Sharing Dreams

The Experience, Meaning and Practice of Nighttime Parenting

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Summary

All parents have hopes and dreams for their children and most strive to make those hopes and dreams come to fruition by being good parents. However, good parenting isn’t just something that happens during the day, but also at night and, although a lot has been written on the subject of nighttime parenting, some controversial, until now, the voices and experiences of the parents who are at the center of this issue have been left out. My research objective was to explore the experiences of mothers who share their bed with their infant, either occasionally, regularly, or not at all and my study aimed to fill the existing knowledge gap by allowing mothers to tell their stories, in their own words, about their experience of nighttime parenting.

The study was a six week qualitative exploratory study, done in the Dallas/Ft. Worth area of Texas, U.S.A., from May 13 – June 21, 2008. The data collection tools were personal interviews conducted with seven area mothers about their nighttime parenting experiences. The group included mothers who were bedsharing, mothers who were co-sleeping and mothers whose babies slept in a separate room.

A symbolic and meaning-centered phenomenological approach was used to explore the experience of nighttime parenting. This allowed me to examine not only the first person experience of nighttime parenting, but also find out what meaning parents give to those experience. Through the analysis of the transcripts of the recorded interviews, several themes arose from the research including the importance of independence and security and how experiences in the past affect the meaning that mothers give to their present nighttime parenting. Furthermore, although I initially expected the phenomenas of bedsharing and co-sleeping to be somewhat divisive in this context, for the mothers that I interviewed the ‘controversy’ surrounding it was almost non-existent, much to my surprise.

This fieldwork was also a learning experience for me as I struggled to make it through my first real attempt at medical anthropology research. Through journaling and reflection, I also examined how my personality, predispositions and predilection were influencing the research process. In the end, the project became a multi-dimension learning experience in which I not only added to the knowledge base about nighttime parenting, but I also learned a lot about myself.

Cover photo from http://www.babypictures.com
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Acknowledgements

The completion of this thesis has been a goal many years in the making. Since I completed my undergraduate degree in Anthropology in 1996, I had always wanted to go back to university and continue my studies, but life had other plans and it wasn’t until the spring of 2006, when serendipity struck and I found AMMA that the realization of that dream again became a reality. Participating in the AMMA program has been one of the most interesting and most challenging things that I have every done and it wasn’t without the help of many people that I am able to say that I am an AMMA graduate. Many thanks:

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Chapter One: Big Dreams and Stark Realizations

It was the end of September 2006 and I was sitting in front of the computer at my desk in my small student room in Amsterdam, surfing the Internet and reading the news, which was my daily habit. When I opened the Yahoo homepage, their front page news section had a headline that read “AAP warns that co-sleeping is dangerous”. Since I had always been interested in women’s and children’s healthcare issues, this headline caught my eye. I clicked through and read the article, which was just a standard report on a policy statement that the American Academy of Pediatrics (2006) had released, and it got me thinking about why where a baby sleeps is such a big issue in the U.S.1. At the time, I had been living in Europe for 6 years and I had friends from England, Finland and Germany with whom I had previously discussed the idea of co-sleeping and I had been surprised to learn that for them this was not an issue at all. The baby slept where the parents deemed appropriate, which was usually in the bed or directly adjacent to the parents bed, at least for the first year of the child’s life. A few weeks later, I received a course assignment to write about a child rearing practice that was considered important in my culture and I choose to do it on co-sleeping. The more I thought about it the more intrigued I became and so it was that I decided that bedsharing and co-sleeping would be the subject of my thesis.

Co-sleeping interested me because for many parents in the U.S., the issue of where an infant should sleep is not as self-evident as it might be in most of the rest of the world. American parents are often given conflicting messages about what is best for their baby. On a regular basis they hear messages that bedsharing2 and co-sleeping are beneficial and they reduce the chances of SIDS,3 or that they are dangerous and could result in infant injury or death by suffocation. In a country where independence and self-sufficiency are cornerstones of personal development, co-sleeping is also controversial because of the common idea that a child that doesn’t learn to sleep on his or her own will become too dependent on his or her parents which may then negatively affect the child developmentally in later life. In recent years, both the

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1 As is accepted practice, I will use the terms U.S. and America or American interchangeably to mean the United States of America.
2 See Chapter Two for definitions of the bedsharing and co-sleeping.
3 Sudden Infant Death Syndrome (also know as cot death in the UK) will be examined in detail in Chapter 2.
American Academy of Pediatrics (2006) and the U.S. Consumer Product Safety Commission (1999) have issued warnings against bedsharing and what they consider its inherent dangers. Despite this fact, in the last few years, with the rise of the ‘attachment parenting’ movement and an increase in breastfeeding, bedsharing and co-sleeping seem to be getting more popular, at least for some parents. In light of this changing trend, and in response to a knowledge gap about first-hand parental experiences that I found when initially researching the topic, I was drawn to explore the experiences of the parents, in this climate of controversy, in order to give them a voice in this ongoing debate about infant sleep.

Using a symbolic and meaning-centered phenomenological approach, my objective in this research was to explore the parental experiences of nighttime parenting in the current social climate in the U.S. where co-sleeping and bedsharing are considered to be controversial. More specifically, I wanted to explore the nighttime parenting experiences of parents in the metropolitan Dallas/Ft. Worth area (DFW) who share their bed, either occasionally, regularly, or not at all, with their infant. Moving from their experiences, I wanted to go deeper and use a symbolic analysis of their narratives to find out what meaning these parents gave to their nighttime parenting practice. I was also interested in looking at how the meaning that they gave influenced where they chose to have their baby sleep. The DFW metro area had 6.1 million people as of July 2007 and is very ethnically, racially, and socio-economically diverse, which gave me access to a wide range of people. The choice of DFW was also a practical one for me in that I have relatives in the area with whom I stayed during my research, thus reducing my costs.

The following four sub-questions became the focus of my research:

- How is nighttime parenting realized in this context? More specifically, but not limited to the following: When is it done? How is it done? With whom is it done? Where is it done?

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4 Attachment parenting is a parenting philosophy based on the principles of attachment theory in development psychology made popular in the U.S. by Dr. William Sears, a well-know pediatrician and author. This philosophy promotes the idea that a strong emotional bond with parents during childhood (a secure attachment) is a precursor to secure relationships in adulthood. One of the seven components of his system is bedsharing.

5 According to experts bedsharing facilitates breastfeeding at night because the child is able to feed, almost at will, with minimal disruption to both the mother and child.

• What meaning do parents give to their choice of sleeping location for their child? Following from that, in order to see the meaning in practice, the following question was asked:
  o What are the most important themes that parents raise in the discussions about nighttime parenting?
• How does the meaning that parents give to where a baby sleeps shape their nighttime parenting practices?
• How do their nighttime parenting practices shape the meaning that they give to it?

During the course of my studies I had been drawn to the phenomenological approach of Van Manen (1990) to researching ‘lived experience’ and I hoped to incorporate this into my own work. Therefore, the goal of my research was to conduct a phenomenological\(^7\) exploration, which aimed to provide insights into the experiences, meaning and practice of nighttime parenting through the voices of the mothers that I interviewed. Additionally, because my goal was a phenomenological look in which I was also examining how I, as the researcher, might be impacting my results, I have also interweaved my thoughts and ideas with those of the women I interviewed. During the course of my studies, I also read Robert Pool’s book, *Dialogues and the Interpretation of Illness* (2003) as well as Katherine Dettwyler’s book *Dancing Skeletons* (1994) and was keen to follow their examples of combining autobiography and ethnography in my own writing. Furthermore, Pool’s use of ‘dialogues’, rather than interviews and his idea that “there is no clear distinction between ‘data gathering’ and ‘interpretation’” and his belief that “anthropologists should give an account of the whole process of interpretation”(2003:52) also shaped my research and the presentation of my findings.

And so it was that as my plane touched down at the DFW airport, I found myself exhausted from my preparatory work, yet exhilarated by the idea that I was finally here, finally going to do my fieldwork, for which I had so arduously prepared over the last six weeks. I was excited and nervous, but most of all relieved to finally be getting it underway. I had no idea what was ahead of me in the next six weeks, but I was looking forward to spreading my wings as a budding medical anthropologist.

\(^7\) For a complete explanation of the phenomenological approach used here, please refer to the *Theoretical Reflections* section.
I was also intrigued by my topic, given what I thought, was its divisive place in American society, and I was hoping to be able to shed some light on it by my research. Everything I read had been so clinical, dealing with the pros and cons of co-sleeping and bedsharing, but nothing had actually delved any deeper and looked at how the parents who were at the center of this debate actually felt about it. I had dreams of finding parents who also shared my interest and excitement about the topic and who wanted to tell me about their experiences as much as I wanted to hear their stories. I was ready to go and now I just had to find people to interview.

Little did I know how much things had changed in the U.S. in the time that I had been away. Eight years had passed since I first started living in Germany, but I thought that my frequent visits to the U.S. (about twice a year), and my constant contact with friends and family had been enough to keep me updated on how my fellow Americans were changing with the times. Americans are typically open and friendly and this had always been something that we prided ourselves on and it was something that I desperately missed in Germany. For this reason, I assumed that finding people to interview wouldn't be a problem. In my past experiences, Americans had always been ready and willing to help out a fellow person, so why should this time be any different. My hopes were high and my expectations of myself and my project were even higher and with this mindset I started into my six weeks of fieldwork.

What follows is the story of how, during the course of my fieldwork, I explored the topic of nighttime parenting and I also did a lot of self-exploration. Through this process I came to the realization that I wasn't quite fully an American anymore and the America that I knew existed only in my memory. America had moved on without me and, in the face of new challenges, had changed while I had been away. I also became painfully aware that I wasn't an 'insider' anymore, that there were things that I didn't share anymore with these people that I still call my fellow countrymen. During my stay, I also became conscious of the fact that instead of seeing Americans from the inside, I was now seeing them as a foreigner who comes to the U.S. sees them, which was not always a positive experience.

On an even more personal level, I also faced the revelation that maybe I wasn't cut out to be a medical anthropologist. Despite that fact that I was excited about the topic, I found it very difficult to translate my internal excitement to the extravertedness needed to recruit people for interviews. I talked to people and made
inquiries, but I didn’t want to seem aggressive, so I didn’t push harder to get them interested when they didn’t immediately offer to help. As time went on, I fought with myself over the missed opportunities and personal foibles that were getting in the way of my research and wondered, on more than one occasion, how much better this project would have been if someone else had been doing it.

I also quickly discovered that what I thought was a hot topic for American parents wasn’t so hot after all, at least not for the parents that I encountered. I began to wonder if my personal history with and interest in the topic of infant sleep and nighttime parenting had made more out of it than was really there? Had I made bedsharing and co-sleeping divisive topics in my own mind and ignored what was really going on in America? From my reading of the literature, I thought for sure that I was on to something, but as the days went on, I began to see that maybe I was one of the few people really paying attention to what was being said in the media about co-sleeping and bedsharing. Most parents I talked to didn’t seem to give it much thought one way or the other. They weren’t haunting the aisles of Barnes and Noble, looking for the answers to their baby’s sleep issues, trying to decide what was right or wrong for them. Was I the only person in the world who always turned to books for advice and was then confused by the apparent mix of information pertaining to sleep? It seemed so. Added into this mix was the fact that I was arriving in the U.S. in the midst of one of the worst economic downturns in recent memory. The ever increasing, record high prices for gasoline and the mortgage crisis were foremost in everyone’s mind and that didn’t seem to leave much room for things like interviews about nighttime parenting.

As the weeks went by I worked through my frustration and self-doubt and in the end, I was able to get the interviews that I wanted. They didn’t turn out quite the way I had planned, but then again, when does that really happen in life. As I packed my bags to come home, with the transcripts of my precious interviews safely stowed in my carry-on bag, I realized that this project had become not only a research on infant sleep, but also a personal journey for me through which, whether I wanted to or not, I had not only learned not a lot about nighttime parenting, but I had also, maybe even more importantly, learned a lot about myself.

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8 Barnes and Noble is a popular chain of bookstores in the U.S.A.
Chapter Two: What We Know About Co-sleeping and Bedsharing

As any good researcher does, I started this project with a thorough examination of the existing literature on the subject of co-sleeping and bedsharing. What I found, in brief, was that the majority of the scholarly literature from academic and medical journals on the topics of bedsharing and co-sleeping had focused primarily on SIDS and bedsharing and co-sleeping in cooperation with breastfeeding. Lay literature such as parenting guides, parenting magazines and newspapers also publish on the topics with varying degrees of support for it or against it. Specialized parenting magazines such as *Mothering; The Magazine of Natural Family Living, Natural Family and Natural Life*, that appeal to less mainstream parents, have come out in full support of bedsharing and co-sleeping in the last few years. General mass-market parenting books vary on the topic depending on the author’s background. The following is a detailed examination of the literature that I reviewed.

**Terminology**

The first problem that one faces when looking at the issues of co-sleeping and bedsharing is defining the terms associated with the topic. When you look at both the scholarly and the lay literature, a variety of terms are used in a myriad of ways. The terms co-sleeping, bedsharing, the family bed and sleep sharing are all used, sometimes interchangeably, to refer to an infant and a parent sharing the parental bed (Brazelton and Sparrow 2003; Ferber 2006; Fleiss and Hodges 2000; Sears 1999; Weissbluth 2003; West and Kenen 2005). Even the variety of spellings of these terms — cosleeping, co-sleeping, bed sharing, bedsharing, bed-sharing — demonstrate the confusion about the topic even on this, a most primary of levels. To add to the confusion, often times the terms are not defined and it is up to the reader to determine, from the context of the book or article, what is meant exactly. Therefore, in order to avoid any confusion, for the purposes of the study, following the definition of Weiss(2006:57), bedsharing will be defined as a parent or caretaker and an infant, with or without a partner, sharing an adult bed and sleeping together on the same sleeping surface. Co-sleeping will be defined as a parent or caretaker, with or without
a partner, sharing the same room or sleeping area, but not the same sleeping surface, with an infant during sleep.

Current Statistics

The National Center for Health Statistics survey from 1991-99 showed that 25 percent of American families always or almost always slept with their baby in their bed, 42 percent slept with their baby sometimes and only 32 percent of families said they never co-slept (Sears 2004:107). Ball found that bedsharing is common practice for breastfed infants and that infants move between sleeping locations from week to week, night to night and even within a single night (2002; 2007).

History of Bedsharing in America

Until the beginning of the 20th century children sleeping with adults used to be the norm, however, they didn’t always sleep with a parent as it was common in the middle and upper classes for the children to sleep with a nurse or nanny. Nevertheless, by the mid 20th century, with the introduction of germ theory and an increase in our scientific knowledge about the relationship between disease and hygiene, cleanliness became linked with good health. Consequently, things like natural home births, breastfeeding, and bedsharing, which were seen as unhygienic, were replaced by bottles, cribs and strollers, and the medicalization of child birth.

During this period, the multigenerational household was also replaced by families living alone, so an important source of information and instruction on childcare was gone. In the advent of these changes, parents began turning to other resources for information; mass market books on childcare and women’s magazines took over the role of advisor that mothers and grandmother used to occupy. These books and magazine articles promoted things like scheduled bottle feeding, reduced physical contact, and letting an infant cry, lest they become spoiled, dependent children. In that era, where behavioral psychologist said that a child was shaped entirely through his environment, mothers were instructed to ignore their natural instincts and follow strict child-rearing regimes, for fear of shaping the development of their child in a negative way (Fleiss and Hodges 2000; Thevenin 1980).

The predominant belief in the idea that bedsharing was “dirty, unhygienic, and psychologically damaging”, despite the fact that there was no scientific data to
support it, continued until the mid 1960’s, when an interest in ‘natural’\(^9\) living brought the idea of the family bed into vogue in certain subcultures of America (Fleiss and Hodges 2000:117). Over the last few decades there has been an increase in the popularity of bedsharing among even mainstream parents as a result of the rise in the popularity of breastfeeding, more maternal employment and the increased cost of living. Additionally, parents who are away all day want to spend time at night with the baby (Brazelton and Sparrow 2003; Sears et al. 2004).

**Co-sleeping Cross-culturally**

There is a dearth of contextual literature on bedsharing, possibly due to the fact that, for most of the world, it is a non-issue. In his study of 136 societies, John Whiting found that infant sleeping arrangements typically fell into one of four categories: 1) mother and father in the same bed with baby in another bed, 2) mother and baby together and father sleeping somewhere else, 3) all family members sleeping in separate beds, or 4) all the family members together in one bed. In fifty percent of the 136 societies he studied, the mother and child were sleeping together with the father sleeping elsewhere and in sixteen percent, the baby slept with both parents (Small 1998). In another study of 186 non-industrialized societies, in sixty-seven percent of the societies surveyed children slept in the company of others, either in the same bed with their parent(s) or in the same room. Furthermore, in none of the 186 societies did a child sleep in a room separated from their caretaker until they were at least one year old (Small 1998). In another survey of 172 societies, the U.S. was the only place in which a baby was routinely placed in a separate room (Small 1998). Jenni and O’connor also found that “private bedrooms for children are the exception rather than the rule worldwide”(2005:210).

Looking past the statistics, examples of co-sleeping and bedsharing can be found in different variations. For example, in her study of Mayan children in Guatemala, Morelli (1992) found that the infants typically fell asleep where they were and were then taken to bed with a parent. The children slept in their mother’s bed from the time of their birth until they were two to three years old or until their mother gave birth again. At that time they were moved to their father’s or older sibling’s bed.

