SCARSTORIES · A LITTLE COMPANY ON THE WAY

How to sleep when you can't stop thinking

Your mind won't switch off because it's doing its job — worrying is how it tries to protect you. Sleep can still be rescued, in small practical steps.

Preparing and waiting

> Educational content.

Broken sleep while you wait is one of the most common things nobody warns you about — and it isn't a sleep disorder. It's a mind that has been holding fear at bay all day and finally drops its guard the moment your head hits the pillow.

Why it happens at night

During the day, distraction does the holding: work, people, noise, tasks. At night there is nothing left to hold it, so the mind does what it always does with an unsolved problem — it works it. It goes over the appointment, the test, the worst case, the plan. Most people describe the same loop, and knowing it's a loop is the first step to breaking it.

The bedtime routine that works for most people

1. Pick a wind-down hour. Same time every night, an hour before bed: lights low, screens away, phone in another room. The hour belongs to you.
2. Drain the tank onto paper. Ten minutes before bed, write every worry and every to-do down, then close the notebook. Tell yourself: it's stored, it can wait until morning.
3. Make the room for sleeping. Cool, dark, quiet. Earplugs and an eye mask help more people than you'd think.
4. Do a slow wind-down body scan. Lie still and move your attention slowly from your feet up — just noticing. When thoughts pull you away, gently come back. It's not about emptying your mind; it's about practising return.

5. If you're still awake after roughly half an hour, get up. Go somewhere dim, do something boring — a paper book, a puzzle — and return to bed only when drowsy. Fighting sleep in bed teaches the bed to be a thinking place.

What makes it worse (worth knowing)

- Alcohol helps you fall asleep and then breaks the night apart — most people sleep worse overall with it.
- Caffeine after early afternoon lingers longer than we think, especially as we age.
- Long daytime naps can quietly steal night sleep. A short one, early, is usually fine.
- Checking the phone at 3am — the light and the news both wake the brain further.

None of this is a lecture. It's a menu. Take the two or three things that feel possible tonight, and leave the rest.

When to mention it to your team

It's worth mentioning if broken sleep has lasted weeks, if it's making your days unmanageable, or if you're reaching for alcohol to get through the night. Sleep matters for a heart that's waiting for attention — and there are things a team can offer that no app can.

- Is broken sleep something I should treat as part of my situation?
- Do any of my current medications affect sleep?
- Are there safe options for me, and how do we decide together?

> **Take it to your team**
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> Tell them exactly what the nights look like — how long it takes you to fall asleep, how often you wake. Precise detail helps them more than "sleep is bad". Then ask what safe options exist in your situation. This page won't name any — that's their call to make with you.

> **Call for help if**
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> You wake with new chest pain, pressure, or a racing heart that doesn't settle within a few minutes; you faint or feel you might; or you have thoughts of not wanting to be here — call for help now, and be honest about the sleep and the thoughts when you do.

> The first night I slept properly was the night I wrote everything down before bed. I remember thinking: it's all still there, it just doesn't need me to hold it at 2am.

A last word

A few rough nights are part of the package, not a personal failure. And if sleep stays broken, that's information for your team — not a reason to give up on it. The decisions about your care, and about anything that might help you rest, belong to them, made with you.

Questions to take to my team

- [ ] Is broken sleep something I should treat as part of my situation?
- [ ] Do any of my current medications affect sleep?
- [ ] Are there safe options for me, and how do we decide together?

For discussion and personal reference. Your care team’s individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.