SLEEP & STRESS

How to Live With Stress You Cannot Remove

When the problem is not going away, protecting your sleep can make daily life more workable-and show you when you need help.

The problem that stays

Some stress has an exit. The deadline passes, the move ends, the argument is settled. Then there is the other kind: caring for someone, living with money pressure, working an unforgiving job or waiting through uncertainty. You cannot breathe it away. You may not even be able to reduce it.

That changes the question. You are no longer looking for the perfect technique that makes the problem disappear. You are looking for a way to stop an unchangeable strain from occupying every available part of your life-especially the hours when you are meant to sleep.

Stress at work, family pressure and traumatic events can contribute to short-term insomnia. Long-lasting stress and emotional upset can also be factors in ongoing insomnia. A 2022 review of 34 studies in undergraduate students found moderate associations between stress and both poor sleep and insomnia, although the results varied considerably across studies and should be interpreted cautiously.

That review cannot prove that stress caused every sleep problem, or that fixing sleep would remove the stress. It does show why the two can be difficult to separate in daily life. When the situation cannot change, sleep is one part of the strain you may still be able to examine and protect.

Do not turn sleep into another test

Once sleep becomes difficult, bedtime can start to feel like a performance review. You count the hours available, notice every awakening and judge the next day before it has begun. But sleep quality is not only a total on a clock. Uninterrupted, refreshing sleep matters too.

Poor-quality sleep can affect your physical and mental health, thinking and daily functioning. Insomnia can bring daytime sleepiness, low energy, irritability and difficulty focusing, learning or remembering. That can make an already demanding situation feel harder to navigate, even though the original source of stress remains exactly where it was.

This is also why a single rough night tells you little. Sleep changes from night to night, and your

impression of it is subjective. A 2021 review of sleep questionnaires found that several self-report tools had good reliability and validity, but it also found uncertainty about their underlying structures and about reliable cut-offs separating "good" from "poor" sleepers.

In ordinary life, you do not need to grade every night. Look for a pattern instead: difficulty falling asleep, repeated awakenings or tiredness despite enough time in bed. The aim is not to win at sleeping. It is to notice whether sleep has become another persistent problem rather than an occasional consequence of a hard day.

The aim is not to win at sleeping.

Protect the edges of the night

You may not control the source of stress, but you can reduce some of the extra disruption around it. A quiet, relaxing and cool bedroom supports sleep. Turning off electronic devices before bed, avoiding large meals and alcohol near bedtime, exercising regularly and keeping sleep and waking times consistent are also among the established habits associated with better sleep.

Caffeine deserves particular attention because it is often used to answer the tiredness that poor sleep creates. A 2018 systematic review found that caffeine typically delayed sleep, reduced total sleep time and sleep efficiency, and worsened perceived sleep quality. Its effects varied with dose, timing and the individual, and much of the research involved adult men in Western countries.

That does not mean every cup is the problem. It means caffeine can become one more moving part in a difficult loop: you sleep badly, use it to remain functional and then wonder why sleep still feels fragile. Avoiding caffeine later in the day is part of general sleep guidance, but individual sensitivity differs.

Keep the claim modest. A calmer bedroom cannot settle a debt, change a diagnosis or make an unreasonable workload reasonable. Better sleep habits may help with short-term insomnia, but they are not proof that you have handled the underlying stress correctly. Sometimes the most compassionate move is to stop demanding that a bedtime routine solve a daytime reality.

Be wary of the shortcut shelf

When stress is immovable, a bottle can look like an appealing answer: concrete, purchasable and easier than uncertainty. The evidence is less reassuring than the packaging usually suggests. Sleep aids are not interchangeable, and "natural" does not mean that the right

choice is obvious.

A 2021 review of oral magnesium for older adults with insomnia found only three randomized trials involving 151 people. Participants taking magnesium fell asleep sooner than those taking a placebo, but the evidence was rated low to very low quality and every trial had a moderate-to-high risk of bias. The apparent improvement in total sleep time was not statistically significant.

A 2024 review of 26 randomized controlled trials found that melatonin reduced the time taken to fall asleep and increased total sleep time. Its effects varied according to timing, amount and whether participants had insomnia. That complexity is exactly why the result should not be translated into a do-it-yourself prescription.

Check with a health care professional before taking a medicine or supplement for sleep. Most sleep medicines are generally intended for short-term use. If ongoing stress has produced ongoing insomnia, cognitive behavioral therapy (CBT) can help with anxiety linked to sleeplessness, while a clinician can also consider whether another medical condition, medicine or sleep disorder is involved.

Know when it is more than a hard season

Regular sleep difficulty is the point where this stops being only a lifestyle question. Talk to a health care professional if you repeatedly struggle to fall asleep, wake through the night or remain tired despite enough opportunity to sleep. Insomnia can also cause drowsiness while driving, which can lead to a crash.

Other signs deserve attention because they may indicate a different sleep disorder: loud snoring, gasping or pauses in breathing; uncomfortable tingling in the legs relieved by movement; sudden muscle weakness linked to emotion; or episodes in which you cannot move or speak briefly on waking. A clinician may review your health and sleep history, examine you or recommend a sleep study.

The original stress still matters. But you do not have to wait for an impossible situation to end before asking for help with what it is doing to your nights and days. Treating a sleep problem is not the same as pretending the rest of your life is fine.

The evidence does not offer a trick that makes permanent stress harmless. It offers a more useful distinction: what you cannot currently remove, and what you can still observe, protect and bring to someone who can help.

Monday takes a notebook and pen

On Monday, place a plain notebook and pen beside the bed. Use them as a sleep diary, not a scorecard. Record when you went to bed, when you woke during the night, when you got up, and whether you napped. Also note exercise, alcohol, caffeinated drinks and medicines.

Write the entries when they occur or when you next wake. Do not try to produce a perfect account, and do not turn one difficult night into a verdict. The value is in making a recurring pattern visible without relying on how the whole week feels in retrospect.

A health care professional may ask for this kind of diary to understand what is happening. It gives you something more precise to bring to that conversation: not simply "I am exhausted," but the shape of your nights and the factors that move alongside them.

The stress may still be there next Monday. The notebook will not remove it. It can, however, separate an unsolvable problem from a sleep problem that deserves attention-and give you something concrete to do while the larger answer is not yet available.

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
- About Sleep | Sleep Disorders

  Centers for Disease Control and Prevention · https://www.cdc.gov/sleep/about/
- Sleep Disorders | National Institute of Mental Health (NIMH)

  National Institute of Mental Health · https://www.nimh.nih.gov/health/trials/sleep-disorders
- A systematic review and meta-analysis of poor sleep, insomnia symptoms and stress in undergraduate students.

  Sleep medicine reviews, 2022 · https://pubmed.ncbi.nlm.nih.gov/34922108/
- Measuring Subjective Sleep Quality: A Review.

  International journal of environmental research and public health, 2021 · https://pubmed.ncbi.nlm.nih.gov/33530453/
- Oral magnesium supplementation for insomnia in older adults: a Systematic Review & Meta-Analysis.

  BMC complementary medicine and therapies, 2021 · https://pubmed.ncbi.nlm.nih.gov/33865376/

- Optimizing the Time and Dose of Melatonin as a Sleep-Promoting Drug: A Systematic Review of Randomized Controlled Trials and Dose-Response Meta-Analysis.

  Journal of pineal research, 2024 · https://pubmed.ncbi.nlm.nih.gov/38888087/
- Coffee, caffeine, and sleep: A systematic review of epidemiological studies and randomized controlled trials.

  Sleep medicine reviews, 2018 · https://pubmed.ncbi.nlm.nih.gov/26899133/