

**EFFECTIVENESS OF LAUGHTER THERAPY IN MANAGING SLEEP
DISTURBANCES AND CONTROLLING SOCIAL – MEDIA ADDICTION AMONG
YOUNG ADULTS**

BY

S.SUBHASHINI

(17PAP017)

A Thesis Submitted to

Avinashilingam Institute for Home Science and Higher Education for

Women (Deemed to be University), Coimbatore – 641043



In partial fulfilment of the requirement for the degree of

Master of Science

in

Applied Psychology

2017 – 2019 Batch

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The essence of all beautiful art, all great art, is gratitude

– Friedrich Nietzsche.

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ABSTRACT

Abstract

This study was aimed at establishing the effect of Laughter Therapy on Sleep Disturbances and Social- media Addiction among young adults. The total sample of 100 young adults from Oxford Education College was administered with the Informed Consent Form and Confidentiality Statement, Personal Profile Sheet, Bergen Insomnia Scale (2008) and Social Media Addiction Scale (2013). Out of 100; 52 participants with sleep disturbances and social- media addiction were selected for the study. The laughter therapy was given for the selected participants as a therapeutic intervention consisted of six sessions with the duration of 45 minutes per session. The data was analyzed and the Mean, Standard deviation, Paired Sample t test, Independent Sample t test and Correlation were computed. The study results revealed that there is no significant relationship between the Sleep Disturbances and Social- media Addiction. There is a significant difference in Sleep Disturbances and Social- media Addiction among young adults, before and after the intervention of laughter therapy.

Keywords: *Sleep Disturbances, Social- media Addiction, Laughter Therapy, Young Adults.*

INTRODUCTION

Chapter 1

Introduction

In the current period, the field of technology is drastically improving. Simultaneously people are becoming both benefices and sufferers because of the usage of technology. With the development of technology, people use social media and started to gain more knowledge from it and at the same time they get addicted to it. The effect of over usage of social media is left unattended. The excessive use of social networks causes dependence, addiction as well as disturbances in quality of life and sleep. Mostly young adults are more prone to the social media addiction and they are suffering from sleep disturbances. The good quality of sleep is essential for health and life quality in all people and is related to several factors including environmental factors, social life, general health status and stress. Sleep can be affected by many factors like stress, pain, and anxiety and also depends on sleeping environment. Hence a psychological intervention can be given to the people who are addicted. Laughter is a physical response that arises from internal or external stimuli. Laughter helps in expression of positive emotional states. Laughter therapy helps in the relieving physical and emotional stresses. It also helps in improving sleep, strengthen social bond and relationships. Laughter can be given as intervention for the people who have sleep disturbances and have mental disturbances.

Young Adults

It is a period of adjustment to new patterns of life and new social expectations. Adults are expected to play a new role and develop new attitudes, interests and value. In this stage, young adults find their new life styles that meet their needs in their life. This stage is called as setting down age to take one's own responsibilities. Sigmund Freud (1856-1939) argued that a healthy adult is one who can "love and work." This developmental stage is characterized by relationships and work. According to Erikson (1902-1994),it is the stage where the adolescents emphasis upon identity formation. The young adult, emerging from the search for identity, is eager and willing to fuse their identity with that of others. He said that individuals develop in psychosocial stages, and that early adulthood marks the time when individuals seek to form intimate

relationships. Intimacy can be actualized through close friendships, romantic relationships and by starting a family. Erikson argued that a firm sense of identity attained in earlier developmental stages was integral to entering intimate relationships and research has supported this argument. Studies repeatedly find that those lacking a strong sense of identity have less satisfactory relationships, and they tend to be more emotionally isolated, lonely and depressed.

In modern societies, young adults in their late teens and early 20s encounter a number of issues as they finish school and begin to hold full-time jobs and take on other responsibilities of adulthood; and the young adult is usually preoccupied with self-growth in the context of society and relationships with others.

Social Media

Social media are computer mediated technologies that assist the creation and sharing of information, ideas through networks. Social media is a form of electronic communication through which people create online communities to share information, ideas and personal messages. The functional building blocks of the social media are i) Identity, ii) Conversations, iii) Sharing, iv) Presence, v) Relationships, vi) Reputation, vii) Groups (Kietzmann, 2011).

Types of Social media

The following are all the 13 types of social media that are classified broadly (Aihner and Jacob, 2015).

- Blogs
- Business networks
- Collaborative projects
- Enterprise social networks
- Forums
- Microblogs
- Photo sharing
- Products/ services review
- Social bookmarking

- Social gaming
- Social networks
- Video sharing
- Virtual words

Addiction

Addiction is a brain disorder characterized by compulsive engagement in rewarding stimuli despite adverse consequences. Addictive stimulus gives reinforcement and intrinsically rewarding (Angres,, 2008).

Mechanism of Addiction

Our reward area located in the mesencephalon (midbrain) and its pathway affects our decisions and sensations. When we experience something rewarding (or use an addictive substance) neurons in the principal dopamine- producing areas in the brain (the VTA) are activated, causing dopamine levels to rise. Therefore, the brain receives a “reward” and associates the drug or activity with positive reinforcement. The activities which increase dopamine levels are the basis to the mechanism of addiction.

Social Media Addiction

One is said to be addicted to social media when the individual started to overuse and become dependent towards it. Social media addiction is a kind of internet addiction. Individuals spend much time on social media who have the desire to be notified of anything. The transition from the normal to challenging social media use by the individual in order to alleviate stress, depression or loneliness, they tend to be involved in social media for longer time. This automatically leads to addiction (Xu and Tan, 2012).

Social media addition is defined as the excessive use of internet that it begins to ruin daily, social and working life. Now the social media gave us the way to communicate without face to face interaction i.e in virtual spaces. This virtual environment make the people’s imagination, attract them to be in social media overtime, make them to spend more time on the content and finally gets addicted to the internet. Especially, young people get addicted to this because they try to express their personality in order to make their presence and to get mingled with their social

circle. Young people who involve in social media are not aware of the time spent by them in the internet and begin to ignore the everyday jobs they have in their real life. The people who find difficulty to maintain relationship in the real life establish a good communication in the virtual space. By using this media they try to hide their true identity and make some virtual identity (Kirik,.et.al, 2015).

The social media addiction has a beginning and a continuity phase. The individuals in beginning phase of addiction (has high usage of social media for 6 months) tend to utilize social media for the reasons to find friends, lack of socialization, and boredom of life. On the other hand individuals who are in continuity phase (has high usage of social media for more than 6 months) tend to utilize the social networking to feel fulfilment of the duty, protection of social relationships (Aksoy, 2018).

Signs of Social Media Addiction

These are the few signs to be noted from the people who get addicted to social media (Wilson, 2017).

- Spending more time on socializing online and avoid person to person interactions.
- Checking his/ her profiles often when they get time to rest themselves.
- They keep on sharing every updates like their location, mood and information about them to get concerned from their peers.
- Their friends, family members keep on saying that he/ she is spending much time on social networking.
- They neglect their work and involve in social networking activities. .
- They have obsessed thoughts of friends or other related things in social media.
- Some people use social media in order to escape in their real life problems.
- Looking for new friends in a competitive way to increase their social circle.
- Losing of Sleep in order to use social networking sites.

