

# THE ONE-WEEK INSOMNIA CURE

4-page pullout by a Professor of Sleep Science



by Professor  
Jason Ellis

DIRECTOR OF THE NORTHUMBRIA  
SLEEP RESEARCH LABORATORY

**ALL THIS** week in the Mail's life-changing series, Professor Jason Ellis has been helping to tackle your sleep problems. Today, he reveals the clever ways you can switch off your brain and get back to sleep if you wake in the middle of the night...

**G**OOD sleep is like a gift from the Gods. Sleep well and you'll be healthier and better able to fight infection, combat stress and control your blood pressure.

You'll be better at learning and remembering new things; you'll be more creative and better able to concentrate, as well as evaluate, and respond to, risk. You'll have more energy, stamina and sex drive. And you'll be happier all round.

A racing mind is often the cause of insomnia. Thoughts rush to the fore and jolt you out of sleepiness just as you're dropping off. They jostle for attention when you wake up in the night or early morning, making it impossible to get back to sleep.

If you've been diligent about the worry-control exercises I outlined in yesterday's paper, you should be learning to rein in your anxiety, but if you find yourself in bed awake, and your mind is empty and clear, there's an incredibly strong compulsion to fill it with something negative.

It'll come as no surprise to insomniacs to hear that what generally fills that space is a spiralling worry about sleeplessness itself — a loop that merely feeds itself the more you struggle to nod off. The key, counter-intuitively, is to distract your busy brain from this worry about lack of sleep, while at the same time keeping your stress levels low.

How do we do that? By filling the mind with something all-consuming but which triggers no emotion whatsoever.

These strategies should help. Try them all and pick the one you like best.

People respond differently to each — it's a personal choice — but pick one with the least possible overlap with your everyday life so that you minimise the potential for triggering associated worry (accountants,

for instance, might want to avoid the numerical strategy, in case it causes stress about work).

## NUMBER CRUNCH

**STUDIES** show the old trick of counting sheep has only limited success in the real world because it's just too simple.

It's all too easy to visualise fluffy sheep leaping over hedges and stiles while simultaneously wondering about next month's mortgage repayment, your child's falling marks at school, or your imminent hip operation.

Instead, try counting backwards from one thousand in sevens

(1,000, 993, 986, 979...). Sounds tough, right? That's because it's meant to be. Actually, it doesn't matter if you get the numbers wrong or lose your place, you just have to be mentally consumed by the task. If you get in a muddle, simply start again.

You'll know very quickly whether this is going to work or not. If it doesn't, and you get to the point that you know sleep will not come, give up and get out of the bed.

In my experience, however, this rarely happens. Most of the time, your brain will reach either a point of overload or an extreme level of boredom, and choose sleep as the desired alternative.

## 'A' IS FOR...

**THIS** game again requires agility of thought to consume the restless mind, but contains no emotional triggers to generate anxiety.

Choose a category such as cities of the world. Pick a city — say, Amsterdam — then pick a city that starts with the last letter, M. Now find a city that starts with that: Madrid, for example. After that, you can go on to Dusseldorf, and then Florence, and then Edinburgh... You get the gist.

You might prefer to list animals, foods, colours, or items of clothing — as long as there are lots of choice options. Another way of

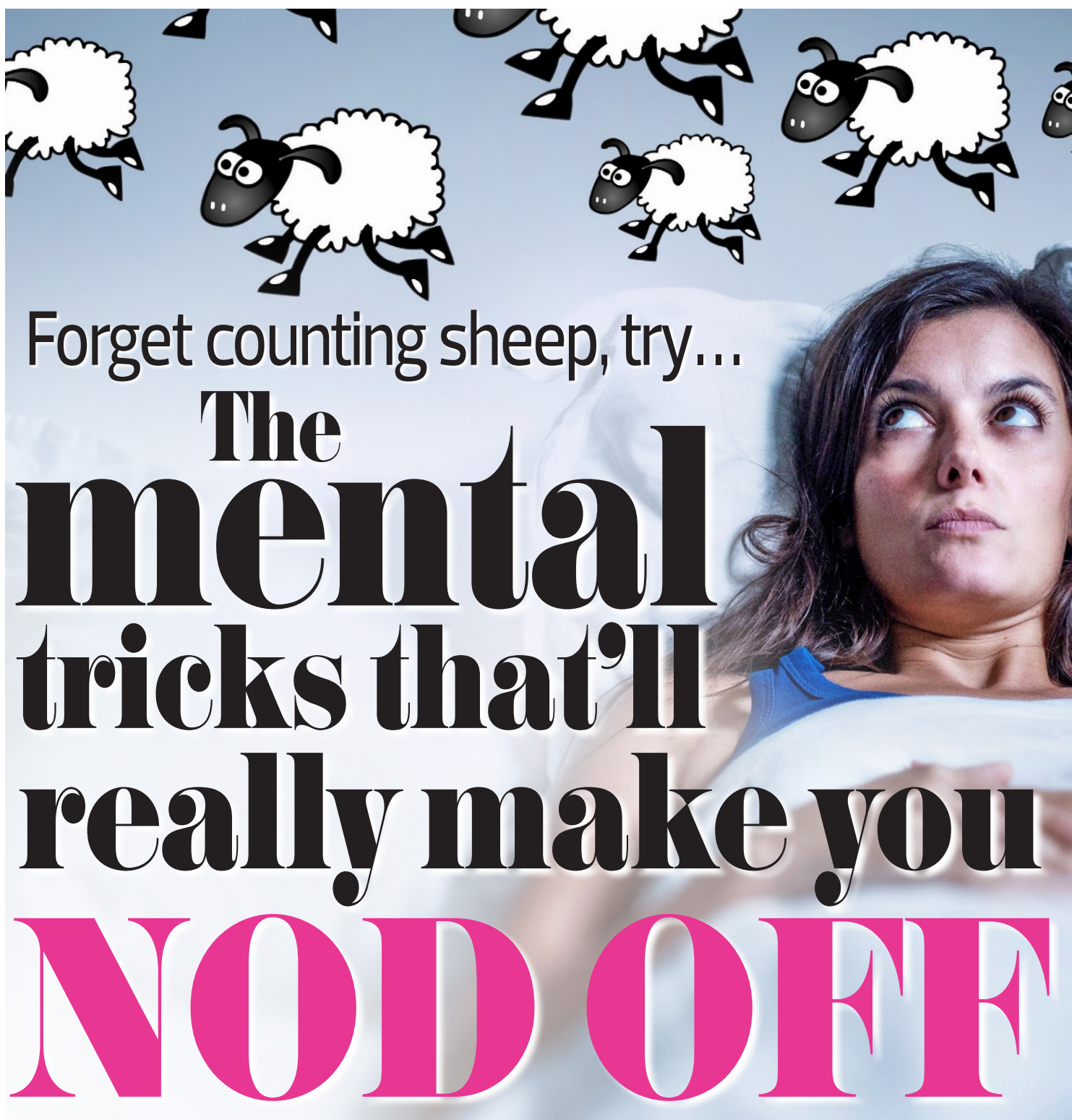
doing this is to list cities, authors, or foods alphabetically (artichoke, banana, cabbage...) as long as it's a bland sort of task, but not too easy.

## BLUE MANGOES

**START** by selecting a category, such as fruit, and pick your favourite. If you choose mango, I want you to imagine the most perfect mango in the world — one where the skin is a shiny green at the bottom, then blends into a pale yellow, before fading into red.

