Singapore Psychologist

ISSUE 21 | 2025 T2

EXPLORING THE PSYCHOLOGY OF SLEEP

A Publication of Singapore Psychological Society

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Vice President's Address

Reclaiming Rest: The Psychology of Sleep

This issue of Singapore Psychology, Exploring the Psychology of Sleep, could not be more timely. Sleep is something almost all living creatures need, and is essential to life; it is a cornerstone of mental and emotional well-being. Yet, in our fast-paced, always-on culture, quality sleep is often undervalued and overlooked.

Alarming data suggests that Singaporeans are among the most sleep-deprived populations globally. A 2024 study by market research firm YouGov ranked Singapore as one of the top sleep-deprived nations. While the recommended amount of sleep for adults is seven to nine hours per night, more than half of Singaporeans consistently fall short of this.

This national sleep deficit deserves a spotlight as the impact of chronic sleep deprivation has profound effects on our mood, attention, memory, and overall well-being. Many studies have shown that being sleep deprived increases the risk of anxiety and depression, impairs our ability to regulate emotions, and diminishes our capacity to cope with everyday stressors. This issue is particularly important as it invites us to pause, reflect, and re-centre rest as a vital part of holistic wellbeing.

As you read through the articles in this issue, I hope they spark curiosity, inspire new perspectives, and maybe even encourage you to take that well-deserved early night (hopefully after reading the magazine, and not during!).

Dr Pearlene Ng
Vice President (Outreach)

Editor's Note

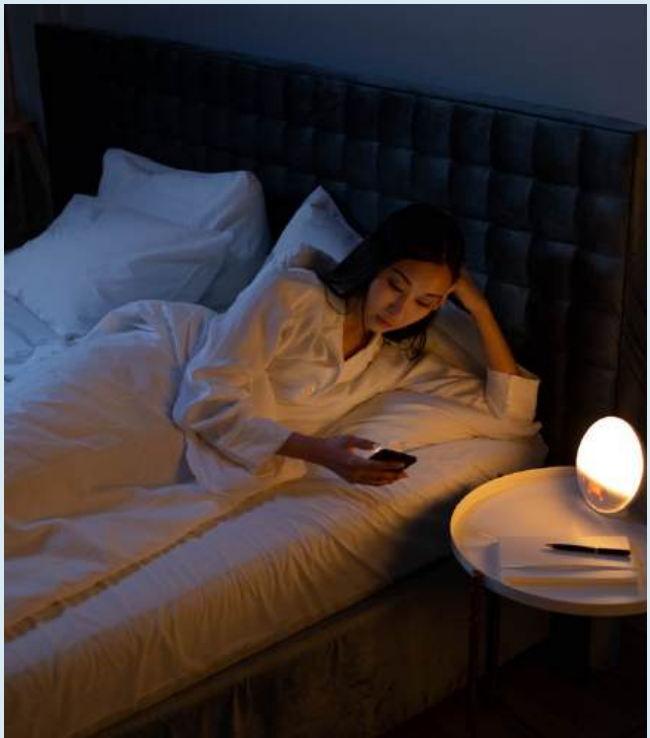
Sleep is no longer a luxury—it's a crisis. Singapore ranks among the most sleep-deprived cities in the world, with only one in four residents getting more than seven hours of sleep a night. Yet sleep is critical to our psychological wellbeing, cognitive function, and overall health.

In this issue of Singapore Psychologist, our writers delve into the fascinating and essential world of sleep. They offer fresh perspectives, insights, and research on topics such as sleep deprivation, insomnia, sleep and mental health, cross-cultural sleep patterns, and the psychological theories that seek to explain why we sleep—from energy conservation to brain plasticity. How does poor sleep shape our mood, memory, learning, and resilience? What can psychology offer in terms of interventions, awareness, or policy?

I invite you to enter the thought-space of our writers and learn more about The Psychology of Sleep.

Read on to explore.

Dr Denise Dillon
Editor-in-Chief



The Mindful Surrender: Redefining Sleep as a Practice in Letting Go

By Dr Sunita Rai
(PsyD, CMT-P, CMSAC)

Sleep as Surrender

Emma, a 37-year-old executive, came to therapy after three years of worsening insomnia. She had tried everything: sleep hygiene routines, meditation apps, magnesium, melatonin, melatonin's cousin, and even boredom podcasts. None of it worked. "I'm someone who fixes problems," she said. "I don't understand why I can't fix this one."

Her language was precise and telling: "fixing" sleep. For Emma—as for many of our clients—sleep had become something to *achieve*, something to *master*. But sleep, like trust or grief or falling in love, does not respond to control. It cannot be forced or optimized. It must be *allowed*.

Why Insomnia Resists Force

The Cognitive-Arousal Trap

Cognitive models of insomnia (Harvey, 2002) emphasize hyperarousal—the mental "overdrive" that comes when clients begin to catastrophize sleeplessness. Thoughts like *"If I don't sleep, I'll fail tomorrow"* increase sympathetic activation, which of course further inhibits sleep. Add in maladaptive safety behaviors—cancelling meetings, avoiding stimulation, increasing caffeine—and the insomnia becomes self-sustaining.

The Paradox of Effort

Espie et al. (2006) describe the attention–intention–effort pathway, where focusing on and trying to control sleep paradoxically increases arousal and inhibits sleep. It is the classic "don't think about pink elephants" dilemma. Trying harder creates tension, and tension keeps the mind alert. Insomnia is not just the absence of sleep—it is the presence of effort.

The Existential Terrain

Beyond the behavioral and cognitive loops, there is a deeper issue: the difficulty of letting go. To sleep is to enter a state of vulnerability—where control, identity, and even awareness dissolve. Clients like Emma often struggle with what we might call psychological over-control—a tendency to manage uncertainty through planning, perfectionism, or high-functioning vigilance. To sleep is to release control, to lose self-awareness, to trust the body to do what the mind cannot.
In this light, insomnia can be seen as a deep psychological resistance to surrender, not merely a failure to sleep.

Clinical Interventions for Letting Go

Here are five integrated clinical approaches that help shift clients from control to surrender, supported by practical tools embedded in session.

1. Use Metaphor to Disrupt the Control Struggle

Acceptance and Commitment (ACT) Tool: The Tug-of-War with the Sleep Monster

Sleep struggle, in the ACT model, is often a manifestation of experiential avoidance and
and cognitive fusion—a futile attempt to control internal states like anxiety, fatigue, and intrusive thoughts. Hayes, Strosahl, and Wilson (2011) describe the therapeutic task not as fixing thoughts or eliminating discomfort, but as fostering psychological flexibility: the ability to be present with difficult experience while acting in alignment with one's values.

The “tug-of-war with the sleep monster” metaphor embodies this shift.

Clients are invited to imagine that they are pulling a rope in a battle against insomnia itself. The harder they pull—by controlling thoughts, forcing sleep, or avoiding wakefulness—the harder the monster pulls back. Relief comes not from winning, but from dropping the rope. This metaphor externalizes the struggle, reducing shame and reinforcing the ACT principle of willingness over control.

2. Foster Cognitive Defusion

Help clients identify and unhook from dominant sleep-related thoughts. Defusion reduces identification with inner content. Examples:

- "I'm having the thought that I'll be useless tomorrow."
- "This is just my brain doing its sleep panic script again."

Encourage clients to name these thoughts not as truths, but as mental habits they can observe.

3. Reframe Wakefulness Through Mindfulness

MBT-I Principle: Resting in Wakefulness

Instead of framing the goal as "falling asleep," shift toward being with the experience of wakefulness.

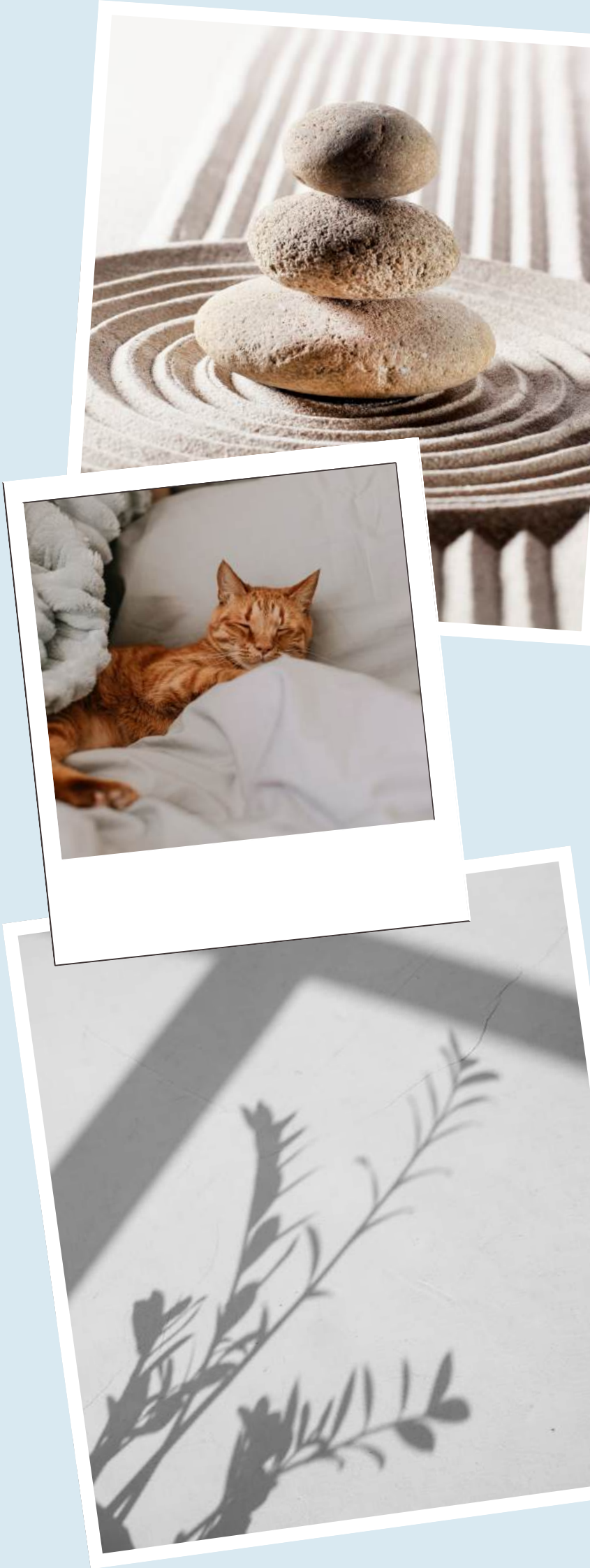
"Let go of the goal. Your task is not to fall asleep—it's to be present with whatever is here."

Mindfulness disrupts the cycle of attentional fixation on internal cues—like heart rate, thoughts, and fatigue—that fuels arousal. This attentional retraining is critical. Research by Garland and Howard (2013) on chronic pain patients shows that mindfulness-oriented recovery enhancement significantly reduces attentional bias toward pain-related stimuli, decreasing suffering and reactivity. The same mechanism—hypervigilance toward discomfort—is present in insomnia, where the mind fixates on not sleeping. Mindfulness offers a way out by changing the relationship to them.

Mindfulness Practice: *Resting in Wakefulness*

1. Lie down and let the body feel heavy and supported.
2. Bring awareness to the breath. Let it be natural.
3. Notice thoughts as passing mental events. Label them gently: "worrying," "planning," "judging."
4. Say silently: "I am willing to be awake right now."
5. Return attention to bodily sensation or breath. Consider doing a body scan or awareness of breath practice.
6. Rest in awareness—not with the goal of sleep, but with openness to what comes.

A systematic review by Winbush, Gross, and Kreitzer (2007) found some evidence that mindfulness-based stress reduction (MBSR) may improve subjective sleep quality, though controlled studies yielded mixed results and highlighted the need for more rigorous research. This supports the view that mindfulness, beyond symptom relief, reshapes the internal stance toward wakefulness itself—from one of resistance to one of acceptance.



4. Shift the Why: Values Clarification

Many clients anchor sleep in extrinsic goals: “so I can be productive.” When sleep is tied to performance, every sleepless night feels like failure. Help clients explore rest through intrinsic values—health, compassion, patience, creativity.

Values prompts:

- “Why is rest important to the life you want to live?”
- “What kind of person do you want to be—even when tired?”

This grounds sleep in meaning rather than performance, decreasing pressure and increasing self-compassion.

5. Assess and Normalize: The ISI

Use the Insomnia Severity Index (ISI) by Bastien et al. (2001) to open conversations about sleep and distress. Use this as a clinical screener or treatment tracking tool. It also helps clients name their experience in a structured, nonjudgmental way.

Conclusion: When Rest Is No Longer About Control

When clients say, “I can’t sleep,” they often mean: “I don’t know how to stop fighting.” Our job is to help them not force rest, but to relate differently to wakefulness, uncertainty, and effort.

By integrating ACT, MBT-I, mindfulness, and existential insight, we offer more than sleep strategies—we offer clients a path back to inner trust. In doing so, we shift insomnia from a nightly battleground to a space of psychological insight.

