

**ADAPTION OF SICK ROLE AMONG
INSOMNIACS IN RAWALPINDI AND
ISLAMABAD, PAKISTAN**



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**This thesis is submitted to the Department of Sociology, Quaid-I-Azam
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By

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Abstract

Sleep and insomnia are commonly conceptualized all over the world as difficulty in sleep in both day and night time. According to the theory health belief model, nature of disease is varied according to the perception of individuals. The researcher took Rawalpindi and Islamabad (Pakistan) for the data collection with 16 respondents (10 males and 6 females). Snowball and purposive sampling was used in the research. This research data was collected through 16 detailed interviews with the use of interview guide. According to the findings, people who are not reachable for sleeping pills: uses substitutive medicine: anti-allergic, cough syrup and anti-infections, for their sleep. Moreover, there is awareness of side effects of medicines among respondents. Some of them use sleeping pills for their destruction. After using sleeping pills, unwillingly, they become cause of social disorder: road accidents, fired from workplace and dropout from schools, colleges and universities.

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Chapter No. 1
INTRODUCTION

Insomnia is considering as a psychological and biological problem but this issue leads an insomniac toward deviance in the society. Health is not only about physical, biological or mental health, it is also related with the social well-being. World Health Organization (2016) has clearly defined, the concept “Health” as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. However, sleep is a psychological issue but this is a fact that insomnia is also a social problem (Marinache 2015:17).

Despite the facts, social issues are inclusive in causes of insomnia. Nevertheless, insomnia is out of the sight in social context and latently, insomnia cause of some social disorders and it is not considering a chronic disease in the society. Particularly, insomnia was not considered a social issue at all. The ratio of insomnia among people was spreading in core countries. The burden rate of insomniacs on the society could be estimated through an approximate cost of insomnia \$92.5 to \$107.5 billion annually in the U.S (Camilleri 2007:35). 20% of the population consisted of insomniac people in china (Wang et al. 2001:3). Sick leaves in work place were also a direction towards social disability in workplace due to insomnia. Moreover, the casual link between social disorder and insomnia was estimated in Norway, long term sick leave was found highly as

compare to short term sick. Long term sick leave refers to more than 12 weeks (Gjernes 2013:175).

Only chronic insomnia was not a reason of sick role adaption, using of unusual sleeping pills without prescription of doctor, Z-drugs¹ and particularly Benzodiazepines² were also cause of some social disorder and workplace deviance. Sleeping pills and other hypnotic sedative drugs³ are cause of many side effects which leads an insomniac to be unacceptable activities in the society. These hypnotic sedative drugs are cause of headache which never allowed an insomniac to concentrate and makes an insomniac stubborn. Moreover, benzodiazepines cause of unacceptable activities in society. 33% to 75% insomniacs were involved in different type of deviance in work place; stealing, computer fraud, destruction⁴, defalcation⁵ malingering (Harper 1990:47).

1.2 Problem Statement

This research is aimed on the adaption of sick role among insomniacs in Rawalpindi and Islamabad. The basic purpose of this research is to

¹ Z-drugs are the group of high potential sleeping pills, mostly start with Z.

² Benzodiazepines are the high potential sleeping pills that induce sleep and have more side effects than non-benzodiazepines

³ Drug taken for its calming or sleep-inducing effect; a general term for sleeping pills

⁴ Damage to public or private property.

⁵ Illegal use of money by someone who has responsibility for it

highlight the issue: how sleeping pills and benzodiazepines cause of social disorder and work place deviance.

Second purpose of this research is to identify the techniques and remedies for the insomnia. What remedies people use for their cure of insomnia? Are people aware of the side effects of hypnotic sedative drugs?

This research is intended to explore the all the bio- psycho-socio indicators of insomnia, side effects of insomnia, taking remedies for insomnia and how these remedies disturb the social life of an insomniac.

1.3 Objectives of the Study

The main objectives of this study are:

1. To study the process of acute insomnia to chronic insomnia.
2. To know that how insomnia disturbs social life of an insomniac.
3. The specific effects of sleeping pills on the individual and how these effects trigger an insomniac in different types of deviance in society.

1.4 Significance of Research

There are researches conducted on insomnia, sleeping pills, social activities and on sick role adaption. However there is no detailed and in-depth work is done on insomnia and sick role adaption. This research

explained the effects of insomnia on individual and society with all the dimensions of social context. This research has combined the both work of insomnia and adoption of sick role together. This research has also explained how people use the medicine (for cure of insomnia).

Chapter No. 2
LITERATURE REVIEW

Sleepless is considered a psychological, physical, biological and social issue. All medical and psychological facts are not refused but the social indicators of insomnia are rarely discussed. Why sleep is considered as ignored part by sociologist if insomniacs were increasing and society is affected by them (Marinache 2015:18)?

2.1 Worldwide Ratio of Insomnia

Insomnia was considered as a chronic disease. It had become a serious issue. Not only for the individual but also it was burden on society. The burden rate on economy in America measured through an estimation of the annual cost of insomnia in the United States \$92.5 to \$107.5 billion (Camilleri 2007:36). Sleep deprivation cost US 150\$ billion in terms of accidents and lost productivity for the US economy. It was also cost for the deviant behavior (Christian and Ellis 2011:914). The ratio of insomnia in the several societies was different. In China, there was a few numbers of insomniacs found there and 20% of the population was consisting of insomniacs that spread the vulnerability of spreading more insomnia in China (Wang et al. 2001:4).

Poor sleep was caused of irregularity in sleep. Owing to poor sleep pattern, sometime insomniacs adopt sick role by different ways. Long term sick leave was found highly as compare to short term sick leave. Long

term sick leave referred to more than 12 weeks. There was social anxiety disorders caused for the disturbance of sleep and disturbed sleep was caused for the long term sick leave. The level of sick leave in Norway was 7.7% in 2009 (Gjernes 2013:175).

According to Smith et al. (2003:2), between 29 and 43%, a significant proportion consisted of those insomniacs, who also had OSAHS. In consequence, OSAHS⁶ patients met the criteria for significant insomnia.

2.2 Poor Sleep and Social Disorder

Sleep is an indicator of physical illness. Poor sleep is not only linked with physical illness but also linked with mental illness. Insomniacs bear large costs on sickness, absence, and unhealthy attitude of accidents and early retirements of workers (Kronholm et al. 2011:65).

There were multiple indicators which lead an insomniac toward sick role adaption. People who suffered from insomnia were had lost their productive life and productive abilities to perform social role in the society, for why insomniacs came to adopt sick role adaption with different indicators. Insomniacs were the one of indicator which is burden on society from various aspects. Insomniacs increased healthcare use; a

⁶ Obstructive Sleep Apnea Hypopnea Syndrome is a state of Snorting during sleep, which cause day time sleepiness fatigue

direction toward secondary gain, road accidents by vehicles and through vehicles, negative effects were seen in the age of adolescents, loss of their psychological conceptions and health, conduct and drug abuse (Camilleri 2007:37).

2.3 Types of Insomnia

There are two types of insomnia: primary and secondary insomnia. Psychological, cognitive and behavioral reasons are including in primary insomnia; depression, anxiety, multitasks. (Camilleri 2007:38). Sleep dysfunction is because of post-traumatic stress disorder, mood swings and night mares (Lopez et al. 2002: 162). Secondary insomnia is a disorder in sleep due to other medical issues; chronic diseases (diabetes or cancer). Insomnia was found in diabetes patients approximately 33% then other free of diabetes patients. Poor sleep is highly linked with type 2 diabetes⁷. In addition, diabetes is also associated with some symptoms: neuropathic pain (this is condition which results from injured nervous system as numbness), nocturia (excessive urination at night) and depression that lead

⁷ This is a subtype of diabetes, Type 2 can be hereditary but excess weight, a lack of exercise and an unhealthy diet increase

to sleep disorder (Voinescu, Vesa and Coogan, 2011:69). Primary insomnia is rarely caused of sick role adaption, sick role adaption was found in chronic insomnia (Camilleri 2007:38). Chronic insomnia influenced long term consequences (Lichstien et al. 2006:1).

