

A STUDY ON THE LEVEL OF NYCTOPHOBIA AND ITS IMPACT ON INSOMNIA AMONG YOUNG ADULTS

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Abstract

The objective of the study is to identify the relationship between nyctophobia and insomnia among young adults. Data was collected using Zung self-rating anxiety scale (SAS) by William W K Zung (1971) and the Insomnia severity index (ISI) by Charles M. Morin. (2011). This quantitative correlational research design used a convenient sampling method and a total sample size of 100 was collected through purposive sampling which include 50 males and 50 females who in the initial interview accepted experiencing fear of darkness. The Pearson product-moment correlation shows that there is a positive relationship between nyctophobia and insomnia at a significance of 0.05 levels. The study concluded that when an individual has an extreme fear of the dark there has a higher level of insomnia among young adults. Implications can be in clinical and counselling settings.

Keywords: Nyctophobia, insomnia, young adults

1. INTRODUCTION

Fear can be experienced by everyone in their different developmental stages. Fear can be debilitating and interfere in daily life. When someone experiences excess fear than normal it leads to phobia. Fear can be triggered and expressed, when danger or a stimulus predicting immediate danger, is perceived. To face this danger, the individual's body can evoke "freeze, fight, flight, fright" reactions (Bracha, 2004). Specific phobias are persistent and extreme fears of certain objects, situations or activities or persons. People, who are suffered from a specific phobia, work hard to avoid the situation or stimuli which can generate a phobic response. People experiencing specific phobias feel helpless to stop their irrational fear even though they are aware of there is no danger or threat in the stimuli or the situation.

Nyctophobia is a type of specific phobia, commonly known as a fear of darkness. It makes people feel anxious and threatened in dark places. They experience intense fear that interferes with their daily life routine and sleep patterns and keep them in an aroused state most of the time. Generally, an individual with nyctophobia anticipates the presence of dangerous things that aren't really present in places confined with darkness. People with nyctophobia experience extreme distress whenever they anticipate the need to go out during the night or to places where there is darkness. Nyctophobia is common among children but can affect people of all ages. In many cases children with nyctophobia have been found to maintain the status even in adulthood. They may have trouble sleeping, have panic attacks and may avoid leaving the house after dark. The fear may range from being afraid of ghost or monsters to that of being attacked by someone with worldwide intentions. They find it difficult to sleep alone in the night alone with the lights off, because of the apprehension that danger is prevalent even inside the closed room and also

there is no one to reach out to in case of expected danger which always keeps them alone preventing them from going into a state of sleep. are not able to convince their mind that they are sleeping alone.

Although there is no identified clear cause for developing nyctophobia, some life experiences can make people more prone to developing it. Parental or Caregiver Influences have been found to have an important role in the development of nyctophobia. If the parents themselves exhibit anxiety or fear with reference to any particular stimulus or situation frequently the child can also develop anxiety with respect to the same. Having an anxious caregiver can lead to a child developing into an anxious child. Similarly, an overprotective approach by parents or other caregivers can also lead to the development of Nyctophobia in children which may extend to adulthood. Since they usually don't allow the child to explore or experience the world with open curiosity and sometimes use confining to darkness as a tool of punishment such as dark detention rooms when a child misbehaves whenever the child exhibits undesirable behavior and sometimes the threat of darkness as a deterrent to control the undesirable behavior. If parents or other adults in the family exhibit too much caution while going out in the dark or the caution the child with reference to unknown dangers in darkness can lead to the development of nyctophobia in children.

Aside from caregivers, stressful situations experienced when the person was present in dark places can lead to the development of Nyctophobia. The traumatic experiences of getting locked inside of a dark closet or room, accidents or other highly distressing, painful experiences such a physical assault by strangers in dark situations etc., can lead to the child developing nyctophobia, these types of undesirable distressing experiences in dark environments can also affect adults who earlier did not have nyctophobia

