

Nothing gets solved at three in the morning

A short book about lying awake working through problems at the hour your mind is worst at it

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First edition

Written by AI with human guidance. It can contain mistakes, which later editions correct.

Contents

1. Before you start
2. Seven minutes past three
3. Why the mind clocks on
4. "Waking at three means something's wrong"
5. "It's quiet, so I can think"
6. "It really is that bad"
7. "At least I'm getting something done"
8. "Once I've worked it out, I'll sleep"
9. "I'll just make myself stop"
10. "What time is it?"
11. What the night shift costs
12. "But the problems are real"
13. The handover
14. When you wake anyway
15. The decision
16. Babies, grief and nights that need a doctor
17. Seven minutes past three again
18. Notes

Before you start

This is a short book and you can read it in two or three sittings, preferably in daylight. It's about one habit. You wake in the small hours, and within a minute or two your mind has started work. It goes through the money, the job, the children, the thing you said and the thing you've forgotten to do. You lie there trying to solve them. An hour or two later you've solved nothing and you feel worse about everything. The alarm is closer, and you're wide awake.

I'm going to argue three things. The first is that the night-time working makes sense from the inside. The problems are real, the house is quiet, and thinking about them feels more responsible than lying there doing nothing. The second is that three in the morning is the worst hour of the twenty-four for this kind of work. Researchers who study the body's daily rhythms find that good mood is at its lowest in the small hours and bad mood at its highest. The parts of the mind that plan and keep things in proportion are also at their weakest. You can't act on anything from bed in any case. The conclusions you reach at that hour are unreliable, and they tend to be grim. The third is practical. You give your problems ten minutes in the evening and your best hour in the day, and you learn a short routine for the night that doesn't involve solving anything. Chapters 12 to 14 cover how.

This book is about what you do with your mind when you're awake in the night. It isn't a treatment for insomnia, though some of what's here overlaps with what sleep clinics teach.

Four cautions.

If you've had trouble sleeping for months, or it's making it hard for you to cope during the day, the NHS advice is to see a GP. There's an effective treatment, and chapter 15 describes it.

Some night waking has a physical cause. If anyone has noticed your breathing stopping and starting while you sleep, or you make gasping or choking noises in your sleep and you're always very tired by day, the NHS says to see a GP, because those are the main symptoms of sleep apnoea. Pain, night sweats, a bladder that wakes you several times and some medicines can all break sleep too, and a doctor can help with those. Don't stop or change a prescribed medicine without talking to whoever prescribed it.

Waking very early and being unable to get back to sleep is listed by the NHS among the symptoms of depression. If that's your pattern, and your mood has been low for weeks, please see a GP.

And if the thoughts that come in the night include thoughts of ending your life, please get help straight away. In England that means NHS 111, or 999 if you're in immediate danger, and you don't need to wait for the morning. The small hours are a bad time to be alone with those thoughts, and chapter 4 explains why they're at their loudest then.

The notes at the back give my sources and their limits. Where I'm giving my own reasoning and not a finding, I'll say so.

Seven minutes past three

It's seven minutes past three on a Wednesday morning. You know this because you looked at the clock.

You woke a few minutes ago for no clear reason. It might have been a noise outside, or you might have been a bit warm. For a moment your mind was blank and comfortable. Then, as if someone had been waiting for you to surface, the first item arrived.

The roofer's quote is four thousand eight hundred pounds, and you've got about half of that. You start doing sums. If you cancelled the holiday you'd save twelve hundred, and if you sold the car and got something cheaper you might save more. But then how would you get your mother to her appointments? Her hip operation is in three weeks, and you haven't sorted out who's driving her or who'll stay with her the first few nights. Your sister won't offer, because she never does. That leads on to the email you sent your manager on Tuesday, the one where you forgot the attachment. She hasn't replied, and she's probably noticed. There's a restructure coming. Then you remember your son saying at supper that nobody had picked him for the team at break, and that he'd said it lightly. You think he's being left out and that you haven't been paying attention.

By half past four you've decided several things. The car has to go. Your mother will have to move in with you, and you don't know how the house will take it. Your job isn't safe. You're failing as a parent. You're also calculating that if you fall asleep right now you'll get two hours and ten minutes, and that tomorrow is already ruined.

You drop off a little before six. The alarm goes at ten to seven.

At twenty to eight you're at the kitchen table with a cup of tea and a piece of paper, because the night has left you rattled and you want to get some of it down. It takes about twenty minutes. The roofer can be asked whether he'd take payment in two stages. If he won't, the leak is slow and the job can wait until spring. You'll ring your sister tonight and ask her straight out to do the first two nights. You send your manager the attachment with a one-line apology, and she replies at nine with "Thanks!" and nothing else. You'll ask your son about break time on the walk to school, casually.

Nothing has changed since half past four. They're the same problems on the same facts. In the night they added up to selling the car and rearranging your whole life. At the kitchen table they were four errands, and they took twenty minutes.

I'll use a few terms throughout. **The waking** is the moment you surface in the night. **The night shift** is the session of problem-solving that follows it, which can run from ten minutes to three hours. **The three o'clock mind** is the state your thinking is in during those hours, whatever the clock actually says. **A verdict** is a conclusion reached on the night shift, such as "the car has to go" or "I'm failing".

The night shift has some regular features. This list is my own observation and not a research finding.

It starts within a minute or two of waking, and it starts by itself. You don't decide to review your finances. They're there when you surface.

It moves from item to item without finishing any of them. Each problem hands you on to the next, usually a larger one.

It travels from the particular to the general. It starts with a quote for a roof and ends with your whole competence as an adult.

It produces verdicts and no actions. Nothing is written down, and nobody is telephoned. At the end of two hours you have nothing to show for it except the mood it's left you in.

And it looks different in daylight. Nearly everyone with this habit knows the experience of remembering, at eleven in the morning, what seemed so terrible at four, and being unable to get the feeling back.

Try one thing before reading on. The next time it happens, write down in the morning, in a few words, the verdicts you reached in the night. At midday, read them again and mark each one as still true, partly true or not true. A week of this is worth more than anything I can tell you. You're free to start using the pad from chapter 12 tonight. Nothing in this book needs you to go on having bad nights while you read it.

Why the mind clocks on

If you lie awake working through problems, you may have concluded that you're a worrier, or that you can't cope, or that your life is more of a mess than other people's. I don't think any of that follows. The night shift has real attractions, and they'd pull at anybody.

The first is that the problems are real. The roof does leak, and your mother is having an operation. The night shift doesn't invent its material. It takes genuine unfinished business and works on it, and that's why it's so hard to dismiss. Telling yourself not to be silly doesn't help, since thinking about a four-thousand-pound bill isn't silly.

The second is that it's the first quiet you've had all day. From the moment you got up there were people and screens and tasks. Nobody is asking you for anything at three in the morning. For many busy people it's the only stretch of the day with no interruptions, and the mind takes the chance to raise everything it couldn't get a hearing for earlier. I think this is a large part of it. I'll come back to it in chapter 11, because it points towards the remedy.

