the conversation, and as he walked away, he farted. Possibly because he was trying to impart some deep spiritual wisdom that everybody is human and therefore limited to imperfection. Or possibly because he is vegetarian so has as a very high-fibre diet.

You never can tell with Buddhists.

Why is it that people keep worrying about what happened in the past? Or, why do they keep worrying and being anxious about the future? I've often told different amazing ways of how to let go of the past and the future, but unless you have Kindfulness to the present moment and appreciate being here, of course you will always want to go somewhere else.

Kindfulness also means being mindful of the truth and accepting it. When we go into the forest, we see that all the trees are crooked: some leaning to the left and some to the right, some with branches hanging off and some with all sorts of scars on the bark. The forest is beautiful because it's natural to be imperfect. It's natural to be damaged.

There is no person in this room who isn't damaged goods. It's just that some people are more damaged than others. That's all.

We're all damaged goods and crooked trees. That's why we're beautiful.

Yeah, you've done some terrible stupid things in life. But we're all human. You are just another little crooked tree in the beautiful forest. You're welcome here. There's no punishment here. There's no fear of being criticised or expelled. Isn't it wonderful? You can allow the truth to come up, and once it comes up, you're kind to it. Then, you realise that you're just another crooked tree in this beautiful forest.

Ajahn Brahm (2021)

Insomnia and challenges

Challenge yourself - the most intense conflicts if overcome leave behind a sense of security and calm.

- Carl Jung

Something that really sticks in my mind is that, towards the end of my insomnia when it was at its worst, during the time when my life had completely imploded, I had to replace a lock on the front door of the house because it had become very stiff and wasn't working properly.

I instinctively took out my phone to call the locksmith. Doing it myself didn't even occur to me. I got the price, £179.

I nearly went for it. But I kept looking at the lock, and all I could see was two screws, that's all. It looked ridiculously simple to do.

I went on the internet, watched a YouTube video and had my suspicions about the simplicity of the task confirmed: measure the length of the lock, buy a new one of that length, undo two screws, slide the old one out, put the new one in - five minutes, tops.

I ordered a new lock for the princely sum of £12.99 and, with it in my hand, stood next to the door for probably over an hour paralysed with fear. What if I can't do it, or I make it worse and I can't lock the door, or I break the door and can't even shut it? And if I *then* call the locksmith, it will be three times the original price because it is an emergency call out.

Give up, I said, you can't do, you're pathetic, just call the locksmith... The criticism

and the condemnation had started to spiral out of control. I don't know what changed, but suddenly something gave me the confidence to go ahead and do it. And just like the video said it would be, it was indeed easy. It took me five minutes, tops.

As I stood there looking at my now perfectly working door with the old lock in my hand, I burst into tears as I realised just how far from myself I had fallen.

15 years previously, if NASA had asked me to weld the outside of the International Space Station I would have jumped at the chance (and done a terrible job and/or with absolute certainty, died in the process - but that's not the point), and here I was with so little self-belief and confidence that I felt totally incapable of the simplest of tasks.

I had reached this point in my life incrementally, night piled on night, ruminating and stressing, spending hour after hour in bed awake and in the meat locker of my mind.

I had slowly cut out all the things that mattered in my life, that pushed me, scared me and challenged me. I could potentially do those things, I would say to myself, but only if I have slept well the night before. Chip chip, chip... culminating in me standing there in disbelief that somebody who thought of themselves as now so worthless could change the lock for a front door.

When you come face to face with yourself like that it doesn't feel good, and at the time, I tore into myself mercilessly for it. Sometimes the smallest things can have the greatest of impacts on you, and while I didn't know it at the time, it was probably one of the lowest points of my life.

You may only be able to relate to the above story if you have had insomnia for a long time and experienced the eroding effect that it has on you. If that is not the case for you, what I am about to say next will not apply to you either, so feel free to skip it. But for those of you still left...

When you are in the grip of insomnia, it is hard to see too far ahead or behind. You're just trying to get through it, day to day.

I found that when you do get free of it, initially you are overjoyed and elated. After a time however, this joy and elation can be somewhat tempered by a feeling of loss. For me, that loss was twenty years!

What, kind of person would I now be, what would I have achieved, what would my life have looked like if I were standing here today having never had it? Why didn't I do

this before? If only I'd just had... You can get stuck wallowing in the slurry pit of guilt and shame for a long time.

Well, you can stay at the edge of the pit if you want to, but the longer you do, the more chance there is of you tripping and falling back into it.