2.4 Subgroup of Chronic Insomniac

This subgroup was taken from the insomniacs who had chronic insomnia. Subgroups were belonged to the chronic insomniacs and their treatment. There were more active and volunteer patients, asking more and more questions about their health, treatment and prevention. This phenomenon of coping with disease and trend of less adaption of sick role was highly found in educated people not in others. There were four characteristics given for this type of group.

2.4.1 Medical Problems

Individuals in this category had some medical problem that triggers the insomnia continue the future accountability.

2.4.2 Easily Manage

In this category, problems of insomnia were easily managed. There was no need for highly cure or as such treatment. They can be resisted their problem but with little struggle.

2.4.3 Oral Medication

In this category, insomniacs were involved who took vigorous participation simply by taking oral sleeping pills. After taking Sleeping pills, they change their behavior.

2.4.4 Cooperation of Patient and Doctor

In this category, there were patients who were corporate with the doctor regarding treatment. Moreover, tendency, attention and care towards medication, cure and treatment was seen different in acute insomniacs and chronic insomniacs. Chronic insomniacs had more knowledge about their disease and more willingness for the treatment then of those were uneducated. Acute insomniacs had less knowledge about their disease and consequently, they were less interested in their treatment comparatively (Lidz, Meisal and Munetz 1985:243).

2.5 Sleeping Drugs

Use of benzodiazepines and Z-drugs were used for their sleep as cure by insomniacs. Only insomnia was not only a reason to adapt sick role but benzodiazepines were also a major cause of sick role adaption. Use of benzodiazepines and other drugs required a long-time sleep; at least 24 hours, to have calmed sleep. If one fails to complete these hours, insomniac unable to concentrate on society, interaction and on work. Side effects of benzodiazepines and other drugs are however physical and biological but all side effects cause of adaption of sick role. These side effects are headache (which makes an insomniac stubborn and out of decision making ability), rebound insomnia (which lead an insomniac dependent of drugs; disturbs some social activities and memory lost). Loss of memory interrupts all social activities; forget promises, deals and projects (Camilleri 2007: 38).

Smith, Robinson and Segal (2017:2-5) described the risk indicators of benzodiazepines and non-benzodiazepines in detail. While, some of indicators are same as Camilleri (2007:37) discussed shortly. In addition, usage of sleeping pills lead an insomniac toward drug dependence where insomniac lost his or her natural sleep and get artificial sleep. Drug tolerance; which leads an insomniac to bear high power medicine were no

more than sugar pills for the insomniac as benzodiazepines were riskier than non-benzodiazepines. Withdrawal symptoms were also risky; stop medication abruptly caused vomiting, shivering and sweating. Drug interaction lead a person destroys completely if insomniac takes other painkillers or other may cause reaction, infection.

There was an underlying medical or mental disorder that caused of uncertain and unwilling accidents by sleep disorder; sleep walking. Moreover, sedative medication caused allergic reaction, facial swelling which really stop an insomniac to interact with others and unable to get gathering. Suicidal thoughts or actions are also side effects of sedative hypnotic which lead a person toward any type of social crime (Smith, Lawrence and Segal 2017:2-5).

2.6 Work Place Deviance and Sleep

Sleep is total or partial deprivation. Both represent an induced state of condensed thinking and all mind process capacity (Barnes and Hollenbeck 2009:56-66). Both total and partial sleep deprivation has implication for the incidence of workplace deviance (Weinger and Ancoli-Israel 2002:955). Sleep deprivation showed to have little effect on logical reasoning and rule-base cognition, it affected on contrary thinking and

self-instruction were well documented (Harrison and Horne 2000:236-249).

Sleep deprivation disturbed individual in workplace. There were two critical conditions under focused which present the relationship between sleep deprivation and workplace: self-control and hostility. Self-control referred to a control as strength over the self and hostility refers to a negative emotional state: anger and disgust (Watson and Clark 1994:2). Where, sick role adaption was linked with work place deviance. Similarly, insomnia was linked with the shift work disorder as sleep was disturbed due to change pattern of working hours (Gumenyuk et al. 2015:119). 33 to 75 % insomniacs were involved in different type of deviance in work place; theft, computer fraud, false promises, barbarity and absenteeism (Harper 1990:49). Not only annually reports but also daily base media reports showed thousands of workplaces deviance among police officers, violent behavior in the post office on Wall Street (Robinson and Bennett 1995:555).

The burden of insomnia is highly affected in the society. It significantly affected the society and on the individual. It meant not only individual but also society were affected equally (Rosekind and Gregory 2010:618). It had negative impact on day time functioning with distress and impairments in the personal (fatigue, tensions), social (isolation, social

disorder), occupational (depression, anxiety, shift of workplace) domains as well as on the quality of life. Despite its high prevalence, negative impact and considerable direct and indirect costs, insomnia remained an under-recognized, under-diagnosed and under-treated condition (Leger and Poursain 2005:1787). Issues of insomnia were described. Hence, this question was remained question mark “is insomnia cause of use social media excessively or due to excessive use of social media, people get insomniac.” As Facebook is now referred as “Facebook generation” implying those teenagers are excessively uses face-book and other social media but there was somehow, social media was behind the insomnia (Patrick 2014:2).

Sleep disturbances such as history of insomnia or causes of insomnia, things that triggered insomnia and indicators that kept insomnia continuous indicators such as behavioral, biological, environmental or psychological in natural (Akram, Ellis and Barclay 2015:2).

2.7 Obstructive Sleep Apnoea Hypopnea Syndrome (OSAHS) and Insomnia

As it is described above that medical and psychological issues are not refuse able. Consequently, these aspects are necessary to study to understand. That is why; insomniacs adopt sick role and work place

deviance. As these indicators were the latent factors in social perspective. OSAHS refers to unusual breathing through airways; mouth and nose. Insomnia and OSAHS, both are sleep disorders. These both have significant health costs. Statistics said that insomniac patients also suffer from OSAHS (Smith et al. 2003:449).

2.8 Insomnia and Gender

Sociologists always focus on how society makes inequalities in gender, as females handle double deals whether it is household or outdoor jobs. Insomnia is considered one of the reasons for the sick role adaptation; females were involved in sick role adaptation more than males comparatively. Insomnia was being shown in women more across the world and cultures too. Insomnia was considered 1.3 to 2.0 times more common in females as compared to males. There were three perspectives which explained the sex difference in insomnia. These three perspectives were biological, mental illness and sociological (Chen et al. 2005:488).

2.9 Assumptions

1. Insomnia bears large costs of sickness, absence, an unhealthy attitude of accidents.
2. Bio-psycho-social indicators are caused by insomnia.

3. Benzodiazepines are mostly used for the treatment of insomnia.
4. Benzodiazepines become indicator of sick role adaption in the society.
5. Withdrawal of long term use of high potential sleeping pills riskier, however it depends on both quantity and quality of intake.
6. There is high ratio of female sleeping pills users.

Chapter No.3
THEORITICAL FRAME WORK

3.1 Health Belief Model

In the early 1950s, focus of Public Health Services was on the prevention instead of treatment. Many problems were discovered and focused in treatment specially communication between doctor and patient. Communication between doctor and patient was seen weak. In this situation, social psychologist was first developed health belief model in 1950s (Rosenstock 1974:328).

Basic essence of this theory is to explain that health behavior is examined through the behavior which is based on how individual feel or perceive his or her health or diseases. To know about the individual's treatment, prevention and behavior towards the medication, one should have to know about the perception of individual about individual's health. There are four constructions of the health belief model; perceived seriousness, perceived Vulnerability, perceived benefits and perceived barriers. Furthermore, three more variables were being added to these construction; cues to action, motivating indicators and self-efficacy (Rosenstock 1974:329).