The third is that it feels responsible. Lying in the dark with a problem and refusing to think about it seems like negligence. Working on it seems like the conscientious thing to do, a sign that you take your obligations seriously. People who do the night shift are very often the people who hold things together for a family or a team by day.

The fourth is that it feels like a good use of dead time. You're awake anyway, and you might as well get something done.

The fifth is a promise. It seems that if you could only get this one thing straight in your head, your mind would let you go back to sleep. So you work at it with some urgency, as though it were the price of rest.

Allison Harvey, a psychologist who studies sleep, put thinking of this kind at the centre of an influential account of why insomnia persists. In her model, people who sleep badly tend to have a great deal of worried mental activity in bed, and part of what keeps it going is a set of beliefs about it. One of those is the belief that worrying in bed is useful. Her paper is a theory, drawing on clinical work and earlier studies. It's about people with insomnia, which you may or may not have. But the observation carries over. People keep doing the night shift partly because they believe it's useful work.

Underneath these attractions are needs nobody should be ashamed of. You want your problems dealt with. You want to be someone who doesn't let things slide. You want some time in the day that's quiet enough to think. And at that moment you want, very badly, to go back to sleep. The question for the next several chapters is whether the night shift serves any of those. I'll argue that it fails all four, and that the last one is where it fails worst.

"Waking at three means something's wrong"

Before we get to the thinking, it's worth looking at the waking itself, because many people add a layer of alarm at this point. You surface at three and the first thought is, "Oh no, not again. Why can't I sleep like a normal person?" That thought alone can be enough to start the shift.

Waking in the night is normal. Sleep doesn't run as one unbroken stretch from bedtime to morning. It moves through lighter and deeper stages in cycles, and brief surfacings between them are part of how it works. Most are so short that you don't remember them. That's the standard account in sleep science, and I'm giving it from general knowledge without a particular study to cite. It's also well established that wakings become more frequent and more noticeable as people get older.

There's some intriguing evidence that a longer wakeful spell in the middle of the night may be natural to us. In the early 1990s the sleep researcher Thomas Wehr ran an experiment in which healthy volunteers spent fourteen hours of every twenty-four in darkness, roughly a winter night without artificial light. Their sleep changed shape. It spread out, and it usually divided into two blocks of several hours, with one to three hours of wakefulness in between.

About a decade later the historian Roger Ekirch published a study of sleep in Britain before the industrial age. He'd found references in diaries, court records and literature to a "first sleep" and a "second sleep". He argued that people commonly woke for an hour or so in between, and that they regarded it as quite unremarkable.

According to his account they used the interval to pray, talk, tend the fire or lie quietly. I should tell you that this is disputed. Another writer, Niall Boyce, has reassessed the evidence and argued that Ekirch overstated how general the pattern was. Ekirch has replied, standing by his case. I'm not qualified to referee it.

I'm not suggesting you adopt a fourteen-hour night, or that you should want to be awake at three. But both pieces of work weaken the idea that a waking in the night means something has gone wrong with you. People have probably always had them. If Ekirch is even partly right, our ancestors lay awake in the small hours as a matter of routine, and it didn't occur to them that it was a disorder.

This matters because of how the shift begins. There's a gap between the waking and the first problem, often only a few seconds long. During that gap you're simply a person who's awake in a dark room, comfortable, with nothing required of you. What happens next isn't fixed. If your first response is alarm, then you've supplied the jolt of alertness that the night shift needs to get going. If your first response is closer to "Ah, I'm awake, that happens", you've at least left the door to sleep open.

It's also worth knowing that lying awake and resting isn't worthless. You aren't asleep, and it isn't as good as sleep. But a body lying still in the dark with a quiet mind is getting some rest, and is well placed to slide back under. Lying still in the dark while doing your household accounts and rehearsing an argument with your sister is different. That's work, and it's being done at a time when you should be resting.

So the waking isn't the problem, and you can stop treating it as one. That's the first small change, and it costs nothing. Some wakings do deserve a doctor's attention, as the preface said, and chapter 15 goes through them. For the ordinary kind, the trouble starts with what you do next.

"It's quiet, so I can think"

It seems obvious that a silent house in the middle of the night is a good place to think. There are no interruptions and nobody wants anything. You have the problem all to yourself.

The trouble lies with what you're thinking with. Your mind at three in the morning isn't the mind you have at ten, and the difference goes well beyond tiredness.

Mood runs on a daily rhythm, much as body temperature does. Diane Boivin and colleagues showed this in a demanding experiment. Twenty-four healthy young volunteers lived for weeks in a laboratory on artificial days of twenty-eight or thirty hours. Their sleeping and waking drifted out of step with their internal body clocks. This let the researchers separate two things that are normally tangled together, which are how long you've been awake and what time your body thinks it is. Mood varied significantly with the body clock. It wasn't simply a matter of being tired. The same person, equally rested, felt worse at some points of their internal day than at others.

Andrew Tubbs and colleagues pulled the later research together in a review published in 2022, under the title "The Mind After Midnight". They report that positive mood peaks during the day and reaches its lowest point in the night, between about one and four in the morning. Negative mood holds fairly steady through the day and then rises sharply during that same trough. A person

awake in the small hours, they write, is awake when positive feeling is lowest and negative feeling highest, and this shapes what they attend to and how they interpret it.

The review goes on to the planning and judging functions of the brain, which depend heavily on the prefrontal cortex, the area behind the forehead. These functions include weighing risks, keeping things in proportion, holding back an impulse and thinking through consequences. The authors gather evidence that they're impaired during wakefulness in the biological night, partly through lost sleep and partly through the body clock itself. They also describe increased activity in the brain's emotional and threat-detecting systems. They suggest that the combination pushes a person towards attending to negative things, giving them too much weight, and ruminating.

I need to be careful here. The review presents a hypothesis. The authors pull together many strands of evidence, some from laboratory studies and some from population records of when things such as violent crime, substance use and suicide occur. They say themselves that the idea needs direct testing. But the separate strands are well supported, and together they describe something you already know from the inside.

So consider what the night shift is. You've taken your hardest problems, the ones involving money, family and work. You've brought them to the one period of the day when you feel worst and your sense of threat is most active. It's also when the part of you that says "hang on, it isn't that bad" is least available. Then you've tried to reach conclusions.

Nobody would choose this in daylight. If a colleague said they did all their financial planning at the end of a sixteen-hour day, in a low mood, after several drinks, you'd suggest another time. The three o'clock mind is in a broadly similar condition, and it's the mind you've been handing the big questions to.

The quiet is real, and it's valuable, and I understand the wish not to waste it. But you're in no state at that hour to make use of it.

Chapter 12 looks at how to get some quiet at a time of day when your mind is working properly.

"It really is that bad"

The strongest objection to everything in the last chapter comes at about a quarter to four, from inside your own head. It says that the rhythm of your mood is beside the point. The roof really does cost four thousand eight hundred pounds, and you really don't have it. You're not feeling anxious for no reason. You're seeing your situation clearly for once, and what you see is bad.

That's how it feels, and it helps to understand why.