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\(^9\) People with an interest in natural living were (and are) typically more health conscious and environmentally concerned than the average citizen. They typically associate natural, organic things with health and well-being.
In Mayan society, the parents often slept in separate beds so that young children could each have a parent to sleep with. When Mayan mothers were told that American babies often slept alone, they responded with “shock, disapproval and pity” and considered this to be “tantamount to child neglect” (McKenna 2000:102). Co-sleeping is a deeply entrenched part of Mayan society to the point that adults will often look for a friend with whom they can sleep instead of having to sleep alone (Morelli et al. 1992).

Co-sleeping is also common in Bali. Since the Balinese believe that infants are especially susceptible to spiritual risks such as soul loss, Balinese infants are held continuously since being alone, day or night, is considered risky and may leave the infant vulnerable to spiritual attack. A Balinese baby is cared for by a variety of adults and older children and so it usually falls asleep in the arms of its caretaker and is then taken to bed with that person (Jenni and O'Connor 2005). In Ghana, small children usually share a bed with their mothers and then moving to a mat on the floor of their mother’s room where they sleep until about the age of ten (Van der Geest 2006). Furthermore, in China, in a study in which forty Chinese women were interviewed prior to giving birth, sixty-six percent of the new mothers planned to bedshare with their newborns and all of them were planning to have the infant in the room with them. Reasons given for this were that “co-sleeping makes babies happy” and that babies were “too little to sleep alone” (McKenna 2000: 210).

Co-sleeping and bedsharing are also found in highly industrialized societies such as Japan. (Jenni and O’Connor 2005). Japanese infants and children sleep in bed with their mothers or on futons next to their mothers from infancy until preschool age. Furthermore, Japanese children typically continue to co-sleep with their fathers or extended family members up through the age of fifteen (McKenna 2000; Fukumizu et al. 2005). In a study done by Hooker, Ball and Kelley (2001), they also found that sixty-five percent of their sample of parents in a small population in Northeast England had bedshared, with ninety-five percent of those infants sharing a bed with both parents. Parents cited a variety of reasons for bringing their babies into their beds including ease of general care and feeding and the facilitation of the parent-infant bonding process. Valentin (2005) also reported that in Portugal co-sleeping is common and that approximately forty percent of parents stay with their children until they fall asleep with the child typically falling asleep in the arms of his or her singing mother.
Jenni and O’connor also found that “climatic factors, family size, and space availability have often determined sleeping arrangements. However, in more industrialized societies, parental beliefs and cultural preferences play a larger role in where an infant will sleep. The high value that a society places on certain characteristics, such as individual independence versus familial interdependence, have been proposed as “driving forces” for choosing sleeping arrangements” (2005: 210). This is seen quite clearly when one compares the approaches to infant sleep in Japan and America. In America, an infant is seen as a dependent being who needs to be made independent of the group, therefore they are taught to sleep alone. Whereas in Japan, an infant is seen as an independent being who needs to be drawn into the group, therefore Japanese parents co-sleep with their children.

In the U.S. there is also variation with regards to where an infant sleeps according to race, ethnicity and regions. Higher rates of bedsharing have been reported in African-American, Latino and Asian-American families as compared to Caucasian families. People living in the South are also more likely to bedshare than people in the Midwest. Lower income families are also more likely to regularly practice non-reactive, or planned, bedsharing (Golberg and Keller 2007).

In America there is also this underlying assumption that how children are treated as babies affects how they will turn out as adults. Furthermore, in America “sleep takes on a moral undertone” and American parents believe that it is “morally correct” for infants to sleep alone so that they learn self-sufficiency and independence (Small 1998:116). This need to create self-sufficient and independent children is a reflection of American society at large in which these kinds of behaviors are often rewarded with success in life. Given that many people associate bedsharing and co-sleeping with dependency, it is not a surprise that it is not as widely accepted in America as it is in other parts of the world.

The ethnographic record also shows that in cultures where the prime paternal goal is to integrate children into the family, the household, and society, babies are kept close by, even at night. It is primarily in societies where a premium is placed on independence and self-reliance that children sleep alone (Small 1998). A good example of this are small mountain communities in rural Appalachia (eastern Kentucky, USA), where bedsharing is the norm and has been for generations, despite the changing norms in the rest of America. The people in these communities strive to have close, tight-knit families and they feel that bedsharing with children facilitates
this societal ideal. One grandmother writes that they can’t “expect to hold onto them later in life if you begin their lives by pushing them away?” (Abbott 1992:62).

With regards to the context of infant sleep, Germo (2007) found that parent-infant sleep arrangements were being made jointly and that mothers and fathers held similar views on the subject. Reasons for bedsharing ranged from the idea that it naturally resulted from breastfeeding (McKenna and Volpe 2007) to wanting to have the child close to the parent physically and/or emotionally (Germo 2007; McKenna and Volpe 2007). However, parents were also concerned with their own loss of sleep and reduced marital intimacy and researchers also found that reactive, or unplanned, bedsharing might generate sources of conflict in couples who don’t hold similar views on the habit (Germo 2007). Other concerns about bedsharing were from first time fathers who were afraid that they would squash or suffocate the baby and that they wouldn’t get as much sleep with the baby present. However, after the initial concern, the researchers found that these same fathers, bedsharing enabled them to feel closer to the baby and reduced the distance that they felt not being able to participate in the breastfeeding relationship (Ball, Hooker and Kelly 2000).

Finally, regarding the decision to bedshare or cosleep, McKenna and Volpe reported that participants in their study felt overall that bedsharing had contributed to “a happier, healthier emotional development” in their infant (2007:369). They also found that the decision to bedshare was “highly personal and ultimately, not dependent on recommendations by friends, family, or medical professional” (2007:371). Instead they found that bedsharing was an “extension of the kind and nature of care extended to the infants during the day, and a reflection of specific relationships, family circumstance, and preferred styles of showing and receiving affections” (2007:371).

**Mainstream Discourses about Bedsharing**

There are three main mainstream discourses in the lay and scholarly literature around parent-infant bedsharing: bedsharing is dangerous, bedsharing is beneficial and bedsharing is a personal choice. The majority of the scholarly literature, which include publications like medical, health and science related journals, deal with the
link between bedsharing and SIDS\textsuperscript{10} and at the safety aspect of the practice. The lay literature, which includes mass-market magazines and books and newspapers or Internet articles, tends to look at the issue in a more holistic nature, taking the socio/cultural issues that have, until very recently, been virtually ignored by the professionals. What is most interesting is that when one examines the opposing discourses of ‘bedsharing is dangerous’ and ‘bedsharing is beneficial’, they often use the same argument to support their own sides. This is especially true in the case of SIDS research where one camp says that bedsharing decreases the incidence of SIDS and the other says that it raises it and in the discussion about child and parent sleep; one side says that bedsharing results in less sleep for all involved and the other side says that it will result in more sleep.

**Bedsharing is Risky**

Some researchers have reported a link between a higher risk of SIDS and bedsharing, especially in bedsharing parents who smoke and or have very young infants (Brazelton and Sparrow 2003; Ferber 2006; Horsley 2007; Knight et al. 2005; Tappin et al. 2005). Bedsharing children were also found to be significantly more likely to fall out of bed (Lozoff, Abraham and Davis 1984) and accidental asphyxia by overlaying of an adult or suffocation, from unsafe beds or inappropriate bedding, is also possible when bedsharing (Brazelton and Sparrow 2003; Byard 1998; Drago and Dennenberg 1999; Murkoff, Eisenberg and Hathaway 2003).

Present and future sleep problems are also addressed in the literature. Some researchers have found that frequent bedsharing is closely linked to child sleep problems, including babies who wake up more often and have trouble learning to fall asleep on their own (Latz, Wolf and Lozoff 1999; Madansky and Edelbrock 1990; Murkoff, Eisenberg and Hathaway 2003; Weiss 2006). Less sleep overall for the parent and less sleep for the baby is also a concern (Brazelton and Sparrow 2003; Ferber 2006; Murkoff, Eisenberg and Hathaway 2003). Furthermore, others counsel that bedsharing in infancy is often associated with sleep problems in older children.

\textsuperscript{10} SIDS, or Sudden Infant Death Syndrome has been defined by the National Institute of Child Health and Human Development (U.S.) as “the sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history” (Blanchard 2007: 19).
Parental intimacy is also an issue these experts address. Sadeh (2001) writes that bedsharing with an infant can also have a hidden function in that it might provide an excuse to avoid intimacy between partners, which, on the long-term, could put a couple’s relationship at risk. Concerns about the couple’s ability to maintain an intimate relationship with a baby in their bed have also been raised by several authors (Ferber 2006; Murkoff, Eisenberg and Hathaway 2003).

**Bedsharing is Beneficial**

In the literature I reviewed the benefits associated with bedsharing are numerous. On a psychological level it fulfills a mutual need for closeness and security (Sadeh 2001; Ferber 2006; Fleiss and Hodges 2000); it gives a child a sense of security while also calming parents own fears because they have the infant in sight (Fleiss and Hodges 2000; Sadeh 2001); it promotes long-term emotional health (Sears et al. 2004); it helps a parent combat feelings of loneliness when a partner isn’t present (Brazelton and Sparrow 2003; Murkoff, Eisenberg and Hathaway 2003; Sadeh 2001); and it strengthens the bond of love between parent and child effortlessly (Fleiss and Hodges 2000; Murkoff, Eisenberg and Hathaway 2003). Bedsharing also gives working moms and dads extra hours of closeness at night (Ferber 2006; Sears et al. 2004). Other research found that bedsharing in early childhood was “significantly associated with increased cognitive competence measured at age 6” (Okami et al. 2002:244). Bedsharing infants who do so in the first year were also found to be “significantly more independent in daily living skills and social relations with peers” as preschoolers (Goldberg and Keller 2007:333).

Physically, bedsharing makes it easier to for the infant to be breastfed, which often results in the baby feeding longer and getting more milk (Baddock et al. 2006; Ferber 2006; Fleiss and Hodges 2000; Gessner and Porter 2006; Horsley 2007; Murkoff, Eisenberg and Hathaway 2003; Sears et al. 2004). Babies also cry less, resulting in improved infant and parental sleep, and it improved parent and child bonding, which may lead to a decrease in child abuse (Baddock et al. 2006; Gessner and Porter 2006; Sears et al. 2000). Furthermore, they receive extra touching that stimulates brain growth (Sears et al. 2000) and bedsharing may reduce the risk of
SIDS (Horsley 2007; Fleiss and Hodges 2000; Murkoff, Eisenberg and Hathaway 2003; Sears et al. 2004).

**Bedsharing is a Personal Choice**

There is also a significant amount of literature, both lay and scholarly, that points out that the evidence about the risks and benefits of bedsharing is inconclusive. Blanchard and Vermilya wrote that bedsharing by itself is not inherently unsafe, but rather it is the “characteristics and behaviors” of those sharing the bed and “deficiencies in the sleep surfaces” that increase the risk (Blanchard and Vermilya 2007:23). Okami also found that bedsharing fears were unwarranted if it is practiced safely as part of a “complex of valued and related family practices” rather than as an isolated practice (Okami et al. 2002:244). According to McKenna, when parents keep the recommended safety precautions in mind, and the mother is non-smoking, bedsharing “should be inherently beneficial” (McKenna 1996:210).

These authors counsel that whether or not parents share a bed with their infant is their personal choice (Douglas 2006; Ferber 2006; Murkoff, Eisenberg and Hathaway 2003; Spock 2004; Weiss 2006; West and Kenen 2005). Few of these authors recommend specifically against bedsharing; their advice is usually that the decision should be made by both partners in an informed way, taking into consideration all the risks and benefits associated with the practice. These authors also stress that the utmost attention must be paid to safety when bedsharing.

In recent years, the topic of where an infant should sleep has also become somewhat of a lifestyle issue with many parents who support the idea of natural parenting or attachment parenting embracing the idea of co-sleeping and bedsharing. What was once a fringe movement has now become more mainstream with magazines like *Mothering Magazine: The Magazine for Natural Family Living* devoting a whole issue to the topic of co-sleeping and bedsharing and local papers publishing articles about parents who are co-sleeping and bedsharing.
Chapter Three: In the Field

When I originally planned this research project, I had high hopes for what I could achieve during my six week stay in DFW. I had given some extensive thought to how I would recruit my participants, both men and women, and I had also planned on having focus group discussions and having the mothers keep verbal diaries about their bedsharing and co-sleeping habits. However, once I got on the ground in Texas, it quickly became obvious that things were not going to go quite as I had so carefully planned in my original research proposal. During the course of my fieldwork, I had to make a lot of changes and adjustments to my plan in order to accommodate what was actually going on during my fieldwork. I also discovered that flexibility was a key component of fieldwork and I made changes to my research plan in order to further my project on an almost daily basis. In the end, despite the fact that the end result bore only a slim resemblance to my original plan, the outcome of my research was positive.

Study Type

The research was a qualitative exploration of the nighttime parenting experiences of mothers with infants who were both actively bedsharing and co-sleeping and those who were not.

Study Location

The fieldwork took place in the metropolitan Dallas/ Ft. Worth (DFW) area of northeast Texas, U.S.A. The DFW metro area had 6.1 million people as of July 2007\(^1\) and is ethnically, racially, and socio-economically diverse with approximately twenty percent of the population being Latino, thirteen percent being African-American and four percent being Asian. It is the largest metropolitan area in Texas and the fourth largest in the U.S.A. It covers an area of approximately 24,100 km\(^2\) with about 500 km\(^2\) being covered by the many lakes in the area.

The main cities in the DFW area are Dallas, Ft. Worth and Arlington, which are home to the headquarter of Texas Instruments; EDS; AT&T; American Airlines,

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DFW's largest employer; Lockheed Martin and Exxon Mobil, to name just a few. In 2000, the median annual income in the area was $43,836, and the median annual income for a family was $50,898. The average high temperatures in May in June are between twenty-eight and thirty-three degrees Celsius with an average rainfall during this time between two to four inches.
**Study Population**

The total study population consisted of seven females between the ages of twenty-nine and forty-two years old. All of the mothers were married at the time of the interviews, with five of the women being in heterosexual relationships and two in a homosexual relationship. With the exception of one mother, each of the women had multiple children ranging in ages from six weeks to seventeen years. Three of the mothers had step-children that lived with them part-time and three of the mothers had biological children that lived outside of their home at least part-time. All of the mothers interviewed had at least one child under the age of sixteen months. Five of the mothers were employed full-time outside of the home at the time of the interviews, although two of them were on maternity leave, therefore, not currently working. Five of the mothers were white North Americans and two were African-Americans. Two of the mothers were married to spouses that were outside of their racial or ethnic group. The mothers were recruited through postings I made to a parenting group for people interested in attachment parenting\(^{12}\), through an advertisement on Craig’s List, an online advertisement service that is well-known in the U.S., and through personal contacts that I had in the area.

**Data Collection**

I conducted six in-depth interviews with each of the mothers over the course of a four week period from May 20, 2008 - June 10, 2008. Each of the interview lasted for approximately forty-five minutes, with the shortest being thirty-five minutes and the longest being one hour and fifteen minutes. Two of the interviews were conducted in public, one in a local Starbucks Café and the other in the local mall; three of the interviews took place in the home of the woman being interviewed; and one of the interviews took place in my parent’s home, where I was staying during the course of the fieldwork. With the exception of the last interview, all of the interviews were individual interviews between me and the mother being interviewed. At two of the interviews, the mother had an infant present, but the remainder of the interviews were one-on-one. The final interview was a ‘group’ interview with two mothers being present and being concurrently interviewed.

\(^{12}\) Attachment parenting followers are interesting for me because bedsharing is one of the seven components of “attachment parenting” as espoused by William Sears (1999).
The interviews were informal. I prepared a list of themes that I wanted to address during the course of the interview, which were based on my previous research on the subject and discussions with my classmates and professors. I did not have a formal set of questions that I asked each mother, but rather I let our conversation guide the interview. I found that as I encouraged each mother to talk about her experiences, the themes that I had prepared came out naturally in the course of our discussion, therefore, only rarely was it necessary for me to refer back to the theme sheet. This also allowed me to keep the interviews on a very casual and comfortable level in that I wasn't always looking at my notes and asking prepared questions which might have changed the tone of the interview into something more 'official'. Each of the interviews was recorded using a digital voice recorder and I transcribed the recorded interviews as soon as possible after the interview itself. The women were not compensated monetarily in any way for their participation, but they were each given two large Lindt chocolate bars that I had brought with me from Germany as an expression of my thanks and gratitude for their participation. I thought the chocolate bars to be an appropriate gift because they were manufactured in the German city in which I live and they are also considered luxury items in the U.S. because they are quite expensive in comparison to domestic chocolate. All of the mothers seemed quite happy to receive them with more than one saying that she was going to hide them away just for herself.

**Difficulties in the Field**

The research was planned as an in-depth qualitative exploration of the subjective experiences of parents who were and were not actively bedsharing with their infants. However, when I got to the field, and even a bit before that, I began to sense that the lofty goal that I had set for myself might not be attainable.

My first clue that things were not going to go quite as planned came in the middle of April, when, in preparation for my trip, I begin posting Internet advertisements looking for parents willing to be interviewed on online message boards such as Craig’s List, several local parenting groups and the Dallas Observer, a major newspaper in the area. I also sent several inquiry letters via email to parenting

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13 See Annex A for the complete postings.
groups in DFW such as the La Leche League\textsuperscript{14}, the DFW Holistic Parenting group, Arlington Attachment Parenting Group, the Fort Worth Homebirth Meetup, and AP Connect, an organization for parents in DFW. I also sent an email to a reporter for a local newspaper who had recently done a small article on bedsharing requesting that she forward my message to the parents that she had interviewed in her article. I had very high hopes and thought that I would be able to pick and choose from a variety of people willing to participate, so I just sat back and waited for the responses to roll in.