Symptoms of Addiction

- Sleeping disorders
- Being overweight and obese
- Lack of physical activity
- Low success in school and work
- Feeling of guilt
- Anxiety
- Dishonesty
- Low self esteem
- Depression
- Loneliness
- Headaches
- Carpal tunnel syndrome
- Experiencing Less Satisfaction and Less Happiness
- It Promote Jealousy
- Affects Overall Well-being

Causes of Social Media Addiction

The individual with desire to grow up, seeking personal fulfilment, begins to search for peace and happiness in cyber space and he/she involve more in internet and social media (Kirik, 2015).

1. Shifting of Mood
2. Difficulty in making friends in real life.
3. Excitement for setting up a group to prove themselves.
4. Escape from emotional distress.
5. To create individual identity.
6. To widen their friends circle.

The few addictive behaviour of Social media are as follows:

Social media becomes part of the individual's life. Social media is the only thing that comes to the mind of the individual when the day starts. The individual keeps on procrastination of every work. The behaviour of keep on checking his profiles or website whatever the situation is. The individual wants to be in contact and talk to the friends and keep on updating what is happening around him/her. They keep on viewing the likes and share he/she gets for his/her posts. The individual keeps on craving for internet connection to stay in online.

Effects of social media addiction

The social media addiction results in four main types of consequences: emotional problems, problem in relationships, decline in academic performance or work and health problems. The excessive use of social networking results in dysfunctions in the activities, sleep deprivation, deterioration of relationships with family members. Along with these negative effects such as procrastination, distraction and poor time management are also common in person addicted to social media (Kuss and Griffith, 2011). The health problems like fatigue, headache, sleep disturbance, dizziness and tension are caused by the overuse of the mobile phone (Khlaiwi, A. T.et.al. 2004). Positive effects of Social media on youngsters includes: it helps them to stay connected to each other. Useful information can be shared through social networking sites. They use social networking sites for advice and information. Negative effects of social media includes: Strangers are high and they assess easily through social media. Kidnapping, robbery can be easily happened while sharing information through social media. The individuals waste their time by chatting on social sites and also keep on procrastinate their daily jobs (Siddiqui and Singh, 2016).

Sleep

Sleep is a naturally recurring state of mind and body characterized by altered consciousness relatively inhibited sensory activity, inhibition of nearly all voluntary muscles and reduced interaction with surroundings. Sleep occurs in repeating periods: REM sleep and non- REM sleep. During sleep, most of the body's systems are in an anabolic state, helping to restore the immune, nervous, skeletal and muscular systems. It plays a vital process of maintaining mood, memory and cognitive functions. Poor sleep quality disrupts the cycle of transition between the different stages of sleep (Barnes, et.al, 2015). The individual restoring themselves during sleep, in which the

temperature, pulse rate, brain oxygen consumption decreases. The disturbances in the sleep impair the body's ability to heal wounds.

The National Sleep Foundation (NSF) 2015 gave sleep durations for specific age groups:

- ◆ Newborns (0 – 3 months) : 14 – 17 hours each day
- ◆ Infants (4 – 11 months) : 12 – 15 hours
- ◆ Toddlers (1 – 2 years) : 11 – 14 hours
- ◆ Preschoolers (3 – 5 years) : 10 – 13 hours
- ◆ School age children (6 – 13 years) : 9 – 11 hours
- ◆ Teenagers (14 – 17 years) : 8 – 10 hours
- ◆ Adults (18 – 64 years) : 7 – 9 hours
- ◆ Older adults (above 65 years) : 7 – 8 hours

There are two types of sleep, Non-rapid eye-movement (NREM) sleep and Rapid eye-movement (REM) sleep. NREM sleep is divided into stages 1,2,3 and 4.

Stages of Sleep

The **stage 1** lasts 1 to 7 minutes in the initial cycle and is easily interrupted by a noise disruption. Alpha waves are found in this stage with a wakeful relaxation. The frequency of alpha wave is characterized by 5 to 13 cycles per second. The **stage 2** lasts 10 to 25 minute in the initial cycle and consists of 45 to 55 percent of sleep episode. The person in stage 2 sleep requires a strong stimulus compared to awake from the sleep. This stage contains the sleep spindles and k complexes. The **stage 3** lasts only few minutes and consists of 3 to 8 percent of sleep. This stage is referred to as slow wave sleep. **Stage 4** is the last stage of NREM sleep that lasts 20 to 40 minutes and constitutes 10 to 15 percent of sleep.

REM sleep is occurred following the NREM sleep consists of desynchronized waves, bursts of rapid eye movements. During the initial cycles the REM sleep lasts only 5 minutes, it is progressively increasing during the next sleep cycle. Dreaming is also associated with REM sleep (Colten, 2006).

Effects of Sleep disturbances

Sleep disturbances results in the effects of all physiological, mental and social well being (Colten, 2006).

- Increase the stress level
- Somatic pain
- Reduced quality of life
- Emotional distress
- Mood disorders
- Cognitive, Memory and performance deficits
- Hypertension
- Weight related issues
- Cardio vascular diseases
- Disturbances in day to day activities
- Day time sleepiness

Sleep disturbances are associated with the sympathetic nervous system and causes changes in circadian rhythm (Medic, 2017).

Insomnia

It is the most common sleep disorder. It is defined by having difficulty in maintaining sleep, falling asleep, or having sleep for short duration.

Symptoms of Insomnia

- Difficulty falling asleep
- Waking in between night, being unable to sleep and also waking earlier
- Feeling tired even after long duration of sleep
- Unable to focus on their daily life activities and have difficulty in remembering
- Irritability, day time sleepiness

The effects of insomnia are dysfunctions of immune system, weight gain, diabetes, arthritis and heart diseases (Driver, 2012).

Social media addition and sleep

The increased time spent on internet disrupted the sleep- wake schedule (Cheung and Wong, 2011). The social media use has been growing rapidly and it affects the health and disrupts the quality of sleep. It is not necessary that the social media use causes sleep disturbances, sometimes the individual who suffers from sleep disturbance could use social media. Social media causes sleep disturbance directly in three ways: 1) using social media displace sleep, 2) using social media promote cognitive, emotional or physiological arousal 3) bright light emitted by social media may delay circadian rhythms (Levenson, 2017). Adults are sleeping less for completing their work or for watching television or using Internet. The addictive use of internet is identified as behaviour problem that affects the sleep quality. The poor sleep quality increases the risk of physical and mental effects affecting the life style of an individual (Mohammadbeigi, 2016).

Laughter

“Laughter can increase confidence, self-esteem, creativity, positivity, resilience, bringing positive changes to all aspects of our lives.” – Joe Bluett.

Laughter is a physical reaction consisting of rhythm, sometimes audible, contractions of diaphragm and other parts of respiratory system. Laughter is a response to certain stimuli internally or externally. It is often expressed as positive emotional states such as joy, mirth, relief and happiness. Laughter arises from the activities as being tingled or from humorous stories or thoughts. Laughter is gelos in greek from the word hele which means health. The word laughter is form the old English word Hliehann from the imitated sounds of the vowels ‘haha’ ‘hoho’ and ‘hehe’. Laughter is the expression of joy when the individual’s desire is satisfied, when they feel pleasure. Laughter is making another laugh by laughing pleasantly, briskly and loudly. Laughter releases endorphins, decreases anger, eases distressing emotions, relaxes and revitalizes, reduce stress and brings more joy (Yim, 2016).

