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MUSICAL BEDS:

THE “TYPICAL” NIGHT OF PARENTS AND CHILDREN WHO CO-SLEEP

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ABSTRACT

Societal awareness of the importance of sleep has been steadily increasing, as poor sleep has been found to be associated with a host of negative outcomes for adults and children. Although sleep is generally thought of as a solitary activity, it is a social phenomenon as well, and should be examined in the family context. Recent studies suggest that a growing number of parents and children are sleeping together, generally referred to as *co-sleeping*. Although widespread in other cultures, there have been few studies of this practice among American families. This study draws upon in-depth, semi-structured interviews with parents who co-sleep with their children. Results indicate that among families who co-sleep, sleep patterns are complex, dynamic, and diverse. Analysis of these patterns suggested the presence of two distinct groups of co-sleeping parents: *intentional* and *reactive*. Whereas intentional co-sleepers set out to co-sleep and have incorporated co-sleeping into their family routine, reactive co-sleepers never intended to co-sleep with their children. Reactive co-sleepers can be further divided in *remediators* and *acquiescers*, distinguished by whether or not parents made meaningful attempts to keep the children in their own beds. Whereas some co-sleeping parents see sleeping with their children a part of their lifestyle, other parents co-sleep as a result of prioritizing the short-term goal of meeting the family's daily need for sleep over the long-term goal of their desire for their children to sleep independently. Regardless, all parents, whether or not they intended to co-sleep, expressed at least some ambivalence about sleeping with their children.

Societal awareness of the importance of sleep has been steadily increasing. Poor sleep is associated with a host of negative outcomes including anxiety, reduced work productivity, aggression, obesity, poor school performance, lower marital happiness, and increased mortality (Cappuccio et al. 2010; Dewald et al. 2009; Kamphuis et al. 2012; Messmer, Miller, and Yu 2012; Ramsawh et al. 2009; Rosekind et al. 2010; Spiegel 2009; Troxel, Buysse, and Matthews 2009). Although sleep is generally thought of as a solitary activity, it is a social phenomenon as well, and should be examined in the context of the family (Dahl and El-Sheikh 2007; Troxel 2010). For example, a 2005 survey by the National Sleep Foundation indicates that the majority of adults (61 percent) sleep with a significant other (Troxel, Robles, Hall, and Buysse 2007). Numerous studies demonstrate that individual family members' sleep patterns affect one another and affect one another's health and well-being (Meijer and van den Witenboer 2007; Meltzer and Mindell 2007; Milan, Snow, and Belay 2007; Worthman and Brown 2007). For example, using data from the Midlife in the United States Study, Ailshire and Burgard (2012) found that higher family strain and lower emotional support were associated with increased risk of sleep problems.

Notably absent from the literature are parents and children together, referred to as *co-sleeping*. Whereas co-sleeping is widespread in other cultures (Tahhan 2008; Jenni and O'Connor 2005; Wells-Nystrom 2005), this practice has historically been controversial in the United States, despite little evidence of negative effects on children (aside from co-sleeping with infants, which has been linked to Sudden Infant Death Syndrome [SIDS]). Although there was an increased consciousness of this practice in the 1970s, including the development of the concept of the "family bed" (Thevenin 2003), there has been little attention devoted to co-sleeping since then. Although comprehensive national figures do not exist, several small studies (Madansky and Edelbrock 1990; Oskar et al. 2005; Ramos, Youngclarke, and Anderson 2007), and one national

study of parents with infants (Colson 2013), suggest that co-sleeping is relatively common and has been increasing. The increase in co-sleeping may be the result of increases in women's employment, progressive parenting styles, and the busy, time-compressed lifestyles of modern families. Moreover, several books have recently appeared in the popular press that encouraging co-sleeping, such as Mayim Bailik's *Beyond the Sling* (2012). Co-sleeping along with natural childbirth, breastfeeding, and baby-wearing is one of the four main prongs of "attachment parenting," a parenting style developed by William and Martha Sears (2001). This parenting style is being adopted by a growing number of U.S. parents (Attachment Parenting International 2012).

