

Exploring the Impact of Sleep Paralysis on the Well-Being of Young Adults

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ABSTRACT

Sleep paralysis is a common, yet poorly understood phenomenon that affects people throughout their lives. However, there is still relatively little research on its effects on young people. The aim of this study is to highlight the challenges faced by young people due to sleep paralysis and to provide a comprehensive analysis of the experiences, impacts and coping strategies associated with this phenomenon. We used a mixed methods approach to conduct surveys and interviews with a diverse sample of adolescents to investigate the prevalence and subjective experience of sleep paralysis. Our results show that sleep paralysis poses unique challenges for young people, including disrupted sleep patterns, psychological distress, and impairment in daily functioning. Furthermore, this study delves into the coping mechanisms adopted by the youth in responses to sleep paralysis. It covers a range of strategies from seeking social support to developing personalized techniques for managing episodes. These coping strategies not only provide insights into the resilience of the youth population but also offer avenues for potential intervention and support. Descriptive research design and simple random sampling technique was adopted for the study. A sample size of 60 people was collected using planned interviews. In this study, (25%) of respondents had high levels of sleep paralysis and well-being, (58%) of respondents had moderate sleep paralysis and well-being, and (17%) of respondents had concluded that people have lower levels of sleep.

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KEYWORDS: Sleep Paralysis, Well-being and Young Adults

INTRODUCTION:

Sleep paralysis is a stage where you have responsibilities but are unable to leave your body. This happens when you're not sure if you're going to fall asleep or just before you wake up. These chapters can scare us because we think we have perceived, experienced, or seen something that does not exist in reality. Many people suffer from sleep problems, such as sleeping too little, not being able to relax, or not getting enough sleep. This problem can cause daytime dysfunction and negatively impact work, social life, and family life. Sleep problems can co-occur with medical conditions such as sleep apnea or mental illnesses such as depression. Sleep problems can cause a condition similar to bipolar disorder. Additionally, many medical and mental health conditions can be exacerbated by sleep-related issues, as they affect sleep alone. The threat of restraint only

lasts a minute or two. If a person is half asleep and half awake, sleep paralysis is more likely. Researchers say the disorder occurs in about 40% of the general population, primarily in adults and adolescents.

DEFINITION

Sleep Paralysis:

Sleep paralysis is a temporary and involuntary movement or speaking that occurs when a person is falling asleep or waking up. During these episodes individuals often experience vivid hallucinations and a sense of pressure on their chest. It can be accompanied by intense fear or anxiety. Sleep paralysis typically lasts for a short duration usually a few seconds to a couple of minutes and it can be a disconcerting experience for those who encounter it.

Relationship:

A relationship is a connection or bond between people involving emotions, interactions and often a level of commitment.

Emotional challenges:

Emotional challenges are difficulties in managing and coping with one's feelings and emotions.

Psychological challenges:

Psychological challenges are issues affecting mental and emotional well being often requiring attention or support.

STATEMENT OF THE PROBLEM

The Research intentions to investigate the persons whom sleep paralysis stated they perceived paralyzed and was unable to verbalize, felt powerless and was suffocated by terrorization and to know about what volumes they go through the psychological strains they have any behavioural changes as a result of their sleep paralysis. Apprehension is the respondents taking precautionary plans to cope with their stresses in regular life. Eventually the study's purpose is to understand the degree of impact of stress, sleep deprivation and panic disorder may instigate an immobility or speaking and there perhaps hallucinations.

REVIEW OF LITERATURE

Alice M. Gregory (April 2018) Sleep paralysis is an especially not unusual place however under-researched phenomenon. While the reasons are unknown, some of researches have investigated ability threat factors. In this article, we carried out a scientific assessment at the to be had literature concerning variables related to each the frequency and depth of sleep paralysis episodes. A general of forty two researches met the inclusion criteria. For every take a look at, pattern size, take a look at site, intercourse and age of participants, sleep paralysis measure, and outcomes of analyses searching on the relationship(s) among sleep paralysis and related variable(s) had been extracted.

Christopher C. French (May 2018) Sleep paralysis includes a time frame at both sleep onset or upon awakening from sleep all through which voluntary muscle moves are inhibited. Ocular and breathing moves stay unaltered and notion of the instant surroundings is clear. These episodes are regularly related to a whole lot of hallucinations, along with a feel of an evil presence (referred to as intruder hallucinations), stress felt at the chest (incubus hallucinations), and illusory emotions of movement (vestibular-motor (V-M) hallucinations). Sleep paralysis is a worldwide phenomenon, with phrases for sleep paralysis current in over one hundred

cultures. In many places, sleep paralysis reviews are interwoven with a culture's folklore. Episodes of sleep paralysis had been recommended as a cause of intended paranormal phenomena along with witchcraft, demonic assault, and area alien abduction. Fear and misery are commonly related to episodes, al even though emotions of bliss are now and again reported.

Dan Denis, (April 2018) Sleep paralysis is a especially not unusual place however under-researched phenomenon. A huge variety of variables had been related to sleep paralysis and some of topics emerged. These had been: substance use, pressure and trauma, genetic influences, bodily contamination, personality, intelligence, anomalous beliefs, sleep issues and disorders (each in phrases of subjective sleep high-satisfactory and goal sleep disruption), signs of psychiatric contamination in non-scientific samples (specifically tension signs), and psychiatric disorders. Sleep paralysis seems to be specifically popular in post-disturbing pressure disorder, and to a much less degree, panic disorder. Limitations of the cutting-edge literature, instructions for destiny research, and implications for scientific exercise are discussed.