A mood doesn't present itself as a mood. When your outlook darkens you don't experience a change in yourself. You experience the world as having got worse. The bill looks bigger, your sister seems more selfish, and your manager's silence looks ominous. Each judgment seems to be about its object, and each seems well supported, because a low mood is very good at finding evidence. At half past four you could list ten reasons why your job is at risk. You couldn't easily list the reasons why it isn't, though there are just as many of them and they're just as true. They don't come to mind at that hour.

So the sense of seeing clearly is part of the effect. The three o'clock mind feels unusually honest, as if the day's comforting illusions had been stripped away. I think the reverse is closer to the truth. By day you see your problems along with your resources, which include the people who'd help, the things you've got through before, and the options you haven't tried yet. At night you still see the problems and you've stopped seeing the resources.

There's a simple way to check this, and it's the exercise from chapter 1. Look at what happened to the night's verdicts by noon.

"The car has to go." By noon this isn't true. Staged payment or waiting until spring deals with the roof, and the car was never part of the problem.

"Mum will have to move in." This isn't true either. She needs someone there for a few nights, which is a different thing.

"My job isn't safe." Nothing was known about this at four and nothing is known at noon. The only new information all day is that your manager replied "Thanks!" to a forgotten attachment.

"I'm failing as a parent." One remark from a nine-year-old about break time doesn't support it. It's worth a conversation with him, and that's all.

The pattern in those four will be the pattern in yours. The verdicts reached at night are bigger, more general and more final than the facts allow. They go from a bill to a way of life, and from a remark to a judgment on your whole parenting. By noon they've shrunk back to tasks.

The same goes for verdicts about other people, and the night produces plenty of those. At four in the morning your sister never offers, your partner doesn't pull their weight and your manager has it in for you. Each of these comes with a list of supporting incidents, recalled with great clarity. By day you'd remember that your sister drove two hundred miles when your father was ill. At night that fact doesn't come to mind. It's worth being especially

wary of these, because a verdict about a person can leak into how you treat them at breakfast, before you've had the chance to reconsider it.

I'd suggest adopting a flat rule, and treating it as a matter of policy and not something to argue out each night. Verdicts reached between midnight and breakfast don't count. They aren't always false, though they usually are. The reason is that the mind that produced them wasn't fit to produce them. They might be right, and you'll find out in the morning when you can look at the question properly. Until then they have the status of something a person said while running a fever.

When you notice one forming, you can say to yourself, "That's the three o'clock mind. I'll look at it after breakfast." You aren't denying that the problem exists. You're only declining to settle its size at an hour when your sense of size can't be trusted.

Some people worry that this means ignoring a genuine insight. Now and then the night does throw up something true that you'd been avoiding by day. If that happens, it will still be true at eight, when you can do something about it. Waiting for a second look in daylight costs you nothing.

"At least I'm getting something done"

The night shift feels like work. It takes effort and concentration, and it leaves you tired. So it's natural to assume that something has been accomplished by the end of it.

You can test this the same way you'd test any other kind of work, by looking at what it produced.

Solving a practical problem usually involves a few steps. You gather the facts, work out the options, and choose one. Then you act. Take the roof. The facts you needed were whether the roofer would accept staged payment, how urgent the leak was, and what was in your savings account. At three in the morning you had access to none of these. The roofer was asleep. The bank statement was downstairs, and in any case you weren't going to get up and read it. So you worked from memory and guesses, and your guesses leant towards the pessimistic, for the reasons given in chapter 4.

The options you considered were limited to what a tired, low mind could generate lying down, and those were selling the car and cancelling the holiday. The obvious option, asking the roofer, didn't occur to you. That wasn't because it's clever. Ordinary ideas like that come out of a mind that's in ordinary working order.

And acting was impossible. You can't ring your sister at three in the morning, or email the roofer, or talk to your son. The night shift can't get past the first stage of solving anything, and so it goes round. You get as far as "but what if he won't take instalments" and

there's nowhere to go from there except to the top again. Each circuit feels like progress because you're thinking hard, but you finish every circuit where you began it.

Then there's the matter of what you keep. Nothing is written down. By morning you remember the mood of the night very well and the content hardly at all. If you did reach a useful thought at half past three, it's probably gone. Whatever thinking the problem really needs will have to be done again, from the beginning, at the kitchen table. The night shift didn't get you ahead on any of it.

Compare the two sessions in chapter 1. The night session lasted nearly three hours and produced four verdicts, all wrong, and no actions. The morning session lasted twenty minutes and produced four actions, and all four were carried out that day. The morning session took about a ninth of the time and got everything done. You weren't any cleverer at the kitchen table. The difference was that you had a pen, a phone and daylight, and the rest of the world was awake.

There's a fair objection here. Some people say they've had good ideas in the night, and I believe them. A mind that's relaxed and wandering, in the bath or on a walk or half asleep, does sometimes hand you the answer to something. But that kind of thinking is quite different from the night shift. It's loose and unforced, it isn't anxious, and the idea arrives without your working at it. The night shift is effortful, anxious and repetitive. If a good idea does arrive unbidden in the night, write one line on the pad by your bed and let it go, as chapter 13 will describe.

So the honest account of the night shift's output is that it produces nothing you can use, and you pay for it in sleep. I doubt you'd put up with that from any other activity in your life.

"Once I've worked it out, I'll sleep"

This is the promise that keeps you at it. The thinking feels like the obstacle between you and sleep. If you can just settle the question of the roof, your mind will be satisfied and will let you go. So you try to think your way through to the other side.

It doesn't work, and there are two reasons.

The first is that there's always another item. You may have noticed that on the rare occasions when you do reach some sort of resolution on the roof, your mind doesn't then go quiet. It moves on to your mother's hip. If you settle that, it moves to the email. There are always more items. Anyone with a job, a family and a house has an effectively endless supply of unfinished business, and the night shift will work through as much of it as you give it time for. Going back to sleep doesn't depend on clearing the list, since the list can't be cleared.

The second reason is more basic. Thinking hard about problems is the kind of activity that keeps a person awake.

Falling asleep requires a particular state. The body is calm, the mind is idling, and attention is loose. Problem-solving produces close to the opposite. Harvey's model, which I mentioned in chapter 2, describes the sequence. Worried thinking in bed triggers bodily arousal and emotional distress. You'll recognise the signs, which are a faster heartbeat, tense shoulders and a feeling of being switched on. That state in turn makes you watchful for threats,

including the threat of not sleeping, which feeds more worried thinking. It goes round in a loop, and every part of the loop keeps you awake.

So the night shift has things backwards. It treats mental work as the route to sleep, when mental work is what's blocking it. Every sum you do about the roof and every imagined argument with your sister makes your body a little more alert. You're trying to get to sleep by doing the thing most likely to keep you awake.

This is also why the urgency makes it worse. The promise says, "Solve this quickly and you can rest," so you work harder. You feel the minutes going and you press on, and the effort raises your alertness further.

It can help to see where the promise comes from. By day it's often true. If a problem is nagging at you at your desk, dealing with it does bring relief, and your mind does let go. The three o'clock mind applies the same rule in a setting where the rule can't work, because the dealing-with stage isn't available. You can think about the problem, but you can't deal with it. So the relief never arrives, and the nagging goes on.