This qualitative, exploratory study consisting of in-depth interviews with parents is designed to provide rich, detailed information on the patterns, perceptions, and meanings of co-sleeping among contemporary families in the United States. We define *co-sleeping* as one or both parents sometimes or regularly sleeping with their child(ren) in the same bed or room at night (or part of the night). Our definition is kept purposely broad to capture the fullest possible range of families' sleeping arrangements. For example, parents and children do not necessarily have to sleep in the same bed (referred to as *bed sharing*) nor do they have to sleep together the whole night or every night. Moreover, our recruitment strategy was designed to capture both *intentional co-sleepers*, parents who endorse the ideology of co-sleeping, and *reactive co-sleepers*, parents who co-sleep in reaction to children's nighttime problems, such as nightmares (Messmer, Miller, and Yu 2012).

In addition to co-sleeping mothers, we recruited co-sleeping fathers. Men have not been studied by co-sleeping researchers except in relation to their breastfeeding wives (Baddock et al. 2007; Ball 2006). Similarly, because families have become increasingly diverse, we actively

recruited mothers and fathers from different racial/ethnic groups, those from different family forms (single, cohabiting, married, and/or remarried with biological children and/or stepchildren), and those with various sexual identities (heterosexual, gay, lesbian). For instance, co-sleeping is higher among Blacks and Hispanics than Whites (Colson et al. 2013). Finally, because most previous research has focused exclusively on co-sleeping with infants and young children (Baddock et al. 2007; Ball 2006; Madansky and Edelbrock 1990; Messmer, Miller, and Yu 2012; Ramos et al. 2007), we included parents with children from birth through 12.

BACKGROUND

Evolutionary theory suggests that sleep should always be studied in the family context. Humans evolved to sleep in groups. Sleeping requires “a relative cessation of awareness and responsiveness to the external environment” and sleeping together provided early humans with increased safety and monitoring of external threats, such as nocturnal predators (Dahl and El-Sheikh 2007:2). Sleeping together promoted close family bonds and feelings of security, which in turn promoted better sleep. In addition, many studies indicate that co-sleeping has numerous health benefits for parents and children, including the facilitation of breastfeeding, regulation of breathing, and a reduction in the stress hormone cortisol (Ball 2006; McKenna 1996). There may also be a downside to co-sleeping, especially for infants. For example, American Academy of Pediatrics recommends that parents do not put infants in bed with them because it may increase their risk of SIDS (Task Force on Sudden Infant Death Syndrome 2005 but see McKenna 1996). Other concerns are that family members who sleep together may not sleep as well or as deeply, and that having children in the bed may limit parents’ sexual activity and erode intimacy.

Previous studies of co-sleeping have focused on mainly on new mothers and their infant children. This research indicates that the parent most involved in co-sleeping is the child’s

mother, in that she is breastfeeding and/or is sleeping right next to the child with little or no father-child interaction despite his being in the bed (Baddock et al. 2007). Mothers tended to face toward and in close proximity to their infants whereas fathers tended to sleep away from infants and out of the child's reach (Ball 2006). The presence of the father in the bed did not affect mother-child interactions (e.g., position) during sleep and posed no safety risks and fathers were much more likely than mothers to sleep through infants' arousals (Ball 2006).

Nevertheless, because most people sleep with someone else (Troxel et al. 2007), sleep should be considered a shared activity that is "negotiated" (Meadows 2005). As alluded to above, women tend to be the losers in the battle over sleep. Maume, Sebastian, and Bardo (2009) examined the sleep patterns of 583 retail food service workers who worked nights and rotating shifts, focusing on gender differences in quality and quantity of sleep. They found that women were significantly more likely to experience sleep disruptions than were men, a sizable proportion of which was attributable to differences in how men and women respond to family demands, especially children. Drawing from this larger study, these researchers (Maume, Sebastian, and Bardo 2010) conducted interviews with 25 white, married couples. They found that whereas few of the husbands experience sleep disruptions, wives' sleep was frequently interrupted by the needs of family members, most often the result of young children awakening during the night but also due to their husbands' disrupted sleep (snoring, watching television, turning in bed).

In sum, research on co-sleeping is sparse and does not adequately describe the various patterns of sleeping behavior that may occur in families, especially among those with older children, nor family members' perceptions and feelings about these patterns. Studies also do not provide much insight into variation in co-sleeping based on parents' gender, age, race/ethnicity,

marital status, education, employment, nor does it say much about how the number, gender composition, and ages of the children might affect co-sleeping. The goal of our study is to understand the full diversity, fluidity, and complexity of co-sleeping in a wide range of American families.

