

# Childhood Exposure to Parental Nudity, Parent-Child Co-Sleeping, and "Primal Scenes": A Review of Clinical Opinion and Empirical Evidence

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*In this article I compare clinical opinion with empirical evidence of psychological harm associated with childhood exposure to parental nudity, parent-child co-sleeping, and scenes of parental sexuality ("primal scenes"). Exceedingly scant empirical data could be located. Only in the case of parent-child co-sleeping is there any suggestion in the empirical literature of associated harm, and this harm—sleep disturbance—may be an antecedent rather than a consequence of co-sleeping. A unique in-progress 18-year longitudinal study of adjustment is also described.*

Increasing numbers of behaviors related to sexuality have come to be defined as problematic by social scientists, legislators, social workers, law enforcement, and mental health professionals. For example, the terms *rape* and *sexual harassment* have acquired new and significantly broadened meanings in recent years so that these terms may now encompass behaviors previously considered outside the domains of sociopathology or criminology (cf. Bremer, Moore, & Bilderssee, 1991; Jaschik & Fretz, 1991; Koss, Dinero, & Seibel, 1988; Okami, 1992; Shalit, 1993). Similarly, behaviors that a decade or two ago may have been considered sexual "lifestyle choices" may now be characterized at least by some mental health professionals as psychosexual "disorders" (Levine & Troiden, 1988).

Nowhere is this trend more noticeable than in the area of child sexual abuse (Okami, 1992). For example, certain parent-child interactions only ambiguously related to sexuality have come to be identified by a number of mental health, legal, and social service professionals as warranting intervention within a child sexual abuse framework. Among these behaviors are exposure of the child to parental nudity; parent-child co-bathing or the parent bathing the child; "excessive" displays of physical affection (such as kissing a child on the lips or belly, frequent hugging,

"sensuous teasing," or "flirting" with a child); exposing a child through visual or auditory proximity to instances of adult sexual behavior; and allowing a child to sleep in the parental bed (Atteberry-Bennett, 1987; Bolton, Morris, & MacEachron, 1989; cf. Bottfeld, 1992; Conte, cited in Best, 1990; Haynes-Seman & Krugman, 1989; Kritsberg, 1993; Krug, 1989; Lewis & Janda, 1988; Rothstein, 1979; Sroufe & Fleeson, 1986; Whitfield, 1993; Woititz, 1989). Age ranges of concern have included children in early infancy (cf. Haynes-Seman & Krugman, 1989), toddlerhood (cf. Sroufe & Ward, 1980), latency (cf. Love & Robinson, 1990), and adolescence (cf. Lawson, 1991).

As increasing numbers of parental behaviors have been termed problematic, increasing numbers of pathological syndromes for which these behaviors are indicators have been identified. *Maternal seductiveness*, *emotional incest syndrome (EIS)*, *emotional sexual abuse (ESA)*, *subtle sexual abuse*, *covert sexual abuse*, *seductive sexual abuse*, and *sexualized attention* are some terms that have been applied by social scientists and clinicians such as those referenced here to these newly identified syndromes.

In general, those describing syndromes such as "subtle sexual abuse" or "emotional incest" have complained that previous definitions of sexual abuse were "too limiting" (Bolton et al., 1989, p. 17).

According to these authors, overly literal or stringent definitions may prevent populations of victims from being identified. For example, drawing on Sroufe and associates' studies of "maternal seductiveness" (cf. Sroufe, Jacobvitz, Mangelsdorf, DeAngelo, & Ward, 1985), Haynes-Seman and Krugman (1989) described "sexualized attention" as the "gray area" between sexual abuse and normal interaction. Target behaviors included "tickling of various parts of a baby's body, rubbing noses, stroking a baby's buttocks and arm, allowing a baby to put his or her fingers into one's mouth, and playful interactions during diaper changes, [when such behaviors are observed] in the context of repetitive patterns of interactions that are nonreciprocal and that appear to reflect parental needs rather than those of the baby" (p. 240). Whereas the authors acknowledged the risk of "creating anxiety about normal expressions of affection," they also noted "the importance of recognizing patterns of parental behavior that suggest an inappropriate sexualization of the

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child through an association of parental attention and affection with stimulation of erogenous zones" (p. 243).

Virtually all social scientists and clinicians who have proposed expanded definitions of sexual abuse to include subtler forms of abuse also have made claims regarding sequelae of the behaviors and syndromes they describe. Indeed, these behaviors and syndromes have been said to result in a truly extraordinary range of short- and long-term biomedical, social, and psychological pathologies.