Unfortunately, my first response, which was my first indication that recruiting participants was not going to go as planned, was an email from Craig’s List saying that my posting had been removed for ‘inappropriate content’\textsuperscript{15}. I was so excited to receive the email not twenty-four hours after my original posting, thinking that it was someone responding to my advertisement, that I could barely believe my eyes when I read the message. What was inappropriate about my content? I looked at the ad again, read the Craig’s List guidelines regarding acceptable content and still didn’t see what the problem was with the content of my posting. The initial ad read as follows:

I am a researcher from the University of Amsterdam and I am interested in talking to parents in the Dallas/Ft. Worth area about their parent/infant bed sharing experiences. So, if you sleep with your baby in bed with you, all the time or just once in a while, and you are interested in sharing your story, please contact me. If you don’t believe in bed sharing, I’d like to talk to you, too! I will be in your area from May 13\textsuperscript{th} until June 21\textsuperscript{st}, but also invite contact via email prior to that.

I asked the opinion of a classmate about the contents and we finally decided that the phrase “if you sleep with your baby” might have been misconstrued by some as something more sinister. So I revised the ad and changed the wording of that phrase to “if you cosleep”. I had originally replaced co-sleeping with “if you sleep with your baby” because I didn’t want people who might not know what co-sleeping was to disregard the ad. So it was with high hopes that I reposted the ad and waited for responses to come in.

Not twelve hours later, I got another email saying that the second ad had been removed again for inappropriate content. I was flabbergasted! What was wrong

\textsuperscript{14}La Leche League is an international organization that promotes breastfeeding through mother-to-mother support. It has a local chapter in Arlington, TX. (www.lllusa.org)

\textsuperscript{15}Users of Craig’s List can report postings that they feel fall outside of the bounds of what is deemed proper as “inappropriate” by clicking a button and sending an email to the list administrator. The ads are then summarily removed and the person who placed the ad is notified of its removal.
now? I read and reread the ad and still didn’t see anything wrong with it. Nevertheless, I changed it again by removing the word Amsterdam (Maybe they thought that I somehow looking to hook up with people who wanted to buy drugs?), using a different contact email that didn’t contain the word bedsharing and generally rewording the ad a bit. At this point I was frustrated, but also felt that getting this ad posted was somehow my first fieldwork challenge, so I submitted the ad again for the third time in seventy-two hours. This time I was sure that it would go through. I also persisted because I knew that a lot of parents who would be interested in participating in research projects like mine read Craig’s List, so if I couldn’t get this ad posted I was going to lose a big potential pool of participants.

Not unsurprisingly, the next morning, I received another email saying the ad had been removed. At this point, I decided to give up because I just didn’t know what was wrong with it. So, I waited a few days, thought about the wording of the ad and talked it over with more people. In the meantime, I had hoped that responses would start coming in from the other inquiries and postings that I had made. However, as the days ticked by and the date for my departure got closer, my email box stayed empty. In the seven days since I had posted the original ads, I hadn’t received one response, except for a curtly worded “no thanks” reply from an email that I had sent to a mother’s group in the city where my parents lived. At this rate, with just a few weeks left, I began to panic and decided to re-submit the ad to Craig’s List one last time. This time I put in just the essential information, hoping that people would be interested enough to contact me for more information. The ad read “Need parents to interview for a project on infant sleep.” I sent the ad with my fingers crossed and waited to see if this too would be rejected.

Amazingly, the last posting did not get rejected and it was through that ad that I recruited three of my most interesting respondents, with one of them responding during my first week in Texas and the other two responding my last week there. As far as why the previous postings were rejected, I am still not sure. But my feeling, which was supported by some other Americans that I discussed this issue with, is that, in an environment like the U.S., where people are so prudish about nudity and anything remotely having to do with sex, intimacy or sexuality that it borders on
insanity\textsuperscript{16}, anything that is publicly posted that draws a connection between children, adults and a bed is seen as suspicious. Therefore, a person reading my original advertisements, not understanding that I was interested in nighttime parenting, might have interpreted it as something untoward and therefore seen it as ‘inappropriate’. Unfortunately, Craig’s List doesn’t tell you specifically why your posting has been deemed inappropriate by a reader, so I will never know exactly who took offense to the ad or why it was that they found it offensive.

When I arrived in DFW, I hadn’t yet scheduled any interviews and I hadn’t gotten any responses from the emails and posting that I had placed a few weeks earlier. So, my plan was to put up posters\textsuperscript{17} looking for volunteers in local doctor’s offices, childcare centers, children’s clothing shops and toy stores. I prepared the posters and made twenty-five copies of it, thinking that I could always make more when I ran out. I also made a list of places in the area that I could hang the poster and decided to spend the next day driving around to hang the posters up.

My first stop was just a few miles from where I was staying, so it was with great hope that I went into the first store, a Baby “R” Us, which is a huge store solely devoted to baby paraphernalia such as clothing, strollers, bottles, cribs, etc. I went to the counter and asked where I could hang my posting and was greeted by a blank look on the face of the employee, who didn’t look like she was much over 18. “I’ll have to ask about that”, she said, so I waited. A few minutes later the manager came out and said that they didn’t have any place to display things like that, so he was sorry, but he couldn’t help me. I was surprised, but they were pleasant, so I went on my way to the next store on my list.

That morning, I went to nine different stores in the area and I got the same response at each one: “Sorry, we don’t do that here.” I was completely stymied. When I lived in the U.S., there were always public notice boards available to post advertisements on in any major retail store, grocery store, hardware store, etc. I had assumed that this would still be true, but as I found out that morning, it was not. Suddenly, I became acutely aware of the fact that the America that I had left eight years before had gone on without me. Things had changed while I was away and the

\textsuperscript{16}The controversy surrounding Janet Jackson’s accidental exposure of her nipple on live TV during the 2004 Super Bowl Halftime show, commonly referred to as Nipplegate, is a good example of how prudish Americans can be. The incident resulted in enormous fines for the network, threats of criminal charges of indecency for Jackson, and as a result “live” shows are no longer live, but now have a few second delay in order to prevent this from ever happening again.

\textsuperscript{17}See Annex C for a copy of the posting
America that I had kept so fondly tucked away in my memory no longer existed. I had been back to visit on numerous occasions, but I hadn’t lived there since 2000 and suddenly I realized that this was no longer my really my home. Maybe it was the frustration with my fieldwork coming to a head, but I felt like something had been taken away from me on that morning and as I sat in my car in the stifling heat of a Texas summer day, I realized that I was homeless in a sense. If the U.S. wasn’t my home anymore and I wasn’t comfortable enough in Germany to consider it my home, where did I belong? I sat there pondering this question until the heat forced me to turn on the car and drive away.

With my small breakdown behind me, brought on by my growing sense of frustration with my fieldwork and my new found insight about my status, the next day I decided to call some of the local doctor’s offices and nursery schools to ask about putting up the flyer. I had a list of about fourteen locations that I knew of in the area and I called them all and didn’t get a positive response from any of them. The nursery schools almost uniformly said that they didn’t accept posting from outsiders because of liability issues and the receptionists at the doctor’s offices all said that they did not have a place to hang such a flyer. I didn’t push the issue as much as maybe I should have because I didn’t want to be a nuisance, so, once again, I could feel my spirit sagging as I sat and pondered what to do next. As luck would have it, it was that very evening that I got my first positive response from Darla. Suddenly, my spirits were lifted and things didn’t look quite so bleak anymore. Little did I know that this was just the beginning of the emotional roller coaster ride that my fieldwork was to become in the days and weeks ahead.

I had chosen DFW because my parents live in the area and, therefore, I was able to stay with them free of charge during my fieldwork. They have lived in the area for just a few years and because they are both in their late fifties, there aren’t any people in their social circle who have small babies. Interestingly, none of their friends’ grown children have any children either, much to the chagrin of many of the would-be grandmas and grandpas. In an effort to help out, my father took my posting to work and my mother, who became my official participant recruiter, wracked her brain for anyone that she knew that had small children. We made a list and came up with seven possibilities, three of which were in their neighborhood. She made some phone calls, introduced me to some of the neighbors, and quickly two of the neighbors
offered the services of their respective wives.\textsuperscript{18} I was a little bit leery of the fact that the men where volunteering their wives’ services without actually asking them, but, at the time, I was beginning to feel desperate about the situation, so I was just happy to have prospective interviews period.

The fact that these men had volunteered their wives to be interviewed, but had declined to be interviewed themselves was also an interesting development. Originally, I had planned on interviewing couples about their infant’s sleeping habits, but three weeks into the project I had yet to get one man that was even remotely interested in the subject. All of the people responding to my ads were female and the husbands of the wives that I had interviewed or planned to interview, all politely declined to be interviewed themselves. I didn’t press the issue further, not wanting to appear rude, but continued to wonder why the men weren’t willing or interested in being interviewed. At the time, I began to think that they might not be comfortable with talking about something that might be construed as an ‘intimate’ subject with a female stranger. I also considered the fact that they might feel that this was a subject that they didn’t know anything about or that they shouldn’t know anything about because it might not be considered manly. When asked for an interview, one of the fathers actually laughed and said “Oh, I don’t know nothing about all that, you’ll have to ask my wife.”

However, after all the interviews were completed, it became apparent that perhaps there was another reason why the men weren’t interested. At least in this group of women (the lesbian couple not included), the men in their lives played little or no part in the nighttime parenting of their children. Many of the women said that their husbands “slept like rocks” and didn’t hear the children at night and some of the men worked at night, so they weren’t even physically present. Although most of the women reported that the couple had talked about and made the decision of where the baby should sleep as a couple, the brunt of the care at night appeared, by their own admissions, to fall on the women, despite the fact that only one woman was breastfeeding and that three of the mothers were also employed full-time outside of the home. In this small group of woman, it appeared that despite the fact that they fathers were often very active in their children’s daytime care, it was up to the moms to take care of the children at night.

\textsuperscript{18} See the interviews in Chapter 3 for Renee and Vanita for more details.
During the course of my fieldwork, it wasn't just the fathers who were unwilling to be interviewed; the moms were noticeably absent too. After my three initial interviews, I had two full weeks where, despite my daily efforts to get people to talk to me, I was unable to conduct any interviews. During this time I had a few people respond via email to my postings, but when I wrote back or called to set up the actual interviews they wouldn't respond back. People that I was approaching in person or over the phone, such as acquaintances or neighbors of my parents, would agree to help out when first asked, but would then never call back to set up an interview. At the beginning I would follow up with the people, but then I almost always got an excuse (vacation, work, sick child) as to why they couldn't help right now or they would say that they would check their schedules and call back and then never did. I never pressed the issue because being an 'insider', i.e. an American, I knew that these responses meant that they really weren't interested and that they had originally expressed interest only to be polite, hoping that I wouldn't actually follow-up on the request. I didn't press the issue further because I didn't want to be rude and I also didn't want to force people who weren't interested in the topic into being interviewed.

It was at this point that I began to realize that this might just be why foreigners often see Americans as 'superficial'. My German friends had often complained that Americans were very friendly on the surface, saying things like "I'll call" or "Let's get together sometime", but then they never followed through. I had always laughed this off as the Germans being too strict and uptight, but as I kept getting "I'd love to do it!" and "Sure, I'll help out!" from person after person, but then was rarely able to actually get the person to sit down and talk, I began to understand why outsiders get so frustrated with Americans. I began to think about why a person who didn't want to be interviewed didn't just say no. Were we actually such a nation of people pleasers that we would rather say yes or offer invitations that we never meant to follow up on then to be put in a position of letting someone down? As I thought more about this, it was then that I began to see how this kind of cavalier attitude toward these types of things could be misconstrued as superficiality by outsiders and I began to see that, as a long term expatriate, I was beginning to lose my insider status. Americans were becoming less familiar to me and I was beginning to question their ways like an outsider, rather than just accepting that this was the way that it was, that this is how American are – an excuse that had served me so well in the past. These feeling of
being an outsider would come up again during my stay and they affected me deeply as I struggled to do my fieldwork.

Another frustration that I encountered was that the people that I had recruited, as opposed to those that had responded to an ad, didn’t seem to really be interested in the topic. They gave the impression, through their answers and their general lack of enthusiasm about the interview, that they had agreed to be interviewed because they had been asked to do it, or in some cases volunteered, and they would rather go through with it than to say no. These interviews were very challenging. I tried to get the person interested by using every technique and trick that I had learned in my reading for my Research Methods class in order to get them to give me more than yes and no answers, but to no avail. During those interviews, I was really conflicted because, on the one hand, I did not want to waste my time nor did I want to waste the time of the woman that I was interviewing, but on the other hand, I really needed to get the interviews in order to fulfill my research goals. Several times during the course of those difficult interviews, I thought about just cutting the interview short, but I didn’t want the woman to think that what she had to say wasn’t interesting. In the end, I did end up getting some useful information, but it was extremely hard work. In contrast, the women who had contacted me were much more enthusiastic and also seemed to be more interested in what I was doing and why I was doing it. They would ask questions themselves and the interview was more interesting for both of us. In the end, as frustrating as it was, it was a good lesson to learn because it challenged my interviewing skills and made me realize that the life of an anthropologist isn’t always easy.

As part of my research proposal, I had also planned to form a focus group in order to discuss the issues of co-sleeping and bedsharing. However, this provided to be an impossible idea that I gave up after my first few interviews. During the first couple of interviews that I conducted, I cautiously asked about the possibility of a second meeting, if needed, or about having a focus group discussion (FGD), but the response was not positive and I didn’t push the subject. Other commitments, lack of a babysitter, lack of time and non-interest in participating in a group discussion were all given as excuses. I then decided to ask about the possibilities of follow-ups via email and the idea for a FGD was shelved at the mid-point of the fieldwork.

People’s willingness to get further involved was also complicated by another factor. As discussed above, the DFW area is a huge metropolitan area and the people
that I was interviewing were spread throughout the area, with an average of thirty to forty kilometers separating the majority of them. At the time of my fieldwork the price of gas was averaging four dollars a gallon\(^\text{19}\) in the DFW area, which to a European seems like nothing, but to Americans who drive gas guzzling SUV's that get ten miles to the gallon on average, this was a major crisis. This was the main topic on everyone's mind and people were constantly discussing ways to cut down their consumption. Offices were going to four day work weeks, churches were combining or canceling services and a lot of people were choosing to stay home for their summer holidays all as a result of the price of gasoline. Therefore, because of this issue, coupled with the fact that public transportation is virtually non-existent in DFW, I felt that it was going to be too much to ask the women to drive to a common meeting point for a focus group discussion and I couldn't logistically pick them all up in order to make the focus group happen. In the end I felt that it was enough that they even offered to be interviewed, that I didn't want to push them further.

In the end, I did end up getting enough interviews, but the process was frustrating and I found myself second guessing my choice of careers on several occasions. Perhaps I just didn't have the outgoing personality required to do this kind of work? I hated putting people under pressure when they seemed to be resistant to participating and, also, given that I was a 'native', I knew the social rules that were not to be broken, so I couldn't get around people's resistance in a way that a foreigner might be able to get around them. I choose to respect their resistance and I gave up pressuring them for interviews, possible to the detriment of my project. In the end, I decided that I was okay with this approach because I was the one who had to be comfortable with what I was doing. The moms that I did end up interviewing were an eclectic group. Some of the interviews went better than others, but all of the moms were kind enough to share stories about their lives and their children, once I actually got them to the interview. The whole experience was a learning process for me on many levels and the following chapter contains the stories that they shared with me about their experiences and ideas about nighttime parenting.

\(^{19}\) The exchange rate at this time was $1.55 to 1€ and there are approximately four liters per gallon.
Chapter Four: The Moms

**Darla**

Darla was the first of my interviews. She responded to an advertisement that I had placed on an attachment parenting group message board and, even from our first email contact, I was excited about our work together. She was a 'co-sleeper' and was ready and willing to talk to me, much to my relief. We traded emails and then I called her to arrange a meeting time and place. Over the phone her voice sounded friendly and welcoming and I looked forward to our first meeting which had been arranged for the following Tuesday. We agreed to meet in the children’s play area at the local mall because of its centrality to both of us and also because she and her husband were uncomfortable about having a stranger in their home or having her come to my home alone.

I was nervous about the interview because it was my first official interview as a medical anthropologist. I worried about my digital recorder working correctly, I worried about what questions I would ask, I worried about techniques I could use to get her to talk to me, and I even worried about what I should wear. I wanted to set the right tone for our conversation and wanted to look professional, yet approachable on my first big day. I arrived almost a half an hour early for our 10:30 a.m. appointment and found myself sitting in the car in the blazing heat of the Texas sun going over my notes one last time. Don’t talk to much, don’t ask yes/no questions, give her an opportunity to respond, ask for examples not meaning, all of the things I had learned in my Methods class came back to me in those last few minutes before my big debut. And so it was, with what felt like a rock in my stomach, I gathered up the courage to go inside at the appointed time.

We had agreed to meet in the children’s play area of the mall, and already at such an early hour the place was full of moms and kids climbing over the larger than life pieces of fiberglass fruits and vegetables that filled the cordoned off play area. I immediately began to worry that I wouldn’t be able to find her in all the commotion, but she spotted me first. The worried looking woman carrying a briefcase and not

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20 At the request of the mothers interviewed, pseudonyms have not been used, but last names have been omitted for sake of privacy.
pushing a stroller was probably a dead giveaway that I wasn’t a regular visitor to this area of the mall. She got up to meet me and greeted me warmly over the wall that separated the children’s area from the outside. Her blonde hair and friendly face immediately set my worries to rest as I could feel that things were going to be okay. She introduced me to her husband, a big man with dark hair, dark eyes and a welcoming smile and she introduced me to her sixteen month old daughter Danielle, a tiny waif of a thing, with sandy brown hair and gently tanned skin who was clutching some sort of a toy in her small hands.