Because sleep does not come from gripping harder.

It comes from letting go.

Sleepless in the City

By Ms. Tanjina Ashraf Khan Mou, M.Psych, CEO, MentCouch Psychology Centre

Addressing Singapore's Sleep Crisis Through a Psychological Lens

Sleep is often considered a biological necessity, but in the high-octane culture of Singapore, it is increasingly viewed as an expendable luxury. In a 2021 local study, only 24% of Singaporeans reported getting more than seven hours of sleep nightly, and just 17% slept uninterrupted through the night—down from 23% in 2018 (Icon Health Screening, n.d.). In a society that prizes achievement and productivity, sleep is often sacrificed, quietly fueling a nationwide mental health issue.

As a practicing psychologist, I have observed an unsettling trend of how chronic sleep deprivation erodes not just energy levels but emotional resilience, cognitive functioning, and interpersonal relationships. Despite growing awareness of mental health, the essential role of sleep in psychological well-being remains underexplored in public discourse. Now, the question is not simply *how much we sleep*, but *why we are* struggling to rest, and what that reveals about our collective psyche.

The Sleep Crisis in Singapore

Recent findings paint a grim picture of Singapore's sleep health. As mentioned, a local health screening survey revealed that only one in four Singaporeans achieved the recommended seven or more hours of sleep each night and only 17% reported sleeping uninterrupted (Icon Health Screening, n.d.). Another cross-sectional analysis done among participants from several Singaporean companies revealed that poor sleep quality and short sleep were highly common in the working population of Singapore (Visvalingam et al., 2020). This decline in both quantity and quality of sleep is alarming, particularly as research has linked insufficient sleep to heightened risk of depression anxiety and burnout (Koh et al., 2022). These trends raise an important question: Why are Singaporeans not sleeping?

Why Aren't We Sleeping?

Sleep loss in Singapore is not just a biological issue but a psychosocial one. Perfectionism, a high-pressure educational system, and the cultural bias toward busyness combine to make "rest" feel like a luxury rather than a necessity. Being busy is seen as something applaudable and resting can be considered rather lazy. Add to this digital overstimulation and pandemic-era anxieties, and we have the perfect storm for a disrupted circadian rhythm.

One contributing factor is "revenge bedtime procrastination," a phenomenon where individuals delay sleep to reclaim personal time lost to work or responsibilities. Research has linked this behavior to lower self-regulation and higher stress (Herzog-Krzywoszanska et al., 2021). For many Singaporeans, staying up late scrolling phones, drinking, or binge-watching series have become passive acts of resistance against burnout.

Cultural and Psychological Drivers

The problem is not merely behavioral—it is cultural and psychological. In a society that prizes high achievement, perfectionism has become a normalized trait, especially among students and young professionals. While this drive may foster economic productivity, it comes at a cognitive cost.

Perfectionism and anxiety disorders are strongly associated with insomnia and poor sleep hygiene (Akram et al., 2015). Furthermore, Singapore's hyper-connected digital environment encourages overstimulation. Screen exposure close to bedtime, particularly from mobile devices, delays melatonin release, disrupting circadian rhythms (Hale & Guan, 2015).

The COVID-19 Pandemic has exacerbated these patterns. Heightened uncertainty, prolonged screen time due to remote work, and schedules without boundaries contributed to what some researchers now call "coronasomnia" (Supriya et al., 2022). Many clients I work with describe racing thoughts, sleep procrastination, or the inability to "switch off" mentally, even in the safety of their homes.

Sleep and the Brain: A Neuropsychological Perspective

The implications of insufficient sleep are far-reaching. During sleep, particularly slow-wave and Rapid Eye Movement (REM) stages, the brain undergoes essential processes including synaptic pruning, emotional regulation, and memory consolidation, all key aspects of neuroplasticity (Diekelmann & Born, 2010). Sleep is not merely restorative; it is formative. It literally shapes the brain.

Chronic sleep deprivation, on the other hand, has been linked to diminished activity in the prefrontal cortex—the seat of rational decision-making—and heightened amygdala reactivity, making individuals more emotionally volatile (Yoo et al., 2007). This pattern mirrors many symptoms presented by clients suffering from mood and anxiety disorders.

Evidence-Based Interventions: Beyond Counting Sheep

Mindfulness-based therapies also show promise. Techniques such as body scans, breath Fortunately, effective therapeutic interventions are available. Cognitive Behavioral Therapy for Insomnia (CBT-I) remains the gold standard treatment. It addresses the maladaptive thoughts and behaviors that perpetuate insomnia, such as catastrophic thinking (“If I don't sleep well, I'll fail at everything tomorrow) and inconsistent sleep-wake schedules. A meta-analysis confirmed that CBT-I is effective even when delivered digitally, which is promising for tech-savvy populations like Singapore's (van Straten et al., 2018).

Mindfulness-based therapies also show promise. Techniques such as body scans, breath awareness, and loving-kindness meditations promote parasympathetic activation and reduce sleep-preventing rumination (Ong & Smith, 2017). Clients often report that incorporating mindfulness into bedtime routines helps reframe sleep from a performance goal into a natural biological process.

A Call for Cultural Reframing

Sleep hygiene campaigns alone are insufficient. As mental health professionals, we must help society reframe sleep not as a sign of laziness or inefficiency, but as a fundamental pillar of mental and physical health. Sleep should also not be a performance-based goal that we must achieve, rather it should be a natural process, just like eating and drinking, in our daily life. Employers should be encouraged to adopt policies that prioritize work-life balance, such as flexible start times and education on burnout. Schools could integrate sleep education into curricula, empowering students with knowledge and tools early in life.

Just as we have shifted public attitudes about mental health stigma over the past decade, we now face a similar challenge: to destigmatize sleep. It is time we recognize that sleeping well is not a privilege—it is a right and a necessity.

Singapore has the potential to lead by example. But first, we must allow ourselves to slow down, log off, and truly rest. As the science shows, sleep is not the absence of productivity—it is the foundation for it.

Sleep is Social: Singapore's Wake-Up Call

By Maria Lourdes Rosita Mesa, MA, RPsy, MSPS

We chase productivity and success, often treating sleep as a luxury we can't afford. But for Singapore, our collective rest is a form of social infrastructure, and it's under serious strain.

At 1 a.m., Cheryl's laptop casts a pale glow across her HDB flat's living room. She's perfecting slides for tomorrow's pitch. Her mind is in a frenzy and anxious about the deadline, with multiple WhatsApp pings, and a voice whispering, "You're not doing enough." Across town, Raj is three hours in, battling his inbox before dawn.

By the time their team meets at 8 AM, their shared fatigue will manifest in a tense, unproductive team meeting. No one thinks to blame their shared, silent crisis: a profound lack of sleep. This experience is all too common in Singapore, a nation where most of its adults sleep less than seven hours, and that is ranked as the third most sleep-deprived city in the world (Global-Is-Asian Staff, 2023).

Sleep as a Socially Embedded Practice

We often think of sleep as something we do alone—a quiet, personal ritual to improve our health. We track Rapid Eye Movement (REM) cycles, adjust our bedrooms—making it pitch dark and cool to support our "sleep hygiene", all in our private quest for better health. The media echoes this view, portraying sleep issues as complex yet solvable with enough vigilance and self-help, while glossing over broader social or medical contexts of sleep (Breheny et al., 2023).

Yet sleep is far from a solo act.
Behind the closed door of every bedroom lies a web of cultural expectations, family roles, and institutional pressures. Culture plays a powerful role in scripting our sleep behaviors and beliefs (Airhihenbuwa et al., 2016).

In fact, sleep is a deeply social phenomenon, shaped by the institutions, relationships, and cultural values that structure our waking lives (Williams, 2005). Our struggles with sleep are not entirely personal.

In fact, it can be understood as a form of social infrastructure. And in Singapore, that infrastructure is under pressure.

At the heart of this pressure is a uniquely Singaporean mindset: kiasu. This "fear of losing out" is a double-edged sword. On one hand, it is an adaptive psychological construct that has propelled the nation’s economic success and motivates individuals to achieve excellence (Cheng & Wee, 2023).

On the other hand, its unconscious drawback is a pervasive anxiety that frames rest as a liability, creating a culture where busyness is a virtue and the mantra becomes, "I'll sleep when I'm dead."

This culture sets our society’s “communal clock” to a relentless pace with intense academic pressure and demanding work cultures that chip away at our time for rest..

This isn't just a perception; one local survey revealed that 54 percent of Singaporeans sleep less than 7 hours (Lam, 2025), with many reporting that work frequently disrupts their sleep and rest (Zalizan, 2025). This isn't individual mismanagement. This is a systemic issue baked into our definition of productivity.

Pressure around sleep invades the home. Within families, it's a choreographed process shaped by relationships, routines, and responsibilities (Williams, 2005).

Women often bear the brunt, sacrificing their own sleep to prioritize the needs of others.

Relationship quality matters, too.
When partnerships are steady, so is sleep. But when tensions rise, they can act like a potent anti-sleep agent, disrupting rest night after night (Wang et al., 2025).

A Public Health Awakening

The cost of collective sleep debt is staggering, fueling chronic illnesses like diabetes and heart disease (Global-Is-Asian Staff, 2023). But the toll isn't just physical. Poor sleep also erodes mental health, mood, and overall life satisfaction (Pilcher & Ott, 1998).

This burden is not shared equally. Social and environmental dimensions play a critical role in who gets to rest well. Factors like lower socioeconomic status, neighborhood noise, and the chronic stress of financial insecurity are all determinants of sleep quality (Grandner et al., 2016). In Singapore, this "sleep inequality" can be seen in the differing sleep environments of a quiet suburban street versus a noisy, dense housing estate, or in the precarious sleep of shift workers and migrant laborers compared to those with stable, predictable schedules. "Sleep inequality" means those with lower socioeconomic status are often the most sleep-deprived (Grandner et al., 2016).

Rebuilding Our Collective Rest:
A shift from individual optimization to collective care.

1 At the Interpersonal Level: Sleep Diplomacy

This starts at home. “Sleep diplomacy” asks us to revisit routines that leave women sleeping later. Start small and agree on a lights-out routine that balances parents’ and kids’ needs. Rotate tasks so no one becomes the permanent midnight gatekeeper.
By co-creating bedtime norms, families can honor everyone’s rest.

2 At the Community & Corporate Level: Designing for Restorative Rest

Our institutions must become architects of rest. This looks like companies challenging the "presenteeism" that keeps employees at their desks late and championing initiatives like email curfews, enforcing short breaks, and normalizing earlier wrap-ups. Companies should recognize the high cost of burnout and implement a "right to disconnect" policy.
Fostering a culture that values rest to drive productivity is the value-shift Singapore needs. This isn't about reducing ambition; it's about sustaining it with well-rested, innovative, and resilient employees.

3 At the Policy Level: Elevating Sleep to a National Priority

Singapore must treat sleep as a core public health priority. That means national efforts to counter the cultural causes of sleep loss, like reducing noise and light pollution in high-rise blocks and enforcing fair work hours. Success must be reframed: sleep is not laziness, but essential to mental and economic strength. It means tackling the structural drivers of burnout and creating a society where it feels psychologically safe to rest. Sleep is not a withdrawal from the world, but a profound preparation for our engagement with it. It is a social issue, reflecting the state of our bonds and the fairness of our systems. For a nation whose strength lies in its people, collective rest isn’t a luxury but a foundation for a kinder, more resilient society.

When Rest becomes Reward – How Productivity Culture Trains Us to Reject Sleep

By Isabel Yap (MPsych (Clinical))

"You can sleep when you're dead!" was the tongue-in-cheek response I got from a friend when our casual chat about doomscrolling late at night turned into a semi-serious talk about how everything seems to be a barrier to good-quality sleep nowadays. "Ha-ha, I guess..." was the contrived response I gave at that time, but I felt honestly disturbed, wondering if we, as a society, have relegated sleep to the lowest of our priorities.

In a highly advanced society like Singapore that proudly espouses meritocracy, the need to be productive and competitive may already be so entrenched in our lives that we compromise on sleep for activities that seem like a worthier use of time. Societal factors like a stressful work culture, burnout, and financial pressure also beg the question:why does it seem like giving up sleep is the only way to squeeze more "me time" into our day? After all, we all only have 24 hours, right?

Before turning to the next cutting-edge gadget that promises to make sleep more optimised, let us consult psychological theories to understand how productivity culture disrupts rest.

One way to understand why we're sleeping less is to unpack bedtime procrastination—the act of voluntarily delaying bedtime—and its link to the capitalist ideal of productivity. Since the advent of the 9-to-5 workday during the Industrial Revolution and the normalisation of hourly wages, time has increasingly been equated with monetary value. Gradually, we begin to lose autonomy over how we live when more and more of our hours are bought by people, companies, or institutions we work for. Psychological reactance theory (Brehm, 1989) posits that when people perceive a loss of freedom, they experience reactance; a motivation to reclaim it. It's no wonder we engage in bedtime procrastination to gain back some personal time, even when we're exhausted.

