
RELAX & SLEEP

# The Relaxation and Sleep Guide

Understanding your body, easing its tensions
and finding nights that truly rest you

A FREE GUIDE · 2026 EDITION

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The diagrams in this book were drawn specially for it.

## Disclaimer

This guide is a general information document about wellbeing. It is neither medical advice, nor a diagnosis, nor a treatment, and it is in no way a substitute for consulting a health professional. The practices described here contribute to comfort and to relaxation; none of them claims to treat or cure anything at all. If a discomfort settles in or worries you, talk to your doctor about it.

## About the sources

Every figure quoted in this book points to an identifiable source, gathered together in the bibliography at the end of the volume. Where a commonly repeated piece of information rests on no solid source, we say so rather than keep quiet: you will find several passages in which we explain what the research does not show.

# Contents

BEFORE YOU BEGIN

# A guide you can open anywhere

You do not need to read everything, nor to change everything. A single habit, held for three weeks, does more than a perfect programme abandoned on the fourth day.

This guide grew out of a simple observation: most advice about sleep and relaxation is either too vague to be followed, or too categorical to be true. You are told to “sleep well” without being told how, or you are promised that some object will transform your nights.

We have taken the opposite approach. Every piece of advice in these pages is **concrete** — a duration, a time of day, a precise gesture — and **tied to a source** you can go and check. Where the research is solid, we say so. Where it is fragile, we say that too: you will find several passages in which we explain that some widely sold product has not proved itself. A guide offered by a shop that spoke only well of what it sells would not be worth reading.

## How it is built

The book follows the arc of a day that ends well. It begins with **stress**, because stress is what stops the body from coming back down. It moves through **touch and movement**, the two most direct ways of settling it. It arrives at **sleep** itself, at the **bedroom** that shelters it, then at the **position** you settle into. It ends with a thirty-day programme and pages to fill in.

Each chapter can be read on its own. If your difficulty is falling asleep, go straight to chapter 4. If you wake up with a stiff back, chapter 6 concerns you more.

> THREE READING SIGNPOSTS
>
> — The pink boxes gather the precise protocols: durations, frequencies, gestures. These are the ones you come back to.
>
> — The blue boxes flag a practice whose effectiveness is well documented.
>
> — The diagrams were drawn for this guide. None of them is decorative: each one shows something a photograph could not show.

## One rule only

Choose **one** thing. Just one. Perhaps morning light, perhaps the warm evening bath, perhaps the cushion between your knees. Hold to it for three weeks without changing anything

else, then judge. The body learns slowly, and that is good news: what it learns this way, it keeps.

The body knows how to return to calm.
It is only a matter of giving it the chance, a little more often.

CHAPTER ONE

# Understanding stress and tension in the body


Stress is not a manufacturing fault. It is one of the most elegant systems we possess — and it comes with a brake, wired in from the start.

## A normal, rapid response, designed to protect you

When something demands your attention — a sudden braking, a difficult meeting, an unexpected message — the amygdala alerts the hypothalamus, which activates the sympathetic nervous system. Harvard Health compares this system to an accelerator pedal: adrenaline enters the bloodstream, heart rate and breathing speed up, the muscles tighten, energy becomes immediately available.

If the situation goes on, a second and slower circuit takes over: the hypothalamic–pituitary–adrenal axis. The hypothalamus releases CRH, which asks the pituitary gland to produce ACTH, which asks the adrenal glands to produce **cortisol**.

The finest part comes next. The collective expert review by Inserm (the French National Institute of Health and Medical Research) points out that this system regulates **itself**: the circulating cortisol acts to slow down CRH and ACTH, so that the response switches itself off once its work is done. Your body does not only have an accelerator — it has a brake pedal, and it was fitted at the factory.

This is exactly what the American Psychological Association describes: after an episode of acute stress, the body generally returns to its normal state. A peak, then a return. This is the version that works, and it is the one you live through most of the time without even noticing.

## What changes when it does not come back down

The modern difficulty is not having peaks. It is stringing them together without letting the curve return to its baseline. Dense days, continuous demands, evenings cut short: the pedal stays lightly pressed all the time.

The body says so first through the muscles. The APA puts it simply: muscle tension is almost a reflex reaction to stress. A neck that stays hard in the evening, a jaw clenched

for no reason, a lower back that will not let go — these are muscles that have not received the all-clear signal.

Then comes what researchers call **low-grade inflammation**. The phrase sounds alarming; it should not. Inflammation is a perfectly ordinary repair tool, the one that mends a graze or an aching muscle. We speak of “low grade” precisely because the values measured stay far below those of an infection: this is not a pathological state, but a repair system that stays gently switched on instead of resting between two demands.

Why? The best-supported model was proposed and tested by Cohen and colleagues (PNAS, 2012): when stress goes on, cells become less responsive to the hormonal signal that normally brings the response to an end. The brake is still there — it is simply less well heard.

> LET US STAY HONEST
>
> The effects measured in this field are real but modest, and the direction of causality is never entirely settled: someone who sleeps little moves less and recovers less well, which keeps the loop turning.
>
> There is nothing to measure at home, nothing to monitor, and no product — bedding included — brings inflammation down. What the research describes is a set of habits that help the body find its resting rhythm again. That is the whole purpose of this guide.

Two concrete observations complete the picture, and they point to accessible levers. First, sleep: a large review by Irwin, Olmstead and Carroll (Biological Psychiatry, 2016 —

72 studies, more than 50,000 people) finds a link between disturbed sleep and level of inflammation, with small effect sizes that the authors themselves underline. Then recovery: Stults-Kolehmainen and colleagues observed that the recovery of strength after exertion is slower in people under prolonged stress — on small samples, to be taken as a signal rather than a law.

To place things in perspective without dramatising them: according to the 2024 Baromètre de Santé publique France (the French national health survey), adults aged 18 to 79 report **7 hr 32 min of sleep per 24 hours** on average, and about **21.5%** sleep six hours or less. In other words, the most common room for improvement lies in something enjoyable: sleeping a little better.

## Slow breathing: the fastest lever

It is the only button on the autonomic nervous system you can press deliberately, within a few seconds.

The meta-analysis by Laborde and colleagues (Neuroscience & Biobehavioral Reviews, 2022) confirms that voluntary slow breathing increases cardiac parasympathetic activity — the “rest” branch of the nervous system — during the session, immediately afterwards, and in response to a programme of several sessions, in healthy people as well as in people being treated for a chronic illness.


The resonance rhythm. Five seconds to breathe in, five to breathe out: six breaths per minute. This is the frequency at which the oscillations of the heart rate are at their widest.

### THE PROTOCOL, EXACTLY

- Sitting, back straight, shoulders loose, feet on the floor. Your eyes may stay open.
- Six breaths per minute: about 5 seconds breathing in through the nose, 5 seconds breathing out. Without forcing, without holding.
- Five minutes. That is all.
- The out-breath may be very slightly longer and gentler than the in-breath. If 5-5 is uncomfortable, start at 4-6 and lengthen gradually.
- The moments that hold up best in a day: on waking, in the late afternoon, and before going to bed.

A point of honesty: the well-known French formula "**3-6-5**" — three times a day, six breaths per minute, five minutes — is an excellent mnemonic. What is documented in the literature is the **frequency** of about six breaths per minute. The "three times a day" and the duration of effect sometimes quoted belong to popular science, not to a com-

parable body of trials. This takes nothing away from the exercise: it simply avoids crediting it with a precision it does not have.

## Mindfulness

The MBSR programme, structured over eight weeks, was created by Jon Kabat-Zinn in 1979. Systematic reviews agree on a reduction in anxiety, sadness and perceived stress across several populations, notably among students and older people.

Two qualifications, because we owe you the truth: among healthcare workers, MBSR has shown no effect on professional burnout or on resilience (Mindfulness, 2020); and on biological measures, the meta-analysis published in Brain, Behavior, and Immunity (2022) gives heterogeneous results. What is best established is the benefit to **lived experience** — and that is already a great deal.

In practice, ten minutes a day of attention brought to the breath or to the sensations of the body is enough to begin with. Nothing here rests on performance: the mind wanders, you bring it back, and that is precisely the exercise.

