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The Family Bed - The Last Taboo

Understand Your Child's Unique Emotional Needs

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Some parents in today's society struggle with feelings of guilt, shame & anxiety some-times associated when sharing the family bed with their children. The choice for parents to share their bed with their children should be open and acceptable based on their chil-dren's needs and level of development. Many parents use the family bed as a vehicle for extending time and contact with their children, especially when parents are away, either at work or on long business trips. A sense of closeness comes from a non-verbal connection between parents and children and can be supportive and reassuring to many children who crave and that kind of support, reassurance and close contact with their parents.Many new mothers feel more comfortable having their infants close to them at night es-pecially during the critical period when they first come home from the hospital. Whether a mother chooses to have the crib next to her bed is a choice that should be open to the mother and the parents without a sense of guilt or shame attached. Older children can go through separation anxiety for any number of reasons.

Circumstances such as an illness in the family, birth of another child, separation and di-vorce, the beginning of a new school year, or any other child anxiety, are some reasons why a child could the experience of remaining close to a parent in the hours that are con-sidered most vulnerable – bedtime. There are children who are simply not emotionally ready to make that separation every night for the whole night. Spending part of the night or the entire night in a parent's bed can help to alleviate a child's anxiety and fear. The parents should use their own judgement as to whether this is an emotionally healthy and authentic need on the part of the child or whether it is manipulative and attention.

Many fear that the idea that a child of any age who shares a bed with a parent for any pe-riod of the night is either interfering with the privacy of the adult relationship or in some way the adult is compromising the child's movement towards autonomy. The fact is, a child's future values, morality, ideals, and goals begins with a sense of devotion, and a feeling that the parent understands and respects the child's feelings to protect the child at their most vulnerable times. The lack of this type of sensitivity and attention can lead to a variety of pernicious attachment/unattachment and trust disorders.

Parents who recognize the dependency needs and anxiety concerns of their children seek to comfort them and make them feel safe. Sleeping time together may afford extra time for non-verbal close physical contact which is supportive and reassuring for children. It can also provide a parent with a sense of closeness and a sense of contact with the child. Children who have difficulty falling asleep, have nightmares or walk in their sleep, often are comforted and feel more relaxed falling asleep close to a nurturing parent. For some children they are comfortable going to sleep in their beds, but when they wake up at night with either a nightmare or some physical pain, they feel comforted coming to sleep in their parents' room.

A child who sleeps alone in their own bedroom is a major step toward independence. Children who are given the ability to comfortably move to this stage is assisted by the support of all their individual dependency needs, and will view their parents as objects of security, safety and support.

cultural nature and decision. In the United States, both poverty and the state of the art of home building, engineering relating to heating and climate control, have had a large impact on whether families cohabit together at night or each are removed to their own bedrooms. Certainly in families who cannot afford the space for independent bedrooms have made accommodations for children to share bedrooms or sharing the same bed. One needs not to equate level of income as to whether or not children should share a bedroom with parents for some period of time, this is a decision that has nothing to do with economics or status, but only with the benefit to the child and the closeness and intimacy of the family unit.

If children are not bonded and identified with their parent's, values, morality, ideals, goals at a very young age in the course of their lives, the prospect for future development, to healthy introjects and identification is virtually not realistic; hence techniques and means of creating close bonds with children must begin at an extremely early age - infancy on. The invocation of values and lifestyle begins with a sense of devotion, and a feeling that the parent understands and respects the child's feelings and needs and wishes to protect the child at their most vulnerable times. The lack of this type of sensitivity and attention can lead to a variety of pernicious attachment/unattachment and trust disorders. Further, it is my experience that the "messy teenager syndrome" in which adolescents disrespectfully leave piles of clothing on the floor - integrated with stale food, dirty dishes, jewlery etc. is a later displacement of rage and fury left over from an early age when the child was sent to their rooms as growing children, who needed their parents non verbal comfort and support.

Virtuous, puritanical, American culture has tended to regard the parent's bedroom with Victorian, prurient awe mixed in with a hint of Freudian psychological support for the theory that all behavior is motivated by sexual desire. The sexual aurora which tends to pervade the image of "the parents bedroom" makes the idea of children from infants to toddlers and pre-adolescence sharing the parents bedroom or bed for any period of time during the night as if it were participating in a sexual experience as opposed to being responsive to the emotional needs of comforting and attachment required by all young children to greater and lesser degrees.

Many fear that the idea that a child of any age, from infancy through adolescence share a bed with a parent for any period of the night is either interfering with the privacy of the adult relationship or in some ways the adult is compromising the child's movement towards autonomy.

The idea that sharing the parental bedroom or bed with an anxious, needy, dependent infant is motivated by a sexual desire. Certainly obscures the validity of doing that which is most rational, realistic and rewarding for the needs of the child and for the parents to feel that they are especially attending to the emotional needs of their child.

To support dependency needs as they are expressed is to help the child master fears rather than demand for precocious development when a child is not ready to move ahead., means that

the fears repressed at one stage of life will adamantly and rebelliously reoccur at another stage of life. The family bed - used constructively does not become the launching pad for premature promiscuous sexuality. But further that which was lost in earlier years becomes depicted in another form later in life. Promiscuous behavior of children is in fact a distorted and tortured attempt to regain the attention, affection and support not provided at an earlier time in their lives, when parents had the potential to help children incorporate healthy ideas of intimacy, morality and judgement.

