

EXPLORING THE IMPACT OF SLEEP DISTURBANCES LINKED TO DEPRESSION AMONG PROFESSIONAL ADULTS: A PHENOMENOLOGICAL STUDY APPROACH

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Abstract

The problem of sleep is an essential factor in human health and satisfaction. Depression related insomnia is a serious concern to everybody's physical and mental health and most especially to working professional. Recent studies indicate that occupational adults who suffer from depression related insomnia, encounter a variety of difficulties compared to occupational adults with other psychiatric disorders including mood and anxiety disorders. To this end, this research set out to describe the life experiences of the professional adults diagnosed with depression related insomnia. The purposive sampling was done based on the local phenomenological study design approach embedded in the interpretive research paradigm. The participants were recruited from Shakoar Mind Care clinic in Bahawalpur. The convenience sample included six participants, three males and females, aged between 25 and 46 years and clinically diagnosed with depression related insomnia. Semi-structured and in-depth interviews were carried out, and small-crafted themes identified using interpretative phenomenological analysis of data.

INTRODUCTION

Sleep is a daily recurring phenomenon that allows a person to overcome fatigue and gain energy for new activities. The thorough operation of sleep is still not understood completely even after years of fundamental research. Sleep exists as a complex combination of physical and behavioral courses. Therefore, to answer the question "why we sleep?" is hard. A common belief is held that by sleeping our mind and body is in a state of relaxing and restoring. One more concept, is that our mind is in partially

non-active state during the time of sleep, the partial active state of mind makes it reasonable to perform work that is difficult to perform when totally wake up (e.g. for processing the information, deleting needless memories and connections of mind that are rarely ever used) (Verbeek, 2004).

In particular, the changes in sleep are experienced as lesser and much disturbed, which might be considered for the reason of higher insomnia complaints later in life. In USA there is an

Association of Sleep Disorder Centers (ASDC) suggested a classification process for sleep disturbances which were based on four sets: Insomnia (sleep onset and maintenance disorders), Hypersomnia (excessive sleep disorders), Dysomnia (disorder of daily rhythm), Parasomnia (disorder during sleep).

The APA and the American Association of Sleep Medicine (AASM) recently collaborated to revamp the clinical criteria for an insomnia disorder diagnosis. New criteria for insomnia disorder in the DSM-5 now reflect a more specific definition of insomnia with the addition of frequency criteria and three-month duration 4 requirements (APA, 2013). Furthermore, in order to emphasize the need for clinicians to treat insomnia independently of other comorbid disorders, the diagnoses of primary and secondary insomnia have been removed. Previous diagnostic criteria (e.g., DSM V-TR) differentiated between insomnia as an exclusive problem (e.g., primary insomnia) and insomnia as the result of another disorder (e.g., secondary insomnia), but with an accumulation of research indicating that sleep requires targeted intervention in order to improve, a paradigm shift in the conceptualization of insomnia and its treatments emerged (Khurshid, 2015).

According to the fifth addition of DSM (APA, 2013), an identification of insomnia disorder requires complaints about the quality of sleep or its duration as indicated by struggling to fall asleep, staying asleep, and/or waking up before time, and the experience of substantial distress in important functional areas as a result. The sleep problem must also occur at least three times in night weekly for minimum of three months and occur regardless of satisfactory chances for sleep. As with other disorders, the sleep difficulty must not be better accounted for by another sleep-related disorder nor may it result from the use of a pharmacological drug or medication. Insomnia can be acute (e.g., associated with temporary illness), persistent, or chronic (Morin & Benca, 2012).

By looking at the effects of insomnia, it is not simple that the disorder is associated with problems, in professional adults. Although the quantity (the amount of hours) of sleep is less important than quality, not many persons are satisfied with less hours of sleep (e.g 5). As Horne claimed that, specific part of a normal sleep at night is only important said to be

core sleep and the sleep left mainly be present as a buffer known as optional sleep (Horne, 1987).

The latest results from the Survey of Insomnia done on US population (AIS) supported the idea that poor quality of sleep is negatively manipulating the working hours (Shahly et al, 2012). Information was taken from 4,991 working Americans, who were interviewed on telephone related to insomnia and eighteen other severe medical conditions (like heart, respiratory, and neural disorders). Twenty percent of individuals with insomnia (having minimum of 12 months experience), have women and professionals between the ages of 35 and 60.