## Moving, getting light, going out, seeing people

**Physical activity** is the area where the evidence is clearest. Meta-analyses of randomised trials find favourable effects of regular training on the markers measured in the

laboratory, in healthy people as well as in older people. Endurance work appears more effective than strength training alone. Translated into real life: brisk walking, cycling, swimming, regularly, at an intensity where you can still talk. Regularity counts for more than intensity.

**Morning light** advances the internal clock and consolidates sleep, while evening light delays it. A daily-diary study carried out among American adults (2024) observes that each 30-minute block of sun exposure before 10 a.m. is associated with falling asleep about 23 minutes earlier — an observed association, not a causal demonstration. The practical step: **10 to 20 minutes outdoors in the morning**, without sunglasses if possible. Even in overcast weather, outdoor light remains far brighter than indoor light.

**Nature.** White and colleagues (Scientific Reports, 2019, 19,806 participants) observed that from **120 minutes a week** of contact with nature onwards, people report good health and good wellbeing significantly more often — and it was not necessary for this to happen in one go. Two hours a week in a park, a garden, by the water: that is twenty minutes a day. A cross-sectional study: it describes an association, it does not prove a mechanism.

As for **social connection**, let us be precise: the meta-analysis by Smith and colleagues (2020) is measured about the biological signature of loneliness. Social connection does not need that particular endorsement — its benefits for felt wellbeing are widely documented elsewhere. A lunch, a phone call, a walk with someone.

## Eating with pleasure, not with a list of bans

Good news: what is best supported is not a miracle ingredient, it is a **way of eating** — and it is delicious.

A meta-analysis of randomised trials published in Nutrition Reviews (2025) concludes that the **Mediterranean diet** significantly improves several markers measured in the laboratory. In practice: olive oil, seasonal vegetables, pulses, fresh herbs, fish, fruit, nuts, wholemeal bread — and meals eaten unhurriedly. It is the whole that counts, not one line of a nutritional table.

**Fibre** has decent support, without any need to make an obsession of it. **Polyphenols** — tea, cocoa, red berries, olive oil, herbs — are associated with more favourable measurements in observational work: the square of dark chocolate and the cup of tea are a pleasure before they are an argument.

WHERE WE MUST BE FRANK: SUPPLEMENTS

The Cochrane review by Abdelhamid and colleagues (2020), carried out at the request of the WHO, concludes that omega-3 supplementation has little or no effect on the outcomes studied; a recent meta-analysis finds no significant effect on inflammatory markers, with very small trials. Eating oily fish twice a week and swallowing a capsule are not the same thing.

The same goes for turmeric: the NCCIH (NIH) writes that "not enough is known to draw definite conclusions" about a benefit, curcumin being very poorly absorbed when taken by mouth. It remains a wonderful spice — which is already a good reason to use it.

## A few gentle signs that things are getting better

Nothing to measure, nothing to note down in a table. Just things you notice, after two or three weeks:

— You fall asleep more quickly, without having decided to.

— Your neck and shoulders are suppler at the end of the day.

— You wake less during the night, or fall back asleep more easily.

— The small afternoon dip in energy is less deep.

— In the morning, you get up with a little more momentum.

— After exertion, you recover more quickly.

These signs are not medical indicators. If something worries you or settles in, talk to your doctor about it.

CHAPTER TWO

# Massage and wellbeing touch

The skin has a nervous system dedicated to pleasant touch. Pleasure is not some added grace note of massage: it is its mechanism.

## Why touch does so much good

Rubbing your neck after a long day, kneading your feet in the corner of the sofa, laying a warm hand on a tired shoulder: there is nothing trivial about these gestures.

Specific nerve fibres, known as **C-tactile afferents**, respond best to a slow, light, warm stroking motion — **at around 3 centimetres per second**. That is precisely the speed a spontaneous caress adopts, and the one people rate as the most pleasant.

This circuit is associated with the release of **oxytocin**, the hormone of bonding and of calm. The literature is nuanced on this point, and that is interesting: stimulating these fibres appears to trigger that release **above all when the touch is experienced as genuinely pleasant by the person**. In other words, a gesture you merely endure does not produce the same effects as one you savour. This has a practical consequence: seek comfort, not performance.

## What the research really documents

Let us be transparent, it is more interesting than the promises. Massage has been studied seriously, and the results are encouraging but modest, with a level of evidence that researchers themselves often describe as low to moderate.

**Neck and shoulders.** The NCCIH, the reference body attached to the NIH, sums it up like this: massage may be helpful for neck or shoulder pain, but the benefits may be short-lived only. For the lower back, the Cochrane review by Furlan and colleagues (2015) rates the quality of the evidence as “low” to “very low” — the authors stating that they have very little confidence in the results, mainly for lack of large trials: it is almost impossible to construct a credible massage placebo.

**Relaxation and mood.** A synthesis of 9 studies (404 participants) reports an improvement in pain, anxiety and mood **provided the practice is kept up for at least five**

**weeks**. The lesson is a fine one, and easy to act on: **regularity counts for more than intensity**.

**Sleep.** A meta-analysis published in the Journal of Clinical Nursing (2023) concludes that massage interventions are a non-invasive and inexpensive way of supporting sleep quality — while stating explicitly that the quality of the evidence was low. To be kept in mind as a pleasant possibility, not as a certainty.

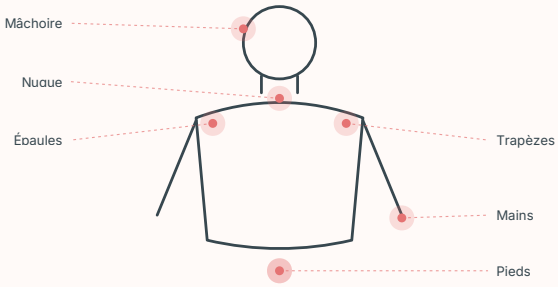
**After exertion.** This is where the data are clearest. The meta-analysis by Dupuy and colleagues (Frontiers in Physiology, 2018) places massage among the most effective strategies for reducing muscle soreness and perceived fatigue after exercise. A second meta-analysis confirms the relief of delayed-onset muscle soreness, with an effect that is **more marked 48 to 72 hours** after the session.

> WHAT IS PROVEN, WHAT IS PLAUSIBLE
>
> Proven with a good level of confidence: comfort after exertion.
>
> Plausible, well supported by experience, evidence still modest: relaxation, a fall in felt anxiety, help with falling asleep.
>
> The NCCIH is also reassuring on safety: the risk of harmful side effects from massage appears to be low when it is practised properly.

## Five self-massage rituals

One golden rule, valid everywhere: **stay at a comfortable pressure**, the kind that makes you say “ahhh”, never the

kind that makes you clench your teeth. A hazelnut-sized amount of plant oil — sweet almond, sesame, jojoba — warmed between the palms makes the gesture smoother and more pleasant.




Six zones qui répondent vite, sous une pression douce et constante.

**Six zones that respond quickly.** These are the places where tension builds up most quietly — and where a few minutes are enough to change how the day feels.

### The neck — 3 minutes, in the evening

Sitting, back supported. Place your right hand on the left side of the neck, fingers flat. Slide the palm slowly from the base of the skull down towards the shoulder, over about 5 seconds. Ten passes, then change sides. Finish with small slow circles with the fingertips at the base of the skull, where the neck meets the head, for 30 seconds.

### The shoulders — 2 minutes, any time

Right hand on the left trapezius, the sloping muscle between the neck and the shoulder. Gently take hold of the

mass of muscle, press for 3 seconds, release. Work up and down the whole line, 8 to 10 holds per side. Breathe slowly throughout.

### The jaw — 2 minutes, in the evening

Find the masseter muscle by clenching your teeth lightly: it hardens under the fingers, a finger's width in front of the ear. Let the jaw go, then trace small slow circles with two fingers, 30 seconds on each side, leaving the mouth slightly open. Many people clench their teeth without knowing it: this is often the most surprising gesture in this guide.

### The hands — 2 minutes, in the morning or during a break

With your thumb, massage the opposite palm in small circles, from the base of the fingers towards the wrist. Then pinch and gently roll the web between thumb and index finger for 15 seconds. Finish by stretching each finger from its base towards the tip.

