

Exploring Mother-Infant Bedsharing Through a Cross-Cultural Lens

Western Versus Non-Western Mother-Infant Sleep Arrangements

Mother-infant sleep arrangements significantly differ in Western and non-Western cultures. In the Western world, mother-infant bedsharing is often associated with physical health and safety concerns as well as long-term social/emotional codependency (Canadian Pediatric Society). In contrast, mother-infant bedsharing is often a taken-for-granted part of the social order in non-Western countries (Okami, Weisner and Olmstead 244). Charles Super and Sara Harkness' (1994, 2002) ecocultural developmental niche approach to child development is used to highlight how the physical and social settings of a child's environment, customs/practices of child rearing and the psychology of caretakers overlap and interact to influence the practice of bedsharing in Western and non-Western cultural settings. I ultimately challenge Western medical recommendations in light of non-Western cultural practices as well as empirical evidence produced in Western societies. Finally, I bring the theoretical discussion to a practical level as I reflect on some of my own struggles in my decision to bedshare with my daughter in Toronto, Canada.

Introduction

In Western cultures, mother-infant bedsharing has been a topic of debate and controversy over the past several decades. In the same time period outside of the West, bedsharing has been described as a “near universal” (Okami, Weisner and Olmstead 244). Today, almost 60 percent of infants in Western countries (i.e., Australia, United States, Canada, New Zealand, United Kingdom) fall asleep independently as opposed to only four percent of infants in non-Western, predominantly Asian, countries (Mindell, Sadeh, Kohyama and How). In Western cultures, bedsharing has increasingly been associated with health

and safety concerns, leading medical “experts” to warn against the practice. Furthermore, bedsharing is sometimes equated with codependency, or at least viewed as a barrier to a child’s independence. In non-Western cultures, these assumptions are often turned on their head—bedsharing is thought to increase the chances of infant survival while codependency (whether a result of bed-sharing or not) is highly valued. Moreover, cultures, such as the Guatemalan Mayan community, describe infant solitary sleeping as “tantamount to child neglect” (Morelli, Rogoff, Oppenheim and Goldsmith 608). It is important to state upfront that I do not wish to either promote or demote the practice of bedsharing. This paper simply seeks to clarify the complex relationship between empirical evidence and cultural factors that often convolute an issue that is not as clear cut as it is often presented by Western “experts.”

Following a brief discussion and clarification of the terminology used throughout this paper, I will describe the theoretical “developmental niche framework” (Super and Harkness “The Developmental Niche”) and contextualize bedsharing within it. Key concerns about the process and consequences of bedsharing in the west, including its common association with Sudden Infant Death Syndrome (SIDS) and increasing codependency between mother and infant, will be explored in light of empirical evidence. As bedsharing has been a practice I have both engaged in and struggled with, I will also reflect of some of my own experiences as a mother who bedshared with my daughter for the first two years of her life. Finally, the implications are explored in light of the insights offered.

Terminology

Before embarking on this discussion it is important to be clear on the terminology used throughout this paper. The term “bedsharing” is preferred over co-sleeping because it specifically refers to parents (usually a mother, but sometimes a mother and father) and infants sleeping on the same surface. The term co-sleeping is more common in the literature, but it is a broader term given it technically includes children who also sleep in the same room, but not the same bed, as their parent(s).

It is also important to differentiate between bedsharing as an overt decision made by parent(s) from birth and reactive bedsharing. The latter is often a response to pre-existing sleep problems and is sometimes used by parents as a last resort sleep solution (Keller and Goldberg). “Bedsharing” throughout this paper does not include reactive bedsharing families. This distinction is particularly important in the discussion about codependency.

Finally it is essential to acknowledge the limitations of the “Western”/“non-Western” cultural dichotomy. These distinctions are admittedly broad

and difficult-to-define given there is a great deal of heterogeneity within and between both groups. As conceptualized here, Western cultures are typified by North American ideals that place a higher value on individual autonomy over relatedness to others. In contrast, “non-Western” cultures, such as many Asian, Indian and South American cultures, value relatedness to others as much or more as individual autonomy. When possible, specific cultures have been labeled.

Bedsharing and the Developmental Niche Framework

This paper draws on the interdisciplinary “developmental niche” framework of child development as described by Charles Super and Sara Harkness (“The Developmental Niche”; “Culture Structures”). Borrowing from anthropology, psychology and biology, this theory emphasizes three interacting subsystems, embedded in culture, that influence a child’s development: 1) the physical and social settings of a child’s environment, 2) customs/practices of child rearing and 3) the psychology of caretakers. In contrast to typical North American models of child development that emphasize the individual traits of children (i.e., Piaget’s cognitive model), these culturally entrenched subsystems are understood to be central to a child’s growth, learning and development.