Theories of laughter

It has three categories – arousal, discrepancy and superiority. The arousal theory says that if people laugh when they are in stressful; situation, their physical arousal declines and the stressful situation no longer exists. According to this theory, laughter acts as a interaction of mind and body. The discrepancy theory says laughter starts with the knowledge that people already know. People can laugh when they meet something different from their expectation and also when they meet something in discord with the expectation. The superiority theory says that when the individual has the thought of superiority on others. Laughter restricts the external environment and raises confidence (Yim,2016).

Categories of laughter

Categories	Characteristics
Spontaneous laughter	Laughter is triggered by someone and it is not from one's own will
Simulated Laughter	Is triggered by someone, no specific reason for laugh
Stimulated laughter	Laugh that comes as a result of external stimuli (tickling)
Induced laughter	Laugh as a result of effect of specific drugs
Pathological laughter	Laugh due to injuries to central nervous system caused by neurological disorders and may also occur with psychiatric disorders

Physiological effects of laughter

- ✓ Relaxes muscles
- ✓ Improves respiration
- ✓ Stimulates circulation
- ✓ Decreases stress hormones
- ✓ Increases immune system defences
- ✓ Elevates pain threshold and pain tolerance

Psychological effects of laughter

- ✓ Reduce stress, anxiety, tension.
- ✓ Elevates mood, self-esteem, hope, energy
- ✓ Enhances memory, thinking and problem solving
- ✓ Increases socialization, helpfulness and improves group identity.
- ✓ Promotes psychological well being.

Laughter therapy

Laughter therapy arouses the laughter, smiling, pleasant feelings and enables interaction. Laughter is used as a therapy for the purpose of treatment to promote life by preventing physiological, psychological, social, mental and spiritual functions through spontaneous and non spontaneous laughter. According to AATH (American Association of Therapeutic Humor), laughter improves patient's health and welfare through its activity. Laughter therapy has influence on the physical temperature, blood pressure, lung capacity, heart rate, muscles, brain activity and it promotes overall physical health. This therapy helps to reduce horrible feelings such as tension, anxiety, hatred and anger, aids interpersonal relationships, improves insomnia and reduces memory failure and dementia. It improves the quality of life and social relationships (Yim,. 2016).

Laughter therapy is given as intervention containing the exercises and physical movement. Laughter exercises usually starts with the breathing exercises and then laughter is achieved by using some play techniques, dancing and movement. Laughter has good and positive physiological and psychological effects on health. By decreasing the release of stress making hormones laughter helps in reducing the effect of stress (Demir, 2015).

Need for the study

The world is moving towards an electronic world which involves all the transactions, purchases, communication and so on in the internet. The younger generation are more involved in internet for the purposes like acquiring knowledge, for communicating and also for entertainment. Data from the Pew Research Centre shows that 69% of young adults are using social media and 90% of use is shown by them. Social media is involved in people's daily routine activities and have a great impact on them. The excessive use of social networks causes dependence, addiction as well as disturbances in quality of life and sleep. The social media addiction causes negative consequences. The good quality of sleep is essential for health and life quality in all people and is related to several factors including environmental factors, social life, general health status and stress. But the addiction affects the quality of sleep. Laughter is a physical reaction that helps in expression of positive emotional states. Laughter therapy helps in relieving the physical and emotional stresses and helps in improving sleep, strengthen social bond and relationships. Laughter therapy also helps in maintaining the sleep disturbances and to control social media addiction. This also helps an individual to enjoy as well as to acquire benefits.

REVIEW OF LITERATURE

Chapter 2

Review of Literature

The review of earlier studies conducted in related area is of prime importance in any research to formulate effective methodology. The reviews of literature on present study ‘Effectiveness of Laughter Therapy in Managing Sleep Disturbances and Controlling Social Media Addiction among Young Adults’. It includes study on

- Sleep and Social Media Addiction
- Social Media Addition
- Effect of Laughter

Sleep and Social media Addiction

Garett, Liu and Young (2018) studied the freshman undergraduate students to find the relationship between social media use and sleep quality. They conducted the study by choosing the students using twitter across the time of the day and day of the week that would be associated with the self-reported sleep quality. It was found that tweeting on week day late night was associated with lower sleep quality and week day evening was associated with better sleep quality. Results of this study revealed that the social media use was significantly correlated with the sleep quality among students.

Bhat, Pinto, Upadhay and Polos (2018) conducted a study on To Sleep, Perchance to Tweet: In – Bed Electronic Social Media Use and its associations with insomnia, daytime sleepiness, mood and sleep duration in adults. Eight hundred and fifty five hospital employees and students were included in this study. This study revealed that seventy percent of the participants involved in in-bed electronic media use. The higher level of usage of in-bed electronic media use was found in younger adults. The in-bed electronic social media use is associated with the sleep, mood dysfunctions and pretended to have insomnia, anxiety and short sleep duration in week nights.

Royant, Londe, Trehout and Hartley (2018) aimed to study the sleep related behaviors of teenagers. The study was conducted in middle schools to complete an online questionnaire on sleep habits with teacher supervision and after parental consent. The study findings revealed that there was an association between sleep deprivation and access to screens and social media. It also concluded that access to social media and especially a cell phone in teenagers bedrooms reduce the sleep time during the school week with negative effects on daily functioning and mood which increases with increasing age.

Belsiyal, Goswami and Chauhan (2017) investigated the impact of internet addiction on quality of sleep among nursing students in India. One hundred and seventy students were selected as sample. The study was done using Young's Internet Addiction Test and Pittsburg Sleep Quality Index. The study indicated that the students spend more time in internet for social networking. This study also revealed that the internet addiction was found to have significant effect on sleep quality.

Kaimal, D., et.al. (2017) done a study on Investigating the effects of social media usage on sleep quality. In this study, ten participants were asked not to use social media before bed for one week and use several popular networks for three weeks. There is no significant difference between the experimental conditions. But, the slight positive effect on sleep quality was observed when there is no social media before sleep. The study suggested for future studies with larger sample size extended over longer time periods.

Levenson, J.C. and Primack, B.A. (2016) made a research on Association between social media use and sleep disturbances among young adults. One thousand seven hundred and eighty eight participants of young adults aged 19 – 32 were used as sample for the study. They used self reported items adapted from Pew Internet Research Questionnaire and assessed sleep disturbance using the brief Patient – Reported Outcomes Measurement Information System (PROMIS). This study concluded that there is strong association between social media use and sleep disturbance has implication on young adults.

Mohammadbeigi, A. et.al. (2016) conducted a study on Sleep Quality in Medical Students; the impact of over- use of Mobile Cell-Phone and Social Networks. This study was conducted on 380 undergraduate students selected by proportional stratified sampling. Data were collected by using two standard Questionnaires – Cell-Phone Over-use Scale and Pittsburgh Sleep Quality Questionnaire. The sleep quality showed a direct significant association by cell phone addiction. They concluded that over usage of smart phone is related to poor sleep quality.

Xuet.al., (2105) carried a cross- sectional study on The Influence of Social Media on Sleep Quality: A Study of Undergraduate Students in China. The study population composed of 1444 females and 535 males. They use multistage stratified sampling. It was found that the students who spend 0.5 to 2 hours before bed time or above in a day on social media were more likely to have poor sleep quality. More than half of the samples who use social media experience poor quality of sleep.

Demirci, Akgonul and Akpinar (2015) conducted a study on Relationship of smartphone use severity with sleep quality, depression and anxiety in university students. The main objective of this study was to find the smart phone use and severity. The study sample for this study was 319 students of mean age 20.5. The Pittsburg Sleep Quality Index, Beck Depression Inventory, Beck Anxiety Inventory were used as tool for the study. The study findings resulted that the sleep quality, depression and anxiety scores were higher in high smart phone users than the low smart phone users.