We had planned to stay together in the play area and talk, but the overhead music from the indoor ice skating rink that was directly adjacent to the play area was so loud that we almost had to shout to be heard. I didn’t think it was a great way to conduct an interview about something as personal as nighttime parenting and I also feared that my ability to record our conversation would be greatly hampered by the music. I so very badly wanted my interviews to be conversations between ‘friends’, rather than an ‘official interview’ that the idea of having to take notes during the entire interview was abhorrent to me. Thankfully, despite her initial misgivings about being alone with a stranger, she agreed to accompany me to a quieter part of the mall. Her husband stayed behind with Danielle, despite my casual suggestion that he could join us too. And so it was that we found ourselves on a bench in a sunny atrium in the center of the mall. Not quite the private atmosphere I had envisioned providing for my interviewees, but it was better than the alternative.

I began the interview, hearing the waver in my voice as I asked her if it was okay for me to record, and went through the opening statements about confidentiality that I had so earnestly practiced the night before. After that, the interview just seemed to take on a life of its own in that I remembered glancing down at my notes once or twice, but our interview really did become a conversation between friends and it was with great surprise that I realized that forty-five minutes had gone by when I looked at the timer on the recorder for the first time. She readily answered my questions about her family and provided me with not only information, but also made me laugh and drew me into her life as she told me stories about her children. I found myself completely forgetting why I was there and just asking questions from my heart, not because I wanted to know them for my research, but because I really wanted to know how and why she did what she did. I found myself being reassured and pulled in as she explained to me over and over why “listening to your child” and
“doing what you feel in your heart” was the key to her parenting style. This is exactly what I had hoped to hear all those months ago when I started thinking about co-sleeping as a topic for my research. This was also what I wanted to hear as a future mom who also thought that bedsharing was the way to go. I just remember thinking at one point that this was the perfect interview in oh so many ways.

Darla, a white North American, forty-one-year-old, stay at home mom, has three kids, seventeen, fifteen, and thirteen from a previous marriage and Danielle, her 16-month-old, who been a surprise baby for her and her current husband. She had always been open to the idea of bedsharing or co-sleeping with her first child, but the circumstances in her marriage hadn’t permitted it and according to her, her second child hadn’t shown any interest in it as she preferred to sleep by herself from the beginning. It was only with the unexpected arrival of Danielle that she finally found herself in the enviable position of being able to say “I am living out my dream with this baby. I am going to do everything that I wanted to do with my other ones, but couldn’t mentally or physically do it”, and, what she wanted to do included bedsharing.

Darla’s husband is from Mexico and grew up with his mother and sisters bedsharing and co-sleeping so the couple is, by her own admission “in such agreement about it and we both feel the same way about it that it just works out really well for us”. There are times when they wax nostalgic about the times before Danielle was born when they had privacy and enough space in the bed, but according to Darla:

At that point in time you say to yourself that this is such a fleeting time, it is such a short moment in life, you know that all of those things are going to
come back and be around until we die. But this time, this little time when she
is small and wants to sleep with and be in between us is so fleeting that every
time we sit there and say "ahh- remember the good old days", we always go
back to - "Ya, but it is worth it!"

For Darla and her husband, Danielle’s “happiness and her contentment” and their
“general contentment as a family are more important” than any short-term
inconveniences.

Security, both mental and physical, are also a big part of why Darla and her
husband like having their daughter in bed with them. Darla told of how she and her
husband just couldn’t imagine having Danielle in another room, away from them
saying that “it gives us the creeps to think about her being in a different bed in a
different room”. They worry about someone breaking into the house and kidnapping
her and or a drive by shooting, none of which are very common in suburban
Arlington, but something that they think about nonetheless. According to Darla, she
also wants her daughter “to feel secure in knowing that I am totally there for her and
her needs as she is building trust” in her world. For her it is “about fostering the trust
and the security” with Danielle. Darla’s hope is that by responding to her needs, she
and her husband “will create a respect” between them and Danielle and, therefore
“create less problems for us as she grows older”. Furthermore, by having Danielle in
bed with them, Darla hopes to create a safe and secure sleeping environment for her
daughter so that Danielle doesn’t have to deal with sleeping difficulties that her
mother has and partially attributes to her own bad experiences sleeping alone as a
child.

Although Darla and her husband are happy with their decision to bedshare, she
hasn’t always had support from her friends and family on the subject. She recalls a
time when her sister-in-law responded to Darla’s reply of “She [Danielle] sleeps with
me”, with a roll of her eyes and a condescending reply of “Oh, Darla”, which Darla
interpreted as “now that you’ve gotten yourself into this situation how are you going
to get out”. Darla’s usual is response it to just let it go saying:

I just don’t say anything. ...it takes too much time to try to justify it and
explain if, but it really does tick me off! I feel like I want to go into this
whole spiel about “Do you know that the United States in the only culture
where we don’t sleep with our kids on a regular basis” and I want to get really
indignant about it, but I never say anything.
For her, not fighting back is the path of least resistance. She is doing what she wants to do with her daughter and doing what she feels is the best things for her and she isn’t bothered if others don’t agree.

Darla has always breastfeed her daughter and was continuing to do so at the time of our interview. She explained how bedsharing allowed her to breastfeed easily with a minimum amount of hassle and she believes it has facilitated her ability to do extended breastfeeding with her daughter, something that is very important to her. She explained that her doctor was very supportive of Darla’s desire to follow her instinct and do what made sense for her in terms of Danielle’s care, rather than just following a set of guidelines. According to Darla, she and the doctor have never discussed where Danielle sleeps, but “it has not been on purpose, it has just never come up” and the doctor has never asked. As far as heeding warnings that she has heard or read from places like the AAP, she admits “I just don’t believe that”. For her it is more about following her child’s clues and her own heart than in believing everything that she hears or reads.

Our interview came to a close a few minutes after Darla’s husband and daughter walked by us in the mall. I was happy with how things had gone and I felt like Darla was a kindred spirit in terms of how she looked at things with regards to Danielle’s care. Looking back later, when I compared how this interview went to how some of the other transpired, I wondered if the interview had gone so well exactly because her views so closely mirrored my own. Regardless, for a first interview, this was almost perfect on every level and it left me encouraged about my abilities and about my project and left me excited about getting on with the rest of the interviews.

**Renee**

Renee was my second interview. She is a thirty-six-year-old African-American who works fulltime in sales. She lives with her husband and son in an upper-middle class gated community in Arlington, Texas. She and her husband, Monty, have been married for twelve years and their son, Miles, was six months old at the time of the interview. She had been recruited by my mother through her husband, with whom my mother sits on the Board of Directors for their subdivision. Interestingly enough,
Monty readily agreed to have her speak to me even before he asked her if it would be okay. He, on the other hand, had no interest in participating.

Our interview took place, almost two full weeks after my first interview, in the beautifully decorated formal living room of their large suburban home. I had never actually met either of them before as I had made all of the arrangements for our meeting with Monty over the phone. Despite this fact, I was warmly greeted at the door by the whole family. Monty quickly disappeared upstairs with Miles, again politely declining to be interviewed on his way up the stairs.

As we settled back into the comfortable over-stuffed sofas, Renee appeared a bit nervous about the interview, most likely due to the fact that she had only a vague idea of what she was getting herself into, thanks to her husband. She was casually dressed, but her hair and make-up were still immaculate, most likely a hold over from her day job as a salesperson. Again, I started out with my introduction about what I was doing and why I was interested in interviewing her and went through the aforementioned disclaimer about confidentiality and recording. She, much to my relief, was okay with everything, so we were ready to start.

Since my first interview had gone so well, I was feeling much more confident this time around, despite the fact that I didn’t even really know if they were for or against eo-sleeping. I just knew that they had a baby and were willing to talk, so, because of the previously described recruiting difficulties, I was just pleased that she had agreed to do the interview.

As we started to talk, I saw that Renee relaxed a bit as she began to get more comfortable with me and with what it was that I was interested in talking to her about. I quickly found out that at the moment they were eo-sleeping, with Miles sleeping in their room next to their bed in a play yard. This arrangement had been in place for about three weeks, but it wasn’t something that was satisfactory to either her or her husband. Miles had initially slept in a bassinet in their room for about three months. After that, because of difficulties getting him to sleep and the fact that he had outgrown the bassinet, Renee brought him into their bed for a while stating that:

Miles would not sleep unless I was holding him. So it got to the point that I had to hold him for him to sleep or fall asleep, or even stay asleep sometimes. ... It was just overwhelming me because I always had to be sleeping like this (she demonstrated sitting up holding the baby on her shoulder) or sit up

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21 See Annex B for a picture and description of the item.
sleeping because he would just not sleep, so that is how he ended in the bed with us.

The bedsharing went on for about a month, but at the time of the interview, they had moved Miles to the play yard because of safety concerns. Renee explained:

My concern was are we going to roll over on him? Is Monty going to roll over him? Does he notice that he is there? And then on top of that, our sheets, the way that we cover ourselves in the middle of the night, do we over cover him where he can't breathe? So it was kind of like we've got to get him out of our bed and that is what made me put him in the play yard.

They had originally decided against using the play yard because they felt that the mattress in it would be too hard of a surface for a small baby to sleep on, since it didn't actually have a proper mattress. However, those worries were quickly replaced with other worries:

In the beginning, I wasn't comfortable with the play yard because it wasn't comfortable, so I was thinking he would be more comfortable on our mattress because it is soft. But then it got to the point where I noticed I wasn’t sleeping because I was always the one up making sure that Monty doesn’t roll over, and Monty would say, I know he is there, but is just the mother fear that he is going to roll over.

The couple was also fearful of setting up a pattern that would be hard to change in the future. They were first time parents, but according to Renee, they had heard a lot of stories from friends and family about the ‘dangers’ of allowing the baby to sleep in their bed. Renee explained:

All my girlfriends have forewarned us about putting them [babies] in the bed because they say that most of their kids end up staying until they are five years old or so. They have the tendency of coming into the room and jumping into the bed, so it kind of told us, don't start that. When they start telling us that, that is when it kind of dawned on me that I’ve got to get rid of some of this fear and put him in his play yard.

Their pediatrician was also a huge proponent of removing Miles from not only the parental bed, but also from the parental bedroom. As a first time mom, Renee realized that she relied on the advice of her doctor quite a lot and it was important for her to comply with his advice, in order to avoid uncomfortable confrontation at Miles’ doctor’s appointments. This is how she described her doctor’s stand on bedsharing:

He did not recommend that, did not recommend that! ... His main concern is it can eventually cause riff-raff with the parents because some men may feel neglect that they, you know, your tendency to be on him and it can cause a lot
of riff-raff, when you are always focusing on your child, but you don’t want to bring him in the bed because that is an intimate place. So he kind of explained to us that you’ve got to draw separations. And the way he explained it to us was, we aren’t supposed to change our lives for Miles, Miles is supposed to adapt to us. So he constantly puts that into me every time, he has to adapt to you, he has to adapt to you, you’re not adapt to him and that is the one thing. He is a real hard doctor, but very straightforward.

Despite the fact that she had some initial misgivings about putting Miles in the play yard, she said that the doctor’s advice actually made her feel better about moving him out of their bed because “you start thinking, I am treating my child so bad, but they kind of explain that if you start bad habits, it is going to continue, so you don’t want to start bad habits.”

Along with their doctor’s advice, Renee’s husband’s dissatisfaction with the current situation has also played an important role in the decisions about where it is best for the baby to sleep. According to Renee, her husband, Monty, would have been comfortable putting Miles in his own bed in his own bedroom awhile ago, but it is her resistance to it that is holding them back from making that move, saying “I still have to check on him in the middle of the night. It is just the thought that I can hear what is going on, when he wakes up and he moves. I can hear all that if he is right there next to me in the play yard.” She did move Miles out of their bed though in an effort to find some middle ground where both she and her husband felt comfortable. She explained that “I didn’t want to alienate Monty. Monty is the type of person, he can’t take all that, so I know how Monty is and I am just like he is not going to do with all the sleeping in the bed so I had to break that pattern.” For the time being things seem to be working out okay, but it is still their ultimate goal to get Miles into his own bedroom within the next few months before they have to face the doctor again at Miles’ nine month check-up. According to Renee, their doctor’s philosophy is “where he is sleeping and how he is sleeping tells a lot about a parent.”

Getting him into his own room is also important for her for other reasons like her job and the overall well-being of their entire family. She explained

Getting him in his room is one of my goals because of the job that I do. ... I think if we get him in his room, it’ll kind of form a family pattern of how everything is going to go because right now I feel like it is chaos with him being in the room because we are constantly getting up, looking, is he okay, is he okay. If he gets to sleeping all night then we will be more comfortable because I won’t have to be getting up checking on him and so it is one of those things... Because as long as he sleeps we are all comfortable, it is when he wakes up that the chaos starts.
She also explained that she wanted Miles to be in a room of his own because she wanted him to grow up to be independent like his father and not like her. When asked how she thought he would turn out if they didn’t move Miles out of their room, she answered, “Probably like me because I used to, whenever I was scared or I felt like I didn’t want to sleep by myself, I always ran to my parents room and slept with them, so I didn’t want to create that. I wanted him to not feel like he had to have that connection with us.” She went on to explain that, unlike her, her husband Monty had not slept with his parents or in their room except at the very beginning. She thought that this was part of the reason that his personality had developed like it had, which was something that she admired in him and wanted to bring out in Miles. She said:

I want him [Miles] to be able to not be so dependent on me. That is what I am trying to not to do, is cause him to feel that to feel safe or to feel comfortable in the home that he has to sleep in our room or sleep in our bed. So that is my ultimate goal, is to make sure that he is very independent, that he can sleep by himself, that he can be by his self without being fearful. So that is my ultimate goal with him ... I think I am really codependent on my mother a lot and I don’t want to make Miles that way, you know, I want to make sure that he is very, I want to make sure that he is kind of like Monty. ...Monty is very, can stand on his own, very independent and don’t need, I think it is, approval, I don’t want Miles to be like that...

Although she seemed very resolute in her ideas about why having Miles in his own room was the best thing for him and for the whole family, there were still times when she admitted that “I want to spoil him all day and he can sleep in the bed. I think he really would be sleeping in my bed more often if it wasn’t for Monty. If he wasn’t for Monty saying, don’t put him in the bed.” She also talked about how she was fighting against her inner feelings to do what is best for her child saying:

I know it is bad because I hear it from Monty and I hear it from the doctor, very bad, but for me having a soft heart, I would do it. Even though I know that it is wrong, definitely wrong, I would do it, so that is the soft part that I am trying not to succumb to, I am trying to change my habit because I think it is a lot of me.”

She also explained to me how she thought that “co-sleeping is a lot of old-fashion” and that it was a habit that was started “in the olden days” when parents thought it was okay to do it because you were “bonding with the kid”. She continued to say that they are saying now days “that a lot of men can’t take it” and that by allowing a child to co-sleep you are adjusting your lifestyle to the child and not getting the child to adapt to your lifestyle, which is something that their doctor strongly encourages.
She explained that, “Our doctor said that he has seen so many people come through, going through divorce because they changed everything because of the kid instead of just having the kid adapt to you.” This idea of having the child adapt to the parents instead of the parents adapting to the child was a theme that came up several times during the course of our discussions and it seemed to be something that strongly motivate Renee to get Miles out of their bedroom, even when her instinct might be telling her otherwise.

It was just about then that our interview came to an end because we had exhausted the topic at hand, but also because Miles had gotten fussy enough that his father couldn’t handle it anymore. I could tell that Renee’s attention was drifting more toward what was going on upstairs as the baby’s cries got louder and louder, so I decided that it was a good time to wrap up our talk.

On the way home, I reflected on the fact that, although I didn’t completely agree with everything that Renee was saying in terms of what was best for a baby, I was completely convinced by her conviction. She wanted Miles to grow up to be strong and independent and for her the mean to that end was to have Miles sleeping in his own room. I was struck by how Renee believed in what she was saying and that what she was doing was the best things for Miles just as completely as Darla had believed in co-sleeping and her approach to nighttime parenting.

**Tara**

Tara was the third interview that I completed and a major source of my growing frustration with my project and my inability to recruit participants. She was the adult daughter of my parent’s next-door neighbors. Her mother, Mary, had volunteered Tara’s services when I met Mary at the mailbox one warm sunny afternoon, a few days into my stay. Once again, I hadn’t had any direct contact with Tara; all contact had been through our mothers. I just knew from my mother that she had a new baby and a toddler, so I was happy that she would talk to me. Our initial interview was scheduled for early one Monday morning. My mother had spoken to her mother and had said that she would come over after she dropped the baby off at daycare. So I got up early and waited for her to arrive and I waited and waited and waited. Finally, after two hours of waiting, I walked next door to inquire about her whereabouts. Neither she nor her mother were there and her father didn’t know anything about the
interview, but promised to have one of the 'women' call. I waited another two days and didn't hear anything, so I called her parent's house and left a message to which I got no response. After another two days, I saw Mary outside and decided to ask about Tara. Mary then told me that Tara had come by the day before and had rung the bell, but no one had been at home. She then said that Tara would be there later that day, so Mary would send her over. So, once again, I waited for Tara to arrive and once again, I waited and waited and waited and, once again, she didn't show up. At this point, I decided that she probably wasn't interested in being interviewed, or was too busy, so I wouldn't follow up again. Then suddenly the next evening, my mother gets a phone call on her cell phone saying that Tara was on her way over. At this point I was completely frustrated because I hadn't had anytime to prepare and everything was in complete chaos at my house because I had just arrived home from running errands and my parents had just arrived home from work, but I decided that I couldn't be too choosy and if she was actually willing to be interviewed, I would go ahead with it and see what came out.