When productivity is prized and we are reinforced for doing more, we may start to equate our self-worth with how much we achieve. A recent study published in the *Journal of Organisational Behaviour* found that a sizable number of employees felt guilty about resting when ill and returned to work or worked from home despite being sick (Brosi & Gerpott, 2023).

Rest isn't just undervalued—it's almost stigmatised. Scholars argue that neoliberal capitalism compresses our perception of time and moralises how we spend it, reinforcing the idea that time must be productive or we've failed morally by wasting it (Sugarman & Thrift, 2017).

Sleep, which doesn't directly translate into profit, is then reframed from a restorative need into an inefficient use of time. The internalised "time is money" belief can lead to feelings of guilt, shame, or anxiety when we try to rest. These emotions, in turn, can lead to rumination or short-term relief strategies like bedtime procrastination, which further disrupt sleep (Liu et al., 2024; Oflazian & Borders, 2023).

While there are many structural changes needed to support better sleep, individuals can begin by reflecting on and rewiring unhelpful beliefs about productivity and rest. We can start by identifying whether we are engaging in cognitive distortions such as catastrophising or all-or-nothing thinking that may feed into bedtime procrastination (e.g., "I would have completely wasted my time if I went to sleep now without finishing this task"). Reflecting on our beliefs about achievement and control with curiosity may help us understand why rest feels hard. For example: How did we come to believe that we must make the most of our free time? On whose terms do we decide what's a "waste" of time versus "worthy"? What are the costs and benefits of sleeping later and less—and are they really in our favour? Gently challenging these beliefs through psychoeducation and adopting more balanced perspectives can help reframe rest as a right. For instance, we can draw on the wealth of research about sleep hygiene and understand how modern pressures have distorted our sleep practices.

To complement this cognitive shift, we can consider behavioural strategies that reinforce new habits. First, we can set boundaries around work and technology. Use do-not-disturb modes or app timers that cut off notifications after a certain hour, or use a separate work phone that's turned off after hours.

Second, we can block out daily time just to do nothing. Scheduling 60 minutes of tech-free, low-stimulation time before bed helps signal to our minds and bodies that it's time to unwind. Lastly, keeping a journal to track our mood and sleep quality as we experiment with these strategies can reinforce our learning. If we find ourselves feeling uneasy or even distressed while trying to slow down, we can remind ourselves: the discomfort doesn't mean we're doing something wrong—it means we're unlearning something old.

Looking back, I wish I had responded differently to my friend's joke. Instead of an awkward chuckle, I might have said, "Actually, you know what? I want to sleep while I'm alive—not just when I'm dead." Because when we start valuing rest not as a luxury but as a right, we reclaim not just our sleep, but our time, our health, and our lives.

Sleepless and Proud:

Sleep Deprivation as Youth Status in Singapore

By Ms. Lynn Tan

Sleep deprivation is often viewed as an adult problem—associated with work stress, financial pressures, and the demands of raising families. However, this phenomenon has increasingly shifted to affect younger populations in Singapore, where intense academic and social competitiveness shapes daily life (Gan, 2023). While adults may sacrifice sleep for career advancement or family responsibilities, today's youth are forgoing rest for academic achievement and social connection, fundamentally altering the demographics of sleep-related health issues.

Research reveals that young adults are actually more vulnerable to chronic sleep deficiency than older adults, with objective measures showing greater attentional failures and performance decrements despite similar subjective sleepiness levels. In Singapore specifically, this trend has reached alarming proportions, with many students below age 18 getting less than four hours of sleep nightly as they juggle between school and social obligations (Gan, 2023). Studies consistently show that 73% of high school students globally are not getting healthy amounts of sleep, with the average high schooler sleeping only 6.5 hours per night—far below the recommended eight to ten hours for adolescents (Cann, 2025; Kuula et al., 2019; Owens et al., 2014).

Despite mounting evidence of its detrimental effects, many young Singaporeans continue to sacrifice rest for perceived gains in achievement and social standing. This article explores the drivers behind this phenomenon, its consequences, and the urgent need for a holistic approach to youth health and well-being in a culture where sleeplessness has become normalised as a marker of dedication and maturity.

Academic Ambition: Sleeplessness as a Badge of Commitment

The drive to excel academically compels many students to study late into the night, with sleeplessness often regarded as a badge of commitment—both by youths themselves and by their parents or guardians, who may equate long hours with future success. In Singapore's highly competitive educational environment, students routinely sacrifice sleep to complete homework, attend tuition classes, and prepare for high-stakes examinations. In a study amid Korean teenagers, correlational findings showed that the better one does academically, sleeping hours inversely decreased. Mean sleep hours recorded across 15- to 18-year-old youths varied starkly from 6.02 hours to a mere 4.86 hours (Yang et al., 2005).

The pressure to perform creates unrealistic expectations based on peer comparisons and social media consumption, where adolescents and teens feel compelled to meet standards that prioritize academic success over mental, physical, and emotional health. This cultural norm reinforces the idea that sleep is expendable in the quest for achievement, with families often viewing extended study hours as indicators of diligence and future prosperity.

Fear of Missing Out: Social Pressures and Digital Distraction

The fear of missing out (FoMO) encourages students to stay socially engaged online and offline during late hours, reinforcing peer connections but further reducing rest. The constant use of digital devices, addiction to gaming, and peer pressure to stay up late have become significant contributing factors to sleep deprivation among teenagers (Yüksel et al., 2025).

Social media portrayal also exacerbates FoMO, often leading to feelings of exclusion and comparison, especially within vulnerable audiences. Social networking and evening screen use have increased markedly in the 21st century, presenting major challenges for young people trying to fall asleep in the early evening. Screen time before bed significantly delays sleep onset, as blue light from devices sends signals to the brain that it's not yet nighttime, disrupting the natural circadian rhythm that regulates sleep-wake cycles (Harrison et al., 2000; Owens et al., 2014).

Autonomy and Identity: Managing Sleep as a Marker of Maturity

As Singaporean youths gain more autonomy, they often push boundaries by managing their own sleep schedules, seeing this "freedom" as a marker of maturity. This assertion of independence occurs within a biological context where adolescent development naturally favors later sleep timing. The onset of puberty causes the body to delay melatonin production—the hormone that induces sleepiness—leading to a biological preference for staying up late. Additionally, more mature adolescents accumulate sleep pressure at a slower rate, making it biologically harder for them to feel tired in the early evening.

Coupled with the need to juggle both academic responsibilities and need for acceptance among their peers (Gan, 2023; Yüksel, 2025), marked linear delay in sleep timing is apparent with weekend sleep patterns shifting 2-3 hours later from ages 12 to 18 (Kuula et al., 2019). Wittmann and colleagues (Wittman et al, 2006) describe this as social jetlag —the misalignment of social and biological time, demonstrated by a discrepancy in sleep timing and activity on work and rest days.

The Consequences: Academic, Emotional, and Physical Toll

The effects of ongoing sleep deprivation are extensive and concerning. Sleep disturbances among adolescents affect their ability to regulate emotions and increase the risk of anxiety, low self-esteem, disturbed mood, and fatigue. Mental health professionals have observed that sleep problems during teenage years are predictive of behavioral issues and fuel depression later in life (de Souza & Hidalgo, 2014; Lee et al., 2022).

The combination of biologically driven processes with modern lifestyles and social obligations minimises opportunities for adolescents to obtain adequate sleep. During sleep, the body releases growth hormones essential for physical development in teenagers, meaning insufficient rest can affect their physical growth. Physical and cognitive impacts include concentration difficulties, shortened attention span, memory impairment, poor decision-making, moodiness and aggression, risk-taking behavior, slower physical reflexes, and reduced academic performance (Lo et al., 2020). Comparative studies also report correlational predictors of premature aging and brain degradation in sleep-deprived youths, some demonstrating accelerated aging symptoms akin to individuals in their 60s to 70s (Harrison et al., 2000).

Rethinking Sleep in Youth Culture

The normalization of sleeplessness—driven by academic ambition, relentless social pressures, and the mistaken belief that sacrificing rest is a marker of maturity—has resulted in a generation of young people consistently getting far less sleep than is necessary for healthy development. Social jetlag, digital distractions, and a culture that rewards overwork further exacerbate the problem, making it clear that individual willpower or parental intervention alone is insufficient to address the crisis. Addressing sleep deprivation among Singaporean youth requires acknowledgement that this prevalence cannot be deterred simply through parental intervention, but needs a holistic review to determine if more resources and accommodations are necessary to help youth manage their health effectively.

What has emerged as a cultural trend of celebrating late-night socialisation, cramming, and sleeplessness as dedication can be transformed into a more balanced approach that values both achievement and well-being. By addressing the social pressures that inadvertently promote exhaustion as a virtue, our nation can pioneer innovative approaches to student wellness (Cann, 2025). Empowering young people to make informed choices about their well-being—and providing the structural support to do so—will be key to fostering a healthier and more sustainable culture of success in Singapore's competitive environment.

Understanding Women's Sleep: Psychological Dimensions and Disparities

By Dr Nicola Cann,
Sleep Psychologist, DEdChPsy

Women experience unique sleep challenges across the lifespan, shaped by hormonal fluctuations, psychosocial demands, and structural inequalities. From puberty to pregnancy, motherhood to menopause, sleep evolves in complex ways. Research consistently shows that women experience more sleep disturbances than men, yet these experiences are frequently minimised or misattributed in clinical contexts. This article provides an overview of women's sleep across the lifespan, and makes suggestions as to how we, as psychologists, can intervene.

Women's Sleep Across the Lifespan

Objective measures of sleep consistently suggest that **women tend to sleep longer than men** and experience more deep sleep (Mallampalli & Carter, 2014). However, the difference in sleep duration between the sexes is small and, if we look at more nuanced sleep measures, we see a different picture. Women are more likely to take longer to fall asleep, experience disrupted or disordered sleep, and struggle with mental health issues that are associated with poor sleep (Mallampalli & Carter, 2014).

Adolescence

Teen sleep is notoriously tricky, with social, academic, and biological factors converging to create the "perfect storm" (Carskadon, 2011). Despite an early circadian advantage, during adolescence girls start to report more difficulty falling asleep than boys, with teen girls also at higher risk of insomnia. Pain and discomfort associated with menstruation also contributes to poor sleep (Baker & Wolfson, 2016).

Motherhood

Around 30% of pregnant women and 42% of postpartum women report that they rarely get a good night's sleep (Nowakowski et al., 2013). Physical discomfort during pregnancy disrupts sleep, and pregnant women are at increased risk of restless leg syndrome and sleep disordered breathing. Postpartum, mothers' sleep is often fragmented due to caregiving responsibilities (Burgard & Alshire, 2013).

Perimenopause and Menopause

Up to 42% of women will have experienced insomnia by the end of their menopausal transition (Pengo et al., 2018), with hot flashes and hormonal changes contributing to poor sleep (Jehan et al., 2015). Melatonin, a key hormone for regulating our sleep/wake timings, significantly decreases during the menopause transition, and a reduction in progesterone increases the risk of sleep disordered breathing (Pengo et al., 2018).

Sleep Disorders: Gendered Risks and Realities

Insomnia

Insomnia affects **28% more women** than men and that risk nearly doubles in older age (Mallampalli & Carter, 2014). Hormonal and physical changes at each of the life stages above can trigger poor sleep, but many women go on to develop **conditioned arousal**: the bed becomes a place of frustration, not rest. This is when a period of poor sleep can become insomnia (Nowakowski et al., 2013).

Restless Legs Syndrome (RLS)

RLS is an overwhelming urge to move the legs, often with uncomfortable sensations that worsen at night and disrupt sleep. RLS is **twice as common in women as men** and often emerges in:

- Pregnancy — affecting up to **30% of women** (Jehan et al., 2015).
- Middle age — the risk increases twofold from pregnancy to menopause (Mallampalli & Carter, 2014).

Sleep Apnea

Historically seen as a “man’s disease”, we now know that sleep apnea in women is more likely to be missed or misdiagnosed because their symptoms may be subtler (men tend to report snoring and gasping, whereas women tend to report unrefreshing sleep), and because commonly used assessment tools like the STOP-BANG sleep apnea screener are biased toward male symptom profiles (Mallampalli & Carter, 2014).

Why is Women's Sleep Different?

The Circadian Clock

Whilst most of us conform to a roughly 24-hour circadian rhythm, women tend to have **shorter circadian cycles** and earlier sleep-wake preferences than men. Girls' circadian rhythms may also mature earlier than boys', but that advantage is lost at puberty when girls' risk of insomnia rapidly increases (Phillips et al., 2008).

