

Two in Bed: the Social System of Couple Bed Sharing

by Paul C. Rosenblatt, State University of New York Press: Albany, NY; 2006

Rachel Manber, PhD

Stanford University, Stanford, CA

WHEREAS PEDIATRIC SLEEP RESEARCHERS AND CLINICIANS PAY CLOSE ATTENTION TO THE WAYS IN WHICH A CHILD'S FAMILY SYSTEM AFFECTS THE CHILD'S sleep, those who treat and study adult sleep rarely attend to the social context in which adults sleep. As its title suggests, the book *Two in a Bed: the Social System of Couple Bed Sharing*¹ by Paul C. Rosenblatt is concerned with a specific sleep related social context. Paul Rosenblatt, PhD, a professor of family and social science at the University of Minnesota, presents qualitative data concerning different facets of the experience of bed sharing as a relational system. The book is well organized and easy to read.

Written primarily for researchers and practitioners who focus on couples, the book is less concerned with the impact of bed sharing on sleep per se, though there are ample examples of that too, as in sleep as a window to the couple's system. When sleep specialists attend to the bed partner, they do so in order to obtain information from a witness to a patient's sleep symptoms, such as breathing related events, leg movements, and parasomnias. In contrast, Dr. Rosenblatt is interested in the effects of bed sharing on each partner and on the couple system. Nevertheless, sleep clinicians will benefit from attending to this book because it provides glimpses into couples' bedrooms and insights into their sleep related behaviors, aspects of sleep that have not been explored before.

Dr. Rosenblatt interviewed 88 adults. In almost all cases both members of the couple were present. Though the sample is culturally homogenous, it is diverse with respect to age (21 to 77 years) and the number of years the partners have slept together (6 months to 51 years). The descriptions of responses to the interviewer's questions are often engaging, but the discussions of the implications for the couple's system at the end of each chapter are at times contrived.

The cited benefits of cosleeping were either person-focused, such as warmth, sense of safety, and companionship, or couple-focused, such as intimacy, shared experiences, and reaffirming the couple's commitment. Details about the mundane experiences related to bed sharing are explored. Bed partners were asked how they make decisions about the bedroom environment, such as the sleeping surface and temperature control, how they decide when

to go to bed on a given night, and whether or not to go to bed together. The actual experience of being in bed together is then broken into many questions. The following are a few examples: What happens in the transition to sleep? How do partners negotiate the bed space? How do they deal with sharing the blanket? How much physical contact to have? What is the couple's experience at rise time? Interestingly, whereas the experience of going to bed together is described by many couples as a shared experience signifying a move away from the outside world into the sanctuary of the safe and the familiar, the morning experience is described as getting ready to face the world alone again.

Three of 17 chapters explore the impact of one partner's sleep difficulty on the sleep of the bed partner. The author ensured that snoring would be adequately covered by calling attention to the issue in some of the recruiting advertisements. Those interviewed described the impact of their partners' snoring on their own sleep and how they deal with these issues as a couple. Some stagger their bedtime so that the non-snorer can fall asleep first. Others poke the snorer, leave the bedroom, or send the snorer to a different room. There are also descriptions of how CPAP therapy can change the couple's relationship.

Other sleep disorders mentioned by couples include restless legs, periodic limb movements, nightmares, bruxism, sleep talking, and mismatched circadian tendencies. Insomnia symptoms are not addressed as a topic. Instead anecdotes about the systemic aspects of restless sleep appear in several chapters. One of these chapters is entitled "How Can You Sleep So Soundly When I'm Wide Awake?" Despite its title, this chapter does not explore the resentment often expressed by insomniacs regarding their partner's good sleep. Instead, it deals with the frustration of a person whose bed partner is difficult to arouse (e.g., "If we really had a fire in this building...she'd burn up.") There are examples of how restless sleepers disturb their bed partners' sleep. In some cases the sleepless partners try to avoid disturbing their bed partners, which, in turn, leads concerned bed partners to become attuned to subtle changes in breathing as an indication that their partner is not sleeping well. In other cases, the sleepless person wakes the partner up in order to be comforted or to discuss a disturbing issue. Not surprisingly the book reveals gender differences in the reactivity of the sleep system to marital conflict. It was reassuring to read how couples use humor to diffuse the tension that can arise when one of them tosses and turns or manifests other sleep related behaviors that can disturb the other's sleep.

Sleep specialists interested in insight about the contribution of bed sharing to the presentation and treatment of disordered sleep are likely to be disappointed. That said, a quick read can stimulate ideas for further examination of the role of a bed partner in enhancing the treatment of sleep disorders, most notably compliance with CPAP therapy and cognitive behavioral therapy for insomnia. Concerns about disturbing the bed partner's sleep,

Disclosure Statement

This was not an industry supported study. Dr. Manber has received research support from Forest Laboratories.

Submitted for publication February, 2007

Accepted for publication February, 2007

Address correspondence to: Rachel Manber, Ph.D., Psychiatry and Behavioral Sciences, Stanford University, PBS #3350, Stanford, California, 94305-5730; Tel: (650) 724-2377; Fax: (650) 725-8910; E-mail: manber@stanford.edu

though not always valid, often hinder compliance with stimulus control instructions and sleep restriction, two key components of behavioral treatment of insomnia. There might be room to involve the bed partner in alleviating such concerns or finding solutions around it. Bed partners can also be enlisted to help insomniacs whose preoccupation with sleep during the day perpetuates their nighttime symptoms. For example, insomniacs disposed to cancel social and other engagement either because of poor sleep the night before or for fear that the activity might interfere with sleep that night can be encouraged by their partners to adhere with plans. Thus, reading the book could inspire sleep specialists to extend their exploration of sleep to include the context of patients' bed-sharing experience and identify instances which might benefit from involving the bed partner in the treatment.

REFERENCE

1. Rosenblatt, PC, *Two in a Bed: The Social System of Couple Bed-Sharing*. Albany: State University of New York Press, 2006.