Tara came over about five minutes later, ringing the doorbell and sending my parent's two Labrador Retrievers, Rocky and Reggie, into a frenzy. I quickly corralled the dogs and put them into a closed bedroom and ran downstairs to open the door. As with my previous interview, I didn't really know what to expect because I had not actually talked to Tara before our interview. When I opened the door, I was greeted warmly by a petite young woman with a short, asymmetrically cut hairstyle, who was casually dressed in shorts and a tank top and who, much to my surprise, wasn't wearing any shoes. I assumed it was because she had just walked the short distance from her parent's house to mine, but was still surprised nonetheless. I invited her in and we sat down at the table in the formal dining room. I could still hear the dogs whining upstairs about the fact that they were locked up and the sound of the televised nightly news was coming from the family room at the back of the house where my father was relaxing in his Lay-Z-Boy chair. To add to the cacophony, my mother was busy preparing dinner in the kitchen, so the sounds and smells of that process were also adding to the not quite relaxed atmosphere that was the setting for our interview.

Since this was my third go, I was feeling confident that I had a handle on conducting an interview. Each of my previous interviews had gone well, with the women being talkative and interested in the topic and I was confident that this
interview would be much the same, despite the initial confusion surrounding the actual scheduling of the interview. However, after the initial formalities about confidentiality and recording, it quickly became obvious that this interview was going to be anything but easy. Tara was lovely and answered each of my questions readily, but unlike the previous women she was satisfied to respond with simple yes or no’s or very short answers. Suddenly I started to get worried when only about 10 minutes into the interview, we were running out of things to discuss. I had gone through all of the topics on my topic list that had worked so well for me previously and I was internally panicking not only because I was running out of things to talk about, but also because I wasn’t really connecting with her on the same level that I had with my previous two interviews. She had so kindly offered to help me out and because I knew that her time was so precious to her because of all of her personal commitments, I didn’t want her to think that I wasn’t interested in what she had to say or that what she had to say was somehow not ‘right’ in terms of what I was looking for in my research. In the end, we found a topic of common interest that wasn’t quite what I had originally intended, but it kept us going and allowed us to establish a common bond.

Tara is a thirty-three-year-old white North American, married mother of three who works full-time in the records department of a local business. She and her husband, who is twenty-four, have two children, Braden, aged two, and Gavin, aged four weeks, and she has a son, Desmond, aged fourteen from a previous relationship. Along with raising a family and working full-time, she is also going to university full-time in an effort to complete a Bachelor’s degree in Business Administration. At the time of our interview, she had been on maternity leave for four weeks and had an additional two weeks before she had to return to work.

As mentioned previously, I wasn’t sure what to expect with Tara as far as her ideas about nighttime parenting, but as it turned out she was both for and against it in some ways. With her oldest son, Desmond, she had bedshared until he was almost nine years old. It wasn’t until he expressed a concerted interest in discontinuing the habit that he moved permanently to his own bed. She was quite young when her son was born and explained their bedsharing as “I think it was just a comfort thing, just having him right there. I really didn’t have a reason why I did that that I can think of; I think it was probably more of a comfort zone for me than anything beneficial for him.” She said that she hadn’t really given the idea of where the baby would sleep
any special thought before he was born, but the fact that they had lived in a one-
bedroom apartment at the time and the fact that the baby’s father was working nights
at the time probably added to her desire to have and keep Desmond in bed with her.
When asked if she had ever tried to move him into his own bed, she responded:

Once he started getting toddler age, we moved into a two bedroom apartment
and at that time I was trying to ease him into his room, but he was so
accustomed to sleeping with me that he wasn’t trying to go. And after, when
he was probably six, me and his dad split up and I always had him sleep with
me after that, just kind of a security, almost like a security thing for me.

Despite the fact that she had shared her bed with her oldest son for so long and hadn’t,
in response to my questions, had anything bad to say about the whole process, I was
surprised to hear her say, almost out of the blue “but, I will say don’t let your kid
sleep with you because it is very hard to get them out” while telling a story about
giving away her first son’s bassinette to a friend.

As her story went on, it seemed that she heeded her own advice and with her
second baby, she never regularly brought him into bed with her and he, sleeping in his
bassinette, only shared the parental bedroom for about eight weeks before he was
moved to his own room. Because of a medical issue with her oldest son that caused
him to have difficulties breathing at night and because of her fear of SIDS, which
stemmed from a friend losing her own child, she wanted to keep the baby in her room
at least for a few months. She said that she liked the idea of having him there because
it made her feel “like he is safe and I can get to him if I needed to.” Convenience and
security were other factors in her decision to keep Braden in the same room with her.
She described the situation as follows:

With Braden he [her husband] worked the overnight shift, so he wasn’t even at
home during the night and I felt more comfortable also having him in the room
because I didn’t have to get up and walk through the house at night. I slept in
my bedroom with my door locked when he [her husband] worked overnights
and I would just put all of his bottle stuff there and so whenever Braden got up
for a bottle, I would just get up and feed him and I didn’t have to leave my
room. That’s how Braden was for the first couple of months and then he [her
husband] went to a different shift and so by the time he went to a different
shift, he was at the stage of going in to his bed, he was probably about two
months old.

They are following the same process with the newest addition to their family, 4-week
old, Gavin. He is currently sleeping in the parental bedroom in a portable play pen22.

22 See appendix B for a picture and description of said object.
She again said that “because I am kind of paranoid about SIDS and I like to be close so that I can hear them sleeping.” Their plan is to start putting him in his own bed after about two months because this, she explained, is the point where the baby starts being able to hold up his head and move around more so the dangers associated with very tiny babies like SIDS and suffocation from aren’t so high. Also, according to Tara, at this point the baby isn’t waking up as much at night, so the benefits of having him so close by aren’t as necessary anymore.

She does admit, however, that she does bring the baby to bed occasionally in the morning when she want to get a little bit more sleep. She states:

Every now and then with the baby in the morning, if I am trying to get a little extra sleep and he is kind of getting restless, I will put him, lay him next to me in the bed for probably about another hour to hour and a half of sleep. If it is real early, you know when he wakes up around five or something and I am not ready to get up yet.

She also explained that she thinks that the baby sleep better when they are with her in the bed, but the benefit isn’t worth the hassle of having to get them out of the bed again. She said that, “he falls asleep faster, especially if I have him on my chest and I am laying down and I am rubbing his back. But, I try not to do because I don’t want to go through what I went through with my older son.” She rocks her two-year-old, Braden, to sleep in a rocking chair every night and then puts him in his bed, something that she does begrudgingly and regrets ever starting.

Her current husband is also not a fan of having the babies in the bed or in the bedroom. She told me that:

He doesn’t even like him coming into the room at night. He’ll physically try, every now and then, try to put him [Braden] back into his bed, but he [Braden] just throws so much of a temper tantrum and when he [the husband] shuts the doors, he [Braden] just knocks on the door and he is crying “Please, please”

She said that at this point she steps in and lets Braden back in because:

It makes me feel sad because I feel like I am being neglecting, like I am trapping him, caging him in his room and not letting him. I don’t think it is right and I have even told my husband, “Do you want me to shut the door and hold it shut where you can’t come out?” That’s not fair, you know, so I don’t go for it because it makes me feel bad. I feel like I am trapping him and I don’t want him to ever feel like his room is a bad place.

She attributes the husband’s reluctance to have the children in the room to his own experiences as a child. He wasn’t ever allowed into his parent’s room and his dad
would physically lock the door. According to her, her husband is also worried about continually letting the kids in because “they are not going to learn that they need to stay in their own beds.” Having their privacy back is also something that she thinks is an important issue for her husband, but isn’t really an issue for her. She said that “I don’t even think about it.” Quickly followed by an “Oh that is terrible to think!” The difference in opinion doesn’t seem to be cause for arguments though. When I asked her if this has caused any fights, she replied laughingly “Look at the age difference! I trained him!”

As far as support or disapproval from outside sources goes, Tara said that she had never discussed the children’s sleeping arrangements with her doctor. Her own mother was in full support of the idea of co-sleeping since Tara slept with her parents when she was younger and her mother continues to sleep with the younger grandchildren when she takes care of them during the day.

As we continued to talk, I began to realize how overwhelming it must be for her to do all that she does – wife, mother, student and employee. It became apparent that she was also feeling that stress as we talked more about her middle son, Braden, and his need to be rocked to sleep in a rocking chair every night. She was explaining to me how she was making a concerted effort not to start a pattern with Gavin in which he needs to have help to fall asleep. At the time of the interview she was consequently putting Gavin into bed by himself every night, giving him a back rub for just a minute or two, making sure he was comfortable and then leaving the room. I asked what the benefits of doing this were and her immediate response was “time”, which given the amount of things she has going on during the day, one can immediately understand why more time would be such a huge bonus to her. She then went on to explain:

It is frustrating sometimes, especially with school. I know that I am on a time crunch to get assignments done and I really can’t do my homework until they go to sleep and so just having to know that I am going to have to spend twenty or thirty minutes rocking him, whereas if he was able just to, if I could say, just go get in your bed, that’s thirty minutes I could be spending on my homework. So, at times, it does get frustrating.

It is also frustrating for her that Braden doesn’t require the same amount of attention to fall asleep from his father as he does from her. According to her, with his father, Braden just falls asleep on his own on the couch because he knows that his father will not rock him to sleep. When I asked her how this made her feel she replied “jealous”
and began to laugh because she and her husband had been discussing this same topic that very morning.

I told him this morning, “You know, you have it so easy!” I do baby the kids more and he is more firm with them so they get away with a lot more with me and I tolerate a lot more. I tell him, “You are at work and I have to deal with them every night,” and he said, “Well just make him go get in his bed!” and I told him “It is just not that easy” and he said, “Well, he does it for me! You need to start putting your foot down and being more strict and if he doesn’t want to go get in his bed and he doesn’t want to lay on the couch then you are just going to have to make him and he is just going to have to cry!”

However, as easy as it sound, she said that “I am not going to do that because I feel bad.” She described how Braden gets “hysterical”, crying “Please Mommy, please let me out, open door, please!”, when she tries to put him into bed alone without rocking him to sleep. She is hoping that once they move the new baby into Braden’s room he will be more willing to go to bed on his own since he will then be in the role of “big brother.”

Our interview official interview drew to a close after about forty minutes, but we continued to talk ‘off the record’ for a few more minutes about life in general. Then as Tara got up to leave she looked at me and said that the interview had been really good for her, almost like a therapy session and now she knew that she really did have to start working on getting her middle child to sleep alone. It was then that I was glad that I hadn’t given up so easily at the beginning when things weren’t go so well because in the end the interview ended up being beneficial for both of us.

Vanita

Over two weeks went by between my third and fourth interviews and, needless to say, during that time, I was a bit panicked by the prospect that I wouldn’t find anyone else to interview. Vanita, a thirty-eight-year-old, married, African-American mother of two was another neighbor of my parents who had also been volunteered by her husband, who was a friend of my mother’s. Derrick readily volunteered his wife, but when I asked him if he wanted to be interviewed too, he just laughed and said, “I don’t know nothing about all that!”

My interview with Vanita was hard to schedule because she works full-time and her daughter had also been having some health problems that resulted in her having to be hospitalized for a few days. After several scheduled and rescheduled
appointments, I finally managed to pin her down and we scheduled an interview for one evening when her husband would be out of the house with their five-year old son. The fact that I was quite persistent with her about scheduling the interview was somewhat out of character for me, but I was feeling the pressure to get more interviews and that overrode my typically non-aggressive nature and resulted in, what felt like, me basically hounding her into agreeing to be interview.

When I arrived at the house, I was greeted cordially by Vanita, but I could immediately see that she was tired, bordering on exhausted. She was friendly, but subdued as she invited me into their kitchen. As I looked around, it was obvious that they had small children as the kitchen was clean, but filled to the brim with kids’ toys, books, highchairs, etc. We sat down at the kitchen table with Vanita holding the baby on her lap, saying “We’ll see how this goes.” After my last interview, I was a bit less confident about my interviewing skills than I had been in the previous few interviews. I knew from my brief discussion with Vanita that Valynn slept in their room, so I was hoping for another interesting interview like the one that I had with Darla.

Very quickly into the interview, I knew things weren’t going as well as I had hoped. Vanita was forthcoming with her answers, but didn’t offer me anything extra, even when prodded her to provide details. She was obviously tired and had agreed to do this as a favor to me, but she didn’t really seem to be very interested in the subject based upon how she was answering my questions. She has two children, Dorian, aged five, and Valynn, aged eight months and at the time of the interview, Valynn was sleeping in Vanita and Derrick’s bedroom in her own crib. According to Vanita, Valynn has always slept in her crib from the day they brought her home. Vanita attributes this to the fact that “She doesn’t like being next to anybody”, going on to say that she “wants to be Miss Independent”. She explained that they have a routine that they do at night with the baby in which she gets a bath at around 8’clock and then she gets a bottle and has a little bit of quiet time. According to Vanita, Valynn then “falls asleep in my arms and then I put her in her crib”, where she usually sleeps the whole night through.

Her older son, Dorian was quite the opposite. Dorian had slept in this parent’s room until just a few months ago, when after the birth of their daughter, the parents decided that he needed to move to his own room because they were simply running out of space. Vanita explained:
I know that it was something that needed to happen because we were having a family room instead of a master room. Everybody was in the room together, we ran out of space. We just decided that we had a crib in the room and a toddler bed in the room and a king size bed in the room, okay all these different beds in the room, it is time to take one out.

Dorian had always slept in their room and for a significant amount of time he had also slept in their bed. As Vanita told the story, Dorian started out sleeping in a bassinette, but because he wasn’t sleeping well in the bassinette, she quickly moved him into the bed with her. She explained:

I put him in the bed with me, then he would sleep longer, so that is how we started putting him in the bed. But I put him cross-ways and all he had to do was touch me with his feet, then he would be okay as long as he was touching me with his feet. I kind of created a monster there.

According to her, she hadn’t planned on bedsharing; it was just something that happened as she searched for a way to get the baby to sleep more, so that she could also get more sleep. It was also a matter of her feeling more secure with the situation. Here is how she told the story:

I didn’t plan to [bedshare] because I bought him a big crib to put in a different room.... I guess I planned to have him in his bed, but I think that I was afraid for him to go because that is further away, plus I had to work and that means that I would have to get up in the middle of the night to go and get him and wouldn’t sleep all night. So I think he must have slept out of the room with us for maybe two hours until he was almost five.

As far as the baby’s safety while in the bed, Vanita said that initially, her husband slept in another room or on the floor of their bedroom because he was afraid that he sleeps so soundly that he would roll over on the baby and not notice it. She also said that she had heard stories on TV about babies being rolled over on in bed and that worried her a bit, but she also felt that putting the baby crossways in the bed was safer. She explained that because she doesn’t sleep very soundly, she was mostly worried about her husband.

Vanita also explained that where the children were sleeping has never been a matter of interest for her doctor and that their family and friends all knew that Dorian was sleeping in their room. She laughingly told me “Oh, it wasn’t a secret! Everybody knew that’s where he slept!” In their family and circle of friends bedsharing and co-sleeping were common thing to do. It was also something that she herself had done with her mother. Despite the fact that it was common, Vanita still said that many people had warned her against the practice, saying that “Oh, most
people say that I probably shouldn’t, but I don’t know, when I grew up, we slept with our mom so it wasn’t a big deal to me”.

For her the benefits and the security of having the children nearby were the most important thing. Since she works fulltime the convenience of having the children nearby was crucial. “I need my sleep so I can function...so having him closer, I didn’t have to get up as much.” The security of knowing that the children are nearby is also important to her. It was especially important with Dorian because he had asthma, which sometimes required him to have breathing treatments at night. She explained:

With Dorian it was more trying to make sure that I could hear him because he would have [breathing difficulties], sometimes in the middle of the night, and I knew that if he was further away I wouldn’t be able to hear him. ...I still have a camera and a monitor on him although he’s five, so at nighttime ... I can hear him in the bedroom although he is not in the room with us.

When asked about if the lack of privacy and having less time with your partner was a consideration with moving their son out of the room, Vanita laughed and said “Probably should be, but I don’t think that we did though, that we did think about it.” She was also not concerned with the fact that if they let the children sleep in their room or in their bed that they wouldn’t ever get them to leave. She said:

I’ve heard people say that, but I don’t believe it. I just think that over time all kids grow up. It may not be as fast as you want them too, but I think that over time they’ll grow up and they’ll want to get out. ... Because I remember when I was younger, I slept with my mama or my grandparents because we were in a house with my grandparents and just over time... I was much older than Dorian was before I would sleep by myself. I was probably seven to eight years old and I just decided that I didn’t want to hear my grandmother snore no more.

She also believes that her son hasn’t had sleep issues precisely because going to bed and sleeping has never been a big deal in their family. She didn’t have any worries about his independence either explaining that despite the fact that he is very attached to his parents, he has also learned to be independent because he has always gone to daycare. She explained that “He has always been in daycare, so he learns his independence there too, so again, he spends more hours at daycare than he spends at home, so their independence grows there as well.”

We wrapped up the interview after about thirty minutes when Valynn decided that she had had enough of sitting quietly on her mother’s lap and was inconsolable despite the bottle of milk that she was being offered. I had gone through the topics
that I wanted to address and saw that Vanita was tired too, so I decided not to press further. When asked if she had anything she wanted to add, her last words of wisdom were “Life changes! Sleep changes! That is all I know is that life definitely changes!”