The stalk is small and brown,

TURN TO NEXT PAGE



Forget counting sheep, try...

The  
**mental  
tricks that'll  
really make you  
NOD OFF**



# 8 OF THE BEST EYE MASKS



Purple hexagon, £50, [otisbatterbee.com](http://otisbatterbee.com)



Pink and red floral, £7.99, [zarahome.com](http://zarahome.com)



Yellow and pink ruffle, £32, [jessicarussellflint.co.uk](http://jessicarussellflint.co.uk)



Multi floral, £35, [liberty.co.uk](http://liberty.co.uk)



Roses with stem, £24, [wolfandbadger.com](http://wolfandbadger.com)



Pink patterned, £66, [luisaviaroma.com](http://luisaviaroma.com)



Blue silk, £52, [amara.com](http://amara.com)



Floral with pink trim, £18, [notonthehighstreet.com](http://notonthehighstreet.com)

Styling: ISABELLA NIKOLIC

## FROM PREVIOUS PAGE

peeking out from the top with one green leaf attached.

Once you have the item absolutely picture perfect in your mind, the fun begins — now you need to mentally turn the mango blue!

Push your imagination to create a picture of the colours, shades and dimensions you might see if it were. What colour is the stalk now, what about the leaf?

Once your blue mango is complete, turn it purple and give it a spiky skin. Just let your imagination run wild and fill your brain.

## DON'T TRY TO SLEEP

IF MIND games don't work for you, there's a strange psychological paradox that shows the more you try *not* to think about something, the more likely it is to pop into your head.

Try not to think about pink elephants — and a clear image of a pink elephant will fill your mind.

We've found we can use this phenomenon to cunningly trick your brain to sleep. The most important thing is not to actively *try* to stay awake as this requires effort that will lead to tension (which may indeed keep you awake).

You just need to concentrate on staying awake *a little bit longer*. So, get into bed as normal, turn the lights out and get everything ready for sleep. But instead of closing your eyes, keep them open.

Now, let go of any thoughts about getting off to sleep; instead ask yourself to stay awake for an extra few minutes...

You should notice your eyes starting to feel heavy and you may find yourself yawning. It might be tempting to shut your eyes at this point, but don't; just ask yourself to hang on to wakefulness that little bit longer.

A few more minutes, that's all... Try this when you go to bed and if you wake up in the middle of the night. You might be surprised at how effective it is.

## HOW TO RATIONALISE YOUR WORRIES...

WHEN you're short on sleep it's very easy to find yourself catastrophising about how tired you are likely to feel the next day and the awful things that might happen as a consequence.

This horrible anxiety swiftly gets out of control, given free rein by the nocturnal brain's looser grip on rationality and logic. This is why even the simplest issue or event can appear potentially disastrous at night.

If you know you are prone to night-time over-worrying, try this technique to help you turn down the dial. You will need a pen and pad and a calculator (unless you are really good at maths). Do it in the daytime while you're fully awake.

This is going to seem complicated, but it's really not — and the results are fascinating.

**1** FIRST, write down the worst possible thing that could happen to you as a consequence of not sleeping. Could you look after loved ones properly, for example? If you were so tired you weren't able to function fully, would you still be able to manage at work? Don't hold back.

**2** TAKE the thought on to the next, even more catastrophic, stage. What would actually *happen* if you couldn't look after loved ones properly, or you couldn't manage at work? What would that mean in the short and long-term? What's the worst-case scenario?

12 per cent of people dream in black and white — and within five minutes of waking up, 50 per cent of your dream will be forgotten

This might seem a strange exercise to do while fully awake in the cold light of day, but that's because your brain is now at its most logical and rational.

What we're doing here is taking you to the place you reach at night, where we find those irrational, catastrophic thoughts that keep you from sleeping.

**3** NOW, think hard about that fear you feel in the middle of the night and give me your best guess about the likelihood of it actually happening. How certain are you, as a percentage, that it might really come to pass?

Remember, we're talking about the percentage you feel at night, in the grip of that sleepless panic. Many report a 70 per cent certainty, or even higher.

**4** THE next step is to work out how many nights you've suffered from insomnia. There are 365 nights in a year, but insomnia doesn't tend to happen every night, so take an average of how many nights of sleeplessness you experience in a typical week, then multiply that by 52 to get your total number of nights per year.

Then multiply *that* by the number of years you reckon you have suffered from insomnia. If you suffer four nights of insomnia a week, and you've been suffering it for 11 years, then that would be  $4 \times 52 \times 11 = 2,288$ .

**5** NOW here's the tricky maths: work out your catastrophised risk by multiplying the 'likely' percentage of the bad thing happening with the number of nights of insomnia you've ever had.

So if you are 70 per cent sure of losing your job on 2,288 nights of insomnia

(70 per cent of this were a ratio you would have 1,602 occasions

**6** NEXT to times you happened it only counts was a direct result. Divide that number by the number of nights with in answer in the n

**7** THE different numbers sleep-related. For many people, the process, resulting in the absence of fears, is enough to significantly an

# Fool yourself into sleeping like a baby

## I'VE STOPPED WAKING UP AT NIGHT

JO GORDON, 47, books castings for models and actors. She lives in Cheshire with husband Steven, a 52-year-old company director, and they have three children between them. Jo says:

I'VE HAD sleeping problems for as long as I can remember but always assumed it was genetic. My mother — who has passed away — was a very bad sleeper, and so are my father and my son.

I've seen doctors dozens of times but they only ever prescribe sleeping tablets, which I refuse to take because they are so addictive. The one time I did take them, I still hardly slept — and woke up in the morning feeling worse than ever.

Other treatments I've tried over the years are herbal tablets, pillow sprays, Himalayan salt lamps (which are thought to relieve stress) and crystals under the

pillow. They all ended up in the bin. Nothing worked.

My problem is I'm such a worrier. On a bad night, I can wake about ten times, and after the fourth or fifth time I'll get up and find something to do, like clean the kitchen cupboards. I have a burst of energy and need to do something.

At other times I'll just lie there — but that's when I worry. In the darkness I have a series of terrible thoughts, such as whether my children will be in an accident or the dog will die in the night.

It's horrible when I look at the clock and get this mounting feeling of dread that it's 1.30am and I don't know when I'll sleep again.

I have no idea why I'm like this. Nothing has happened in my past to make me worry about traumas like these. But

some nights I only get two or three hours' sleep and feel dreadful in the morning. I only begin to feel human again after two double espressos and a shower. I know that if I sit down before that, I'll never be able to get back up.

I was willing to try anything to beat my insomnia. If Professor Ellis had recommended dancing with sheep, I'd be looking for the nearest field.

Thankfully, his advice was more sensible. I now have a warm bath and go to bed at the same time every night — but there were other tips that I'd never even thought about.

The first thing he told me to stop doing was reading my Kindle before going to sleep. I tend to sit in bed doing this until I nod off with the Kindle still in my hand. But he suggested that I remove all

electronic devices. The first time I didn't sleep until 2am, I takes several days that reading any more. It

I used to exercise near too, thinking out I'd go to that, ideally, good two ho

I've stopped I go to the bed. Instead I just little light fr

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# f ing aby

Picture: GETTY IMAGES

of 2,288 nights) and emotional and logical thought, have lost your job on

this, jot down how many or worst fear has actually — in reality. Remember, if you believe the event result of your insomnia. Number — if it's ever actually your total number of insomnia and write the next column.

ference between these shows the extent of your ed catastrophic thinking. ple, this logical, ordered ng in a clear demonstra- rduity of their night-time to dial down the anxiety d help them get to sleep.

