

Psychologists provide essential support and treatment for chronic insomnia

Giorgio Tampieri

School of Psychology and Wellbeing, University of Southern Queensland

PSY3110: Clinical Health Psychology

Dr. Grace Wang

28 October 2025

Abstract

The purpose of this essay was to explore how psychologists provide essential support and treatment for individuals suffering from chronic insomnia. The present essay employed the biopsychosocial perspective, which views health through biological, psychological, and social components. Further, to review the body of literature on insomnia this essay conducted a literature review. Each biopsychosocial element was analysed and criticised based on evidence within the research. This essay found that Cognitive Behavioural Treatments for Insomnia (CBT-I) significantly decreased symptoms of chronic insomnia long-term. Biological approaches, like Bright Light Therapy (LT) are currently being researched with promising results, which could reduce the need for clinicians to train in CBT-I, and optimise time in therapy. Lastly, the authors sought to understand how social and cultural influences affect sleep and found that social support was a protective factor for short-term and chronic sleep difficulties. Overall, these findings demonstrate that psychologists can support individuals suffering from chronic insomnia via biological, psychological, and social interventions.

Psychologists provide essential support and treatment for chronic insomnia

According to Punnoose and colleagues (2012), insomnia is a common sleep disorder characterised by difficulty falling asleep, remaining asleep, or waking too early, often resulting in daytime impairment and distress. Chronic insomnia is associated with negative health consequences such as fatigue and sleepiness, cognitive impairment, and mood swings and disorders, which reduce work productivity and quality of life. An estimated 10% of all adults suffer from the disorder, with a further 20% who experience frequent symptoms (Morin & Jarrin, 2022). Chronic insomnia is classified as a public health crisis because of its physiological, psychological, and financial burdens on society. The disorder is correlated with developing and exacerbating depression and anxiety; it weakens the immune system; and increases the likelihood of developing metabolic syndrome and cardiovascular disease. Furthermore, insomnia has economic repercussions due to direct expenses treating it, and indirect expenses from decreased work performance, and higher rates of absenteeism and accidents. To improve public health outcomes Morin and Jarrin (2022) recommend that interventions should target both the individual with clinical treatments, and the wider population with educational sessions and free information.

This essay argues that psychologists provide essential support and treatment for individuals suffering from chronic insomnia. Through the biopsychosocial perspective of health which integrates biological, psychological, and social elements (Sarafino & Smith, 2022), it will consider how insomnia can be treated by investigating evidence-based psychological, biological, and social interventions. This essay will thoroughly examine, criticise, synthesize, and link together the body of literature on insomnia. It will first explore the literature on psychological interventions, then assess biological treatments and physiological measurement methods, while finally exploring the relationship between social and cultural factors and insomnia.

Cognitive Behavioural Treatments for Insomnia (CBT-I) is a modified version of Cognitive Behavioural Therapy (CBT), it is a psychological intervention designed for individuals suffering from insomnia (McCrae et al., 2019). CBT-I operates by educating individuals about sleep hygiene; modifying behaviour (i.e., setting regular bed and wake times); practicing relaxation; and challenging dysfunctional thoughts (e.g., “I will never sleep well again” to “there are things I can do to improve my sleep”). McCrae and colleagues (2019) investigated the efficacy of CBT-I by randomly assigning 113 participants with fibromyalgia and insomnia (mean age was 53) to eight sessions of either CBT-I, Cognitive Behavioural Treatments for Pain (CBT-P; another variation of CBT designed for treating pain), or a control group. McCrae and colleagues (2019) found evidence that both CBT-I and CBT-P decreased symptoms of insomnia at post-treatment and 6-month follow-up, with CBT-I outperforming CBT-P. Furthermore, both interventions improved pain outcomes in a third of participants, with CBT-I providing better long-term pain reduction than CBT-P.