### The feet and legs — 5 minutes, before bed

Sitting, one foot resting on the opposite knee. Massage the sole with both thumbs, from heel towards toes, one minute per foot. Then, with the legs stretched out, move your flat hands up from ankle to knee — always **from bottom to top** — in gentle, slow presses, ten passes per leg. It is the ideal gesture at the end of a day when the legs feel heavy, and it goes perfectly with a few minutes of legs raised against a wall.

> THE FREQUENCY THAT WORKS
>
> A short routine of 5 to 10 minutes, 4 to 5 evenings a week, will bring more than one long monthly session. This is the very logic of the "at least five weeks" observed in the studies: the body responds to repetition, not to feats.

## Massage for two: a moment of connection

This is one of the most charming lessons of recent research. A study of couples assessed separately the effects of **giving** and of **receiving** a massage: the wellbeing of both partners improved over the course of the session, **with no significant difference between the one massaging and the one being massaged** (Naruse, Cornelissen & Moss, Journal of Health Psychology, 2020). A three-week couples massage programme also showed an improvement in mental wellbeing and perceived stress.

### The back — 10 minutes

The person lies face down, a cushion under the ankles. Oil warmed in the palms. Begin with long effleurage strokes: both flat hands set off from the lower back, travel up alongside the spine **without ever pressing on the vertebrae themselves** — you work the muscles on either side — open out towards the shoulders and come back down along the flanks. Twenty slow passes. Then small circles with the thumbs along the muscle masses, from bottom to top. Finish

with five very light strokes, almost caresses: this is the slow speed described at the opening of the chapter.

### The feet — 5 minutes each

Sitting face to face, one foot on your knees. Thumb pressure over the whole sole, a gentle stretch of each toe, then cupping the foot between both hands for 20 seconds. An end-of-evening ritual that is formidably effective for settling.

## Pleasant tools

**A soft ball** — a tennis ball or a massage ball — placed on the floor under the arch of the foot and rolled gently for one or two minutes per foot. Against a wall, between shoulder blade and spine, it reaches areas the hand cannot.

**The foam roller.** Honesty about expectations: the reference meta-analysis (21 studies) concludes that the effects on performance and recovery are rather minor, with an average gain of **+4% in flexibility** and **+0.7% in sprinting** after rolling during a warm-up. It does note, on the other hand, that the roller may be relevant **for reducing the sensation of muscle soreness**. Translation: it is a pleasant comfort tool, not a performance booster.

**A soft brush**, passed over dry skin before the shower, in slow upward movements: the sensation is invigorating and ritual. We have **not found** a good-quality clinical study demonstrating a physiological benefit of dry brushing. So

we present it for what it is: a sensory pleasure, to be enjoyed with soft bristles and a light hand.

**Plant oils** make every gesture smoother and more enveloping — warm them in the palms before applying. And **heat**, a hot water bottle on the neck or a warm towel on the shoulders, is a wonderful preparation for self-massage.

Two sentences of common sense to close: always stay at a comfortable pressure, and simply work around any area that is painful, swollen or irritated — and mention it to your doctor when you get the chance.

CHAPTER THREE

# The practices medicine encourages

sept gestes · celui du milieu est le mieux documenté

Seven simple gestures, recommended by health authorities, which cost nothing and require no equipment. One of them — the warm evening bath — is probably the finest secret in this guide.

## Walking, moving

The World Health Organization recommends that adults get **150 to 300 minutes of moderate endurance activity per week**, or 75 to 150 minutes of vigorous activity, or an equivalent combination; plus muscle-strengthening activities working the major groups **on at least two days a week**. From the age of 65, add an activity that works balance, on three or more days a week.

In practice: **twenty-five minutes of walking a day** is enough to tick the box. It is probably the best ratio between effort required and documented benefit in this whole book.


Four evening stretches. The arrow shows the direction of the stretch, not a push: the tension stays light.

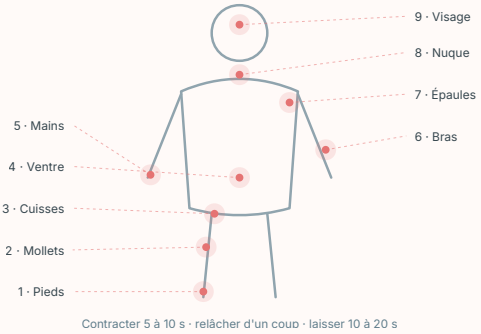
## Stretching in the evening

The American College of Sports Medicine recommends stretching **two to three days a week**, each position held for **10 to 30 seconds**, repeated 2 to 4 times to reach about sixty seconds per area — at a light tension and never a painful one.

## Gentle yoga and tai chi

The meta-analysis by Cramer and colleagues (2018) reports small short-term effects of **yoga on anxiety** compared with no intervention, and larger effects against active compara-

tors — with no demonstrated effect in people with a formally diagnosed anxiety disorder. **Tai chi**, for its part, improves balance and reduces the risk of falls in older people, with a benefit that grows with the duration and frequency of practice.




Working up the body. You tense and then release, group after group, from the feet to the face. It is the release time that counts most.

## Progressive muscle relaxation

Described by Edmund Jacobson in the 1930s, it consists of tensing and then releasing each muscle group in turn. A meta-analysis of 31 randomised trials (2,277 participants) reports a substantial improvement in sleep quality in favour of the method.

HOW IT GOES, LYING DOWN, 10 TO 15 MINUTES

You work up the body, group by group: feet, calves, thighs, buttocks, stomach, hands, forearms, shoulders, neck, face.

— Tense the group for 5 to 10 seconds — firmly, without pain.

— Release all at once, breathing out.

— Allow 10 to 20 seconds of relaxation before moving to the next group. It is that pause which counts: it is there that you learn to tell the difference between tense and released.

## The warm evening bath

Here is the most solid, and the most enjoyable, point in the whole chapter.

A systematic review with meta-analysis (Haghayegh and colleagues, Sleep Medicine Reviews, 2019 — 17 studies included, 13 analysed quantitatively) shows that a bath or shower at **40 to 42.5 °C**, taken **one to two hours before bed**, for **ten minutes only**, is associated with better perceived sleep quality and with falling asleep **about ten minutes sooner on average**.

The mechanism is elegant. The heat draws blood towards the skin of the hands and feet; it is **the drop in body temperature that follows** which accompanies falling asleep. Hence the importance of the delay: a bath taken a quarter of an hour before bed is too late to produce the same effect — the body has not yet had time to come back down.

> KEEP THIS EXACTLY AS IT IS
>
> A warm bath or shower — 40 to 42.5 °C — for 10 minutes, 1 to 2 hours before bed.
>
> If you were to try only one thing from this guide, this would probably be it: the best documented, the quickest to put in place, and the most enjoyable.

The sauna and the steam room belong to the same pleasure: the literature describes them as relaxation practices associated with better felt wellbeing. Simply remember to rehydrate well afterwards.

## Daylight, at the right moment

A recent synthesis sets out a remarkably simple pattern across twenty-four hours: **bright light in the morning and during the day, low light in the evening, darkness at night**. That is the whole of chronobiology in one sentence.

Ten to twenty minutes outdoors after getting up, coffee in hand, is often enough. The next chapter explains why this works so well.

## Time in nature

Across 19,806 participants, the study published in Scientific Reports identifies a threshold of **120 minutes a week** beyond which contact with nature is associated with better self-reported health and wellbeing — **and it makes no difference whether those two hours are taken all at once or spread** across several outings.


Le bain chaud est le point le mieux documenté de la soirée.

An evening that prepares the night. Nothing is compulsory — but the warm bath is the best documented point of the day.

## A typical evening, to bring it all together

| TIME | WHAT YOU DO |
|---|---|
| 6.00 p.m. | 25 minutes of walking |
| 8.30 p.m. | Warm bath or shower, 10 minutes |
| 9.15 p.m. | Gentle stretches, then self-massage of the feet and legs with warm oil |
| 9.30 p.m. | Five minutes of breathing at six cycles per minute, lights lowered |
| Next day | 15 minutes outdoors, in daylight |

Nothing in this list claims to treat anything at all. Everything in it simply contributes to comfort, to relaxation, and to the pleasure of inhabiting your body.