Wolniczak, et.al. (2013) conducted a research on Association between Facebook Dependence and poor Sleep Quality: a study in sample of undergraduate students in Peru. Four hundred and eighteen students were analyzed with a mean age of 20.1 years. The Internet Addiction Questionnaire adapted to facebook case and the Pittsburgh Sleep Quality Index was used for the analysis. There is an association between facebook dependence and poor quality of sleep. They concluded that approximately one in ten students might have addiction to facebook while over 55% had poor sleep quality.

Social Media Addiction

Tang and Koh (2017) conducted a study to know the college students' addiction on social networking and its co morbidity with behavioural and affective disorder. They attempted to explore the prevalence of addiction in social networking. A survey consisted of 1110 college students of mean age 21.46 in Singapore. The study revealed that the prevalence rate of social networking sites was 29.5%. Results indicate that the Social networking sites addiction was found to be highly prevalent in college students.

Kuss and Griffith (2011) involved in a study on Online Social Networking and Addiction – A Review of the Psychological Review. This literature is intended to provide empirical and conceptual insight into the phenomenon of addiction. The addiction to social networks on the internet may be a potential mental health problem for some users. Extraverts appear to use social networking sites for social enhancement and introverts use it for social compensation. Negative correlates of Social Networking Sites usage include the decrease in real life social participation and academic achievement, each of which indicates addiction.

Enrique (2010) made a study on addiction to new technologies and to online social networking in young people. Young people were having more impact because of internet and high virtual social networks. Even though the internet provides many benefits, some people using internet in obsessed manner. They were unable to control their use of social networks. The obsession towards the usage of internet leads to the concept of internet addiction. The internet addiction concept had been proposed for the explanation for uncontrollable and harmful use of the technology. The psychological treatment of choice appears to be stimulus control and gradual exposure to the internet, followed by cognitive behavioural intervention in relapse prevention.

Barbera, Paglia and Valsavoia (2009) made a study on Social Network and Addiction. Social networks were developing and forming new web communities where people meet and share interests and activities. Due to the development of the social networking sites there the community met both boon and bane. It was concluded that social web meets the need of facilitating relationships and psychological well being and also the people develop addictive behaviours especially the younger ones.

Effect of Laughter

Yim (2016) gave a theoretical review on therapeutic benefits of laughter in mental health. Laughter is a positive sensation and seems to be a useful and healthy way to overcome stress. Laughter therapy was found to be a kind of cognitive behavioural therapies that could make the physical, psychological and social relationships healthy and also improve the quality of life. Laughter therapy has positive effects on mental health and immune system. It does not require specialized preparations, such as suitable facilities and equipment and it is easily accessible and acceptable. It helps in decreasing the stress-releasing hormones and can alter the dopamine and serotonin activity. Endorphins produced by the laughter can help people who are in a depressed mood. It was a non-invasive or non-pharmacological treatment that helps in enhancing the mental health.

Yazdani, Esmaeilzadeh, Pahlavanzadeh and Khaledi (2014) examined the effect of laughter yoga on general health. This study was a quasi-experimental two-group three-step study. Thirty-eight male nursing students were selected as the sample. The study group was given the laughter yoga for eight (1-hour) sessions (twice a week) and the control group was left without any intervention. The data for the present study were collected by using Goldberg and Hiller's General Health Questionnaire. The findings indicated that before and after laughter yoga intervention was significant. They concluded by saying that laughter yoga can be used as one of the effective strategies on students' general health.

Park (2013) examined the effect of laughter therapy for the elderly people with the problems like depression and insomnia. The study population was 87 elderly people. The pretest-posttest design was used. The experimental group was given the laughter training by laughter therapy experts. They received 10-15 minutes of laughter therapy once a week for 8 weeks. The data was collected before and after the laughter therapy by using Geriatric Depression Scale and Insomnia Severity Index. The study results revealed that laughter therapy was effective in decreasing depression and insomnia.

Ko, H. and Youn, C. (2011) made a study on Effects of laughter therapy on Depression, Cognition and Sleep among the Community Dwelling Elderly. The study sample consisted of 109 subjects aged over 65. The sample was divided into two groups - experimental group undergoing laughing therapy and control group. The experimental group undergoes laughter therapy four times over 1 month. The data was collected by using Geriatric Depression Scale, Short form Health Survey – 36, Insomnia Severity Index and Pittsburg Sleep Quality Index between the two groups before and after the therapy. The results indicated that the therapy is effective and decreases the level of depression, the level of insomnia reduces and sleep quality increases. They concluded that laughter therapy had shown positive effects on Depression, Insomnia and sleep quality.

Ripoll (2011) reviewed the literature of laughter to find the health related benefits related to medicine and health care. He made a thematic analysis to conclude laughter health related benefits. It was found that the therapeutic efficacy of laughter resulted from the spontaneous and self induced laughter with or without humour. And it has good benefits in physiological, psychological, social, spiritual and quality of life. It is found that the laughter is used as a medicine in the prevention and the treatment of illness.

Jung (2009) performed a study to evaluate the improvement of sleep quality after laughter therapy. The study was done by choosing the study population over the age of 65. The sample was divided into two group, experimental group and control group. The laughter therapy was given to the experimental group. The data was collected through Insomnia Severity Index and Pittsburg Sleep Quality Index. After the therapy was given, the data was analysed using independent t-test, chi-square test, paired t-test, ANCOVA. The scores calculated before and after the therapy from Insomnia Index and Pittsburg Sleep Quality Index indicated that the level of insomnia decreases and sleep quality increases. The laughter therapy was found to be helpful for the elderly people in a community that improves insomnia and sleep quality.

METHOD

Chapter 3

Method

The study on “Effectiveness of Laughter Therapy in Managing Sleep Disturbances and Controlling Social Media Addiction among Young Adults” was carried out in the following steps:

- ◆ Operational Definitions
- ◆ Objectives
- ◆ Research questions
- ◆ Hypotheses
- ◆ Area of the study
- ◆ Sample
- ◆ Tools
- ◆ Procedure
- ◆ Analysis of Data

Operational Definitions

Sleep: Sleep is a naturally recurring state of mind and body, characterized by altered consciousness by inhibiting sensory activity, voluntary muscles and reduce interaction with surroundings.

Social Media Addiction: Social Media Addiction is a compulsive and excessive use of social media and it causes negative effect on real life.

Laughter: Laughter is a physical reaction consists of rhythm often audible contractions of diaphragm and other parts of the respiratory system. It is usually a response to certain external and internal stimuli.

Objectives

- To assess the level of Social Media Addiction among Young Adults.
- To study the difference in Sleep Disturbances among Young Adults before and after the intervention of Laughter Therapy.
- To study the difference in Social- media Addiction among Young Adults before and after the intervention of Laughter Therapy.
- To study the relationship between the Sleep Disturbances and Social- media Addiction.

Research questions

- What is the level of Social Media Addiction among Young Adults?
- What is the effect of Laughter Therapy in Managing Sleep Disturbances among Young Adults?
- What is the effect of Laughter Therapy in Controlling the Social- media Addiction among Young Adults?
- What is the relationship between the Sleep Disturbances and Social- media Addiction?

Hypotheses

The hypotheses is stated as Alternate hypotheses, so that they can be analysed based on the results.