Three behaviors associated with syndromes such as "subtle sexual abuse"—exposure to parental nudity, exposure to scenes of parental sexuality ("primal scenes"), and parent-child co-sleeping—have a long and battered history as presumed etiological agents in various childhood and adult problems. However, behaviors such as frequent hugging, kissing, teasing, "flirting," and other seemingly playful physically affectionate acts have more often than not in the past been *prescribed* rather than *proscribed*. Additionally, in previous years even when behaviors such as exposure to nudity or co-sleeping were condemned, they were characterized as parental errors or neurotic manifestations rather than malevolent acts of covert or actual sexual seduction. Currently, however, these acts are under criticism from numbers of legal professionals as well as mental health and social service workers (Atteberry-Bennett, 1987; Hyson, Whitehead, & Prudhoe, 1988), and the tone of such criticism has become more strident. For example, whereas Spock (1945) or even Peltz as late as 1977 may have warned of developmental or sexual problems associated with exposure to scenes of nudity or sexuality, by the mid-1980s such practices are cited as examples of "mother-son sexual abuse" (Lawson, 1991) or "subtle sexual abuse" (Bolton et al., 1989).

In this article I compare clinical opinion with empirical evidence of

harm in childhood exposure to parental nudity, scenes of parental sexuality ("primal scenes"), and parent-child co-sleeping. I have chosen these three variables for several reasons. First, numerous data bear directly or indirectly on the question of correlates and possible effects of some other variables of concern, such as frequent hugging and kissing. However, these data invariably suggest—directly or indirectly—either beneficial or at least benign correlates or effects of these behaviors (cf. Ainsworth, Blehar, Waters, & Wall, 1978; Anderson, Nagle, Roberts, & Smith, 1981; Barber & Thomas, 1986; Bates, Maslin, & Frankel, 1985; Coopersmith, 1967; Ellis, Thomas, & Rollins, 1976; Franz, McClelland, & Weinberger, 1991; Harlow & Harlow, 1965; Hatfield, 1987; Heilbrun, 1964; Hollender, Duke, & Nowicki, 1973; Hyson et al., 1988; Klaus & Kennell, 1982; Korner, 1984; Montagu, 1971; Openshaw, cited in Barber & Thomas, 1986; Prescott, 1979; Reite, 1984; Salt, cited in Barber & Thomas, 1986; Sears, Maccoby, & Levin, 1957; Tracy & Ainsworth, 1981; Weiss, 1984; Zanolli, Saudargas, & Twardosz, 1990). Similarly, many of these researchers, and a number of researchers working with animals (cf. Harlow & Harlow, 1965), have reported results suggesting that the *absence* of affectionate touch between caretaker and child may have negative consequences for the child (see also Levine, 1993).

Additionally, behaviors such as hugging and kissing have been seen as problematic only within specific sorts of contexts—those considered by the authors to be "sexualized," "inappropriate," "seductive," "nonreciprocal," and so on (cf. Haynes-Seman & Krugman, 1989; Lawson, 1990; Sroufe & Ward, 1980). These contexts, as presented, are often vague and difficult to define operationally, and there is little agreement in the literature as to exactly what constitutes determinants of such pathological contexts. Therefore, I have chosen

behaviors that have been condemned virtually regardless of context. Moreover, the target variables have been of interest to psychologists (especially psychodynamically-oriented clinicians), childrearing experts, and parents for decades before they came to be discussed in a child sexual abuse framework. In choosing these variables I hoped to address a wider audience than one primarily interested in child sexual abuse.

This review was undertaken under the presumption that it was of particular importance to evaluate available evidence as well as clinical opinion because not all commentators agree that these behaviors are harmful. Additionally, some researchers suggest that concerns about child sexual abuse may have occasioned increased anxieties over normal physical affection within the family and in school settings (Hyson et al., 1988; Elkind, Donnelly, & Pruett, cited in Levine, 1993).

#### *Survey Data*

Before continuing, it would be useful to consider just *how* widespread among various professionals and lay persons are beliefs in the harmfulness of behaviors such as frequent hugging of children, kissing children on the lips, appearing nude in front of children, co-sleeping, and so on. Although no empirical data directly bear on the prevalence of belief in syndromes such as "subtle sexual abuse," some data bear on the belief in the harmfulness of some *behaviors* said to constitute these syndromes. For example, in a sample from Virginia of 255 psychotherapists (psychologists, social workers, and counselors), protective service workers employed by the Department of Social Services, legal professionals (lawyers and judges), law enforcement agents (probation and parole officers), and parents, Atteberry-Bennett (1987) attempted to determine the point at which various behaviors were considered by respondents to be abusive and when intervention was thought warranted.

The authors targeted a 13-county area that comprised three planning districts of Central Virginia. They contacted all known community mental health center therapists, protective service workers, circuit and district court judges, prosecuting attorneys, and probation and parole officers in the area for participation in the study. Because of the large number of parents and defense attorneys in the area, only those living in a large city and county area were contacted. Of the 478 questionnaires distributed, 255 were completed and were valid cases.