The role of hormones

Recent research highlights the fundamental role of sex hormones in sleep, with hormonal changes at various life stages impacting women's sleep quantity and quality. For example, estrogen and progesterone:

- Play roles in temperature regulation, breathing, mood, and alertness—all of which impact sleep
- Influence sleep architecture—the time we spend in different stages of sleep throughout the night
- Impact the circadian rhythm and homeostatic sleep drive. (Pengo et al., 2018)

Sociocultural factors

With the bulk of caregiving responsibilities falling to women, mothers' sleep is more likely to be fragmented than fathers' sleep, even when both parents are working the same number of hours in paid employment (Burgard & Alshire, 2013). This often unacknowledged labour can significantly impact the quality and quantity of women's sleep.

What Can Psychologists Do?

Medications may not address the underlying sleep problem, but psychological approaches have a lot to offer in terms of long-term solutions, either alongside or in place of medication.

- **Proactively enquire about sleep.** Don't dismiss sleep problems as secondary issues. Addressing sleep disorders directly can improve other psychopathologies and reduce risk of relapse (de Bruin et al., 2018).
- **Resist the myth of poor sleep:** Many women expect to sleep badly, for example during pregnancy and menopause. Poor sleep during these stages is not inevitable and can be improved with the right support.
- **Evaluate your assessment protocols** to ensure that they are gender-informed.
- **Always cover the basics:** Good sleep hygiene can minimise many sleep problems. Educating women on the impact of good sleep habits and supporting behaviour change can be transformational.
- **Know when more specialist support is required.** Good sleep habits are important but for those experiencing sleep apnea or insomnia, no amount of sleep hygiene advice will solve the problem.

Conclusion

Sleep is both foundational to mental health and is a lens through which we can view inequalities in social expectations and healthcare. In order to intervene effectively, psychologists need to be aware of biological, psychological, and sociocultural factors that shape the experience of sleep for women across the lifespan. As a profession, we can advocate for greater awareness and integration of women's sleep health into routine psychological care. We can also shape research agendas to address the sleep needs of women and influence public narratives around the inevitability of poor sleep for women.

By Ms Nona Ooi
Team Lead (Psychological Services), Grace Orchard School

When Sleep Eludes the Neurodivergent Child: Perspectives from a Special Education School

The Unequal Toll Of Poor Sleep

Sleep is the foundation upon which attention, learning, emotional regulation, and social functioning are built. Yet, sleep deprivation is a widespread phenomenon that significantly disrupts these areas. With both short and long term impacts, poor sleep impairs cognitive functioning, attention span, adaptability, and emotional capacity, leading to poorer judgment and decision-making (Khan & Al-Jahdali, 2023).

Yet, for many neurodivergent children, restful sleep remains especially elusive, occurring more frequently than in their neurotypical peers (Angriman, Caravale, Novelli, Ferri, & Bruni, 2015; Quine, 2001). At Grace Orchard School (GOS), where we serve students with mild intellectual disability and co-occurring conditions, sleep issues are not incidental, they are persistent and deeply intertwined with our students' daily challenges. Unlike neurotypical peers, neurodivergent children often struggle to articulate tiredness, mood, or discomfort, making it harder for caregivers and educators to recognise when sleep is affecting behaviour. Without an informed understanding, fatigue may be mistaken for defiance or inattention, leading to misunderstandings and missed support.

Under-Recognition, Normalisation, and Overlooked Contributors

Sleep difficulties in neurodivergent children are often under-recognised, dismissed, or normalised as part of their broader profile, especially when learning or behavioural needs take precedence. Families may adapt to years of disrupted sleep as the "new normal," yet sleep deprivation feeds a vicious cycle, further impairing self-regulation and making it even harder to wind down.

This is especially relevant for children with ADHD, Down Syndrome, and Autism, for whom disrupted sleep is well-documented (Angriman et al., 2015). Children with ADHD, for instance, are frequently prescribed stimulant medications that delay sleep onset and reduce quality, further impairing attention and behaviour. Those with Down Syndrome often experience fragmented sleep and conditions like sleep apnea. Children with autism may struggle with sensory sensitivities, melatonin irregularities, and difficulties interpreting cues for sleep readiness.

Beyond neurodevelopmental and medication effects, overlooked lifestyle factors like limited daytime movement and reduced exposure to natural light, also play a role. Highly structured, indoor-based routines may unintentionally deprive children of the sensory and physical input needed to regulate circadian rhythms. Without a holistic lens that considers behavioural, biological, sensory, and environmental factors, sleep remains elusive, not just for the child, but for the entire family.

Sleep as a Developmental Keystone

Sleep underpins brain development and regulation. Yet for many neurodivergent learners, this essential function is often compromised, leading to classroom difficulties from months or even years of unrecognised sleep disruption.

We must treat sleep not as secondary, but as a developmental keystone. When neurodivergent children get better sleep, they become more regulated, communicative, receptive to learning, and resilient to stress. Addressing sleep is not a side issue; it is often the most effective, humane, and far-reaching support we can provide.

As psychologists, we are positioned to shift the narrative from managing "behaviour problems" to uncovering root causes like chronic sleep deprivation. For all children, sleep is not merely a rest period but a vital window for restoration, regulation, and readiness to learn. Supporting it must be part of every comprehensive care plan.

How Schools Can Respond: A Multidisciplinary Lens

In a Special Education (SPED) setting like GOS, we are well-placed to notice patterns and initiate early, holistic support. Teachers may observe students arriving fatigued, disengaged, or becoming dysregulated quickly. They may notice increased impulsivity, reduced task initiation, and lower frustration tolerance—subtle but important signs that sleep may be affecting the child's ability to function and learn.

Occupational therapists often identify sensory sensitivities that affect sleep routines. Social workers hear firsthand from caregivers about nightly struggles, sometimes intensified by changes in family dynamics or sleeping arrangements. Psychologists help connect these observations, recognising sleep not merely as biological, but as embedded in psychological, sensory, social, behavioural, and developmental contexts.

Too often, even as allied professionals do excellent work, they operate in parallel, not in partnership, resulting in conflicting strategies, fragmented support, and less effective outcomes. Each team member may see only part of the puzzle. The psychologist's role is to hold the integrated lens: to synthesise input across disciplines and connect the dots between behaviours, environments, and systems. This broader view enables more coherent, nuanced support that neither pathologises the child nor overlooks modifiable contributors.

Supporting sleep requires both individualised and integrated approaches. This means understanding each family's beliefs and routines, whilst also considering environmental demands and constraints. Our team works collaboratively to develop tailored strategies that span home and school, including:

Caregiver psychoeducation, to raise awareness about the impact of poor sleep and offer realistic, hopeful paths for change.

Promoting physical movement and time outdoors with adequate sunlight exposure, to help regulate energy levels, support vitamin D synthesis, and reset circadian rhythms.

Using visual supports and routines, to ease bedtime transitions and create predictability.

Adapting sleep hygiene practices, like minimising sensory input, or adjusting stimulation levels to match arousal needs.

Applying behavioural strategies, such as reinforcement, fading, and gradual exposure, tailored to neurodivergent learning profiles.

Incorporating social narratives, to help children and caregivers re-establish sleep routines, especially after disrupted periods like long holidays.

Supporting caregiver tracking and reflection, so families can notice and reflect on sleep-related patterns, and adjust accordingly over time.

By breaking down silos and responding collaboratively, schools can play a pivotal role in helping neurodivergent students, and their families, reclaim the rest they need to thrive.

A Call to Action for All Psychologists

Whether in schools, clinics, or community settings, psychologists have a critical vantage point to identify and address sleep-related concerns. As part of every psychological assessment or intake, be it for learning, behavioural, emotional, or diagnostic reasons, we must routinely screen for sleep quality, bedtime routines, and the child's access to daylight and movement. These are not peripheral details; they are core developmental inputs that directly shape regulation, resilience, and functioning.

When we bring this lens into practice, we begin to see children more clearly, not as defiant, but often as struggling with unmet physiological needs. And we begin to offer support not just for coping, but for restoring holistic well-being.

Restless Minds, Restless Nights: Sleep in the ADHD Experience

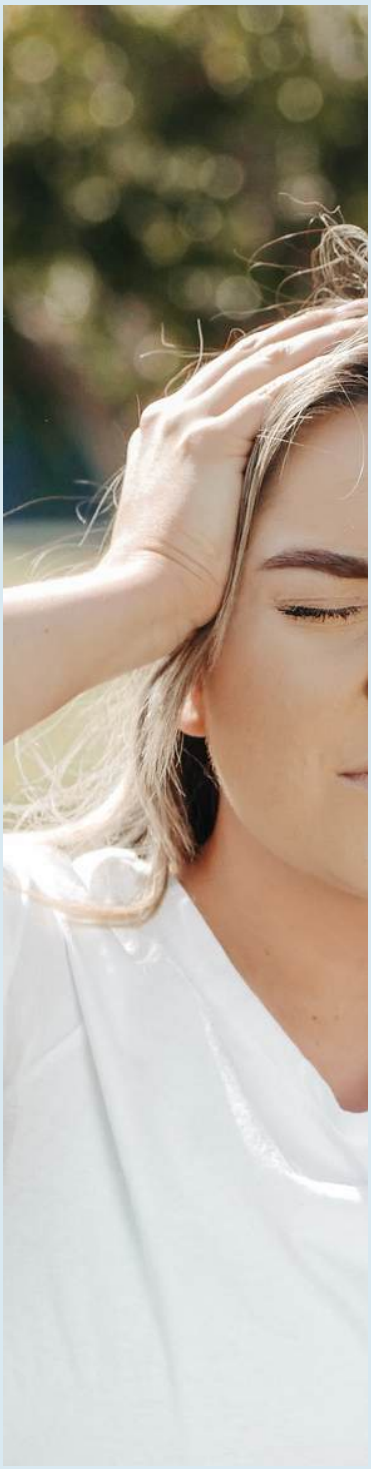
By Karyen Chai, M.Sc., PhD Candidate (Murdoch University)

Sleep difficulties are common in many psychological conditions. In Attention Deficit Hyperactivity Disorder (ADHD), they are often central, yet under-recognised. Sleep is a vital biological function necessary for healthy brain development, emotional regulation, and cognitive functioning. As ADHD gains broader recognition across the lifespan in Singapore, understanding the role of sleep becomes increasingly important for clinicians, educators, families, and individuals navigating this neurodevelopmental condition.

For years, sleep was viewed largely as a secondary symptom of ADHD—an unfortunate side effect of hyperactivity, medication, or poor routines. However, emerging evidence reveals a far more intricate relationship. The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) acknowledges the high

prevalence of sleep disturbances in those with ADHD. It is estimated that up to 70% of individuals with ADHD experience chronic sleep problems (Cortese et al., 2009). Common challenges include difficulty falling asleep, restless or non-restorative sleep, frequent night wakings, and significantly delayed sleep phases.

The ADHD-Sleep Connection



Sleep disturbances in ADHD are not merely behavioural; they are deeply rooted in neurobiological mechanisms involving dysregulation of dopamine and melatonin systems. Dopamine, a neurotransmitter central to attention regulation, also modulates the sleep-wake cycle by influencing melatonin secretion, the hormone responsible for signaling night-time and initiating sleep (Bijlenga et al., 2019; Monti & Monti, 2007). In ADHD, disrupted dopamine activity can impair melatonin production and circadian regulation, contributing to delayed sleep onset and irregular sleep patterns. Furthermore, individuals with ADHD frequently experience heightened cognitive arousal at bedtime, characterised by racing thoughts that interfere with the ability to relax and fall asleep (Cortese et al., 2009). This hyperarousal is compounded by increased environmental sensitivity and emotional reactivity, common in ADHD, which can amplify sensory overload and anxiety at night, further compromising sleep quality (Shaw et al., 2017; Pacheco, 2024).

The relationship between ADHD and sleep is bidirectional. Poor sleep quality and insufficient duration have been shown to exacerbate core ADHD symptoms such as inattention, impulsivity, and emotional dysregulation (Becker, 2020). For example, sleep deprivation can impair executive functioning and increase hyperactivity, further compromising daytime functioning (Beebe, 2011). Conversely, the neurodevelopmental features of ADHD—including difficulty with emotional regulation and heightened arousal—can disrupt sleep initiation and maintenance, perpetuating unhealthy sleep patterns (Sung et al., 2008). This reciprocal cycle creates a self-reinforcing loop, significantly undermining mood stability, cognitive performance, and overall wellbeing in individuals with ADHD.

Sleep and Chronotype Across the ADHD Lifespan

Children with ADHD and Chronotype

Children with ADHD commonly experience bedtime resistance, night wakings, and difficulty waking in the morning (Hvolby, 2015). While a clear chronotype may not yet be established in early childhood, many children with ADHD show early signs of a preference for later sleep times and irregular rhythms (Cortese et al., 2009). Their heightened emotional reactivity and sensory sensitivity often contribute to overstimulation at night, making sleep initiation difficult. This can cause behavioural disruptions and learning difficulties that mimic or worsen core ADHD symptoms during the day.