**8** NEXT time you're lying awake at night and you start thinking about the awful consequences of insomnia (for example, losing your job or failing to look after someone properly) go back to your calculations and remind yourself of the real situation.

### ...AND HOW TO RELAX

ONE clever way to relax your body and therefore ease the build-up of anxiety that might be stopping you from sleeping is called progressive muscle relaxation. This is a great one to try when you find yourself lying stiff and tense in bed at night.

Although it's designed to reduce physical tension, the mental concentration required means it's a useful way of relaxing the mind, too.

Start at the top of your body with your forehead. Tense up your forehead, as if you were really puzzled or surprised, and

hold that for a count of five. Slowly, over a count of ten, relax the muscles. Now focus for a second or two on the difference between tensing and relaxing and how your forehead feels.

Move to your eyes, scrunching them tightly shut; hold for five seconds and then release over a count of ten. Remember to focus on how this feels and the difference between the two sensations before moving on to the nose.

Again, scrunch your nose up, as if you are smelling something really bad, and then slowly relax.

Move on to the main facial muscles — the lips, chin, cheeks — and scrunch, relax and review. Take your time, breathing deeply the whole time.

Repeat the process with your shoulders, arms and hands, working systematically down your body via your chest, abdomen, hips, buttocks, legs and feet.

With practice, you should be sound asleep before you reach your knees.

## T — THANKS TO A MANGO!

devices from the bedroom. When I did this, I didn't get to 5am — but that's because it's not the cue for the mind to learn it's not the cue to go to sleep. It's improving, slowly.

I became a Zumba teacher and went to the gym every day, often at night, knowing that if I could tire my body out, I could sleep. But Professor Ellis said I should stop any exercise a few hours before bed.

I started turning the light on when I went to the bathroom in the night, too. I started opening the blind and letting in a bit of light from outside.

What was interesting was his suggestion to stop myself having terrible thoughts. He asked me to picture a mango and bought one so I could look

at it and get a proper mental image. When I start having catastrophic thoughts, I must think of the mango and imagine it changing colour. Then I have to think about the peel coming off slowly.

The idea is to make your mind think of something completely unrelated to your worries, that you wouldn't normally think about, then just focus entirely on that. It's about clearing your mind.

I have to say, I wasn't convinced that I could stop my brain flicking from mango to images of the kids in a car accident — but I was willing to try anything, and in fact it's a technique that works when you get used to it.

My insomnia cure is a work in progress, but for the first time in years I feel hopeful it will succeed.

JILL FOSTER



Picture: WARREN SMITH

## WHY POPPING A PILL JUST WON'T HELP

THE DIFFERENCE between acute and chronic insomnia is in the length of time you suffer.

Acute can last from a couple of weeks to a couple of months. Chronic is defined as insomnia for three nights a week, lasting three months or more.

In my experience, it is people in a bout of acute insomnia who tend to rush to the pharmacy in search of pills.

Beware. Some of these remedies can work — but in my view, their success is normally down to a combination of the placebo effect (you think you're taking a sleeping pill, so you go to sleep) and lucky coincidence (you just happened to have a good night's sleep).

It may even be that your insomnia was easing off anyway: acute insomnia doesn't last for ever.

If something works for you every time, then lucky you — by all means continue. But do avoid any remedies that contain antihistamines, as their active ingredients (diphenhydramine hydrochloride, for example) can leave you feeling drowsy, even through to the following day.

It's a fallacy that your GP will instantly prescribe a sleeping pill. In fact, they are given out much less often nowadays than they once were, and the doctor will try to

look for an underlying cause instead. Are you suffering from depression? Anxiety? Problems with your immune system? Impaired thyroid function?

If nothing crops up, the GP may send you away with a leaflet about sleep hygiene (habits to help beat insomnia, including removing technology and pets from your bedroom).

In some circumstances you might be prescribed a limited course of sleep medication to get you through an acute period of insomnia, if it's severe.

If you are starting my plan, and want to do so without medication, talk to your GP first.

If you do stop, it's best to be off sleeping pills for two weeks beforehand, as your sleep diary needs to reflect true sleep patterns unaffected

by drugs (do make sure you stop prescribed sleeping medication in consultation with your GP, who will be able to advise on reducing the dosage gradually).

Be warned that many common prescription drugs for conditions unrelated to insomnia can impair sleep, while others can make us more fatigued during the day.

So, before starting my plan, make sure you ask your GP whether your medication could be affecting your sleep.



## BANISH YOUR NIGHTMARES

PEOPLE with sleep problems are much more likely to remember their dreams — and if your insomnia is linked to anxiety, those dreams are likely to be vivid, frightening and even violent.

Although dreaming is normal for everyone, waking frequently in the night increases the chance of your recalling dreams. And if your sleeplessness is triggered by anxiety — or in itself causes it — raised levels of stress hormones such as cortisol can make us wake more often and increase the negative content of dreams.

Worse, studies suggest that intense and distressing dreams can actually wake us at night, leading to a destructive spiral of poor sleep and terrifying nightmares.

How can you break this vicious circle? Professor Ellis and his team think it may be possible to influence, even change, your dreaming patterns to boost sleep quality.

A technique called Imagery Rehearsal Therapy has already been used successfully to help victims of post-traumatic stress disorder (PTSD), who are often plagued by vivid nightmares. Studies have indicated that if trauma survivors can be guided to change how their nightmare ends, then replay the new dream with the non-scary ending, they can reduce the number, and severity, of nightmares they suffer.

First, while they are awake, people are told to imagine a new, happy way

for their bad dream to end. They are then asked to replay the new scenario repeatedly in their minds, an exercise that in itself helps lift the spirits and reduce anxiety.

This, in turn, reduces nocturnal anxiety, so encouraging better sleep.

That is why we have included a dream-recording section in your sleep diary. When you remember a bad dream, jot it down immediately. Next morning, take a few moments to change the outcome of that dream — make it positive, happy or just silly.

Remember that your new dream scenario doesn't have to be logical or rational.

Rewrite your dream in a way that takes away its sting and, ideally, makes you smile.

If your dream was about children trapped in a burning building, say, envisage them carried to safety by a unicorn. If you dreamed of being chased by evil men with guns, imagine them slipping on banana skins and the guns turning to sausages. Nothing is too fantastical.

Writing down your nightmares is a recognised way of putting them in perspective — but talking them over helps, too, and so does dwelling on the new happy endings.

Go over your new dream in your head at intervals throughout the day to reinforce the positive pattern. Better still, chat about it with someone just before bed.

LOUISE ATKINSON



**W**E ALL know and dread it. You're just nodding off when suddenly your partner starts up. Rattle, wheeze, whistle, snort...

You shove them in the back. They stop. Grateful, you sink back into the pillow, only to hear moments later... Rattle, honk, sigh, snort. Until, furious, you give up the fight and take the spare duvet to the sofa.

Snoring leaves you frazzled, whether it's your partner's cacophony or your own strangled breathing causing you to sleep lightly or even, periodically, wake up.

It can take many forms, but snoring is primarily caused by vibrations of the soft palate and other tissue in the mouth, nose and throat that become partially blocked at night.

