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Perceived parenting styles, personality traits and sleep patterns in adolescents

Serge Brand ^{a,*}, Martin Hatzinger ^b, Johannes Beck ^a, Edith Holsboer-Trachsler ^a

^a *Psychiatric University Clinics Basel, Depression Research Unit, Wilhelm Klein-Strasse 27, 4025 Basel, Switzerland*

^b *Psychiatric Outpatient Department, University Hospital Basel, Switzerland*

Abstract

The present study examined the role of parenting styles with respect to adolescents' sleep patterns and symptoms of depression and anxiety. A total of 246 adolescents (age: 17.58 ± 1.62) took part in the study. They completed several questionnaires with regard to parenting styles and to symptoms of anxiety and depression; additionally, they filled in a questionnaire assessing sleep-related personality traits and completed a sleep log for 7 consecutive days. Results showed a high overlap between parenting styles of both parents, though with a different relation to adolescents' sleep. Adverse parenting styles were highly correlated with low sleep quality, negative mood, increased daytime sleepiness, and with increased symptoms of anxiety and depression. Adolescents with low positive and high negative parenting styles displayed the most unfavorable sleep-related personality traits. Results suggest that parenting styles are related to young people's sleep pattern even at the beginning of late adolescence.

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Introduction

Sleep affects quality of life, daily functioning (cf. Banks & Dinges, 2007; Carskadon & Dement, 1981), memory (Stickgold, 2005), and academic performance (Curcio, Ferrara, & De Gennaro,

* Corresponding author. Tel.: +41 61 32 55 114; +41 79 439 64 30 (mobile phone); fax: +41 61 32 55 513.

E-mail address: serge.brand@upkbs.ch (S. Brand).

2006). Chronic sleep disturbances decrease physical and psychological functioning (Roberts, Roberts, & Duong, 2008).

During the life span, notable changes occur with respect to sleep quantity and quality (Ohayon, Carskadon, Guilleminault, & Vitiello, 2004). Compared to childhood, in adolescence, three prominent changes occur: First, sleep quantity declines from about 10 h at 10 years of age to between 6.5 and 8.5 h in older adolescents for weekdays (cf. Iglowstein, Jenni, Molinari, & Largo, 2003; Mercer, Merrit, Cowell, & Cowell, 1998). Second, a marked shift is observable towards a longer sleep duration and later bed time from school nights (i.e., week nights) to off-school nights (i.e., weekend nights) (cf. Mercer et al., 1998); this shift can even resemble jet lag-like symptoms¹ (Dahl & Lewin, 2002). Third, daytime sleepiness (20%) and insomnia symptoms (25%) are common among adolescents (Ohayon, Roberts, Zully, Smirne, & Priest, 2000; see also Millman & Working Group on Sleepiness in Adolescents/Young Adults, 2005 for review).

A variety of factors influence adolescents' sleep, and their potential reciprocal interactions are complex. The possible influencing factors may be clustered into physiological, psychiatric, socio-cultural and psychological factors. Physiological factors may refer, for instance, to narcolepsy, breathing-related sleep disruptions, the circadian pattern of melatonin secretion or delayed sleep phase preference (Carskadon, Vieira, & Acebo, 1992; cf. for overview Kotagal & Pianosi, 2006; Millman & Working Group on Sleepiness in Adolescents/Young Adults, 2005). Psychiatric disorders such as affective disorders, obsessive-compulsive disorders, attention-deficit/hyperactivity disorders, and substance abuse have a further unfavorable impact on adolescents' sleep (cf. Kotagal & Pianosi, 2006; Millman & the Working Group on Sleepiness in Adolescents/Young Adults, 2005). Socio-cultural factors refer to social-related altered life styles and constraints. Among these, the following issues are highlighted: Peer activities such as attending sports activities, music concerts or discos in the evenings and on weekends, a decrease in parental control with respect to setting bedtimes (cf. Wolfson & Carskadon, 1998), as well as socially desirable behavior such as going to bed later (cf. Wolfson et al., 2003), employment in addition to school (cf. Millman & Working Group on Sleepiness in Adolescents/Young Adults, 2005), homework requirements, and the availability of television or internet (Eliasson, Eliasson, King, Gould, & Eliasson, 2002).

Psychological factors refer to all those factors which may lead to psychological stress. This psychological stress may disturb sleep and sleep-related patterns. Among the multiple factors that influence psychological stress, three prominent factors are underscored. First, new social settings such as new peer groups (e.g., transition to university, new sports clubs) may lead to a night time social life and therefore to new stress (cf. Vignau et al., 1997) and second, vocational decisions may burden the adolescent, since these kinds of decisions will have far-reaching consequences for professional life in early adulthood and later (Clark & Kupka, 1994). Third, there is evidence that family dysfunction is highly correlated with sleep problems in 16-year-old adolescents: Vignau et al. (1997) showed that among 763 high school students, about 41% complained about problems

¹ Dahl and Lewin (2002, pp. 178–179) describe the jet lag-like phenomenon as follows: “[...] a typical adolescent on Eastern Time going to bed at 2:00 a.m. on Friday and Saturday nights and sleeping in until noon will shift their circadian system to Pacific Time within a few days. However, the shift to an earlier time compatible with going to school on Eastern Time will require several days of a stable schedule to shift the temperature and hormone rhythms completely. Therefore, many adolescents [...] may experience for several days jet lag-like symptoms of fatigue, difficulty falling asleep at night, and difficulty awakening in the morning.”

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