Like other phobias, individuals dealing with nyctophobia can report a number of symptoms across physical, psychological, and behavioral aspects of their life. Physical symptoms of Nyctophobia more or less mimic the symptoms associated with any other phobic disorders such as difficulty in breathing, increased heart rate, tightness in the chest, trembling, sweating etc. Other symptoms may include disturbances in sleep leading to insomnia and frequent nightmares. The Psychological Symptoms of Nyctophobia. include feeling anxious or experiencing a state of panic, feeling a sense of loss of control or consciousness, and feeling powerless to cope with the stressful situation. The observable behavioral Symptoms can be taking extra efforts to avoid dark places and attempting to escape any situation in which the individual may be surrounded by darkness. If an individual fears the dark they do everything within their ability to avoid situations where there is limited or no illumination and avoid sleeping in dark places which in turn can negatively influence one's health. Similarly, attempts to avoid darkness during sleep by leaving lights on or having a very well-lit room can also be problematic and affect one's sleep quality.

Insomnia is a common sleep disorder that makes it difficult to fall asleep, stay asleep, or wake up too early, making people unable to sleep again. According to Kalmbach DA et., al (2018) a state of mental hyperarousal, frequently marked by worry, has been identified as a key factor behind insomnia Overall patterns in the literature suggest that over-active neurobiological and psychological systems contribute to difficulty sleeping. People with anxiety disorders are inclined to have higher sleep reactivity (Kalmbach DA et., al 2018), which means they are much more likely to have sleeping problems when facing stress. Insomnia can strike anyone at any age. Insomnia is rarely diagnosed in infants under the age of six months since they do not sleep through the night. The condition can be acute (short-term) or chronic (long-term). It may also suddenly appear. Chronic insomnia occurs when a person experience sleeping issues and related daytime symptoms, such as weariness and difficulty concentrating, for more than three months or on a regular basis over the course of several years. Approximately 10% of the population is affected by chronic insomnia. Chronic insomniacs are typically

concerned by their inability to sleep and the symptoms that accompany it. The symptoms are frequently severe enough to affect a person's ability to work or learn, as well as their social and familial lives. Acute insomnia or short-term insomnia condition has the same sleep issues and symptoms as chronic insomnia disorder, but it lasts for less than three months and does not happen three times a week. In any given year, it is estimated that between 15% and 20% of individuals suffer from short-term insomnia. Short-term insomnia is frequently linked to an external stressor, even a serious disease. People who sleep lightly are more likely than others to have short-term insomnia.

People with nyctophobia can also experience sleep anxiety, the fear or worry about going to sleep which can include both apprehensions about not falling asleep and not being able to stay asleep. They may also have the fear that something bad might happen while they are asleep, and hence they undergo significant distress due to the conflict within themselves on whether they should sleep or stay awake and watchful since both statuses creates distress in them.

Research has shown significant gender variations in fear of the dark and that usually the fear of darkness starts from the age of eight years and children's night-time concerns are linked to internalizing and externalizing difficulties, elevated levels of other worries, and weaker effortful control abilities. Night-time worries in childhood have also been linked to anxiety issues and challenges.

According to Levos J et al (2015), the unrealistic fear of darkness observed in children may translate into more realistic fears of adults. For example, adults may be afraid of the darkness because they may face a higher risk of victimization in the dark. Coping strategies that children used to deal with night-time fear include self-control (e.g., telling themselves that monsters do not exist), seeking social support (e.g., parents in the room), and obtaining support from inanimate objects (e.g., sleeping with a stuffed animal), praying, and escaping by controlling the environment, such as turning on lights or controlling others (for example, sleeping on a parent's bed). Research conducted by Shuai Liu, (2021) on mind-body exercise on sleep quality and insomnia in adults. concluded that proper exercise has good physical and mind-body health and it improves sleep and there is a low chance to get insomnia

Kristina Kopeck et al (2017), investigated the night time fears of adolescents and young adults using a self-developed scale (Fear of the Dark Scale) and found that the fear of the dark is equally and remarkably common among adolescents and young adulthood and most of the ways of coping with the fear of the dark were more characteristic of females as compared to males.