Instead, it's better to draw a line under insomnia for good and get back to being the person that you were. Slowly rebuilding yourself can be done incrementally, or it can be done quickly...

I recently rewatched a documentary series by Grayson Perry called *Rites of Passage*, and this took me down a rabbit hole of exploration around this topic as I researched why celebrations and rituals are so important to people and the meaning people place on them. Every culture in the world will mark significant events with them but...

Why do we need ritual? What does it do for us? Ritual makes us feel that a *time, space, or action* is **sacred**. It allows us to step back from ourselves, to *gain perspective*, and to *process the meaning* of an event. It also *marks important moments* for us. It gives **closure, legitimacy, formality**. If you finished school and there was no graduation to attend, no yearbooks to sign, no other mechanism for formally separating from your classmates, would you feel you had graduated? If a coworker left your workplace without saying goodbye or having a goodbye party, how would you feel? If you decided to join your life romantically with a partner, would you want some variety of event to commemorate the occasion (like a wedding, reception, or at least saying vows in front of a few close friends)? Some people don't feel the need for rituals, true, but most of us do benefit from one ritual or another'

www.lifeskillsresourcegroup.com/the-importance-of-ritual-creating-your-own-closure/

Ronald L. Grimes has dedicated his life to the study of rituals, and in his book *Deeply into the Bone: Re-Inventing Rites of Passage* he describes how

Passages can be negotiated without the benefits of rites, but in their absence, there is a greater risk of speeding through the dangerous intersections of the human life course. Having skipped over a major passage without being devastated by a major upset, we may prematurely congratulate ourselves on passing through unscathed.

In the long haul, however, people often regret their failure to contemplate a birth, celebrate a marriage, mark the arrival of maturity, or enter into the experience of a death. The primary work of rite of passage is to ensure that we attend to events fully, which is to say, spiritually, psychologically, and socially. Unattended, a major passage can become a yawning abyss, draining off psychic energy, engendering social confusion, and twisting the course of the life that follows it. Unattended passages become spiritual sinkholes around which hungry ghosts, those greedy personifications of unfinished business, hover.

(Grimes 2002, p. 5)

Do you want a yawning abyss draining off your psychic energy for it to be munched on by hungry ghosts? Definitely not! That sounds like it could be mildly problematic for you.

So, for the last and final exercise of the Sleep Well sleep-coaching course, I'm going to go wildly off book from what is usually included in a sleep programme to not only mark the end of it, but also to mark the end of your chapter of insomnia.

Do the following exercise as soon as you can after you first get that realisation of 'I'm a normal sleeper now and sleep like everybody else, not perfectly, but good enough'.

The exercise is to first mark and then draw a line under the old identity of being an insomniac with something big. A challenge. Something perhaps that has been at the back of your mind as something you have always wanted to do but you have told yourself,

'I can't do that because I don't sleep,'

or

'I used to be able to do that but not now,'

or

'I will do that but only when I have cured my insomnia.'

What that big thing is will be personal to you. But perhaps it is something that can be done in a day or at least the initial big first step can be done in a day.

Neurochemically our positive emotions are linked to our pursuit of valuable goals, so for the greatest impact, choose something that has a massive amount of value to you.

You've just put yourself through something hard, so why not reward yourself with something amazing for doing that!

Maybe you have avoided going on that holiday you have always wanted to go on because you felt like you just couldn't because the time-zone shift, the different bed, the... made it something that you wouldn't even consider. But if you were to do it, it would be an amazing thing for you, and perhaps for the people who go with you, who have always wanted to go on holiday with you.

Maybe it's signing up for a new course, taking up a new hobby that scares you. Maybe other people can do more... But that doesn't matter! Perhaps going for a mile-long walk or a run would be a major achievement.

Maybe you have felt that that anarchic, daring self that you used to be has been eroded over the years of insomnia. While six months of counselling may help rebuild you slowly back up, a shark dive or bungee jump would do it a lot more quickly and be a lot more fun.

Without knowing you as an individual, I don't know what that one thing is for you, but you have something you can think of, I'm sure. Something that you will do, that once done, you say to yourself, 'I can't believe I just did that! I would never have done that before, was that really me? #\$\$@!% me, I'm back! Well, if I can do that, I can do anything!'

STAGE 5: FINAL EXERCISE



Challenge yourself!

Write that one thing down. Set yourself a day(s) when you will do it. Book it. And, do it!