The first step toward understanding parents and children who co-sleep is simply describing the specific activities that occur during families' sleep-time. The results presented in this paper are based on the portion of the interview in which parents were asked to describe the sleeping activities and behaviors that occur on a “typical” night in their home.

METHODOLOGY

Our study consists of audio-recorded, in-depth interviews with 44 single or married/cohabiting parents (mothers and/or fathers) who have at least one child age 12 and under and who self-identify as currently co-sleeping with their children, defined as one or both parents sometimes or regularly sleeping with their child(ren) in the same bed or room at night (or part of the night). We recruited participants by posting flyers in places where parents tend to congregate (schools, health clubs, libraries, etc.), and by making announcement at parents' groups such as MOPS (Moms of Preschoolers). Other participants have been recruited through snowball sampling using networks of parents connected to one another through their children's various academic, social, or sports activities. Cohabiting partners and spouses of respondents were also asked to participate. Participants were given a \$20 Walmart gift card in appreciation of their time and participation.

Interviews began with the participant filling out a brief demographic survey, consisting of questions such as gender, race/ethnicity, education, employment, income, as well as characteristics of his or her spouse or partner, if applicable. The number, ages, and genders of the

children in the family were also recorded. Participants then took part in an in-depth, semi-structured interview lasting approximately one hour. The interview was comprised of four modules: (a) logistics, (b) feelings, (c) relationships, and (d) secrecy/openness. *Logistics* gathered information on the specific sleeping patterns of the family, such as the location of all sleepers in relation to one another, movements of sleepers during the night, the surface on which sleepers sleep (bed, couch, crib, etc.), changes in patterns or attempts to change patterns (returning children back to bed), and the origin of these patterns (child's illness, nightmares, etc.). *Feelings* gauged participants' perceptions of their families sleeping arrangements, including level of satisfaction and/or dissatisfaction with them, and specific changes they would like to make. *Relationships* assessed whether and the extent to which the participants' sleeping arrangements affect their relationships with their spouse/partner, children, and others. Finally, *secrecy/openness* assessed participants' comfort level with discussing the family's sleeping arrangements with others outside the family unit such as the children's pediatrician, extended family members, and friends.

Grounded theory methodology formed the basis of the analysis, in which ideas, terms, concepts, and themes naturally emerge from the data (Glaser and Strauss 1967; Stauss and Corbin 1998). We then coded and gave tentative labels to these themes in a process called "open coding," which involves comparing concepts found in the text for classification as examples of some phenomenon. As similarities in experience, patterns, and perceptions appear, categories of phenomena are labeled and entered into a code list. Later, the data will be placed into a qualitative data analysis package (NVIVO 9) which will further identify and bring together relevant passages, concepts, ideas, themes, and other groupings, providing an additional check on the initial analysis.

Data collection and transcription of interviews is nearing completion. Since the interviews, transcriptions, and analyses are not yet complete, the quotes below serve only to illustrate the general content and preliminary themes found within the participants' responses.

Results

Characteristics of the Sample

The goal of the study was to obtain a total of 50 interviews. Forty-four interviews have been conducted and 23 interviews have been transcribed. Table 1 presents the sociodemographic characteristics of the sample. The sample is disproportionately comprised of older (30+), college-educated, employed, married parents who have only biological children. The sample includes 35 women and 9 men (all of the men were the husbands of the mothers in the survey). The incomes and occupations (not shown) of the respondents are wide-ranging. Examples of occupations include car technician, coach, nurse, professor, and accountant to name a few. For the remaining six interviews, the plan is to increase the diversity of the sample and focus on fathers, parents under 30, racial and ethnic minorities, stepparents, single and cohabiting parents, and parents with less than a four-year degree.

Interviews with Parents

The following discussion comes from the early part of the interview, in which parents were asked to describe a “typical night” in their home or otherwise talk about the logistics of the families sleeping arrangements (who sleeps where, when, and how). Similar to Messmer et al.’s (2012) study of mothers who co-slept with their infants, two distinct groups emerged: *intentional co-sleepers* and *reactive co-sleepers*. It became immediately apparent that both within and across families, the sleeping arrangements of parents and children are complex, dynamic, and diverse, as opposed to straightforward, stable, and uniform.