Task performance also declines in relative to attentiveness, capability to solve problem, decision of making correct and speedy choices, processing of simple knowledge and psycho-motor promptness (Bruce & Aloia, 2006; Wolkove, et al., 2007). Among few selective causes of insomnia, stressing, anxiety symptoms and depression are some of the vital and prominent ones. Stress may involve in sometimes minor but repetitive frustrations that gradually form with the passage of time or possibly seen as a result of some painful life events. In adults, insomnia is most common related to maintaining sleep. Special self reports of the patient with insomnia reflect night time sleepiness, particularly daytime performance, as well as cognitive decline compared to the abilities of people having same ages (Bruce & Aloia 2006).

Rationale

Insomnia is a sleep disorder that comprises difficulties in conserving sleep and might occur with other medical conditions and psychiatric disorders. Despite, its high prevalence rate and problems, insomnia is often under diagnosed and under treated especially in Pakistan. There are only few studies mentioning how people experience symptoms of insomnia in their day to day living and how experts try to manage insomnia in their medical background. There is even fewer researches, discovering how the multiple contexts related to insomnia (example: economic, physiological, spiritual, emotional, social etc.) contribute to shape patient's personal experiences and their interactions with others. Thus a more comprehensive understanding of the subjective experiences of insomnia is therefore needed, to narrow down the variances between patients and a

professional helper. The research study will aim to investigate the in-depth phenomenon of insomnia on professional adult's life as there is no specific research on insomniac adults doing jobs. One third of adult come forward with some type of random insomnia and the incidence of severe insomnia is nine to ten percent (Roth & Ancholi, 1999). Thus findings of the study can be used to bring the attention of family and friend towards the damaging effects of insomnia.

Research Objective

- To explore the In-depth lived experiences of professional adults diagnosed with insomnia.
- To understand the management patterns of professional adults with insomnia.

Research Question

- What are the in-depth lived experiences of professional adults diagnosed with insomnia?
- What are the mechanisms of management between their work and sleep related issues (insomnia)?

Methodology

Research Design

Phenomenology research design was implied to investigate the in-depth phenomenon of insomnia on professionals adult's life. It is a qualitative approach to study the lived experiences, feeling and perceptions of participants (Stake, 2006).

Sample and Sampling Strategy

Six participants (n=6), 3 male and 3 females were selected. The sample was collected from Sleep diagnostic Lab Lahore and Shakoore Mind Care Bahawalpur. The participant's selection was done through purposive sampling techniques. It is a non probability sampling technique in which participants are chosen on the basis of purpose of study.

Data Collection

Demographic form

A demographic information form was constructed by the researcher. It included basic demographic information. Demographic data about adults includes age, gender, socioeconomic status (lower, middle or upper), marital status, education, working place, working hours, family system, children or siblings.

Screening questions

List of screening questions were made prior to the interview guide in order to let the researcher have a sample comprising of only respondents that gives useful information to the study's research objectives. People considered un-entitled by these questions were excluded from the examination. Screening questions were made on the basis of DSM-5 diagnostic criteria of insomnia.

Interview guide

Interview guide was developed by exploring different theories and previous research works. Domains were made and according to each domain further questions were developed. Total 33 questions were made which was translated in Urdu for conducting interview. All questions were open ended. Further probing questions were also made for getting detailed answers from the participants until saturation starts. The interview guide was verified from the qualitative research experts.

Semi-Structured Interview

An in-depth interview was conducted from the adults. Semi structured interview was held in which predetermined questions were asked from the participants. Order of the interview is flexible and was changed according to the flow of interview as well as participants. Probing technique was used to explore the meaning making process of participants. Open ended questions were asked to maximize the opportunities for getting highly textured responses. Such questions facilitate the conversation (Guest et al., 2013). Each interview took 35 to 45 minutes to end.