Using a vignette format, the investigators varied the gender of the parent, gender of child, age of child, and the type of behavior. Some behaviors that were studied were *parent often hugs child; parent often kisses child on the lips as he/she goes to work in the morning; parent often enters the bathroom without knocking while the child is bathing; parent is often nude in front of child; parent often sleeps in same bed as child; parent often photographs child nude; parent often touches child's genitals; and parent often has sexual intercourse with child* (Atteberry-Bennett, 1987, p. 40).

Respondents were asked whether outside intervention would be required in response to these behaviors and what sorts of interventions would be most appropriate. Results indicated that although some group differences emerged—for example, psychotherapists consistently rated vignettes more abusive than all other groups of professionals (or parents)—formidable numbers of professionals of all types considered intervention required for behaviors such as frequent hugging of a child, kissing a child on the lips (as when leaving for work in the morning), entering the bathroom without knocking while the child is bathing, co-sleeping, and exposure to parental nudity. For example, 75% of respondents considered intervention required in cases in which a mother often

year-old son, and 80% in cases in which a father often slept in the same bed as his five-year-old daughter. Approximately 47% of respondents favored intervention in cases in which a mother often kissed her 10-year-old son on the lips when leaving for work, and 51% where a father often entered the bathroom while his five-year-old daughter was bathing. Approximately 15% found frequent hugging of a 10-year-old problematic and warranting intervention, and 20% agreed that frequent hugging of a 15-year-old was improper. Virtually 100% of respondents believed intervention was required in cases of a parent photographing a small child nude, and fully 100% disapproved of photographing a 10- or 15-year-old child without clothes. As expected, 100% disapproved of sexual intercourse, and virtually 100% disapproved of frequent touching of the child's genitals.

Only limited conclusions may be drawn from these figures regarding the U.S.A. as a whole, in part because of regional sampling and in part because of other methodological limitations. For example, relatively little effort apparently was made to determine if those refusing to participate (approximately 50%) differed in relevant variables from those who did participate. Moreover, it seems reasonable to ask if placing vignettes such as “often hugs child” within the same contextual format as “often has sexual intercourse with child”—while creating for respondents a range of behaviors by which to make relative judgments—may also virtually guarantee that at least some respondents will consider the “hugging” vignette problematic. Simply “asking the question” increases the probability of a “positive reply.” Finally, the word “often” may not have been defined for respondents. In spite of these limitations, however, statistics such as those reported in this study clearly reflect recent increased societal concerns in English-speaking countries

about dangers to children—of which child sexual abuse apparently is considered the most serious, at least by lay communities and law enforcement officers (Best, 1990; Giovannoni & Becerra, 1979; Okami, 1988; see also Finkelhor & Redfield, 1984). As Okami (1990, 1992) has discussed in detail, and Giovannoni and Becerra (1979, p. 242) also observed, “[this] unanimity of opinion may reflect, however, not a primary concern with the welfare of children but the fact that sexual abuse of children is first of all a violation of societal taboo”—which physical abuse, neglect, and emotional maltreatment of children, although usually discouraged, are not.

#### *The Self-Help and Clinical Literatures*

Despite statistics such as those reported by Atteberry-Bennett (1987), it could be argued that constructs such as “subtle sexual abuse,” “emotional incest,” etc., are marginal and not accepted by large numbers of psychologists. For example, although it is true that articles delineating these syndromes have appeared in highly reputable academic journals such as *Child Development* and *American Journal of Orthopsychiatry* (cf. Haynes-Seman & Krugman, 1989; Sroufe et al., 1985), most of this material emerges from the popular clinical and self-help literatures.

No authoritative data measure the pervasiveness of beliefs in constructs such as “subtle sexual abuse” among clinicians. Nevertheless, it may be inferred indirectly that substantial numbers of psychotherapists probably do support such notions. Pamphlets describing similar types of putative conditions—the “adult child of alcoholics” syndrome and the “adult survivors of incest” syndrome—are approved by the Board of Regents of the University of California for distribution to psychotherapy patients at the UCLA student outpatient clinic (as

of 1994). These “disorders” have emerged from the same clinical and self-help literatures as have ESA and EIS, authored by the same psychotherapists and psychologists. Both Woititz (1989) and Kritsberg (1993), for example, who are among those whose concern with “subtle sexual abuse” and “emotional sexual abuse” was described earlier, also wrote best-selling popular books on the Adult Children of Alcoholics syndrome (cf. Woititz, 1983). Woititz’ book was probably the first work to propose and popularize the diagnosis discussed in the UCLA pamphlet.