3.1.1 Perceived Seriousness

As shows by the title “perceived seriousness”, it refers to the first stage where individual takes his or her disease seriously. To perceive any disease as serious or normal may be depends on the occurrence of

experiences of same disease in the past. For instance, headache is normal for an individual because of past and continuous experiences and took headache as normal or common ailment. Similarly, if one never ever feel headache consistently or had never experience before, might took headache as serious. In short, perceived seriousness refers to whether illness or disease serious or not (Rosenstock 1974:330).

3.1.2 Perceived Vulnerability

Once, one gets to know that the disease is really serious, individual counter its vulnerability to know “how much” this particular disease may harm one's health or life. This sense of perceive vulnerability lead an individual to be capable to take step for its treatment. While, it is considering being a healthy behavior to feel risky to suffer from disease but some time it is totally a secondary gain to perceive higher vulnerability (Rosenstock 1974:331).

3.1.3 Perceived Benefits

According to (Rosenstock 1974:332), perceived benefits refer to the individual's view about the new adapted behavior to overcome the vulnerability of illness or disease. New behavior refers to the useful and easy strategy planed by the individual. In short, it demonstrates; what is

easy and benefit way to overcome the vulnerability. Once one identifies the best way for cure, individual feel many barriers to stop individuals' step to adopt new behavior toward its cure.

3.1.4 Modifying Variables

The four constructions are modified by other variables; cultures, education level, past experiences, skills and motivations. Perception is formed by characteristics of individuals.

3.1.4.1 Cues to Action

Harrison, Mullen and Green (1992:107) argued that cues to action refers to the something, event, goals or destiny that trigger an individual toward a new changing behavior.

3.1.4.2 Self-Efficacy

According to Bandura (1977:71), self-efficacy was being added to the original constructed perceptions in 1988. Self-efficacy is a belief on one's own ability to do anything. No one is doing anything unless they are motivated by or motivated to do something and willing to do. For instance,

if one perceives that any action is useful for, (perceived benefits) but individual is not capable for that, chances that individual will not tried.

3.1.5 Application of HBM on Adaption of Sick Role among Insomniacs

Health belief model is a conceptual framework used to understand the behavior towards the disease. Sick role adaption is an adapted behavior and insomnia is a disease and sometime illness or sickness.

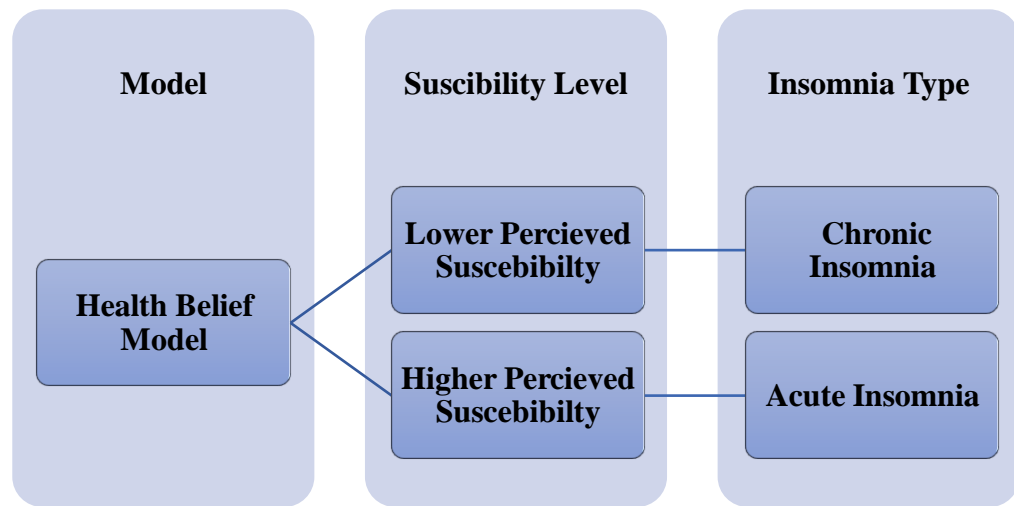


Figure No. 3.1 Health Belief Model

Figure 3.1 is the application of health belief model on the adaption of sick role among insomniacs. This model demonstrates how vulnerability is

cause of two levels of insomnia. The problems of insomniacs toward social role exist in perceived vulnerability in two ways.

3.1.5.1 Higher Perceived Vulnerability

When an individual perceived insomnia as highly risky and vulnerability for the future, this perception of an individual may influence in two ways, Individual may exempt from all the social roles and responsibilities by perceiving acute insomnia as an over vulnerability. Individual may care well of the disease and may not become a symptom of chronic disease.

3.1.5.2 Lower Perceived Vulnerability

When insomniacs think, insomnia is something temporary; it may cause less vulnerability perception toward sleeping pills and insomnia. Lower perceived vulnerability also influences on insomniac in two ways; high perception about vulnerability may cause higher risk toward chronic insomnia. Less perception of vulnerability about acute or temporary ailment disease may cause of fulfillment of all social roles as insomniac perceive their disease as nothing with their health?

3.2 3P Model of Insomnia

According to Buysse et al. (2011:129), this model was first developed in 1980 by Spielman. It demonstrates the causes of insomnia “why people cannot sleep.” The basic purpose of this model is to address the indicators involving in increasing acute insomnia to chronic insomnia. 3P model illustrate the process involving in what cause insomnia? These are three inter-related indicators based on Bio-psychosocial indicators. These three indicators demonstrate the risk indicators, indicators those start insomnia and indicator that keeps the insomnia going.

3.2.1 Predisposing Indicators

Predisposing indicators involve the risk indicators that may cause insomnia. These are the indicators which exist before insomnia shows its symptoms.

3.2.1.1 Biological Indicators

Buysse et al. (2011:130) postulated that biological indicators include some genetic history: blood pressure, depression, anxiety and insomnia. Sometimes, there are only genetic indicators which cause insomnia, habits and nature.

3.2.1.2 Psychological Indicators

Psychological indicators may involve various personality traits (aggression, ego), perception perceived seriousness, psychotic problems. Panic childhood history include in psychological indicators.

3.2.1.3 Social Indicators

Social indicators include usage of drugs, disorganized attachment (when child cannot meet the care and love by the close blood relations) and family dysfunctional pattern and economic status.

3.2.2 Precipating Indicators

According to Buysse et al. (2011:131) precipating indicators involve indicators that start or trigger insomnia. Environment, psychological, social conditions are more often indicate precipating insomnia. This indicator increases Vulnerability of the occurrence of a mental condition.

3.2.2.1 Biological Indicators

Biological indicators include, poor sleep, chronic disease, stubbornness, are the indicators which increase the vulnerability of start insomnia.

3.2.2.2 Psychological Indicators

Psychological indicators involve stress, immediate uncertainties, hypertension and depression. These indicators trigger a person toward sleep disorder or insomnia.

3.2.2.3 Social Indicators

Social Indicators involve lost of significant relationships (break up with loved once or death of dear one), sudden business loss, not to meet social role in society, quarrelling and family conflicts.

3.2.3 Perpetuating Indicators

Buysse et al. (2011:131) argued that perpetuating indicators involve indicators to keep the insomnia going and continuous.

3.2.3.1 Biological Indicators

These indicators include rebound insomnia, dependency on sleeping medication and chronic nature of disease bound an insomniac to keep insomnia going on.

3.2.3.2 Psychological Indicators

These indicators include poor coping ability, loss of memory, confusion and damage of nerve system, aggression and frustration. These psychological indicators keep the going on.

3.2.3.3 Social Indicators

These indicators involve social withdrawal (to align from gathering or social gathering), secondary gain (take disease as a motivation to not to perform social roles) and sick role adaption.