Adolescents with ADHD and Chronotype

Adolescents with ADHD often shift toward an *evening chronotype*, preferring later bedtimes and wake times compared to their neurotypical peers (Becker, 2020). This aligns with normative biological changes during puberty but is **amplified** in those with ADHD. Delayed Sleep Phase Syndrome (DSPS) becomes more common in this age group, leading to significant sleep debt due to early school schedules. Adolescents may struggle with mood regulation, executive function, and academic performance; not because of lack of effort, but due to circadian misalignment.

Adults with ADHD and Chronotype

Even into adulthood, many individuals with ADHD continue to exhibit strong eveningness or non-typical chronotypes (Bijlenga et al., 2019). This affects work functioning, especially in rigid 9-to-5 environments. Adults with ADHD may report

long sleep-onset latency, unrefreshing sleep, and difficulty maintaining routines, all of which contribute to daytime fatigue and executive dysfunction.

ADHD-related sleep issues tend to evolve over time. While young children may resist bedtime or wake frequently, adolescents and adults often experience delayed sleep phase syndrome, staying up until the early hours and struggling to wake. In a society like Singapore—where academic and work demands are high, and sleep is often sacrificed—these challenges can become even more pronounced. Recognising chronotype patterns in ADHD can guide more personalised care, beyond generic sleep hygiene advice.

Towards Better Support: Sleep as a Core Part of ADHD Care

Despite the prevalence of sleep issues in ADHD, sleep is rarely integrated into standard assessment protocols. Often, individuals seek help for focus difficulties or emotional struggles, without realising that poor sleep may be a root contributor. Screening for sleep disturbances—including delayed sleep phase, insomnia, or restless sleep—should be routine in ADHD evaluations.

Intervention strategies can vary, but awareness is the first step. Clinicians may consider recommending evidence-based treatments such as Cognitive Behavioural Therapy for Insomnia (CBT-I), melatonin for circadian delay (under medical supervision), or psychoeducation on sleep hygiene (Hvolby, 2015). For adolescents and adults with delayed sleep-wake cycles,

chronotherapy and light therapy may help realign circadian rhythms (Coogan & McGowan, 2017).

Parents, teachers, and employers can also play an essential role by creating environments that reduce unnecessary sensory overload and allow for flexibility in routines when possible. A tired mind is not always a lazy mind and this distinction can change the trajectory of support.

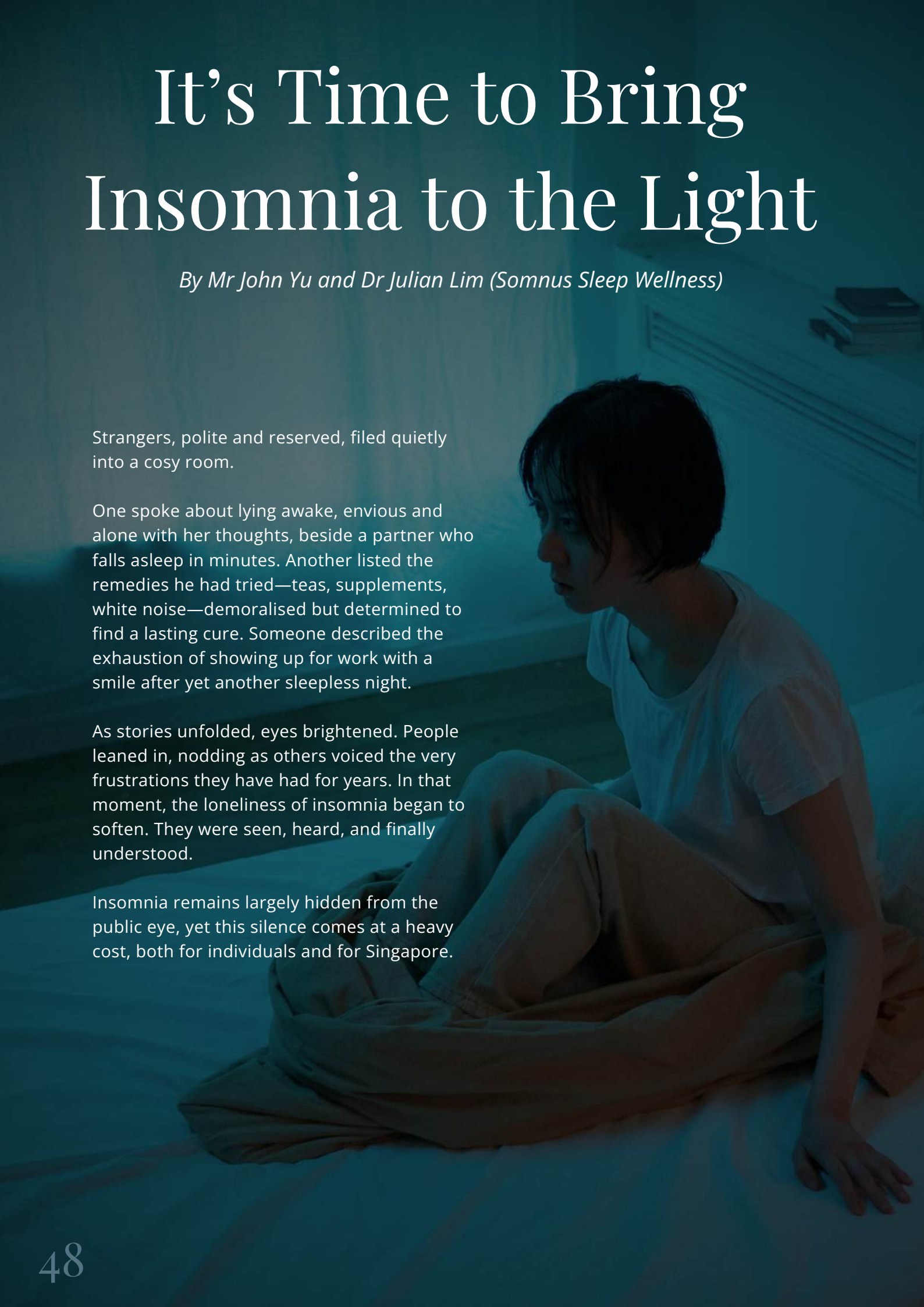
In addition, sleep-related education could be introduced more systematically in schools and workplaces to destigmatise sleep struggles, especially in neurodivergent individuals. Public campaigns have improved awareness of ADHD, but the connection with sleep is still overlooked. Integrating this knowledge could help reduce shame and increase empathy.

Reframing the Narrative

The growing conversation around mental health and neurodiversity in Singapore offers a timely opportunity to broaden how we understand ADHD—not just as a condition of inattention or restlessness, but as one that deeply affects the rhythms of daily life, including sleep. When we treat sleep as an essential part of ADHD care, not an afterthought, we open the door to more effective, compassionate, and holistic support.

It's Time to Bring Insomnia to the Light

By Mr John Yu and Dr Julian Lim (Somnus Sleep Wellness)



Strangers, polite and reserved, filed quietly into a cosy room.

One spoke about lying awake, envious and alone with her thoughts, beside a partner who falls asleep in minutes. Another listed the remedies he had tried—teas, supplements, white noise—demoralised but determined to find a lasting cure. Someone described the exhaustion of showing up for work with a smile after yet another sleepless night.

As stories unfolded, eyes brightened. People leaned in, nodding as others voiced the very frustrations they have had for years. In that moment, the loneliness of insomnia began to soften. They were seen, heard, and finally understood.

Insomnia remains largely hidden from the public eye, yet this silence comes at a heavy cost, both for individuals and for Singapore.

A Hidden Crisis: Personal and Economic Costs

A study by RAND Europe on the societal and economic burden of insomnia in adults across 16 countries found that up to 51% of people experience insomnia symptoms. Between 6% and 15% suffer from chronic insomnia (Hafner et al., 2023). In Singapore, prevalence estimates range from 7.4% to 15.3% (Yeo et al., 1996; Satghare et al., 2024).

Chronic insomnia is associated with a higher risk of anxiety, depression, cognitive deficits, hypertension, diabetes, and cardiovascular disease (Riemann et al., 2022). In the workplace, insomnia contributes to both presenteeism and absenteeism. RAND estimates that each chronic insomnia sufferer experiences 11 to 18 days of absenteeism and loses 44 to 54 days of productivity annually. This translates to an economic cost of approximately US$6,200 to US$19,300 in lost GDP per capita per year (Hafner et al., 2023).

Singapore's fast-paced lifestyle makes us vulnerable to sleep issues. Long working hours, competitive academic and professional environments, a productivity-driven mindset, and a prevailing hustle culture promote the idea that "sleep can wait". Poor quality sleep becomes the norm, and restorative sleep is left for the weekends and holidays.

Are We Relying Too Much on Pills?

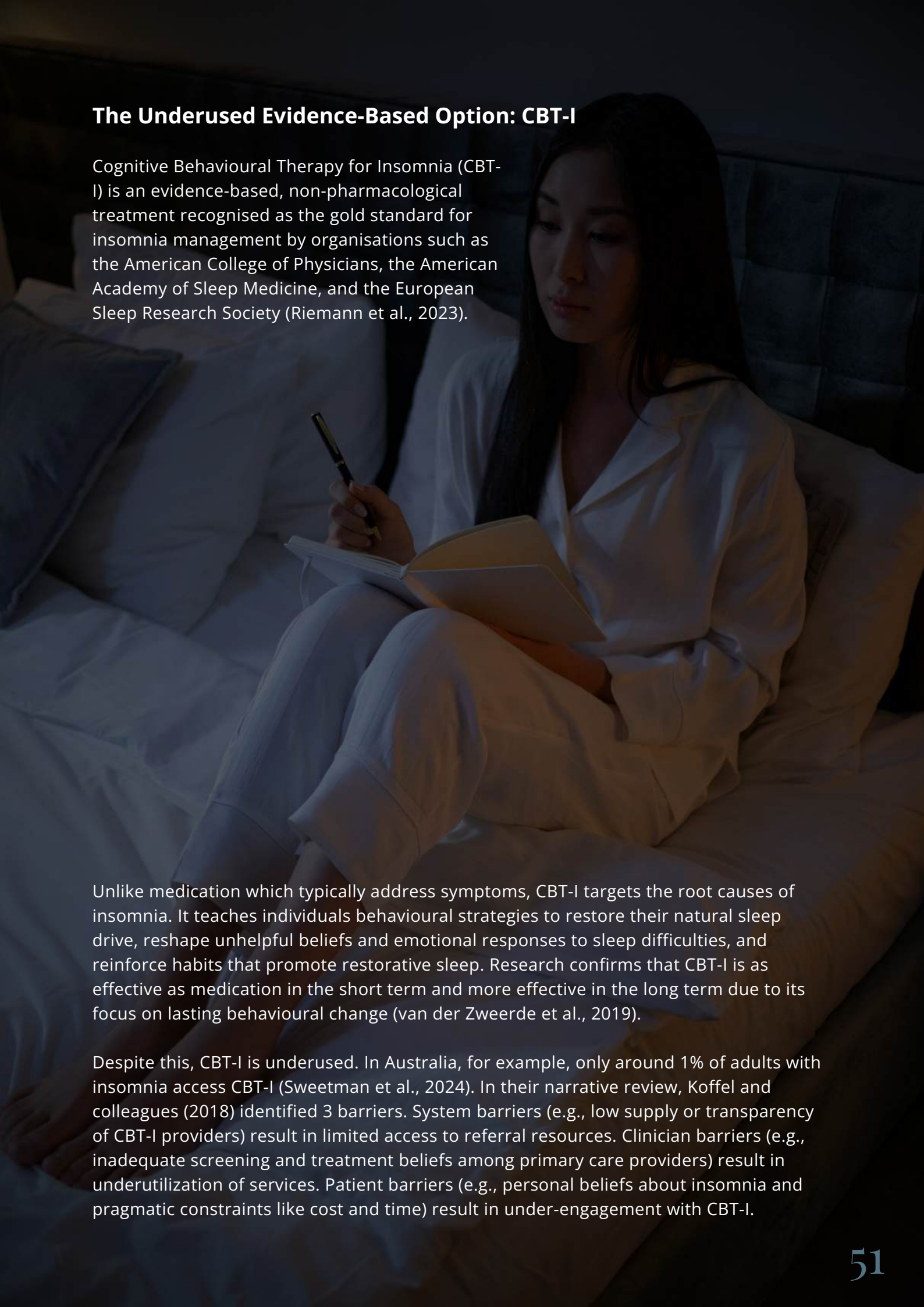
Many insomnia sufferers turn to their doctors in search of a quick solution. Prescriptions include antihistamines, sedatives like benzodiazepines, hypnotic “Z-drugs” like zopiclone, or newer drugs like lemborexant, an orexin receptor antagonist. While prescription drugs provide short-term relief, they can come with notable drawbacks, including drowsiness, impaired alertness, tolerance, dependency, rebound insomnia, and increased fall risks in older adults.

Recognising these risks, Singapore’s medical guidelines recommend against the use of these medications as a first-line treatment. Primary care physicians are advised to discuss potential side effects with patients and to limit the use of sedatives to short courses of two to four weeks. For individuals with chronic insomnia, a referral to a psychiatrist or sleep specialist is recommended (Ho et al., 2025).