CHAPTER FOUR

# Sleeping better, naturally

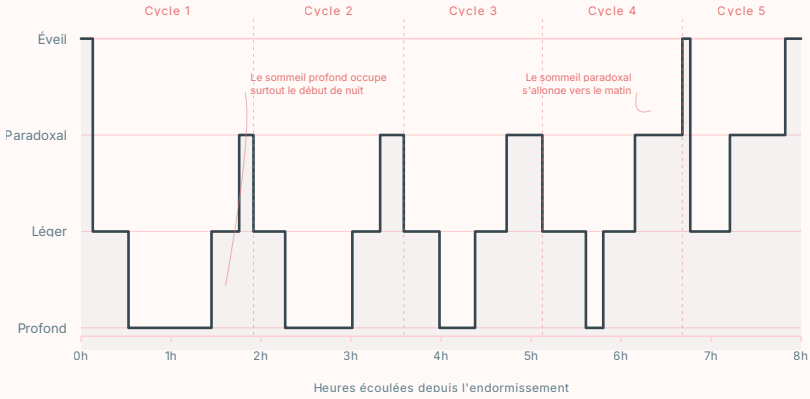
A night is not one solid block. It is a succession of cycles, steered by a clock that does not quite run on twenty-four hours — and that light resets every morning.

## How a night is built

Sleep is organised into successive cycles. The INSV (the French National Institute for Sleep and Vigilance) describes a first cycle “of about 90 minutes”, the night being made up of **3 to 5 cycles** in succession. Inserm gives a slightly wider range: 3 to 6 cycles of 60 to 120 minutes.

Across a whole night, Inserm gives this distribution: stage N1, the transition, 4 to 5%; stage N2, light sleep, 45 to 55%; stage N3, deep sleep, 16 to 20%; REM sleep, 20 to

25%. Deep sleep is associated with physical recovery; REM sleep is, according to Inserm, conducive to dreams, in particular those we may remember once awake.




A night, seen up close. Deep sleep occupies mainly the beginning of the night; REM sleep lengthens as morning approaches. The brief passages through wakefulness between two cycles are normal.

A useful detail, because it explains a great deal: the night is not uniform. The INSV notes that deep sleep is very abundant at the beginning of the night and disappears completely in the early morning, whereas REM sleep, brief at first, takes up a growing share as the night goes on. The first part of the night therefore carries mainly physical recovery, and the second the sleep of dreams.

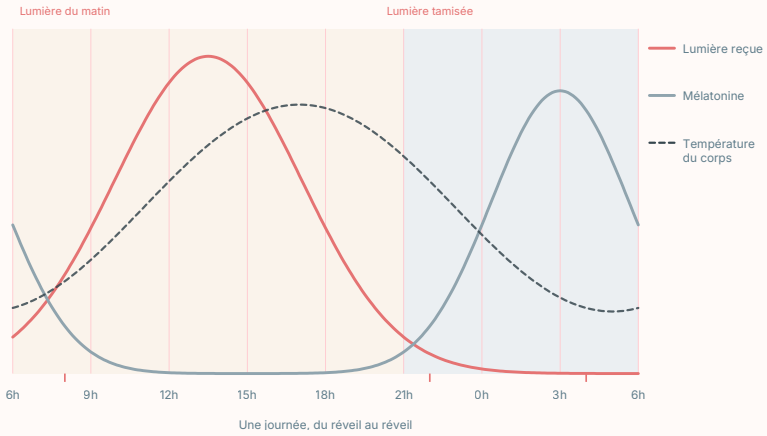
This is also why a brief awakening between two cycles is perfectly normal: the INSV points out that a cycle ends with a very brief phase of wakefulness before the sleeper goes

under again. Waking in the night is not a failure — it is the seam between two cycles.

## The internal clock and the decisive role of light

Our sleep–wake rhythm is steered by a biological clock housed in the hypothalamus, and more precisely in two structures called the **suprachiasmatic nuclei**, which contain about ten thousand neurons.

A fact that is often overlooked: this clock does not run on exactly twenty-four hours. According to Inserm, the cycle it imposes spontaneously lasts between 23 hr 30 min and 24 hr 30 min depending on the individual, with an average estimated at **24 hr 10 min**. It therefore needs to be reset every day — and light is what takes care of that.




Three curves, one day. The light received, melatonin and body temperature answer one another. It is by acting on the first that you shift the other two.

The effect depends on timing. Inserm specifies that a late exposure — between 5 p.m. and 5 a.m. on average — **delays** the clock, whereas an early exposure — between 5 a.m. and 5 p.m. — **advances** it. Morning light is therefore the number one ally of easy falling asleep in the evening.

Inserm also underlines how sensitive this system is: it was long believed that more than 1,000 lux was needed, but a few lux are enough: the brightness of a full-moon night can block the secretion of melatonin.

SOME FIGURES, MEASURED AT EYE LEVEL

An international expert consensus published in PLOS Biology (2022) proposes three thresholds:

— at least 250 lux melanopic during the day;

— at most 10 lux in the evening, in the three hours before bed;

— a bedroom as dark as possible during sleep, at most 1 lux.

To picture these orders of magnitude: a dimly lit bedroom comes in at around 30 to 40 lux, a well-lit kitchen at around 500 lux, and simply stepping outdoors on an overcast day already offers 5,000 to 10,000 lux. No indoor lamp can compete: a few minutes outdoors in the morning are worth more than an hour by a window.

On the hormonal side, melatonin rises at the end of the day shortly before bedtime and reaches its peak **between 2 and 4 in the morning**. It comes with a fall in body temperature, which is lowest in the early morning and highest during the day. This downward movement is a signal for falling

asleep — and it can be encouraged, as the warm bath in the previous chapter showed.


Aucune lampe d'intérieur ne rivalise avec le fait de sortir.

C'est pour cela que dix minutes dehors valent mieux qu'une heure devant une fenêtre.

What the body tells apart. The gap between a lit room and the outdoors is a factor of a hundred — hence the value of going outside.

## How much sleep do we need?

| AGE | RECOMMENDED DURATION |
|---|---|
| Newborns (0–3 months) | 14–17 hr |
| Infants (4–11 months) | 12–15 hr |
| Toddlers (1–2 years) | 11–14 hr |
| Preschool age (3–5 years) | 10–13 hr |
| Children (6–13 years) | 9–11 hr |
| Teenagers (14–17 years) | 8–10 hr |
| Young adults (18–25 years) | 7–9 hr |
| Adults (26–64 years) | 7–9 hr |
| Older adults (65 and over) | 7–8 hr |

These ranges are those of the National Sleep Foundation. The American Academy of Sleep Medicine, for its part, offers a simple rule for adults: seven or more hours of sleep per night are recommended for all healthy adults.

These are ranges, not marks to be earned. The INSV puts it well: the average duration for an adult is eight hours, but some short sleepers make do with six hours while long sleepers need nine or ten. **The right indicator remains how you feel during the day.**

## The habits that really help

### Regularity, before duration

This is probably the most rewarding lever in the whole guide. A cohort study using actigraphy data from the UK Biobank showed that **the regularity of sleep timing predicted all-cause mortality better than duration itself**: people in the most regular fifth had a risk 30% lower than those in the least regular fifth (Windred et al., Sleep, 2024).

In practice, **a fixed wake-up time — weekends included** — is the most useful anchor. It is also the easiest to keep to, because it does not depend on when you fall asleep.

### The nap, short and early

Twenty to thirty minutes, in the early afternoon, roughly between 1 and 3 p.m.: refreshing without encroaching on the night. Several studies show that nappers get as much sleep over twenty-four hours as non-nappers, or more.

### Physical activity, at almost any hour

Good news for those who can only move in the evening: a meta-analysis of 23 controlled trials concludes that **evening exercise does not degrade sleep** overall, and even increases slow-wave deep sleep. The only reservation concerns vigorous effort ending less than an hour before bed, which can lengthen the time taken to fall asleep.