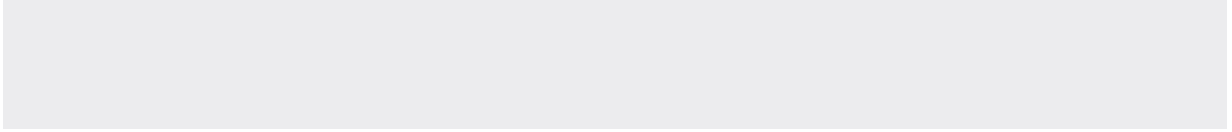
What is the challenge that will help me draw a line under insomnia?

What pain do I associate with doing it?

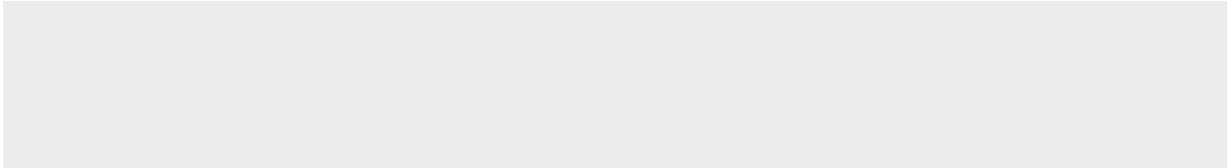
What will it cost me over the long term if I don't do it?

What pleasure will I gain over the short and long term if I do this challenge?

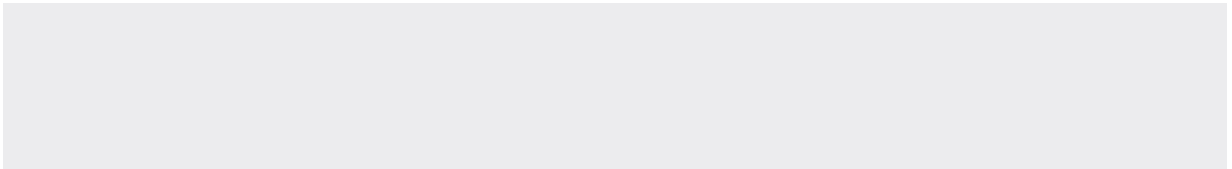
How will it make me think and feel differently?



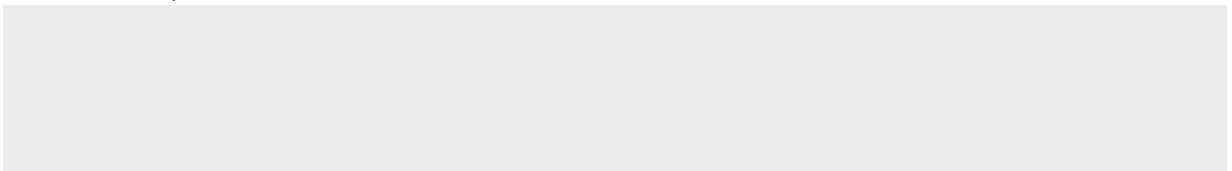
How will it benefit my confidence?



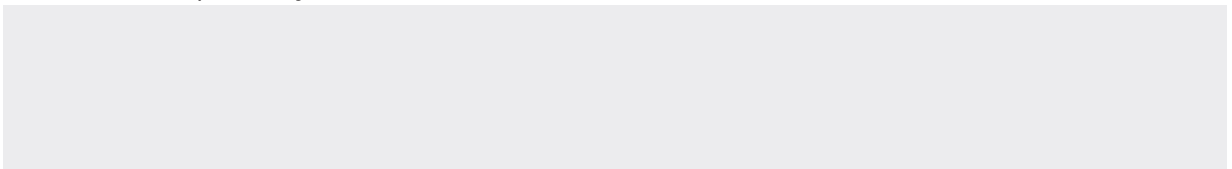
What will it mean to those people around me who I care about?



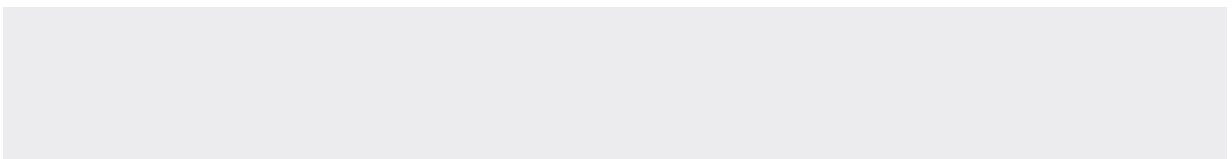
What will it prove to me?