3.2.4 Application of 3P Model on Adaption of Sick Role among Insomniacs

No problem of society could be deeply understood until and unless the core reasons and latent functions of that problem could be recognized. Subsequently to understand the real cause of insomnia that how it is starts developed and continues significant to understand the process of sick role adaption among insomniacs.

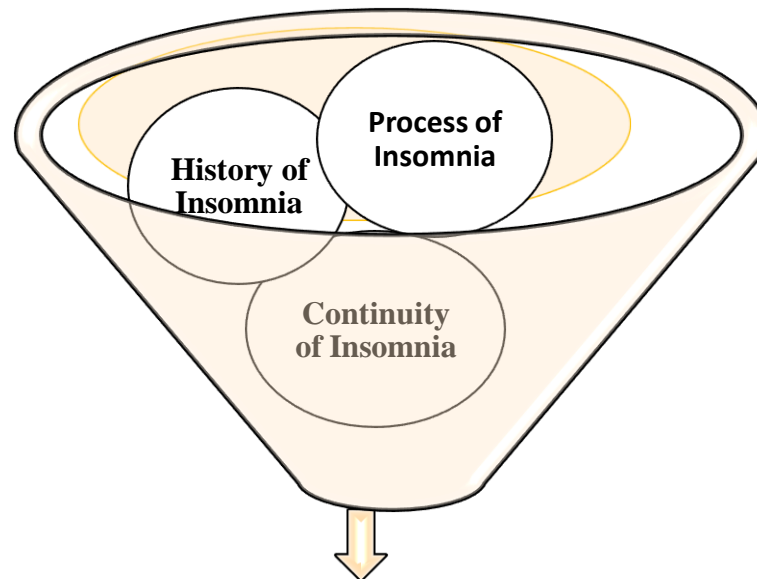


Figure No. 3.2 3P Model

Figure 3.2 is the model of application of 3P model on adaption of sick role among insomniacs. This model demonstrates that three indicators are

needed to study to know the real cause of sick role adaption. These indicators are:

3.2.4.1. Biological Indicators

Biological indicators indicate that sick role adaption is sometime initially biological.

3.2.4.2. Psychological Indicators

Psychological indicators indicate that sick role adaption is somehow cause because of some psychological issues.

3.2.4.3. Social Indicators

Insomnia causes social disorder according to past studies and social disorders some time causes insomnia.

3.3 Sick Role Theory

According to Bissell, Traulsen and Haugbolle (2002:60-62), sick role theory was identified by Talcott Parsons in 1951. Sick role theory was developed out of role theory. The essence of this theory is simply that a role of being sick is govern by social expectations as Talcott Parsons mention four of them as “obligations” and “responsibilities”.

3.3.1 Responsibilities

1. Sick person is exempted from social responsibilities.
2. Exemption from normal social roles.

3.3.2 Obligations

1. Individual must have to try to get well as soon as possible.
2. Individual must seek ways how to get well sooner.

Parson called illness as a special form of deviance, if one deviate from social roles and solidarity, it means person is deviant because of sickness.

3.3.3 Application of Sick Role Theory among Insomniacs

This research is aimed on sick role adaption among insomniacs. This theory explains the sickness and illness in a best direction and explain how individual move toward deviance or sick role. Parson conceptualize sick role in a well manner accordingly, this theory is better applied on this research.

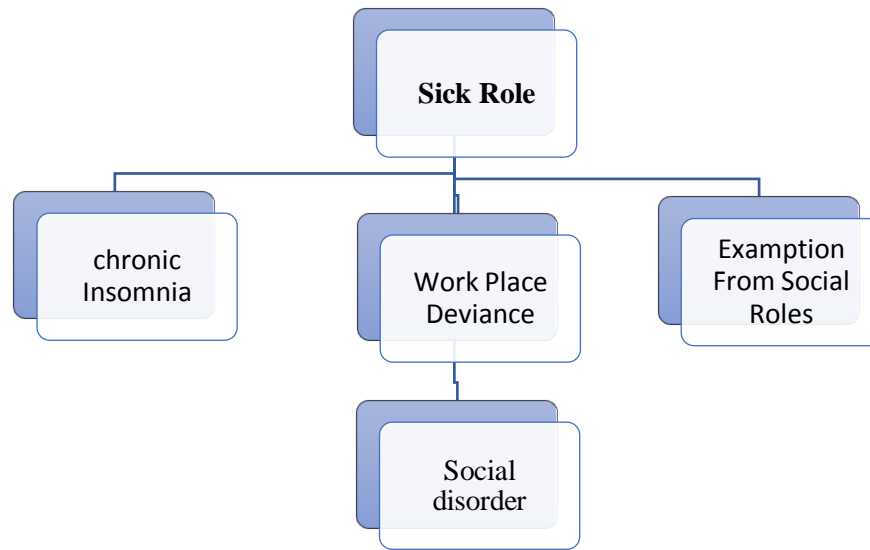


Figure No. 3.3 Sick Role Theory

Figure 3.3 is the application of sick role theory on adaption of sick role among insomniacs. This model demonstrates the indicators of sick role in the context of chronic insomnia. Chronic insomnia causes of work place deviance, exemption from the social roles and a kind of social disorder.

3.4 Propositions

1. Health behavior is examined by the perception of disease by the individual.
2. Perception toward disease may lead an individual toward sick role adaption.

3. Biological, social and psychological indicators are basically involved in causes of insomnia.
4. Sick role adaptation lies in perpetuating indicator of insomnia.
5. Secondary gain is encouraged in sick role adaptation.
6. Sick role adaptation is dependent on nature of insomnia.

Chapter No. 4

CONCEPTUALIZATION AND OPERATIONALIZATION

4.1 Conceptualization

Conceptualization is the process for designing the important concepts with the help of related existing literature. Conceptualization is the procedure for outlining the critical ideas with the assistance of related existing writing. In this study, the researcher has two concepts “insomnia” and “sick role.”

4.1.1 Insomnia

According to the Perlis et al. (2010:851) “currently insomnia is conceptualized in terms of chronicity, categories and subtype. Chronicity refers to whether the insomnia is acute or never-ending. Type refers to the forms of insomnia that have been identified as discrete oncologic⁸ entities including (for adults) idiopathic insomnia⁹, psycho physiologic insomniac, paradoxical insomnia¹⁰, insomnia due to inadequate sleep hygiene and insomnia co morbid with medical or psychiatric illness. Subtype refers to the insomnia phenotype (initial, middle, late, or mixed insomnia).” Insomnia is conceptualized by the types and levels of insomnia either insomnia is on chronic or acute level. Insomnia could be identifying through the levels and types for conceptualized it.

⁸ Branch of prevention

⁹ Chronic insomnia that contains no visible signs of its cause

¹⁰ Moment between sleep and awakens

According to Camilleri (2008:39), “Insomnia derives from the Latin word “insomnias”, meaning ‘sleepless’, is dissatisfaction with the amount, worth or timing of sleep. Patients complain of extended ‘sleep latency, early or multiple awakenings, or the sleep is non-restorative and they do not feel refreshed in the morning. Insomnia is a subjective symptom, not a disease and the patient’s description may be considered as diagnostic. However, to be considered a disorder, the complaint must be accompanied by distress or impairment in the patient’s daytime performance. Regardless of its high prevalence and negative impact, it often remains unidentified.” Insomnia cannot be described through a single indicator. Insomnia can be examined through the timing (how much time patient is sleeping) and what is the quality of the sleep.