Intentional Co-Sleepers

The first interview is that of Diana, who is married and has one child.

Interviewer: So, tell me about you and your family's sleeping arrangements.

Diana: Umm, we all sleep together.

Interviewer: Okay.

Diana: Um, he [son] usually sleeps in the middle. Is that what you mean?

Diana: [he] will sleep in the middle and, in one of my breastfeeding books, it kind of teaches you, shows you how to sleep safely...I do like the uh,, I forget what they call it, like a "halo" [raises arm above head and out to gesture that it would be over the child] or something, I think that's what it's called.

It is clear from this passage that Diana intends to co-sleep with her child, in that she is using a breastfeeding book as a reference in order to sleep safely.

The following passage is from Allison who is married and has three children (a boy, age 12, and two girls, ages nine and six).

Interviewer: The first thing I want to ask is about just logistics...what is a typical night like for you and your family?

Allison: Ok, well, my older two children sleep usually by themselves, my son sleeps in his room and I have three children, my older daughter usually sleeps not in her room, but in her sister's room...and my little one, she sleeps with us. She just goes to sleep in bed with us...and when my husband's not home, my middle daughter also sleeps with me and my younger daughter...we used to call it 'musical beds,' like, he'll just go to bed in whichever bed is the convenient bed to go in. And now, it's pretty much how we sleep.

Interviewer: When they sleep with you are they like in between the two or are they like on mommy's side?

Allison: No, they're in the middle.

Interviewer: And is she a good sleeper? Flailing, kicking ...

Allison: She does shove me out of bed...if we are close, if like I am on the edge and she on, she's right next to me and then there's my husband on his side and there's a *huge* space...

Interviewer: Do you or your husband ever get up and move to a different location?

Allison: He doesn't tend to...I will if I get too hot or if I am getting smushed out....I sometimes I sleep on the couch and sometimes I go to sleep with my other daughter.

Interviewer: Does she have a double bed?

Allison: Yeah, all, we have—our smallest bed is a double bed otherwise we have big beds for that reason.

Like Diana, Allison can be described as an *intentional* co-sleeper. For example, Allison and her husband have actively created a co-sleeping environment by having a king-sized bed for themselves and double beds for each of the children. The arrangement is not without its drawbacks, however, such as getting overheated or pushed out of the bed. It becomes apparent from this interview that it is not only children who are mobile during the night. The parents, in this case Allison, also at times reported moving to another location during the night. In a later portion of the interview, Allison mentions that her husband, who is a doctor and often gets home late at night, sometimes sleeps on the couch depending upon what his wife and children's sleeping arrangements turned out to be.

Carrie is another type of intentional co-sleeper. She and her cohabiting partner have a one-year-old son.

Interviewer: First, would you just tell me about you and your family's typical sleeping arrangements just for the past week?

Carrie: Well my, my boyfriend and I, we live together. We sleep in separate rooms. The baby sleeps in the room with me in a rock and play, which is kind of like a bassinet but it rocks and it's at an incline and it's directly next to the bed within arms' reach of me. And he, my boyfriend,

sleeps in the... what was originally gonna be the guest room (smiles) and is now kind of turned into his bedroom, in essence.

Carrie and her boyfriend have also actively set up their child's sleeping environment for co-sleeping. Their situation is also another example of parents mobility and being displaced by co-sleeping, in this case Carrie's boyfriend. She uses humor to communicate her embarrassment that she and her boyfriend sleep separately. Additional interviews with other parents reveal that many couples with young children accommodate their children's sleep habits by sleeping separately.

Reactive Co-Sleepers--Remediators

Brad and Mandy are married and have two children, ages five (daughter) and three (son). Brad describes his family's sleeping arrangements, which, like Allison's family's, are both complicated and dynamic. He and his Mandy are as *reactive* co-sleepers in that they did not set-out or intend to co-sleep. However, they are reactive *remediators*, in the sense that they actively worked toward keeping their children out of their bed. In particular, they describe having had trouble keeping their daughter from coming into their bed. Yet, they were in a bind because their daughter had frequent nightmares. Although they had a "plan" (albeit a loose plan) that involved bringing her back to her bed, they *modified* their plan to accommodate her emotional needs. This modification emerged as a result of their younger son graduating to a "big boy" bed. The plan they developed was very specific. Brad explains

Brad: We start bedtime with the kids generally around seven thirty. It's a process for us. And then we have story time. Each child picks their own story. Either [Mandy] or I, and we alternate back and forth, so either she or me sit with the kids and read the stories. Once the stories are over they say good night to the parent that is not reading the stories. And then generally speaking we'll lay with the children in bed for on average about ten minutes. That sort of settles them down. We have music playing, night lights and all that good stuff. And generally speaking, by

the time we leave the room, so that by that point it's a little after eight, they are either falling asleep, or in some cases are already asleep.