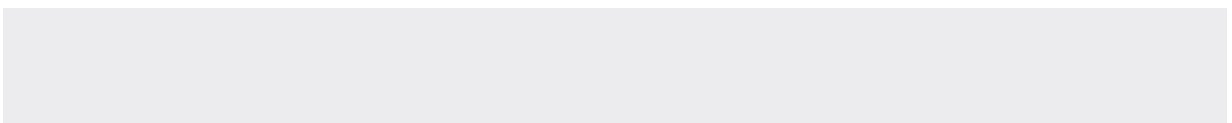
How will it impact my life for the better?



When will I do it?



Now, do it!



AFTERWORD



Well done for completing the course (or for reading this far if you haven't). The chapters that follow may not apply to everybody, but I have included them as optional extras in case they do apply to you.

I have also included a resources section at the back of this book for further help.

Check out my website as well: youcansleeptoo.com.

For loads of free videos to help you sleep.

And before you go, this is the part where I ask you for a review! Have a think, when you scroll through the books on Amazon and decide which one to click on, what is the most important thing that makes you click and read the blurb? Volume of reviews.

Without the help of people leaving reviews, a book is nothing. You need to sell a hundred books to get one review, so even just a 3-second click of the stars is like gold dust. And if you do leave one, I will read it! So, please consider being that one in one hundred.

Thanks for reading. The Further help and resources section is after the optional-extra chapters.

OPTIONAL EXTRAS



The following chapters are

Insomnia, loneliness and social media

This chapter talks about the isolation insomnia can create for you, almost as if there is a wall around you and the rest of the world. It also discusses whether insomnia groups and forums help or hinder recovery.

Bed sharing

This chapter provides insight on why insomniacs find bed sharing such a hard challenge to overcome and offers practical steps about how to do this. This may not be of use to you right now, but it is common for people with insomnia to avoid getting into long-term relationships because bed sharing can be a huge fear. This chapter addresses this.

Countercontrol

This chapter offers an alternative to 'stimulus control' if, for mobility or practical reasons, stimulus control is not possible.

Other sleep disorders

While insomnia is by far the most prevalent, there are many other sleep disorders. This chapter will briefly outline some of the more common ones. This chapter is not to help diagnose any health condition but just to give you an awareness of them so you can visit your doctor for further advice.

INSOMNIA, LONELINESS AND SOCIAL MEDIA



In *You Can Sleep Too!* I discussed how insomnia is a very lonely condition, how nobody understands it and how you can't help anybody understand it because you don't really understand it yourself. You can't tell people why you find it easier to sleep on the floor, why going out in the evening fills you with anxiety or why you only ever seem to get your best sleep in the early hours of the morning and not at night. (And why is this? What happens at 5.22 am? Well, you say to yourself, forget it, I don't care anymore, the night has been lost, so I may as well give up. You stop trying. And when you stop trying, your anxiety diminishes - and you sleep!) You put on a brave face and push out that impression into the world, but deep down you don't want to be around people because it is easier to suffer alone.

This voluntary detachment from the world can make relationships incredibly difficult to maintain because you never feel present. It can also create fear and worry around getting into a new relationship (What if they want to go out late at night but I'm not feeling up to it? What if I need to share a bed? What if they see me at my worst? What if, what if, what if..?)

It can also break down ties with your friends. Cancelling plans because you haven't slept well or fear not sleeping can put a strain on friendships.

I discussed this loneliness and detachment with Michelle Weis (who I trained with) on my YouTube channel. In a video entitled 'Overcome insomnia - I now know what to do, but it's too hard to do it!', she describes this inability to connect to other people as a wall, explaining how, on the rare occasion she would go to a wedding or large social gathering, she felt so detached. She would be surrounded by people in a totally different emotional state to her. They seemed to have no cares or concerns, whereas

she felt mentally, emotionally and spiritually depleted, depressed and exhausted. She likened this to a shutdown, emotionally shutting herself away from other people.

How she felt about this really resonated with me. On the occasions when I was at a party, I would be standing in the mill and curl of the crowd, laughing and joking along in the same room, under the same strip lighting and the same blood-red neon signs but always somehow separate.

I would always be thinking about my looming insomnia for the night ahead. I would be watching the clock as my sleep opportunity drained away. I would be thinking about how much alcohol I had drunk and how that would affect my sleep. I would be thinking about the late meal, the bed in the hotel that night and whether it would be comfortable: whether I would be too hot, if the room would be too loud... These constant thoughts would be swirling and creasing like smoke in my mind.