Procedure

Pilot study

Piloting of the study was conducted prior to the main study with a participant using the interview guide and screening questions. It was done to find out problems and barriers linked to participants' selection and the process of researcher being engaged while conducting an interview as a qualitative researcher. It was also conducted to find out the mistakes in the interview guide as to see whether the complete research that has been proposed will actually explore what it is intended to explore. Problems with wording of questions,

probing questions, interview techniques, manners of asking question and the matching of intentions with available data were fixed at pilot stage. Pilot study was not included in the main study but it helped in conducting further interviews with other participants.

Main study

An in-depth semi structured interview was used for the collection of data. It gives a good chance to the contestants for speaking up about their experiences in detail. Adults were asked where they were comfortable in giving the in-depth interviews. It can be in institutions any room/hall or any other place where they feel comfortable. The in-depth interview was done in a room of the sleep disorders research lab while one interview was conducted on a phone. They were encouraged to freely talk in their own words about their experiences. Rapport building was done by asking basic introductory questions which were not related to research. All interviews were conducted by the first researcher doing a qualitative research with suitable knowledge of performing data collecting, especially through interview (Creswell, 2012). The process of interviewing continues until no further themes were emerging and the state of saturation was reached. With the agreement of the participants all interviews were recorded on a phone and then later transliterated word by word. Each interview was begin with open requests such as, "Please would you like to tell me about your experience of insomnia" or "Could you share with me how are you dealing with insomnia". The probing questions were also asked besides main questions to find more details. In the conclusion of each interview, participants were asked about the requirement of contacting again in order to discuss any further questions which might got left. Each interview was lasted for about 35 to 45 minutes.

Ethical consideration

This work was permitted by institution evaluation board. Then permission was taken from institution's head for recruiting participants from their institution. Participants were given inform consents beforehand

in which it was clearly written that they were allowed to back off from study at any time. They were insured about the privacy and confidential information. Their names and personal information were kept anonymous. As it was told to them that their names will not be used instead pseudo names (P1, P2, P3, P4, P5 and P6) will be mentioned in the research. Also they were informed in the start that, interview will be recorded which will only be used for the research purpose and listen by the researcher. These interviews will be kept safe as a pseudo file in laptop. After their willingness, and comfort the interview was conducted from them.

Results

Results highlights the major themes which were extracted through interpretative phenomenological analysis of the interviews. The subthemes are mentioned along with the quotes of the participants which subsequently makeup the major themes. All respondents were professional adults (stated to be employed) were interviewed about how many hours they were obliged to work, or if self-employed, how much time is needed to complete their work in a particular week and their experiences in dealing with insomnia. Also additional demographics were used to analyze their insomnia related experiences and challenges which includes respondent age, gender, marital status, social class, family system, working place, number of children/siblings and years of education. Screening questions were asked from each participant in order to confirm the presence of insomnia as a disorder. As the number of participants interviewed was equal (3=male and 3=female) which helped in comparing the related issues of insomnia in both genders. After analyzing all the interviews, several themes were emerged. Which include: (a) Perceived Reasons of Insomnia, (b) Understanding one's Problem, (c) Psychological Challenges, (d) Physical Complaints, (e) Behavioral Issues, (f) Work Related Challenges, (g) Social Response Toward Insomniac, (h) Risk Factor, and (i) Management.