Moreover, the theoretical basis for all of this work—Family Systems Theory (Boszormenyi-Nagy & Spark, 1973)—is well established in the field of psychiatry and academic psychology. Many hundreds of research studies testing hypotheses derived from this theory have been published in reputable, peer-reviewed journals. It remains the preferred approach for marital and family therapy among large numbers, perhaps the majority, of clinical practitioners, including those trained at the Ph.D. and M.D. levels. It has also been used in the treatment of individual psychopathology, particularly schizophrenia (cf. Boyd-Franklin & Shenouda, 1990; Fox, 1992; Ingamells, 1993; Tarrrier, 1989).

It should also be noted that research studies repeatedly have demonstrated that many or most clinicians—at Ph.D. as well as MFCC or MSW degree levels—are not informed by academic research psychology, but are informed primarily by workshops, conferences, and “clinical intuition” (Dawes, 1994). Indeed, the majority of psychotherapists in the United States, at whatever degree level, apparently prescribe self-help books for their clients as adjuncts to therapy (Starker, 1988). When one adds to this the rather astonishing number of psychotherapists who apparently have reported a willingness to assist their clients in “recovering repressed

memories” of sexual abuse through the use of hypnosis and “guided imagery” (Crews, 1994)—and the strong connection between this movement of therapists and the therapeutic milieu that has produced notions of “subtle sexual abuse” as propagated in the popular clinical self-help literature (Loftus, 1995)—it may well be to these literatures that one must look to appreciate the willingness of U. S. mental health caregivers and their clients to believe in syndromes such as “subtle sexual abuse.”

### **Childhood Exposure to Parental Nudity, Parent-Child Co-Sleeping, and Scenes of Parental Sexuality**

Copious empirical data describe correlates of overt childhood sexual abuse. Methodological problems notwithstanding, these data do suggest some (limited) pathogenesis associated with early childhood sexual abuse for a portion of cases. However, approximately one third of victims appear to be symptom free (Kendall-Tackett, Williams, & Finkelhor, 1993), and no specific syndrome associated with sexual abuse has been identified (Beitchman, Zucker, Hood, DaCosta, & Akman, D., 1991; Beitchman et al., 1992).

On the other hand, empirical data are scant related to behaviors such as child exposure to parental nudity, scenes of parental sexuality, or parent-child co-sleeping—variables that, although not overtly sexual, have nevertheless been thought harmful to children for reasons related to sexuality. However, anthropological and ethnographic data tend to indicate that these types of behaviors are very common (if not ubiquitous) cross-culturally (Barry & Paxson, 1971; Caudill & Plath, 1966; Gardner, 1975; Lozoff, Wolf, & Davis, 1984; Stephens, 1972; Whiting, 1964).

#### *Exposure to Parental Nudity*

Somewhat surprisingly, considering the wealth of clinical opinion lit-

erature on the topic, only three groups of researchers addressed the consequences of childhood exposure to parental or other familial nudity from an empirical perspective: Lewis and Janda (1988); Oleinick, Bahn, Eisenberg, and Lilienfield (1966); and Story (1979). The bulk of writings on this topic consist of experts’ relatively short commentaries nested in articles related to various other aspects of childhood development and experience. Most of these clinicians have been informed by the psychoanalytic perspective (cf. Fenichel, 1945) [although, as Martinson (1994) pointed out, the developmental perspective is currently becoming more popular in matters related to childhood and sexuality]. In two cases, social scientists have examined social nudist youth in descriptive studies, relying on interviews or self-report measures (Hartman, Fithian, & Johnson, 1991; Smith & Sparks, 1986), and a few articles directed to parents have appeared in popular magazines (cf. Segal & Segal, 1990). Occasionally, an unreferenced commentary has appeared in the scientific literature (cf. Gardner, 1975). Several investigators also have described children raised in countercultural communes, where attitudes toward nudity and sexuality were typically relaxed (cf. Berger, 1977; Johnston & Deisher, 1973).

#### *Clinical Opinion*

Opinion on the nature and effects of childhood exposure to nudity tends to be polarized, and these positions may be summed up as follows: On one side are those who believe that such exposure may be prematurely stimulating or even seriously traumatic. Trauma may be experienced as excessive stimulation on a level defined and controlled by the adult, leaving the child feeling “powerless, endangered, and weak” (Baruch, cited in Lewis & Janda, 1988, p. 350), or more simply, as an unfavorable comparison by the child

of her or his own sexual anatomy with the adult's. Trauma may also be experienced in more complex form in the exacerbation of oedipal desire and consequent guilt or castration anxiety (Baruch, 1959; DeCecco & Shively, 1977; Justice & Justice, 1979; Peltz, 1977; Solnit, 1977; Spock, 1945). Implicit in works describing syndromes such as "emotional incest syndrome" (cf. Love & Robinson, 1990) and "subtle sexual abuse" (cf. Lawson, 1991) is the belief that behaviors such as exposure to nudity, late weaning, sleeping in the parental bed, etc., are often indicators of the syndrome and contribute to the many sequelae claimed for that syndrome and for sexual abuse in general.