What settles the mind at night is being able to trust that the problem is in hand. Your mind needs to know that the matter has been noted and has a time set aside, and that it will be dealt with by someone competent. That someone is you, tomorrow, after breakfast. Chapter 11 looks at some evidence for this, and chapter 12 is about how to set it up.

"I'll just make myself stop"

Once you've seen that the thinking is the problem, the natural next move is to try to stop thinking. You lie there and order your mind to be quiet. "Stop it. Don't think about the roof. Think about nothing. Go to sleep."

You may already know how this goes. The roof comes back within seconds, often stronger. Trying to think of nothing turns out to be a task in itself, and an agitating one. And "go to sleep" is about the least effective instruction one can give oneself.

There are two separate problems here. One concerns thoughts and the other concerns sleep.

On thoughts, there's a long line of research showing that trying to suppress a thought tends to make it return. To check whether you're succeeding in not thinking about the roof, some part of your mind has to keep looking for the roof. So the effort of pushing the thought away is also what keeps it close at hand.

Allison Harvey and Suzanna Payne applied this to sleep. They gave 41 people with insomnia one of three instructions for a night. One group was told to distract themselves with a specific, engaging piece of imagery, which they'd chosen and elaborated in advance. One group was given a general instruction to distract themselves from their thoughts. One group got no instruction. The imagery group fell asleep faster than the group with no instruction, and their thoughts in bed were less frequent and less distressing. The researchers' explanation is that a rich, specific mental task

occupies enough of the mind that worries don't get back in. They also note that it gives the mind something definite to look for, in place of something to avoid.

That's one small study, of a single night. But it fits the wider finding, and it points to something usable. You can't empty your mind by ordering it to be empty. You can give it something else to do, as long as the something else is absorbing, pleasant and has nothing to do with your life. Chapter 13 gives examples.

On sleep, the problem is that sleep isn't something you do. Colin Espie and colleagues have set this out in a theoretical paper. They argue that normal sleep is a largely automatic process. Because it's automatic, it's easily disrupted by focused attention and by direct attempts to control it. Good sleepers, asked how they get to sleep, generally can't tell you, because they don't do anything. Poor sleepers often have elaborate methods. On Espie's account the methods are part of the trouble. Once you start watching for sleep, wanting it badly and trying to bring it on, you've brought attention, intention and effort to bear on a process that works only when they're absent.

You've met this elsewhere in life. Falling asleep is like trying to remember a name that's on the tip of your tongue. The harder you strain, the further it goes, and it arrives by itself once you've stopped trying.

The NHS advice to the public is consistent with this. Its guidance on sleeping better says that if you're lying awake unable to sleep, you should try not to force it. When you're comfortable and resting, it says, you may find you fall asleep naturally.

So both of the obvious remedies make things worse. Ordering yourself to stop thinking keeps the thoughts active, and ordering yourself to sleep keeps you awake. The aim during a waking is something gentler. You give your mind something harmless to do and let your body rest. Whether sleep comes is out of your hands. It usually comes.

"What time is it?"

At some point in most night shifts, you look at the clock. Often it's the first thing you do. It seems a harmless thing to do. I think it's one of the main things that keeps the shift going, and it's one of the easiest to change.

Think about what the clock gives you. It tells you that it's seven minutes past three. There's nothing you can do with that fact. You aren't going to get up. The alarm will go when it goes. The number is of no practical use to you.

What it does do is start the arithmetic. "It's seven minutes past three. If I get to sleep in the next quarter of an hour I'll have three and a half hours. That's not enough. I've got the budget meeting at ten. I'll be useless." Twenty minutes later you look again. "Half past three. Three hours twenty now, at best." Each look gives your mind a fresh piece of bad news and a fresh sum to do. It also adds a new item to the night's agenda, the problem of not sleeping, and this one gets worse every time you look.

The sleep arithmetic is a small night shift in itself. It has the same features. It feels like useful monitoring, it produces nothing, it runs on pessimistic guesses, and it makes you more alert. It comes with its own verdict, "tomorrow is ruined", which is as unreliable as the others. Most people get through the day after a bad night better than they predicted at four in the morning. They're tired and less cheerful, but they function. The forecast of total collapse is another product of the three o'clock mind.

Nicole Tang, Allison Harvey and a colleague published a study of clock-watching in insomnia under the title "Sleeping with the enemy". I haven't been able to read the paper or a summary of it, so I can't report its results. I mention it so you know that researchers take the idea seriously. The NHS advice doesn't hedge. Its guidance on sleeping better recommends keeping clocks out of view.

So turn the clock to face the wall, or put it in a drawer. If it's your alarm, it'll still go off. You don't need to know the time at any point between going to bed and hearing it. If you wake and it's dark, the answer to "what time is it?" is "night", and that's all you need to know. Some people find this remarkably freeing. Without the number there's no arithmetic. Without the arithmetic, a waking is just a waking, of unknown length, at an unknown hour, and it's much easier to drift back from.

The phone is a bigger version of the same problem. It's a clock, so it starts the arithmetic. It's a light, and bright light at night tells your body that it's day. It's also a door to every one of your problems. Your work email is in there, along with your bank balance, the news, and the message from your sister that you haven't answered. People pick it up in the night "just to check the time" and forty minutes later they're reading about interest rates. The night shift could hardly have a better tool, because the phone supplies new material faster than your own mind can.

The remedy is dull and it works. Charge the phone somewhere you can't reach from bed, and preferably outside the bedroom. If it's your alarm, a basic alarm clock costs a few pounds, and it can face the wall. If you need to be reachable at night for an elderly parent

or a teenager who's out, turn the ringer up and leave the phone across the room. You'll hear it ring from there. You won't be able to scroll on it.

What the night shift costs

The costs have come up one at a time. Here they are together. Much of this chapter is my own reckoning, apart from the places where I name a study.

Sleep. This is the obvious one. A waking that might have lasted ten minutes lasts two hours. If that happens three nights a week, you're losing something like five or six hours of sleep a week, every week. Those figures are an illustration, and yours will differ.

The next day. Cara Palmer and colleagues pooled more than fifty years of experiments on sleep loss and emotion, 154 studies in all. After lost sleep, people reliably felt less positive emotion and more anxiety. The day after a night shift you're flatter, more on edge and less patient. The problems you lay awake over now have to be faced by a less capable version of you. If the problem involved a difficult conversation or a careful decision, you've made it harder. The night shift claimed to be helping with your problems, and it has left you less able to deal with them.

Bad decisions. Occasionally a verdict from the night survives into the day and gets acted on. People send a resignation email at five in the morning, or a furious message to a relative. People cancel a holiday in a panic. Tubbs and colleagues, in the review from chapter 4, make the point that the night is when impulses are least well held in check. Most night verdicts dissolve by breakfast, fortunately. The ones you act on before breakfast don't get that chance.