Depending on the location of the blockage, you might be a nose snorer, a mouth snorer, a throat snorer, or even a tongue-base snorer (where your tongue drops to the back of your throat at night, causing an obstruction).

Many people have a 'multifactorial' problem that combines more than one loudly vibrating airway location.

You might inherit a propensity to snore, but things can get louder and more disruptive as we get older (when muscles become slack), gain weight (more pressure on our delicate tissues), enter the menopause (losing the hormones that helped protect us), and can be exacerbated on any given night by alcohol and smoking.

If it's your partner's racket keeping you awake, the quickest and cheapest solution is a pair of soft-foam earplugs to block the noise. But there are a number of other remedies that can help depending on what kind of snorer you, or your partner, might be.

Your problem could be nose-based if it's not easy for you to breathe through your nose with your mouth closed. Try pressing one nostril closed and breathing through the other nostril.

Swap sides. If one or both your nostrils collapse slightly when you inhale deeply, you might benefit from trying nasal strips or nostril dilators. The former are thin strips of sticky tape that athletes use to hold their nostrils open (£4.95 from pharmacies or [snoreband.co.uk](http://snoreband.co.uk)). They can also help relieve nasal congestion caused by colds and allergies.

The dilators (try Mute, £16.99 from Boots) are tiny reusable plastic tubes that you insert into the nostril overnight to hold the space open.

If your snoring is caused by congestion and allergies such as hayfever, a seawater nasal spray (from pharmacies) can also help.

## DO I HAVE SLEEP APNOEA?

IF YOU aren't sure whether or not you've got insomnia, but you regularly wake up in the morning feeling unrefreshed, or you feel exhausted during the day, sleep apnoea could be to blame.

It's a very common condition that affects as much as a quarter of the adult population, where the tissues of the upper airway and the soft palate slump and droop when you are asleep, partially or totally blocking your supply of air. People often think that sleep apnoea is a form of snoring but, in fact, it's quite different physiologically.

Most of us will experience it occasionally — probably much more frequently than we realise — often when we've got a cold or have had too much to drink. Alcohol,

cigarettes and even some sleeping pills can make things worse.

Although most people assume sleep apnoea strikes mostly men, and usually gets worse with age as muscles slacken, it can affect women too, and at any age.

In both sexes, it's made worse by weight gain, which puts more pressure on the wind pipe. The hormonal changes of menopause can also make women more susceptible.

Just like snoring, you rarely notice it in yourself — but that's where the similarity ends. Sleep apnoea typically follows a pattern of shallow breathing accompanied by loud snoring, followed by, in some cases, a relatively brief moment where you stop breathing altogether as the airway is shut off.

After a few seconds, levels of

carbon dioxide in the bloodstream start to build and oxygen drops. Thankfully, this chemical imbalance triggers a natural survival response whereby the diaphragm and chest muscles send a signal to the brain to wake up.

A surge of adrenaline is released and the heart kicks in with a super-strong beat that wakes you up, so tensing the muscles in the soft palate and re-opening the airway. The result will be a loud snort, gasp or choking noise as you grab for breath.

If you've got sleep apnoea, you may not even consciously notice these sudden awakenings, but they can affect your sleep — and your health. Even if you have 'mild' apnoea, you could be waking up multiple times throughout the

night. And studies show the drop in oxygen, followed by the huge surge of adrenaline that gets the heart beating very hard, can put a strain on your heart during the hours when it should be at rest.

Other symptoms that might indicate apnoea include morning headaches, a dry mouth or sore throat in the morning, increased blood pressure, unexplained weight gain, and/or episodes of heartburn.

## WHAT CAN I DO TO ALLEVIATE IT?

UNFORTUNATELY, these symptoms can also explain a whole host of other illnesses, so have a chat with your GP before coming to any conclusions. Even if a diagnosis is

confirmed, your GP may not be able to help, but may put you on a waiting list to see a specialist, or prescribe a nasal spray suitable for long-term use, which can ease congestion and thereby encourage you to breathe through your nose rather than your mouth.

The problem is gauging the severity of your apnoea.

Anything less than five events per hour of sleep is considered 'normal'; more than five but fewer than 15 events per hour is 'mild'; while more than 15 but fewer than 30 is 'moderate'.

And you'll only be seriously considered for NHS treatment if your apnoea is affecting your ability to function during the day. In many of these cases, a special breathing machine (called CPAP or 'continuous positive airway pressure' device) can be worn at night.

Alternatively, studies have shown that singing lessons can help train the muscles of your throat (see [singingforsnorers.com](http://singingforsnorers.com) for self-help CDs). One 2006 study showed that regular playing of the didgeridoo also improved symptoms. Breathing exercises can also be useful.

If you're overweight, slimming down may help relieve pressure on the airways, and in many cases of mild apnoea, a specially designed mouth guard (called a 'mandibular advancement device') might be worth a try.

If I could give them out to patients free on the NHS I would.

Experiment with different types — they can vary in cost from £10 to up to £400 for a fully customised version (ask your dentist). Cheaper mouth guards need to be replaced regularly — at least as regularly as your toothbrush. Try the Stop Snoring mouthpiece (£44.99) from [snorewizard.com](http://snorewizard.com).

These mouth guards are rather like a rubber gum shield, in that they cover your teeth, and you soften them to fit by immersing them briefly in boiling water.

