

LETTERS TO THE EDITOR

Objective Sleep and Personality

Commentary on Johann et al. Perfectionism and polysomnography-determined markers of poor sleep. *J Clin Sleep Med*. 2017;13(11):1319–1326.

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It is well accepted that disturbed sleep is influenced by a number of predisposing, precipitating, and perpetuating factors, and these may be behavioral, biological, environmental, or psychological in nature.¹ Personality may act as a predisposing, and potentially perpetuating, factor, and literature concurs that disturbed sleep is related to increased neuroticism, internalization, anxious concerns, and perfectionism.^{2–7} That said, it would be fair to argue that perfectionism is the most prominent personality characteristic associated with sleep. Therefore, I believe the recent and novel study by Johann and colleagues⁸ sought to move research in this area forward, specifically, by expanding on the common practice of combining personality measures with self-report items of sleep to determine the extent to which personality is related to disturbed sleep. The important work conducted by Johann and colleagues⁸ used polysomnography to determine the extent to which perfectionism was related to specific parameters of sleep continuity across two nights in a laboratory setting. Here, they determined that increased overall perfectionism was related to an increased number of awakenings on the first night. More specifically, concern over mistakes and personal standards were both related to a reduced total sleep time and greater number of awakenings. Parental criticism and expectations were solely related to greater number of awakenings. Although this is not the first study (but undoubtedly one of the few) to examine the relationship between personality and objective markers of sleep,⁹ these outcomes for the first time provide objective support for previous work that has demonstrated negative aspects of perfectionism to be related to disturbed sleep. Considering the importance of personality, and indeed negative aspects of perfectionism, in relation to sleep, the results of this study are likely to have an important effect in this field of work. It is my hope that this study now stimulates further, more objective work in a relatively understudied area. Indeed, as highlighted by the authors⁸ and previous work,⁶ from a treatment perspective cognitive behavioral therapy (CBT) for perfectionism may potentially have a therapeutic effect for sleep. Certainly, I do not doubt that CBT tailored for sleep (eg, for insomnia) should be the first-line approach. However, with those who may be treatment resistant while indicating perfectionistic tendencies,

the former approach may be worthwhile. Further, I would like to note that as symptoms of anxiety appear to mediate the relationship between disturbed sleep (particularly insomnia) and perfectionism, future work may also take this finding into consideration.^{6–7,10} To summarize, I would like to thank Johann and colleagues⁸ for their important contribution to the relatively overlooked study of perfectionism and sleep disturbance.

CITATION

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DISCLOSURE STATEMENT

The author reports no conflicts of interest.