The bed itself. If you spend many hours awake and agitated in bed, your body starts to associate the bed with being awake and agitated. Espie's paper calls this conditioned arousal and lists it among the long-recognised features of persistent insomnia. You may have noticed that you can doze off on the sofa at nine and then be wide awake the moment you get into bed. For most people, bed is a cue for sleep. If you've done enough night shifts in it, it becomes a cue for the shift.

Dread of the night. After enough bad nights you begin to fear them in advance. You go to bed wondering whether you'll wake, and braced for it. That puts you on the alert, and being on the alert makes a waking more likely and an easy return to sleep less so.

Your view of your own life. I think this is the least noticed cost. If several times a week you spend two hours being shown the worst version of your finances, your family and your prospects, some of it sticks. You can come to believe, in a general way, that your life is precarious and that you're barely coping. The belief comes from a view you're only ever shown at an hour when your judgment is at its worst. People who stop the night shift often say, a few months later, that their problems seem to have got smaller. The problems are usually much the same as before. What's changed is that they're no longer spending two hours, several times a week, looking at the worst version of them.

The person next to you. If you share a bed, your restlessness, your sighing and your trips to the bathroom cost someone else sleep as well. Your mood the next day lands on them too.

Set against all this is what the night shift provides. It gives you a feeling of being responsible, which lasts as long as the shift does. It gives you verdicts that are mostly wrong. It doesn't produce any actions.

You've been paying these costs for a long time without anyone setting them out. Once you see them together, I think it's plain that the habit isn't worth keeping.

"But the problems are real"

They are. I said so in chapter 2, and nothing since has changed it. The roof leaks, your mother needs looking after, and work is uncertain. A book that told you to breathe deeply and think of a beach would be insulting, because your problems wouldn't be any smaller when you opened your eyes.

So the argument of this book isn't that you should think about your problems less. You should think about them at a better time, and until you do, the night shift will keep happening. Here's why I believe that.

Go back to the second attraction in chapter 2. Three in the morning is the first quiet you've had all day. Consider an ordinary day from your mind's point of view. There's the rush of the morning, then work, with its own demands, then the evening's cooking and clearing and children, then a screen, then bed. At no point in that day did you sit down for ten minutes and ask yourself what's outstanding and what you're going to do about it. The questions about the roof and your mother and your son were there all day, waiting, and they never got a turn.

At three in the morning they finally get one, because nothing else is competing. Seen this way, the night shift isn't a malfunction. Your mind is doing a necessary job at the only time you've left free for it. The job is the review of open problems. It has to be done at some point, and if you don't schedule it, it gets done in the small hours.

This suggests a remedy, and there's evidence for it.

Colleen Carney and William Waters tested a procedure they called constructive worry. They recruited 33 students who reported insomnia. After two nights of baseline measurement, the students were split into two groups for five nights. In the early evening, one group wrote down the problems that were likely to bother them that night, along with a possible next step for each. The other group wrote down their worries and filled in questionnaires about them. The group who'd written next steps reported less mental arousal in bed than the comparison group, and less than they'd had at baseline. It was a small study and a short one, and the participants were students. The difference between the two groups is still instructive. Both groups had listed their worries. Only the group who'd added a next step to each one had quieter nights.

Michael Scullin and colleagues ran a related experiment in a sleep laboratory, with 57 healthy young adults. Before lights out, each spent five minutes writing. Half wrote a to-do list of things they needed to get done over the next few days. The other half wrote about things they'd already completed. Sleep was measured with electrodes and not by asking people how they'd slept. The to-do list group fell asleep significantly faster. The more specific their lists were, the faster they fell asleep. That was one night, in young people without sleep problems, and what was measured was falling asleep at bedtime and not returning to sleep at three. I wouldn't rest a great deal on it. It does point the same way as the first study.

Research on unfinished tasks in general points the same way. Psychologists have found that an unfulfilled goal keeps intruding on the mind, and that making a specific plan for it quiets the intrusions even though the goal remains unfulfilled. Your mind seems to be less concerned that the problem is solved than that it's in hand. The NHS guidance on sleep makes a plainer version of the same suggestion. If you often worry in bed, it says, try making a list of things you need to do the next day before you go to sleep.

The reasoning that links these is mine, though it's hardly original. Your mind raises problems at night because it has no assurance that they'll be dealt with otherwise. The way to give it that assurance is to show it, every evening, that each problem has been written down and has a next step and a time. After a week or two of this, when the roof comes up at three, you'll be able to give a truthful answer. "It's on the list. I'm ringing the roofer at lunchtime." An answer like that does far more to let your mind go back to sleep than any amount of further thinking would.

The handover

The practical part of this book has two halves. This chapter is the evening half. It takes about ten minutes, and it does more than anything else here to make the nights quieter. I call it the handover, because it's what a shift worker does at the end of a shift. They write down what's outstanding so that the next person can pick it up, and then they go home. The next person in this case is you, tomorrow.

When. Do it in the early evening, and not in bed or just before it. After supper is good, or straight after you get in from work. You want at least an hour or two between the handover and going to sleep, so that you're not stirring things up at bedtime. Do it at the same time each day and attach it to something that already happens, such as clearing the table.

Where. Sit at a table with a pen and a notebook. Don't do it in the bedroom. Use paper and not the phone, because the phone has everything else on it.

What. Draw a line down the middle of the page. On the left, write down whatever is on your mind, one line for each item. Include anything that's unresolved, nagging or likely to turn up at three. Be specific. "Money" isn't an item, and "the roofer's quote, four thousand eight hundred" is. On the right, against each item, write the next step and when you'll take it. It should be the next physical action and not a solution. "Ring roofer Thursday lunch, ask about staged payment." "Ask Jo tonight about staying with Mum for the first two nights." "Talk to Sam on the walk to school tomorrow."

Some items won't have a next step, and it's worth sorting those into two kinds.

Some have no step yet because you're waiting on something.

"Restructure, announcement due on the 14th." Write down what you're waiting for and when it's due. "Nothing to do until the 14th." You've now made a decision about it, and your mind can treat it as one.

Some have no step at all because they're outside your control or they're too vague to act on. "What if the economy gets worse." "Am I a good enough parent." Write them down anyway, and against them write "no step". It does some good to see, on paper and in daylight, that a thing which takes up forty minutes a night has nothing on the right-hand side. If the same stepless item appears night after night and distresses you, that's worth talking over with someone. Chapter 15 says more.

Here's what a page might look like on an ordinary evening, as an example. On the left it says roof quote, Mum's first nights home, attachment to manager, Sam and break time, restructure, MOT. On the right, against each, it says ring roofer Thursday lunch, ask Jo tonight, sent this morning and done, ask Sam on the walk tomorrow, nothing to do until the 14th, book online Saturday. That's six lines. Three of them will be finished within a day. The list felt much bigger than that when you were carrying it in your head.

Then close the book. Literally close it, and say to yourself, if it helps, "That's handed over." The day's review of problems has now been done by a competent person at a reasonable hour, with a pen in their hand.