Edinger and colleagues (2021) were commissioned by the American Academy of Sleep Medicine to formulate a list of recommended interventions for clinicians to support patients with insomnia. The researchers conducted a meta-analysis and reported CBT-I as their strongest recommendation for clinical use because of its extensive evidence. Together, these papers demonstrate the effectiveness of CBT-I for treating insomnia (McCrae et al., 2019; Edinger et al., 2021). However, McCrae and colleagues (2019) have addressed limitations in their study, including a lack of power which might potentially obscure significant findings relating to pain and mood. The sample comprised of predominantly middle-aged women which is a real-world bias reflected in individuals with fibromyalgia. However, it raises concerns about whether the findings are generalisable to men with fibromyalgia, individuals with fibromyalgia and without insomnia, and individuals with other pain conditions. Moreover, participants self-reported with a physical diary which did not

include a date of completion, limiting measurement accuracy. A standardised measure of insomnia severity was not applied, impacting internal validity. Lastly, the researchers claim that an active control condition would have mitigated therapeutic factors (e.g., an empathetic relationship). These findings suggest that psychologists can adopt psychological interventions to treat insomnia, reducing reliance on pharmaceutical drugs which may contain side effects or be unsafe long-term.

Although CBT-I has a body of literature validating its efficacy, its application in clinical practice is a complicated dilemma (Chambe et al., 2023). This is because there is a lack of clinicians trained in CBT-I, and the intervention itself is time-consuming and expensive. Fortunately, other interventions are currently being researched, and bright light therapy (LT) is one that has received considerable attention. Light has a relationship with sleep and alertness through biological systems such as the circadian rhythm, clock synchronisation, sleep homeostat, and the alerting effect. Moreover, light influences cognitive function and mood. Chambe and colleagues (2023) conducted a meta-analysis investigating the efficacy of LT for insomnia disorder. The researchers reviewed 296 journal articles and narrowed their final inclusion to 22 studies, which included 726 participants (mean age was 64.2; and 63% were women) with 442 receiving LT. They found that LT significantly improved wake after sleep onset (time spent awake after falling asleep), which is associated with sleep quality. Furthermore, preliminary results revealed that morning light exposure improved sleep latency (time taken to fall asleep), and total sleep time.

A preliminary investigation by Miller and colleagues (2015) examined Sleep Restriction Therapy (SRT) on insomnia. The researchers found that SRT elevated cortisol concentrations in the morning, and dropped core body temperature during sleep, indicating better sleep quality. Synthesised, these articles highlight the efficacy of biological interventions (e.g., LT) and measurements (e.g., measuring cortisol levels) for treating and

assessing insomnia (Chambe et al., 2023; Miller et al., 2015). Nevertheless, the majority of studies Chambe and colleagues (2023) reviewed had limitations, notably they comprised of small samples which weaken internal validity. The researchers included older articles that defined diagnostic criteria for insomnia ambiguously, and a multitude of intervention factors (i.e., time of day, intensity, and duration) varied. Additionally, publication quality was scored which resulted in only five studies achieving a low risk of bias, while the overall quality was recorded as low to intermediate. Ultimately, the significant heterogeneity and low-quality of research papers restricts the validity and generalisability of the results. The literature on LT illustrates how psychologists can administer biological interventions to treat insomnia, which addresses the need for clinicians to be trained in CBT-I, and decreases therapy time.

This essay has analysed how psychologists can support individuals suffering from chronic insomnia with psychological and biological interventions, however, often during treatment psychologists explore their client's social and cultural background. This is because research has verified social support and cultural tradition as either a protective or harmful factor for wellbeing (depending on the perceived emotional evaluation). Gosling and colleagues (2014) sought to understand how health status and social support were related with job stress and sleep difficulties. The researchers delivered three questionnaires over an 8-year period to 1946 participants (aged around 40–44) which assessed sleep difficulties, and collected data on job stress, physical and mental health, social support, and demographic factors. Participants were categorised along this 8-year time frame as either living with short-term, chronic, or no sleep problems. Gosling and colleagues (2014) reported perceived job unmarketability (ability to find similar employment) considerably disturbed short-term sleep. None of the other job stress outcomes were correlated with short-term or chronic sleep complications. Furthermore, compromised physical and mental health led to greater chances of developing both short-term and chronic sleep issues, with a higher likelihood for

developing chronic sleep disturbances. Lastly, negative social support (e.g., feeling tension and arguing) increased and maintained chronic sleep difficulties.

