Abstract

The theoretical part of the thesis first presents the physiology of healthy sleep with emphasis on REM sleep and insomnia and its diagnosis and etiology, and then introduces the reader to the hyperarousal model of insomnia and the phenomenon of sleep misperception.

The empirical section addresses two research questions: Firstly, the relationship between sleep misperception and the amount of REM sleep in patients diagnosed with non-organic insomnia; secondly, the relationship between sleep misperception and the BDI-II measure of subjectively perceived depression in these patients

The results show that no correlation was found between the misperception rate and the amount of REM sleep in the sample (Spearman's rho = 0.091, p = 0.103), but a significant weak positive correlation was found between the misperception rate and the measure of subjectively perceived depression (Spearman's rho = 0.154, p = 0.029). No conclusions can be drawn from these results about the nature of hyperarousal in insomnia, as our study only examined hyperarousal indirectly, which is also its greatest limitation. The result of the second analysis can be interpreted in several ways: it may be an indication of the relationship between emotional dysregulation and the degree of misperception, but we are more inclined to explain the tendency of these patients to negative distortion, that is, both subjectively perceived depression and subjectively perceived sleep. However, further investigation is needed.

We recommend follow-up studies to directly measure indicators of hyperarousal and to account for psychological characteristics.