



Contents lists available at ScienceDirect

Journal of Behavior Therapy and Experimental Psychiatry

journal homepage: www.elsevier.com/locate/jbtep



Metacognitive beliefs in primary insomnia: Developing and validating the Metacognitions Questionnaire – Insomnia (MCQ-I)

Joanne Waine^a, Niall M. Broomfield^{a,*}, Stephen Banham^b, Colin A. Espie^a

^a University of Glasgow Sleep Research Laboratory, Sackler Institute of Psychobiological Research, Southern General Hospital, Glasgow G51 4TF, Scotland, UK

^b Department of Respiratory Medicine, Glasgow Royal Infirmary, 16 Alexandra Parade, Glasgow G31 2ER, Scotland, UK

ARTICLE INFO

Article history:

Received 25 April 2007

Received in revised form 18 February 2008

Accepted 4 March 2008

Keywords:

Metacognitive beliefs

Primary insomnia

Scale development

Sleep

ABSTRACT

Patients with Primary insomnia often experience intrusive, worrisome cognitive activity in the pre-sleep period. Metacognitive beliefs may explain this yet no valid reliable scale exists. The present study, therefore, developed the Metacognitions Questionnaire – Insomnia (MCQ-I). Following initial metacognitive insomnia profiling interviews, item refinement produced a preliminary 60-item MCQ-I. This was administered to 34 primary insomniacs and 37 normal sleepers. Psychometric data indicate primary insomniac patients score significantly higher than normal sleepers on MCQ-I. Test-retest reliability is good. Face, concurrent, construct and discriminant validity, scale sensitivity and specificity are all acceptable. Further research with larger primary insomnia and normal sleeper samples is now required.

© 2008 Elsevier Ltd. All rights reserved.

1. Introduction

1.1. Defining primary insomnia

Primary insomnia disorder involves difficulty initiating and/or maintaining sleep despite adequate opportunity, in the absence of medical/psychiatric causes. Found in 1–2% of the general population, and 12–15% of sleep centre patients, primary insomnia is a known, independent risk factor for depression

* Corresponding author. Tel.: +44 141 232 1300; fax: +44 141 944 8867.

E-mail address: niall.broomfield@ggc.scot.nhs.uk (N.M. Broomfield).

(Riemann & Voderholzer, 2003). Impact on personal, professional and social functioning can be considerable, with fatigue, cognitive impairments and poor motivation commonly reported.

Whilst there is considerable evidence for efficacy of cognitive behavioural therapy in ameliorating primary insomnia (Morin, Culbert, & Schwartz, 1994; Murtagh & Greenwood, 1995; Smith et al., 2002), there remains a lack of research pinpointing how specific cognitive processes might interact, to maintain the disorder (Broomfield, Gumley, & Espie, 2005). One developing area of interest is mechanisms that fuel intrusive and worrisome cognitive activity (Harvey, 2005a).

1.2. Pre-sleep intrusive and worrisome cognitions in primary insomnia

Intrusions are spontaneously occurring, non-volitional thoughts associated with negative affect and which are difficult to control (Clark and Rhyno, 2005). Intrusions are likely to persist if appraised as threatening and receive attention focus, and at such times are experienced as worry and/or rumination (Harvey, 2005a).

There is widespread acceptance that intrusive thinking at bedtime characterises primary insomnia (e.g. Borkovec, 1982). Reports of mental events disrupting sleep are common place at clinic: “my mind keeps racing”. In research studies, this is confirmed. Primary insomnia patients describe their pre-sleep thoughts as intrusive, uncontrollable and negative (Harvey, 2000; Kuisk, Bertelson, & Walsh, 1989), and attribute sleeping difficulties to intrusions (Broman & Hetta, 1994; Espie, Brooks, & Lindsay, 1989; Lichstein & Rosenthal, 1980; Nicassio, Mendlowitz, Fussell, & Petras, 1985). Moreover, experimentally induced cognitive intrusions delay sleep onset, in good and poor sleepers (Ansfield, Wegner, & Bowser, 1996; Gross & Borkovec, 1982; Hall, Buysse, Reynolds, Kupfer, & Baum, 1996).

Despite this evidence, theoretical explanations for *why* intrusive pre-sleep thinking characterises primary insomnia remain lacking.

1.3. The Self-Regulatory Executive Function (S-REF) model

One possible explanatory model is Wells' Self-Regulatory Executive Function (S-REF; Wells, 2000; Wells & Matthews, 1994, 1996). According to Wells, S-REF is switched on when there is a threatening discrepancy between the perceived self-state and the ideal state; for example, wakefulness when the desired goal is sleep. Critically, at the automatic processing level, physical (body state) as well as cognitive and external information is intrusive. So for the sleep-disturbed individual awake at bedtime, noise, thoughts about sleep, planning and being awake can all be intrusive (in theory) and thus lead to processing of the self as a wakeful person (cf. Wells, 2000).

S-REF may, therefore, account theoretically for the occurrence of persistent intrusive thinking in primary insomnia: wakefulness being a particularly salient intrusion to primary insomnia sufferers at bedtime, given their desired goal of sleep. Two metacognitive belief types should operate within S-REF in response to such intrusions: (i) beliefs concerning the meaning of the intrusions (e.g. thinking in bed prevents me getting to sleep) and (ii) plans that guide and shape the form that cognition takes (e.g. before I fall asleep, I should try and switch off my thoughts). We have argued elsewhere these belief types and their associated action plans e.g. thought control strategies, sleep effort, attention bias/focus should characterise insomnia (Broomfield et al., 2005). Importantly, although pre-sleep cognitive activity may not always be experienced as intrusive (e.g. Wicklow & Espie, 2000), any stimulus may do so if it clashes with a person's metacognitive beliefs, thereby triggering S-REF processing to reach a mental state more conducive to sleep e.g. a calmer mind.

1.4. Evidence for S-REF and primary insomnia

Several lines of evidence support metacognitive beliefs and associated action plans as characterising primary insomnia. First, we know primary insomnia patients engage in a range of thought control strategies at night. These include reappraisal, worry, thought suppression and punishment (Ellis & Croy, 2002; Harvey, 2001; Ree, Harvey, Blake, Tang, & Shawe-Taylor, 2005). These strategies are likely to fuel further intrusions (Wegner, 1994) and maintain sleep disturbance. Primary insomnia patients also endorse more positive belief statements about worry (Harvey, 2003a).

Download English Version:

<https://daneshyari.com/en/article/910617>

Download Persian Version:

<https://daneshyari.com/article/910617>

[Daneshyari.com](https://daneshyari.com)