Interviewer: Ok ...let me interrupt. Are the kids in the same room? Are they in the same bed?

Brad: [That] was something I was going to mention. We recently upgraded our son's room to a, we call it big boy room. So he's got a big boy bed and all that good stuff. As opposed to a crib, or to a, we had a day bed crib conversion thing which really only he could sleep in. And at that point the children started to request being able to sleep together...so we actually allowed them to do that. We periodically switch it around. There are seven days a week. So typically the days of the week sort of get shifted, to where one week the Monday they start in her room and Tuesday his room. The following Monday it switches back around, because there are seven days in the week... and they are in [my son's] room and then the daughter's room on Tuesday. We also put them down in a fairly schedule specific way in that I'm with the kids. [Mandy] teaches Monday, Wednesday and Friday. I'm with the kids all day long. So she does bedtime on Monday, Wednesday and Friday. I'm gone all day on Tuesday and Thursday and she's home, so I do bedtime on Tuesday and Thursday, and we sort of flip flop back and forth.

Mandy, Brad's wife, provides more insight on the situation. It turns out that their sleeping arrangements were in part an adaption to the particular layout of the couples' home.

Interviewer: How did all this start with the kids sleeping in the same bed?

Mandy: They have maintained their own rooms since they were born. But my daughter seems...my daughter seems to have developed some anxiety issues, and some sleep disturbance issues, where she did not sleep through the night for almost a year or more. Waking up scared, whatever. Once my little one moved upstairs- 'cause he had been downstairs for a while- once he moved up stairs, she was asking if they could sleep together. So we actually used just used him as a calming tool for her.

Interviewer: (laugh)

Respondent: It's terrible, but it's true. So he's like a big, living teddy bear.

Mandy and Brad's experience indicates that remediation does not always originate from parents.

That is, a plan for remediation may be *negotiated* between parents and children, and that a children are active participants in their families' sleeping arrangements.

Janice is married and has a two-year-old son. Like Brad and Mandy, she and her husband are *reactive* co-sleepers. She describes her son's sleeping routine:

Um, [their son] will sometimes come into our bedroom. Maybe around three in the morning or something, he'll come in. He'll do either one of two things. He'll either come in and wake me up and, because of past issues. I then proceed to put him back in his bed and tell him it's still, you know, sleeping time. Or he will curl up on the floor next to my bed and not tell me and he will go to sleep and if I don't hear him come in in the middle of the night, he'll sleep there until we wake up in the morning.

Janice and her husband are also *reactive remediators* in that they routinely took their son back to his own bed. However, similar to Brad and Mandy, they have had some difficulty with their strategy, in that their child "snuck in" to their room at night and slept on the floor. As in the case of Brad and Mandy, parents sometimes modify their plan to accommodate "bumps in the road." In Janice's case, the modification was less their idea than their child's. In subsequent interviews, parents often considered such behaviors (e.g., his sleeping on the floor) at least progress toward the children sleeping independently.

Tammy is a married mother with a seven-year-old son. She and her husband are also *reactive remediators*. The couple is planning to start trying for another child, and they are anxious to get their son to sleep in his own bed across the hall. They have worked hard to encourage their son to remain in his bed, including offering incentives such as toys. Like Janice, they have found consistently employing their strategy difficult, and lately have been "giving in" to their son. She explains:

Usually like at one o'clock in the morning, he'll come into our room and sleep with us the rest of the night. Now, he's seven, we would prefer for him to sleep in his own bed. We did try to bring him back every time and he'd usually end up back in our bed. Before when I was working full-time nights, where he would just come in and we would be too tired to take him back. Sometimes, now, I'm currently working part-time nights, he'll ask to be taken back to his bed (as long as one of us goes with him). [To stay?] To stay. Because if we go back then he'll go back. But for the most part, he will usually end up in our bed.

