

**Monster in My Closet: An Exploratory Study of the Relationship Between  
Parent-Child Co-Sleeping and Nighttime Fears of Preschool Children.**

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**Abstract**

Children's nighttime fears, such as monsters in the closet, have been a common issue for the American. In children's cognitive development, vivid imagination has been recognized as a cause of fear, but not all children around the globe share this common experience. This qualitative, exploratory study examined the relationship between parent-child sleeping practices and the nighttime fears of preschool children in a cross-cultural sample of 26 families. Interviews were conducted with 10 European-American and 16 Asian-American families. Asian-American families (94%) were more likely to report parent-child co-sleeping arrangements than were European-American families (10%). Results indicated that children from families that practiced parent-child co-sleeping had significantly fewer occurrences of nighttime fear. It is recommended that practitioners recognize the cultural construction of sleeping practices and that researchers examine the psychological impact of co-sleeping on young children.

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Fear of the dark, monsters under the bed, and monsters in the closet may reflect a normal part of the lives of three to five year old children, who are working to differentiate between reality and fantasy as part of the developmental tasks of early childhood (as per the well-known theories of Piaget and Erikson). While it has been hypothesized that fear of separation and abandonment may be at the root of nighttime fears for children, little is known about the factors that may mediate the psychological impact of these fears.

In a cross-cultural examination of childrearing practices, Commons (1998) found that early stress experienced by infants as a result of parental delay in responding to nighttime cries may increase the incidence of post-traumatic stress and panic disorders in adulthood. The researchers pointed to the widespread U.S. practice of placing children in separate beds (and often separate rooms) as a primary reason for delay in parental response to child stress. According to McKenna (1996, p.212), “there is far more evidence suggesting negative socioemotional and physiological consequences to infants sleeping socially distant from their parents than evidence suggesting inherent negative effects of increase contact or proximity.” James McKenna, a biological anthropologist and director of the Mother-Baby Behavior Sleep Laboratory at Notre Dame, believes that co-sleeping regulates the infant’s physiological system. “Biologically and psychologically, infants, children, and their parents are designed to sleep close.” He acknowledges that there are no systematic studies of the relationship of sleeping arrangements to children’s developing personality characteristics, but studies are beginning to

produce evidence of the benefits of co-sleeping. Co-sleeping children were described in one study as less fearful and better behaved than children who slept alone (McKenna, 1999).

While sleep is a biological need, sleeping practices are culturally constructed. In a cross cultural study of 92 societies, Stephens (1972), found that children under the age of seven slept with their mothers in all of the societies studied. Children under age seven slept with both parents in about one-third of these societies. Almost half of the children in the 90 societies studied by Barry and Paxson (1971) slept in the same bed with at least one parent. In the United States most middle-class families have infants sleep alone but perhaps in bassinets near the parents' bed but are in their own rooms by age six months. (Morelli, et. al. 1992)

Among U.S. parents, co-sleeping is more commonly practiced by members of African American and Asian American families (Lozoff, Wolf, & Davis, 1984; Madansky & Edelbrock, 1990). In one sample, 80% of African American infants slept with parent(s) (Morelli, Rogoff, & Oppenheim, 1992). According to Lozoff, Wolf, and Davis (1984), mother ambivalence, lower SES, higher stress, and higher incidence of child sleep problems were associated with co-sleeping among the European American families in their study, who live within a culture that emphasizes individualism over interdependence. This was not true for families from other ethnic groups. More recent work has reported an increase in the number of European American families practicing what is termed, "attachment parenting," which focuses on extended breastfeeding and co-sleeping (Sears, 2001).

Much of the recent research on co-sleeping has focused on its connection to Sudden Infant Death Syndrome (McKenna, 1996). While co-sleeping in and of itself has not been found to increase the incidence of SIDS, there is some evidence that the ways in which co-sleeping is practiced may be of concern. For example, co-sleeping with infants in soft bedding has been

correlated with an increase of SIDS (Nelson, Schiefelhoevel, and Haimerl, 2000). Parental cigarette smoking and alcohol use has also been found to increase the incidence of SIDS among infants sleeping with parents.

While researchers have studied co-sleeping from the perspective of cultural incidence and infant death, the psychological effects of co-sleeping on young children has been largely ignored. The current study, by exploring the relationship between parent-child sleeping arrangements and nighttime fears of preschool children, addresses this gap in the literature.