Despite these facts, most people still lean heavily toward pharmaceutical solutions. Recent cases on the inappropriate prescription of sleep medications highlight the clinical and ethical dilemma that doctors may face with patients who have become reliant on pills (Tang, 2024). Others turn to over-the-counter supplements such as melatonin or magnesium which have insufficient evidence for alleviating chronic insomnia.

The Underused Evidence-Based Option: CBT-I

Cognitive Behavioural Therapy for Insomnia (CBT-I) is an evidence-based, non-pharmacological treatment recognised as the gold standard for insomnia management by organisations such as the American College of Physicians, the American Academy of Sleep Medicine, and the European Sleep Research Society (Riemann et al., 2023).



Unlike medication which typically address symptoms, CBT-I targets the root causes of insomnia. It teaches individuals behavioural strategies to restore their natural sleep drive, reshape unhelpful beliefs and emotional responses to sleep difficulties, and reinforce habits that promote restorative sleep. Research confirms that CBT-I is as effective as medication in the short term and more effective in the long term due to its focus on lasting behavioural change (van der Zweerde et al., 2019).

Despite this, CBT-I is underused. In Australia, for example, only around 1% of adults with insomnia access CBT-I (Sweetman et al., 2024). In their narrative review, Koffel and colleagues (2018) identified 3 barriers. System barriers (e.g., low supply or transparency of CBT-I providers) result in limited access to referral resources. Clinician barriers (e.g., inadequate screening and treatment beliefs among primary care providers) result in underutilization of services. Patient barriers (e.g., personal beliefs about insomnia and pragmatic constraints like cost and time) result in under-engagement with CBT-I.

A Way Forward: Awareness, Access, Action

To meaningfully address insomnia at a societal level, progress must be made on two fronts: increasing awareness and screening, and improving access to evidence-based psychological care.

Beyond general practitioners (GPs), healthcare frontliners such as dentists, nurses, allied health professionals, and Traditional Chinese Medicine (TCM) practitioners can help identify and guide individuals at risk toward appropriate care. Brief assessment tools like the Insomnia Severity Index-7 (ISI-7) or its abbreviated version, ISI-3, can facilitate early detection (Thakral et al., 2021). Community screenings and workplace wellness programs can also serve as sleep health touchpoints.

Primary care doctors can be upskilled and equipped with resources to facilitate assessment and referral. In Australia, a national CBT-I provider directory assists GPs in referring patients to appropriate therapists. A similar registry or care pathway could be established in Singapore to bridge existing service gaps. Increasing the number of trained CBT-I providers would further reduce access and affordability barriers.

Employers have a significant part to play. By promoting a culture that respects rest and recovery, with open channels for help-seeking resources, workplaces will benefit from improved employee morale, performance, and retention.

On a broader scale, public health campaigns can surface psychological therapy as a first-line treatment for insomnia. Presenting CBT-I as a worthwhile investment in health, rather than a last resort, may help shift public attitudes and increase uptake of this efficacious treatment.

Lighting the Path Ahead

We can no longer afford to treat insomnia as a private struggle or a secondary concern. It is a legitimate, treatable health issue that deserves attention and empathy.

You may be someone with insomnia, know someone who struggles with it, or work in healthcare and have seen its effects firsthand. You are not alone, and help is available.

Together, let’s bring insomnia into the light.

Sleep Improvement Myths in Modern Lifestyles

By: Benjamin Low C.Y.
Senior Clinical Psychologist (Psych Connect Pte Ltd)
Registered Psychologist (Singapore)
MPsych (Clinical), BA (Hons) Psych., MSPS, SRP

Modern life is busy, and late evenings are often used to gain a sense of emotional balance or satisfaction. We may text, engage in bedtime procrastination with doom-scrolling, or exercise close to bedtime.

Some individuals even try to clear emails to achieve a sense of accomplishment or reduce the perceived stress of the following day. However, such routines can foster sleep problems. Below are some common myths people follow in their efforts to restore healthy sleep.

Myth 1: I need to “try harder” to sleep

This is known as *sleep effort* (Espie et al., 2006). Examples include tossing and turning while trying to sleep, engaging in intense exercise to induce fatigue, or employing mental strategies like counting sheep. In clinical practice, insomnia patients often express frustration, reporting that they have “tried everything” (p. 235) to help themselves sleep.

Sleep effort can keep us awake because it activates problem-solving mode. We begin to think about causes, potential solutions, and backup plans—essentially putting ourselves to work. This mental activity is counterproductive to falling asleep, as it increases alertness and inhibits rest.

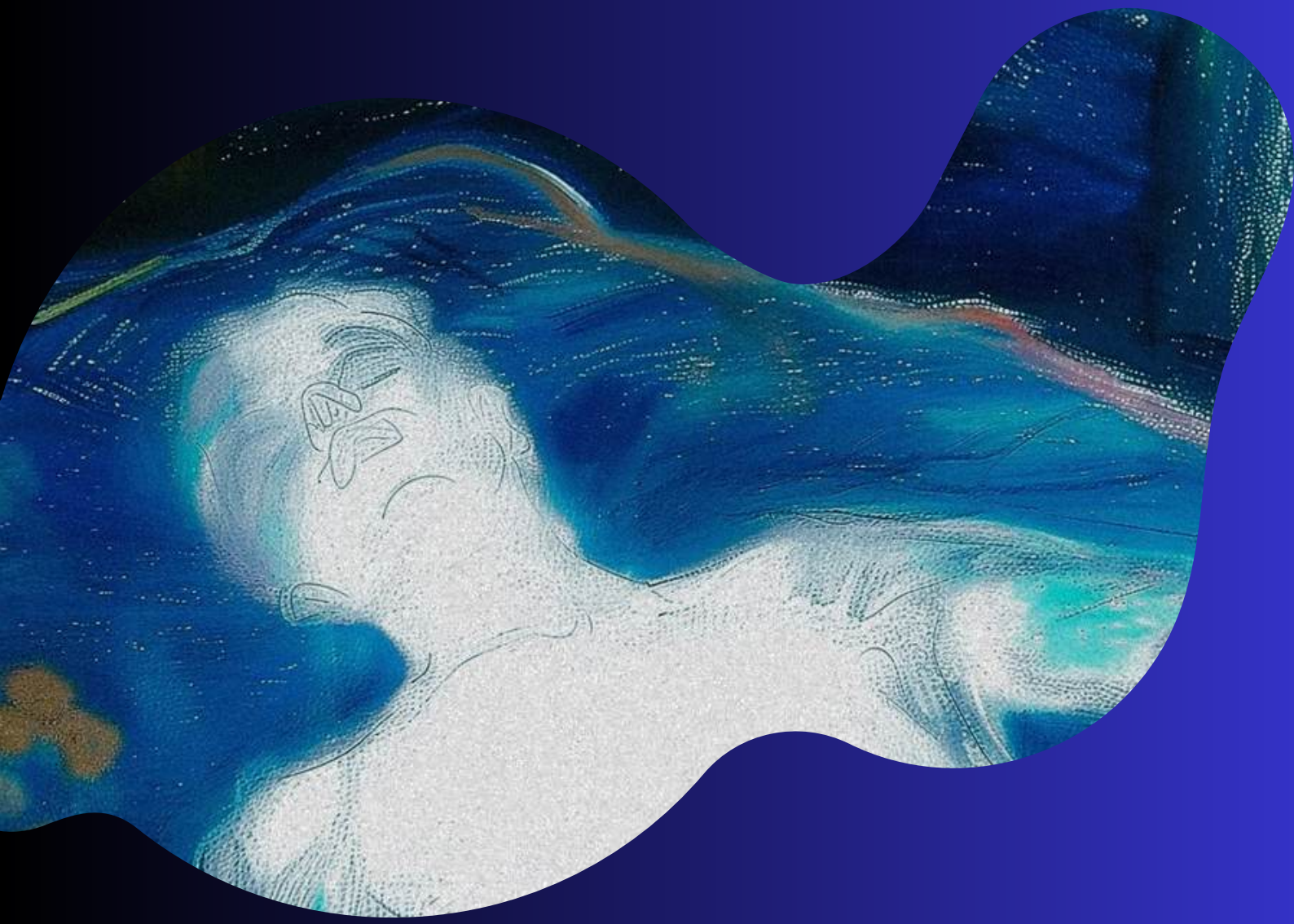
Myth 2: Sleep is something I work on only before bed

Sleep follows a 24-hour cycle. We all have an internal body clock—the circadian rhythm—regulated by the brain, which governs sleep-wake timing. In addition, sleep is influenced by the accumulated wear-and-tear of our waking hours; our physical and mental activities build up a need for sleep (Cerasuolo et al., 2020; Dijk & Skeldon, 2022). This means sleep quality is shaped by what we do throughout the day—not just in the moments before bedtime.

A sleep-conducive day begins with a consistent wake-up time. Once we are awake, we should stay awake and active so that we are increasingly tired and sleepy as bedtime approaches. An active day will build up sleep pressure so that we are already sleepy enough to fall asleep at the desired time, which should also be a regular time. Once we have had a night of good sleep, we feel better the next morning and are ready to be active, thus creating a virtuous cycle.

Myth 3: I can sleep as long as I'm not stressed or worried

Stress and anxiety affect not only how quickly we fall asleep but also the quality and duration of our sleep (Clancy et al., 2020). However, positive emotions also make a difference. Recent research also indicates that *high-arousal positive affect* (HAPA)—such as excitement, happiness, or feeling energetic—can delay sleep onset (Tavernier et al., 2016). Conversely, *low-arousal positive affect* (LAPA)—such as calmness and relaxation—promotes faster sleep onset and more time-in-bed spent asleep. Sleep is likely to be more forthcoming if we keep stressful, worrying, or exciting activities earlier in the day. After that, focus on positive and calming activities towards the end of the night.



Myth 4: I have to give up all screen time

Traditionally, artificial light at night has been discouraged in clinical sleep science. One key mechanism supporting sleep is Dim-Light Melatonin Onset (DLMO) (Lewy et al., 2009), in which darkness triggers the brain's production of melatonin, a hormone that facilitates sleep. Bright blue-white light, especially from screens, can suppress melatonin production, while dim orange-red light is less disruptive (Nagare et al., 2019). Physiologically, darkness is best—but it may not always be feasible.

Light exposure is a natural part of how we unwind in the modern world. Many relaxing evening activities involve screens—like social media, web browsing, or reading digital books—and when used appropriately, these can promote a calm, positive mood that supports sleep. Without such options, we may experience boredom, which can be frustrating or even stressful.

It is possible to enjoy screen time and still support sleep. Use devices in dark environments, with dark mode and night mode settings enabled. These features—commonly available on Apple, Android, and Microsoft platforms—can reduce light intensity and help maintain a relaxed emotional state conducive to falling asleep.

Putting It All Together

A basic framework for healthy sleep can include the following:

1. **Wake up and sleep at a consistent time.** Sleep operates on a 24-hour cycle, and timing that cycle regularly helps program your internal body clock.
2. **Stay awake and active during the day.** The activities you need to or want to do will build up natural sleep pressure across the day.
3. **Place stressful or exciting activities earlier in the day.** Give yourself time for positive and calming activities in the evening.
4. **Optimize your lighting conditions at night.** Darkness is ideal, but dim and warm lighting is the next-best option.

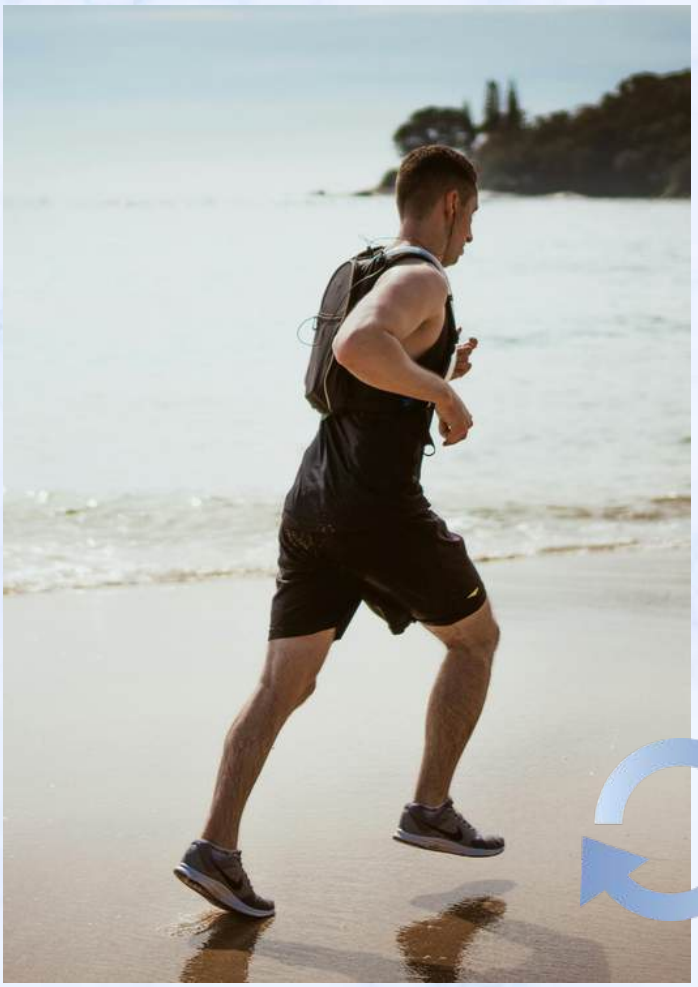
Where to Seek Professional Help

If self-help strategies are not effective, consider seeking professional assistance. A psychologist specializing in sleep, family physician, or a psychiatrist are appropriate starting points for an accurate diagnosis and treatment plan. Medical doctors often focus on pharmacological solutions, while psychologists emphasize behavioral, cognitive, and environmental approaches. Doctors and psychologists tend to cross-refer so that your sleep is managed holistically.