Reactive Co-Sleepers—Acquiescers

The following comes from Sharon, who is a single mother of a thirteen-year-old daughter. She and her daughter began co-sleeping after Sharon's divorce and subsequent move to a new home. Sharon also did not set out to co-sleep with her daughter; co-sleeping was a result of her daughter asking to sleep with her. Unlike the parents above, however, Sharon can be described as a *reactive acquiescer*, in that she rarely brought her child back to her own bed. Sharon and her daughter used to sleep together nearly every night. Sharon goes on to explain that although her daughter is getting older and comes into her room less often, they still sometimes co-sleep. Although she generally doesn't mind this, it sometimes can present problems.

Interviewer: Ok, but would you say that occasionally it's still might be the case that she would come and sleep with you or that you would sleep with her.

Sharon: Occasionally, just I think it was last week that she tried to, she tried to crawl in bed with me twice last week.

Interviewer: Ok, and what happened?

Sharon: (Pause), umm, it was not a good time for her to.

Interviewer: (Laughing).

Sharon: I made her go back to her room.

Interviewer: Ok, were you alone?

Sharon: No, I was not (laughing).

Interviewer: Ok (laughing).

Sharon: One of the rare occasions when somebody was actually in my room and she just happened to choose that night to come in and then she tried to go in there the next night too, but I, I decided that it was time for her to continue to stay in her own room at thirteen.

Later, Sharon explained that she felt her child's behavior would naturally decline as she got older. Increasingly, she had been asking her daughter to return to her own bed, although she said she has not been very consistent about it.

Gina is part of a same-sex couple. She and her partner are legally married and have two children, a girl (age six) and a boy (age three). Like Sharon, Gina was ambivalent about having her children share the couple's bed (Gina's wife more so than Gina). Nevertheless, like Sharon, the couple can also be described as *reactive acquiescers*, as they had not made any serious attempts to change the situation. They routinely discussed the issue in the daytime but did not have a clear plan aside from a “no co-sleeping” rule that they rarely enforced. Gina describes their nighttime routine:

Gina: So typically our three-year-old goes to bed first. Usually, at least half an hour ahead of the six-year-old. He goes to bed in his own bed. And we just moved, so we thought this was a chance to sort of remake all of our habits. So he has his own room now. So he goes to sleep in his room. My daughter goes to sleep in her room. And then some time in the night, between as early as 11 or as late as 4, uhm they join us in the bed.

So one goes in between us, and whoever is second to the bed kind of slides alongside me. I kind of hold them so they don't flop out of the bed because we have queen size bed... and we're not small people, you know... So the kids kind of squeeze their way in.

Interviewer: Okay. And who comes in first?

Gina: It is totally a surprise.

Interviewer: Okay (laugh). You don't know who it's going to be.

Gina: I often don't know the kids are in the bed until I wake up in the morning. [My wife] sort of interacts with them more at night. She usually knows who's where. I am often surprised by who [it is].

Interviewer: Do you ever try to take them back to their bed?

Gina: Just may be once a month we'll sort of get fed up, but uhm...[trails off]. Maybe once a month we get to the point where we put them back into their bed, but not usually.

Discussion

It is clear from this study that family relationships and interaction do not end when the lights go out. The results presented here challenge two widely-held stereotypes of co-sleeping. First, the notion that co-sleeping is always a part of an intentional approach to parenting describes only a portion of co-sleeping families. There is a corresponding group of co-sleeping parents who never set out to co-sleep but have found themselves co-sleeping anyway. Second, among parents who do not intend to co-sleep, the widely held belief that co-sleeping stems from children coming into the parents' room at night and asking to sleep with them is far too simplistic. The interviews we have conducted thus far reveal a complex and dynamic "bedtime story" that includes children *and parents* shifting from bed-to-bed during the night, children sleeping together, and children "sneaking in" to their parents' room or bed without their knowledge. Family sleep patterns were often not consistent over time, and often changed on a nightly basis. This is the case among intentional co-sleepers as well.

Because previous research has focused mostly on mothers co-sleeping with infants (e.g., Colson et al. 2013) and very young children, who are not yet mobile, such variations in family sleep patterns have not been well-documented. Probably the closest researchers have come to understanding the details of family sleep behavior comes from Maume et al. (2009, 2010), who studied the sleep patterns of married couples in which one spouse worked the night shift. Our findings were consistent with their data in that seeing to the needs of children was a common reason for their sleep disruptions.