Children of all ages have different levels of anxiety related to separation, needs for attachment and fearfulness. All parents need to be in touch with and sensitive to their children's needs in these critical areas. Children who lack the kind of support and nurturing needed at those developmental stages, may develop a range of attachment and trust disorder. Parents need to be in tune not only with their children's needs and fears, but their own comfort level as to the ways they wish to respond to the child's needs. There are certainly as many styles and techniques of responding to these needs and fears as there are emotional reactions. In my opinion there is no set or standard way that a parent must respond to a given need or demand of a child. The only major essential is the response must be empathetic and sympathetic with the child and with the comfort level of the parent. Hence this article does not wish to promote the idea that all parents need to share their bedroom or their bed, with their young children, either on a permanent, temporary or impromptu basis. The idea that parents should be allowed to invite their children into their bedrooms and their beds without a sense of guilt and a sense that they are acting in the way that is improper or harmful is a concept which needs to be confronted and examined. The idea that parents who recognize the dependency needs and anxiety concerns of their children seek to comfort them and make them feel safe. Need not feel confused with the concept that the comfort that comes from children sharing a bed with parents for either all or part of the night, on certain particular periods of time are in any way sexualizing the experience of sharing a bedroom with the parents. Individuals who as a result of their own pathology have a need to sexually intrude upon their children are going to act on this impulse and would do so most frequently in the secrecy and privacy of spaces not in the parental bedroom.

Sleeping time together may afford extra time for non verbal close physical contact which is supportive and reassuring for children and also provides the parent with a sense of closeness and a sense of contact with the child. A great sense of safety and security is also engendered by a child's proximity with a parent over a course of the an evening, sleeping time. Children who have difficulty falling asleep are tense at night, have nightmares or walk in their sleep, often are comforted and feel more relaxed falling asleep in their parents bed, close to a nurturing parent. Children who have strong dependency needs and need additional comfort from a parent are often felt to be helped to feel more secure sleeping with their parents or spending a part of the night with the parent. For some children they are comfortable going to sleep in their beds, but when they wake up at night with either a nightmare or some physical pain they feel comforted coming to sleep in their parents bed or sleeping next to the parents bed.

Parents need to understand that supporting children's dependency needs, indulge to a degree that meets the child's need for a sense of security is the best way to assist a child to develop true dependency and to develop true autonomy. Forced autonomy or pressuring a child whose not ready to take on certain types of independent attitudes or skills will only complicate the move toward autonomy. A child's sleeping alone in their own bedroom is a major step toward autonomy. The ability to comfortably move to this stage is assisted by the support of all their dependency needs. One sees that when early issues of childhood fears are gone and separation is outgrown the need for privacy, independence and designation of one's own space becomes a pleasurable and mutually looked forward state.

In closing I wish to note that children do not see their parents as sexual beings. Sexuality between parents is an idea imposed not welcomed. At all ages parents are thought of as objects of security, safety and support, and therefore [parents] must provide those all important supports for healthy lives.

Treating families in distress

Therapist strives to protect patients' dignity and respect

The fallout from a family in distress often does not stay within the confines of the home. Many times it can spill over into the children's social and academic lives. This far-reaching impact is why Jill Jones-Soderman, L.C.S.W., Ph.D., chose to specialize in in-depth, long-term treatment of children and families who are in distress.

Not every "problem child" suffers from Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD), Jones-Soderman points out. "If they're having difficulty in school, they're most often diagnosed as ADHD," she observes, noting that the problem may instead be rooted in family or an actual biological disorder, which many therapists are unwilling to diagnose. Early diagnosis increases the possibility of successful intervention, and that is where Jones-Soderman has spent much of her 35 years of practice and training in psychoanalysis and psychotherapy.

Although medicating children and adolescents tends to be resisted, her experience includes success with such treatment for children, adolescents and adults when the medication prescribed by a physician is provided in conjunction with psychotherapy and that physician works with the therapist and patient.

Maintaining the family unit

"Most people don't want to treat children and families with severe depression or issues that are socially taboo," Jones-Soderman observes. Licensed as a psychiatric social worker and trained in psychoanalysis—and currently pursuing an interdisciplinary doctorate—Jones-Soderman blends techniques to achieve the goal of helping family members as well as the family unit thrive. She is neither strictly an individual nor a family therapist. "My overriding concern is to maintain the integrity of the family unit even in the face of divorce or loss and separation,"—whether voluntary or due to action of the court.

Preserving dignity

"I deal with children and families for the integration and health of all members," says Jones-Soderman, emphasizing the importance of preserving dignity and respect within relationships, and not fracturing the family unit even though it may be separated. Believing that children do not thrive in battlegrounds—emotional or actual—and that staying together for the benefit of children benefits nobody, Jones-Soderman's focus is on dealing with new partners and lifestyles in a way that continues the support and maturation of the children and the new family unit.

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Recently relocated to Phoenix, Jones-Soderman relates that patient-families have followed her from New York because the relationships have been profoundly meaningful and productive. Some patients have been with her "since I first graduated and the hospital referred their case to me." Therapy now, as then, begins with a diagnostic process to determine whether specific problems are biologic, sociologic, intra-family, intra-psychic or characterologic.

Jones-Soderman received her M.S.W. from Hunter College, School of Social Work, Manhattan, N.Y., in 1972. The nature of her practice has broadened from working with a child as an isolated individual, apart from family relationship, to working with children and families in conjunction with social institutions.

For More Information

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