Sleep is foundational to health, productivity, and emotional well-being. Seeking help sooner rather than later will help you live and work at your best.

On the Move for Better Sleep

By Edgar Tham (Singapore University of Social Sciences)
Michelle Kong & Alida Toh (SportPsych Consulting, Singapore)
Hans Sivano (SportPsych Consulting, Indonesia)
Andrea Ferrer (SportPsych Consulting, Philippines)



Exercising and sleeping represent two contrasting, yet complementary aspects of what makes a healthy lifestyle. The former embodies movement and energy, and the latter represents stillness and rest. At a glance, exercise and sleep may appear vastly different. Yet, these two activities are deeply interconnected and work together in forming the foundation of overall well-being. Together, let's discover how individuals can literally move their way towards getting better rest and recovery.

The Benefits of Exercise on Sleep

Research has consistently focused on the benefits of engaging in regular exercise and pursuing optimal sleep. Hence, regular exercise is continually recognized as a powerful strategy to combat sleep issues as well as a natural method for improving both physical and mental rejuvenation during rest.

For example, “[a]nalyses revealed that moderate PA [physical activity] seems to be more effective than vigorous activity in improving sleep quality. Furthermore, moderate physical exercise is beneficial to sleep quality in both young and old populations” (Wang et al., 2024, p. 11).

Key Takeaways

1. Moderate physical activity improves sleep quality more effectively than vigorous activity.
2. Physical activity helps you fall asleep faster and sleep longer.
3. Both youth and older adults can benefit from moderate physical activity for better sleep.

Personal Reflection and Action Plan

Plan to incorporate moderate physical activities into one’s lifestyle, such as brisk walking, cycling, or yoga. Some researchers have examined the comparative effects of aerobic exercise, strength training, and yoga on sleep (refer to the next section for more specifics).

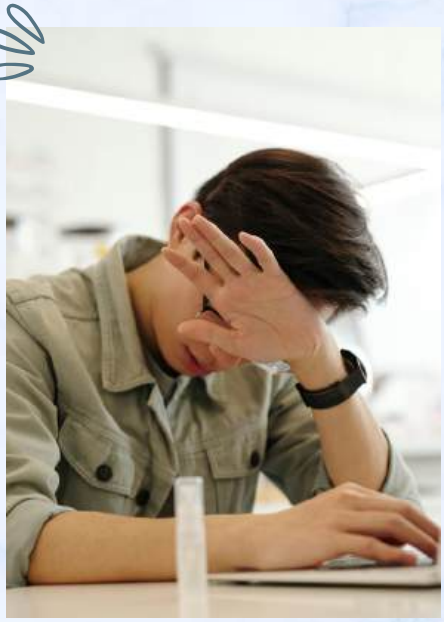
Consult studies and guidelines that are targeted to your age, health status, or any particular conditions you may have, as exercise effects on sleep can vary across different groups. This can help you adopt the safest and most effective physical activity strategies for your individual needs (refer to the next section for more details).

Comparative Effects of Exercise Type & Applications for Different Target Groups

As exercise types come in various forms, so do the benefits each type brings to improving sleep quality. Take a peek into how different exercises (e.g., aerobic exercises, strength training, yoga) each offer a unique set of advantages in improving sleep quality. Combining these exercise types can also be a game-changing tactic in maximizing the benefits of exercise on sleep.

Applications for Sedentary Working Adults

"The endurance or balanced-type exercises, or a combination of both, may help to improve the sleep quality of sedentary workers as part of occupational health management" (Hidaka et al., 2024, p. 761).



Key Takeaways

1. Endurance (e.g., aerobics) and balanced (combination of endurance and muscle strength) exercises improve sleep quality.
2. Muscle strength exercises (e.g., bench pressing) alone do not significantly benefit sleep.
3. A combination of endurance and balanced exercises (e.g., pilates) yield the best sleep outcomes.

Personal Reflection and Action Plan

Evaluate your current exercise habits—do you regularly engage in endurance activities (like jogging, cycling), muscle strength (e.g., push up), or balanced exercises (such as brisk walking)?

Plan to include at least one endurance or balanced-type exercise session per week. And remember to seek a medical professional's advice if needed.

If your exercise routine is mostly composed of muscle strength training, consider adding endurance or balanced-type activities for better sleep benefits.

Applications for the Middle-aged and Older Adults

"Aerobic exercise is the most effective exercise modality for improving PSQI [Pittsburgh Sleep Quality Index] total score in middle-aged and older adults" (Gao et al., 2024, p. 1193).

Key Takeaways

1. Aerobic exercise works best for improving overall sleep quality and reducing sleep medication use.
2. Yoga excels in improving sleep efficiency, sleep duration, daytime dysfunction, and reducing sleep disturbances.
3. Aerobic exercise broadly improves overall sleep quality, while yoga targets particular sleep components, such as sleep efficiency and duration.

Personal Reflection and Action Plan

Plan to include aerobic exercise sessions regularly (e.g., 3-5 times per week) to improve overall sleep quality and reduce the time you take to fall asleep.

If you are experiencing poor sleep efficiency, short sleep duration, or daytime dysfunction, consider adding yoga sessions to target these areas.

Adapt your exercise choices depending on which aspects of your sleep quality need improvement. Use aerobic exercise for general sleep enhancement and yoga for targeted benefits.

Applications for Elderly Women

"The findings of these studies showed that performing various exercises, including water sports, resistance, aerobics, Tai Chi, Qigong, and Baduanjin exercises across varying intensities from low to high, can improve the quality of sleep of elderly women" (Khaleghi et al., 2024, p. 219).

Key Takeaways

1. Strengthening (resistance) exercises are the most effective for improving sleep quality.
2. Multicomponent exercise programmes that combine aerobic and resistance training at low to moderate intensity also benefit sleep.
3. Consistency and adherence are crucial for sleep improvements.

Personal Reflection and Action Plan

- Before starting new exercise routines, especially resistance training, seek advice that is fit for your current mobility and individual health status.
- Target around 150 minutes of combined aerobic and strengthening exercises weekly at low to moderate intensity.
- Plan to include strengthening exercises (e.g., resistance bands, bodyweight exercises) weekly. Also, complement strengthening with aerobic exercises (e.g., walking, cycling, swimming) to create a balanced routine.
- Commit to regular exercise over several weeks to achieve and sustain sleep improvements.

Applications for Inactive, Overweight Adults with High Cardiovascular Risk

"These results indicate that resistance exercise may have superior benefits on sleep compared to aerobic exercise, which could provide a novel pathway for the role of resistance exercise in promoting cardiovascular health." (Brellenthin et al., 2022, p. 145).

Key Takeaways

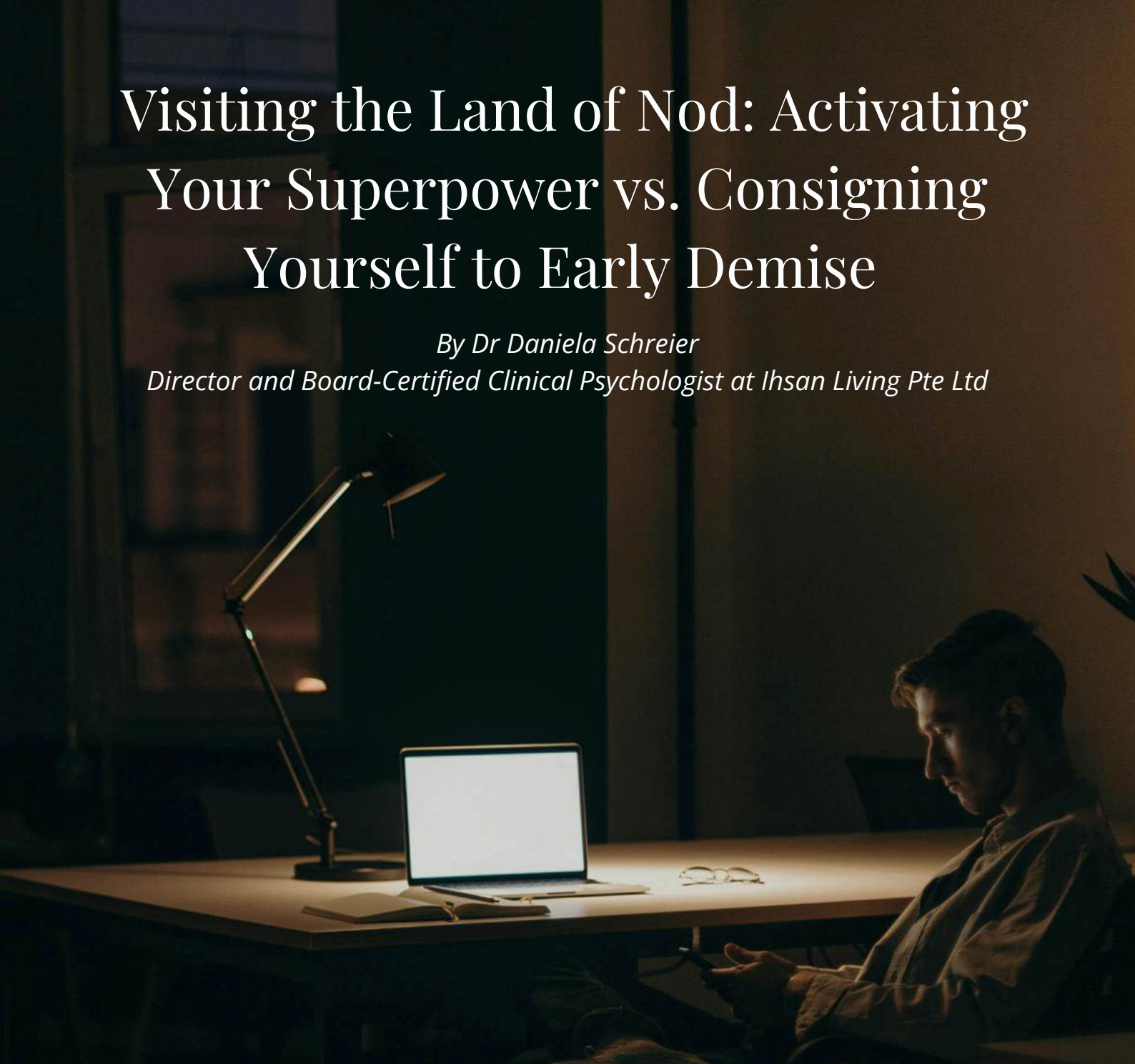
1. Resistance exercise improves sleep duration and efficiency.
2. Resistance training led to a reduction in the time it takes to fall asleep for some.

Personal Reflection and Action Plan

- Assess your current exercise routine —are you currently including resistance training (e.g., resistance bands, weight lifting) in your weekly exercise schedule?
- Before starting a new resistance training programme (especially if you have health issues), seek professional advice.
- Plan to incorporate resistance exercise sessions weekly to potentially improve your sleep duration and efficiency.

