

INTRODUCTION

Previous research has shown that individuals with insomnia have less internal sleep locus of control than the general population (Vincent et al., 2004), indicating that insomniacs are less likely to attribute their experiences of sleep to internal, intentional causes. We examined whether college students who met the criteria for clinical insomnia, based on a self-report scale, score lower on internal sleep locus of control than students whose score indicates no significant insomnia.

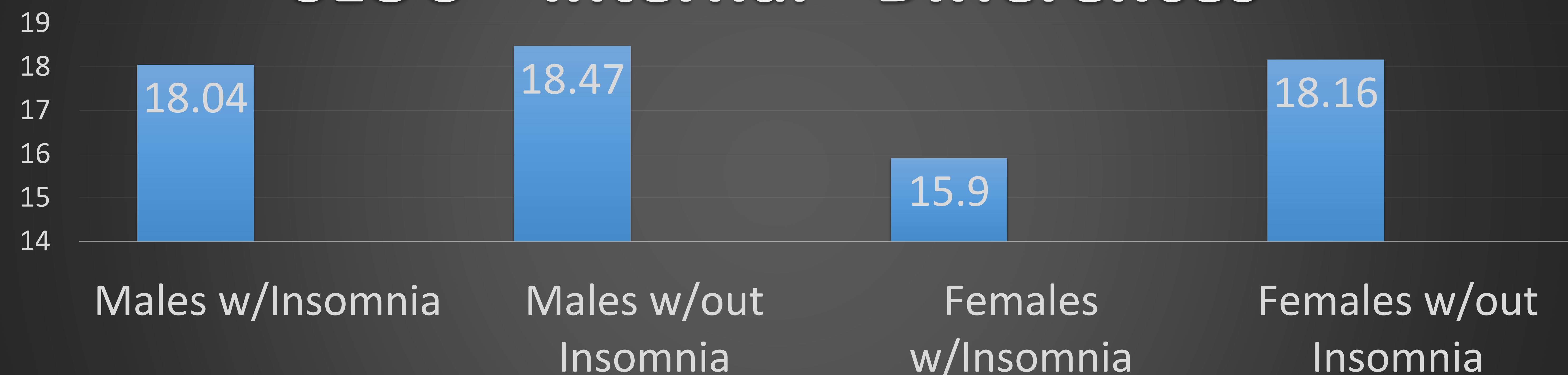
METHOD

Seven-hundred-and-forty-seven college students completed an online survey that included demographics, measures of sleep behavior, sleep locus of control, and insomnia. Participants were recruited through class announcements and social media on a voluntary basis. Sleep locus of control was measured by the 8-item Sleep Locus of Control (SLOC) scale and insomnia was measured using the 7-item Insomnia Severity Index (ISI). Internal sleep locus of control was calculated by summing five of the eight SLOC items. Three-quarters (75%) of the participants were female and the majority (92%) identified themselves as Hispanic. Participants' age ranged between 18 and 56 years (M=23.2, SD=5.29).

RESULTS

Seventy-three percent of students (N=543) reported sleeping alone (rather than with a partner) and were used in the final analysis. Based on established criteria, individuals who scored 15 or above on the ISI were classified as insomniacs, those who scored 7 or below were classified as non-insomniacs. Separate analyses were carried out for males and females. For males, internal sleep locus of control did not differ between insomniacs and non-insomniacs (M=18.04 and M=18.47, respectively), $t(84) = 0.24, p > .05$. For females, insomniacs had significantly lower internal SLOC than males (M=15.90 and M=18.16, respectively), $t(238) = 2.62, p = .005$.

SLOC – Internal - Differences



DISCUSSION

Our results replicate previous research demonstrating less internal sleep locus of control in individuals who meet the criteria for clinical insomnia and extend this relationship to a sample of predominantly Hispanic college students. Research suggests that cognitive behavioral therapy for insomnia may be more effective for those with internal sleep locus of control. Given the low levels of internal SLOC in insomniacs, treatment approaches that attempt to increase these levels may prove beneficial.

References

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