### Caffeine: a cut-off time, not a ban

The reference study compared 400 mg of caffeine — about two to three cups of coffee — taken 0, 3 and 6 hours before bed. Even at **six hours' distance**, objectively measured sleep time was reduced by more than an hour. And the participants did not notice it.

> THE RULE OF THUMB THAT FOLLOWS
>
> Last coffee at least six hours before bedtime — around 4 p.m. for a 10 p.m. bedtime. It is simple to keep to, and it is probably the most underestimated change on this list.

### Alcohol: what it actually does

It helps you fall asleep, that much is true, and it increases slow-wave deep sleep in the first half of the night. But it delays and reduces REM sleep, and as blood alcohol falls, **the second half of the night becomes lighter and more fragmented**. A recent systematic review describes a dose–effect relationship from a low dose onwards, of the order of two drinks. Sleep is therefore more restful on alcohol-free evenings: that is a direct benefit, not a deprivation.

### Screens: the useful nuance

The effect of blue light is more modest than its reputation. A meta-analysis of randomised trials on blue-light-blocking glasses finds **non-significant** reductions in the time taken to fall asleep and no significant effect on sleep efficiency.

What emerges from recent literature: for typical smartphone use at bedtime, **psychological arousal — the content, the engagement, the stimulation — weighs more than the wavelength**. “Night mode” filters therefore address only part of the question. Calm content and low brightness count for more than an amber filter.

On the timing and composition of the evening meal, we have not found a solid, quantified recommendation in the reference sources consulted. We would rather say so than put forward a figure with nothing behind it.

## When insomnia settles in: the reference method

An honest clarification first: the American Academy of Sleep Medicine states that sleep hygiene recommendations do not constitute an effective stand-alone therapy for established chronic insomnia. The habits above are excellent foundations for maintaining good sleep; when insomnia lasts, something else makes the difference.

That something else is called **cognitive behavioural therapy for insomnia**, or CBT-I. Réseau Morphée (the French sleep-disorders network) presents it as the first-line treatment for chronic insomnia, effective in 70 to 80% of the people concerned. The AASM makes it their only “strong” recommendation, with a typical format of four to eight sessions. In France, the HAS (the national health authority) points out for its part that sleeping pills are indicated only for short periods, from a few days to four weeks at most.

### Stimulus control

Formulated by Bootzin in 1972, it comes down to a few instructions: go to bed with the intention of sleeping **only when you feel sleepy**; do not read or look at a screen in the bedroom; if sleep does not come, **get up and go into another room**, stay there as long as needed, then come back to bed; repeat as often as necessary. To this are added a fixed waking time and limits on naps.

One point of current practice is worth knowing: rather than a stopwatch, clinicians today recommend a trigger based on how you feel — getting up **when you feel irritated, frustrated, or start ruminating** — precisely in order to avoid clock-watching.

### Sleep restriction

Counter-intuitive but powerful, it consists of tightening the time spent in bed to match the time actually slept, so as to concentrate sleep. You keep a diary for at least two weeks, work out the average sleep time, and set the time in bed at that value — **never going below five hours**. You fix the waking time first, then deduce the bedtime from it. As soon as sleep efficiency reaches **85%** or more over five days, you bring the bedtime forward in fifteen-minute steps.

This stage gains a great deal from being supervised by a professional.

### Cognitive restructuring

It targets the thoughts that feed performance anxiety around sleep — “I absolutely must sleep”, “tomorrow is ruined”. The work consists of identifying them and replacing them with more accurate and more settled formulations.

## Four relaxation techniques at bedtime

### 4-7-8 breathing

Popularised by Dr Andrew Weil: the tip of the tongue against the palate, behind the upper front teeth; breathe in through the nose for a count of 4; hold for a count of 7; breathe out slowly through the mouth for a count of 8. Weil suggests repeating **four cycles** at first, twice a day. The exercise can be done lying down if it is being used to fall asleep. Trials looking specifically at this rhythm remain few — most of the data come from the broader research on slow breathing.

### Cardiac coherence

Three times a day, six breaths per minute, five minutes. The frequency of six cycles per minute corresponds to 0.1 Hz, the resonance frequency of the autonomic nervous system. We have, on the other hand, **not found** a good-quality controlled trial measuring the effect of this precise protocol on sleep parameters; the figures circulating on social media —

such and such a percentage drop in cortisol — do not come from verifiable sources and are not repeated here.

### Progressive muscle relaxation

Described in the previous chapter. Allow twenty to forty minutes for a full session, just before sleep — but a short ten-minute version is already useful.

### The body scan

Bringing your attention in turn to each part of the body, from feet to head, observing the sensations without seeking to change them. A randomised trial published in JAMA Internal Medicine (2015) compared a mindfulness programme with sleep hygiene education in 49 adults aged 66 on average: the sleep quality score improved from 10.2 to 7.4 in the mindfulness group, against 10.2 to 9.1 in the other.

What these four techniques have in common: their benefits build up over days and weeks of regular practice, far more than over a single session.

## What the evidence says about supplements

**Melatonin.** A meta-analysis covering 19 studies and 1,683 participants shows a real but modest effect: the time taken to fall asleep decreases on average by **7 minutes** and total sleep time increases by **8 minutes**, with a significant improvement in perceived quality. The authors themselves place this effect below that of sleep medicines. Melatonin

appears interesting above all where the problem is a shifted clock rather than a lack of sleep. In France, over-the-counter supplements provide less than 2 mg per day, and ANSES (the French food and health safety agency) recommends reserving their use for occasional intake and discussing them with a health professional.

**Magnesium.** A systematic review identified three randomised trials in 151 older people. The time taken to fall asleep decreased by about seventeen minutes, but the gain in total sleep time was not significant. Above all, the authors rate the level of evidence as **low to very low** and conclude that the quality of the literature is insufficient to make well-founded recommendations.

**Valerian and herbal remedies.** This is where the data are most sober. A systematic review of 14 randomised trials (1,602 participants) covering valerian, chamomile, kava and wuling found **no statistically significant difference** between these preparations and placebo, on any of the thirteen outcomes examined.

None of this takes away from the pleasure of an evening herbal tea. The ritual itself — the pause, the warmth, the signal given to the body — has its own value, whatever the plant. And in every case, these products are best discussed with a pharmacist or a doctor before starting.

## And if sleep resists

If, despite these habits, sleep remains difficult for several weeks, or if tiredness weighs on your days, it really is worth talking to your doctor. This is particularly true when the day stays drowsy even though the nights seem long enough, or if someone close to you has noticed heavy snoring accompanied by pauses in breathing.

This is not about worrying, but about sparing yourself months of mediocre nights: these are situations that are simple to describe in a consultation, easy to look into, and for which effective solutions exist — starting with CBT-I, whose effectiveness is well established.

CHAPTER FIVE

# Bedding and the bedroom


This chapter is offered by a bedding shop, and you will find no recommended brand in it. Only criteria — several of which contradict what you will be told in store.

## The mattress: the main families

**Polyether foams** are entry-level products with a relatively short lifespan; high-resilience polyurethane foams are suitable for daily use.

**Pocket springs**, dominant since the 2000s, provide independence between sleepers and good ventilation, where traditional bi-conical springs transmit movement across the whole surface.

**Latex** is prized for its lifespan and its elasticity; well ventilated, it suits people who perspire.

**Viscoelastic foam**, known as memory foam, moulds to the body under the effect of heat. Que Choisir (the French consumer association) notes, however, that it becomes too soft in the heat and too firm in the cold, and that it hinders ventilation.

**Hybrids** combine a pocket-spring core with one or more layers of foam or latex: they aim for a compromise between support and surface feel, without removing the drawbacks of each layer.

> A PRACTICAL DETAIL ON DELIVERY
>
> A study published in Environmental Pollution (2022) measured the volatile organic compound emissions of memory foams: concentrations peak on the first day then fall away over thirty-one days, remaining well below the available health reference values.
>
> The advice that follows: unwrap the mattress and air the bedroom several days before use.

## "The firmer the better for your back": this is false

It is the best-refuted received idea in the sector, and yet it will be repeated to you.