Although some commentators are generally unhappy with the notion of exposing a child to parental nudity, they have nevertheless stressed the importance of the *context* in which exposure takes place, rather than the nudity itself. These writers have claimed that when the parent is conflicted or tense about the occurrence, or if some form of coercion is involved, so shall the child be conflicted and suffer negative consequences (cf. Gardner, 1975; Jones, Shainberg, & Byer, 1985; Kelly, 1981; Oremland, 1977). Some of these writers have stressed the developmental stage of the child as a determining factor (cf. Justice & Justice, 1979).

At the other extreme of expert opinion are those who have stressed the generally positive benefits to the child from exposure to nudity in the home. Advocates claim an educational function along with the developmental virtues associated with identification with a same-sex parent. These writers also have proposed that exposure to nudity increases self-esteem, promotes relaxed attitudes toward the body and sex, reduces shame and guilt, and, as Margaret Mead characterized it, can be a lot of fun (Mead, cited in Goodson, 1991; see also Constantine, 1981; Finch, 1982; Fleisch-

hauer-Hardt & McBride, 1975; Goldsmith, 1986; Goodson, 1991; Hartman et al., 1991; Martinson, 1977; Salk, cited in Goodson, 1991). Some of these writers (cf. Ellis, cited in Goodson, 1991) have noted the ubiquity of childhood exposure to nudity world-wide and have complained about the lack of empirical data supporting the positions of those who look askance at the practice.

#### *Empirical Data*

Researchers in three studies addressed this issue empirically. Oleinick et al. (1966) compared 160 psychiatric outpatient children with matched normal controls and nonpsychiatric hospital inpatients to determine if these groups differed as to early socialization experiences, including exposure to nudity in the home. Socialization practices were measured through mothers' self-reports. No significant differences were found for the cluster of variables labeled "sexual stimulation," which included exposure to nudity.

Thus, exposure to nudity was examined only indirectly in this study. Lack of pathogenic effects were inferred from the lack of differences between the psychiatric group and controls. Moreover, exposure to nudity was measured as a binary variable, not continuously. Thus, a single instance qualified one for admission to the "exposed" group. Finally, as the authors acknowledged, serious limitations of the data existed because they were gathered through the mothers' self-reports.

Story (1979) examined the relationship between early exposure to nudity and positive "body self-concept" in preschool children. She used a sample of 264 children and their parents or guardians to test her hypothesis that early exposure to nudity would have positive effects on body self-concept. She used the terms *national* and *stratified* to describe her sample, but these terms were misleading because more than one third of the children were intentionally drawn from a sample of social

nudists belonging to nudist clubs. Additionally, "stratification" applied only to "nudity classification" (nudist, non-nudist), sex of child, race, and area of the country (West, Midwest, East). This method has little in common with what is normally termed "stratified" or "national." Some "effort" (Story's word) was made to match the children on the demographic variables. Story found that the social nudist children had a more positive body self-concept than the non-nudist children.

Finally, Lewis and Janda (1988) examined the relationship between adult sexual adjustment and two variables with which I am concerned: childhood exposure to nudity and parent-child co-sleeping. Men and women undergraduate students ( $N = 210$ ) were surveyed regarding their memories of childhood exposure to parental and other nudity. For men, exposure to parental nudity between birth and age five was associated with less current discomfort surrounding physical contact and affection. Exposure to nudity during this developmental period was unrelated to any other sexual adjustment outcome measure. Exposure during ages 6 through 10 was positively related only to increased self-reports of a tendency to engage in casual sex relative to men not exposed during those years. No other relationships were found for men.

For women, exposure to parental nudity between birth and age five was related only to an increased frequency of sexual activity relative to women not exposed to nudity during those years. As with men, exposure during ages 6 through 10 was related only to increased self-reports of a tendency to engage in casual sex relative to women not exposed during those years. No other relationships were found for women.

In the first study reviewed (Oleinick et al., 1966), there was no association between belonging to a group of psychiatric outpatients and having been exposed to parental

nudity. This does not rule out any number of less serious problems experienced by the children who were exposed to nudity, nor does it rule out undetected serious problems.

In the second study, Story (1979) described positive effects of exposure to nudity in the context of social nudism. The author's sampling method made it impossible to draw even the most preliminary inferences regarding exposure to nudity in a non-nudist context. Nevertheless, it is interesting that no pathogenic effects—indeed, positive effects (more positive “body self-concept”)—were found for a group of children raised in the context of families who had intentionally adapted a nudist lifestyle because its members apparently believed in it—in spite of social disapproval.