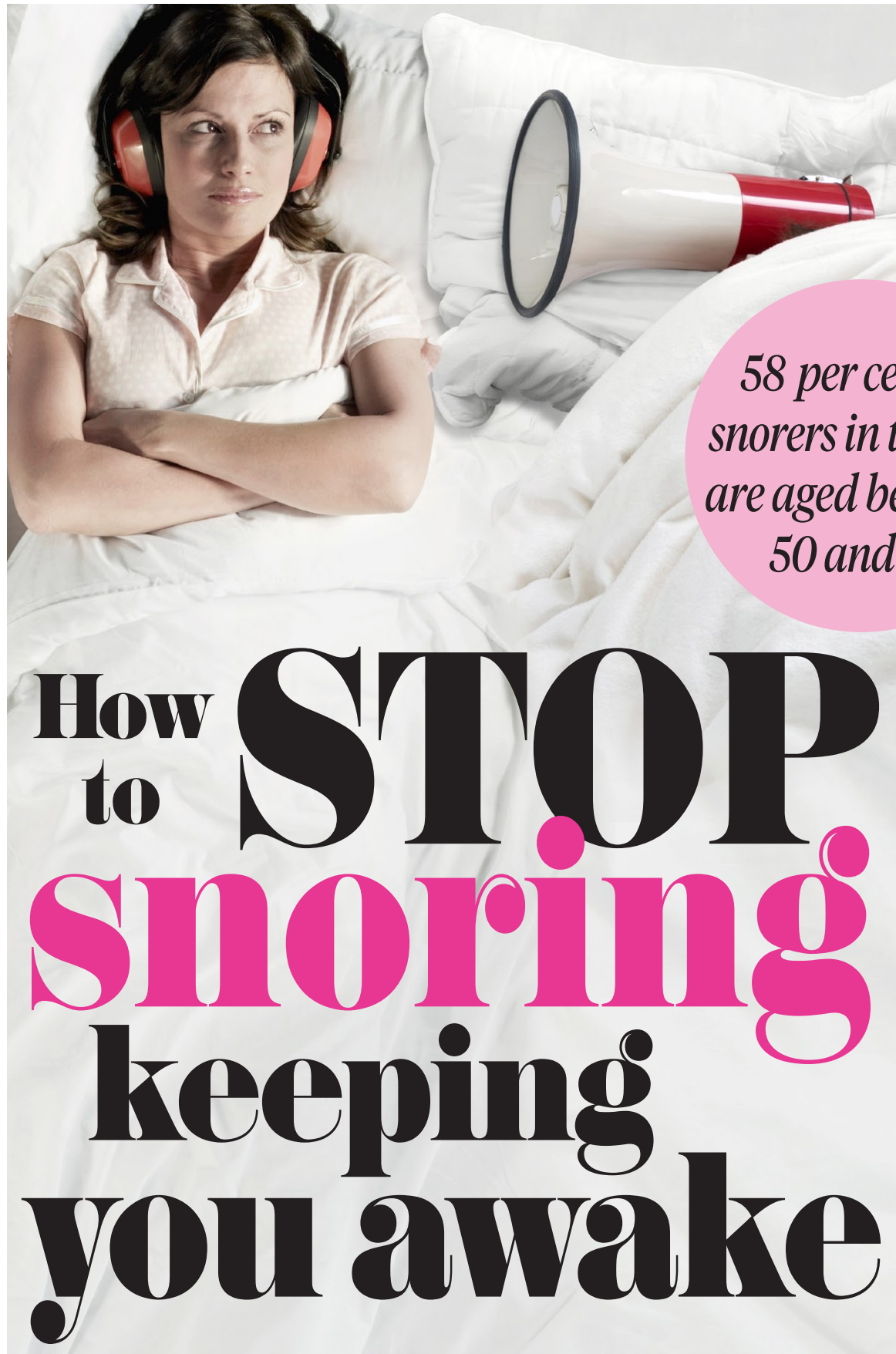
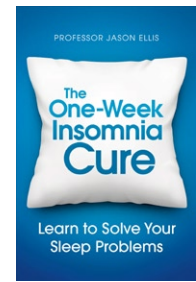
The idea is you wear the guard at night and it shifts your lower jaw slightly forwards into an 'underbite' position. Although this may feel odd (even painful) at first, the guard can hold your airway open and could reduce the number and severity of your apnoea episodes.

If you suspect you have sleep apnoea, I don't recommend the more intense parts of my insomnia plan (stimulus control or sleep rescheduling) until you have it under control as the additional — though temporary — sleep deprivation could make life difficult for you.

**LOUISE ATKINSON**

■ ADAPTED from *The One Week Insomnia Cure* by Professor Jason Ellis published by Vermilion

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58 per cent of snorers in the UK are aged between 50 and 59

# How to STOP snoring keeping you awake

Picture: GETTY IMAGES

# TOMORROW: WHY GOING TO BED LATER IS THE KEY



# THE ONE-WEEK INSOMNIA CURE

4-page pullout by a Professor of Sleep Science



by Professor  
Jason Ellis

DIRECTOR OF THE NORTHUMBRIA  
SLEEP RESEARCH LABORATORY

**ALL THIS week in the Mail's life-changing series, Professor Jason Ellis has drawn on his experience to help tackle your sleep problems. Today, in the final part of his series, he reveals a specialist technique called sleep rescheduling that will help end your sleep problems for ever...**

**W**HEN you have had insomnia for years, it's very common to find yourself inadvertently stretching out your night by going to bed super-early when you get the chance and giving yourself long lie-ins as you desperately try to catch up on lost sleep.

But this is the worst thing you can do. If you have been following my plan all week, and dutifully filling in your sleep diary — morning and night — then you will, by now, have a clear picture of your own insomnia. You may also have noticed things starting to improve as you work your way through all the different techniques and exercises.

But there is one unspoken problem we have yet to cover. For, if your life has been blighted by insomnia for years, it's likely you're spending too long in bed.

It's a perfectly natural response to sleeplessness, and one I see every day in my practice. But it's seriously damaging to the power of your sleep.

This is because extending the time you spend in bed makes sleep more shallow and, therefore, less potent in terms of providing adequate mental and physical rest. And the shallower the sleep, the more vulnerable you are to being woken up.

If you spend too long in bed every night of the week, your body and brain become accustomed to this pattern of light sleep punctuated by frequent wakefulness.

You end up 'sleep surfing', where you lie in bed, dipping in and out of fitful, restless sleep.

So you nap when you can, switch the alarm to snooze mode and skip nights out to go to bed ever-earlier in your attempts to catch up on lost sleep.

The key to putting an end to this destructive pattern is simple. You need to *shorten* the amount of time you spend in bed. It may sound counter-intuitive, but trust me on this. The idea behind so-called

sleep rescheduling is that, by consolidating your sleep, you effectively concentrate and condense it to 'thicken' it and toughen up the vulnerability points.

It makes the dips in the night that render you vulnerable to being woken by bad dreams, distant noises or nagging worries far fewer in number, and your sleep more intense and refreshing.

It's not easy — which is one reason why I've left it to last. (And if you've been following my plan and have already dramatically improved your sleep, then you don't need to try it.)

The aim is to achieve perfect sleep — the sort of sleep duration and quality that you might have

enjoyed before insomnia blighted your life. I can't tell you whether that will be six hours a night or eight. It's a very personal issue, but I can help you find your perfect sleep duration, thanks to the personalised element of this plan.

**A**ND that's where the power of your sleep diary comes into its own. That's another reason why we've left this very important step to the end.

In order to truly personalise this part of the plan, I need you to have completed a week's worth of

diary entries. Do see your GP before embarking on sleep rescheduling if you have any health concerns or illnesses, and be aware, this sleep tool is *not* appropriate for people with bipolar disorder, psychosis or epilepsy, or if you have a history of seizures, post-traumatic stress disorder, migraine or head injury.

I need to warn you now that this is going to involve going to bed later than you probably have done for years and, that because insomnia is conditioned, you might initially wake up during the night.

This means you are likely to be even more tired during the day than normal — but just for a few days. I can assure you any discomfort will

be short-lived, and your life could change irreversibly for the better.

Think of it a bit like sleep training a baby — a few nights of discomfort and a few super-bleary days, but a potential lifetime of blissfully silent nights.

This isn't actually restricting your sleep, it is merely restricting the time you spend in bed. And there are very good scientific reasons why this is a good idea.

Still not convinced? Ask yourself how long you've had insomnia. If you've been struggling with sleep for roughly three nights a week over the past two years, you'll

TURN TO NEXT PAGE

Want to sleep  
**MORE?**  
Spend  
**LESS**  
time in bed!



## FROM PREVIOUS PAGE

have had 312 nights blighted by insomnia. Are you willing to trade a few nights of re-ordered sleep now for 312 nights of insomnia in the future?

With this in mind, it is a good idea to start this when you have a couple of days without commitments, or at the weekend — *tonight!* — so you have a couple of days without having to be properly focused for work.

Start now and you can spend the weekend adjusting, but be one big step on the road to recovery by Monday.

(Be aware that this is not a decision to take lightly, and you should take special care if you need to drive anywhere or operate machinery. If you do, take a moment to work out whether this is realistically manageable for the next seven days, and perhaps delay until you can take a few days off work to focus properly on your insomnia.)

## CALCULATE YOUR NEW, LATER BEDTIME

**1** WORK out how much sleep you actually get each night.

At the bottom of your morning diary entry, we have asked you to calculate your 'total sleep time' for the night (the total time you spent in bed, minus the total time you spent awake).

