

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

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Introduction (2 paragraphs)

Insomnia sufferers are a group characterized for frequent complaints about quality and quantity of sleep, difficulties in initiating and maintaining sleep and early-morning awakenings with inability to return to sleep (American Psychiatric Association 2013). 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). Evidence suggests that the relationship between anxiety and depression with insomnia are bidirectional, meaning that both poses as risk factors for insomnia and sleep alterations increases risk for emotional disturbances (Riemann et al. 2020).

Excess of negatively toned cognitive activity about sleep may maximize worries and ruminative thoughts increasing 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). People with insomnia tend to hold dysfunctional beliefs and maladaptive behaviors in response to sleep problems which are proxies for the cognitive arousal that feeds the cycle of insomnia.

The metacognitive model of insomnia proposed by Ong, Ulmer and Manber (2012) expands the previous model 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).

Objectives (1 paragraph)

Method (1 paragraph)

Results (2 paragraphs)

Conclusion (1 paragraph)

References

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