Give the big ones a proper session. The handover is for noting and scheduling. It isn't for solving. If something needs real thought, such as a decision about a job or a complicated money question, the next step you write down is an appointment with yourself. "Saturday, 10 a.m., kitchen table, one hour, mortgage options." Schedule it for your best time of day, which for most people is somewhere in the morning. That gets you the uninterrupted thinking time that the three o'clock quiet seemed to offer, at an hour when your judgment is sound.

Put the pad by the bed. The second piece of kit is a small pad and a pencil on the bedside table. I'll explain its use in the next chapter. For now, just put it there.

A few questions come up.

Won't writing it all down in the evening stir me up? It can for the first few evenings, particularly if you've been avoiding looking at things. That's one reason for the gap before bed. After a week it usually becomes routine, and most people find it calming, because a list on paper is nearly always shorter than the same list felt in the head.

What if I miss an evening? Then you miss an evening. Do it the next day. The assurance you're building comes from the general habit and not from an unbroken run.

Is ten minutes enough? For noting and scheduling, yes. If it regularly takes much longer, you're solving and not noting. Stop, and give the big item its own session.

When you wake anyway

The handover will make wakings less loaded. It won't stop them, since waking in the night is normal, as chapter 3 said. So you need to know what to do at seven minutes past three. None of what follows involves solving anything.

Don't look at the clock. It's facing the wall, and your phone is in another room. It's night, and you don't need to know any more than that.

Name it. When the first problem arrives, and it will, label what's happening. "That's the three o'clock mind." It's a plain and accurate description, and saying it puts a little distance between you and the thought. The thought will insist that it's different tonight, and important. You can expect it to say that every time.

Answer it once, truthfully. "It's on the list. I'm ringing the roofer on Thursday." Because of the handover, that's a fact. Say it once. Don't get drawn into defending the plan, because that's the first stage of a night shift. If the thought returns, give it the same sentence again.

If it's new, give it one line on the pad. Sometimes what comes up really wasn't in the handover. You've remembered that the car's MOT is due, or you've had an idea about the presentation. Reach for the pad, write one line without turning on the main light, and put the pencil down. "MOT." It's been captured and you won't lose

it. That takes away the mind's best argument for keeping you awake, which is that you'll forget it otherwise. One line is the limit. Don't add notes, and don't plan anything.

Give your mind something harmless to do. Chapter 8 described Harvey and Payne's finding that a rich, specific piece of imagery helped people with insomnia fall asleep faster, where an instruction to stop thinking didn't. Choose yours in daylight, so that you're not hunting for one at three. It should be absorbing, pleasant and unconnected to your life. Some people walk in detail through a house they knew as a child, room by room, noticing the furniture. Others replay a favourite walk, stile by stile. You might plan a garden that you'll never plant, or go through the plot of a film scene by scene. The detail matters more than the subject. You want enough texture to occupy the space that the roof would otherwise fill. When you notice you've drifted off it and back to your problems, which you will, go back to the hallway of the house without any fuss. Drifting is normal, and it's often how sleep arrives.

Let your body rest, and leave sleep alone. Get comfortable. Let your shoulders and jaw go slack. Breathe a little more slowly than usual. Then stop trying to sleep. Tell yourself that you're resting, which is true and is worth having. Remember from chapter 8 that sleep comes when effort is absent. Your only job is to lie there comfortably with your mind in the hallway of that house.

If it isn't working, get up. The NHS guidance says that if you're still awake after around twenty minutes, you should get up and sit somewhere comfortable, do something relaxing, and go back to bed when you feel sleepy. Since you're not looking at a clock,

"around twenty minutes" means "when it's clear this isn't working and I'm getting frustrated". Go to another room. Keep the light low. Do something quiet and dull, such as a few pages of a book you don't care much about, a jigsaw or some gentle stretching. Don't pick up the phone or the laptop. Leave the post alone, and don't touch the handover notebook. Go back to bed when your eyelids are heavy, and not before then. If you're unsteady on your feet at night, put on a light you can reach from the bed and take your time. Not falling matters more than any of this. If you're awake again after a while, get up again.

This is the instruction people resist most, because getting out of a warm bed feels like giving up on the night. It's the most effective single thing in the list. It breaks the link between bed and wrestling that chapter 10 described. It also interrupts the shift, which finds it hard to continue once you're upright in a chair reading about nineteenth-century canals.

If you share a bed. Tell the other person what you're doing and why, in daylight. Otherwise your getting up at night may worry them, or they may feel they ought to get up with you. Most partners are relieved. They've usually known about the night shift for a long time from the sighing and turning. If they're a night thinker too, don't start talking the problems over together at three. It feels companionable, but it means two three o'clock minds are reaching verdicts together. Agree to save it for the evening.

In the morning, deal with the pad. Whatever you wrote in the night goes into that evening's handover, or gets done. This matters. The pad only works if your mind learns that what's written on it really does get dealt with.

This routine won't produce a perfect night, and you shouldn't judge it by whether you fell asleep quickly on any given occasion. You can judge it by whether a night shift happened. If you were awake for forty minutes and spent them resting with your mind in a childhood kitchen, that's a success, even though you were awake. You lost forty minutes of sleep where you'd otherwise have lost two hours. You also got through them without a single verdict being passed on your life.

The decision

This chapter asks you to decide something. It comes late because at the start it would have sounded like "just stop worrying at night", which you've told yourself a hundred times. By now you've seen why the hour is wrong and that the verdicts are unreliable. You've seen that nothing can be acted on from bed, and that the thinking is what keeps you awake. You've also seen that the problems can have a proper place in the day. So here's the decision.

I don't work on problems between bedtime and breakfast. They get ten minutes in the evening and my best hour in the day.

Here's what it involves.

The handover, every evening. As in chapter 12. Take ten minutes at a table, on paper, with a next step and a time against each item. Close the book when you've finished.

A proper session for big things. Book it in daylight, with a start time and an end time.

No clock and no phone within reach. As in chapter 9.

The pad by the bed. A new item gets one line and no more.

The night routine. As in chapter 13. Name it, answer it once, go to the imagery, rest, and get up if it isn't working.

No verdicts before breakfast. As in chapter 5. Anything concluded in the night gets looked at again in the morning before it counts. Don't act on any of it before breakfast. That means no emails, no

messages and no decisions.

Plans of the "when this, then that" kind make a decision like this much more likely to hold at three in the morning, when you won't be at your most resolute. Peter Gollwitzer and Paschal Sheeran pooled 94 tests of such plans and found that they made people a good deal more likely to follow through. Here are three, which you can adapt.

When I wake in the night and a problem arrives, then I'll say "three o'clock mind, it's on the list" and go to the house.

When I catch myself doing sums about how much sleep I'll get, then I'll say "it's night" and go to the house.

When I've been lying there getting frustrated, then I'll get up and read in the other room until I'm sleepy.

The first plan uses the arrival of the problem as its own cue. Until now that arrival has been the start of the shift, and from here on it triggers the label.