1. The level of Social Media Addition is high among Young Adults.
2. There will be a significant difference in Sleep Disturbances among Young Adults before and after the intervention of Laughter Therapy.
3. There will be a significant difference in Social- media Addiction among Young Adults before and after the intervention of Laughter Therapy.
4. There will be a significant relationship between the Sleep Disturbances and Social- media Addition among Young Adults.

Area of the Study

The area selected to conduct the study was Tamil Nadu. The reasons for selecting the area were

- Availability of the sample
- Approval and facilities provided by the authorities in the organization
- Willingness and cooperation of the participants and organization

Sample

The samples for the present study consisting of 52 participants were from Oxford College of Education. **Convenient Sampling** Method was used to collect the data.

Inclusion Criteria

- Individuals in between the age of 18-25.
- Men and women participants.
- Young adults with Sleep Disturbances and Social Media Addiction.

Exclusion Criteria

- Individuals who are not in the age range of 18-25.
- The individuals who are not willing to participate in the study.
- Young Adults who don't have Sleep Disturbances and Social Media Addition.

Tools

Informed Consent Form and Confidentiality Statement. The Consent Form was developed by the researcher in order to make the participants to understand the purpose of the study. It also helps to know the willingness of the participants for the study. The Confidentiality of their information and identity was provided.

Personal Profile Sheet. A personal profile is used to obtain the personal details of the participants including Name, Age, Sex, Socio- economic status, Marital status, Family Type, Birth

order, Hobbies, Usage of Phone – Number of hours/day, Types of Social Media used, Sleeping hours – Number of hours/day. This helps to collect the demographic details for the study.

Bergen Insomnia Scale. The Bergen Insomnia Scale (2008) was constructed by Morin., et.al. on the basis of diagnostic criteria for insomnia. This scale consist of six items, the first three pertain to sleep onset, maintenance, and early morning wakening insomnia. The last three items refers to not feeling adequately rested, experiencing daytime impairment, and being dissatisfied with current sleep. Each item is rated on an 8- point rating scale ranging from 0-7 days/ week. A total score is calculated by adding the scores of each item, the total score yield will be in the range of 0 – 42. The reliability of the scale is 0.77 and has good adequate convergent and discriminative validity.

Social Media Addiction Scale. The Social Media Addiction Scale was constructed by Griffith, et.al. for determining the individuals who were addicted to Social media. This scale consists of 29 items grouped under 4 factors (visual tolerance, virtual communication, virtual problem and virtual information). This is a 5-point likert type rating scale ranging from Strongly Disagree (1) to Strongly Agree (5). All the items in the scale are positive. The highest and lowest scores that can be scored in the scale are 145 and 29. The higher the scores indicate that the individual is addicted towards social media. Test-retest coefficient was found to be .94.

Procedure

The samples were from the Oxford Education College, 100 Young adults were chosen by Convenient Sampling Method and given the consent form, Bergen Insomnia Scale, Social Media Addiction. To begin with, rapport was established as a group, after which the Informed Consent Form and Confidentiality Statement, Personal Profile Sheet, Bergen Insomnia Scale and Social Media Addition Scale were administered to all the participants in a group setting.

Out of 100, 52 young adults who have sleep disturbances and addicted to Social Media were chosen for the therapeutic session. The duration of the session was about 45 minutes and it was given twice a week. At the end of the each session, the feedback and suggestions for any change/ improvement of the sessions was discussed with the participants.

After conducting 6 sessions for the group, the individuals were re-administered with the Bergen Insomnia Scale and Social Media Addiction Scale. Any doubts regarding the intervention was cleared and the investigator terminated the study.

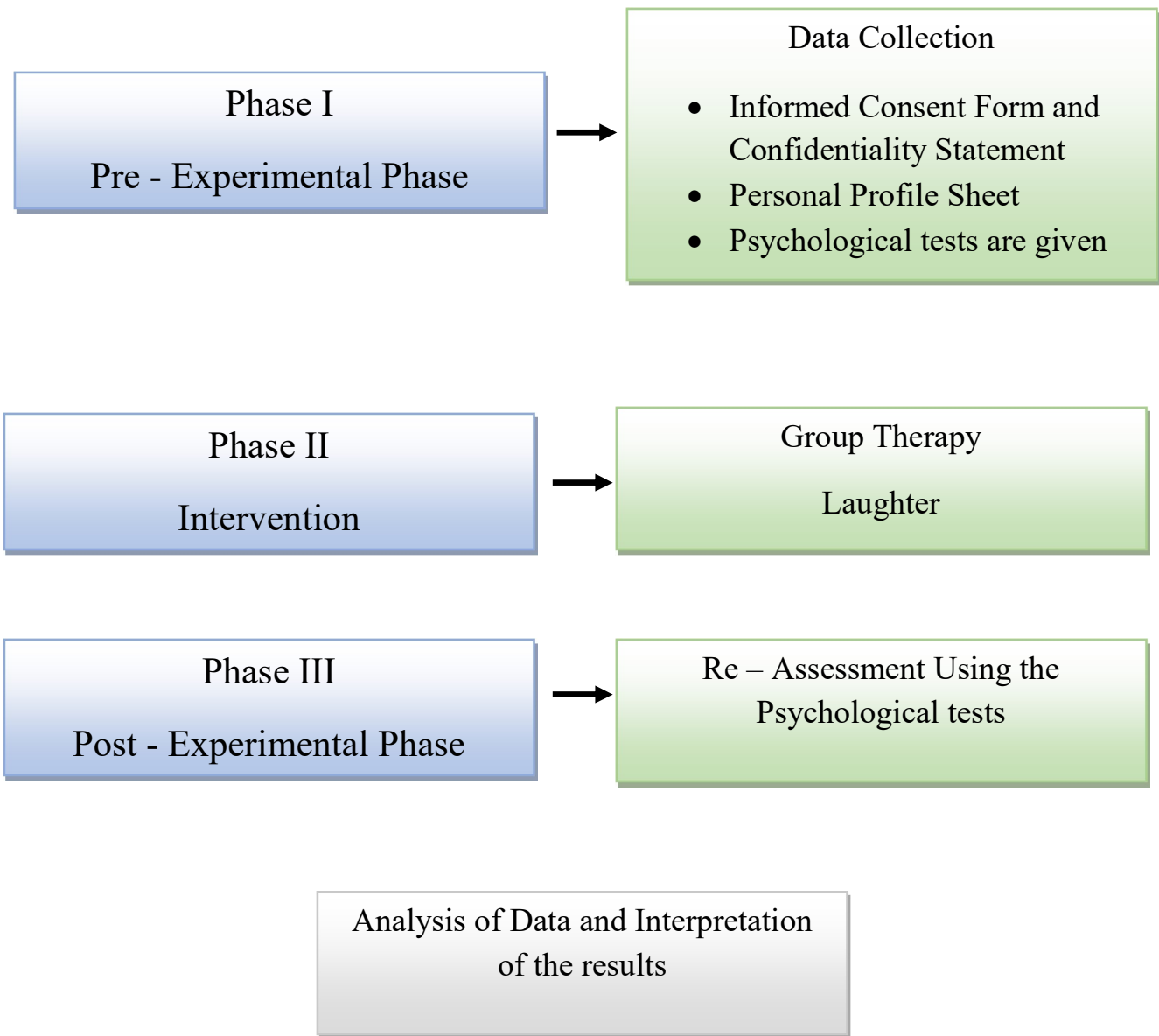


Figure 1

Flow Chart

Psychological Intervention

Laughter. In this psychological intervention, the participants were made to laugh. It was conducted as a group intervention. The participants were first made to be comfortable before starting the session.