The physical and social sleep setting of children growing up in North American is typically solitary (child has her own bed and own room separate from parents and most often separate from other siblings). Today, North American families who have the resources usually have living spaces accommodating this ideal. I have personally encountered many parents who consider a lack of another bedroom a key deterrent to having another child. Historically, this approach to sleeping separately has not been the norm. As recently as the early 1900s in North America, it was typical for children to sleep with siblings or parents. My 93-year-old grandmother recalls sleeping with her two sisters horizontally in one bed throughout her childhood. Similarly, it was common during this time period for North American children to go to school in a one-room schoolhouse, live intergenerationally and maintain close relationships with relatives who generally lived in nearby. While there has been significant change in North America over the past century, non-Western cultures have not undergone these same social and environmental changes. Many non-Western cultures have maintained the interdependence more similar to Western family life in the past.

The second subsystem in Super and Harkness’ framework, customs and practices of childrearing, reflects the physical and social settings of the family. As mentioned previously, in non-Western cultures extended family (i.e., cousins, aunts, uncles, grandparents) typically live in close geographical proximity.

Having family members close by affects the daily functioning of families on matters related to finance, health care, and childrearing. Naturally, cooperation and reliance becomes valued over individual autonomy. The practice of bedsharing thus becomes a logical option not only because of limited space, but also because of the high value placed on interdependency.

The third subsystem, the psychology of caretakers, expressed through “parent ethnotheories,” is embedded in the aforementioned subsystems. Ethnotheories can loosely be defined as ideas, beliefs, and values that are shared within a community and guide parents in the choices and decisions that are made regarding their child’s upbringing (Super and Harkness “Culture Structures”). Ethnotheories in Western cultures generally emphasize the importance of independence and agency of children. Such a cultural framework easily lends itself to independent sleep arrangements for infants in that it is generally accepted that infants should be able to go to sleep and stay asleep on their own. In non-Western cultures, it is not expected nor considered desirable for infants to sleep independently. Indeed, as the quote in the introduction points out, some non-Western cultural ethnotheories view independent sleep arrangements as neglectful (Morelli, Rogoff, Oppenheim and Goldsmith).

Western Health Concerns

Independent sleep arrangements are reinforced by Western medical regulating bodies further contributing to the significantly lower rates of infant bedsharing in Western versus non-Western countries. The American Academy of Pediatrics (AAP) recommends “room-sharing without bedsharing” (cited in Task Force) while the Canadian Paediatric Society (CPS) takes a stronger stance stating, “the *only* safe place for babies to sleep is in a crib that meets current safety standards” [*italics mine*]. Concerns about Sudden Infant Death Syndrome (SIDS), strangulation and suffocation have greatly impacted the recommendations of medical associations as well as the reduction in the number of mothers who bedshare in North America. Both the CPA and AAP link SIDS directly to bedsharing.

However, evidence informing the sweeping medical “expert” recommendation not to bedshare has many confounding variables. Parental smoking and intoxication, both of which are often present in cases of SIDS unsafe bedding and more than one child in the bed have not adequately been controlled for in the research (Aslam, Kemp, Harris and Gilbert; McKenna). It is understandable that a highly respected organization, such as AAP, errs on the side of caution and advises *all* families to avoid a practice that could potentially lead to exacerbating other risk factors. At the same time, fear of SIDS in the Western world has contributed to significant erosion of a cultural practice

highly valued and respected by the majority of cultures worldwide based on fear that may not be empirically founded.

Jane McKenna (see, also, McKenna and Mosko; McKenna and Volpe) arrives at a very different conclusion than the AAP. Using a natural and evolutionary discourse to support his ideas, McKenna provides empirical evidence to demonstrate that bedsharing is protective against SIDS and sleep apneas. McKenna concludes that bedsharing is associated with: a) co-arousal between mother and infant, b) more frequent nighttime awakenings for mother and infant, as well as synchronized shifts in sleep stages and c) less time for mother and infant in deep stages of sleep (211). Given a key theory regarding the epistemology of SIDS suggests that death occurs when an infant fails to initiate breathing following an episode of sleep apnea (McKenna and Vosko), the above results suggest that mother-infant bedsharing could protect an infant from SIDS. Furthermore, it was found that breastfeeding, another protective factor against SIDS, occurs twice as often and for three times as long in the mother-infant dyads that bedshare compared to those that sleep independently (McKenna).

