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Kind attention and non-judgment in mindfulness-based cognitive therapy applied to the treatment of insomnia: State of knowledge

Attention bienveillante et non-jugement dans la thérapie cognitive basée sur la pleine conscience appliquée au traitement de l'insomnie : état des connaissances

M. Larouche [a], G. Côté [a], D. Bélisle [b], D. Lorrain [a,c,*]

[a] *Department of psychology, faculty of letters and human sciences, university of Sherbrooke, 2500, boulevard de l'université, J1K 2R1 Sherbrooke (QC), Canada*
[b] *Department of letters and communication, faculty of letters and human sciences, university of Sherbrooke, 2500, boulevard de l'université, J1K 2R1 Sherbrooke (QC), Canada*
[c] *Research center on aging (Sherbrooke geriatric university institute-health and social services center), 1036, Belvedere street South, J1H 4C4 Sherbrooke (QC), Canada*

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ABSTRACT

Psychophysiological insomnia is characterized by acquired sleep difficulties and/or a state of hypervigilance when going to bed. This mental and physiological condition prevents sleep onset regardless of the presence of anxious or depressive disorders. Despite the fact that cognitive behavioural therapies have been shown to be effective for this disorder, some people are not responding to this treatment. It is therefore important to explore new ways of increasing the effectiveness of current treatments. Approaches based on mindfulness, which promote a non-judgemental acceptance of the living experience, are increasingly reported in the literature to be effective in the treatment of various physical and psychological health conditions, being particularly efficient in reducing the stress and discomfort associated with these problems. This article focuses on some cognitive factors associated with maintaining insomnia and suggests that approaches based on mindfulness, through certain action mechanisms, may help to improve sleep. A review of recent studies on the application of mindfulness-based approaches to treat insomnia is hereby presented. Avenues for future research to improve insomnia treatment protocols based on mindfulness are suggested.

Mots clés :
Insomnie psychophysiologique
Sommeil
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RÉSUMÉ

L'insomnie psychophysiologique se caractérise par des difficultés de sommeil conditionnées et/ou une hypervigilance au moment d'aller au lit. Ce conditionnement mental et physiologique s'oppose au sommeil, indépendamment de pathologies anxieuses ou dépressives. Malgré le fait que les thérapies cognitives comportementales ont été démontrées efficaces pour ce trouble, certaines personnes ne répondent pas à ce traitement. Il apparaît important d'explorer de nouvelles pistes qui pourront servir à augmenter l'efficacité des traitements actuels. Or, les approches basées sur la pleine conscience (*mindfulness*) qui encouragent l'acceptation et le non-jugement de l'expérience sont de plus en plus rapportées dans la littérature comme étant efficaces dans le traitement de divers problèmes de santé physique et psychologique, et particulièrement pour réduire la détresse associée à ces problèmes. Cet article fait le point sur certains facteurs cognitifs associés au maintien de l'insomnie et propose que les approches basées sur la pleine conscience, par l'entremise de certains mécanismes d'action, puissent contribuer à améliorer le sommeil. Une revue de récentes études portant sur l'application d'approches basées sur la pleine conscience pour traiter l'insomnie est présentée. Des avenues de recherches futures visant l'amélioration des protocoles de traitement basés sur la pleine conscience pour l'insomnie sont par la suite suggérées.

* Corresponding author.
E-mail addresses: dominique.lorrain@usherbrooke.ca, dominique.lorrain@me.com (D. Lorrain).

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1. Introduction

Insomnia can be a temporary problem, but it can also become recurrent and chronic, impeding sufferers' quality of life and causing marked psychological distress [1]. The prevalence rates for insomnia vary enormously in the literature, from 2 to 48%, according to studies [2]. This variance can be explained by the fact that some studies posed general questions on the quality or quantity of sleep and others assessed the presence of insomnia based on precise diagnostic criteria [3]. The DSM-IV-TR [4] defines primary insomnia as the complaint of difficulty of falling asleep or staying asleep, or consistent nonrestorative sleep for at least one month that causes notable distress or changes in daily functioning. This sleep disturbance does not arise exclusively as part of another sleep pathology or from a medical condition or other mental disorder, and it is not connected to the direct physiological effects of a substance. In addition, the International Classification of Sleep Disorders (ICSD) specified the criteria defining insomnia and psychophysiological insomnia; the latter is characterized by mental and physiological conditioning against sleep, and is independent of the pathologies of anxiety or depression [5]. As such, these are the defining criteria of insomnia:

