THE BALANCE

Regulation, Sleep and Psychosomatic Conditions

Private treatment

A guide for individuals and families

Dedicated to one client at a time

Mallorca, Zurich, London
Individual residential care

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 THE BALANCE assesses sleep, regulation, and physical symptoms through medical, psychiatric, behavioral, and contextual perspectives rather than assuming a single cause.

02 Care may combine sleep support, psychotherapy, somatic work, medication review, practical routine changes, or specialist referral according to identified needs.

03 Continuing care focuses on realistic routines, local professional support, medication responsibility, warning signs, and timely medical review when circumstances change.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

Language Needs Precision

Regulation describes the capacity to respond and recover across emotional, physiological, behavioral, and relational systems. It can be a useful clinical concept, but it is not automatically a stand-alone diagnosis.

Presentations May Include

Some symptoms require specialist medical or sleep evaluation before a residential recommendation can be made.

- Insomnia, disrupted sleep timing, or nonrestorative sleep
- Persistent high arousal, shutdown, or difficulty recovering after stress
- Fatigue, cognitive difficulty, tension, or physical symptoms with mixed contributors
- Stress-related worsening of a diagnosed medical condition
- Sleep or regulation problems occurring with depression, anxiety, trauma, ADHD, addiction, or eating difficulty
- Symptoms affected by medication, substances, withdrawal, travel, or irregular schedules
- Repeated investigations without a sufficiently integrated explanation or plan

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Sleep and physical symptoms can relate to respiratory, neurological, endocrine, cardiovascular, gastrointestinal, pain, medication, substance, or other medical factors. The assessment reviews history and existing results and may recommend independent examination or diagnostics.

A psychological formulation should not prevent new or changing symptoms from receiving appropriate medical attention. Conversely, repeated testing without a clinical question can increase anxiety and fragmentation.

External pathways are described on Medical and Hospital Care.



Safety and the appropriate setting

Sleep and physical symptoms can relate to respiratory, neurological, endocrine, cardiovascular, gastrointestinal, pain, medication, substance, or other medical factors. The assessment reviews history and existing results and may recommend independent examination or diagnostics. A psychological formulation should not prevent new or changing symptoms from receiving appropriate medical attention. Conversely, repeated testing without a clinical question can increase anxiety and fragmentation.

04 / CARE BUILT AROUND YOU

Care built around you

Sleep Is Assessed in Context

The team considers sleep timing, duration, awakenings, breathing concerns, movement, dreams, environment, devices, travel, substances, medication, work, anxiety, mood, and daytime behavior. A sleep diary or specialist study may be useful when indicated.

Trying harder to sleep can itself increase pressure. Treatment may include behavioral change, circadian support, medication review, relaxation, or referral to sleep medicine depending on the formulation.

Stress Regulation Is Practiced, Not Simply Explained

Treatment may help the person notice early signs of escalation or shutdown, understand triggers, develop a more workable daily rhythm, and practice recovery after demand. Psychotherapy, somatic work, biofeedback, movement, breathing, sleep support, and relational changes may contribute when appropriate.

The aim is not to eliminate every stress response. It is to increase flexibility, recovery, and the ability to choose a response rather than remaining trapped in chronic activation or avoidance.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

Mallorca, Zurich, London share THE BALANCE individual residential care model. A residence is reserved for one client, with a dedicated chef and personal manager. Treatment and activities are individual, with the program planned around your needs.



A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Individual treatment and activities, with a residence reserved for one client.

Zurich

Individual treatment and activities, with a residence reserved for one client.

London

Individual treatment and activities, with a residence reserved for one client.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

Sleep and regulation often change again with travel, work, family conflict, illness, or reduced structure. The continuing plan identifies realistic routines, local professionals, medication responsibility, signs of deterioration, and when further medical review is needed. The person should leave with a plan that can survive an imperfect schedule rather than a highly controlled routine that exists only in residence.

07 / CONSIDERING THE NEXT STEP

Considering the next step

What is nervous-system dysregulation?

It is a broad way of describing difficulty adapting or recovering across arousal, emotion, behavior, or bodily response. It is not automatically a formal diagnosis and needs clinical context.

Does psychosomatic mean symptoms are imaginary?

No. Psychosomatic symptoms are real. The term concerns interactions among mind, body, behavior, and context and should not replace appropriate medical assessment.

Does THE BALANCE provide sleep studies?

Any sleep study or specialist diagnostic service must be confirmed for the location and may occur through an independent provider. It is not included merely because sleep is assessed.

Can medication affect sleep and regulation?

Yes. Prescribed medication, nonprescribed substances, alcohol, withdrawal, and timing can affect sleep and arousal. An authorized prescriber should review changes.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

+41 44 500 5111

admissions@thebalance.clinic

Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.