### **Methods**

Twenty-six families from seven states participated in this study. Ten families were European American and sixteen were Asian American. Total number of children in each family ranged from one to three. Parents were asked about their sleeping arrangements for each child since birth, and whether their children experienced nighttime fear. Basic demographical information, such as occupation, age and gender of the children were also gathered. All parents had at least college degrees. All families were two-parent families with their biological children. All fathers in this sample worked full-time. Sixty percent of mothers from the European-American families and eighty percent of the mothers from the Asian American families were employed full time. Twenty percent of the mothers from the Asian American families were employed part time.

### **Results**

#### **Co-Sleeping Arrangement**

European American Families Only one of the ten European American families reported a planned co-sleeping arrangement for their children since birth. Among the nine European American families that did not plan parent-child co-sleeping, all reported various degrees of accepting a child in their bed in those events when the child awakened with distress or as a result of a “bad dream”.

Asian American Families The sixteen Asian American families in the study reported on the sleeping arrangements of each of their children, a total of 31 (17 boys and 14 girls). Children ranged in age from 11 months to 18 years of age. Fifteen families practiced parent-child co-sleeping since the birth of their children for at least 17 months. Most families mentioned allowing their children to make the decision regarding when they were ready to sleep by themselves. Most children decided to have their own bedroom between the ages of 8-10. The following were some comments from parents:

“ My son (age 7) sleeps with his dad and I sleep with my daughter (age 5).”

“ The youngest one sleeps (age 4) with us and the older two boys (age 7 and 9) sleep together in the same room.”

“ My daughter decided to have her own room when she started kindergarten because she did not want to be called a “baby.”

“ My youngest daughter (age 9) still sleeps with me (mother), the older daughter (age 12) decided to sleep by herself when she was 9.”

“My son (age 6) was out of our bedroom when he was about 3, so we could make room for our second child (age 3 now). Now, I sleep with the youngest child. Their dad sleeps with the two older boys in the same room.”

The reasons for the parent-child co-sleeping arrangements included convenience (easier to attend to children’s needs), bonding and tradition. Many parents expressed the joy of co-sleeping with their children while they still allowed them to. Many parents mentioned that to make themselves accessible was important at night. Many parents felt that having a separate room for infants was unreasonable or even cruel.

“I (a mother) really enjoy nesting with my daughter (age 9) in her room. I am able to massage her feet at night and make myself available just in case if she needs me at night for things. I am so glad that she still allows me to be so close to her. But she is growing up so fast, she may not want me to sleep with her next year. Of course, her friends at school do not know about the co-sleeping.”

### **Children’s Nighttime Fear**

Among the European American families, observations of the nighttime fear were much more pronounced than the Asian American families. The majority of the European American families reported two to three severe nighttime fears per month for a period of time.

Among the fifteen families that practiced planned-co sleeping, only one child reported nighttime fear. The boy (age five) was the youngest of the family. His mother mentioned that his older sister and brother had their own rooms when they were three, so she asked the boy to move out of her room when he was three. The boy occasionally had nighttime fears when he turned five. After moving the younger boy to his older brother’s room, the nighttime fear ceased.

The only one Asian American family that had never practiced family co-sleeping, had three children aged 9,7 and 5. The mother mentioned that her children's nighttime fear peaked around age 4 to 5. However, she was very firm about sending them back to their own rooms. The youngest daughter had the greatest frequency of "monster in the closet" episodes. Amy her daughter's nighttime fear peaked at age 4 for about 4 months (about twice a week).

### **Discussion and Conclusion**

One of the most interesting findings of this study was the link between parent-child co-sleeping and the occurrence of children's nighttime fear. Further research is needed on the psychological impact of parent-child sleeping practices on children. One suggestion is to examine additional factors that may predict children's nighttime fear, such as child temperament, parental employment, and parenting styles.

This qualitative, exploratory study provided a different angle in the investigation of common parenting practice in the United States. In a culture that highly values independence versus interdependency, parent-child co-sleeping has been perceived as inappropriate. It is recommended that family practitioners recognize the cultural context of parent-child sleeping practices as well as the benefits of co-sleeping as they respond to the parents' questions.

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