According to Public Health Service National Institutes of Health National Heart, Lung and Blood Institute (1995), “Insomnia is not defined by the number of hours of sleep a person gets or how long it takes to fall asleep. Individuals vary normally in their need for and their satisfaction with, sleep. Insomnia may cause problems during the day, such as fatigue, a lack of energy, difficulty concentrating and irritability. Insomnia can be classified as short term, on and off and constant. Insomnia enduring from a single night to a few weeks is referred to as temporary. If episodes of temporary insomnia occur from time to time, the insomnia is said to be

irregularity. Insomnia is chronic if it occurs on most nights and lasts a month or more.” Insomnia is defined by the irregularity pattern of sleep. How individual have sleep pattern. Insomnia is not considered as objective, insomnia was taken as subjective. Insomnia cannot identify the only single scale as other diseases are predicted by the same scales of tools; fever, sugar level, diabetes and blood pressure. Insomnia is diagnosed as the perception and description of the patient same as health belief model demonstrate.

4.1.2 Benzodiazepines

Benzodiazepines are the high potential sleeping pills which cure sleep quantity and quality rapidly. These sleeping pills are more commonly used for insomniacs and recommended for depressed individuals.

4.1.3 Sick Role

The concept of sick role was first defined by the Talcott Pearson, after him, nobody has defined the term “sick role.”

In Parsons’ definition, “the sick person had two rights and two duties to perform. The first duty was to recognize that sickness creates dysfunction in the life of the affected. This lead to the second duty of seeking technically competent assistance to cope with their sickness, whereby it

was assumed the advice would be followed. The fulfillment of these two obligations guaranteed the sick person the rights of being exempt from normal obligations and from normal blames (Reynolds 2014:2).”

A role which is governed by the sick person is called sick Role. There are some responsibilities and rights for the sick person those are expected by society. If a person not obliged these, sick person is adopting secondary gain otherwise.

4.2 Operationalization

Operationalization is the process, by which the researcher clearly describes, elaborates and justifies the concept with the existing situation.

4.2.1 Insomnia

Insomnia is a pure medical term which is not varying or differing from individual to individual as symptoms. There are same symptoms of insomnia as it is conceptualized. However, there is different perception about insomnia accordingly. After observing the facts through data analyzing, insomnia is not something lack of sleep in their daily routine. Insomnia is something totally irregularity and disorder in sleep. Insomnia is cannot measure by the “duration” or “hours.” Insomnia can be determined through the irregularity of sleep. People with insomnia may

sleep any time with any time duration. If one sleep after 3 days for 3 hours, might the same person sleep next time after a week with a little nap and next time may sleep after 2 days for 4 hours and respectively. Sleep only an hour daily (same duration but short duration) is the habitual routine, not insomnia.

4.2.2 Sick Role

Sick role is may be defined after data analysis as “social unacceptable activities in the society and diminishment of the quality by the sick person of social roles but with partial conscious, people do socially unacceptable activities. With total unconscious, people do socially unacceptable activities. Due to improper functioning of neuron because of hypnotic sedative medication, people become frustrated to do social unacceptable activities in the society. Exemption from the responsibilities and social roles is due to chronic disease not to hold secondary gain. According to the current obtained data, sick role is the indicator of some criminal acts, not fulfillment of the promises and deals, misbehave in work place and not using the given authority services.

Chapter No. 5
RESEARCH METHODOLOGY

In this research, the researcher has select qualitative method for the research. It is because the topic of this research was needed to explore in-depth facts. Secondly, in this research topic, it was difficult, or it might be impossible to collect true information without a friendly repo building.

5.1 Universe of the Study

Research is conducted in Rawalpindi and Islamabad. Researcher took 16 respondents for the data collection. There was a quite difficult to find insomniacs in one specific area so two adjacent cities where been chosen for the research.

5.2 Target Population

In this research, the researcher took Rawalpindi and Islamabad for data collection. Population of Rawalpindi and Islamabad was 3.25 million (Rawalpindi 2.098 million and Islamabad 1.152 million). The researcher took 16 respondents from Rawalpindi and Islamabad.

5.3 Sampling Technique

In this research, the researcher had used snow ball sampling technique to collect the information or data. Moreover, the researcher has also used purposive sampling to collect the information. During observation and

deep repo building, the researcher has found the other people who are using sleeping pills from the available respondents. Moreover, the researcher has used purposive sampling by visiting NGOs (working for drugs rehabilitation) and some clinics to know the respondents.

5.4 Pre-Testing

The researcher took four case studies for research pre-testing. It was taken for validity to check research interview guide.

5.5 Sample Size

The sample size was 16 respondents. From which, 10 were males and 6 were females. As research was conducted on the chronic insomniacs only, so these were enough respondents to collect information about adaption of sick role among insomniacs at Rawalpindi and Islamabad.

5.6 Tools for Data Collection

In current research, a tool for data collection was interview guide because research induces about the three-dimensional facts of an insomniac. Voice recording and dairy notes were used while collecting data.

5.7 Techniques for Data Collection

The researcher conducted interviews through face to face interaction. The researcher has chosen case studies for the several reasons; firstly, the topic was complex. Secondly, the researcher explored the multi dimensions of facts for why the researcher has taken case studies where unit of analysis was “insomniac.”

5.8 Tool for Data Analysis

The researcher used NVIVO program to analyze the data. NVIVO is the software to analyze qualitative data. This is an efficient tool to analyze the qualitative data.

5.9 Techniques for Data Analysis

The researcher used qualitative data coding technique for analyzing the data. When the process of coding became completed, the researcher merged related codes with each other's, then the researcher formed themes by the selective coding to analyze the data, which the researcher collected from insomniacs in Rawalpindi and Islamabad through in-depth interviews.

5.10 Experiences in Field

The researcher has faced many problems while collecting the data. Firstly, majority of respondents had never allowed to the researcher to record their voice and to make videos. Secondly, respondents felt hesitation to convey true picture of their story as they told that society stigmatized insomniac very badly. Thirdly, respondents have showed many doubts about the Interview in their contextual statements and gestures. Many of times, respondents asked me to show your student card and proof that you are a student and here only for research purpose.

5.11 Research Validity and Reliability

This research is valid as this phenomenon prevailed worldwide as clearly showed in introduction and literature review of this research. Findings of current research favored the research question. Moreover, theories those applied in this research (3P model of insomnia, health belief model and sick role theory) also support the research findings.

This research is reliable. There could be quantitative researches through illustrate the “people’s perception about adaption of sick role among insomniac” Moreover, mixed method of research can also be use to check the validity through compare the results.

5.12 Ethical Concern

Research topic was sensitive. Some respondents were aggressive even to interact about simple topic. Firstly, the researcher has tried to understand their tone, perception, concepts and reaction toward any topic and gradually about the insomnia and sleeping pills. This observation took a long time to understand. Some of the respondents never demand inquiry but some of them were not easily satisfied. Particularly, some of the female respondents asked again and again to the researcher about not to mention respondent's names in the research anywhere.

Chapter No. 6

RESULTS

6.1 Insomnia and its Causes

There are clear through the mentioned background of insomnia in literature, there are three main causes of insomnia. However here, the researcher has found the contextual causes under these categorized causes of insomnia.

6.1.1 Insomnia: A Disease

Insomnia is considering as disease. In current research, when the researcher asked to the respondents to tell their story of insomnia, some of the respondents respond that they have some biological issues due to why they have disorder in their sleep. One respondent told that مجھے بلڈ پریشر کا مسئلہ تھا تو میں اس وجہ سے سو نہیں پاتی تھی، اس وجہ سے مجھے ڈاکٹر نے سلیپنگ پلس (I was recommended sleeping pills because I had issue of blood pressure). One respondent told the researcher that due to anti allergic medicines, she got artificial sleep. مجھے ہائی شوگر تھا، جس کی وجہ سے مجھے اکثر نیند نہیں آتی تھی (I had diabetes due to I could not sleep).

6.1.2 Insomnia: A Type of Illness

In this current research, Insomnia is considered as a psychological illness. Sometimes, due to some psychological issues, individuals get insomniac. When the researcher asked the reason of their insomnia, respondents told

several psychological reasons for their insomnia. One of the respondents told that:

“I was discriminated by my family and my father has died, these conditions were the reasons of my insomnia.”