The reference trial is that of **Kovacs and colleagues, published in The Lancet in 2003**: a randomised, double-blind, multicentre trial, **313 adults** with non-specific chron-

ic low back pain, assigned for **ninety days** to either a firm mattress or a medium-firm one. At ninety days, the medium-firm group did significantly better, on pain in bed, pain on rising and disability. The authors' conclusion: a mattress of medium firmness improves pain and disability.

This result has been confirmed by later synthesis. The systematic review by Radwan and colleagues (Sleep Health, 2015 — 24 controlled trials) concludes that a mattress subjectively identified as **medium-firm** is optimal for comfort, sleep quality and spinal alignment. A 2021 review reaches the same conclusion: a mattress that is too firm stops the shoulder from sinking in, a mattress that is too soft throws hips and shoulders out of line.

> TWO HONEST QUALIFICATIONS
>
> There is no standardised firmness scale across manufacturers: “medium-firm” from one is not “medium-firm” from another. The British association Which? in fact measures firmness on its own scale, precisely because commercial labels are not comparable.
>
> Perceived firmness also depends on weight and build: the same mattress is firmer for a light person. Only trying it in your real sleeping position counts.

## When should you replace it?

The figures differ from one source to another, which is itself a piece of information: the Sleep Foundation recommends replacement every **6 to 8 years**; Que Choisir gives **15**

**years** at most; the INSV advises changing bedding roughly **every 10 years**.

Rather than a date, trust the signs: visible sagging or hollows, unusual noises, regular muscle stiffness on waking — and above all the most telling test of them all: **you sleep better elsewhere**, in a hotel or at friends' houses, than at home.

> MEASURING SAGGING OBJECTIVELY, WITH A RULER
>
> Lay a ruler across the empty mattress and measure the hollow. Most manufacturer warranties cover sagging beyond a threshold of 2.5 to 3.8 cm, some going down to 1.9 cm. Below the threshold, it counts as “normal settling”, which is not covered.
>
> Prevention: turn or rotate the mattress every three to six months, vacuum it twice a year, and air it.

## The pillow: a matter of geometry, not of filling

The pillow's job is to **fill the gap between the head and the mattress** so as to keep the neck in line with the back. A biomechanical study shows that height strongly alters cervical alignment.

— **On your side**: a thick pillow, to fill the width of the shoulders. The broader the build, the higher the pillow must be.

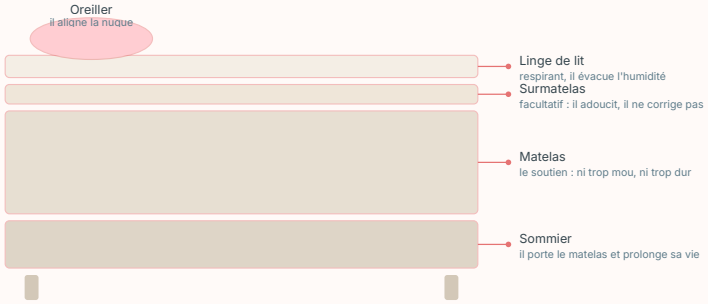
— **On your back**: medium height, fairly firm — high enough to stop the head tipping backwards, not so high that it pushes it forwards.

— **On your front**: very flat, or none at all.

A systematic review with meta-analysis (Clinical Biomechanics, 2021) concludes that **shape and height count for more than the material**. In other words: memory foam, latex, feathers or fibres are equivalent if the height is right — and all fall short if it is not. Fillings differ mainly in how stable they are through the night and in how they are cared for.

Replacement frequency: most experts recommend changing your pillow **every one to two years**. It is the cheapest item and the most decisive one for the neck — replace it long before the mattress.

# The bed base: the support determines the lifespan




Every layer has a role. Comfort comes from their agreement, never from a single element — and an unsuitable base ages a mattress faster than a poor mattress does.

The matching rule is simple: **pocket-spring mattresses call for a sprung base**, foam and latex mattresses for a **slatted base**, the slats being close enough together to give continuous support. An unsuitable base creates flex points: the mattress sags between the slats and ages prematurely.

A contractual point to watch: manufacturers almost always make their warranty conditional on the use of a compliant base, with a maximum slat spacing specified in the instructions. **No public standard sets that spacing** — the only reference you can hold them to is the manufacturer's own documentation, to be read before buying the base.

On the three main types: the **exposed slatted base** ventilates the underside of the mattress; the **upholstered base**, covered in fabric, gives even support but partly closes off the underside; the **ottoman storage bed** removes all ventilation from below in favour of storage. Since the moisture given off during the night has to escape, these last two call for daily airing and regular turning, especially in a damp home.

## Bed linen: thread count means nothing

The question deserves a clear answer: **no, thread count is not a reliable indicator.**

The tests run by Consumer Reports found **no correlation** between claims about material or thread count and the measured performance of the sheets. Among the hundred per cent cotton percales tested, some stated 400 threads — but **the best-rated sheet stated 280**. The technical explanation given by their textile expert: you simply cannot fit that many threads on a loom. Manufacturers count each strand of a plied yarn, artificially doubling or tripling the figure.

What really counts: **the fibre, the weave and the finish**.

| MATERIAL | WHAT IT BRINGS |
|---|---|
| Percale | Dry, cool to the touch, the most breathable — for those who get hot at night |
| Cotton sateen | Smooth surface, silky drape, little creasing, but holds more heat |
| Linen | Looser weave, more breathable than cotton, excellent in hot weather |
| Microfibre | Light and inexpensive, but less breathable than cotton |

A documented word of warning about "bamboo": the American Federal Trade Commission holds that a textile may be called "bamboo" only if it is made of genuine bamboo fibre. Almost all sheets sold as such are made of viscose derived from bamboo by a chemical process, and must be labelled accordingly. The comfort of these sheets is not in question — the "natural" argument is.

## Duvets and temperature

The **TOG** rating is a unit of thermal insulation: the higher it is, the more the duvet insulates. A point often confused: **weight is not warmth**. A high-quality down can be very light and very warm; a heavy synthetic filling can insulate less. Weight is only comparable for an identical filling.

The "warmth index" scales from 1 to 8 displayed by French manufacturers **correspond to no official standard**: they are specific to each brand and are not comparable with one another.

For **couples with different thermal needs**, the most robust solution is also the simplest: **two individual duvets**

**on a double bed**. It settles both the temperature gap and the stolen covers at once, with no compromise on the rating.

## The four bedroom settings


Quatre réglages simples, à faire une fois — et le corps s'en souvient.

To be done once. These four settings require no upkeep — and the body remembers them night after night.

### Temperature

Three references converge. The Sleep Foundation recommends **about 18.3 °C**, within a range of 15.6 to 20 °C. The INSV states that the temperature is optimal **between 18 and 19 °C** and **should not exceed 20 °C**. ADEME (the French agency for ecological transition), looking at it from the energy angle, advises 19 °C in living rooms and **16 to 17 °C in bedrooms**, pointing out that one degree less represents about **7% saved** on heating.

Physiology explains the convergence: falling asleep requires a fall in body temperature. A bedroom that is too warm reduces slow-wave deep sleep and REM sleep.

### Humidity

Between **30 and 50%**, with an accepted ceiling of 60%. Too damp: more awakenings, mould, dust mites. Too dry: nasal irritation, dry throat, night-time coughing.

### Darkness

The study by Mason, Zee and colleagues (PNAS, 2022) compared, in twenty healthy adults, a night in very low light (less than 3 lux) with a night under ceiling lighting at **100 lux** — enough to see by, not enough to read comfortably. Under 100 lux, the heart rate does not fall as it should during the night, and insulin resistance is worse the following morning.

A notable fact: **melatonin was identical in both conditions**. The mechanism runs through activation of the sympathetic nervous system, not through melatonin suppression. The INSV recommends removing even **night lights and the indicator lights on devices**.

### Noise

The WHO recommendations for Europe put the desirable night-time level **below 40 dB(A)**: this is the lowest observed adverse effect level. **Below 30 dB**, no effect on

sleep is observed apart from a slight increase in body movements.