Use a calculator and add together all the 'total sleep time' calculations you have, then divide this figure by the number of days you've kept your diary.

Ideally, this should be at least seven continuous days. The result will give you an average total sleep time in minutes.

This figure shows exactly how much time you are spending asleep each night. If your insomnia is bad, you might be shocked to see how little sleep you are getting. All the more reason for you to be doing this!

If your average total sleep time works out at less than five hours (300 minutes), it's a sign that you really are having a tough time. No matter how low your average total sleep time is, never try sleep rescheduling on less than five hours (300 minutes) per night.

**2** SET a firm, unchangeable morning wake-up time. Think long-term: this will be the time you set your alarm and the time you get up for the foreseeable future — weekends and holidays included — because this is the best way to anchor the circadian rhythm, which controls when you wake and when you sleep.

Most people set this as the time when they need to get up and get ready for work, or get the children ready for school.

Even if you don't work or you're retired and have no morning commitments, it's important to set a non-negotiable wake-up time that works best for you.

**3** WORK out your temporary new bedtime. To do this, take your total sleep time (the average of all your calculated sleep times) and count backwards in minutes from your new, set wake-up time.

So, if you decide that, from now on, your morning alarm will go off at 7am and your sleep diary reveals you average six hours' sleep per night (360 minutes), your new bedtime — for the period of this sleep rescheduling exercise — should be 1am.

Do not, under any circumstances, factor less than five hours in bed.

The sleep diary and your preferred wake-up time mean this is a completely individual calculation, but you are very likely to find that your new bedtime is a lot later than you imagined. Trust me here and stick with this.

Any compromise now will significantly dilute the impact of this very powerful technique.

**4** STICK to your new schedule, going to bed at your temporary new bedtime and getting up

You're tired. It looks so tempting.

The sofa is your enemy!

On average, we set our alarms for 6.47 every morning, but don't get out of bed until 7.12am

when your alarm goes off — with no deviation — for seven nights, and keep religiously filling in your sleep diary while you do so. I urge you not to buckle or even think about adjusting your new bedtime. Bringing it forward even by a few minutes will produce a watered-down effect.

Remember, you've done the calculations and you know how much total sleep you get each night. Even if your new bedtime seems horribly late, you will still be getting exactly the same amount of sleep as you were before.

However, it may take a few days for your body and brain to adjust to your new concentrated sleep regimen.

In the first few days, if you still struggle to fall asleep, or you wake up in the night, you'll find you have to function on a little less sleep even than normal. Keep yourself and others safe, and keep the faith. This is only short-lived.

Studies have repeatedly shown that this method really does work. Very swiftly, your body and brain will be forced to accept that bed means

sleep the minute your head hits the pillow. Just as important, your sleep will be deep and refreshing.

Would you prefer six hours of really good quality sleep or eight hours of really poor quality sleep?

**5** NO napping, no compensating, no catching up at weekends. The only exception to this rule is if you feel so sleepy during the day that you absolutely *need* (as opposed to *want*) to sleep. This could be a sign of other health issues and you must see your GP before continuing.

However, most people report that, at first, sleep rescheduling has very little impact on their overall levels of tiredness, since they're getting exactly the same amount of sleep as they always did.

Indeed, you should very soon start to feel better — fresher, more alive and optimistic — than you have for a very long time, because your sleep will be consistent, deep and good for the first time in years.

Every night you get it right — falling asleep within minutes of going to bed, sleeping through the night and not waking up ahead of your alarm — you will be sending positive reinforcement messages to all the subconscious mechanisms that have been keeping you awake at night for so long without you realising.

## IMPROVE YOUR SLEEP EFFICIENCY

THE most important aim of sleep rescheduling is to boost the quality of your sleep, and we've had to shorten your time in bed in order to get there. But once the penny has well and truly dropped in terms of the mechanisms by which your body and brain fall and stay asleep, it's safe to start extending your time in bed, bringing your bedtime gradually forwards.

In most cases, it takes at least seven days of strict sleep rescheduling to do the trick. So keep checking the 'sleep efficiency' score in your sleep diary. This is the measure of how much time you actually spend asleep compared with how much potentially wasted time you find yourself spending in bed.

You may need a calculator to work it out. Take your total sleep time and divide it by the total amount of time you spent in bed (the number of minutes between the moment you got into bed at night and when you got out of bed in the morning).

Then multiply this figure by 100 to get a percentage score.

Many people with insomnia find their score is around 60-70 per cent, which indicates they are spending

60-70 per cent of their night asleep in bed. That's super-inefficient.

Your aim, by working through my plan all this week, has been to nudge your score up to get it closer to an 85 per cent ideal.

If your sleep efficiency score after a week of sleep rescheduling is at 85-90 per cent, keep your bed and wake time constant for another week.

This has to be a slow process in order to maintain sleep consistency, and to avoid tipping the balance in the wrong direction and inadvertently allowing yourself too much time in bed again.

If your score is still below 85 per cent after the first week, you should consider taking 15 minutes *off* your total sleep time and going to bed 15 minutes later than before, in order to condense your sleep time even further and encourage the concentrated sleep that defies night-time wakening. But remember not to go below five hours.

Only move things by 15 minutes per week, keep to your set wake time and continue your sleep diary every day. Remember, your wake-up time is anchored and should not change unless absolutely necessary.

If you sleep solidly and consistently for the next seven nights, then you are ready to start pushing your bed-

## HOW TO TURN YOUR LATE

WHEN you're tired, it can be a tough call to stay awake until gone midnight each night.

Some sleep specialists recommend filling the hours until your new late bedtime by doing something calming, relaxing and/or quiet in a dimly lit and comfortable environment.

They suggest handwriting letters (no computers, remember), reading (books, not on a Kindle or eReader), listening to music, or knitting. As long as it's not physically, psychologically or emotionally arousing, it ticks the box.

But I like to take a more positive stance. I think it's important that you don't regard this as a kind of punishment and that you don't tiptoe around yourself too much. You should avoid any chance of inadvertently

sending a signal to your brain that your sleep is fragile and that you should be careful — neither of which would be good for your sleep resilience in the long-term.

I prefer to give my patients free rein to do anything they like, with the following main exceptions: no work, food, exercise or computers/phones — and certainly no alcohol. You also shouldn't spend it in bed. Snacks are OK, but no main meals or vigorous exercise (both of which can affect your ability to sleep later).

The main hurdle is the ban on napping and dozing, which must be adhered to until your body and brain have adjusted.

Even the shortest snooze will affect your sleep homeostat — the physiological systems that regulate your need to sleep — and weaken your drive to drop off at the right

time. You whatever on the s

In my c most lik resched

Sit up better s recomm

fill your that you

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Picture: SHUTTERSTOCK

time forwards again. Bring your bedtime forwards by 15 minutes — one 15-minute adjustment every week.

Eventually, you will hit upon your new cut-off point — the set bedtime you can stick to long-term, which will pretty much guarantee a great night's sleep every time.

You know you've reached the finish line when you have a sleep efficiency score of 85-90 per cent and consistently feel refreshed in the daytime.

This process cannot be rushed, or you risk wiping out all your hard work in the first week of sleep rescheduling.

If, at any point, your average sleep efficiency over seven nights starts to dip, or busts the 90 per cent optimum, you could have gone too far.