One of the respondents told that: میں بہت کنفیوز ہوں کہ کونسا مذہب اپنائوں؟ (I was confused about which religion I choose? My mother is Christian and father is Muslim. Both are following their own religion). Further, one respondent told that: جزباتی سا بندہ ہوں چھوٹی سی باتیں بھی مجھے پریشان کرتی ہیں - جس کی وجہ سے دماغ میں میرے باتیں گھومتی رہتی ہیں اور اکثر چار چار دن سو نہیں پاتا (I am an emotional person, little things irritates me. Due to which such things revolving in my mind, and I could not sleep even for four days).”

One respondent told the reason of his insomnia that,

“I was fell in love and my lover cheated me, I was depressive because of her. I got addicted of high doze medicines.”

6.1.3 Insomnia: A Type of Sickness

Insomnia is considered as a type of sickness. Sickness refers to the hindrance of social roles that disturb social activities and forms sick role adaption. In the current research, illness become sickness and some individuals become insomniac just because of some social issues. When

the researcher asked to tell the story of your insomnia, respondents told several social issues for the reason of their insomnia. As sick role theory demonstrated that disease is a sickness and sick person adopt sick role (Bissell, Traulsen and Haugbolle 2002:60-62).

6.1.3.1 Divorce Issues

Divorce is a problem that is spreading rapidly in the society. There are several reasons for the divorce. When the researcher asked to the respondents to tell the story of your insomnia, one respondent told that, مجھے میرے شوہر نے طلاق دے دی تھی حالانکہ غلطی اس کی (شوہر) خود کی تھی۔ طلاق (my husband کے بعد بس اپنے سکون کے لیے نیند کی گولیاں لینی شروع کر دی تھی۔ had divorced me even it was his (my husband's) mistake. After divorce, I started taking sleeping pills by my own for peace).

Another respondent respond,

“My husband was involved in different type of drugs and he was about to sell me on the other hands for the sake of money for drugs. It was love marriage: against my parents’ decision. I took divorce from him but my parents did not accept accepted me after divorce so the only companion was sleeping pill. I could have taken other drugs, but did not want to be like my husband.”

6.1.3.2 Economic Issues

Economic issues are the social issues and these issues become psychological issues gradually. Economic issues cause insomnia. When the researcher asked the reason of the insomnia, respondent respond that مجھے میرے گھر والوں نے عاق کر دیا تھا اور مجھے غصہ کی وجہ سے نیند نہیں آتی تھی (my parents excluded me from their property and because of aggression, I could not sleep and started sleeping pills).

Another respondent told that there was financial issues become cause of insomnia. Further, one respondent told that میری فیملی نے کبھی مجھ پہ توجہ نہیں دی جس کی وجہ سے مجھے ارنینگ کے لئے کچھ الیگل سوریس سے مدد لینا پڑی جو کہ بہت ہی خطرناک راستہ تھا۔ ہاں! یونیورسٹی میں آئے کے بعد چھوڑ تو دیا یہ سب (غیر قانونی کمائی) مگر خوف رہتا ہے کہ کب مارا جاوونگا۔ ڈرنک کرنے کے بعد بھی نہیں (my family had never care for me because of this, I took help from illegal source of income which was a very dangerous path. Yes! After admission in university, I left these entire (illegal income source) but still I am afraid of being murdered. Even after drunk, I could not sleep. (I) took sleeping pills after drink).

6.1.3.3 Family Institution

Family institution is the most highlighted institution for the socialization and the entire circle of given and provided environment. Some of the respondents told the reason of their insomnia as a weak family bounding.

One of the respondents told the researcher that میری سوتیلی ماں نے مجھے بدنام کرنے میں کوئی کسر نہیں چھوری تھی اور باپ کا بھی سایہ اٹھ گیا، زندگی سے تنگ ہو کر (my step mother defamed me badly and my father was also died, I started using sleeping pills because of fad up of life). Another respondent told that میری مدر مجھے باقی بہن بھائیوں سے ڈسکریمینٹ کرتی ہیں۔ اور میری کبھی پرواہ نہیں کی۔ میری امی ہمیشہ دوسرے بہن بھائیوں کی پرواہ کرتی تھی۔ (My mother always discriminated me with the other siblings and had never cared for me. My mother always did care of other siblings).

6.1.3.4 Forced Marriages

Unhappy married life and divorce is caused of forced marriage. When the researcher asked to the respondent about the reason of the insomnia, two female respondents told that they were married forcefully by the family. One respondent told that her step mother forced her to marry with the old man just to get money from her husband.

6.1.3.4 Generation Gap

Lack of understanding between parents and children is also the major problem found in new generation from the findings. When the researcher asked the respondents to tell the story of your insomnia, some of the respondents told the generation gap as a reason of insomnia. One of the respondents (boy of 22 years old) said that میرے ماں باپ نے مجھے کبھی اس طرح سے توجہ نہیں دی جس طرح دینی چاہئے تھی (my parents did not pay attention and care as I deserved). Further he told that my parents always could not understand what problems I am facing and things I need more to move. Another respondent respond that سب گھر بڑوں کی چلتی تھی، انکے حکم چلتے تھے انہیں کوئی فکر نہیں تھی کہ بچوں کی بھی سن لیں۔ (everything is going as according to elders' order (parents and parents' siblings) they do not bother about their children's opinion).

6.1.3.5 Educational Institutional System

Some educational issues were evident for the issues of insomnia in students. Educational institutions are the most important institution for the balance and maintenance order of the society. When the researcher asked the respondents the reason of their insomnia, they told that the educational institutional system as a reason of insomnia. One respondent clearly mentioned that she had educational problem. One respondent respond

جب میں انٹرمیڈیٹ میں تھی، مجھے کیمسٹری میں انٹرسٹ تھا۔ میں اتنے نمبر نہیں حاصل کر سکی تھی تو میرا میرٹ لسٹ میں نام نہیں آیا تھا۔ میرے لیے سٹیٹسٹکس اور میتھ آخری آپشن تھا۔ (When I was in intermediate, I was interested in Chemistry. So due to not to meet the marks in merit list, Mathematics and statistics was the last option for me).

6.2 Acute Insomnia: Higher Coping Ability

This research postulate that when insomnia is in its initial stages, insomniac can cope with the insomnia by healthy tips. When the researcher asked to the respondents, can you cope with the insomnia in day time activities or to perform your social activities successfully, people with acute insomnia response that they can cope with their insomnia and their insomnia is not disturbing them in performing their day time activities.

6.2.1 Chronic Insomnia: Lower Coping Ability

In this research, when the researcher asked to the respondent, can you cope with uncertainties and day time activities? Respondent's response that because of their chronic insomnia, they cannot cope with their insomnia. Furthermore, respondents told the several problems (Mentioned in findings from 6.4) which they face because of insomnia.

6.2.2 Cure for Insomnia and Side Effects

When the researcher asked to the respondents that what you tried for the cure of your insomnia, respondents respond the different tried remedies. Those remedies are mentioned followed.

6.2.3 Sleeping Pills: Cure is Decease

In the current research, the researcher has found that majority of the respondents use sleeping pills as a cure. When the researcher asked how sleeping pills worked? They replied that side effects of sleeping pills are riskier than the side effects of insomnia. Sleeping pills causes of stubborn, quarrel and some unconscious considerations. One respondent respond that نیند نا آنے کی وجہ سے تو مسائل ہوتے ہی تھے مگر جب سے گولیاں کھانی شروع کی، تب تو رات کو نیند آتی نہیں تھی اور دن کو نیند میں ریتی تھی جیسے نشہ کیا ہو۔ (sleeplessness was the problem (for me) but when I started sleeping pills, I could not sleep at night and remain sleepy in day time like I am using drugs). Majority of respondents told the researcher that sleeping pills cause various risky indicators: short term memory lost, less consideration, confusions, hallucinations, sudden nap in day time activities.