The authors of the third study (Lewis & Janda, 1988) reported mixed results that may be viewed as positive, negative, or neutral, depending on one's social ideology. Although few would argue with the positive benefit of decreased discomfort with physical contact and affection, tendencies toward increased sexual activity or tendency to self-report engaging in casual sex are open to interpretation. In any event, increased sexual activity overall was the only consequence found for adult sexual adjustment.

None of the empirical data, then, supports dire predictions for childhood exposure to parental nudity. However, serious methodological shortcomings for these studies make inferences treacherous. Two studies relied on retrospective data—one of them, on second hand retrospective data—and sampling problems exist for all studies. Moreover, outcome measures were limited in one case to status as a psychiatric outpatient, in another to “body self-concept,” and in the third to adult sexual adjustment.

#### *Exposure to Scenes of Parental Sexuality (“Primal Scenes”)*

Exposure to parental sexuality may take many forms and occur

under a number of contextual circumstances. However, most commentaries refer to what Freud and his followers called “primal scene experiences,” or accidental exposure in early childhood to visual or auditory scenes of parental intercourse and subsequent fantasy elaboration on such experiences (Dahl, 1982). As with exposure to nudity, few empirical data bear on exposure to parental intercourse. An extensive effort produced only one prevalence study (Rosenfeld, Smith, Wenegrat, Brewster, & Haavik, 1980; two studies by the same author related to issues of prevalence, initial response, and adult functioning (Hoyt, 1978, 1979); and some case studies (cf. Myers, 1979). On the other hand, a rich psychoanalytic literature describes the nature and hypothetical consequences of this exposure and related fantasies (cf. Blum, 1979; Dahl, 1982; Esman, 1973; Greenacre, 1973; Hoyt, 1978, 1979; Myers, 1974; Wilson, 1980-81).

However, as Esman (1973) pointed out,

The primal scene has been indicted as the primary pathogenic agent in every form of psychopathology: mania, depression, paranoia, hebephrenia, hysteria, compulsive neurosis, character disorder, learning disturbance, asthma, headache, delinquency—all have been explained as single or multiple exposures to the primal scene. One is moved to wonder whether we are here confronted with one of those situations in which a theory, by explaining everything, succeeds in explaining nothing. (pp. 64-65)

#### *Clinical Opinion*

Certain writers have concluded that the primal scene *qua* primal scene may not have pathogenic properties. These writers have stated that one must look to contextual variables such as the child's developmental stage, quality of object relations, chronicity of exposures, or environment interacting with the exposure as determining pathogenesis (Dahl, 1982; Esman, 1973;

Frankel & Harrison, 1976; Gorman, 1981; Harrison, 1976; Isay, 1978; Myers, 1974, 1979). In spite of these qualifiers, virtually all of these works implicitly or explicitly proceed along the lines delineated in Esman's (1973) critique. One is in general still left with the notion that exposure to parental intercourse is singularly dangerous for a child's mental health. This is so because the synergistic variables described by these authors taken collectively are so numerous and ubiquitous that at least some of them are almost guaranteed to be present in any given case. In accounting for pathogenesis in primal scene exposure, classical psychoanalytic thought focuses on (a) the erotically charged character of the exposure, resulting in undischarged libidinal energy and concomitant anxiety; (b) the sadomasochistic content of fantasy misinterpretation of the event; and (c) the exacerbation of oedipal desires and resultant castration anxiety or other fears of retaliation (Fenichel, 1945; Hoyt, 1978).

#### *Empirical Data*

Each of the three empirical reports contained data of interest. Rosenfeld et al. (1980) conducted five separate studies among parents to examine the quantitative question of prevalence rates and the qualitative question of their children's reactions at the time of occurrence. Among the middle class parents, the prevalence rate for their children of approximately 20% was constant and remarkably similar to rates found by Hoyt (1978), who used very different methodology. Among a more working class sample, prevalence rates were as high as 41%. Rates were also constant among children's age groups, but the large majority of respondents indicated that first exposure had occurred between the ages of four to six.

According to Rosenfeld et al. (1980), most parents claimed that their child had little reaction to view-

ing the primal scene and apparently did not know or comprehend what was happening. Parents tended to characterize their children's reactions as neutral, claiming that the children "took it as an ordinary occurrence" or "just something adults do." Some children were curious (e.g. "Why are your clothes on the floor?" or "Why are you bobbing up and down?"), and some responded with amusement or giggling. Some showed clear comprehension of what the parents were doing ("You're going to have another baby." "[Now] I know why you want me to stay in my bed. You 'hump' at night.") (p. 1428). Some were embarrassed, giggled, and closed the door.