It's natural with insomnia to shut yourself off. But people don't want to do that entirely, as people need connection. But when that connection feels like such a hard thing to do, it's easier to replace it with something else. Often that thing can be social media.

On social media not only can you form some semblance of connection with other people, you can also connect with other insomniacs through forums and groups.

I'm going to recommend something that for some people will be very hard: I strongly advise that you stay off insomnia forums and groups, not just during your programme but indefinitely. I understand that is a big ask; insomnia makes you feel lonely, and it can be a great comfort to reach out to other people going through it. There are several reasons why I suggest this to you, however.

As regards social media use in general, if you use social media during the night-time in your stimulus control or buffer zone, every time you check it, type a message etc. you are telling your brain that you want it to be alert, that you want it to suppress the sleepy hormones that it is giving you and instead replace them with wakefulness hormones.

Social media is also designed to be both physically and physiologically addictive. There is a huge degree of overlap between how social media has been designed and slot machines. How so? On a slot machine you pull a lever, and you get, a match, a

prize or ... nothing. You cannot know whether you will be rewarded, and most of the time you are not, but sometimes you are, and this is what keeps you coming back! This is what is known as variable reinforcement schedules, and it is key to why social media is so addictive. It is full of unpredictable rewards, thumbs-up likes, shares and most of the time ... nothing!

By using social media at night-time, you are rewarding your brain for being awake by feeding an addiction. Furthermore, if you do use social media at night, you are creating a feeling of loss, and the brain is hardwired to be loss averse. (I'll discuss this in a bit!) Every time you use it, you are telling your brain that if you don't check it again in twenty minutes, you will lose out. You'll miss that like or response or... The brain hates loss, and it will keep you alert to make sure you go back time and time again to prevent that from happening.

Let's narrow in specifically on insomnia forums/groups and why these can be problematic for people with insomnia. By their very nature, they will only have people on them with insomnia! This is so obvious that it sounds completely stupid, but this is a major problem for you. You could be doing well, but when you see a post from somebody else who is struggling, because you empathise with them and understand how they are feeling, your brain is likely to instantly go back to a time when you felt and thought like that. You will internalise their struggle and make it your own, which isn't helpful to you in your recovery.

As for another potential pitfall...

Ever been out crabbing and seen crabs in a bucket?

What could we possibly learn from crabs in a bucket, and what on earth has this got to do with social media forums?

A lot, actually.

The **crabs in a bucket** phenomenon refers to a pattern that has been observed from watching the behaviour of crabs in a fisherman's bucket.

It all starts with one crab trying to escape.

When the other crabs notice this, they immediately start to pull it back into the bucket.

This resistance occurs repeatedly any time a crab tries to get out; the group will prevent it from escaping.

Due to this phenomenon, the fisherman can leave the bucket without a lid, secure in the knowledge that every time one crab tries to escape, the others will go out of their way to drag it back into the bucket.

www.roliedema.com/crabs-in-a-bucket.html

But that's just crabs, right? People are far more sophisticated and always want the best for others, yes? Well, no. Not always.

While the brain is a remarkable piece of kit, as I said, it still runs deep-rooted software from the Stone Age, so we are hardwired to have this mentality.

In a podcast in Yahoo Finance's *It's a Jungle Out There* series, Dr Tara Swart explains that 'this type of group behaviour is "deep-wired" into our brains, even though mutual self-destruction seems against survival instincts.'

'The deepest wiring that relates to this crab mentality is called loss aversion. It's the fact that in our brains we are wired to avoid loss, twice as much as we are to get a reward' ...

'So, seeing someone else as successful feels in our brains that we're losing a piece of our pie potentially. Even though we may get a smaller piece of pie – even though that's part of something larger and better and the group doing well – it doesn't feel like that to us in our brains when we're just trying to survive.'

The analogy for the workplace is best described as 'if I can't have it, neither can you'. Humans will enact this by trying to reduce the self-confidence of any colleague who achieves success beyond the others, out of spite, envy or resentment – even if it means threatening their own survival.

Dr Tara Swart 2018

<https://uk.style.yahoo.com/crab-mentality-deep-wired-ensure-collective-demise-work-053514498.html>

How many people do you know that you would be happy to share bad news with because you know it will always be met with sympathy, a cup of tea and understanding? Quite a lot probably.

And how many people do you know that you avoid sharing good news with because you know it will be met with one-upmanship, assurances that it won't last or a story about how someone else they knew seventeen years ago had something happen that was even better than that? I'll let you think about it!