Here's what to expect, and I'll be careful, because I can't promise you an outcome. The handover tends to help within the first week. The night routine takes longer, because you're changing a reflex, and for the first fortnight you'll often find yourself ten minutes into a shift before you notice. That's normal. Notice, label it, and go to the house. With time you'll catch it sooner. Expect to get out of bed a fair amount in the early weeks, and to find it a nuisance. Over a month or two I'd expect fewer long wakings, and shorter ones. I'd also expect a marked drop in the number of grim conclusions you reach about your life. I can't promise that you'll sleep through. You

may go on waking in the night for the rest of your life, as people always have. What I'd expect to change is what happens afterwards, which is a few quiet minutes in the dark and then, mostly, sleep.

I also can't promise that your problems will get smaller, since they're real. But they'll be dealt with by you at the kitchen table in the morning, and you'll handle them far better there than you did at three.

Babies, grief and nights that need a doctor

The method is simple. Some situations aren't, and I should be plain about them.

When the night really does require you. Sometimes there's a baby, a sick child, a parent who calls out, or a job that puts you on call. You can't avoid being awake, and nobody should tell you to rest with pleasant imagery while a baby cries. What you can do is keep the two things separate. Deal with the baby. When the baby is settled and you're back in bed, the night routine applies. Parents of small children often find that the feed takes twenty minutes and the night shift that follows takes ninety. You can't do much about the twenty minutes, but the ninety can change.

Shift workers. If you work nights, your "three in the morning" may fall at two in the afternoon. The principle still holds. Don't work on problems in the hours set aside for sleep, and do the handover before them. The body clock evidence in chapter 4 is a reason to be especially wary of big decisions made in the last hours of a night shift.

Grief and crisis. After a bereavement, a break-up, a diagnosis or a job loss, broken nights are close to universal, and the mind will go where it goes. I wouldn't ask anyone in the first weeks of grief to label their thoughts and go to a childhood house. The parts of this book that still help are the gentler ones. Don't look at the clock, and don't reach any verdicts before breakfast. Get up and sit somewhere else if bed has become unbearable. If the broken nights go on for many weeks, tell your GP.

When the same stepless item comes every night. Chapter 12 mentioned worries with nothing on the right-hand side, such as your health, your worth, or something dreadful happening to the children. If one of these fills your nights and the handover doesn't touch it, it may be anxiety that's running by day as well. That responds to treatment. In England you can refer yourself to NHS talking therapies without seeing a GP first.

When it's insomnia. If you've had trouble sleeping for months, or it's affecting your days so that you're finding it hard to cope, the NHS advice is to see a GP. The treatment with the best evidence is a form of cognitive behavioural therapy designed for insomnia. James Trauer and colleagues pooled 20 controlled trials with 1,162 participants. After treatment, people fell asleep about 19 minutes faster and spent about 26 minutes less awake during the night, and the gains seemed to last. The treatment includes some of what's in this book, such as getting up when you can't sleep. It also includes things that aren't here, such as a structured programme for the hours you spend in bed, which works best with guidance. The NHS says a GP may offer it face to face or as an online programme. It also says that sleeping pills are now rarely prescribed for insomnia, and then only for short periods.

Physical causes. I listed these in the preface and they bear repeating. Loud snoring with pauses in breathing, gasping or choking in your sleep, and heavy daytime tiredness are the main symptoms of sleep apnoea, and the NHS advice is to see a GP. The NHS lists night sweats among the symptoms of the menopause and perimenopause, and a GP can discuss treatment for those. Pain that wakes you, or a bladder that gets you up several times a night,

is worth raising with a doctor too. A waking that has a physical cause needs the cause treated. The handover and the night routine will still help with what your mind does once you're awake.

Alcohol. A drink in the evening can help you drop off, and it tends to wake you later. Irshaad Ebrahim and colleagues reviewed the studies on healthy sleepers. Alcohol shortened the time to fall asleep and deepened the first half of the night, and it disrupted the second half. If your wakings cluster on evenings when you've had a few drinks, that's a likely reason. Caffeine late in the day can do the same. The NHS suggests avoiding alcohol, tea and coffee for at least six hours before bed.

If the night thoughts are dark. The research in chapter 4 has a serious side. The hours after midnight are when low mood is lowest and self-control weakest. For someone already struggling, thoughts of being a burden or of ending things can be at their most persuasive then. If that happens to you, please treat it as the most important verdict of all to distrust. Get up, turn on a light, and contact someone. In England you can call NHS 111 at any hour, or 999 if you're in immediate danger. You don't need to wait until morning, and you don't need to be certain that it's serious. Tell your GP in the daytime as well.

Bad weeks. There'll be a stretch when it all comes back. There'll be a deadline or a family worry, and you'll skip the handover for a week and find yourself doing sums at four. It happens to everyone who tries to change a long habit, and it doesn't undo what you've learned. The response is small. Do the handover tomorrow evening

and turn the clock back to the wall. The night shift had years of practice, and it will take a while for the new routine to become as automatic as the old one was.

Seven minutes past three again

Here's a scene from some months later. It's an example of how things might go, and I'm not promising it.

You wake in the dark. You don't know what time it is, because the clock faces the wall and your phone is on the landing. The house is quiet. For a few seconds your mind is blank and comfortable.

Then the boiler arrives. It's been making a noise, and a new one would cost thousands. You notice the familiar lurch in your stomach, and notice too that your mind has already started listing what you could sell.

"Three o'clock mind," you say to yourself. "It's on the list. The engineer's coming on Tuesday."

Both of those are true. At ten past seven yesterday evening, at the kitchen table, you wrote "Boiler noise" on the left of the page and "Engineer booked Tues 9 to 1, wait for his verdict" on the right. Until Tuesday there's nothing to think about. Your mind makes one more attempt. It asks what happens if the engineer says the boiler's finished. You give the same answer in the same words.

Something else surfaces that wasn't on the list. It's your niece's birthday on Saturday and you haven't bought a card. You reach out, write "Ellie card" on the pad without opening your eyes properly, and put the pencil down.

Then you go to your grandmother's house. You go in through the back door, as you always did. There's the mat, and the row of wellingtons. The kitchen table has the oilcloth on it, and the tin with the picture of a coach and horses on the lid is on the dresser. You've got as far as the dresser drawers when you notice you've drifted back to the boiler. You return to the drawers. In the second one there were always rubber bands and a ball of string.

You don't remember the hall.

In the morning you're a little tired. It wasn't a perfect night, and you think you were probably awake for half an hour. You see "Ellie card" on the pad and buy one at lunchtime. On Tuesday the engineer replaces a valve for eighty-five pounds and says the boiler's got years in it. That figure is part of the example, and I can't promise you a kind engineer.

Things won't always be this tidy. Some nights the problems will be bigger than a boiler, and the house won't hold. You'll get up and sit in the other room with a dull book and feel hard done by. There'll be weeks when the old shift comes back. But you've stopped handing your hardest questions to yourself at the hour when you're least fit to answer them. The problems get their ten minutes in the evening and their hour in the day, with a pen and a phone to hand. At night you let yourself rest.

If you do one thing after closing this book, do the first handover this evening. It's ten minutes at a table with a line down the middle of the page. Then turn the clock to the wall, and put a pad and a pencil by the bed.

Notes

This book gives general information. It isn't medical advice, and it's no substitute for a doctor who knows your situation. NHS guidance is quoted as I found it in September 2026 and applies to England.

