

SLEEP SOLUTIONS

Volume II

FREE SAMPLE



The 3 A.M. Fix

Stop Waking Up in the Middle of the Night

A HOME-SOLUTIONS FIELD GUIDE

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INTRODUCTION & THE FIRST TWO CHAPTERS

Who this book is for

This book is for the person who falls asleep just fine — and then snaps awake at three or four in the morning, wide-eyed, already doing the math on how many hours are left. You are not a beginner at sleep; you were sleeping until something tapped you on the shoulder in the dark. If you can *start* sleep but can't *keep* it, this is your book. Everything in it is a change you can make at home, tonight, without a prescription.

This free sample includes the introduction and the first two chapters. You'll find where to get the rest at the end.

PLEASE READ THIS FIRST

This book is educational. It is not medical advice, and it does not replace diagnosis or treatment by a licensed clinician. Sleep problems can be a symptom of a treatable medical condition. If your situation is severe or long-running, or if you notice warning signs such as loud snoring with pauses in breathing, or early waking paired with low mood, stop self-managing and talk to a doctor.

Contents

Intro	Awake at 3:47	1
	<i>Why this happens to good sleepers — and the promise of this book.</i>	
One	The Anatomy of 3 A.M.	3
	<i>The waking is normal. The staying awake is the problem you can solve.</i>	
Two	The Fifteen-Minute Rule	8
	<i>The single most powerful move: when to stay, and when to get up.</i>	
More	Keep Reading	13
	<i>Where to get the full book and the rest of the series.</i>	

Awake at 3:47

It's 3:47 a.m. You didn't set an alarm, but here you are — eyes open, heart a little too quick, the room too dark and too quiet. You do the arithmetic every 3 a.m. waker knows by heart: *if I fall asleep right now, I still get two hours and forty minutes*. The math never helps. It only wakes you further. By four you've given up on sleep and started rehearsing tomorrow's exhaustion.

Here is the first thing to know, and it changes everything: **waking in the night is normal**. Everyone does it — good sleepers included. They surface between sleep cycles just as often as you do; they simply don't remember it, because they slip back under before the mind has time to switch on. What separates them from you, tonight, is not the waking. It's the ninety seconds after — and the choices you make in them, and in the hour that can follow.

That's good news, because it means the fix is not “sleep harder.” You cannot force sleep; the harder you chase it at 3 a.m., the faster it runs. The fix is a set of specific, unglamorous, do-it-in-the-dark behaviors that lower the alarm your body has raised and let sleep come back on its own. None of them require a pharmacy. All of them can be started tonight.

This free sample gives you the foundation. Chapter One shows why 3 a.m. is the body's natural weak point — not to give you a biology lecture, but so the fixes make sense and you trust them at 3:47 when trust is in short supply. Chapter Two hands you the single most effective move you can make at home — the one a good clinician would teach you first. The full book continues from there: quieting the body and the mind, naming the everyday things that quietly wreck the second half of your night, and telling you honestly when the problem is bigger than a book.

Let's get you back to sleep.

CHAPTER ONE

The Anatomy of 3 A.M.

The waking is normal. The staying awake is the problem you can solve.

You are not broken, and your sleep is not broken. You are waking up because of how sleep is built — in cycles, with the lightest, most wake-able sleep loaded into the hours before dawn, exactly when a rising alarm hormone is nudging you toward the surface. Once you see the machinery, 3 a.m. stops being frightening. It becomes predictable. And predictable problems have solutions.

◆ THE REFRAME, AND THE ONE RULE

1. When you wake, tell yourself the true thing: *this is normal; my body is on schedule*. Don't treat it as an emergency — the alarm response is what keeps you awake.
2. **Do not look at the clock.** Turn it away from you before bed, phone included. Knowing the time only starts the math.
3. Lie still and shift your goal from *sleep* to *rest*. Resting quietly is repairing, and it takes the pressure off.
4. Breathe out slowly, longer out than in, and let the next chapter's rule take over if you're still wide awake after what feels like fifteen minutes.

Sleep is a staircase, not a switch

Falling asleep isn't like flipping off a light. You descend, in stages, through light sleep into the deep, slow-wave sleep that does the heavy repair — and then you climb back up into a burst of REM, the vivid dreaming stage. That round trip takes roughly ninety minutes, and you make it four or five times a night.¹

The two halves of the night are not the same. The first half is front-loaded with deep sleep, the kind that's hard to wake from. The second half — the small hours — is dominated by lighter sleep and longer stretches of REM.¹ Between each cycle, everyone rises close to the surface. In the first half, you're pulled straight back down. In the second, far less is holding you there, so a surfacing that would have passed unnoticed at midnight becomes a full wake-up at 3 a.m.



Figure 1.1 — One night's sleep. Deep sleep is packed into the early hours; REM periods grow longer toward morning, and brief surfacings near dawn are built into the design.