It is worth noting that Japan and Hong Kong, countries where bedsharing is the norm, have some of the lowest SIDS rates in the world (McKenna and Volpe). In a study of sleep patterns across 17 cultures worldwide including almost 30,000 infants, only four percent of infants in Asian cultures slept independently in their own crib or bed compared to 57 percent of Caucasians (Mindell, Sadeh, Kohyama and How). Other researchers have examined the practice of bedsharing in families relocating from non-Western to Western cultures. Aslam, Kemp, Harris, and Gilbert interviewed Indian mothers who had immigrated to Australia regarding their sleep practices with infants. The mothers were overwhelmingly aware that health professionals advised against bedsharing in Australia, yet continued this custom nevertheless. When mothers were explicitly asked about their concern of rolling onto their babies or somehow suffocating them, the mothers found this “absurd” (672). Despite strong cultural messages against co-sleeping for fear of SIDS, these mothers ultimately felt it was in their own and their child’s best interest to continue the practice. In essence, their ethnotheories were resistant to “expert” advice in the new culture, as their core cultural values continued to guide their behaviour.

Finally, health and safety concerns other than SIDS and suffocation are worth considering. Paul Okami, Thomas Weisner and Richard Olmstead quite candidly point out that:

Many more children die during solitary sleep by fire than die by overlay during bedsharing. Moreover, fire is only one of a number of possible mortal threats to the infant related to solitary sleep, whereas

overlay appears to be the single threat to infant mortality specific to bedsharing that does not also exist in solitary sleep. (245)

Similarly, Jane McKenna and Lane Volpe collected anecdotal narratives of Western bedsharing parents who felt their decision to bedshare was protective rather than hazardous to the health and well-being of their children. In several cases, parents claimed that they had possibly saved their child's life by being in the same bed as him or her (due to fire or medical emergency). Of course it is impossible to know if a child would have died or not if the parent was not immediately available. However, it is plausible that a mother's close proximity and immediate response played a key role in protecting the child's life.

Although the AAP and CPA are prudent to advise against a practice that could potentially be harmful to an infant *if other risk factors are present*, the recommendation ignores the cultural practices and values of mother in both western and non-Western cultures. In cases where other risk factors are not present (i.e., intoxication, smoking, safe bedding, supine sleep position) the practice appears to be physically harmless and in many cases helpful to a child's health and well-being.

Codependency

A major difference between Western and non-Western cultures (as loosely defined here) is the value placed on interrelatedness. A key concern about bedsharing in Western cultures is that it will lead to long-term codependency between mother and infant—a pathologized dynamic in the West. Western cultures consider codependency to be a barrier to a child's optimal development treating it as something that must be eliminated while overwhelmingly associating it with children of alcoholics (see Hewes and Janikowsky). Western pediatricians, parents, and childcare experts alike suggest that bedsharing at night will compromise children's psychosocial development in that it will impede their autonomy (Morelli, Rogoff, Oppenheim and Goldsmith). Again, this assumption is not founded in empirical evidence. Okami, Weisner and Olmstead's 18-year longitudinal study in the United States examined correlates of parent-child bedsharing. This research began in 1975 when families who bedshared with their infants were classified as "countercultural" (245). Although physicians of the time warned against bedsharing, this study found no evidence that bedsharing lead to later psychosocial developmental problems for children or adolescents. In fact, there were "mildly positive associations in early childhood and adolescence between bedsharing and psychosexual and affect-related variables" (251).

Meret Keller and Gregory Goldberg examined the relationship between bedsharing and independence in early childhood and found that solitary sleepers

do indeed learn to fall asleep alone and stay asleep alone at a much earlier age than children who bedshare. At the same time, it is noted that this one aspect of independence does not necessarily generalize to other areas of life. After controlling for maternal autonomy support, defined as the degree to which mothers valued and actively supported their child's independence separate from sleep arrangements, preschool age children who were early bedsharers were "reported by their mothers to be more self-reliant and exhibited greater social independence" (383). One mother's anecdotal narrative illustrates this point: "I credit co-sleeping with his increasing ability to handle new things, because I believe it fosters the kind of independence only feeling secure can give" (McKenna and Volpe 369). Even if we are to accept the Western assumption that codependency is pathogenic, a mother-infant bedsharing does not appear to be correlated with overall codependency.