Visiting the Land of Nod: Activating Your Superpower vs. Consigning Yourself to Early Demise

By Dr Daniela Schreier
Director and Board-Certified Clinical Psychologist at Ihsan Living Pte Ltd

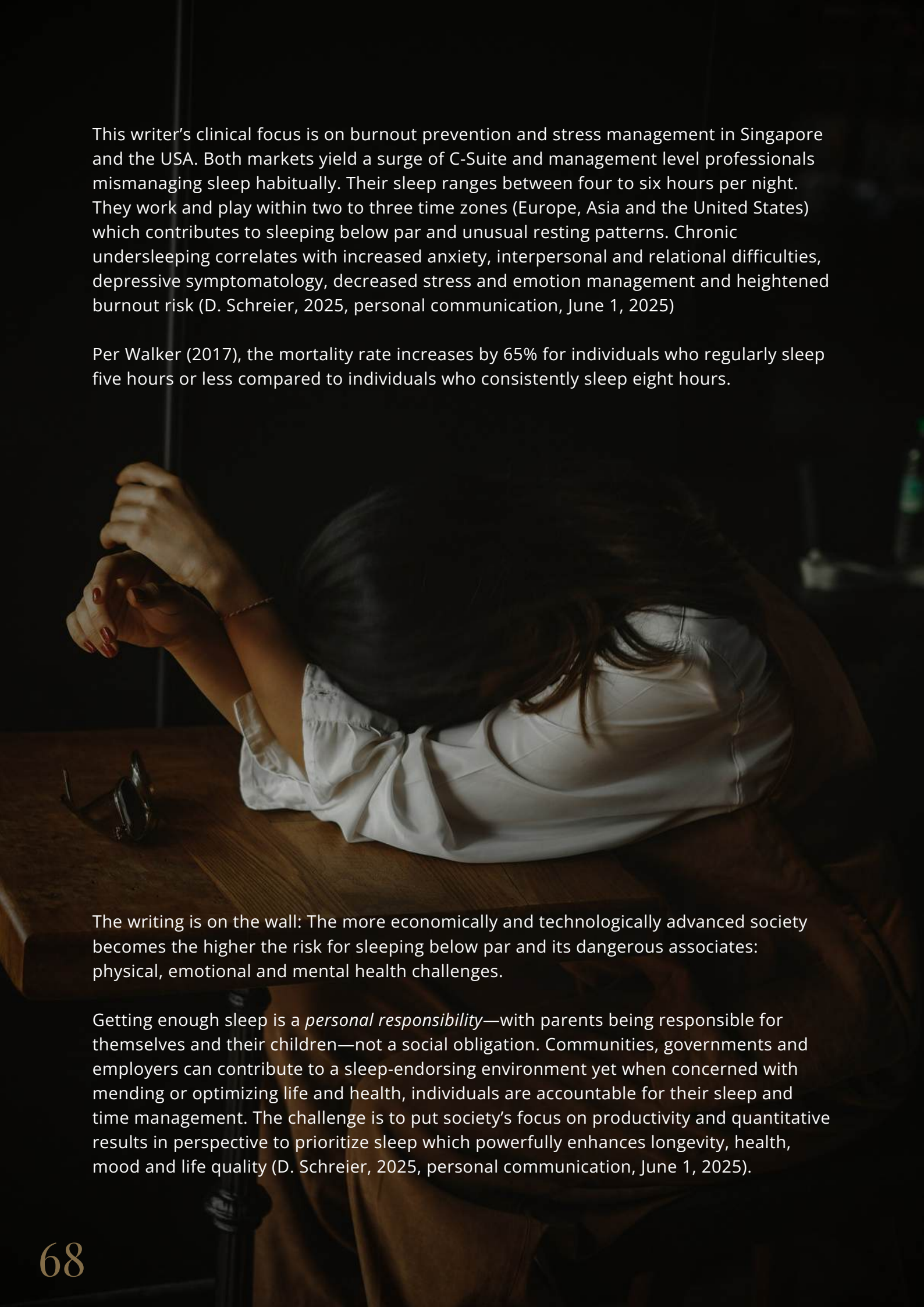


Sleeping below par is on the rise. The 2014 Jawbone report ranked 43 cities on undersleeping: at that time one of four Singaporean residents (25%) slept less than seven hours a night (Lee Kwan Yew School of Public Policy, 2023); by 2023, 54% of Singaporeans slept less than seven hours a night per a survey of 17 countries launched by the market research firm YouGov (Lam, 2025).

Undersleeping is defined as getting consistenly less than seven hours of sleep per night (Walker, 2017; 2019; Simon & Walker, 2019). According to the US Center for Disease Control and Intervention, one in three Americans is consistently sleep deprived—confirming that poor sleep hygiene is a global epidemic (National Heart, Lung and Blood Institute, 2022).

This writer's clinical focus is on burnout prevention and stress management in Singapore and the USA. Both markets yield a surge of C-Suite and management level professionals mismanaging sleep habitually. Their sleep ranges between four to six hours per night. They work and play within two to three time zones (Europe, Asia and the United States) which contributes to sleeping below par and unusual resting patterns. Chronic undersleeping correlates with increased anxiety, interpersonal and relational difficulties, depressive symptomatology, decreased stress and emotion management and heightened burnout risk (D. Schreier, 2025, personal communication, June 1, 2025)

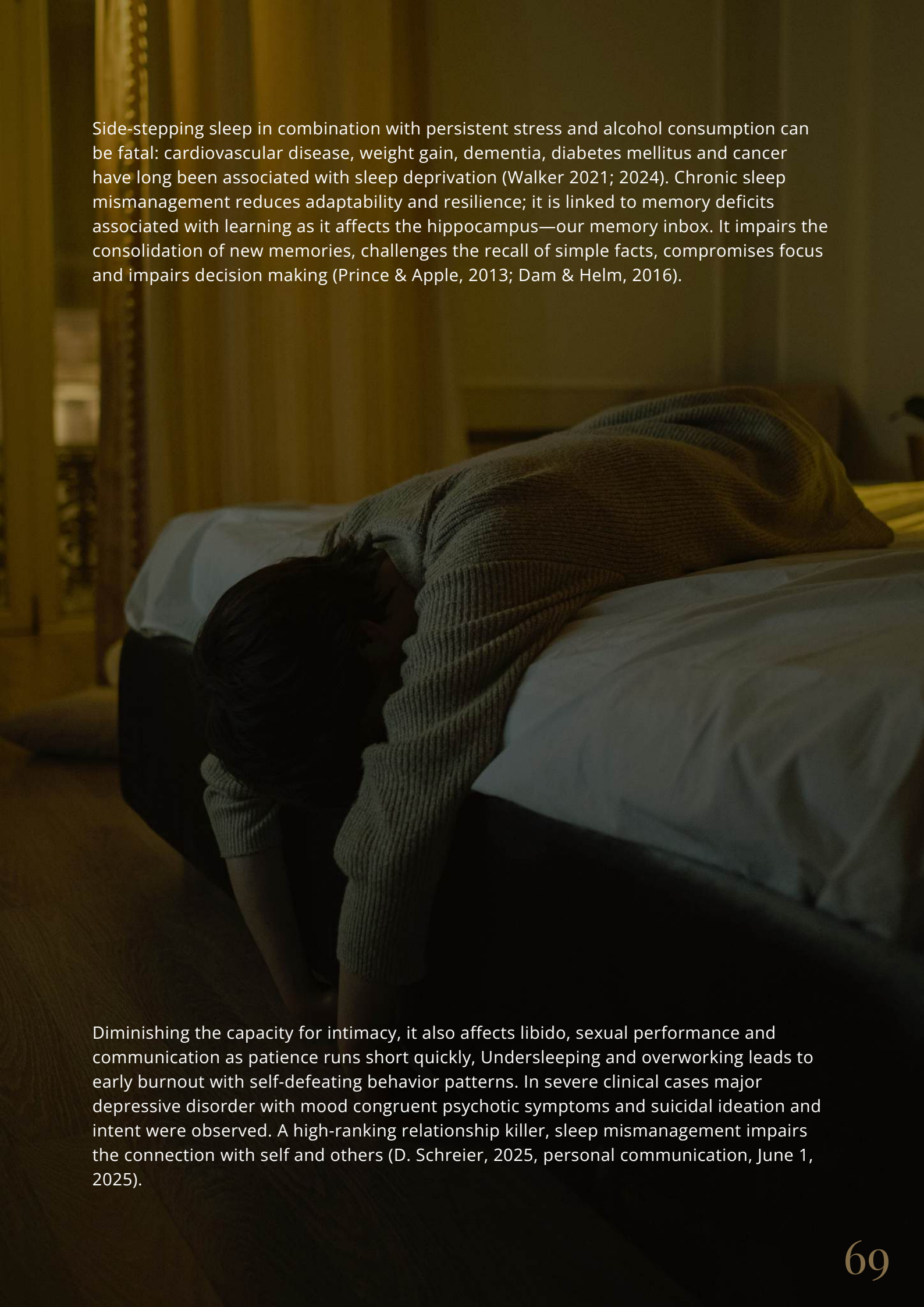
Per Walker (2017), the mortality rate increases by 65% for individuals who regularly sleep five hours or less compared to individuals who consistently sleep eight hours.



The writing is on the wall: The more economically and technologically advanced society becomes the higher the risk for sleeping below par and its dangerous associates: physical, emotional and mental health challenges.

Getting enough sleep is a *personal responsibility*—with parents being responsible for themselves and their children—not a social obligation. Communities, governments and employers can contribute to a sleep-endorsing environment yet when concerned with mending or optimizing life and health, individuals are accountable for their sleep and time management. The challenge is to put society's focus on productivity and quantitative results in perspective to prioritize sleep which powerfully enhances longevity, health, mood and life quality (D. Schreier, 2025, personal communication, June 1, 2025).

Side-stepping sleep in combination with persistent stress and alcohol consumption can be fatal: cardiovascular disease, weight gain, dementia, diabetes mellitus and cancer have long been associated with sleep deprivation (Walker 2021; 2024). Chronic sleep mismanagement reduces adaptability and resilience; it is linked to memory deficits associated with learning as it affects the hippocampus—our memory inbox. It impairs the consolidation of new memories, challenges the recall of simple facts, compromises focus and impairs decision making (Prince & Apple, 2013; Dam & Helm, 2016).



Diminishing the capacity for intimacy, it also affects libido, sexual performance and communication as patience runs short quickly, Undersleeping and overworking leads to early burnout with self-defeating behavior patterns. In severe clinical cases major depressive disorder with mood congruent psychotic symptoms and suicidal ideation and intent were observed. A high-ranking relationship killer, sleep mismanagement impairs the connection with self and others (D. Schreier, 2025, personal communication, June 1, 2025).

Activating Your Superpower: Sleep

We know about the devastating effects of sleep deprivation but what can we do?

This writer remembers choosing to go to bed at 7 pm when actual bedtime was at 8 pm for many years of her childhood. Inspired to pray and read by her grandmother, she looked forward to the nightly bedtime routine as the opportunity to turn in early to dedicate 10 minutes to prayer and 50 minutes to reading. Awaiting at the gates of the Land of Nod were the peace of prayer and the anticipation to enter the world of untold boarding school tales.

This writer's grandmother passed down a habit-forming recipe that sleep scientist Walker (2017; 2019) coined years later with the term "sleep opportunity." It means to give yourself the best chance of sleeping at least seven to nine hours by choosing to be in bed early enough to "give your plane the time to land" (Walker, 2017). Hence here is your instructive prescription—to land that Plane called Sleep.

Change your Sleep, Change Your Life: Five TIDUR Habits of Great Sleepers and Their Long-Lasting Benefit. Tidur is the Malay word for sleep.

T – Think Long Term

Anchor yourself to a firm bedtime—establish a routine! Like brushing teeth it will become second nature. In case a late productivity wind surges while bedtime approaches—choose to honor your bedtime. If a friend calls—choose to honor your bedtime. Respect your body's and mind's need for sleep—it's not optional! Redefine personal quality time as related to the benefits of sleep.

I – Insist on the "importance of sleep," by tracking it. Become a sleep enthusiast and invite your loved ones, friends, and coworkers to learn about the importance of sleep; find an accountability partner or start a sleep league. Spread the word about the free for all life elixir. The old saying nothing good happens after dark can come in handy. Sleeping earlier and at a regular time avoids late night cravings including online shopping or night eating, and aids digestion and weight loss, and improves skin quality and memory consolidation.

D – Detect and address sleep deterrents including human mischief-makers that interfere with your dedication to the land of nod. Agree with your loquacious partner that the last order for dispute resolution is taken about 90 minutes before your bedtime ritual starts; offer your partner to create some joint element of the sleep routine. Dim the lights one hour before bedtime. Regulate the room temperature and don't use your electronics in bed, especially not within the hour before sleep.

U – Unapologetically commit to prioritizing your health. If you wish to improve your mood, moderate your anxiety and improve your relationships, commit to build a nurturing and consistent sleep routine. Walker recommends saying no to caffeine and nap time after 1 pm and suggests considering reading, light stretching, meditation, soothing lighting and a night shower to prepare yourself for the land of nod (Reid, 2024). Reduce liquor intake—it collides with sleep quality—and brand your own bed routine. This writer suggests a relaxing night swim prior to your bedtime routine, implementing prayer and mindfulness practices, listening to sleep fostering music or a narrated audiobook—no screen and no news (D. Schreier, 2025, personal communication, June 1, 2025).

R – Rinse and Repeat: Regularity activates habituation and makes you an expert in your sleep routine. The sun rises and sets: Bright energetic daylight transitions to peaceful darkness for optimal rest. Worked for centuries—built to last. Try it yourself.

Remain grateful and patient in case you cannot fall asleep at times; your routine needs to anchor. After 20 minutes get up—be kind to yourself. Leave the bedroom and sit in a quiet, dimly lit spot—read, pray, or breathe for a while. Return to bed. Remain dedicated and grateful to your sleep routine in case you cannot sleep occasionally and just live the next day as usual—don't change your routine—stick to it.

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