The study by Joshua et al (2015) in 122 participants found that only 10 people rated the darkness as their primary fear. The study by Steidle (2014), found that light and brightness increase public self-awareness, and brightness triggered more controlled and reflective forms of self-regulation when compared with darkness. These results suggest that both fears of the dark as an individual variable and darkness as an environmental condition are correlated with less controlled cognitive processes and behaviors. Andrew D Krystal et al (2020), in their research on Insomnia in women based on the available literature, with a focus on epidemiologic data, diagnosis, and insomnia treatment. Premenstrual insomnia, premenopausal and postmenopausal insomnia, insomnia in pregnancy, and insomnia in depression and anxiety disorders revealed that many women have sleeping problems, with the causes being more visible during the menstrual cycle and pregnancy.

Since very minimal research literature related to nyctophobia and no research related to the impact of nyctophobia on insomnia could not found an attempt is being made to understand the relationship between the variable through this study.

2. METHODOLOGY

Aim:

The study is to attempt the relationship between nyctophobia and insomnia among young adults

Hypothesis:

H1: There will be a significant relationship between Nyctophobia and insomnia

Research design:

The present study falls under quantitative correlation research design to identify the relationship between two variables. The study is being done to understand the impact of nyctophobia on insomnia

Sampling technique:

Purposive sampling technique in which total sample was 100 participants comprising of 50 males and 50 females between the age group of 18 to 30 who self-reported experiencing excessive fear of darkness in the initial screening were taken for the study. The standardized questionnaires to assess the intensity of phobic reaction and insomnia were administered to collect the data.

Tools

The Zung Self-Rating Anxiety Scale (SAS) was established to quantify a patient's level of anxiety developed by William W. K. Zung, M.D. (1971), the internal consistency reliability coefficient was 80, and the convergent validity ranged from 0.21 to 0.06. The SAS is a 20-item self-report assessment tool uses Likert scale to assess anxiety levels based on scores in 3 groups of manifestations: cognitive, autonomic, and motor.

The insomnia Severity Index scale was developed by Charles M. Morin (2011). the internal consistency reliability coefficient was 0.70 and the validity coefficient was 83.7. The scale consists of 7 items scored on Likert scale

Statistical analysis

Correlations between variables are calculated. Pearson product – moment correlations was done using SPSS.

3. RESULTS & DISCUSSION

Table 3.1 – Indicates the relationship between Nyctophobia and Insomnia

Variable	N	Mean	SD	r
Nyctophobia	100	41.3200	8.76043	0.233**
Insomnia		13.0800	5.18872	

** . Correlation is Significant at the 0.05 level (2 tailed)

This table 3.1, shows the relationship between nyctophobia and insomnia among young adults. The descriptive statistics reveal that the mean value for nyctophobia is 41.32 and its standard deviation is 8.76043 and mean value of insomnia is 13.08 and the standard deviation is 5.18872 and the data is analyzed using the Pearson correlation coefficient. And it is positively correlated with a value of 0.233**. we can also conclude from the results there is a significant relationship between nyctophobia and insomnia at 0.05 level.

Sleeping difficulties have been found for people with various types of anxiety including generalized anxiety disorder, OCD (Paterson JL et al 2013), and PTSD. Many researches have also shown that there is significant relationship between anxiety disorders

and changes in sleep cycles on people and affect rapid eye movement (REM) sleep, when the person experiences dreams. Intense fear and phobias can cause disturbing dreams which in turn can cause sleep disruptions and Nightmares which can further reinforce the existing fear associated with both sleep and darkness. These results of the current show that people who suffer from phobia especially nyctophobia also experience sleep difficulties. Anxiety spectrum disorders including phobia can have a negative impact on the body's ability to fall asleep as the brain is kept alert in "fight or flight" mode, due to preoccupation with impending problems or disasters irrespective of whether they are real or imaginary. Further the loop of specific anxiety about sleep which by itself can lead to sleep disturbance and insomnia, and the other anxiety and phobias tend to worsen both the conditions. Insomnia can also directly affect the brain functions, because the brain is devoid of the required rest leading emotionally charged status and irritability which can reduce the rational thinking ability of a person, they by reducing the capacity to reason out on factors associated with nyctophobia.

4. CONCLUSION

From the study it is concluded that people nyctophobia has a directly proportional relationship with insomnia which implies that people who suffer from nyctophobia can have sleep problems and the higher the intensity of nyctophobia the higher the intensity of sleep problems.

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