> WHITE NOISE: WHAT TO KNOW BEFORE BUYING
>
> The systematic review by Riedy and colleagues (Sleep Medicine Reviews, 2021), covering 38 studies, concludes that the quality of the evidence in favour of continuous noise as a sleep aid is "very low" — which contrasts with how widely it is used. The authors even warn of possible negative effects on sleep and on hearing.
>
> What has shown a measured effect is something else entirely: closed-loop acoustic stimulation, in which brief pulses of pink noise are delivered in phase with the slow waves detected by electroencephalogram. That is a laboratory device, with no equivalent in a consumer white-noise generator.

### Air

ADEME recommends airing the room for **at least five to ten minutes a day**, in two goes — morning and evening — with the heating off if possible, to clear out volatile compounds, allergens and moisture.

## Dust mites: what works, what does not

**What is established.** Washing at **60 °C or more kills dust mites** — the founding work shows that all are killed from 55 °C upwards. Cold washing is not useless but it is incomplete: it does not kill the mites, but since the allergen is water-soluble, it reduces its concentration by **more than**

**90%**, temporarily. All linen not protected by covers is best **washed weekly**.

The main lever lies elsewhere: **humidity**. Almost no dust mite survives below 45% relative humidity at 20-22 °C. Keeping the indoor level below 50% — while staying above 30% — does more than any accessory. Airing the bed with the covers turned back in the morning works in the same direction.

**Anti-mite covers** genuinely do reduce exposure: a median reduction of **89%** in bedding allergens.

> BUT REDUCING EXPOSURE IS NOT TREATING
>
> The Cochrane review (54 randomised trials) on dust mite control measures in sensitised people with asthma concludes that the isolated use of impermeable bedding has no demonstrated clinical effect. A trial published in the New England Journal of Medicine (2003) found no difference in medication use or in breathing between adults with asthma given covers and controls.
>
> Honest translation: covers are useful within an overall strategy — cover, washing at 60 °C, humidity below 50%, vacuuming — but they are not a treatment. And nothing supports recommending a so-called “anti-mite” mattress over a washable cover on an ordinary mattress.

## A buying checklist, without indulgence

### Before setting foot in a shop

1. Note your **dominant sleeping position**, your weight and your partner's, and what wakes you. These three inputs determine, respectively, pillow height, firmness and technology.
2. Measure the existing base. Staying with standard dimensions — 90×190, 140×190, 160×200, 180×200 cm — guarantees access to ordinary sheets and duvets.

### In the shop

1. **Start from a medium firmness.** Do not let yourself be sold “the firmest one” for back pain.
2. **Ignore the firmness label** as a basis for comparison: no standardised scale exists across manufacturers.
3. **Lie down for at least ten to fifteen minutes**, in your usual position, shoes off — **and as a couple** if the bed is for two.
4. **Price is not an indicator.** Que Choisir's tests show that models costing more than €2,000 guarantee neither better comfort nor better durability, and that quality can be found below €500.

### Before signing

1. **Trial period**: generally 90 to 120 nights. Check the compulsory adjustment period — often two weeks to a month during which returns are refused — and **who pays for the return**.
2. **Buying online in France**: the fourteen-day right of withdrawal applies. The Court of Justice of the European Union ruled in 2019 that a **mattress unsealed after delivery does not fall under the hygiene exception**: it can still be returned. This is a legal right, separate from and cumulative with the commercial "100-night trial".
3. **Warranties**: ask in writing for the sagging threshold covered and the conditions on the base. The two-year legal guarantee of conformity applies in any case.
4. **Buy the base at the same time** or check that it complies: a non-compliant base ages the mattress and can void the warranty.

### After delivery

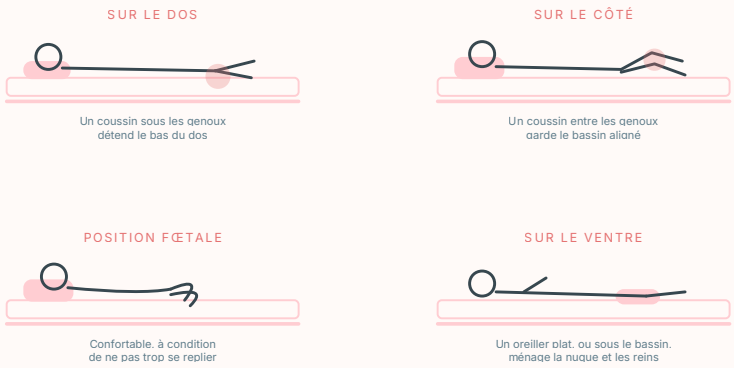
1. Air the bedroom for several days.
2. Turn or rotate the mattress every three to six months.
3. Change the pillow every one to two years.
4. Reassess the mattress between six and ten years, with the ruler and the "I sleep better elsewhere" test.

CHAPTER SIX

# Sleeping positions

une position de départ, pas une consigne

There is no universally good position. If you sleep well and wake up rested, there is nothing to change. This chapter is a toolbox, not a list of bans.




Four ways of settling in. In each case it is where you place a cushion that makes the difference — not the position itself.

## On your back: the most neutral

Lying on your back, the head, neck and spine settle naturally in line, and weight is spread evenly across the whole surface of the mattress. That is what makes it one of the positions most favourable to alignment.

**The one gesture that changes everything: a cushion under the knees.** It is the most consistent recommendation from one source to the next. Placing a bolster under the knees bends the hips slightly and lets the lower back release. Variation: a small rolled towel under the waist if you need extra support.

**The pillow**: on your back, aim low. Its job is to support the natural curve of the neck without pushing the chin towards the chest. Also keep both arms in a symmetrical position, so as not to load one side more than the other.

Two comfort caveats. On your back, the tongue and the tissues of the throat are more easily drawn backwards by gravity: that is why people snore more in this position than on their side. And lying flat, evening acid reflux is less well contained — raising the upper body slightly is often enough, and gravity does the rest.

## On your side: the adult favourite

It is by far the most common: **more than 60% of adults** sleep on their side. It clears the airways — the tongue falls back less — and preserves alignment well.

**The cushion between the knees** is the second great gesture of this chapter. Without it, the upper leg slides forwards and pulls the pelvis into rotation. A thin cushion is enough to realign the hips and reduce the pressure on the lower back.

### Left or right?

Let us separate what is supported from what is merely said.

**Supported**: for night-time acid reflux, the left side has a measured advantage. A systematic review with meta-analysis published in 2023 concludes that the left lateral position

is associated with an improvement in reflux symptoms, where the right side is no different from lying on the back.

**To be qualified**: the idea that the left side "helps digestion" rests mainly on anatomical reasoning, not on dedicated trials. For most sleepers, there is no significant difference between left and right. **Choose the side on which you fall asleep best.**

**The supporting shoulder** deserves attention: on your side, the lower shoulder and hip carry the weight of the torso. A sufficiently thick pillow takes the load off the shoulder, a cushion between the knees relieves the hip. A simple trick: bring the lower shoulder slightly forwards rather than sleeping straight down on it.

AND THE FAMOUS "BRAIN CLEANING"?

You may have read that sleeping on your side helps the brain clear out its waste. The original study does indeed exist — Lee and colleagues, Journal of Neuroscience, 2015 — and shows that glymphatic transport was most efficient in the lateral position.

But let us be honest about what it shows: this concerns rodents, under anaesthesia. The authors themselves write that anaesthesia is not the same thing as deep sleep and that their results must be tested in humans. To be filed among the interesting leads, not among the certainties.

## On your front: to be adapted rather than banned

It is the least frequent position — we spend less than 10% of the night in it. Two things explain its reputation: the head has to stay turned to one side for hours, and the pelvis sinks into the mattress, hollowing the lower back.

If this is your position and you are attached to it, there is a simple and unanimous adaptation: **slide a flat cushion under the pelvis and lower abdomen**. Second adjustment: a very thin pillow under the head, or none at all, to limit the rotation of the neck. A third, gentle idea: the "half-front" position, one knee drawn up with a large body pillow under that knee — you keep the sense of resting on something while markedly reducing the twist.

## The foetal position: the cosiest

It is the folded version of lying on your side, legs bent and drawn towards the chest. It can relieve pressure in the lower back. The variations run from a very light curl to a tight ball.

A comfort marker: if you wake with a slightly tense neck or a feeling of not having had enough air, try unfolding by one notch. A cushion between the knees often does the job on its own, by stopping the legs from riding up further. Also avoid tucking the chin in: "look straight ahead" to preserve the curve of the neck.