I've kept sources out of the chapters where I could so they read easily. Here they are by chapter, with the limits I'm aware of. Unless I say otherwise, I read the published summary of each paper and not the full text. I checked each paper for a retraction or correction notice in September 2026 and found none. Where a chapter isn't listed, it rests on my own reasoning. That includes chapters 1, 5, 6 and 16, and the method in chapters 12 to 14. The people, sums of money and times in the examples are invented for illustration.

Before you start. When to see a GP about sleep is from the NHS page "Insomnia". The symptoms of sleep apnoea are from the NHS page "Sleep apnoea". Waking very early as a symptom of depression is from the NHS page "Symptoms: depression in adults". Urgent help routes are from the NHS page "Where to get urgent help for mental health".

Chapter 2. Harvey, "A cognitive model of insomnia", Behaviour Research and Therapy 40, 2002, pages 869 to 893. It's a theoretical paper about people with insomnia. The list of five attractions is mine.

Chapter 3. Wehr, "In short photoperiods, human sleep is biphasic", *Journal of Sleep Research* 1, 1992, pages 103 to 107. The summary doesn't give the number of volunteers or the length of the experiment. Ekirch, "Sleep we have lost: pre-industrial slumber in the British Isles", *American Historical Review* 106, 2001, beginning on page 343. I haven't read the article, and my description of his sources and of what people did in the interval is from general accounts of his work. The dispute is set out in Ekirch, "Reflections on 'Have we lost sleep?'" , *Medical History* 68, 2024, pages 254 to 262, which replies to an article by Niall Boyce in the same journal in 2023. I read the summary of the reply only. That sleep runs in cycles with brief awakenings, and that night waking increases with age, are standard statements in sleep science which I haven't sourced. That quiet rest has some value is my opinion.

Chapter 4. Boivin, Czeisler, Dijk, Duffy, Folkard, Minors, Totterdell and Waterhouse, "Complex interaction of the sleep-wake cycle and circadian phase modulates mood in healthy subjects", *Archives of General Psychiatry* 54, 1997, pages 145 to 152. There were 24 volunteers, 16 men and 8 women. The study also found that the effect of time awake on mood depended on the body clock phase. Tubbs, Fernandez, Grandner, Perlis and Klerman, "The mind after midnight: nocturnal wakefulness, behavioral dysregulation, and psychopathology", *Frontiers in Network Physiology* 1, 2022, article 830338. I read the full text. The timing of the trough in positive mood, the night-time peak in negative mood and the account of impaired executive function are the review's summaries of other studies, which I haven't read individually. The authors present

their overall account as a hypothesis. The comparison with a colleague planning after a long day and several drinks is mine, and it's loose.

Chapter 7. Harvey 2002 as above.

Chapter 8. The research on thought suppression began with Wegner, Schneider, Carter and White, "Paradoxical effects of thought suppression", *Journal of Personality and Social Psychology* 53, 1987, pages 5 to 13. Later work has found the effect to be smaller and less consistent than first reported. Harvey and Payne, "The management of unwanted pre-sleep thoughts in insomnia: distraction with imagery versus general distraction", *Behaviour Research and Therapy* 40, 2002, pages 267 to 277. There were 41 participants, studied on one night. The researchers had predicted that the general distraction group would do worse than the group with no instruction, and that prediction wasn't supported. Espie, Broomfield, MacMahon, Macphee and Taylor, "The attention-intention-effort pathway in the development of psychophysiologic insomnia: a theoretical review", *Sleep Medicine Reviews* 10, 2006, pages 215 to 245. The NHS advice is from the Every Mind Matters page "How to fall asleep faster and sleep better".

Chapter 9. Tang, Schmidt and Harvey, "Sleeping with the enemy: clock monitoring in the maintenance of insomnia", *Journal of Behavior Therapy and Experimental Psychiatry* 38, 2007, pages 40 to 55. I couldn't obtain the paper or a summary, and the chapter says so. The advice to keep clocks out of view is from the NHS page named above. That people overestimate how badly a poor night will affect the next day is part of Harvey's 2002 model. That light at

night signals daytime to the body is general knowledge, and the NHS insomnia page advises against using devices right before bed for that reason.

Chapter 10. Palmer, Bower, Cho, Clementi, Lau, Oosterhoff and Alfano, "Sleep loss and emotion: a systematic review and meta-analysis of over 50 years of experimental research", *Psychological Bulletin* 150, 2024, pages 440 to 463. The studies involved experimentally restricted or disrupted sleep, which isn't quite the same as a bad night at home. Conditioned arousal is named in Espie and colleagues, above. The five or six hours a week is arithmetic on invented figures.

Chapter 11. Carney and Waters, "Effects of a structured problem-solving procedure on pre-sleep cognitive arousal in college students with insomnia", *Behavioral Sleep Medicine* 4, 2006, pages 13 to 28. There were 33 participants. The outcome was self-reported mental arousal in bed, not measured sleep. Scullin, Krueger, Ballard, Pruett and Bliwise, "The effects of bedtime writing on difficulty falling asleep: a polysomnographic study comparing to-do lists and completed activity lists", *Journal of Experimental Psychology: General* 147, 2018, pages 139 to 146. The research on unfulfilled goals is Masicampo and Baumeister, "Consider it done! Plan making can eliminate the cognitive effects of unfulfilled goals", *Journal of Personality and Social Psychology* 101, 2011, pages 667 to 683. The NHS suggestion is from the Every Mind Matters page named above. The idea that the night shift is a displaced daily review is my interpretation.

Chapter 12. The handover is adapted from the constructive worry procedure of Carney and Waters. My version hasn't been tested. Scullin's participants wrote at bedtime. I suggest early evening, following Carney and Waters.

Chapter 13. Getting up after around twenty minutes and returning when sleepy is from the NHS Every Mind Matters page. It's a standard part of insomnia treatment, usually called stimulus control. The labelling, the single answer and the pad are mine.

Chapter 14. Gollwitzer and Sheeran, "Implementation intentions and goal achievement: a meta-analysis of effects and processes", *Advances in Experimental Social Psychology* 38, 2006, pages 69 to 119. The rule and its parts haven't been tested together, and what I say to expect is my expectation and not a finding.

Chapter 15. Trauer, Qian, Doyle, Rajaratnam and Cunnington, "Cognitive behavioral therapy for chronic insomnia: a systematic review and meta-analysis", *Annals of Internal Medicine* 163, 2015, pages 191 to 204. The trials excluded people whose insomnia came with other medical or psychiatric conditions. Ebrahim, Shapiro, Williams and Fenwick, "Alcohol and sleep I: effects on normal sleep", *Alcoholism: Clinical and Experimental Research* 37, 2013, pages 539 to 549. The NHS statements on treatment, sleeping pills, alcohol and caffeine are from its "Insomnia" page. Night sweats are listed on the NHS page "Symptoms of menopause and perimenopause". Self-referral is from the NHS page "NHS talking therapies for anxiety and depression". The paragraph on dark thoughts at night draws on Tubbs and colleagues, above.