Table 1: Themes with Codes and Verbatims

Themes	Codes Extracted	Verbatim
Perceived reason of insomnia	Spousal conflicts, Death of a family member, Family conflicts, Financial difficulties, Bullying, Habit, Genetics	<p>“My husband had an affair with some other girl. Since that time, my sleep has gone away. I was so mad that I had so much fight with him. He left the home”</p> <p>“When I started the job there were some people who without any reason started bullying. I don’t have any tension from it but my sleep was reduced completely”</p>
Understanding of one’s Own Problem	Awareness, Duration	<p>“yes yes I exactly know about it because I am very tired of it, disorder of sleeplessness.”</p> <p>“Where I had 2 hours of sleep, now in 2 weeks it has become 3 to 4 hours.”</p>
Psychological Challenges	Anxiousness, Feeling of helplessness, Social comparisons, Emotional reactivity, Self-blaming, Forgetfulness, Occupied thoughts	<p>“this is the real problem that my tension is not decreasing.”</p> <p>“While everyone is sleeping peacefully I am sitting and longing for sleep. Feels helplessness, perplexity, irritation what else I tell you.”</p> <p>“Actually feels rage on oneself that what has happened with me. Why me”</p>
Physical Complaints	Headache, Dark circles, Numbness in mind and body, Tiredness, Blood pressure, Weight loss	<p>“just because of less sleep in night, feels discomfort, having a headache.....”</p> <p>“yes keep on lying, my eyes stays open while mind seams closed.”</p> <p>“my attention again and again keeps on diverting.”</p>
Behavioral Issues	Burdening, Aggression, Needs isolation, Needs appreciation, Poor concentration	<p>“...after single call I have to force myself that take more calls or target will get achieved.”</p> <p>“whenever I starts a work in a class until I put all my force I am unable to finish it.”</p> <p>“when it was diagnosed lately then I had started to take many leaves.”</p>
Work Related Challenges	More efforts, Feeling of compulsion, Poor quality of work, Taking time to understand things, Wish to quit job, Fear of losing job, Comes office late, No appreciation, Raised number of holidays	<p>“wife had supported me in every good and bad still she do. Children are also explained to not make noise.”</p>
Social Response Toward Insomniac	People are judgmental, Relationships, People at work	<p>“yes that’s why costumers complaints came and I got scolded by the boss.”</p>
Risk Factor	Tea addiction, Cigarette addiction, Thoughts of dying, Unintentional suicide attempts, Hobbies are over, High accident rate	<p>“yes but if I don’t drink this much tea I am unable to do work the whole day.”</p> <p>“yes I feels sometime that I will die soon, infact many time I think I will die early. My life is not very long.”</p> <p>“yes I was fond of reading Hadeas books but now it has been over.”</p>
Management	Medication, Praying, Techniques used	<p>“one thing is that here they have started to give me medicine from the beginning.”</p> <p>“yes after Fajar Namaz I feels like at time I can sleep a little better but obviously I had to wake up.”</p> <p>“psychologist had taken sessions in which he changed my mind with talking”.</p>

Discussion

In sleeping disorders insomnia is the most common one, as it disturbs the daily lives of millions of general population around the world (Leger & Bayon, 2010).

Even though there are researches, present on different variables thought to be affecting quality of life and sleep in the adult individuals, but the number of work done to investigate the relation between insomnia and

life of professionals is very few. The present study therefore was done in order to evaluate the experiences of professional adults with insomnia. In this chapter, all themes are discussed with the references of literature as well as researchers own analysis.

The current study revealed psychological experiences of professional adults living with insomnia. Psychological experiences are linked with all other features of social and physical functioning's as it is supposed that person's problems are all inter-linked. This concept is supported by the biopsychosocial model (Engel, 1977) which views insomnia disorder as an invention of biological features such as genetics (history of insomnia in family i.e paternal maternal), behavioral characters such as aggression, poor concentration etc. and social conditions such as work place relations, family relationships, and social support given by family and friends. As shown in ours results that living with insomnia and experiencing it day and night is a very exhausting process which can be measured from numerous aspects. The major themes that were developed, was an understanding of one's own problem, psychological impact after insomnia, physical complaints, behavioral issues, profession related work challenges, social response toward insomniac, risk factors and management.

While the routine of a patient who is diagnosed with insomnia is diminished in many domains of daily living, the mind is therefor also involved with the unpleasant and disturbing experiences. On contrary, negative thought pattern about lack of control regarding insomnia and having to accept it, could produce impaired daily living. Therefore, insomnia is considered as an exceptional experience that may have interlinked the elements, and their interaction should be measured in the assessment and treatment of insomnia patients (Seiberling, 2011). As comprised in previous studies (Johnson et al., 2006; Riedel & Lichstein, 2000), the significances of insomnia, can be understood by looking into the description of the experiences of insomnia. The correlation between the folk theories were also sought to establish and held in patients with insomnia about the bases of their own insomnia.

