

# Sleeping Together, Sleeping Apart

by Robert Sack, M.D.

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## Pillow talk

Sharing a bed with someone involves the utmost intimacy. Engaging in pillow talk means sharing one's most closely held secrets. For couples, sleeping together signifies a sexual bond. For political rivals, it is a metaphor for alliance.

In the sleep clinic, I often see patients with their spouses. I don't take it for granted that they are sleeping in the same bed, because (as I find out when I ask) often enough, they are not. Sleeping apart can be a manifestation of emotional distancing, but there are often more prosaic explanations.

The most frequent reason for sleeping separately is snoring. Snoring is common and does not necessarily indicate a serious breathing problem. However, it invariably results from a narrowed airway and loud snoring is a matter for concern. Indeed, sharing a pillow with someone who snores loudly can cause a hearing loss. Sometimes even neighbors complain. J.W. Hardin, an infamous gunfighter from Texas, shot and killed a loud snorer sleeping in the next room, an approach that many others have contemplated.

In cases of sleep apnea, snoring is interrupted with long, silent pauses that can make a bed partner think of calling 911. (Some wives have told me they felt a duty to periodically poke their husbands to keep them breathing and alive at night.) Loud snoring, especially when associated with breath holding, should prompt an appointment to the sleep clinic, not just a move down the hall.

Besides loud snoring, there are other disorders that separate sleepers. Patients with restless legs syndrome experience a creepy-crawly feeling deep in their legs. It builds up until it compels movement or stretching – not a pleasant experience for either patient or partner. Even after falling asleep, there are periodic kicking movements every 20 to 40 seconds.

If your partner has REM sleep behavior disorder, sharing the bed can be downright dangerous. I trained with two astute sleep doctors in Minnesota, Mark Mahowald and Carlos Schenck, who first recognized this condition in 1988. Their patient, Cal, was a mild-mannered man during the day, but after falling asleep, he would rage, flail and scream. Other doctors thought it was a psychiatric problem, related to his WW II military service. However, when Mahowald and Schenck monitored Cal's sleep in the laboratory, they discovered that his violent outbursts occurred only during dream sleep. His problem, it turned out, involved a failure of the nerve pathway that normally induces a state of near-paralysis during rapid eye movement (REM) sleep, thereby preventing people from acting out their dreams. Because this circuit wasn't working, gentle Cal punched out holes in the wall, bloodied knuckles, and terrified his spouse.

A diagnosable sleep disorder may not be the reason for sleeping separately; sometimes it's a just a strong preference for a higher or lower bedroom temperature. I have met people who cannot sleep without the windows wide open – winter or summer. Sometimes an *owl*, who likes to stay up late to watch Jay Leno, is paired with a *lark*, who likes to go to bed early and get up with the sun.

## Sleeping with baby

The desirability (and safety) of sleeping with an infant has recently been a topic of considerable research and debate. In developed Western cultures, it has been customary to provide a baby with its own room from the day it is born. Originally, the "nursery" came with a nurse so that the infant wasn't sleeping alone; however, a separate room for the baby persisted after servants became unaffordable for the middle class.

The alternative, having the infant sleep in the same bed with the parents (co-sleeping) has been viewed by many experts as disruptive to sleep for both baby and parents, as well as possibly dangerous. Indeed, in 1999 the Federal Consumer Product Safety Commission (FCPSC) reported that an average of 64 children (under age 2) died each year from accidental smothering or strangling as a result of co-sleeping. Sometimes the adult bed was blamed (waterbeds are especially bad), but "overlying" was responsible for many cases.

However, some parents and pediatricians who have been re-discovering the joys and benefits of co-sleeping did not welcome the FCPSC recommendation. In the 1990s, James McKenna, an anthropologist, began pointing out that placing a newborn in a separate room was unknown outside the West and seemed unnatural from an evolutionary perspective. He even speculated that sleeping apart could be a factor in sudden infant death syndrome (SIDS).

Careful research, including brain wave recordings of mothers and infants by McKenna and colleagues, showed that infants who were co-sleeping cried less. They did not have to scream to wake up their mother in the next room and therefore did not have the intense arousals that occurred in children who slept down the hall. Furthermore, they breast-feed longer and more often than children who slept in cribs. On the other hand, the research showed that the mother's sleep was lighter (not necessarily a bad thing from an evolutionary perspective). The McKenna SIDS-risk hypothesis remains an open question.

In any case, the baby-care inventors may have come up with the best-of-both-worlds solution – the *Arm's Reach Co-sleeper*. It's a three-sided bassinette that attaches to the parent's bed, promising a better, and safer, night's sleep for all.

## Sleeping and sex

It is generally understood that *sleeping* with someone (wink) means that more than sleep was involved. In turn, good sex is followed by good sleep (this has actually been demonstrated using EEG recordings!) But Mars is more likely to fall deeply asleep after climax, while Venus may take a while to cool down. (Venus: don't take it personally if he falls asleep; that's the way he is wired. Mars: you can score even more points if you stay awake a little longer.)

## Sleeping apart

I am touched by people who want to sleep with their partners (and sometimes with their kids) notwithstanding snoring, kicking, interruptions, and sometimes even danger. People often seek treatment for a sleep disorder, not because they are sleepy during the day, nor because they have concerns about long-term health consequences – they just want to share the same bed.

If a sleep disorder is involved, treatment can often help partners achieve bedtime togetherness. But for some couples, I suggest that sleeping apart may be the most practical solution for sleeping incompatibilities. I advise that they talk about it first, so that its meaning is not misunderstood; but after all, getting a good night's sleep is pretty important, and feeling alert and refreshed can be good for a relationship. ☺