As I walked back home and reflected on our interview, I began to wonder if it wasn’t a lack of interest on her part, but more a lack of time and energy, that caused her to be less than enthusiastic about my topic. In contrast to the other mothers, Vanita seemed to be more pragmatic and less idealistic about her nighttime parenting ideas. I was then that it occurred to me that some mothers, like Tara and Vanita, might not have the luxury of browsing through the Barnes and Nobles book shelves looking for parenting guides or surfing the Internet looking at Yahoo headlines about co-sleeping because they are busy working and keeping their families going. It isn’t that the topic doesn’t interest them; it is more so that they have other matters that are more pressing. It was then that I also began to consider the idea that my, perhaps erroneous, perception that she wasn’t interested in the topic had then influenced the interview and made it somehow less interesting for both of us.

**Brandy**

Brandy with my fifth interview and after the eclectic mixture of results I had gotten from my previous four mothers, I didn’t know what to expect from her. She had responded to the advertisement that I had placed on Craig’s List. Her initial message asked if I was still looking for parents to interview, to which I immediately responded “Yes, indeed”. We corresponded through email and set our appointment for the next day at a Starbuck’s Café that was close to her home in a northern suburb of Ft. Worth called Richland Hills. I had assumed that she was a bedsharing or co-sleeping mother, but looking back at her messages, I had no reason to do so. Perhaps the fact that she was responding to the Craig’s List ad, which is typically a more liberal leaning venue, had led me to this conclusion.

Brandy is a twenty-nine-year-old, married white North American with a five-month-old son named James. Before James was born, she had worked full-time as a paramedic, but at the time of our interview she was on extended leave from her job and had no definite plans as to when she would return. Her husband Eddie is also employed in the medical field.
Brandy arrived with James in tow. She was dressed casually in jeans and a t-shirt and James was dressed smartly in a blue and white jumpsuit. He was alert and happy looking and sat contentedly on Brandy’s lap for most of our interview. As I mentioned previously, I had assumed that Brandy was someone who was eo-sleeping, so it was a bit surprising to me, when in answer to my question, “Where does James sleep?”, she answered, “He sleeps in his own room in a crib.” They have him on a schedule where he gets a bath and then a bottle and then they put him into bed, saying “he really goes to bed really easy.” Once in bed, he is already sleeping through the night. She went on to explain that:

The first, probably four weeks, he slept in a Pack’n Play\textsuperscript{23} at the foot of our bed because he has some medical complications and we couldn’t hear him cry. He had a very weak cry and so we just wanted to be able to make sure that we could hear him when he needed us. But then once he started getting louder, we moved him into his own room.

Admittedly, I was a bit thrown by this answer because I had prepared myself to interview someone who was co-sleeping and suddenly I had to adjust my thinking and my questions on the spot to someone who was decidedly not a cosleeper or bedsharer. Once again, I felt my interviewing acumen dropping rapidly as I internally struggled to deal with this unexpected change. I was also internally berating myself for making such a stupid assumption.

In response to my questions Brandy went on to explain that she and her husband had discussed the idea of eo-sleeping or bedsharing before James’ birth, but had decided that the best place for him was in his own room. Brandy explained:

“My husband and his ex-wife, they tried the eo-sleeping to begin with and I don’t think that he was on board as much as she was about it and I think that kind of brought up some issues between the two of them. So, we decided it would be best for us [not to co-sleep].

She went on to explain that it is better for James in the long run because “He needs to learn how to console himself and be able to go to sleep quicker. The quicker that he learns that I think the better he is.” She also said that her husband had “raised concerns with him and the ex-wife doing the eo-sleeping thing at first and he didn’t want to feel like the baby was coming between us”, so, according to her, putting James in his own room “just made a little bit more sense for us”.

\textsuperscript{23}See Annex B for a description of said item.
Although, both she and her husband were confident that their decision to move James to his own room was for the best, she did admit that during the “first week it was still a little bit scary because it was okay, am I sure that I am still going to be able to hear him when he cries or whatever, but after I could hear him that relieved my fears a little bit.” She also explained that she had brought James into her bed for a few days in the very beginning because it was hard for her to get out of bed as a result of her Cesarean section and that she does very occasionally feed him in bed, but he always goes back to his own bed.

To further explain their decision to have James in his own room, Brandy also told me that she had heard stories about people who had let their children in their room and then couldn’t get them out, saying that, “I’ve heard stories of people who still have their two-year-old sleep with them and they have a hard time breaking them of that habit.” She also pointed out that because “we didn’t quite know exactly when they develop that pattern to where it would be harder to break them of that [co-sleeping]”, they decided that it was better not to start it in the first place. She also explained that “We watch TV in bed sometimes and we just don’t necessarily want a baby. That and the concern of the pillows and the blankets causing SIDS and anything like that.” She continued to say that “There are just certain things that you want to try and prevent and if that is something that you can fix that guarantees you just a little bit more security that the SIDS doesn’t happen to you, it is something to do.” Therefore, for Brandy and her husband the safest place for the baby is in his own room in his own crib.

Having James in his own room also makes sense to her because she thinks that he sleeps better. She explained how her sleep changed when she got married saying that “I could tell the difference after we got married and I started sharing a bed with him [her husband], you know I sleep different, so I can only imagine how it could be for a baby too.” Not having James in the bed or in the room also permits them to sleep better because she said that “I would constantly be worried, you know, where is he, did he roll of the bed?”

The benefits of having him in his own room, according to Brandy are “that he can console himself. He doesn’t have to have me right there, every second of the day.” Because she is a stay-at-home mom and they are together so much, she feels that they both benefit from the break that they get by him sleeping in his own room. Furthermore, because he is used to being on his own at night she says that “he is not
getting that separation anxiety” that other children often have. It is also important for her that he be able to console himself because, she explained, “I think that carries on when the children get older. ... I think that the earlier that they learn certain things, especially with social adjustments stuff, the better they are because that just translates into other things.” She also described how, to her, friends and relatives who do co-sleep or bedshare appear to have “kids [that] seems very clingy and very needy, more so than usual”.

According to Brandy, not having James in their bedroom has also had a positive affect on her relationship with her husband. She explained:

Since my husband and I have only been married a little over a year -- he [James] ended up being a honeymoon baby -- so we really haven’t had that much time by ourselves before he came along, so I think it is important to nurture that relationship just as much because you were a couple before you had the baby.

She also feels that having James in his own room is important for him developmentally, saying that “I think that sleeping is ... just another thing that they learn. You know, if mommy is always rocking me, I am not going to go to sleep unless she is rocking me”, so having him in his own room is a way of making him more self-sufficient.

She went on to explain how it was also important for her that James not grow up having some of the same social difficulties that Brady feels she has. She went on to say that she had always slept in her own room, but:

I was always with my mom and usually, she wasn’t a completely stay-at-home mom... We never had a babysitter or anything growing up and I think because of that I am a little bit more socially awkward as far as I am not very outgoing or anything. I tend to be, I am definitely not a social butterfly at all. And I think part of that is based on how we were raised too and I am trying ... to get them to be a little more outgoing and stuff.

For her, having James sleep in his own room provides him with an atmosphere where he can learn to be more self-sufficient and independent traits that will make him a more social comfortable adult.

While she was pregnant, Brandy read What to Expect When You are Expecting (Murkoff, Eisenberg and Hathaway 2003) in which the pros and cons of co-sleeping and bedsharing are presented. She said that at the time she and her husband “kind of discussed it a little bit, but because we were both kind of on the same page, it wasn’t a big discussion”. She said that it felt natural for them to have him in his own room.
She also said that her doctor does ask about where and how James’ sleeps, but that he “didn’t try to go one way or the other” in terms where James is sleeping.

Since she and her husband are both in the medical community and she had mentioned information about SIDS, I was interested in finding out how she felt about all of the seemingly conflicting information that comes out about infants and infant health care, to which she replied:

Well, it would be better is they were more consistent on everything, but I’ve learned that it doesn’t matter what it is, baby related, there is always a for and against, which I mean that is the case with everything, but the community just seems like, I mean it’s not even 60/40, you know, it is 50/50. So you just kind of have to make your own decision really and figure out what works best for you and your family. ... You just kind of have to go on instinct and decide what you think.

And, for a variety of reasons outlined above, her instincts were telling her that the best place for James to be sleeping was him own room.

As we wrapped up because James was starting to get inconsolably fussy, I asked Brandy to describe her parenting style to which she replied “A little more old-fashioned than some of these new-age parents, or whatever you want to call them.”

As I drove home, I considered this statement and found it interesting because that is exactly the adjective that I would have used to describe her nighttime parenting skills. It wasn’t really a positive or a negative judgment, but it was a judgment nonetheless, and it made me wonder how my perception that what she was doing was “old fashioned” might have clouded my judgment and somehow made the interview different that it might have been had I been as supportive of her ideas as I had been when I interviewed Darla.

**Katie and Jo**

Katie and Jo were my final interview. Katie had responded to my ad on Craig’s List and we had corresponded via email and then spoke on the phone to set up an appointment. Over the phone, she was friendly, immediately said that she was in favor of bedsharing, and sounded enthusiastic about the subject, so I was looking forward to meeting her. Because she hadn’t contacted me until the very last week I was in DFW, we quickly scheduled the interview for the next evening.

The interview took place at the home of Katie, a white North American, aged thirty-eight, and her wife, Jo, a white North American, aged thirty-six. They had just
moved into their house in northeast Ft. Worth, so there were lots of boxes still waiting
to be unpacked. However, with a six-week-old baby it was easy to see how
something like unpacking could take a lower precedence. When I rang the doorbell,
I was greeted warmly by Katie, who was holding six-week-old Matlynn in her arms.
After a quick round of introductions, we quickly settled into their comfortable living
room and began the interview. I was caught slightly off guard during the
introductions because I hadn’t expected her spouse to be present and, in all honesty, I
hadn’t expected her spouse to be a woman. Nevertheless, I quickly readjusted my
plan for the interview, but felt slightly unsure of myself and how things were going to
go during this group interview because all of my previous interviews had been one-
on-one.

Katie and Jo have two children, the aforementioned Matlynn and Austin, aged
thirteen, Katie’s son from her first marriage. Austin lives with the couple part-time.
During most of the interview, Katie held Matlynn, who never made more than a peep
the entire time I was there. She seemed to be a relaxed and easy-going baby, or at
least she was that evening. After a few initial questions, we jumped right into the
subject of nighttime parenting and it quickly became apparent that the couple had
very different ideas on the subject. At this point, I was both excited and nervous
about the fact that I was having my own little impromptu focus group discussion on
the subject, but I was also afraid that I wouldn’t be able to do justice to all of the
wonderful information they were sharing with me.

Katie, by her own admission, is “so pro family bed” in part due to her own
experiences as a child and also due to her experience bedsharing with her son, Austin.
Jo, on the other hand, is not a proponent of the idea. According to the couple, they
had many discussions before Matlynn’s birth about where she should sleep, “some
went better than others” according to Katie. For Katie, bedsharing with her family is
something that she has “very fond memories” of and it left her with “all of these
fabulous feelings about being close with another member of your family”.

Jo, on the other hand, said that she was raised, “to where you just don’t
[bedshare]. It is an independence issue. They learn to sleep on their own, in their
own room. It builds a confidence that way. It is just how I grew up.” She also
recounted that as she got older “and got sick or something and mom said come here
and lay down with me, it was the weirdest feeling in the world, I was so
uncomfortable because it was just icky.” So the “body time” that was so important to
Katie with her family growing up was something that made Jo very uncomfortable because for her the bed "is an exceptionally intimate setting."

Jo also stated that she doesn’t sleep as well when the baby is in the bed, "If she moves I don’t sleep as well. I jump, I am afraid she’s fallen or a pillow is on her face or something like that, so I don’t sleep as well at all.” Katie on the other hand says that she sleeps “like a rock, it is some of the best sleep”. Both agreed that Matlynn sleeps better when she sleep with them in the bed than when she sleeps alone.

At the time of the interview, Matlynn had been sleeping in their bedroom in a Pack’n Play for a large portion of the night, but over the few days prior to our interview Jo had been leaving her in their bed when she fell asleep after nursing. Katie had always been letting the baby fall asleep on her chest after her feeding and described the routine as such:

I literally prop myself up and I put the Boppy underneath me so that I can’t go anywhere. ... I have five pillows behind me and one up on my head and when I put the bobby on specifically, I can’t move it. I can’t actually go anywhere with it. But, I am inclined enough that, and usually I try to keep as in the middle as possible. I am inclined enough that, she can lay down and sleep, but I can’t move, so I honestly have no fear about rolling over because I can’t do it. It would take a concerted effort for me to move.

Although, Jo is principally against having the baby in the room, she does agree that having Matlynn in the room when she is so small is beneficial. She explained:

Well with her being this young, I was okay with that, just having her in the same room, just to know that everything was okay. I was unsure of what kind of sleeping patterns she was going to have and I am skittish. I am a first-time birth mom and you know little squeaks and stuff still make me nervous, so it is probably just nerves for me, just to know that she is okay and that I can get to her pretty quick, because otherwise she would be going upstairs.

Although, she did also admit that having her in the room does make things logistically easier saying that “At the same time, it is probably a lazy factor for me because I don’t want to get up and haul up those stairs.”

The couple had come to the agreement that the baby would sleep in their room for probably the first six months, but then she would move to her own room and sleep in a crib there. However, this agreement came after many discussions and still seems to be an issue that is not completely resolved for the moms. Katie said that

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24 See Appendix B for a picture and description of said item.
25 See Appendix B for a picture and description of said item.
they had had many conversations about where Matlynn would sleep. However, she explained:

I finally, and just literally, I just caved at one point and I told her if this is going to be, because we had some honest to goodness fights about it, and I said if this is going to be that kind of issue, I am not arguing about this, I am not doing it. So, fortunately she hasn’t made me feed her and kick her out of bed, just yet, but I think that is just because she is exhausted.

Up to point of our interview, they hadn’t discussed where Matlynn was sleeping with their doctor, nor had they been asked about it. However, Katie did say that this might have had to do to the fact that they had been having some difficulties with another issue and that their appointments, up until then, had heavily focused on those difficulties. Also for her, being a second time mom, she felt that she had some experience and so wouldn’t be quite as inclined to ask the doctor’s advice anyway on this issue or any other. She also went on to say that a bad experience where her doctor had dismissed her concerns with her son, Austin, when there was actually a legitimate problem had soured her on seeking advice so readily. She explained that with Austin, “I did a lot of research, did a lot of questioning people, did a lot of talking to mommas, did a lot of book reading” and was more inclined to ask advice from the doctor. But after the doctor dismissed her concerns about her son, she said that “I think it was at that breaking point that I finally went ok, you’ve got a degree and that is fabulous and I will come to you when I need you, but I know my child better than you do.” Also, when asked about how she felt about the warning that the American Academy of Pediatrics had issued about not bedsharing Katie had this to say:

I have managed pretty well raising a thirteen-year-old, who is smart and healthy and hasn’t died yet, so I am thinking that I might not be too bad at this, I’ve kind of got this down. So, I am much less leaned to put it out there [and ask the doctor] oh you know I think I heard that, is this ok, can we do this, can we do that. Because you know what, in five years the AAP is going to come out with a whole new study, so it is very hard or me to take a great deal of what they say to heart at the moment.

Jo, on the other hand, according to both mothers, is more inclined to ask the doctor’s advice and, as a first time mom, has turned to classic parenting books like What to Expect When You are Expecting and What to Expect the First Year (Murkoff, Eisenberg and Hathaway 2003). She also uses the Internet as a resource to help her through this first time mothering experience. She explained how she evaluates what she has heard and read about parenting:
I look at it for what it is, I know that it is mom in Wisconsin, mom in Georgia, mom in, you know and this is just what they think, this is how they feel. And I listen to some of them and go oh, okay, or another one, no, I don’t agree with that, so it really just kind of what I see. But, if they can back it up, if some of the resources sites, instead of just boards, if some of the resources sites have something to say about it, I’ll probably consider it a little more. ... I’m more likely to follow a book. Especially once that is as upstanding as those are. They have been proven through the years, so ya, I am more likely to follow those. Or at least consider it and look into it more.

When asked what the *What to Expect When You are Expecting* book said about co-sleeping and bedsharing she explained that they had given the pros and cons of the various places that a baby could sleep, but that they had said that the decision was a personal one, but it was one that needed to be made because, according to Jo, “they did push consistency”. She also admitted that they hadn’t changed her mind on the subject of bedsharing.

Because we were already on the subject of first time moms I then asked Katie what advice she would give a first time mom about infant sleep. She quickly responded laughingly:

Let them sleep with you, all you want! Bring them into bed with you as long as they are safe, especially this young. You can’t spoil them with sleeping with them this young, you can’t do it. They need to know that they are loved and that they are safe and at this age that’s how you do it.

To which Jo replied:

I am coming to terms with the fact that they can’t be spoiled this young. I don’t know where that cuts off though. I don’t know where that starts to happen because you know that whole spoiled they can’t sleep away from us is not something that I want to happen. It is not something that I want to happen, so ya, I don’t know where that cut off is, but at this age, I’d say as long as they are in a safe position, it is a personal decision.