Two forces meet at the worst possible time

Two systems govern your sleep, and around 3 to 4 a.m. they conspire.² The first is **sleep pressure** — a drive built up all day by a chemical called adenosine that accumulates in the brain while you're awake and is cleared while you sleep. By the small hours, most of it has been cleared.³ The tank that made you droop at 10 p.m. is nearly empty, so there's much less pushing you back to sleep.

The second is your **circadian clock** — the internal 24-hour timer that, among other things, runs your body temperature and your hormones. Your core temperature bottoms out in the early morning, a couple of hours before your usual wake time.⁴ And cortisol, the hormone that gets you up and going, reaches its low point around midnight and then begins climbing through the second half of the night, surging in the half-hour after you wake for

the day.^{5,6} That climb is useful at 6:30 a.m. At 3:30 a.m. it's an alarm going off in an empty house.



Figure 1.2 — The two forces crossing. As the night wears on, sleep pressure drains away while cortisol climbs. By 3–4 a.m. you have little drive to sleep and a rising signal to wake.

● WHY IT WORKS

The reframe isn't wishful thinking — it's physiology. When you interpret a normal 3 a.m. surfacing as a threat ("I'll ruin tomorrow"), your brain's arousal system answers the way it's designed to: heart rate up, thoughts sharp, sleep pushed further away. This is the core of what sleep scientists call the *hyperarousal* model of insomnia — an awake system stuck in overdrive.^{9,10} Naming the wake as ordinary, and choosing rest over struggle, denies that alarm its fuel. You're not tricking yourself; you're declining to press the panic button your biology keeps offering you.

▲ MYTH VS. REALITY

Myth: "Waking up at night means my sleep is broken or unhealthy."

Reality: brief awakenings between cycles are a universal, healthy feature of sleep. Good sleepers have them too — they just fall back so fast they never form a memory of it.¹ They also grow more frequent as we age, which is normal, not a sign of decline.⁷ The trouble isn't the waking; it's the failure to return.

Myth: "If I wake at exactly 3 a.m., something spiritual or sinister is going on."

Reality: it's your clock and your chemistry. Low body temperature, drained sleep pressure, and rising cortisol all peak in the small hours. The hour feels ominous because you're awake for it, not the other way around.^{4,6}

THE RECAP

- Sleep runs in ~90-minute cycles; the back half of the night is lighter and more wake-prone **by design**.
- By 3–4 a.m. sleep pressure is low and cortisol is rising — little holding you down, a growing signal to wake.
- Treating a normal wake as an emergency triggers the arousal that keeps you up.
- **The action:** don't check the clock; name the wake as normal; switch your goal from *sleep* to *rest*.

CHAPTER TWO

The Fifteen-Minute Rule

The single most powerful move: when to stay, and when to get up.

There is a moment, somewhere around fifteen or twenty minutes into a 3 a.m. wake, when lying there stops helping and starts hurting. Cross it, and the bed itself becomes the problem — a place your brain now associates with frustration instead of sleep. This chapter is about that moment, and the deceptively simple rule that dissolves it. Clinicians teach this one first because, of everything you can do at home, it works the best.

◆ THE FIFTEEN-MINUTE RULE

1. When you wake, stay in bed and rest quietly first (Chapter One). Do the slow breathing.
2. If, after what *feels like* about fifteen to twenty minutes, you're still wide awake and wired — **get out of bed**. Don't clock-watch to measure it; go by feel.
3. Go to another room, or at least another chair. Keep the lights as dim as you can manage.
4. Do something calm, dull, and screen-free: read a few pages of something undemanding, listen to something quiet, fold laundry in low light.
5. The instant you feel genuine sleepiness returning — heavy eyes, drifting attention — go back to bed. Not before.
6. Still awake twenty minutes later? Get up and do it again. As many times as it takes.

Why leaving the bed is the fix, not the failure

It feels backwards. You're exhausted; the bed is *right there*. But staying in bed while wide awake is exactly what teaches your brain the wrong lesson.

Your brain is a relentless association machine. When the bed is paired, night after night, with lying awake, frustrated, and doing tomorrow's math, it learns that bed means *wakefulness*. The mattress itself becomes a cue that switches your mind on — which is why some people are drowsy on the sofa at 11 p.m. and instantly alert the moment their head hits the pillow.¹³

The rule breaks that association. By leaving the bed whenever you're awake and wired, and returning only when sleep is near, you retrain the bed to mean one thing again: sleep. This is the heart of a method called *stimulus control*, and it is one of the best-established behavioral treatments in all of sleep medicine.¹³