Building on this, Troxel and colleagues (2010) studied the effects of social support on 79 older adults (aged 60 and older) with insomnia. The researchers observed that more social support was correlated with less wake after sleep onset (time spent awake after falling asleep), and diminished sleep latency (time to fall asleep after going to bed), reflecting enhanced sleep quality. Collectively, this evidence reveals the importance of social support for sleep and overall wellbeing (Gosling et al., 2014; Troxel et al., 2010). Despite these results, the Gosling and colleagues (2014) study consists of limitations involving, participants being exclusively interviewed once every 4 years, causing the chronic sleep classification to be inferential. The impacts of job stress may occur temporarily, as after 4 to 8 years' circumstances relating work change (e.g., having a new job). Also, the researchers used the Goldberg Depression and Anxiety Scales questionnaire to evaluate sleep complications instead of an established sleep questionnaire, limiting internal validity. These findings confirm the importance of psychologists inquiring about individual's social and cultural backgrounds in treating chronic insomnia.

This essay has examined how psychologists can provide support and treatment for individuals suffering from chronic insomnia. A psychological intervention which has received substantial evidence is Cognitive Behavioural Treatments for Insomnia (CBT-I; McCrae et al., 2019; Edinger et al., 2021). It functions by teaching individuals sleep hygiene; adopting better sleep habits (i.e., setting regular bed and wake times); practicing meditation; and challenging distorted cognitions (e.g., "No matter what I do, I cannot sleep" to "I can improve my sleep"). Bright Light Therapy (LT) is a biologically based treatment which is currently being researched with promising results (Chambe et al., 2023; Miller et al., 2015). The treatment addresses problems with CBT-I, involving a lack of trained clinicians and

lengthy therapy time. Moreover, social support either has a protective or harmful influence on insomnia, depending on an individual's perceived emotional assessment (e.g., I perceive my social support as limited, therefore I feel depressed; Gosling et al., 2014; Troxel et al., 2010). Altogether, the literature confirms through the biopsychosocial model of health that psychologists can administer psychological, biological, and social/cultural interventions to support and treat complex conditions, such as chronic insomnia.

References

- Chambe, J., Reynaud, E., Maruani, J., Fraih, E., Geoffroy, P. A., & Bourgin, P. (2023). Light therapy in insomnia disorder: A systematic review and meta-analysis. *Journal of Sleep Research*, 32(6), e13895. doi.org/10.1111/jsr.13895
- Edinger, J. D., Arnedt, J. T., Bertisch, S. M., Carney, C. E., Harrington, J. J., Lichstein, K. L., Sateia, M. J., Troxel, W. M., Zhou, E. S., Kazmi, U., Heald, J. L., & Martin, J. L. (2021). Behavioural and psychological treatments for chronic insomnia disorder in adults: an American Academy of Sleep Medicine clinical practice guideline. *Journal of Clinical Sleep Medicine*, 17(2), 255–262. <https://doi.org/10.5664/jcsm.8986>
- Gosling, J. A., Batterham, P. J., Glozier, N., & Christensen, H. (2014). The influence of job stress, social support and health status on intermittent and chronic sleep disturbance: an 8-year longitudinal analysis. *Sleep Medicine*, 15(8), 979–985. <https://doi.org/10.1016/j.sleep.2014.04.007>
- McCrae, C. S., Williams, J., Roditi, D., Anderson, R., Mundt, J. M., Miller, M. B., Curtis, A. F., Waxenberg, L. B., Staud, R., Berry, R. B., & Robinson, M. E. (2019). Cognitive behavioural treatments for insomnia and pain in adults with comorbid chronic insomnia and fibromyalgia: clinical outcomes from the SPIN randomized controlled trial. *Sleep Research Society*, 42(3). [doi: 10.1093/sleep/zsy234](https://doi.org/10.1093/sleep/zsy234)
- Miller, C. B., Kyle, S. D., Gordon, C. J., Espie, C. A., Grunstein, R. R., Mullins, A. E., Postnova, S. & Bartlett, D. J. (2015). Physiological markers of arousal change with psychological treatment for insomnia: A preliminary investigation. *PLoS ONE*, 10(12), e0145317. <https://doi.org/10.1371/journal.pone.0145317>
- Morin, C. M., & Jarrin, D. C. (2022). Epidemiology of insomnia: Prevalence, course, risk factors, and public health burden. *Sleep Medicine Clinic*, 17(2), 173–191. <https://doi.org/10.1016/j.jsmc.2022.03.003>

Punnoose, A. R., Golub, R. M., & Burke, A. E. (2012). Insomnia. *JAMA Network*, 307(24), 2653. [doi:10.1001/jama.2012.6219](https://doi.org/10.1001/jama.2012.6219)

Sarafino, E. P., & Smith, T. W. (2022). *Health psychology: biopsychosocial interactions* (10th ed.). Wiley.