A score higher than 90 per cent indicates very little time awake, which could hint at sleep deprivation. (If you're a parent, you'll know that a child is sleep deprived if they fall asleep within seconds of their head hitting the pillow, or even while brushing their teeth! It's the same principle.)

If this happens, just add 15 minutes to your sleep time to see

if your sleep efficiency re-settles. Bear in mind that the over-60s or those with illness or who are on regular medication might need to settle for closer to 80-85 per cent to account for the fact that age and medication can cause you to naturally spend short periods of the night awake.

Even good sleepers, let alone 'normal' sleepers, still take a little time to fall asleep at night — some nights more than others.

And many people who've never experienced insomnia may, on occasion, spend a small amount of time awake during the night.

As you play with restricting your time in bed, it's very important to keep a constant eye on the five-hour minimum rule.

Less than five hours sleep per night is not good for your health, so no matter what your sleep efficiency score, you should never have less than five hours in bed.

## SLEEP WELL IN THE LONG-TERM

CONGRATULATIONS! You've come to the end of my sleep plan and you should now be on the road to enjoying great restorative

sleep. But if insomnia has been your norm for many years, you're likely to be a little nervous that it might return. Please don't treat your sleep as fragile and worry that, if you stop working with my techniques, your insomnia will come back. That rarely happens.

The more you worry about wrapping yourself up in cotton wool, the more likely you'll for ever be anxious about sleep — never a good recipe for sleeping well.

You can work to protect your new-found sleep security by teaching yourself a bit of what we call positive reinforcement.

In your insomnia days, you might have involuntarily linked certain behaviours with poor sleep. Simply brushing your teeth, for instance, might have triggered stress as your body anticipated the sleepless night ahead.

But now you have control of your insomnia, you can use the same unconscious mechanisms to work in your favour by associating certain habits with good sleep and, thereby, reinforcing your chances of good sleep when you repeat them.

When you've been sleeping well for a number of weeks, try introducing something new into

your sleep routine — such as a certain book, or the application of a delicious aromatherapy oil to your pillow.

Each great night of sleep then becomes unconsciously 'paired' with that trigger, action or smell.

Repeating the pairing will, over time, 'condition' that response, strengthening the association between the two.

Eventually, with enough pairings, the stimulus will automatically generate the conditioned response. So, if you find yourself having a poor night of sleep, you can pick up that special book, or use a drop of that essential oil, and may find it induces sleepiness.

As you move forward into a life without insomnia, it's a good idea to be alert for risks and apply a little early management to ensure any new sleep disturbance passes as quickly as it came, without ever having the chance to develop into acute or chronic insomnia.

Jet lag is a classic example. If you are travelling long-distance across time zones, the key is to alter your schedule a day or two before you travel by aligning light, food and exercise to your destination time. If you are travelling to the U.S., for example, start nudging mealtimes and exercise times closer to U.S. time.

At other times, if you find a newly stressful event in your life starts to keep you awake at night, it is important that you do *nothing*.

No naps, no lie-ins, no switching to the spare bedroom. Have faith that this will pass. Insomnia can only properly take hold when we start thinking and acting in different ways to try to compensate for our lack of sleep.

You can protect your sleep long into the future by following these rules:

### 1 Always stick to a set bedtime

THE odd late-night or lie-in won't open the insomnia floodgates, but stick to a small (30-60 minute) deviation from your set bedtime and your alarm call, and don't deviate for more than two days in any week. Even if you have a bad night, do not attempt to compensate with a nap or a lie-in.

Also keep your wake-up time the same — every day, irrespective of how much sleep you got the night before.

If tiredness makes a small nap unavoidable in the daytime, or you find yourself extending your time in bed (at either end), make sure you pay that time back. So if you go to bed an hour earlier than normal, push your bedtime back by an hour the following night.

### 2 Clean up your sleep hygiene

GOOD sleep hygiene is important whether you're a good, normal or poor sleeper, so stay with the darkened bedroom, the quiet evening wind-downs, not too much caffeine or alcohol, and keep the pets off the bed.

### 3 Keep the bed for sleeping

STICK to no computers, TV, eating or phones in bed. Just sleep and sex — and no napping during the day.

### 4 Time to bring back books

ONCE things have settled, and your sleep efficiency is stable and good, you can start to incorporate some of the fun things you enjoyed back into your bedroom — such as books. But never electronics, work, food, exercise or pets.

■ WE WOULD like to know the impact of the Daily Mail's serialisation on your sleep. Please send us copies of your completed sleep diary. We want the information to be confidential, so leave out any identifying information, such as your name or address — just include your age and sex. Send to: Professor Jason Ellis, Northumbria Sleep Research Laboratory, Faculty of Health and Life Sciences, Northumbria University, Newcastle NE1 8ST.

# 5 OF THE BEST SLEEP GADGETS



### Boon Glo Nightlight

£45.50, argos.co.uk

IF YOU don't like going to bed in total darkness, this nightlight will help you get to sleep.

Three multi-coloured balls glow and gradually dim, before switching off after 30 minutes. If you need to get up during the night,

rather than turning on bright lights, the removable balls can be carried with you to light your way.

### S+ by ResMed

£99, amazon.co.uk

THIS small unit sits on your bedside table and plays soothing sounds to help you fall asleep, matching the rhythm to the pace of your breathing and slowing down as you fall asleep.

The clever device claims to detect your movement to measure sleep patterns and senses light, temperature, noise and breathing, tracking the duration of the different sleep cycles and measuring the number of times you wake up in the night.



### Withings Aura

£149.95, withings.com

THIS high-tech device emits a soft light (red to send you to sleep; blue to wake you up) and soothing sounds to help you sleep.

It works with a slim mattress pad (£189.99 for the Total Sleep System, johnlewis.com) to track heart and respiratory rate, movement and even your

different phases of deep and light sleep. If you like, a gentle morning alarm will wake you during a light period of sleep to avoid the shock of being pulled out of a deeper phase.

### Lumie Bodyclock Iris 500

£160, lumie.com

WITH a built-in aromatherapy function, this lovely lamp emits relaxing essential oils in vapour form to help you unwind at bedtime, and wake feeling refreshed. Fill the separate chambers with fragrances tailored towards either sunset or sunrise.

The light also adjusts throughout the night to keep your sleep cycle on track by emulating a fading and rising sun.



### Sense Sleep Monitor

£149, hello.is

THIS sleek tracker comes with a handy 'Sleep Pill' to clip on to your pillow. It monitors your sleep quality and changes in your bedroom — such as temperature, air, humidity, light and noise. These results are then reflected in the changing light, which glows different colours. It also plays relaxing sounds to help you get to sleep.

FLORENCE SCORDOULIS

# NIGHTS INTO A TREAT

our biggest enemy at this time is the sofa. So, when you do in your long evenings, NEVER recline on the sofa!

Experience, the sofa lovers are the ones who are likely to fall asleep and who, therefore, find sleep scheduling the toughest.

Straight on the edge of the sofa or armchair or, better still, sit on a hard dining-room chair. That's why I recommend trying to find something enjoyable to do to pass the time, since this means there's less of a chance you'll nod off.

Don't start a novel you've always said you would read, or compile a list of all the movies you've always wanted to watch, but never had time for?

It's not a punishment, and not something to be

endured — think of these seven evenings as a handy new opportunity to do a few interesting things with the extra time you have.

### Reluctant to take the plunge?

SLEEP rescheduling is tough and you may find that it's something you feel you simply cannot, or are not prepared to, do alone.