I've seen this mentality in action myself on a forum. After I cured my insomnia, I posted a video on it to help people overcome theirs. The group I posted on, however, wasn't just any old insomnia forum. It was the 'extreme, terrible, my insomnia is the worst insomnia on the entire planet, abandon all hope all ye who enter here' insomnia forum (this wasn't the exact name, but it was along the same lines).

I thought I could do some good and answer some questions for people. I didn't get the chance, however, because my video was deleted, and I was banned immediately, with a message from the administrator saying that behaviour changes do not work, that insomnia cannot be cured and that I couldn't possibly understand what they were all going through!

This was a group so entrenched with their identity as the worst insomniacs on the planet that the mere notion of anything to challenge that was simply not acceptable. This is a collective with a shared identity as insomniacs.

Imagine being part of that group, posting about how much better you have slept, and how positive you are feeling about your sleep. How do you think that will work out for you? Misery truly does love company. People don't generally mind others doing well, providing they aren't doing better than them, so don't be surprised if you get dragged back down into the bucket!

(Sorry if this is a pessimistic view of human behaviour when the rest of the book has been so upbeat. I should point out that I do like people - they're amazing, cute and loveable creatures. They can, however, do and say some stupid things from time to time that they didn't mean. I know this for a fact because I have lost count of the times I have done something, or said something, and looked back and thought, 'Oh no, no, NO! ... Why on earth did I do that? Oh dear, pass me that cake, please; if I eat it everything will be fine...')

If the three reasons above aren't enough to convince you to stay off social media forums, think about who you are getting advice from when you are on them: people with insomnia! And people with insomnia are not usually the best people to ask about

how to cure insomnia.

Imagine you want to be a beekeeper, and you join the 'Bee Extreme Anaphylactic Phobia Forum' to ask about beekeeping. What kind of answers to your questions do you think you will get?

Thank you, Claire, for your kind and considerate message. In answer to your questions: (1) How do you perform a hive inspection? and (2) How do you identify the queen bee?

1. Never ever do this! Always remain at a bare minimum of 500 metres from the hive and ideally behind at least two panes of reinforced glass (ensure a clear path between you and the exit). If a bee comes within 5 metres of you, try to remain calm. When you are unable to do so, flail your arms around in a circular motion and scream as loudly as you can 'Ahhhhhhh! GO AWAY, BEEEEeee! GO AWAY!'
2. You can identify the queen bee by the fact that she is over a hundred times the size of the other bees. From a very young age, the drones teach her mixed martial arts. Consequently, she is athletically built and invariably wears a gi. If you encounter her, you are already dead.

I'm not advising that if you are a regular poster, you abandon these sites completely straight away. But I would recommend that you let people know that you will not be posting or reading messages for an extended period.

After you are through insomnia, yes, return to give people the confidence that they can overcome their insomnia too by telling them how you overcame yours.

Remember you are a nucleus in a network just three steps away from a billion people, so never underestimate how helpful this can be for people and how much good it can do.

But if you haven't been free of insomnia for very long and you still have a few unhelpful thought patterns niggling away in the background, for your own sake, I'd advise once you have done this, not to spend too long at the edge of the bucket!

BED SHARING



Bed sharing or the belief that you are incapable of sharing a bed with your partner can be something that can bring up a lot of feelings of guilt and shame. I know this for a fact because it is something that I deliberately avoided talking too much about in my first book.

I made light of bed sharing as being something I felt incapable of doing when I told the story of how I would take my blow-up mattress outside and sleep next to the chicken coop. After this brief mention, I never discussed it again, because even one year on from my insomnia, at the time I was writing the first book, I still felt such shame about it.

Insomnia has a way of infantilising you. The things I did to protect my sleep eventually found me living wholly outside of my life.

But worst of all for me was my apparent inability to share a bed with my wife. I kept this hidden from everybody I knew as it seemed to me so childlike. It started with separate beds but in the same room. But one time, after fighting for hours, I gave up and went into the spare room, where I slept!

So slowly but surely my trips to the spare room became more and more frequent because I convinced my brain that I was unable to sleep in the bedroom but that I *could* sleep in the spare room.

Eventually I gave up completely and set up camp there. It was just easier. I wanted a door that I could close on my suffering; I didn't want anybody else to witness it, and I hated the feeling of envy and jealousy I had towards my wife for her ability to fall asleep so easily. This was such a stark contrast to my own experience. It was like being tortured while at the same time listening to 'walking on sunshine' and watching someone sitting on a deck chair on a beach sipping a margarita through a curly straw!