Like Messmer et al. (2012), our study provides evidence of both *intentional co-sleepers* and *reactive co-sleepers*. Whereas some intentional co-sleepers explicitly practiced co-parenting as part of attachment parenting (data not shown), other considered co-sleeping just another aspect

of their family's particular "style." These parents facilitated co-sleeping by, for instance, buying beds for the children to accommodate multiple sleepers.

In contrast, reactive co-sleepers did not intend or prefer to co-sleep and were more ambivalent about sleeping with their children. We divided the latter category into two groups, *reactive remediators* and *reactive acquiescers*. These groups are distinguished by whether or not any meaningful attempts were made to remedy the "problem" of sleeping with their children. Even among parents who had developed a plan to keep their children in their own beds, many were inconsistent about enforcement, reported that they were "taking a break," or had given up on it. Some remediators altered their plan to accommodate co-sleeping, such as allowing the children to sleep together. Some *children* altered the plan, in that they came in to their parents' room or bed without their knowledge.

Reactive acquiescers made far fewer or no attempts to keep their children out of their bed, despite their desire for their children to sleep independently. These parents cited a lack of communication, differences of opinion as to whether to allow the children in the bed, not having strong feelings for or against co-sleeping, or sheer exhaustion among the reasons for their inaction. These respondents employed various strategies for dealing with the situation to simply "get through the night." These strategies sometimes included tactics as the parents themselves moving to a different bed.

The findings presented here just scratch the surface of family sleep patterns. At present, our current knowledge of family life has been restricted to daytime hours. Given that we now live in a 24/7 economy, and given growing evidence about the importance of sleep to our health and well-being, family researchers should increase their effort to understand the "forgotten third" (i.e., the eight hours we are assumed to be sleeping) of a family's day. This study reveals a

diversity of sleep patterns among American families. Some parents intended to co-sleep as part of an overall approach to parenting. Other parents co-slept as a result of their prioritizing the short-term goal of meeting the family's daily need for sleep over their long-term goal of their desire discontinuing co-sleeping. Clearly, there is much more to be learned about co-sleeping than this small, select sample of co-sleeping parents can provide. Larger more comprehensive studies of the sleeping patterns of all American families, whether co-sleeping or not, are definitely warranted.

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Table 1. Characteristics of the sample (N = 44)		
	Frequency	
Gender		
Male	9	
Female	35	
Age		
20 to 29	10	
30 to 39	24	
40 to 49	6	
50+	1	
Missing	3	
Race		
Hispanic	3	
White (non-Hispanic)	32	
Black	2	
Asian	2	
Other	2	
Missing	3	
Number of children		
One	15	
Two	21	
Three or more	8	
Gender of children		
All girls	10	
All boys	18	
Mix of girls and boys	16	
Age of children ^a		
2 or younger	22	
3 to 5	31	
6 to 8	22	
9 to 11	5	
12 to 14	3	
Relationship to children ^a		
Biological parent	43	
Adopted parent	5	
Stepparent	1	
Relationship status		
Single, not currently dating	1	
Single, dating	2	
Single, serious romantic partner	1	
Cohabiting	5	
Married	35	

Table 1. Characteristics of the sample (continued)

Education		
High school	2	
Some college	14	
Four year degree	9	
Some Graduate School	4	
Graduate degree	15	
Employment status ^b		
Part-time	12	
Full-time	21	
Missing	5	
Flexibly in job hours ^b		
None	2	
Some	14	
A lot	17	
Missing	5	
Work non-standard hours ^b		
Yes	26	
No	7	
Missing	5	
Religious affiliation		
Catholic	2	
Protestant	7	
Jewish	3	
Other	11	
None	21	
Church attendance		
Do not attend	19	
A few times a year	13	
About once a month	3	
A few times a month	4	
Weekly	5	
Income		
Less than \$25,000	6	
\$25,000 to \$49,999	7	
\$50,000 to \$74,999	14	
\$75,000 to \$99,999	10	
\$100,000 to \$149,999	3	
\$150,000 or more	2	
\$250,000 or more	1	
Missing	1	
Total		
^a categories are not mutually exclusive.	25	
^b does not include stay-at-home mothers.		