That's OK — you might need to ask your GP to refer you to a specialist in Cognitive Behavioural Therapy for Insomnia (CBT-I) to support you through this tricky process. Don't give up on CBT-I. Without sleep rescheduling, you are not likely to see the full benefits of this course, but it might be something you can come back to at another time.



Picture: GETTY IMAGES

# Yoga, your secret sleep weapon

**T**HERE'S no doubt that yoga is a gentle way to wind down your day. And, although there isn't enough reliable data to confirm a really strong link between the practice of yoga and the easing of insomnia, it is an avenue worth investigating.

Anecdotally, people have reported longer and better quality sleep, plus feeling refreshed on waking, after trying yoga even for only a short time.

Specifically, Kundalini yoga, which is very gentle and puts more emphasis on meditation and breathing rather than the physical exertion, strength or flexibility.

Professor Ellis says: 'We're not really sure how it works, but our best guess is that yoga is especially effective because it relaxes both the body *and* the mind — it's a two-in-one hit that reduces the stress levels so commonly associated with insomnia.'

If you do it right, you combine physical exercises with breathing techniques and meditation.

In one study by researchers at Harvard Medical School, people with insomnia were taught basic yoga breathing, meditation and mantra (chanting) exercises in just one session.

They were then asked to practise yoga every night before bed for eight weeks, and keep a sleep diary throughout.

Improvements in sleep efficiency were significant, and included greater total sleep time, falling asleep more quickly and waking up later in the morning.

Another study, this time of post-menopausal women in Brazil, found that two yoga sessions per week could be linked to a reduction in symptoms and severity of insomnia, as well as lower stress levels and an enhanced sense of quality of life.

So, it's worth trying to find a reputable practitioner running a class near you.

Alternatively, try making the following simple exercises part of your evening wind-down routine — you could even do them in bed.

## BEDTIME TWIST

SIT cross-legged on the bed and exhale deeply as you twist your body to the left and place your left hand on the bed behind you, looking over your left shoulder. Your right hand should just rest on your left knee.

Breathe deeply for a few seconds, then return to the centre and repeat on the right side.

## BABY SLEEP

KNEEL on the bed with your knees apart, sitting on your heels if you can. Exhale deeply and roll yourself forwards, so your forehead is resting on the bed in front of you, with your arms extended.

Hold the pose for a few seconds, breathing deeply.

## PUT YOUR FEET UP

SIT on your bed, with your bottom six to 12 inches away from the wall or headboard. Lie back and lift your legs, so your feet are resting on the wall/headboard.

Breathe deeply for a few seconds, feeling the stretch along the backs of your legs.

## DUVET HIP OPENER

BRING your legs down and lie back on the bed with your knees bent. Place the soles of your feet together, then let your knees open to form a frog leg shape. Rest your arms out to the sides and breathe deeply for a few seconds.

## BED ROLL

STILL lying down, hug your knees to your chest, wrapping your arms around your shins.

Now rock gently back and forth and side to side for a few seconds, breathing steadily. Roll back, straighten your arms and legs and drift off to sleep.

Although many people swear by relaxation tapes as another way to unwind at the end of the day, Professor Ellis isn't convinced.

He says: 'The ones that involve lots of spontaneous noises (such as rainforest sounds or whale song)

could arguably provide distraction from your racing thoughts.'

'But they can also be counter-productive if you find yourself constantly waiting to hear what's going to come next.'

'A repetitive noise would probably work best, if any sounds do.'

Mindfulness is an increasingly popular form of meditation, and is certainly worth considering, but wait until you have finished Professor Ellis's plan before trying it. That's because it takes a different approach, which may confuse you if you combine the two at the same time.

Where the insomnia plan guides you to eradicate sleep-related thoughts, feelings and worries, mindfulness teaches you to work with these thoughts to put sleep and insomnia into perspective.

It's unlikely to be a quick fix, either: in studies where mindfulness was shown to cure insomnia, it required six to eight sessions and a

half-day workshop. Its main idea is to be completely non-judgmental. Try to stop automatically thinking of being awake at night or sleepy during the day as negative things.

Try neither to sleep, nor to stay awake, but instead, just accept your state of being as it is; notice any feelings you might have and move on.

Mindfulness also encourages you to have a 'beginner's mind', where you treat each night as a single entity, or a one-off, whether it's good or bad, and to discard any thoughts about how it compares to previous nights or how you're going to feel the next day.

You are also supposed to trust your body and mind, and accept that they are not deliberately trying to destroy you, but will naturally regulate both your sleep and daytime needs if you let them.

Even after a prolonged period of sleep deprivation, it takes a relatively short time for the body

to recover and for sleep to go back to 'normal'.

The idea here is that your body and mind have the capacity to self-regulate and correct sleep loss, and you need to ultimately trust that they will do their job.

**LOUISE ATKINSON**

■ ADAPTED from *The One-Week Insomnia Cure* by Professor Jason Ellis published by Vermilion,

priced £12.99. To order a copy for £9.09 (30 per cent discount), visit [mailbookshop.co.uk](http://mailbookshop.co.uk) or call 0844 571 0640. P&P is free on orders over £15. Offer valid until February 24.



## AFTER 20 YEARS OF EXHAUSTION, I FINALLY FEEL ENERGISED

ANITA WHITING, 54, is a career coach. She lives in Weybridge, Surrey, with husband Dean, 57, a sales director, and they have two grown-up children. Anita says:

THERE is no rhyme or reason to my sleep problems. They started long before my menopause but, sometimes, I wonder if the trigger was having children.

When they were babies, I would be up seven or eight times in the night — and I don't think I've slept the same since.

From 2009 until 2012, I had a high-pressure job. I'd come in exhausted at 8pm, then be replying to emails until 4am and only get three hours' sleep. I'm sure that exacerbated

the problem, and menopause might have made it worse.

A good night for me is seven hours of uninterrupted sleep, which I haven't had in years.

Sometimes, I go to bed exhausted. But then I lie there and sleep evades me until the small hours.

My husband also talks in his sleep at times, which doesn't help. A normal night is going to bed, then waking up and drifting off about five times. On a bad night, I fall asleep quickly, but wake again three hours later and that's it — no more sleep.

I never drink caffeine after 8.30am and avoid chocolate in the evening. I've tried writing down my worries and had sleeping tablets from the

doctor, but I'm reluctant to take these, as I know how addictive they can be. I've tried herbal medicines and even alcohol to get me to sleep, though too much makes it worse.

I sometimes think: 'I'm not getting any sleep, so I may as well get up and do something.' I've been known to get up in the night and prepare coursework and even designed a website in the early hours.

But, since starting the sleep diary, I have had a run of decent sleep. Maybe seeing it all written down in black and white has made my brain learn something subconsciously.

Working out the percentage of sleep I was getting was a shock — one night, it was 25 per cent. Other

tips I've picked up from Professor Ellis are to get rid of my phone from the bedroom. I'd already got rid of the TV in there, but before, as I lay awake, I often checked emails. Now, I leave my phone in the office.

I've also started going to bed at the same time every night and setting my alarm for the same time every morning. I used to go to bed early — 8.30pm some nights — but would be awake from 10pm.

I now go to bed religiously at 10pm and set the alarm for 7am. I've also bought new, firmer pillows and a mattress topper to see if they help.

I'll definitely continue with the diary. I want to beat this naturally.

**JILL FOSTER**