Another reason why bed sharing was such an insurmountable challenge was because sleep felt so fragile. It was like a game of Jenga, where one false move would bring the whole thing crashing down. It took me hours to fall asleep, so the thought of somebody taking that away from me with a misplaced arm, some gentle snoring or a tug on the duvet simply wasn't acceptable after all that hard work; I couldn't face starting all over again.

Worrying like this was me trying everything I could to protect sleep. But of course, now you and I both know, sleep doesn't work like that! It doesn't need to be cared for or protected; your sleep drive will give you all the sleep you need regardless of whether there is somebody else next to you.

So how do you start sleeping next to your partner again?

Well, not sleeping in a bed with your partner comes under the category of an avoidance sleep effort, so perhaps tackle it in the same way.

Tackling avoidance sleep efforts is done with the understanding that it will be something that is likely to cause anxiety and stress in the short term, but you do it anyway. This may lead to poor sleep initially, but all this will mean is that your sleep drive will become stronger. And the stronger it gets, the easier it will be to sleep, and eventually you will get that magical moment where you fall into bed next to your partner and you will be out for the count as soon as your head hits the pillow!

That will happen, and it only needs to happen once to prove to yourself that there is nothing tangible there. You can sleep just as well next to your partner as on your own. You had just conditioned your brain otherwise. Build that sleep confidence back up, and build it back up in the place you choose to be. It's time to take back control!

First, look at some practicalities. Sometimes you don't need to face things head on if there is no conflict. Worried about the duvet being too hot or being woken up when it is pulled off you? Fine! Compromise, get your own lower tog one. Bed too small, mattress too soft etc. etc. Get that all discussed and come up with something that works for both of you.

As for worrying you will wake your partner when you get up for stimulus control, this may happen, but usually your partner will be so pleased the problem is finally being resolved that they will be more than happy to put up with a few nights of

disturbances. But of course, put measures in place beforehand to make stimulus control as easy as possible for you to do.

Where should you start your treatment?

The ideal is to start your treatment in the environment where you intend to continue. Doing otherwise can trick the brain into thinking, 'Hey this CBTi is working wonders - but only in the spare bed, I'd better stay here!' Oh, dear you've just become entangled!

Nonsense, this works because it works! Spare bed, shared bed, wherever. If you have a drive to sleep and you are ... well, you know the rest! So the ideal is to start where you intend to stay, but if that is too much and creates too much anxiety, then another great option is to get that sleep confidence back by having a good number of decent nights' sleep under your belt. And as soon as you feel ready, then move back to the shared bed.

But what does it mean if you don't sleep as well after you do? Nothing! Sleeping well after eating toast and honey means nothing; sleeping poorly after milking a ferret into a thimble means nothing (Remember the ratio: 3x ferrets to 1x 6 oz marrochino!); and, you've guessed it, sleeping poorly while sharing a bed with your partner means nothing.

Just do nothing and change nothing. Your sleep drive will ramp up and you will sleep regardless. And once that happens, you've proved to yourself that you can do it. And if you've done it once, you will do it again. Sorted!

COUNTERCONTROL



Sometimes stimulus control just isn't feasible. If this is the case for you then you can use countercontrol instead.

You want to break down the association of the bed being a place of worry and wakefulness by spending more time in it asleep. But what if you live in halls of residence or a shared house, for example? What if you have reduced mobility and getting up and out of bed all the time just isn't feasible?

If this is the case, an alternative is simply to designate a corner of your room your 'awake area'. This area is not for sleep; it's a separate area that you visit during your stimulus control that your brain associates with activities other than sleeping. Set it up however you like!

What if you can't leave the bed? Well, in this instance you can turn the light on and sit up in bed -providing it doesn't disturb anybody. Designate one pillow as your 'sleep pillow' and one pillow as your 'awake pillow'. Put a film on while you're in bed or read your book.

You can adapt these methods to whatever suits you, but the important thing here is that you are establishing a distinction between doing X (e.g. sitting up in bed with your 'awake pillow') and doing Y (sleeping)!

OTHER SLEEP DISORDERS



While insomnia is the most common of them, there are over a hundred sleep disorders. Below is a brief description of some of the more frequent ones. If you think that you may have one of the disorders below, please see a doctor for a referral to a sleep physiologist.

Sleep apnoea

Characterised by repeated long pauses in breathing while asleep. Signs of sleep apnoea include waking up gasping for air, frequent loud snoring, excessive daytime sleepiness, waking up with a dry mouth, waking up with a headache. Whilst sleep apnoea is more prevalent in people with a BMI of over 25, smokers and people who consume large amounts of alcohol, anybody can have obstructive sleep apnoea.