Results showed that the reason of insomnia which can be proved through literature as (Pigeon, 2015) stated that, unfortunately, individuals suffer insomnia

disorder most often by themselves, a lot of time assuming it as a condition they bring upon themselves through poor habits and routine of sleep or choices made in their lifestyle (e.g., having coffee all the time or working shifts, etc.). The finding proposes that the patients with insomnia disorder experience frequent anxiety or discomforts that might affect with the comfort and quality of life. The finding of (Harvey & Greenal, 2003) are also in line suggested that the individuals with insomnia worry terribly about the concerns of insomnia. Lastly, suicide thoughts were another experience of these insomnia patients. Hopelessness feeling due to lack of control because of insomnia and other constituents of depressed mood were among the causes of suicide mentioned by our participants. The connection between insomnia and suicide ideation has been described in other studies (Pigeon et al., 2012).

The Quality of Life Model detects four areas that describe individual's life quality. The four domains consists of physical well-being (eg, sleep), psychological wellbeing (eg, stress), public well-being (eg, family suffering), and spiritual well-being (optimism) (Ferrell et al., 1991). Each domain present can act alone or in connection with the other areas and finally impair the quality of life. This theory can be defined as in the study; all four domains were present in the participants due to which they have poor quality of life.

Accordingly, insomnia and all the experiences of professional adults dealing with insomnia can be explained through the Spielman's three factor theory (Spielman et al., 1987). It includes predisposing factors such as anxiousness, feeling of helplessness, then precipitating factors such as death of participant's 3 husband, further perpetuating factors which may include night time routine or having tea or cigarettes, lastly pavlovian conditioning which was also seen in all participants. Consequently, it is supposed that insomnia has a profound and persistent consequence on life. The association among daily routine factors and growth of insomnia specifies that some aspects such as smoking and having caffeinated drinks such as tea, coffee or energy drinks can have a negative result on sleep quality (Lohsoonthorn, et al., 2013). A national sleep foundation census found that individuals who drank four or more cups of caffeinated drinks a day were more likely to experience

at least one symptom of insomnia at minimum in few nights each week.

Conclusion

The main purpose of the study was to find the In-depth lived experiences of professional adults diagnosed with insomnia. The narratives of participants interviewed revealed that insomnia experiences are related to both mental and everyday components that might inhibit with the on the go participation in daily living and also professional life. Insomnia appears to compromise productivity at work, leading to double efforts as it effects the concentration and alertness level of the individual. Work becomes compulsion even if it was of choice before. Insomnia may leads to poor quality of work, raised number of holidays, individual start taking extra time to understand things, they may wish to quit job, some also had fear of losing job. Participants with insomnia also mentioned that they become fed-up, often comes office late, due to their poor performance clients, students and other workers do complaints which results in no bonuses or appreciation yet warnings from seniors. Current study also discovered other factors experienced by professional participants which include changes in behavioral, psychological and physical issues. Results also indicate many risk factors faced by individuals with insomnia.

Implication

- Future research can be done on finding solutions by asking the medical doctors, nutritionist and health psychologists to design a management plan for young adults with demanding profession.
- A study can be done on the experiences of students with insomnia as how they deal with their academics.
- Further work can be done on the perceived reasons that cause insomnia.
- Institutes like school and colleges can play an important part in helping individuals to cope with stress before they go in professional field and face such disorders.

Recommendation

- Collecting information from participants who have experienced insomnia has given a profound understanding of insomnia and its effects on the daily lives of these individuals.

- The approach provided us with diverse experiences as we interviewed both male and female participants with insomnia of different age group.
- Study also revealed different management techniques of insomnia.
- This study was also cost efficient
- No participant was harmed during the research, researcher successfully managed to fulfill all ethical concerns.

Limitation

- The study was carried out in only one city. Hence, the researcher believes it would be a good idea to conduct the study on a larger scale.
- Finding the study populations had been a concern as it was difficult to distinguish between insomnia as a symptom of a psychological disorder from those who have insomnia as a sleep disorder.
- Participants were not very well aware of the treatment they were going through as they even didn't remembered the name of medicines they were taking which gives us poor insight into the management plan of insomnia.
- It was also difficult to know from where the participants were linking their health status for instance with past mental status or with mental status of others in similar age groups, family members, or to the general population, which was increasing lack of correspondence in participants answers.

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