6.3.2 Benzodiazepines: Without Prescription Hypnotic Sedative Drugs

According to the current research, the researcher has found that majority of the respondents use benzodiazepines without prescription of any physician. Firstly, benzodiazepines are the medicines only recommended for the very compulsive and sudden short term of dose. The respondent used benzodiazepines without prescription.

6.3.3 Benzodiazepines: Long and Short Acting

Majority of the respondent told that they use Diazepam (sleeping pills) and Temazepam (a type of benzodiazepine) for their sleep. These pills act for the longer. Triazolam is also used by the insomniacs but these pills are for short acting.

6.3.4 High Potential Sedative Drugs: Loss of Memory

In the current research, the researcher found many side effects of high potential sedative drugs. Current research based on chronic insomnia, therefore majority of the respondents tried and using high potential sleeping pills. One of respondent told that باتیں بھول جاتا ہوں شاید اس لئے کہ (I forget things. Perhaps! It is because I cannot pay attention). All respondents claim that they have lost their memory. Majority of the respondents told the researcher that our loss of memory

shows our dishonesty. We forget promises and sometime even we forget our own sayings.

6.3.3 Substitutive Medicines

The researcher has found that people, mostly females use some alternatives of all types of sleeping pills. Female respondents told that sleeping pills were not easily accessible: subsequently they start some substitute Medicines. Boys with less age also use substitutive medicines. Some substitute medicines are as follows.

6.3.4 Alcohol: A Cure for Sleep

The researcher found from the current research that some people used alcohol for their sleep and calm. One of the respondents told that *میں نے کبھی شراب یا حرام چیز استعمال نہیں کی اپنے سکون کے لئے ہاں زیادہ مسئلہ ہو تو کھانسی کی دوائ پی لیتی ہوں۔* (I did not take any drug ever or anything *haraam* for internal calm. If there is severe problem (regarding sleep), I am taking cough syrup (in order to get sleep)). According to current research, respondent told that they are not using alcohol directly, but they take alcohol by secondary source from cough syrup which is easily accessible in all pharmacies.

6.3.5 Anti-Allergic Pills

According to the respondents, anti-allergic pills are one of the substitutive medicines for sleep. میری امی الرجی کی گولیاں کھاتی تھی اور انہیں بہت نیند تھی۔
ہے۔ پھر جب مجھے کسی ٹینشن کی وجہ سے نیند نہیں تھی تو میرے لئے یہی آپشن ہوتا تھا کہ میں بھی الرجی کی گولیاں کھائوں۔ (my mother was using anti-allergic pills and she served very sleepy. When I could not sleep because of any tension or depression, I had only an option to take anti Allergic pills (for sleep or calm)). According to the respondents, anti-allergic pills are more high potential then low potential sleeping pills .

6.3.6 Anti-Infection Medicines

The researcher has found another alternative medicine of Anti Infection drug used as alternative medication of sleeping pills. Only two respondents disclosed that they are using anti-infection medicines. One respondent (boy 15 years of age) respond that میں تو بس غصہ میں لے لیتا تھا کیونکہ میری امی غصہ کرتی تھی، مجھے باہر نہیں جانے دیتی تھی دوستوں کے ساتھ، تو میں بھی ان کو ستانے کے لئے ایسی حرکتیں کر لیتا تھا بلا وجہ انفکشن کی گولیاں کھا لیتا تھا۔ (I was take it (anti infections) in aggression (resentment) because my mother was shouted on me, she did not allow me to go out with friends, so I was doing such

stupidity to tease her (my mother). I was used anti infection without having any infection. Then I remained in sleep and my mother took it as I am not well (I am ill).

6.4 Sleeping Pills and Social Disorder

According to current research, people with chronic insomnia, usage of high potential sleeping pills, or respondents with over dose of sleeping pills cause of major social disorder, work place deviance and other type of unacceptable activities. Some of those are following.

6.4.1 Sleeping Pills and Jails

This research demonstrates the facts that sleeping drugs are somehow become cause of some criminal activities. The researcher discloses the facts through the current research that people indulged in some criminal activities after taking high potential sedative drugs. ایک بار میں ہائی ڈوز لے کر گاڑی چلا رہا تھا۔ اچانک میری نکل لگ گئی اور میری گاڑی سے ایک لڑکی کا ایکسڈنٹ ہو گیا۔ (I was driving by taking high dose of sleeping drugs. Suddenly, I got nap and did accident of a girl. I got jail because of that). According to the respondents, these criminal acts are not done by fully or partially in conscious. Insomniacs do the criminal acts due to sleeping pills. According to the respondents, when they get out of

the effect of high potential medicine; they come to know that what they did unconsciously.

6.4.2 Quarrel and Stubborn

The researcher has found that respondents quarrel with people on their workplace, outside of the home, inside of the home and with friends' gathering when insomniacs take high potential sedative pills. According to the respondents, people get stubborn in little uncertainties and start quarrel to others. One of the respondents told that ایک تو میری نیند پوری نہیں ہوتی اوپر سے گولیاں دو سے تین بھی کھا لو تو نیند نہیں آتی اور دن کے وقت نیند چڑی رہتی ہے تو بہت غصہ تا ہے چڑچڑا ہوا رہتا ہوں۔ سوری کر لیتا ہوں جب گولیوں کا اثر ختم ہوتا ہے تو احساس ہوتا ہے تو سوری کر لیتا ہوں مگر فارمل فیویشنل جگہوں پر سوری اکسیپٹ نہیں ہوتی۔ (I) could not meet my desire sleep even after having two or three sleeping pills (consecutively), I could not get sleep for why I remain stubborn. I feel sorry when I come out of the effect of sleeping pills, but sometime sorry cannot pay at official or formal places).

6.4.3 Sleeping Pills and Road Accidents

In current research, the researcher found that high sedative sleeping pills cause of road accidents. Three respondents told that they drive in day time and had took sleeping pills. Due to driving, they had some nap and got

کسی وجہ سے پریشان تھا تو ڈبل badly car accident and one respondent told that گولیاں کھائی ہوئی تھی تو روڈ کراس کر رہا تھا تو مجھے پتا بھی تھا کہ گاڑی رہی ہے مگر (I) پھر بھی پتا نہیں میں کیوں نہیں رکا اور روڈ کی طرف گیا تو میرا ایکسیڈنٹ ہو گیا. was tensed for some issue so why I took sleeping pills, while crossing the road, I knew that car is passing but I don't know why I ignored and got accident while crossing).

