



SLEEP TOOL

Sleep and the Integration Period

A guide to protecting your sleep in the weeks following ketamine treatment

The weeks after

You have probably been told to rest after your ketamine session. You may have been told to sleep well. What you may not have been told is why this matters so much, or what to do when it is not going easily.

This guide explains the relationship between sleep and integration, and offers practical approaches for protecting your sleep during one of the most important periods in your recovery.

WHAT HAPPENS DURING SLEEP

Sleep is not passive. While you are unconscious, your brain is doing some of its most important work.

During sleep, particularly during the deeper stages, the brain consolidates the experiences and learning from the day. The hippocampus, which acts as a temporary holding area for new experiences, transfers what it has stored into longer-term cortical memory during sleep. This is how insight becomes understanding, and how understanding becomes lasting change.

This process does not only apply to facts and skills. It applies to emotional learning, to shifts in perspective, and to the kinds of experiences that arise during ketamine treatment. An insight that is not slept on, literally, is significantly more likely to fade.

Sleep is also when the brain's glymphatic system, its waste-clearance network, is most active. During deep sleep, cerebrospinal fluid flushes through the brain, clearing metabolic waste. Without adequate sleep, this clearance is incomplete.

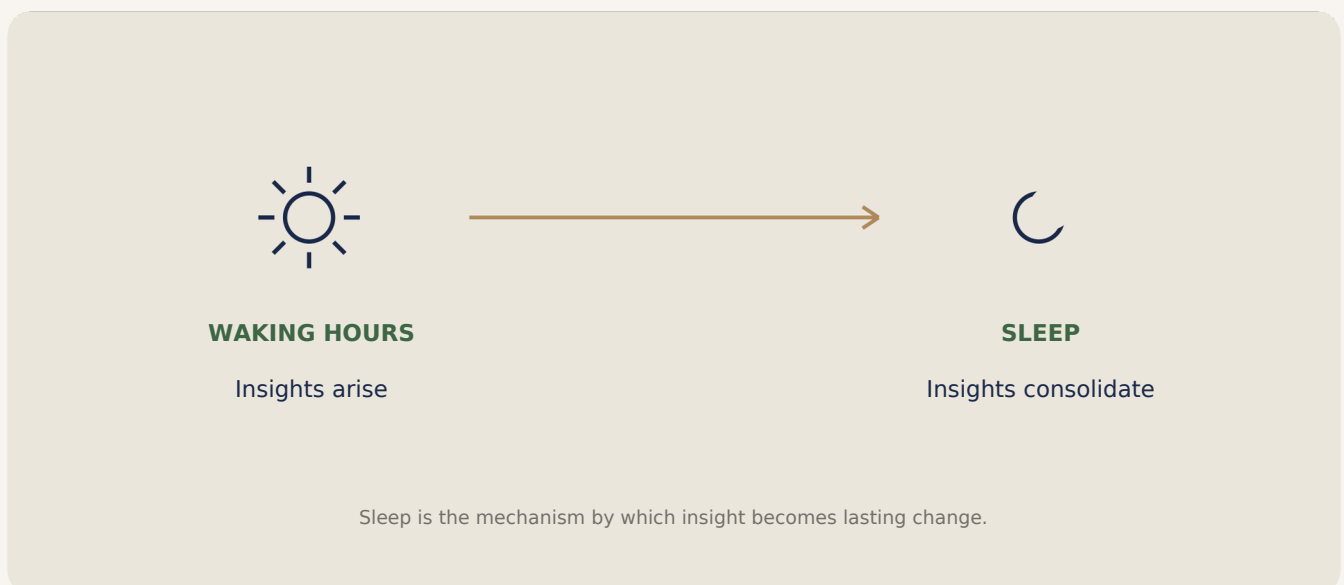
Sleep and the neuroplastic window

Ketamine promotes a period of heightened brain plasticity, the neuroplastic window. The brain is more receptive to forming new patterns, and BDNF, the protein that supports neural growth, is elevated.

What many people do not realise is that sleep is part of the mechanism by which this plasticity becomes permanent change.

During sleep, the brain does something called synaptic homeostasis: it strengthens the neural connections that matter and prunes the ones that do not. The connections reinforced by the insights and experiences of your waking hours are consolidated during sleep. Without that consolidation, they weaken.

The neuroplastic window gives you the opportunity. Sleep is how you make use of it.



What to expect

Sleep changes are common in the days and weeks following ketamine treatment. Knowing what to expect makes them easier to manage.



VIVID DREAMS

Many people report more intense or unusual dreams following sessions. This is normal and often reflects active processing. It tends to settle within one to two weeks.



DISRUPTED PATTERNS

Ketamine can temporarily alter sleep architecture, the balance of time spent in different sleep stages. This is usually short-lived.