Step 1: Deep Breathing. The participants were asked to close their eyes and relax. The participants were made to take deep breaths following the counting, i.e. breathing in for 4 counts and breathing out for 6 counts. It is done to keep the participants to relax themselves.

Step 2: Laughter. In this study, the participants experienced the laughter for 15 minutes followed by breathing at regular intervals. The laughter is given with different steps, they are as follows:

1. Laughter session starts with warm up by clapping along with the hand movements swinging from side to side. This warm up was carried out with the chant hoho ha-ha-ha.
2. Greeting everyone with laughter was the next exercise
3. Hearty laughter – the hands are spread out towards the sky, tilt their head back, raise their chin and laugh heartily.
4. Good Job laughter – the individuals are made to form a circle and give each other a “thumbs up”, “high fives” and laugh.

Step 3: Termination and Feedback. At the end of 15 minutes, the participants are encouraged with the final chanting “very good very good yay!”. They were asked to share their experience during this session. They were also asked for feedback along with their feelings and thoughts.

Statistical analysis

In order to verify the hypothesis, paired t-test and correlation was used to analyse the data and the results are presented below.

RESULTS AND DISCUSSION

Chapter 4

Results and Discussion

The study on ‘Effectiveness of Laughter Therapy in Managing Sleep Disturbances and Controlling Social-media Addiction among Young Adults’ was conducted. The results of the study were analyzed, tabulated and discussed.

Table 1

Demographic Data of the Young Adults (N=52)

Demographic Variable		Numbers	Percentage
Gender	Male	7	13.5
	Female	45	86.5
Type of Family	Nuclear	37	71.2
	Joint	15	28.8
Birth Order	First born	27	51.9
	Second born	18	34.6
	Third born	7	14
Usage of Phone/ Day	Less than 5 hours	34	65.4
	5 hours and above	18	34.6
Sleeping hours/ Day	8 hour s	20	38.5
	More or less than 8 hours	32	61.5

The analysis and documentation of the demographic data collected from the sample is an important aspect included in the study. It helps to provide the details that may be the factor influencing the variables. This study consisted of 14% of Male and 86% of Female young adults. The type of family they belongs to is nuclear and joint, 71% of sample belongs to nuclear family and 29% of sample belongs to joint family. The birth order refers to the order of the child, born in the family and in this study the samples are classified into First born, Second born and Third born. Birth order is found to have an effect on psychological development (Rodgers, 2000). The number of hours spent on mobile phone by the participants was also collected. The ratio of the samples spending time on phone less than 5 hours and 5 hours -above is 17:9. The number of sleeping hours by the sample for 8 hours and more or less than 8 hours is 5:8.

Table 2

Level of Social - media Addiction among Young Adults (N=52)

	Number	Percentage
Low	10	19.2
Moderate	41	78.8
High	1	2

Table 2 shows the level of Social- media Addition of the Young adults before intervention of Laughter Therapy. Social- media facilitates the sharing of information, ideas and career interests and other forms of virtual communities. Addiction to social media is the over usage of social media which shows the effect on the individual. The table indicates that the percentage of low, moderate and high level of social- media addicted young adult are 19.2, 78.8 and 2. The young adults are highly addicted at moderate level, and they are using social media for communication, gathering knowledge and it gives both positive and negative effects. They also exhibit procrastination in

their works due to the usage of social- media. They are in search of getting good identity in virtual communities. Social Networking Sites Addiction had a high prevalence rate among College students in Singapore (Tang, 2017).

Hence, the hypothesis 1, ‘The level of Social- media Addiction among Young Adults is high’, is rejected.

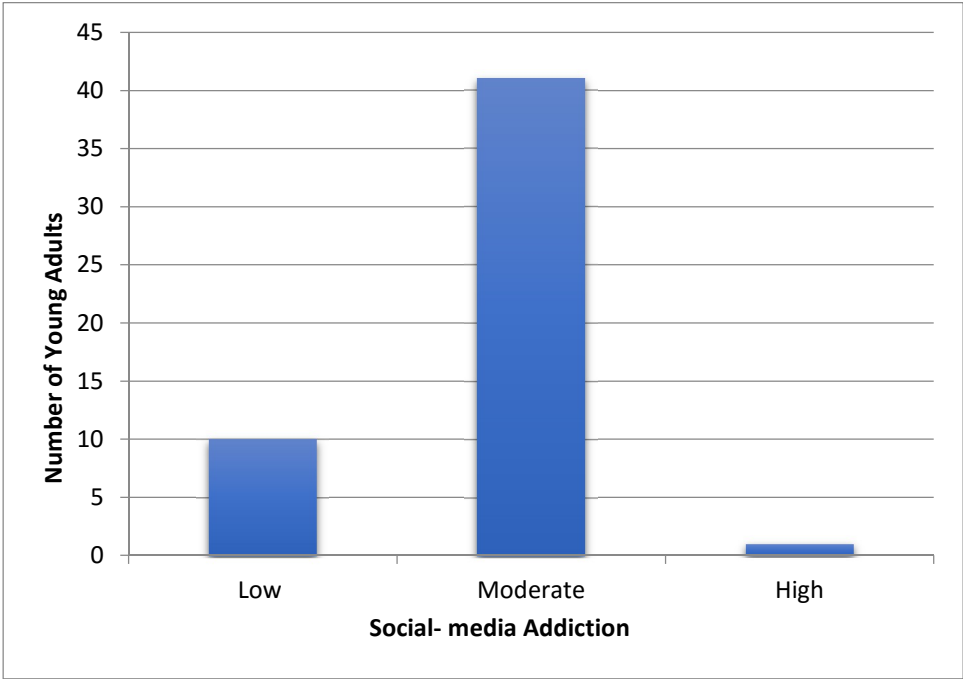


Figure 2
Level of Social- media addiction among Young Adults

Table 3

Effect of Laughter therapy in managing Sleep Disturbances (N=52)

Variable	N	Assessment	Mean	S.D	t value	Significance
Sleep Disturbances	52	Pre test	21.92	6.82	8.37	0.00**
	52	Post test	15.12	5.86		

** - Significant at 0.01 level

Sleep is an important aspect that each and every individual needs in a regular pattern. Sleep is the state where the individual is recurring their mind and body with inhibited voluntary movements and sensory activity and reduce the interaction with the surrounding. The Sleep disturbance causes many effects in the well being of the individuals. Laughter has influence in blood pressure, heart rate, brain activity and muscle activities. Laughter also increases the release of the hormone endorphins, which is responsible for feeling good so that the overall well being of the individual gets promoted. The table 3 indicates that the laughter therapy shows the significant difference in the Sleep Disturbances among young adults. The laughter therapy helps in improving insomnia i.e. Sleep disturbances (Yim,2016).

Hence, the Hypothesis 2, “There will be a significant difference in the Social- media Addiction before and after the intervention of Laughter therapy ” is accepted.