Restless leg syndrome

Characterised by an urge to move your legs due to an uncomfortable, strange or crawling sensation.

Periodic limb movement disorder

Characterised by involuntary limb movements, mostly in the legs although the arms can also be affected too. The movements are often brief muscle twitches, flexing or jerking, which because you are asleep, you may not be aware of.

Paradoxical insomnia

This sleep disorder was discussed in *You Can Sleep Too!* and is very rare amongst people who believe they have insomnia.

Paradoxical insomnia was previously known as sleep state misperception and subjective insomnia.

Patients with paradoxical insomnia report severe insomnia without corroborative objective evidence of sleep disturbance or significant daytime function.

It is common for people with insomnia to underestimate how much they sleep by about 1 hour. A person with paradoxical insomnia, however, may report, for example, that they literally have not slept at all for 6 months, but when objectively measured by PSG (Polysomnography - wires, clipboards, machines that go bing) they are actually sleeping well.

Hypervigilance occurs while the patient is sleeping, and there may be physiological or perceptual deficits that affect sleep/wake discrimination, which can cause sleep-time underestimation. To oversimplify - the mind is awake while the body sleeps!

People with paradoxical insomnia should not be treated with sleep scheduling because they are already getting the sleep they need - they just don't know it. In consequence, restricting their sleep can be very dangerous for them.

It is therefore vital that you visit a doctor to discuss sleep scheduling before restricting your time in bed.

Parasomnias

Unusual sleep behaviours - although they can be quite common, so they are not that unusual in reality.

Sleep paralysis

Sleep paralysis is a temporary inability to move that occurs right after falling asleep or waking up.

Sleep talking

This is self-explanatory! However, if sleep talking occurs in conjunction with other sleep problems, it may be a sign of fragmented, disturbed sleep.

Night terrors

Episodes of intense feelings of fear, screaming, crying or thrashing.

Parasomnias can all be exacerbated by poor-quality, fragmented sleep. So, you may have found that putting yourself through this programme has significantly helped with them already!

However, if you have any concerns, please visit your doctor and ask for a referral to a sleep physiologist.

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FURTHER HELP AND RESOURCES



If you would like help with this course, I offer one-to-one online support that follows this five-stage programme but is tailored and adapted to your individual needs and life. The course includes:

4 x Sessions via Zoom every two weeks (stages 1-4)

1 x 'Catch up' session via Zoom (four weeks after completion of stage 4)

This package also includes regular phone calls to help you feel supported every step of the way. Please visit sleepprep.com to book!

Recommended resources

Books

Dr Vikki Barnes, *Free Happiness*. Independently Published, 2021. Look at this book to get off your box with feel-good feelings!

Ajahn Brahm, (2006). *Mindfulness, Bliss, and Beyond: A Meditator's Handbook*. Wisdom Publications.

Guy Meadows, *The Sleep Book: How to Sleep Well Every Night*. Orion, 2014

Websites

My favourite rockstar monk, Ajahn Brahm, is all over YouTube and has a tonne of books!

Read about Mel Robbins' 5 second rule here: The 5 second rule and how it can change your life. <https://daringtolivefully.com/the-5-second-rule>

Sandra Tamm. 2019 A neuroimaging perspective on the emotional sleepy brain. <http://openarchive.ki.se/xmlui/handle/10616/46632>

Nick Wignall (I referenced him earlier in relation to 'The thought record'): <https://nickwignall.com/>

Beach visualisation exercise: https://www.youtube.com/watch?v=ar_W4jSzOIM. Perhaps listen to this in the evening, so when you go to bed you remember it and can use it in bed.

Forest visualisation: <https://www.youtube.com/watch?v=mkoqtERaNY8>

<https://www.calculatorsoup.com/calculators/conversions/minutes-to-hours.php>

<https://mysleepwell.ca/cbti/sleep-diary/>

Support

If you are based In the UK, you can contact The Sleep Charity for further advice: thesleepcharity.org.uk

National Sleep Helpline: 03303 530 541

And now you've done all that. Unless you need further help, stop looking at sleep stuff! Go to bed when you're sleepy, get up at the same time and enjoy your life. You've got this!

If you *would* like help with this course, I offer one-to-one online support that follows this five-stage programme but is tailored and adapted to your individual needs and life. The course includes:

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Last but certainly not least.

Thank you to Daniel and most of all Stephanie. My world would be very different without them in it.