Rosenfeld et al. (1980) claimed that parents were undoubtedly aware of only some times their children have observed them having intercourse; if auditory exposure were considered, the prevalence figures would have been higher still. Thus, the 20%-41% estimates were very conservative. Given this frequency of occurrence, Rosenfeld et al. suggested that factors other than viewing the primal scene itself must be operative in pathogenesis when it occurs.

Hoyt conducted two studies (1978, 1979). In the first, 345 college students completed questionnaires regarding various aspects of affect and cognition regarding their parents' sexuality. Among the questions were several related to primal scene experiences. Eighteen percent of respondents reported having witnessed or heard their parents engaged in sexual intercourse. The mean age reported for first exposure was 11.6 years. General questions regarding affect yielded predominantly negative reactions, with some positive or neutral responses—mostly among adolescents. However, respondents who had witnessed primal scenes did not differ from those who had not witnessed primal scenes in their ratings of their own "current happiness" or in their ratings of the importance of sex in their lives.

In a follow-up study, Hoyt (1979) conducted in-depth interviews with 25 male and 25 female volunteers. Twenty-eight percent of students reported having observed or heard parental intercourse. Hoyt claimed that the higher percentage found in this sample compared with his previous sample was due to the inclusion of a few outlying cases of exposure in late adolescence. The mean age at first exposure was 10.6. Once again, the large majority of participants reported negative affective responses. However, as before, exposure was unrelated to self-reports of frequency of, or satisfaction with, current sexual relations.

Several comments about these studies are warranted. Whereas prevalence rates for middle class respondents in all the studies are quite similar, differences are marked between parents' reports of their children's reactions in the Rosenfeld et al. (1980) study and the retrospective self-reports in Hoyt's (1978, 1979) research. Whereas Rosenfeld and associates' respondents reported predominantly neutral, uncomprehending, or even amused and teasing responses, Hoyt's participants had clearly negative responses.

This discrepancy might exist for one of several reasons. First, the parents in the Rosenfeld et al. (1980) study may simply have been unaware of how unpleasant the experience actually had been for their children, or they may not have known about their child's first such experience, which may have been more unpleasant, more memorable, and yet hidden from the parents. On the other hand, respondents in Hoyt's (1978, 1979) studies may have expressed an affective response associated with recalling the event at a later date, rather than the response as it had actually occurred. Such responses may be typical of reconstructed retrospective memory (Loftus & Ketchum, 1994).

However, it seems most likely that the critical variable in the differences

found was the discrepancy in the mean ages for exposure reported by Hoyt (1978, 1979) and by Rosenfeld et al. (1980). The mean ages reported by Rosenfeld et al. (1980) were between four and six, and in Hoyt's studies, between 10.6 and 11.6. It seems reasonable that those in early childhood might respond neutrally to an event whose implications were not clear. On the other hand, pubescent children might understand the significance of what they were witnessing and respond negatively.

Indeed, one must question the utility of Hoyt's results for trying to understand the nature of response to primal scene experiences. Beginning with the development of his theories of infantile sexuality, Freud used the term "primal scene"—with certain exceptions—to refer to events and fantasies of early childhood, not pubescence. Psychoanalytic theorists who followed Freud—again with some exceptions—also have traced traumatic primal scene experiences to early childhood. (See Esman, 1973, for a review.) Indeed, the term *primal scene* probably should not be used to describe experiences of children aged 10 or 11, particularly in contemporary North America, where children's sexual knowledge is in all likelihood in advance of that of the Victorian upper middle class from which Freud's patients were drawn. For example, the sadomasochistic fantasies that were said by Freud and others to result from witnessing or fantasizing, but not comprehending, the primal scene would be less likely to occur within the psyche of a contemporary 11-year-old were it not for earlier exposure to primal scene fantasies.

It is also unthinkable that adults such as those surveyed by Hoyt (1978, 1979) should be able retrospectively to recall their *first* exposure to parental sexuality, because one may conclude from the data collected by Rosenfeld et al. (1980) and from previous case studies (cf. Gorman, 1981) that this first exposure

typically occurs in early childhood—just when psychoanalytic theorists have expected that it would. Most available evidence also suggests that human beings do not recall events prior to age three, in Tavris' (1994) words, “no matter what Roseanne [Barr] says” (p. 13).

Whereas these studies contain obvious limitations in sampling procedures and measurement, they also do not present any evidence that exposure to parental intercourse in early childhood has negative consequences for adult functioning.