Implications

It is not possible to argue that bedsharing is or is not an inherently good or bad practice—this is my central criticism of the "experts" who claim to know what is best for all. As has become apparent, it is a culturally entrenched decision that a mother/family makes. It is heavily influenced by the physical and social setting of the child, childrearing practices and the psychology of caretakers themselves. What this paper has tried to demonstrate is that bedsharing is not inherently "wrong" or "bad" as Western "experts" suggest.

This realization has important implications for mothers who often struggle and/or fear going against the recommendations of health care professionals when their instincts tell them otherwise. The increasing medicalization of motherhood has allowed "expert" recommendations to override mothers' intuitive sense of what is best for their child (Andrews and Knaak). Ironically, one of the major shifts in Western practices in the 1980s was the enthusiastic return to breastfeeding over bottle-feeding—a practice most non-Western cultures never abandoned. The pressure put on mothers to adhere to medical recommendations, when these recommendations conflict with each other (i.e., breastfeed, but don't bedshare), places an unnecessary burden on contemporary mothers who already struggle with being a "good" mother, caregiver and more and more frequently, a/the breadwinner. The medicalization of motherhood, in regards to bedsharing and beyond, may lead to unnecessary feelings of guilt, worry and/or failure.

My Experience

I originally wrote this paper as a 26-year-old single mother of an infant pursuing a

Masters of Arts in Early Childhood Studies. While I myself could be considered an “expert” on child development (though not from a medical perspective), I often felt my choice to bedshare with my daughter was negatively perceived by colleagues, friends, families and mentors. I was frequently placed in the role of defending my “choice” while being ill-equipped to answer questions about the merits and risks of this practice. I found myself leaning on empirical evidence to defend myself, while in actual reality it felt like the only “right” way of doing things. Practically, my daughter and I both slept better when she slept with me and we both needed the sleep. She never appeared to be impeded emotionally or socially as she always was comfortable and willing to be held by and interact with familiar (and often unfamiliar) adults. Nevertheless, I constantly feared and worried that I was somehow doing her a disfavor or putting her health at risk in my own selfish interests of wanting to get more sleep.

At the same time, I was encouraged to breastfeed as much and as long as possible. It made no sense to me that I was supposed to be breastfeeding around the clock, but sleep in another room, or at least another bed. Breastfeeding when bedsharing barely required consciousness in the middle of the night while physically getting myself out of bed, sitting for twenty minutes and then getting us both back to sleep, took at least an hour (and was to be repeated within a couple of hours). Here I was, an early childhood educator, who knew the importance of being present, attentive and engaged with my infant all day long. This simply wasn’t possible with no sleep. It felt like a no-win situation. Something had to give.

I chose bedsharing and I worried. I wasted a good deal of energy doubting myself and repeating the words of my doctor “roomshare, but don’t bedshare” with a tremendous amount of fear and guilt. Today, she is a well-adjusted three-year-old who sleeps in her own bed. The choice to move her into her own bed in her own room was a choice we both made when I was no longer breastfeeding and we began to interrupt, rather than aid, each other’s sleep. The transition was difficult, but possible. I still lay with her for ten or fifteen minutes at bedtime each night—time which I both of us greatly value. At that point she is (usually) content to hug her teddy bear and go to sleep on her own.

I am currently expecting my second child and have not yet figured out what my sleep arrangements with this infant will be. My life and my family’s life are very different. I am now a part-time professor, Ph.D. student and researcher with a partner, three-year-old daughter and five-year-old stepdaughter. I don’t claim to “know” what I will do or what will feel “right” when it comes to the sleep arrangements myself and my partner will make in regards to the baby in utero. If I do engage in bedsharing I hope not to feel the same feelings of guilt and worry that I did with my daughter. For now, I take comfort knowing that

mothering is an imperfect journey that women all over the world experience approach in very different ways.

Conclusion

Drawing from anthropology, psychology, and biology, the developmental niche framework highlights how a child's environment, parental and community customs of child rearing and the psychology of caretakers interact and overlap to affect a child's earliest sleep arrangements. Western assumptions that bedsharing jeopardizes an infant's safety and autonomy have been empirically challenged as well as contrasted with non-Western practices through a review of relevant literature. I have also related the theoretical and empirical ideas discussed to my own experiences as a young mother for whom bedsharing felt intuitively "right." As stated at the outset of this piece, I do not wish to universally promote mother-infant bedsharing—I question the validity of any universal parenting recommendation. However, I believe that mothers deserve to be well-informed from a variety of perspectives—including cross-cultural perspectives, in their decision to bedshare ... or not.

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