- the individual reports one or more of the following complaints:
  - difficulty of falling asleep,
  - difficulty of staying asleep,
  - waking too early in the morning,
  - having nonrestorative or poor quality sleep for an extended period;
- these problems occur despite the circumstances and adequate opportunities to sleep;
- at least one of the following diurnal symptoms related to nighttime sleep is reported by the individual:
  - fatigue,
  - decreased attention, concentration or memory,
  - change in social or professional functioning or inferior school performance,
  - mood disruption, irritability,
  - daytime sleepiness,
  - decreased motivation, energy or initiative,
  - more likely to make mistakes or have accidents at work and while driving,
  - tension headaches or gastrointestinal problems resulting from sleep loss,
  - worry, preoccupation about sleep [5].

Psychophysiological insomnia occurs when the individual meets the following criteria:

- fulfills the criteria for insomnia;
- has suffered from insomnia for at least one month;
- demonstrates sleep conditioning and/or hypervigilance in bed as shown by one or more of the following conditions:
  - excessive focus on or hyper anxiety about sleep,
  - difficulty of falling asleep in bed at the desired time or at planned naps but falls asleep easily during regular daily activities (e.g. watching television, reading, etc.) when sleep is not desired,
  - sleeps better elsewhere than at home,
  - mental vigilance in bed and has intrusive thoughts or cannot voluntarily stop the mental activity that prevents sleep,
  - a high level of physical tension, making it impossible to relax the body enough to enable sleep;
- suffers sleep disturbance that cannot be explained by another current sleep problem, somatic or neurological pathology, physical pathology, medication or a substance abuse problem [5].

Three types of factors contribute to the development of chronic insomnia: predisposing, precipitating and perpetuating factors [6]. Predisposing factors increase a person's risk of suffering from insomnia. They may be psychological in nature, such as a tendency towards anxiety, or physiological, as with an unbalanced circadian rhythm. Family or hereditary history can also predispose to insomnia. However, as suggested by Spielman and Glovinsky (1991) [6], predisposition in itself is not enough to lead to insomnia. Other risk factors — categorized as precipitating factors — have been associated more directly to the appearance of insomnia when they reach a certain degree. These precipitating factors may be psychological dysfunctions, such as severe anxiety, or physical, as when suffering from an illness. They can also be linked to environmental factors, like a noisy environment or a bedroom that is too hot. Family or professional stressors — divorce, job loss, etc. — are also considered precipitating factors. Lastly, bad habits and poor sleep hygiene, performance anxiety, and dysfunctional beliefs and attitudes about sleep have all been identified as perpetuating factors of insomnia [7].

Insomnia tends to be a chronic problem, in that, 74% of insomniacs are still suffering one year later and 46% still have sleep problems three years later [8]. In addition, the prevalence of insomnia is higher among people suffering from mental disorders than the general population. Insomnia is a risk factor in the development and recurrence of episodes of major depression [9]. In general, patients suffering from persistent insomnia are three-and-a-half times more likely to suffer from major depression than patients without insomnia. There also seems to be a strong association between anxiety and insomnia [10–13].

As psychophysiological insomnia is characterized by increased activation and learned conditioning between the bedroom/bed-time and conditions that are incompatible with sleep — eating in bed; watching television in bed; solving problems; adopting irregular waking/going-to-bed times; sleeping in; going to bed when not tired; sleeping in a room that is too bright, noisy or hot; taking stimulants close to bedtime; doing intense physical activity before bedtime; having unrealistic expectations about sleep and insomnia; seeking to control one's sleep; worrying; getting angry; etc. [14] — therapeutic strategies have been developed to counter these elements. Cognitive behavioural therapy (CBT) has been shown to be the most effective psychological treatment [15–17]. The behavioural aspects of this therapy include:

- stimulus control, which consists of giving instructions to the clients to help them associate the bed and the bedroom with conditions that encourage sleep and to set a new wake-sleep schedule;
- sleep restriction, which limits the time spent in bed based on the total sleep time;
- relaxation training that aims to reduce somatic tension and intrusive thoughts at bedtime;
- sleep hygiene, to teach the "rules" that help people sleep.

The cognitive elements of CBT are mainly cognitive restructuring techniques that question beliefs about sleep and the lack of sleep and the daytime consequences. Another cognitive strategy is paradoxical intention. By encouraging the client to intentionally stay awake or to give up all efforts to fall asleep, this method intends to reduce or prevent the person from paying excessive attention to sleep or from worrying about not falling asleep.

Several empirical studies have demonstrated the effectiveness of CBT in treating insomnia and have validated its long-term