As we sat there talking, I could feel that the debate about where the baby was going to sleep was not over. Jo seemed to be a little less sure of the fact that she wanted the baby out of the room based upon her answers to my questions and Katie definitely did not seem content with their decision to have Matlynn sleeping in her own room. The couple had been having this discussion for years because of the fact that Katie was still bedsharing with Austin when they first met, and continued to bedshare with him until it became imprudent to continue because of outside circumstance. They
both admitted that the disagreements that they had had over this issue had affected their relationship. Katie explained:

You know we had some real arguments when Austin would come sleep with us. I think that if I made a point out of it [bedsharing with Matlynn], it could very negatively affect our relationship and it is one of the reasons why I just caved. If this is the way you want to do it all right, I will acquiesce. I wasn’t happy about it, but it wasn’t a battle that I was going to fight anymore.

Both of the moms had definite ideas about how where Matlynn slept might affect her in later life with Jo explaining “I think that it will take away her independence when she is not in her room. Now I don’t mean completely, but I think it would, I think she would have more independence if she is in her own room.” Katie, not unsurprisingly, disagreed saying that for her love and a sense of security, that bedsharing or co-sleeping provided, were the most important things.

The discussion about security continued, but took a somewhat uncomfortable turn for me, when I asked the moms if they had considered Matlynn’s physical security when deciding where she should sleep. I asked the question because some of the other mothers had mentioned that they were worried about things like kidnappings and drive-by shooting, etc. Katie immediately said that she had thought about things like that and that it was one of the reasons that she preferred to have both of the children close by. Jo, on the other hand, worriedly admitted that she hadn’t ever thought about it until I had brought it up. In their house the children’s bedroom are on an upper floor and she said that she had seen that as a security thing against them sneaking out when they were older, not as something potentially dangerous. For me personally, this was a low point in my interviewing career because I really felt bad about causing her to worry about something that had never been an issue for her before. It was then that I realized that doing interviews might not be as benign of a process as I had one thought it to be and I also realized that I had to think more carefully about what and how I asked questions in the future.

Throughout the interview, Katie had been the more outspoken of the two and so I thought it was appropriate that she closed our interview with the following thought to add with regards to new mothers:

I think that it is important for them to feel comfortable and secure enough with their own decisions. If you are adult enough to be having a baby, you are adult enough to be making some of these decisions. And yes, there are a million people shouting at you as to what you should do, but at the end of the day, you are the one who spends more time with this child, you are the one
who knows this child’s patterns, you are the one who is responsible for this child and it is important to trust yourself enough to do what you think is right.

To me this summed up well what most of the mother had told me, whether they believed in co-sleeping and bedsharing or not, which was to trust your maternal instinct to guide you as you deal with your child because you, as a mother, know your child best and you know what is best for your child.

At the end of our interview, I was relieved that it was over. It had been a bit stressful dealing with the two moms at one time, despite the fact that I found what they had to say immensely interesting and entertaining. I was also a bit sad because my fieldwork, which I had looked forward to and prepared for, for such a long time, had come to a close since I didn’t have any more interviews planned and I was scheduled to leave in just a few days time. Nevertheless, for better or worse, I had made it through and accomplished my goal of interviewing four to six moms, so I was ready to pack my bags and go home.
Chapter Five: Meaning and Practice

Following a recent trend in anthropology, in which “anthropologists now weave together approaches and perspectives from a toolbox of possibilities not just across topics, but across epistemic divides” (Knauft 2006:407), the theoretical perspectives and tools that shaped my research were from varied sources, but fit together nicely to provide the research with a direction that best illuminated the maternal experience of bedsharing.

Theoretical Reflections

Nighttime parenting is both personal and unique. Therefore, for me, the most logical way to explore the meanings associated with the maternal experience of nighttime parenting was that of a phenomenological approach in which I used both a meaning-centered and a symbolic approach. Using this approach, I was not only able to describe the phenomena, but I was also able to look at what meaning the mothers gave to their nighttime parenting in order to see the experience as ‘lived’ by the them.

My primary focus on the lived, or subjective, experiences of the mothers was heavily influenced by the phenomenology promoted by Canadian phenomenologist Max van Manen. He advocates a form of phenomenology from the Dutch Utrecht School that is a combination of interpretive phenomenology and descriptive phenomenology (Cohen and Omery 1994; Dowling 2005). Van Manen uses as his starting point the “everyday lived experience of human beings as they find themselves in the world and as they give active shape to their world” (1990:10). He is most heavily influenced by the hermeneutic, or interpretive, phenomenology inspired by Heidegger, in that he advocates the idea of going beyond the description of a phenomenon to look for the meanings that are usually hidden, i.e. “what humans experience rather than what they consciously know” (Lopez and Willis 2004:729; Van Manen 1990). In order to look for these hidden meanings, the interpretation of narratives is crucial to any phenomenological approach (Dowling 2005; Lopez and Willis 2004; MacDonald 2001). For my research, the meanings that the mothers gave to their nighttime parenting were gleaned from my analysis of the typed transcripts of
From the descriptive phenomenology inspired by Husserl, Van Manen has adapted the concept of ‘bracketing’ in which a concerted effort is made by the researcher through reflexivity to free him or herself completely from any preconceived notions or assumptions that may influence the research. He takes a slightly more reasonable approach to bracketing saying, “if we simply try to forget or ignore what we already ‘know’, we might find that the presupposition persistently creep back into our reflections” (1990:47) (Dowling 2005; Lopez and Willis 2004; MacDonald 2001). For my purposes, I decided that this approach was a more reasonable approach in that I went to the field with some ideas and notions about the subject and striving to rid myself of these completely seemed an impossible feat. Rather than focusing my effort on completely freeing myself from the existing preconceived notions that I had about the subject, I chose to try to identify these areas as they came up in order to understand how they might be impacting my research. I did this by keeping a personal journal throughout the period leading up to my fieldwork and throughout the fieldwork itself. I found the diary to be most helpful and it became almost a silent partner in the process because I was able to ‘talk’ to it, through my writing, about my experiences when I would have otherwise been completely alone in the process. It was only through this process of journaling and reflexivity that I began to see some of the other forces that were at work in mind that were influencing my frustration levels and dissatisfaction with how my fieldwork was going. Looking back and reading through the entries, it is easy to see that had I not been examining some of the deeper issues that were going on for me personally in the field that I may have given up on my research once things got difficult. During that course of the fieldwork, the journaling also helped me to identify some personal issues that were coming up that I might not have otherwise been aware of that were also affecting my outlook during this time.

Following from Van Manen’s meaning-centered phenomenological approach, the interpretive-symbolic phenomenological approach of Clifford Geertz also played a role in my research. First and foremost, Geertz’s idea of ‘thick description’ was a major goal of my research in that I wanted to describe not just the behaviors associated with nighttime parenting, which have been the focus of much of the literature up until now, but I also wanted to describe the context in which the
nighttime parenting was taking place and the meaning behind it, which have such an impact on it. Geertz's idea of looking at something from the "actor's point of view" was also a crucial part of my research and analyses of the topic (Geertz 1973; Ortner 1984). Until now the point of view of the parent had been largely overlooked by researchers and this was a gap that my research aimed to (start to) fill by allowing the mothers the opportunity to tell their stories about their experiences of nighttime parenting. Furthermore, for Geertz, symbols are "vehicles of 'culture'" that "shape the ways that social actors see, feel, and think about the world" (Ortner 1983:129). I used this as a guide to assist me in the analysis of the interview transcripts that resulted from our interviews. Through careful reading and analysis of our conversations, I was able to identify particular meanings, and or themes, that the mothers associated with the experience of nighttime parenting. By doing this I was then able to extrapolate from those identified themes to learn more about the mothers and the context in which they live. Having discovered the meaning that the mothers gave to their nighttime parenting, it was then very straightforward to see how these meanings shaped their practice of nighttime parenting, regardless of if they were co-sleeping or not.

For me, one of the most interesting things that came out of this research was that each of the mothers expressed ideas and feelings about how where the baby slept would affect things like its development and its sense of security, but these ideas were not consistent along co-sleeping and non-co-sleeping lines. Both the co-sleepers and the non-co-sleepers were using the same rational for doing what they were doing, e.g. they wanted their child to be independent as adults, but the way that the moms thought this goal could be reached varied. For some, having the child sleep alone was the way to independence, for others keeping the child close was the way to make them more independent. Their goals were the same, but the means to reach those goals were different, depending on the mother's own history, beliefs and feelings, but each of the mothers believed that what she was doing was the best way to reach those goals.

**Themes**

My initial goal for this research project was to interview parents about their bedsharing practices, so when I wrote my research proposal, thought about my
potential pool of parents, and proposed the theoretical approaches discussed above, I
did so under the somewhat naïve assumption that the parents that I interviewed would
all fall into the same general categories: married/partnered, heterosexual, middle
class and living in the suburbs of DFW. This assumption stemmed from the fact that
these were the type of people that my parent’s knew and the type of people that lived
in the surrounding areas, where, I initially assumed my interviewees would come
from. It wasn’t until I got into the field that I realized, partially because of my
recruitment difficulties and mostly because of my initial naivety about who I would
find to work with, that I found that the mothers that I was actually interviewing were
very different on many levels.

At this point, a certain level of panic and insecurity came in because on the
one hand, I was just happy that I had found people to interview, but on the other hand,
were these interviews going to result in any useful data that I could use for my thesis.
Were the moms too different? Again, this was a learning experience for me in that I
realized that you don’t always have a huge pool of perfectly suited candidates to
interview, so sometimes you have to be flexible and see what comes out. With this
in mind I decided to just go ahead and interview anyone who narrowly fit the bill, i.e.
had an infant and was willing to be interviewed, and I hoped that something would
come out of it. Interestingly enough, after even the first three interviews, some
common themes arose, some more expected than others, but there were
commonalities none the less.

What We Know About Co-sleeping and Bedsharing Revisited

As previously mentioned, one of the frustrating problems that I encountered while
doing my literature search was the variety of inconsistent terminology used for
discussing nighttime parenting. This frustration followed me to the field. Although
I always made a point of defining what I meant by bedsharing and what I meant by
co-sleeping\textsuperscript{26} at the outset of the each interview, I found that most of the moms tended
to fall back on the term co-sleeping, even when they were actually discussing
bedsharing. I even found myself switching back and forth occasionally. All of the
moms were familiar with the term co-sleeping, but the term bedsharing was foreign to
most of them, therefore most of them used the term co-sleeping to mean bedsharing.

\textsuperscript{26} See Chapter Two for complete definitions.
Only one of the moms used the phrase ‘the family bed’. In the end, I let the mom use whatever term she wanted as long I understood, by asking clarifying questions, what she actually meant by her use of the phrase co-sleeping.

Another point that came up in my review of the existing literature was that there are a handful of mainstream discourses about bedsharing, discourses that revealed themselves again in my interviews. A few of the moms supported the ‘bedsharing is risky’ opinion put forth by much of the medical community including the AAP. They talked about the physical risks to the baby, like being suffocated or injured by being rolled over on or falling out of bed, and also the developmental risks that might occur long term such as being too dependent or being socially insecure. As expected, the moms that were bedsharing supported the ‘bedsharing is beneficial’ discourse and provided examples of how their children slept better, and how they felt more secure and where more secure physically. Interestingly, almost all of the moms, whether they were co-sleepers or not, expressed support for the ‘bedsharing is a personal choice’ discourse. “Do what feels right to you what feels right for your baby” was the biggest piece of advice that was offered by most of the moms, in one way or another. The moms all expressed support for one path or another, but in the end they all said that the choice is up to the parent or parents, doctors and other professionals aside. Katie’s advice put it most eloquently:

Yes, there are a million people shouting at you as to what you should do, but at the end of the day, you are the one who spends more time with this child, you are the one who knows this child’s patterns, you are the one who is responsible for this child and it is important to trust yourself enough to do what you think is right.

Furthermore, even some of the mothers that didn’t intellectually endorse co-sleeping or bedsharing were doing it sometimes out of necessity. Renee and Jo, who were both advocates of having the children sleeping alone, both said that they needed their sleep in order to function and in order to do their jobs, so for them, even if they didn’t believe in co-sleeping in principle, it did make life easier when the babies were in their bed and would fall back to sleep faster. For these moms bringing the baby to their bed was a reactive decision, not something that the planned ahead of time. So, as it seems, at least in this context, the discourses that seemed so well-defined and so divisive in the literature don’t translate to real life.
The first theme that arose was security. It was mentioned by all of the mothers in one way or another. Darla talked about physical security when she described how the thought of having her daughter in another room “gives us the creeps” when they think about how someone might break into their house or there might be a drive-by-shooting, and how, when they all sleep together, “it feels like a little bear den” where they are “all protecting in there”, which make her feel more secure. She also talked about how her hope was that in the long run Danielle “will feel a place of security in a world that is not secure” and that she will be grow up to be an independent, confident member of society. Having Danielle in bed with them also provided Darla with a sense of security in that she could hear, see and feel where and how here daughter was at any moment. She described the “warm snuggly feeling and the security of feeling that I’ve got my eyes on the baby ... and that she’s right there” and that by “seeing her sleep” she knows that she is safe. Katie, another advocate of bedsharing, also described similar feelings about bedsharing saying:

It is being there with somebody, it is that constant, it is that wonderful feeling that you get when you touch somebody that you love deeply. It is the comfort in knowing that you trust another person that much to fall asleep with them, it is feeling that kind of security when you go to sleep at night and that kind of completeness and I just have such a difficult time being able or believing that the cons against that actual outweigh that kind of security.

She went on to say later “Children need to know that they are loved; they need to know that they are safe. Everything else is gravy”. Vanita also expressed her opinion that having her daughter Valynn in another room or her son on another floor of the house was out of the question because “I am not comfortable with them being that far away” and “physically that is just too far away”. With her daughter she said that “I wouldn’t want a little baby that far away”. For these mothers, the best way to provide their children with a sense of security and to also keep them physically safe is to keep them close, either in the same bed, or, at a minimum in the same room.

The moms that were not proponents of long-term bedsharing or co-sleeping also brought up the topic of security when they talked about why they were keeping their small babies in their room. Tara expressed a paranoia about SIDS as well as a fear about their physical security when explaining how she locked her and her first son in their bedroom at night. When asked why she had kept all of her children close
to her during the first few months, she said “When they are little I just want them there with me.” Because having them close made her feel more secure too. Brandy another, of the moms in favor of separate sleeping arrangements also explained how when her son, James, was a newborn that they couldn’t hear him cry, so they kept him in their room until his cry got stronger. They felt more secure with him in the room because she feared that they wouldn’t hear him when he cried at night. Renee also said that because her son, Miles was still so little that “I still have to check on him in the middle of the night” and that “it is just the thought that I can hear what is going on when he wakes up and moves” that makes her feel more secure. A baby monitor wasn’t good enough for her, saying that “we’ve got all that, but I am still not comfortable” with him being in a separate room. These moms also seemed to be fighting against themselves to some extent in that they felt more secure having the children close, but also felt that they would be better off in the long run if they were sleeping in their own room. However, for each of the moms, the time period of needing that sense of security overriding their desire to have their child in a separate bedroom was different, for some it was a few weeks and for the other several months.

All of the moms, whether they were for or against co-sleeping or bedsharing, talked about how the security of their child was foremost in their mind. In an effort to keep their children secure they kept their child with them in bed, or they kept them in their bed room showing that for them closeness equated to them feeling more secure and feeling more secure meant having the baby in the room or in the bed. The difference that appeared here was that the moms that thought favorably of bedsharing expressed the idea that having the baby close was also a boon for its long term sense of security, that it would feel comfortable and safe in the world, whereas the others moms focused more on the actual physical security of their baby.

**Independence**

The topic of independence also came up with several of the moms. This was to be expected since, in my reading and in conversations that I had had previously with friends and family, this often came up as a reason not to bedshare or co-sleep. In both the literature and in conversation people expressed the idea that having the children in the bed or in the room might cause the child to be too dependent on the parent in the long run, which, according to friends and family, was undesirable. This
opinion was also expressed by many of the moms that I interviewed. For Jo not having her children in the room or bed “is an independence issue.” She went on to explain that if “they learn to sleep on their own in their own room, it builds confidence.” Renee expressed a similar opinion when asked why she wanted to get Miles used to sleeping on his own in his own room saying “I want him to be able to not be so dependent on me.” She continued on saying that “My ultimate goal with him is to make sure that he is very independent so that he can sleep by himself that he can be by himself without being fearful.” Brandy also expressed the opinion that a benefit of having James in his own room is that “he can console himself... that he doesn’t have to have me right there every second of the day.” Vanita even called her daughter “Miss Independent” because she preferred to sleep in her own bed instead of in the parental bed. For these moms distance, i.e. having the child in a separate bed or a separate room, was the best way to an independent child, therefore in order to achieve this goal they wanted their children to sleep away from them.

I was expecting to hear the ‘independence’ argument from the moms who were advocating having their children sleep in separate rooms, but what I was not expecting was that moms who were advocating bedsharing and co-sleeping also talked about independence. For these mothers having an independent child was a goal of theirs that they hoped to achieve by the close relationship that they were fostering through keeping the baby close to them at night. Darla talked about how “as much as attachment parenting and co-sleeping and all those things are about being stuck to your kid twenty-four hours a day, it is really in the end about, what you want for them is to be totally independent and to be confident and functioning members in society.” In response to Jo’s, opinion that having their daughter sleep in their room would “take away her [Matlynn’s] independence”, Katie expressed the opposite feeling saying “It is hard for me to give credence to that because I had a family bed and I am pretty independent”. For these two moms creating an independent child starts with providing them with a sense of security and trust as children, things which they felt they were providing by bedsharing.

In America, the cultural ideal holds that even from the very beginning of their lives children shouldn’t be too dependent on their parents and independence and self-sufficiency are strongly encouraged and often reward with success, both personal and professional. Therefore, it is no surprise that for all of these moms having independent children was the end goal of their nighttime parenting practices.
However, what was different was that the way to reach that goal was dependent on the meanings that the mom gave to bedsharing or co-sleeping.