<https://www.wiley.com/Health+Psychology%3A+Biopsychosocial+Interactions%2C+10th+Edition-p-9781119577829>

Troxel, W. M., Buysse, D. J., Monk, T. H., Begley, A., & Hall, M. (2010). Does social support differentially affect sleep in older adults with versus without insomnia? *Journal of Psychosomatic Research*, 69(5), 459–466.

<https://doi.org/10.1016/j.jpsychores.2010.04.003>

Rubric / Marking Guide / OSCE for this Assessment

Essay Sections	Outstanding	High quality	Quality	Satisfactory	Unsatisfactory	Marks Awarded
	100-85%	84-75%	74-65%	64-50%	49-0%	
Abstract	A comprehensive but concise overview of contents	A clear, concise overview of contents	A concise overview of contents with minor omissions	Overview of contents in an unbalanced way and / or with key omissions of key aspects.	The abstract lacks clarity and failed to present key aspects of essay.	8.5/10
Introduction	A deep level of engagement with the theoretical and empirical literature with skillful connections and synthesis evidenced throughout. Clear rationale, outline of research problem and points to be argued.	A high level of engagement with appropriate theoretical and empirical literature with evidence of analytical and critical thinking with minor issues of clarity. The research problem is appropriately informed by the literature review and is presented.	Demonstrated engagement with appropriate theoretical and empirical literature with some evidence of analytical and critical thinking but lacking in clarity and depth. The research problem is informed by the literature review and is presented.	Demonstrated engagement with appropriate theoretical and empirical literature with limited evidence of analytical and critical thinking. The research problem is partly informed by the literature review and is presented.	Insufficient or no engagement with appropriate theoretical and empirical literature with little or no evidence of analytical and critical thinking. The literature has not been sufficiently used to inform the research problem	20/20
Body	Clearly identifies and explains a connection between psychology and disease. A well-argued and thorough synthesis of the extant literature to support and explain the claims, with a thorough and logical consideration of the implications.	Clearly identifies and explains a connection between psychology and disease, with minor omissions. A well-argued and thorough synthesis of the extant literature to support and explain the claims, with a logical consideration of the implications.	Adequately identifies and explains a connection between psychology and disease, with minor omissions. A well-argued and thorough synthesis of the extant literature to support and explain the claims with a sound presentation of the implications.	Identifies and explains a connection between psychology and disease, with many errors and omissions. The extant literature has been used to support and explain the claims, with the implications noted in superficial ways	Inadequately explain a connection between psychology and disease. The extant literature has been insufficiently used to support the claims.	36/40
Conclusion	Clearly summarises the main points raised in the essay and follows logically form the main body.	Clearly summarises the main points raised in the essay with minor omissions and follows logically form the main body.	Clearly summarises the main points raised in the essay with some omissions and errors and follows logically form the main body.	Summarises the main points raised in the essay, but with some irrelevant details or omissions. The logical flow is inconsistent.	Summarises the main points raised in the essay with key omissions and/or errors. Lack of logical flow with the main body	16/20
Literary Form	Excellent use of APA style (only very minor errors) throughout the essay. Within required word count range. High standard of written expression.	Good use of APA style (only minor errors) throughout the essay. Within required word count range. Sentence structure, word usage,	Adequate use of APA Style throughout the essay. Within required word count range. Sentence structure, word usage, grammar, &	Adequate use of APA Style, but with many errors throughout the essay. Within required word count range. Some errors in sentence structure, grammar & punctuation.	Inadequate use of APA Style throughout the essay. Inappropriate word count. Poor sentence structure, grammar & punctuation.	9.5/10

		grammar, & punctuation mostly accurate.	punctuation accurate with minor errors.			
					Total	90

Well done on a comprehensive submission. Take care to signpost your points and logically structure your essay to maximise flow. Congratulations on your application of APA.

Please see comments throughout for suggested improvements and all the best for the remainder of your studies.