

Sleep as a foundation of psychological well-being: neurophysiological and somatic aspects of recovery

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Abstract. *This paper explores the role of sleep in psychological well-being and self-regulation. Based on clinical observations and somatic therapy practice, it discusses how sleep quality affects emotional resilience, recovery after stress, and a sense of embodied self. Our school proposes a practical method to support tense body areas during sleep as an effective form of self-care, in addition to standard sleep hygiene protocols.*

Keywords: *sleep, self-regulation, somatic therapy, trauma recovery, nervous system.*

1. Introduction.

Sleep is a fundamental physiological need. Without quality sleep, proper functioning of the nervous system, psychological health, and stress resilience is impossible. In modern society, the prevalence of sleep disorders is growing, directly impacting anxiety levels, emotional exhaustion, and overall regulatory capacity [1]. In psychotherapy, sleep is sometimes treated as secondary, yet its quality sets the foundation for autonomic nervous system regulation.

A somatic approach to therapy allows us to examine the relationship between bodily states and the ability to enter restorative, “safe” sleep. Our work combines scientific knowledge with clinical somatic observations and body-oriented regulation strategies.

2. Neurophysiological Basis of Sleep and Self-Regulation.

Sleep plays a key role in restoring the homeostasis of the nervous system. During complete sleep cycles, emotional experiences are processed, synaptic connections are refreshed, the HPA axis deactivates, and parasympathetic tone increases [2].

In the REM phase, limbic system activity intensifies, while the prefrontal cortex, responsible for rational control, reduces its activity. This allows for emotional processing and gentle somatic integration of traumatic experiences. During the non-REM phase, tissue regeneration is activated, including muscles and bones, immune function is modulated, and heart rhythm stabilizes.

Chronic sleep deprivation increases baseline cortisol levels, lowers emotional regulation capacity, and heightens trigger sensitivity [3]. Thus, uninterrupted, physiologically structured sleep is a fundamental condition for maintaining mental health and trauma integration.

3. Somatic Therapy and Sleep Quality.

3.1. Clinical Observations.

In somatic therapy practice, clients often report that they “cannot rest during sleep.” Even without acute distress, they wake up fatigued or anxious. Upon inquiry, they describe their bodies as remaining “on guard” at night, with chronic tension in areas such as the abdomen, neck, pelvis, or upper back.

3.2. Supporting the Body During Sleep.

A simple yet effective practice introduced in our work is the use of physical support for tense body areas during sleep. Clients are guided to perform a “body inventory” before bed—scanning for muscle tension or cold spots, finding a comfortable sleeping position, and placing bolsters, towels, or cushions under those areas until a sensation of support and ease is achieved.

This practice serves several functions:

- activates deep pressure receptors, stimulating parasympathetic activity [4];
- creates a felt sense of safety and grounding;
- reduces compensatory tension in other areas;
- establishes a self-care ritual that closes the day [5].

Essentially, this approach brings principles of somatic therapy into the context of sleep—turning bodily support and awareness into a restorative resource.

4. Conclusions.

Sleep is not just a biological function—it is the core of emotional regulation and psychological resilience. Practices that promote bodily support during sleep can be integrated into psychotherapy as an accessible, efficient method of self-regulation that activates neurophysiological mechanisms of recovery.

References

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