6.4.4 Over-Dose of Pills: Self Destruction

The researcher has found that some of respondents use over dose of high sedative sleeping pills because they want something more than their cure and calm. Some respondent clearly describe that they only want to destroy. Their conceptualization for calm and peace is found in self destruction. One respondent response that مجھے کوئی مسئلہ نہیں ہوتا جو مرضی ہو، کوئی گناہ تو نہیں ہے، کم از کم کسی دوسرے انسان کو تو میری وجہ سے تکلیف نہیں ہوتی نا، میں خود تکلیف میں رہتا ہوں مجھے سکون ملتا ہے خود کو تباہ کر کے گولیاں کھاتا ہوں تو خود کو سکون ملتا ہے، میں کسی کو کچھ نہیں کہتا، ہاں کوئی خود پنگا کرے تو منہ (I have no side effects (of sleeping pills) whatever I use) بھی توڑ دیتا ہوں۔ (sleeping pills). There is no sin (to take sleeping pills). At least, I am not becoming a part of hurting (others). I feel pain in myself, I feel calm. I am using pills (sleeping pills) to destroy myself. I don't disturb others, if someone interrupts; I can slap (means I will take action against

interrupter)). Majority of the respondents were aggressive. However whatever reason was for their using of sleeping pills, respondents get frustrated, stubborn and become less motivated

6.4.5 Sleeping Pills and Frustration

The researcher has found during interviews to the respondents, people get frustrated after dependency on sleeping pills. Major of the respondents were frustrated while interviewing. One of the respondents told that شروع شروع میں بھی پلس ہی لیتا تھا مگر روٹین کو بھی فولو کرتا تھا، اب تو پلس کی مقدار بھی بڑھ گئی اور نیند کی کوالٹی بھی وہ نہیں رہی۔ سو نہیں پاتا پھر دن کے کام بھی پورے نہیں ہوتے کل کا کام پرسو، پرسو کا اس سے اگلے دن پھر اس بات پر بھی غصہ تا بے کہ میں (I was following the daily routine when I start sleeping pills initially, but now quantity of pills increased and quality of sleep is also disturbed. Due to sleep deprivation, I cannot complete my daily tasks; leave tasks for the next day. I also feel ineffective). Insomniacs frustrated because they cannot complete their sleep hours and they become frustrated. Specially, when people cannot complete their daily routine tasks, they feel high level of frustration and guilt.

6.4.5 Sleeping Pills: Students

The researcher has found the major lost in students because of insomnia and particularly, because of sleeping pills. The researcher has found that students have poor class performance, decrease in their marks and other intellectual diminishment.

6.4.6 Dependency of Medication

When an individual use sleeping pills and get addicted of them, individual starts the high level of medicines and when individual cannot satisfy through those high potential sleeping pills, one starts over dose of these pills with high potential sedatives and become dependent of those pills.

6.4.6.1Fired from Work Place

The researcher has found the strong dependency of sleeping drugs and its risky side effects on work place. the researcher has found that due to misbehavior at work place, more absenteeism, late starting and early closing was become the reason of fired them. (نیند کی اس کی (نیند کی گولیوں) وجہ سے کام سے بھی گیا۔ لیٹ جاتا تھا پھر لڑ کر گیا میں۔ (I was good in working, for why I lost my job. Going late (at work place) and then left after argumentation.)

6.4.6.2 Dropout from Colleges

In the current research, the researcher has found the dropout cases in college level just because of quarrel, poor class performance and misbehavior with the teachers and students. Moreover, respondents describe the reason that such activities are happen because of strong dependency on sleeping drugs. One respondent told that کہ میری غلطی ہے کہ مینے سکون کے لئیے خود کو بے سکون کیا (نیند کی گولیاں لی)، یہ بھی میری غلطی ہے کہ مینے کالج میں مس بیحیف کیا ٹیچرز کے ساتھ، مگر ایک چیز کا دکھ ہے کہ اگر وہ کچھ سمجھ جاتے، میرا ساتھ دیتے تو شاید چھوڑ سکتا مگر منجھے سنکشن دے کر مزید عادی کر دیا ہے (it is my mistake that I choose wrong way for calm (decision of taking sleeping pills was wrong), it is also my mistake that I misbehave with my teachers in college but I am hurt because they could understand (my situation and causes of my misbehavior) and could help me out but they (teachers) make me addicted through sanction me).

6.5 Internet: Online Accessibility

In current research, the researcher found that there are no much accessibility issues to purchase hypnotic sedative pills without prescription; there is very easy accessibility which is avail online. When the researcher asked to the respondents that do you want to go to the psychiatrist or psychologist for cure? One of the respondents told that

ہم مر جائیں بہتر ہے اس سے کہ ہم ڈاکٹر کے پاس جائیں، نا تو پاگل ہوں نا نصیحت چاہئے
-رام سے تلائن مل جاتی ہیں گولیانیند کی (we prefer to die then to consult a
doctor. Neither I am mad, nor do I need advices. Sleeping pills are (rather)
easily accessible online.”

6.7 Risk Indicators: Yes, I knew the Side Effects

When the researcher conducts interviews, the researcher found that people were well aware of the side effects and risk indicators of the high potential sleeping pills but nevertheless, people used them.

6.8 Natural Remedy and Herbals: A Healthy Cure

This research postulates that most of the respondent never bother to tried herbals and nor tried natural remedies due to the reason that most of the people had not idea and much awareness about.

6.9 Religious Affiliation

The researcher has found through this current research that people are not regularly affiliated with the religious rituals. Some are partially affiliated and some are not affiliated.

Chapter No. 7

DISCUSSION AND CONCLUSION

7.1 Discussion

Insomnia is becoming and spreading rapidly in Pakistan. Insomnia shows the higher range of insomnia in several countries. People are using different types of sleeping pills. According to the 3P model of insomnia, there are three main indicators (circumstances of insomnia, history of Insomnia and indicators that going on the insomnia) that trigger and keep insomnia continuous (Rosenstock 1974:332).

Some people are recommended sleeping pills by the physicians but mostly people consider insomnia as a victim of psycho patient. There are two major types of insomnia; acute and chronic insomnia (Camilleri 2007:38). According to current research, people never took initial insomnia as a future vulnerability and let the insomnia as a common ailment: health belief model also demonstrate this point.

According to the respondents, insomnia; the disease, illness or sickness can be resolve when they took it as a vulnerability of the future. Otherwise, after it become chronic, there is no else option to be recover. Insomnia is caused by three indicators. Firstly, disease means because of some physical or biological issues; blood pressure or other chronic indicators. Second indicator of insomnia is illness means some psychological issues and third indicator that trigger insomnia is sickness means some social issues.

After taking high potential medicine, people get frustrated, dropout from collages, start misbehaving and even injured in day time while driving. Some people become involve in some criminal activities while taking hypnotic sedative pills but according to the respondents, they never do anything consciously, even they forget when they come out of the effect of sleeping pills.

Some medicines are banned in Pakistan but those banned medicines are now accessible online with more side effects because those pills are not in their actual quality, the researcher observe while collecting data that people feel hesitation to disclose the fact of their medical history and fact insomnia. So, they never bother to go to the physician for the checkup. When the researcher interviews a specialized doctor and ask the remedy of chronic insomniacs, doctor told that firstly insomniacs never bother to come for check up by their own, if we receive patients, they are being received in their faint condition and we could not diagnose them clearly as they never tell us the true medical history.

7.2 Conclusions

The conclusive statement is closed with the three facts. Firstly, people never bother to go for their treatment once they suffered chronic insomnia. Secondly, people with insomnia cause of many social disorders, deviant

behavior and social unacceptable activities. Thirdly, people use tranquilizers (sleeping pills) because they have lack of awareness of tranquilizer' aftereffects and withdrawal effects. There are bio-psycho-socio indicators which involved in insomnia.

7.3 Recommendations

The researcher recommended after the current research on adaption of sick role among insomniacs that there should be more work on the monitoring side of pharmacies. This is recommended that there should study a purely qualitative research on how all medicines are been monitored in Pakistan. Moreover, there is a need for improve the sample size of the research from different areas of Pakistan and compare the results to check the cultural phenomenon and their variations due to diversity.

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Appendix 1

Adaption of Sick Role among Insomniacs in Rawalpindi and Islamabad

Ain-UI-Noor Javed

I am Ain ul noor Javed, student of MSc Sociology, Quaid-i-Azam University Islamabad. I am conducting a research on “adaption of sick role among insomniacs in Islamabad and Rawalpindi, Pakistan.” This research is partial requirement to fulfillment of my MSc degree. All information of the respondent will be kept confidential and they will not be shared with the third party. Can I take information from you?

Demographic Information

Q. What is your age?

Q. How many siblings you have?

Q. Family type? Nuclear, joint

Q. What is your family’s monthly income?

Q. What is your father education and profession?

Q. What is your mother education and profession?

Q. what is your Qualification?

Q what is your profession or income

Q. What is your story of insomnia?