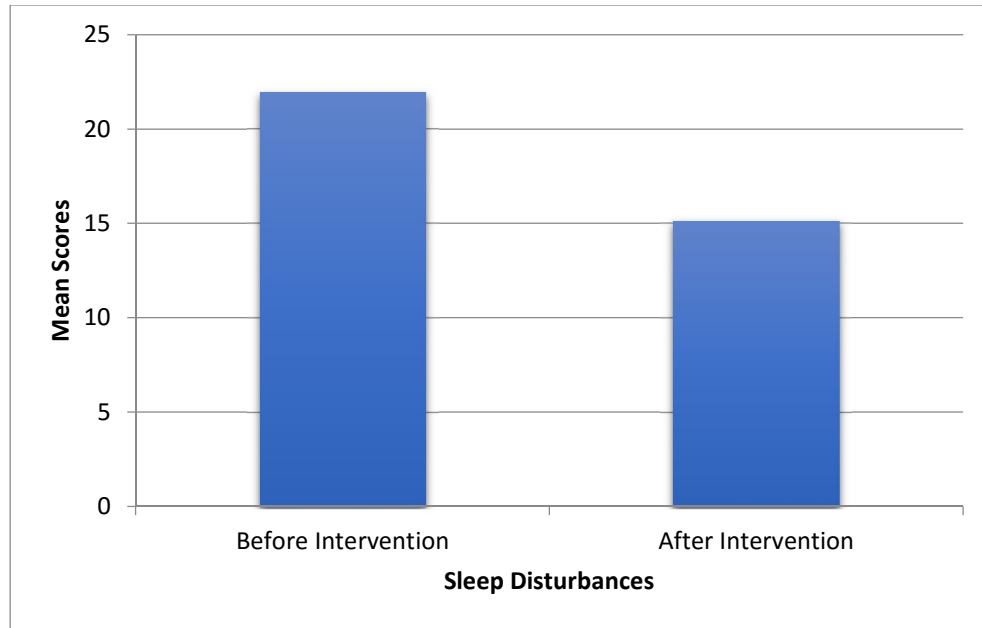


Figure 3

Effect of Laughter therapy in managing Sleep Disturbances

Table 4

Effect of Laughter therapy in Controlling Social- media Addiction (N=52)

Variable	N	Assessment	Mean	S.D	t value	Significance
Social- media Addiction	52	Pre test	78.83	17.05	6.77	0.00**
	52	Post test	69.25	16.74		

** - Significant at 0.01 level

Young adults are more prone to social media thus resulting in social- media addiction. The effects of social media have more impacts on the young adults in both physiological and psychological well being. The findings of this study indicate that the laughter therapy controls the level of social-media addiction. The Laughter increases socialization that may be one of the reasons for the reduction of level of addiction. Laughter helps in improving the quality of life and social relationships (Yim, 2016).

Hence, the hypothesis 3, “There will be a significant difference in the Social- media Addiction before and after the intervention of Laughter Therapy ” is accepted.

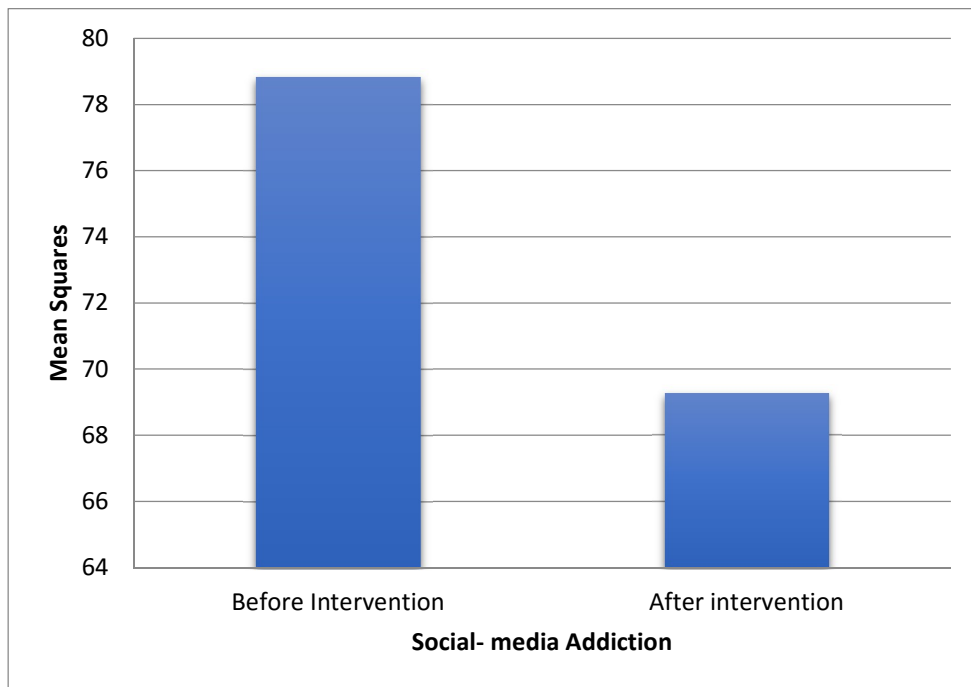


Figure 4

Effect of Laughter Therapy in Controlling Social- media Addiction

Table 5*Relationship between the Sleep Disturbances and Social - media Addiction (N=52)*

Variables		Sleep Disturbances	Social- media Addiction
Sleep Disturbances	Pearson Correlation	1	.072
	Sig. (2-tailed)		.612
	N	52	52
Social- media Addiction	Pearson Correlation	.072	1
	Sig. (2-tailed)	.612	
	N	52	52

Table 5 shows the relationship between the sleep disturbances and social- media addiction. It is found that there is no significant relationship between sleep disturbances and social- media addiction among young adults. The young adults may be affected by some other factors like work pressure, family responsibilities, relationship problems, and also career development an important factor during this period can cause sleep disturbances. All these serves as a factor that influence sleep disturbance to a greater extent other than Social- media addiction. Social- media Addiction plays a role in influencing the physical health issues along with the sleep disturbances and it affects the socialization.

Hence, the hypothesis 4, “There will be a significant relationship between the Sleep Disturbances and Social- media Addiction among Young Adults” is not accepted.

SUMMARY AND CONCLUSION

Chapter 5

Summary and Conclusion

The study on 'Effectiveness of Laughter Therapy in managing Sleep Disturbances and in Controlling Social- media Addiction' was conducted with the following objectives.

- To assess the level of Social Media Addiction among Young Adults.
- To study the difference in Sleep Disturbances among Young Adults before and after the intervention of Laughter Therapy.
- To study the difference in Social- media Addiction among Young Adults before and after the intervention of Laughter Therapy.
- To study the relationship between the Sleep Disturbances and Social- media Addiction.

The study was conducted in the Oxford College of Education, Tamil Nadu. One hundred samples were selected for the study. The Young adults were selected using Convenient Sampling method, so as to fulfil both the inclusion and exclusion criteria. The informed consent form and confidentiality statement was distributed. The study was done after obtaining the consent's form from the sample to participate in the study and ensure them with the confidentiality of the information. The tools used for the study included Personal Profile Sheet, Bergen Insomnia Scale and Social Media Addiction Scale. After the collection of the data, 52 samples were selected for the study consisted of 45 female participants and 7 male participants who have sleep disturbances and social- media addiction. The therapy was given for six sessions with the duration of 45 minutes and it was conducted twice a week.

Hypotheses

1. The level of Social Media Addition is high among Young Adults.
2. There will be a significant difference in Sleep Disturbances among Young Adults before and after the intervention of Laughter Therapy.
3. There will be a significant difference in Social- media Addiction among Young Adults before and after the intervention of Laughter Therapy.
4. There will be a significant relationship between the Sleep Disturbances and Social Media Addition among Young Adults.