METHODOLOGY OF THE STUDY

Objectives of the study

- To find out the socio demographic profile of the respondents.
- To assess the level of sleep paralysis and well-being of the respondents.
- To find out the association between socio demographic profile and level of sleep paralysis and well-being of the respondents.
- To assess the difference and relationship between socio demographic profile and level of sleep paralysis and well-being of the respondents.
- To find out the valuable suggestion for level of sleep paralysis and well-being of the respondents.

Research Design

The research design adopted by the researcher is descriptive in nature.

Universe of the study

The universe of the study comprises the 60 youth from Hindustan College of Arts & Science, Coimbatore district.

Sampling

The sampling technique used in the present investigation is probability sampling. The sampling method adopted for the present study is simple random sampling. The size of the sample was 60 youth College students.

Tools of data collection

The research prepare self made questionnaire and data collection is interview methods. The statistical tools applied by the researcher are Percentage Analysis, Chi-square, T-test and ANOVA.

FINDS OF THE STUDY

SOCIO DEMOGRAPHIC PROFILE	FREQUENCY	RESPONDENTS	PERCENTAGE %
Age	20-24 years	42	70%
Sex	Male	40	67%
Father occupation	Worker	39	65%
Area of Residency	Semi- Urban	35	58%
Mother Occupation	House Wife	33	55%
Hobbies	Playing Games	50	83%
Religion	Hindu	45	75%

SIMPLE PERCENTAGE ANALYSIS

- Majority (70%) of the respondents are in the age group between 20- 24 yrs.
- Majority (67%) of the respondents are male.
- More than half (65%) of the respondents are father occupation is worker.
- More than half (58%) of the respondents are semi urban area.
- More than half (55%) of the respondents are mother occupation is house wife.
- Majority (83%) of the respondents hobbies are playing games.
- Majority (75%) of the respondents belongs to Hindu religion.

DISTRIBUTION OF THE RESPONDENTS BY LEVEL OF SLEEP PARALYSIS AND WELL-BEING

S. No	Level of sleep paralysis and well-being	No. of Respondents	Percentage (%)
1	High	15	25
2	Moderate	35	58
3	Low	10	17
TOTAL		60	100

INTERPRETATION

The above table depicts that (25%) of the respondents are high level of sleep paralysis and well-being, (58%) of the respondents are moderate level of sleep paralysis and well-being and (17%) of the respondents are low level of sleep paralysis and well-being.

Influence of Socio Economic Factors and level of Sleep Paralysis and Well-being

Variables	Statistical tool	Value	Result
Age and level of sleep paralysis and well-being.	ANOVA	F= .399 P= .700>0.05	Not-Significant
Sex and level of sleep paralysis and well-being.	t-test	t= .558 P= .000<0.05	Significant
Father occupation and level of sleep paralysis and well-being.	t-test	t= .438 P= .671>0.05	Not-Significant
Area of residency and level of sleep paralysis and well-being.	ANOVA	F= .476 P= .005<0.05	Significant
Mother's occupation and level of sleep paralysis and well-being.	t-test	t= 2.232 P= .005<0.05	Significant
Hobbies and level of sleep paralysis and well-being.	ANOVA	F= 1.513 P= .001<0.05	Significant
Religion and level of sleep paralysis and well-being.	ANOVA	F= 3.408 P= 0.307<0.05	Not- Significant

- There is no significant difference in the age and level of sleep paralysis and well-being.
- There is significant difference in the sex and level of sleep paralysis and well-being.
- There is no significant difference in the father occupation and level of sleep paralysis and well-being.
- There is significant difference in the area of residency and level of sleep paralysis and well-being.
- There is significant difference in the mother occupation and level of sleep paralysis and well-being.
- There is significant difference in the Hobbies and level of sleep paralysis and well-being.
- There is no significant difference in the religion and level of sleep paralysis and well-being.

SUGGESTIONS

- Improved sleep habits. B. Get 6-8 hours of sleep each night.
- Use antidepressants if necessary to regulate sleep patterns.
- Treat mental health problems that may contribute to sleep paralysis.
- Treatment of other sleep disorders such as narcolepsy and leg cramps.
- Another way to prevent paralysis is to sleep on your side or stomach.
- Kinshibari is more likely to occur when sleeping on your back. Therefore, avoid this position.
- You can sleep with a pillow behind you, which prevents you from tossing and turning during the night.
- Nuts are a great option for your daily diet. It is okay to include rice and wheat in your diet, but barley, millet, and rye should be avoided. If you eat meat, choose white meat and avoid red meat.
- Consume large amounts of carrots, beets, okra, and asparagus as part of your daily diet.

CONCLUSION

This study completes a comprehensive investigation into the impact of sleep paralysis on the well-being of young people and reveals a complex web of factors that significantly impact the overall well-being of this population. As demonstrated in this study, sleep paralysis has proven to be a devastating force, with cascading effects far beyond sleep itself. The psychological toll is obvious. Increased stress,

increased fear and a sense of vulnerability characterize the experience of those affected. Additionally, disrupted sleep patterns have a knock-on effect that causes chronic daytime fatigue and sleepiness, further compromising health. Importantly, the emotional and physiological effects of sleep paralysis often result in a decreased sense of control over one's body, leading to feelings of helplessness and anxiety, further exacerbating the negative health effects. (25%) of respondents had high levels of sleep paralysis and well-being, (58%) of respondents had moderate levels of sleep paralysis and well-being, and (17%) of respondents had low levels of sleep paralysis and well-being. It can be concluded that you have sleep paralysis and happiness.

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