The Past

Some of the moms, like Katie, Renee, Tara and Vanita, had pleasant memories of sleeping with their parents when they were children. Katie described how she has “all of these fabulous feelings about being that close with another member of your family” from the period that she shared a bed with her mother and brother. The other three moms fondly recalled the times that they slept with their parents or grandparents, so from a memory standpoint, none of these mothers had any negative associations with bedsharing or co-sleeping.

Not wanting to repeat the past was also a theme that arose during my interviews. Many parents desire that their children don’t make the same mistakes that they have made or that their children haven’t inherited a trait that they themselves have that they deem less than beneficial. The mothers that I interviewed were no different. During the course of our interviews, most of the mothers expressed the hope, either directly or indirectly, that their children might somehow avoid developing the same tendencies or personality characteristics that they themselves had and that the mothers felt were negative. Three of the mothers, Darla, Renee, and Brandy expressed the idea that they hoped to influence the character development of their infants by their choice of sleeping arrangements.

Renee hoped to make her son, Miles, more independent and less co-dependent, traits that she felt she was lacking, by having him sleep in his own room. She had been allowed to sleep with her own parents and she felt that this had somehow contributed to her being less independent. She explained, “I am an only child also and I am very, I think I am really codependent on my mother a lot and I don’t want to make Miles that way. I want to make sure that he is kind of like Monty.”

Brandy also explained how, although she had always slept alone in her own room, she was always around her parents, having never had an outsider take care her, which she felt contributed to the fact that she doesn’t consider herself very socially outgoing. Her hope is that if James doesn’t learn to become dependent on others for things like getting himself to sleep, he will be better off developmentally in that he will learn to be more self-sufficient and less dependent on others. She says that she
feels that “part of that [our personality] is based on how we [are] raised and... I am trying to get the boys to be a little more outgoing and stuff.”

Darla also expressed the desire that her daughter not follow in her footsteps in terms of having trouble sleeping at night and generally feeling insecure. However, unlike the other two moms, for her the way, at least in part, to avoid having Danielle repeating after her is to keep Danielle sleeping in the family bed as long as she wants to be there. Darla explained:

I hated sleeping alone! I hated it. I was scared to death, I hated the dark. And they were doing the best they could. [My parents] weren’t trying to be mean to me, but they’d stick me in the bed and two hours later I’d wake up screaming. ...I don’t blame that on all my insecurities, but I think that it did play a part. I was always scared. I always had sleep issues even as an adult I had too end up like taking Ambien and stuff because I’m different, I get wound up at night instead of relaxed, you know here we go. And that is another thing that I don’t want her to ever feel that way, I don’t want her to be scared in a dark room, I don’t want her to feel alone, you know, like nobody is going to respond if something happens or she is scared. You know so I have a lot of those things mixed up into the eo-sleeping. I want here to feel like this is a good thing, sleep is a good thing and it is a relaxing.

Going back to the basic ideas of what makes a good American, independence and self-sufficiency top the list of personality traits that a person should have. These mother have expressed the feeling that they are somehow lacking in those traits and hope that by providing their child with the right basis, either by bedsharing or moving them into their own rooms, that their children will not inherit the traits or problems that they themselves have as adults. Again, for each of these mothers, the means to this end goal are different, depending on their ideas about nighttime parenting, but their end goal is the same, which is a reflection of the society in which they are living.

**Relationship with Partner**

Another theme that arose with some of the mothers was their partner’s dissatisfaction with either the idea of eo-sleeping in general or the actual presence of a child in the room. Tara explained how her husband doesn’t even like their two-year-old coming into their room at night and that occasionally when her husband has physically removed their son from the room, her son “just knocks on the door and he is crying ‘please, please’” wanting to come in, so Tara gives in and lets him in, which causes tension between the two. The presence of Katie and Jo’s older son was also an issue.

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27 Ambien is a doctor prescribed sleeping medication.
that negatively affected their relationship with both of them admitting that “we had some honest to goodness fights about it.” Katie went on to say that “I think that if I made a point out of it [co-sleeping], it could very negatively affect our relationship and it is one of the reasons why I just caved.” Renee’s husband wasn’t as blatant about expressing his displeasure at having Miles in their bedroom, but Renee still felt that she had to get Miles out of their bedroom in part because she “didn’t want to alienate Monty.” She went on to say that “Monty is the type of person, he can’t take all that, so I know how Monty is and I am just like he is not going to do with all the sleeping in the bed, co-sleeping, so I had to break that pattern.” She also admitted that if it were up to her alone and ‘her soft heart’ she would let Miles sleep in their bed more, despite the fact that she knows its bad.

For other partners, it was more the idea of co-sleeping that was unsatisfactory. Brandy explained how her husband and his first wife had “tried the co-sleeping to begin with and I don’t think that he was on board as much as she was about it and I think that kind of brought up some issues between the two of them”. She went on to say that her husband had told her that he “didn’t want to feel like the baby was coming between us.” For her not having James in their room wasn’t a problem for her because she was not a proponent of co-sleeping or bedsharing to begin with.

**Outside Influences**

I started this project because I was interested in finding out how the different messages that parents were getting about where it was best for their child to sleep were affecting them. I wanted to find out if they were worried by the messages, did they make changes because of them, how did they reconcile the seemingly contradictory evidence that they were getting, etc. But what I soon found out, in the course of my interviews, was that most of the parents either didn’t really pay attention to the warnings or were not influenced by them. None of the mothers interviewed brought up the warnings that the AAP or the Consumer Product Safety Association had issued on their own during the course of our conversations, even when we talked about the issues of security and safety. When the mothers that were bedsharing were specifically asked about the warning that had been issued, both said basically the same thing. Katie explained how, for her, she would prefer to follow her own instincts saying that “In five years the AAP is going to come out with a whole new
study, so it is very hard for me to take a great deal of what they say to heart at the moment” and Darla replied that “I just don’t believe that.... They just don’t get it!” She then went on to say that she thinks that “you have to just do what you instinctually feel is right”, rather than listening to all of the outsiders telling you what is best. Two of the moms did specifically mention SIDS, with one saying that she kept her baby in the room with her to prevent it and one saying that they baby was put in his own room in order to prevent it, but their information about SIDS had come more from stories that they had heard and their own career training than any specific official warnings that they had heeded.

Why is it then that something that I felt was going to be so important for the parents seemed to not even be something that they were interested in? Was the fact that I didn’t have any children myself influencing my perception of how parents would react to these warnings? Was the fact that I had read so many different resources on the subject clouding my subjectivity? These were all questions that I found myself asking as I realized that, at least for the moms that I interviewed, nighttime parenting wasn’t such a divisive subject after all.

My goal had been to understand the subject of nighttime parenting from the mother’s point of view, but was I so removed from the subject, being a non-mom who had lived abroad for several years, that it was impacting our ability to find a common ground or create a shared reality, i.e. the all important ‘intersubjectivity’ that anthropologists strive for? At times it felt like it, when I struggled to get the moms to go deeper and talk more about their feelings. I also felt on several occasions that my personality was holding me back when I was reticent about asking for interviews or even pushing for information in the interviews themselves.

Then again, maybe my personality and my assumptions actually helped me in my research. If I hadn’t originally thought that nighttime parenting was a controversial subject, I would have never pursued it as a topic for research. In not pursuing it, I would have then missed an important opportunity to contribute to the understanding of a topic that affects every parent at one time or another. Through our work together, the mothers and I were able to look at this subject from a different perspective and gain new awareness into what it is really like for mothers to parent a child at night. More importantly, I would have also missed the opportunity to give these seven women a chance to speak about something that was close to their hearts: their children.

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In addition, my personality may have also permitted me access to information that other more forward people would have been denied. In each of my interviews, even those that I felt went poorly, I was able to make a connection with each of the mothers, on at least some level. I was able to provide an atmosphere for them to open up about their children and, precisely because of my personality, they trusted me and provided me with intimate details of their private lives that were, most likely, off limits to other outsiders. If I had been pushier or more aggressive by nature, the moms might have been put off by that and not opened up to me as much.

As my research progressed, I also found that, unlike me, most of the moms had read very little on the subject. A few of the moms hadn’t read any books on baby care, sleep related or otherwise, three of them had read one book, with the classic *What to Expect When You are Expecting* being the most popular choice, and the remainder had gotten information from the Internet or family and friends. Therefore, maybe the discrepancies in opinion that I found so disturbing weren’t as obvious to them because they were seeking out information that followed their line of thinking. Maybe reading copious amounts of material on the subject of infant sleep, like I had in preparation for my research, had clouded my view and given me an unrealistic expectation of how divisive the subject actually was for American parents. Perhaps my bias also crept into my reading of the literature. Was I seeing a ‘controversy’ in the literature that wasn’t there because it fit better into my research plan? These were all questions that I was asking myself as I realized that one of the major goals of my research project wasn’t really valid in this context, at least not with these mothers.

Another interesting finding was that for all of the mothers, except one, their pediatricians didn’t seem to have much interest in where the baby was sleeping. The only doctor that did ask about where the baby was sleeping was, by the mothers statements, strongly discouraging the practice, not because of safety issues, but because it was a ‘bad habit’ that needed to be broken. So, if the AAP was issuing these warning that were becoming front page news, why weren’t the doctors relaying the same information? I considered several possibilities. Could it be that the media picked up on the sensationalism of ‘dead babies’ and made it into a much bigger story than was actually warranted from the data provided? Or is it that the parents of newborns have so many things to think about that the dangers of co-sleeping and bedsharing just aren’t high enough on the list of priorities for them to give them much, or any thought? It is also possible that they are too busy trying to survive this
tempestuous period of their child’s life to be affected by warnings that they might not even see or hear. Furthermore, if they feel that what they are doing is safe and beneficial for their child, then they would also be disinclined to give any consideration to the headlines. Additionally, for some of these mothers, they are more interested in following their maternal instincts and doing what they feel is right than listening to some faceless association of doctors.
Chapter Six: Final Thoughts

Although the need for sleep is a human universal, how we meet this need varies cross-culturally. In America, where a baby sleeps is not as self-evident as it might be in the rest of the world because for many years the accepted cultural practice was to place babies in their own cribs in their own bedrooms, separate from their parents. In recent years there has been a trend toward the co-sleeping and bedsharing practices that are so common in the rest of the world, however, this has not been without controversy. In fact, pediatrician Richard Ferber, a leading authority on infant sleep called the practice of co-sleeping "probably the single most controversial topic related to pediatric sleep" in America (Ferber 2006:41). The idea for this research project was born out of the assumption that American parents were affected by this controversy and it was my research goal to explore the experiences of parent-infant bedsharing and co-sleeping in the current climate of controversy in America.

To this end, I started this research project with a detailed plan of what I wanted to do, what I expected to find and how I expected it to go, but in the end things didn't turn out quite the way I had planned. The controversy about nighttime parenting that I had expected to discover and that I had assumed existed based on my reading and on my own personal feelings on the subject, was subdued, if not non-existent, at least for the mothers that I interviewed. They did think about things like independence and security, but the larger issues for them seemed to be dealing more with the day-to-day particulars of caring for a baby while leading active lives that included things like other children, spouses, full-time jobs and school. The controversy surrounding how they were parenting their child at night did seem to affect them in any concrete way, much to my surprise.

As a result of the lack of controversy surrounding the topic and other difficulties relating to my fieldwork such as the problems that I had recruiting parents to interview, the plan that I had so carefully crafted had to be tossed aside. It was then that I think that the real fieldwork began. I gave up my ideas of what I thought these mothers would say and listened to them, rather than trying to have them fit my plan. I became more flexible with who I would interview and how those interviews would be conducted, rather than worrying about thing like the fact that I wasn't going to be able to form a focus group. In the end, I think that the project was better for it.
and I was definitely better off as a person and as an anthropologist as a result of the sometime frustrating and chaotic turns that my fieldwork took.

My goal with this project was to fill a knowledge gap that I felt existed in the nighttime parenting literature. So much of what has been written has focused on the biomedical aspects of co-sleeping and bedsharing, but very rarely were the voices of the parents heard. Through this research, I was able to fill this ‘experiential’ gap a bit and more importantly, I was able to give these seven mothers a voice in this discussion. I was also able to hear stories about what it is really like to parent a baby at night from the real experts, the parents of the children. And, although it was difficult to get parents to talk to me, the women who I interviewed were warm and open, as Americans typically are when you get them to actually commit to something.

This project was also a journey of self-discovery for me as a person. I had been away from America for a while, and although I still thought of it as my home eight years after leaving it, through the course of my fieldwork I began to realize that my home wasn’t really home anymore. It had moved on without me and I wasn’t the insider that I once had been. I also began to understand how others see Americans as I saw, for the first time, my fellow American through the eyes of an outsider.

This project was also an eye-opener for me as a budding medical anthropologist. As the weeks went on and my frustrations and worries about my work grew, I found myself asking more and more difficult questions about how my personality was affecting the way that I was doing my fieldwork. My personality of not wanting to be pushy, not wanting to pry too much, and not wanting to make people uncomfortable was perhaps not the best for someone who wants to make a living doing qualitative research. The questions that kept going over and over in my mind was would this project have been better or more successful if someone more outgoing or persistent had done it?

I also began to question the idea of doing ‘anthropology at home’, something that has become quite usual in anthropology today. On one hand, it was definitely much easier for me to get going on the ground when I arrived because I spoke the language and I knew the customs and the people. However, I couldn’t help but feel and think that getting past the superficial level with the people that I was interviewing was actually harder for me because of my ‘insider’ status. I knew what social boundaries not to pass, I knew what hidden signals really meant and, therefore, any disregard of these unwritten rules and regulations of society would have been judged
quite harshly. Often times it didn’t even occur to me to go further when I got the signal to stop because my socialization in this society is so complete. I couldn’t help but wonder if I could have pushed more for details and meaning if I had been an outsider?

Lastly, doing this fieldwork has also been an immense privilege to me because the moms that I interviewed have taught me things that they have learned through their own experiences that I hadn’t learned or couldn’t learn from the books that I had read on the subject. This combined with the passion and conviction and the way that they talked about their children was inspiring to me as a future mom. They and this project have taught me that flexibility and following your instincts and feelings are keys to success in parenting, in fieldwork and in life and for that I will always be grateful.
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Weiss, Shelly K.  

Weissbluth, Marc  

West, Kim, with Joanne Kenen  
Annexes

Annex A - Participant Recruitment Postings

Original posting to Craig’s List DFW. Also posted to other local parenting message boards and a local newspapers online classified ad site.

I am a researcher from the University of Amsterdam and I am interested in talking to parents in the Dallas/Ft. Worth area about their “parent/infant” bed sharing experiences. So, if you sleep with your baby in bed with you, all the time or just once in a while, and you are interested in sharing your story, please contact me. If you don’t believe in bed sharing, I’d like to talk to you, too! I will be in your area from May 13th until June 21st, but also invite contact via email prior to that.

Thanks in advance --

Margaret
bedsharing@hotmail.com

Email sent to various parenting and women’s groups (public and private) in DFW:

I am a researcher from the University of Amsterdam and I am interested in talking to parents in the Dallas/Ft. Worth area about their “parent/infant” bed sharing experiences as part of a project I am working on for my Master’s degree. I found your site through Google and it seems that many of your mothers would be ideal for my project. Would it be possible to post an announcement about my project at one of your meetings? I would also be interested in attending your meetings when I am in town, if possible.

I am interested in talking to anyone who sleeps with their baby in the same bed, whether it be all the time or just once in a while. This isn’t a survey. I am interested in hearing their stories about how it is for them to share their bed with their baby. The format would be personal interviews or possibly small group discussion, if enough people were interested. I will be in the area from May 13th until June 21st, but also invite contact via email prior to that. Anyone interested in sharing their experiences can contact me at bedsharing@hotmail.com

If you have any questions or require any further information, please feel free to contact me.

Thanks in advance for your assistance.

Margaret Hermel
Annex B - Pictures and Explanations of Sleeping Equipment

'A bassinette'

A small crib that can come in various styles and price ranges that parents typically use for the first few months of the baby life. They can be quite extravagant and even come with features like music, lights and vibration. (www.jcpenney.com and www.ababy.com)

'A Boppy'

A Boppy nursing support pillow is a pillow that can be used to support the baby during nursing, cradle it during sleep, support it when it first starts to sit up and support it during that all important 'tummy time'. This is a staple for most parents and is simply refer to as a 'Boppy'. (www.boppy.com)
'A Crib'

After a few months the baby is moved from the bassinette or play yard to his or her crib. It is at this time that many parents move the baby into its own room. The cribs can come in various styles and prices ranging from a hundred dollars to several hundred dollars. (www.cribs.com)

'Play yard' or 'Pack 'n Play'

A play yard is a portable crib that can be moved easily and compacts down for travel use. Pack'n Play is the brand name of the Graco Company, but is commonly used to refer to play yards of any kind. The play yard typically has mesh sides and a padded bottom that can be moved to various levels as the child gets bigger. There are various models and brands available according to the parents’ needs and budget. Prices start around $80 and go up depending on the features. (www.gracobaby.com)
Parents Needed for research study on co-sleeping

I am a university researcher working on my master's degree in medical anthropology and I am interested in talking to parents in the Arlington area about their "parent/infant" co-sleeping experiences. So, if you sleep with your baby in bed with you all the time or just once in a while, and you are interested in sharing your story, please contact me. If you don't believe in co-sleeping, I'd like to talk to you, too! Participation will consist of a 1 hour interview. For more information or to schedule an interview please contact me.

Contact person: Margaret (817) 845-9899 or bedharing@hotmail.com