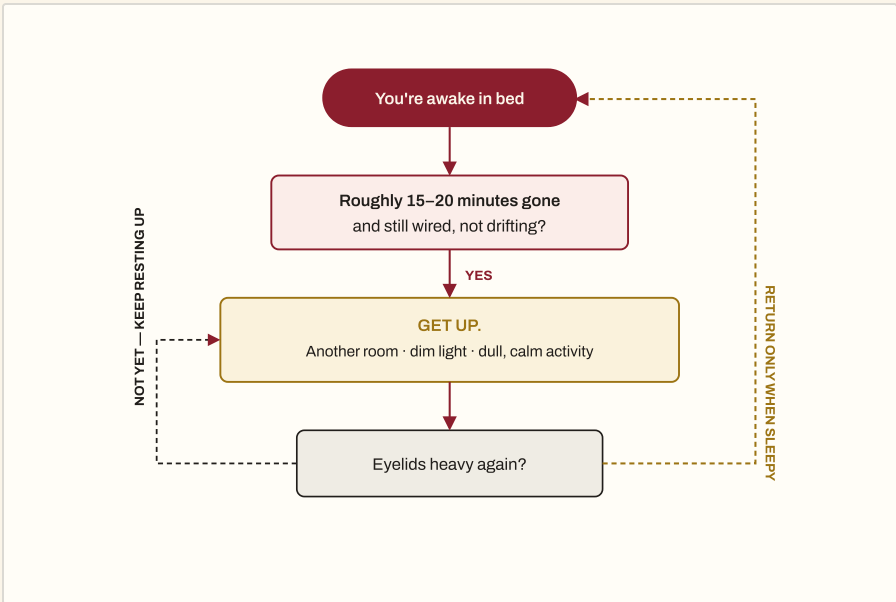


Figure 2.1 — The loop. Awake and wired past fifteen minutes? Leave the bed. Return only when sleepiness genuinely returns — then repeat if you have to.

The rules within the rule

Go by feeling, not by the clock. The fifteen minutes is a guideline, not a stopwatch. Watching the clock to time it defeats the whole purpose. If you feel calm and drifting, stay. If you feel switched-on and frustrated, get up.

Keep it dim. Light is the master signal to your body clock, and bright light in the middle of the night tells your brain it's morning, suppressing the melatonin that helps you sleep.^{8,14} Use the lowest light you can safely move around in. Never turn on the overhead lights, and keep screens off — their light is especially alerting.¹⁴

Keep it boring. The activity should be a gentle off-ramp, not entertainment. No email, no news, no gripping novel, nothing with a screen. The goal is to be pleasantly under-stimulated until sleepiness sneaks back.

● WHY IT WORKS

Stimulus control is not folk wisdom; it's a core component of Cognitive Behavioral Therapy for Insomnia (CBT-I), the treatment that major medical guidelines now recommend as the **first-line** approach for chronic insomnia — ahead of sleeping pills — because it works and carries far fewer harms.¹¹ In controlled trials, CBT-I substantially reduced the very thing you're fighting: time spent awake in the middle of the night.¹² Leaving the bed feels like giving up. It's the opposite. It's the move that repairs the broken association at the root of the problem.

▲ MYTH VS. REALITY

Myth: "Getting out of bed will wake me up even more."

Reality: a calm, dim, boring activity doesn't rev you up — and it prevents the far bigger problem of turning your bed into a place your brain associates with being awake.¹³

Myth: "I should stay in bed to at least get the rest."

Reality: if you're truly resting calmly, stay. But if you're lying there tense and frustrated, that's not rest — it's training. Get up until sleepiness returns.

THE RECAP

- Past ~15–20 minutes awake and wired, **leave the bed** — go by feeling, not the clock.
- Keep it dim, calm, boring, and screen-free; return only when sleepiness genuinely returns.
- This is *stimulus control*, a core part of first-line insomnia treatment (CBT-I).
- **The action:** protect the bed's one job. Bed = sleep, nothing else.

This is where the sample ends

You now have the two things that matter most: the reframe that takes the fear out of 3 a.m., and the single most powerful move in all of sleep science. The rest of *The 3 A.M. Fix* gives you the whole toolkit.

CHAPTER 3 · QUIET THE BODY Turn off the alarm system with breath, temperature, and stillness.

CHAPTER 4 · QUIET THE MIND What to do with the 3 a.m. mind that won't stop narrating.

CHAPTER 5 · THE THINGS THAT WAKE YOU Alcohol, caffeine, and late meals — the hidden authors of the 3 a.m. wake.

CHAPTER 6 · BUILD A NIGHT THAT HOLDS The daytime and evening habits that keep sleep from cracking open.

CHAPTER 7 · WHEN TO SEE A PROFESSIONAL The signs that mean this is not a self-help problem.

THE 3 A.M. ACTION SHEET The whole book on one page, for the next time it happens.

KEEP READING TONIGHT

Get the full book — *The 3 A.M. Fix*, all seven chapters plus the action sheet, in PDF and EPUB, for \$10.

Or get the complete seven-volume **Sleep Solutions** library — every sleep problem, one toolkit — for \$39.

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