Association between sleep-related cognitions and insomnia symptomns. Evidence from a multi-centric Brazilian sample.

Marwin M. I. B. Carmo

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Introduction

Psychological disorders like anxiety and depression are known to co-occur with symptoms of insomnia and are possible aggravating factors for sleep problems (Bélanger et al. 2016). Excess of negatively toned cognitive activity about sleep may maximize worries, ruminative thoughts can increase arousal and an anxiety state shifts attention to sleep-related threats (Harvey 2002).The cognitive-behavioral model of insomnia proposes that arousal, cognitions, behaviors, and perceived consequences play an important role in maintaining insomnia symptoms (Morin 1993). The metacognitive model of insomnia expands this idea by defining cognitive activity as primary arousal and how one interprets those thoughts as a secondary arousal. Primary and secondary processes mutually influence each other in respect that the content of maladaptive sleep-related thoughts can have a greater negative impact in the maintenance of insomnia disorder if one is rigidly attached to them (Ong, Ulmer, and Manber 2012).

Aim

To investigate if psychological flexibility moderates the relationship between dysfunctional beliefs about sleep and insomnia severity.

Methods

Data were collected from online surveys responded by 779 adults, age 18 to 59 years, who reported experiencing insomnia symptoms. Participants completed self-report questionnaires, including: Hospital Anxiety and Depression Scale (HADS), Insomnia Severity Scale (ISI), Dysfunctional Beliefs and Attitudes about Sleep Scale (DBAS-16) and Acceptance and Action Questionnaire (AAQ-II). A linear model (estimated using OLS) was fitted to predict ISI scores from DBAS-16 and AAQ-II with age, sex and HADS subscales as covariates.

Results

All continuous predictors were mean-centered and deviation coding was used for categorical predictors. The results of the regression indicated that the model significantly predicted insomnia severity ($F(7, 634) = 42.95$, $p < .001$, $R^2_{adj} = 0.31$), accounting for 31% of the variance.

Conclusion

References

Bélanger, Lynda, Allison G. Harvey, Émilie Fortier-Brochu, Simon Beaulieu-Bonneau, Polina Eidelman, Lisa Talbot, Hans Ivers, et al. 2016. "Impact of Comorbid Anxiety and Depressive Disorders on Treatment Response to Cognitive Behavior Therapy for Insomnia." *Journal of Consulting and Clinical Psychology* 84 (8): 659–67. https://doi.org/f8zqtf.

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