SLEEP & STRESS

Should You Get Up When Sleep Will Not Come?

Leaving bed can feel counterintuitive, but it may help break the anxious habit of lying awake and trying harder to sleep.

The bed has become a battleground

You are awake, the room is dark, and sleep has turned into a task you are failing. You stay under the covers because getting up seems like surrender. Yet the longer you lie there, the more the bed can become a place for effort, frustration and watching the night pass.

Getting out of bed when you cannot sleep is not a trick for making yourself instantly drowsy. It comes from stimulus control therapy, one part of cognitive behavioral therapy for insomnia (CBT-I). The idea is to strengthen the link between bed and sleep rather than bed and prolonged wakefulness.

That matters because insomnia can involve trouble falling asleep, staying asleep or both. It may leave you sleepy and short of energy during the day, as well as anxious, irritable or unable to concentrate. Poor-quality sleep can also affect thinking, mental and physical health, and ordinary daily functioning.

A bad night now and then does not necessarily mean you have a disorder. Short-term insomnia can follow work stress, family pressure or a traumatic event and may last for days or weeks. But if wakefulness keeps returning, how you respond to it can become part of the problem-and part of the way out.

Why getting up can make sense

Stimulus control therapy asks you to go to bed only when sleepy, leave bed when you cannot sleep and reserve the bed for sleep and sexual activity. It is not punishment for being awake. It is a way of making the bed a clearer cue for sleep.

This approach sits inside CBT-I, a multicomponent treatment that also includes sleep education, cognitive therapy, relaxation or meditation, and carefully managed time in bed. The National Heart, Lung, and Blood Institute describes CBT-I as the usual first treatment option for long-term insomnia and notes that it can be delivered in person, by telephone or online.

Current clinical guidelines strongly recommend multicomponent CBT-I for adults with chronic insomnia. That backing is important: getting up is not simply a comforting bedtime tip passed

from one tired person to another. It belongs to an established behavioral treatment designed to reduce anxiety about sleep and rebuild a regular sleep-wake pattern.

The goal is not to force sleep from another room. You leave the struggle behind, do something that fits a wind-down routine, and return to bed when sleepiness is present again. Getting up is not the failure of the night; staying in a fight with sleep is unlikely to make the bed feel restful.

Getting up is not the failure of the night; staying in a fight with sleep is unlikely to make the bed feel restful.

Keep the wakeful interlude quiet

What you do after getting up should not turn the night into daytime. A book or soothing music can form part of a relaxing wind-down routine. Electronic devices are a poor fit because their light can disrupt the sleep-wake cycle. A cool, quiet and dark bedroom also supports sleep once you return.

You do not need to convert the moment into a full wellness ritual. Evidence for some popular additions is limited. Relaxation therapy alone has a small amount of low-quality evidence behind it for chronic insomnia, and guidelines recommend it only conditionally. There is not enough evidence to recommend mindfulness by itself as an insomnia treatment.

Music has similarly modest support. A 2022 review of 13 studies involving 1,007 adults found that listening to music may improve people's reports of sleep quality. But the evidence was not good enough to establish whether it reduces insomnia severity or the number of awakenings. Music can be an option, not a promise.

Avoid using the wakeful interval to reach automatically for a sleep aid. Many sleep medicines have side effects and are not intended for long-term use. Over-the-counter products containing antihistamines can be unsafe for some people, while melatonin supplements can vary in dose and purity. Medicines and supplements belong in a conversation with your healthcare provider.

Sometimes the night is telling you more

Repeated wakefulness may reflect more than a habit around the bed. Medical conditions, pain, depression, anxiety, medicines, caffeine, tobacco and alcohol can contribute to insomnia. Alcohol may make falling asleep easier, but it can produce lighter sleep and make waking during the night more likely.

Your schedule may matter too. Night work and rotating shifts can interfere with uninterrupted

sleep when your body needs it. Jet lag can leave your sleep-wake rhythm out of step with local time, while delayed sleep-wake phase disorder can make you fall asleep later than you want and struggle to wake on time.

Regularly taking more than 30 minutes to fall asleep, repeatedly waking and struggling to return to sleep, or feeling sleepy during the day are signs worth discussing with a healthcare provider. So are loud snoring, gasping, choking sounds or pauses in breathing reported by someone who shares your room. At that point, this is no longer only a question of what to do tonight.

A provider may review your medical and sleep history, examine you and, when appropriate, recommend a sleep study. If another condition, medicine or sleep disorder is driving the insomnia, addressing that problem matters. CBT-I can treat long-term insomnia, but getting out of bed cannot diagnose what is keeping you awake.

Build an exit before Monday night

Do not wait until you are exhausted and frustrated to decide where you will go. Choose a quiet place outside the bed where you can sit without turning on an electronic device. Keep the setting subdued so that getting up remains an interruption to the struggle, not the beginning of the day.

Then choose one undemanding activity already supported as part of a wind-down routine. Reading is the simplest option. Soothing music is another, although the evidence for improving insomnia itself remains uncertain. You are creating somewhere to wait for sleepiness, not a project that must be completed.

On Monday, place a paper book beside a comfortable chair away from the bed. That is what the step takes: a chair and a paper book, with no glowing screen to negotiate when you are tired. If sleep does not come, you already know where to go and what to do.

Return to bed when you feel sleepy rather than because you think you ought to be asleep. One prepared chair will not cure persistent insomnia. But it can change the next wakeful night from an argument into a simple sequence: leave the bed, read quietly, and let the bed wait until it can be for sleep again.

Where this comes from

- Sleep Disorders

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/sleepdisorders.html

- Insomnia

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/insomnia.html
- Sleep Disorder Treatments

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/sleep-disorder-treatments
- Circadian Rhythm Disorders - Types

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/circadian-rhythm-disorders/types
- Psychological and Physical Approaches for Sleep Disorders

  National Center for Complementary and Integrative Health · https://www.nccih.nih.gov/health/providers/digest/psychological-and-physical-approaches-for-sleep-disorders
- Comparative efficacy of various exercise interventions on sleep in patients with cognitive impairment: a systematic review and meta-analysis.

  Frontiers in neurology, 2024 · https://pubmed.ncbi.nlm.nih.gov/38361643/
- A Systematic Review of Sleep-Wake Disturbances in Childhood Traumatic Brain Injury: Relationship with Fatigue, Depression, and Quality of Life.

  The Journal of head trauma rehabilitation, 2020 · https://pubmed.ncbi.nlm.nih.gov/30499928/
- Associations of sleep quality with incident atrial fibrillation: a meta-analysis.

  Internal medicine journal, 2019 · https://pubmed.ncbi.nlm.nih.gov/29460411/
- Insomnia and risk of all-cause dementia: A systematic review and meta-analysis.

  PloS one, 2025 · https://pubmed.ncbi.nlm.nih.gov/40202981/