EMOTIONAL SENSITIVITY

The integration period often involves increased emotional awareness, most noticeable when the quiet of the room removes the distractions of the day.



DIFFICULTY FALLING ASLEEP

Racing thoughts, active processing, or increased arousal can make it harder than usual to settle.

None of these experiences mean something has gone wrong. They are part of a period of active neurological change. The goal is not to eliminate all difficulty, but to give your brain the best possible conditions to do its work.

Why this period is different

Many of the things that disrupt sleep are always worth addressing. During the integration period, the cost of poor sleep is higher than usual.

The neuroplastic window is time-limited. The elevated BDNF, the increased receptivity to change, these conditions do not last indefinitely. Sleep deprivation during this window does not just leave you tired. It actively works against the consolidation process that makes the investment of treatment meaningful.

If treatment opens a door, sleep is how you walk through it. Staying awake on the threshold is not neutral. It is a missed opportunity.

This is not a reason to become anxious about sleep: anxiety about sleep makes sleep worse. It is a reason to treat your sleep with the same intentionality you are bringing to other parts of your integration.

“If treatment opens a door, sleep is how you walk through it.”

Practical approaches

These are evidence-informed suggestions, not rigid rules. Work with what is practical for your circumstances.



CONSISTENT SLEEP TIMES

Your circadian rhythm responds to regularity. Going to bed and waking at consistent times, including weekends, anchors the system and improves sleep quality. This single habit has more evidence behind it than almost anything else in sleep research.



PROTECT THE HOUR BEFORE BED

Your brain needs time to transition from waking to sleeping. Screens, difficult conversations, news, and stimulating content all delay this transition. A simple wind-down, reading something quiet, a warm shower, light stretching, signals to the nervous system that sleep is approaching.



GET MORNING LIGHT

Natural light in the first hour after waking is one of the most powerful regulators of the circadian rhythm. Even five to ten minutes outside, or by a bright window, makes a measurable difference to how easily you fall asleep that night.



KEEP THE BEDROOM COOL

Core body temperature needs to fall to initiate sleep. A cooler room, around 16 to 18°C, supports this process. Warmth delays it.



LIMIT ALCOHOL

Alcohol reduces time spent in REM sleep, the stage most associated with emotional processing and memory consolidation. A glass of wine may make you feel sleepy. The sleep it produces is less restorative than the sleep you would have had without it.



WRITE THINGS DOWN

If your mind is active at night, processing the session, running through thoughts, feeling emotional, keeping a notebook beside the bed lets you externalise what the mind is trying to hold onto. It does not need to be structured. It just needs to be out of your head.



AVOID CLOCK-WATCHING

Looking at the time when you cannot sleep increases arousal and makes matters worse. Turn the clock away. If you are awake for more than twenty to thirty minutes, getting up briefly and doing something quiet, then returning to bed when sleepy, is usually more effective than lying there trying to force it.



LIMIT CAFFEINE AFTER MIDDAY

Caffeine has a half-life of around five to six hours. A coffee at 3pm still has half its content in your system at 8pm. During a period when sleep quality matters more than usual, it is worth being more conservative than you might ordinarily be.

When to seek support

WHEN TO SEEK SUPPORT

Sleep difficulties during integration are common and usually temporary. Some situations are worth addressing with professional support.

If sleep disruption is severe and lasting more than two weeks, speak to your GP. Effective short-term interventions exist.

If nighttime brings significant distress, intrusive thoughts, anxiety, or emotional difficulty that feels unmanageable, bring this to your integration therapist or coach, or reach out to your prescribing clinic.

The integration period is not one to push through alone when things are difficult. Seeking support is a sensible response to an unusual period.

INTEGRATION SUPPORT

Sleep is one strand of a wider integration process. Working with an integration therapist or coach during the weeks following treatment offers structured support for processing what has arisen, identifying patterns worth changing, and building the conditions, sleep among them, for lasting change.

Free initial conversations are available at paulgibsonintegration.com.

*“Sleep well. Not as a luxury or a reward,
but as part of the work.”*

The integration period is finite. The quality of sleep you protect during it shapes how much of the experience stays with you.

PAUL GIBSON

— INTEGRATION COACHING —

Paul Gibson is a psychedelic integration therapist and coach with over 10 years of clinical experience. He offers one-to-one integration therapy and coaching for clients across the UK and internationally.

FREE INITIAL CONVERSATIONS AVAILABLE

paulgibsonintegration.com

This guide is for educational purposes only and does not constitute therapy, medical advice or clinical treatment. If you are experiencing a mental health emergency, please contact your GP, call 999 (UK) or 911 (US), or attend your nearest emergency department.