## According to what you feel on waking

| THE SENSATION | WHAT YOU CAN TRY |
|---|---|
| A stiff lower back | On your back, a cushion under the knees; on your side, a cushion between the knees |
| A tense neck | Almost always a question of pillow height, and of a tucked-in chin |
| A tender shoulder | Move to the other side, rest the arm on a cushion in front of you, or sleep on your back with a small cushion under the elbow |
| Acid reflux | Left side, upper body slightly raised |
| A blocked nostril on one side | Lie on the opposite side, blocked nostril uppermost, head slightly raised |
| If you snore | The side is often enough: gravity pulls the tongue backwards less there |

### During pregnancy

Official recommendations converge: from the third trimester onwards, **fall asleep on your side**. The British organisation Tommy's, drawing on the MiNESS study and six concordant pieces of work, advises falling asleep on your side **from 28 weeks**. The ACOG recommends the side in the second and third trimesters, either left or right.

The most reassuring message comes from Tommy's: the research concerns the position in which you **fall asleep**,

not the whole night. If you wake up on your back, simply move back onto your side. A cushion between the knees, a cushion under the bump, a cushion at your back: this is the moment for the body pillow.

## We move at night — and that is just as it should be

Whatever you do, do not seek stillness. A reference study filmed sleepers from five age groups over four consecutive nights: it records 3.6 changes of position per hour among 18-24 year-olds, 2.7 among 35-45 year-olds and 2.1 among 65-80 year-olds. Over an eight-hour night, that comes to something like **seventeen to thirty changes** — a figure derived from those hourly rates, since the article gives no total per night.

Keep the essential in mind: **moving is normal and useful**. A chosen position is a starting position, not an instruction to be held until morning.

## Pillow height, in concrete terms

On your side is where the most thickness is needed: the pillow must fill the space between the ear and the mattress hollowed out by the shoulder. A study of nine volunteers testing pillows of 8, 10, 12 and 14 cm found that an individualised height of around **10 to 12 cm**, with neck support, gave the cervical curve closest to that of standing upright. A very small sample: to be taken as an order of magnitude,

since the ideal height depends on shoulder width and on the firmness of the mattress.

For the back and front positions, no value in centimetres validated by a peer-reviewed study was **found**. We would rather say so.

> THE MIRROR TEST — THE MOST RELIABLE MARKER
>
> Lie down in your usual position and ask someone to photograph you from the front or from behind. The nose should stay in line with the breastbone, with the head neither tipping upwards nor dropping downwards.
>
> This is far more reliable than a figure in centimetres, because it takes in your build, your mattress and your pillow all at once.

## Changing position, gently

Sleeping habits shift slowly, and that is quite all right: there is no point forcing them. Two approaches work together.

First, **make the new position more comfortable than the old one** — that is the whole role of positioning cushions: under the knees, between the knees, a body pillow to hold, a bolster at your back that stops you rolling over.

Then, concern yourself only with **falling asleep**: the position you settle into in the evening is the one you can choose. Allow several weeks, and take the “failed” nights in your stride rather than as a defeat.

This chapter is about comfort, not care. If a discomfort on waking — back, neck or shoulder — settles in and recurs over several weeks, that is a good moment to talk to your doctor or a physiotherapist, who can advise you personally.

CHAPTER SEVEN

# Putting it into practice: thirty days


One habit at a time, ten days each. By the end of the month, three things will have changed — and you will know which of them count for you.

There is nothing compulsory about this programme. It exists because the difficulty is never knowing what to do: it is choosing where to start. So we have chosen for you, ranking the habits by the **ratio between the effort required and the strength of the evidence**.


Thirty days, three stages. Each stage keeps the one before it. You never add two habits at once.

## Days 1 to 10 — The anchor

One thing only: **a fixed wake-up time**, weekends included. No imposed bedtime, no counting of sleep, nothing else.

It is the most rewarding lever in this whole guide, and the easiest to keep to, because it does not depend on falling asleep — you do not decide to fall asleep, but you do decide to get up. As a reminder: the regularity of sleep timing predicts health better than duration itself.

WHAT YOU DO, FROM DAY 1 TO DAY 10

- Choose a realistic wake-up time — the one for your most constrained day, not the one for your ideal day.
- Get up at that time every day, Saturday and Sunday included.
- Within the following twenty minutes, go outdoors for ten minutes. That is the gesture that locks the anchor in place.
- Change nothing else. Truly nothing.

The first three days can be unpleasant. The fourth is often the best: the evening arrives with real sleepiness, because the clock has been reset.

## Days 11 to 20 — The evening

You keep the wake-up time. You add **one** thing: the **warm bath or shower**, 40 to 42.5 °C, ten minutes, one to two hours before bed.

It is the best documented intervention in this guide for falling asleep, and the most enjoyable. If you have no bath, a warm shower produces the same effect — it is the drop in temperature that counts, not the immersion.

THE EVENING, FROM DAY 11 TO DAY 20

— Two hours before bed: last of the bright lights. You switch to low lamps.
— One to two hours before: the warm bath or shower, ten minutes.
— Thirty minutes before: self-massage of the feet and legs, or five minutes of breathing at six cycles per minute.
— And always: last coffee six hours before bed.

## Days 21 to 30 — The bed

You keep the wake-up time and the bath. At last you turn to the place where you sleep.

— **Temperature**: bring the bedroom down to between 16 and 19 °C. It is the setting that asks the least effort for the greatest effect.
— **Darkness**: hunt down indicator lights, night lights, light from the street. A hundred lux is enough to alter the physiology of the night.
— **The cushion**: under the knees if you sleep on your back, between the knees if you sleep on your side. Do the mirror test for pillow height.
— **Airing**: five to ten minutes every day, in two goes.

## After thirty days

Go back to the gentle signs from the first chapter. Are you falling asleep more quickly? Is your neck suppler in the evening? Is the afternoon dip less deep?

If so, keep what has worked and add a fourth habit — regular physical activity is the best candidate. If not, this is not a failure: it means your difficulty lies elsewhere, and that is useful information to bring to a professional.

A single habit, held for three weeks,
does more than a perfect programme abandoned on
the fourth day.

CHAPTER EIGHT

# Your pages to fill in

Two tools, to print out or copy by hand. They are not there to keep watch over you, but to show what goes unnoticed from one day to the next.

## The sleep diary, one line a day

Fill it in each morning, in thirty seconds, on waking. Use neither watch nor app: what counts here is your **estimate**, not a measurement. Two weeks are enough for a pattern to appear.

| DAY | TO BED | UP | ASLEEP IN | AWAKENINGS | FORM /10 |
|---|---|---|---|---|---|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

WHAT TO LOOK AT AFTER TWO WEEKS

— The gap between your wake-up times on weekdays and at weekends. It is often the first thing to correct.

— The link between the “form” column and the day before: late coffee, glass of wine, screen, evening sport, morning light.

— Not the duration. It varies normally from one night to the next, and dwelling on it feeds performance anxiety.

## Your bedding record

To be filled in once, then brought out again on the day you replace things. It will stop you buying by default what you already had.

| ITEM | YOURS |
| --- | --- |
| Mattress — technology<br>springs, foam, latex, hybrid | |
| Mattress — year of purchase | |
| Hollow measured with a ruler<br>empty mattress, in cm | |
| Bed base — type<br>slatted, sprung, upholstered, storage | |
| Pillow — year, height | |
| Dominant position | |
| Bedroom temperature | |
| Mirror test<br>nose in line with the breastbone? | |
| Do I sleep better elsewhere? | |

## The five gestures, at a glance

| THE GESTURE | WHEN | DURATION |
|---|---|---|
| Go outdoors into daylight | After getting up | 10–20 min |
| Last coffee | 6 hr before bed | — |
| Warm bath or shower | 1–2 hr before bed | 10 min |
| Self-massage of feet and legs | Before bed | 5 min |
| Breathing at 6 cycles/min | At bedtime | 5 min |

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# Relax & Sleep

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Set in Cormorant Garamond,
Bitstream Charter and Inter.
Diagrams drawn for this book.