Findings of the study

- There is a moderate level of Social- media Addiction among Young Adults.
- There is a significant difference in Sleep Disturbances among Young Adults before and after the intervention of Laughter Therapy.
- There is a significant difference in Social- media Addiction among Young Adults before and after the intervention of Laughter Therapy.
- There is no significant relationship between the Sleep Disturbances and Social- media Addiction among Young Adults.

Conclusion

The result shows that the intervention of Laughter Therapy has a great impact on young adults who participated in the study. From this study it is known that this therapy can be included in their curriculum also to enhance the performance of the participants. This intervention can be given once a week or more number of sessions in order to refresh the mind of the young adults.

Recommendations

Recommendations suggested by the findings of the study are as follows:

- To recognize the need of psychological intervention for the individuals living in a stressful life.
- To include laughter as a recreational activity in educational setting.
- To provide the opportunities to the young adults to attend more number of sessions of laughter.

Limitations of the study

- It was a time - bound study.
- The male participants were few in number in the study.
- The other extraneous variables that influence Sleep and Social- media Addiction have not been studied due to practical difficulties.
- A large number of samples could have been included for the effective results.

Suggestions for Further Research

- The sample size can be increased to get a true representation of the population.
- The male participants can be included in a larger number to assess the gender difference on the variables in the study.
- The duration of the intervention can be increased to provide a significant relationship of the variables in the study.
- The other extraneous variables that influence Sleep and Social- media Addiction can be studied.

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APPENDICES

Appendix A

Informed Consent Form

Consent to participate in a research study

Conducted by the Dept. of Psychology, Avinashilingam University for Women,
Coimbatore.

Title of the project: Effectiveness of Laughter Therapy in Managing Sleep Disturbances and
Controlling Social – media Addition.

Researcher: Ms.S.Subhashini, M.Sc in Applied Psychology,
Avinashilingam Institute for Home Science and Higher Education for Women,
Coimbatore – 641 043.

Research Guide: Ms. Maya Surabhi, Assistant Professor , Department of Psychology,
Avinashilingam Institute for Home Science and Higher Education for
Women, Coimbatore.

Consent Form

I am S.Subhashini, II M.Sc Applied Psychology, conducting a research study as a part of my curriculum for the completion of the course. The details collected through this study will be kept confidential and used for research purpose only. The participation in this study is entirely based on the willingness of the participant. The participation is Voluntary. Your Participation would be helpful for me in a great way. I thank each and every one for Participation.

Confidentiality Statement

As a client,all data you share about yourself will be kept strictly confidential.

I agree to participate in this research.

Name : _____ Date : _____ Signature : _____

Appendix B

Personal Profile Sheet

Name :

Age :

Gender :

Socio-economic Status : Low / Middle / High

Marital Status :

Family Income :

Family Type : Nuclear / Joint

Birth Order :

Mother Occupation :

Father Occupation :

Hobbies :

Usage of Phone : _____ Number of Hours/ Day

Types of Social Media used : Fb/ whatsapp/ instagram/ Google+/ Twitter/ Snapchat/

Hike/ Youtube/ Musical.ly(tiktok)

Highly used (social media) :

Do you have sleep disturbances : Yes/ no.

Sleeping Hours : _____ Number of Hours/Day

Appendix C

Bergen Insomnia Scale

Instructions: Please take a moment to read the following questions and answer the questions with the responses suits you the best.

Questions	Number of Days per week							
	0	1	2	3	4	5	6	7
1. During the past month, how many days a week has it taken you more than 30 minutes to fall asleep after the light was switched off?								
2. During the past month, how many days a week have you been awake for more than 30 minutes between periods of sleep?								
3. During the past month, how many days a week have you awakened more than 30 minutes earlier than you wished without managing to fall asleep again?								
4. During the past month, how many days a week have you felt that you have not had enough rest after waking up?								
5. During the past month, how many days a week have you been so sleepy/ tired that it has affected you at school/ work or in your private life?								
6. During the past month, how many days a week have you been dissatisfied with your sleep?								

Appendix D

Social Media Addiction Scale

Instructions: Read the following statements and choose the options that you think that suits you appropriately. There are no right or wrong answers. Do not omit any items.

S.No	Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1	I am eager to go on social media					
2	I look for internet connectivity everywhere so as to go on social media.					
3	Going on social media is the first thing I do when I wake up in the morning.					
4	I see social media as an escape from the real world.					
5	A life without social media becomes meaningless for me.					
6	I prefer to use social media even there are somebody around me.					
7	I prefer the friendships on social media to the friendships in the real life.					

8	I express myself better to the people with whom I get in contact on social media.					
9	I am as I want to seem on social media.					
10	I usually prefer to communicate with people via social media					
11	Even my family frown upon, I cannot give up using social media.					
12	I want to spend time on social media when I am alone.					
13	I prefer virtual communication on social media to going out.					
14	Social media activities lay hold on my everyday life.					
15	I pass over my homework because I spend much time on social media					
16	I feel bad if I am obliged to decrease the time I spend on social media.					
17	I feel unhappy when I am not on social media.					
18	Being on social media excites me.					
19	I use social media so frequently that I fall afoul of my family.					

20	The mysterious world of social media always captivates me.					
21	I do not even notice that I am hungry and thirsty when I am on social media					
22	I notice that my productivity has diminished due to social media.					
23	I have physical problems because of social media use.					
24	I use social media even when walking on the road in order to be instantly informed about developments.					
25	I like using social media to keep informed about what happens.					
26	I surf on social media to keep informed about what social media groups share.					
27	I spend more time on social media to see some special announcements (e.g. birthdays).					
28	Keeping informed about the things related to my courses (e.g. homework, activities) makes me always stay on social media.					
29	I am always active on social media to be instantly informed about what my kith and kin share.					

INSTITUTIONAL HUMAN ETHICS COMMITTEE



Avinashilingam

Institute for Home Science and Higher Education for Women
Deemed to be University Under category 'A' By MHRD, (Estd. u/s 3 of UGC Act 1956)
Re Accredited with 'A' Grade By NAAC, Recognised by UGC Under Section 12 B
Coimbatore - 641043, Tamil Nadu, India

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Mr. K.Arulmoli (Legal Expert)
Dr. N.S. Rohini
Dr.Subhashini K. Sripathi
Dr.A. Saraswathy
Ms.D.Kavitha
Dr.S. Muthulakshmi
Dr.G.Victoria Naomi
Dr. Judith Justin
Dr.Anitha Subash

24 January 2019

To
Ms. S.Subhashini
Department of Psychology
Avinashilingam Institute for Home Science and
Higher Education for Women
Coimbatore – 641 043

Dear S.Subhashini,

Ref: Your proposal No. IHEC/18-19/PSY/09 entitled
“Effectiveness of Laughter Therapy in Managing Sleep Disturbances
and Controlling Social-Media Addiction among Young Adults”
submitted for approval of the IHEC on 30.09.18.

The Institutional Human Ethics Committee of our University hereby
grants approval to your research proposal No. IHEC/18-19/PSY/09
entitled “Effectiveness of Laughter Therapy in Managing Sleep
Disturbances and Controlling Social-Media Addiction among Young
Adults” submitted by you. The Approval number for the same is
AUW/ IHEC/PSY-18-19/XPD/09.

We wish you all the best in your research endeavours.

Regards,

S. Uma Mageshwari
Dr.S.Uma Mageshwari
Member Secretary