### Parent-Child Co-Sleeping

#### *Clinical Opinion*

The effects of parent-child co-sleeping are a source of vigorous current debate among parents and “experts” (Bennett, 1992). A number of clinicians and childrearing experts prescribe purposeful parent-child co-sleeping, or “the family bed” as it has come to be known in the popular literature (cf. Sears, cited in Bennett, 1992). “You don’t train a 3-month old baby like you do the family pet,” Sears was quoted, referring to his own family of seven children, three of whom continued to sleep in the parental bed (p. E1). According to Sears and other advocates of the family bed, forcing a child into the premature independence of the crib results in failure of the child to “learn intimacy.” These children “become shallower kids. They learn to live life at a distance, and they become insensitive” (p. E1). Other commentators advocate co-sleeping as prophylaxis for childhood sleep problems (Thevinin, 1976) and in prevention of Sudden Infant Death Syndrome (SIDS) (McKenna, 1986). Gibson (1991), describing the virtues of both sides of this issue, claimed that co-sleeping might bestow upon the child physical comfort, happiness, security, and—paradoxically—the development of independence.

However, as might be expected in a society whose members value con-

jugal privacy, associate nudity with sexuality, and are self-consciously aware of the notion of oedipal conflict, those who advocate parent-child co-sleeping are in the minority. Spock (1945, 1984), Baruch (1959), and others have warned against exacerbation of oedipal conflicts or the possibility of traumatic witnessing of parental intercourse. Sperling (1971) claimed that the intimate body contact involved in co-sleeping could “overstimulate” aggressive and sexual impulses during the pre-oedipal phase. According to Sperling, when parents use co-sleeping as a remedy for their children’s sleep disturbances, they are sending out mixed messages of parental prohibition and seduction.

Brazelton (1969), Silvers (cited in Bennett, 1992), and Kugelmass (1959) expressed concerns that co-sleeping disturbed the process of individuation and normal development of independence in children. Fraiberg (1959) claimed that co-sleeping violated the privacy of the marital relationship. Homan (1969) worried that co-sleeping interfered with the child’s ability to fall asleep and stay asleep, and a number of authors expressed the belief that co-sleeping may signal problems in family relationships or in the marital relationship (Kaplan & Poznanski, 1970; Nicoll, cited in Bennett, 1992). Gibson (1991), who described the views of both sides on this issue, also mentioned the notion that co-sleeping might create generalized anxiety and social immaturity. As with exposure to nudity and sexuality, certain commentators have emphasized the importance of the *context* in which co-sleeping occurs in determining outcome (cf. Rosenfeld, Wenegrat, Haavik, & Smith, 1982).

Whereas few data have been collected that directly bear upon exposure to nudity or the primal scene, numerous ethnographic and cross-cultural data and some psychological data have been collected that bear upon parent-child co-sleeping. However, most of these data describe

prevalence or provide other descriptive information. Few empirical tests of hypotheses have been made.

#### *Ethnographic and Cross-Cultural Data*

Although in the current article I am concerned for the most part with evidence bearing on effects of the target variables on North American children, the ethnographic data present an interesting point of comparison. Gardner (1975) wrote that three fourths of the world’s child population sleeps in the same room as their parents. However, no supportive data were cited. Whiting (1964) reported that 66% of the young children in a cross-cultural sample slept with one or both parents at least for some portion of the year. In a study of 100 societies, Burton and Whiting (1961) found that only U.S. middle class families put their children to sleep in separate rooms [although co-sleeping is not necessarily uncommon among certain American ethnic subcultures (Lozoff, Wolf, & Davis, 1984; Madansky & Edelbrock, 1990)]. In a cross-cultural sample of 90 “intermediate level” societies, Barry and Paxson (1971) found that children in at least 41 societies assuredly co-slept with at least one parent; in 30 societies the children shared the same bedroom with the parents and may or may not have co-slept; and in 19 societies children shared the same room but not the same bed. In no society did the children sleep in a separate room. In a very interesting, but for some reason infrequently cited cross-cultural study of 92 societies, Stephens (1972) found that young children (under seven) slept with their mothers in *every society* and with both parents in approximately one third of societies. The international ubiquity of co-sleeping is also supported in studies by Whiting and Edwards (1988); Morelli, Rogoff, Oppenheim, and Goldsmith, 1992; Hong and Townes, and Gaddini and Gaddini (both cited in Morelli et al., 1992).

Citing their ethnographic work in Latin America and Asia, Lozoff et al.

(1984) advanced the view that the majority of the world's children sleep with their parents or other family members. In a study of 323 Japanese households, Caudill and Plath (1966) reported that most children co-slept with adults until about age 10. According to Caudill and Plath, "it seems that at least for the first few years of life, the tendency for mother and child to co-sleep is a 'natural' one that human beings share in a general way with other mammals" (p. 366). McKenna (1986) has argued that co-sleeping as a practice evolved because it bestowed survival advantages for the infant.

### *Empirical Data*

In a study of a stratified random (cluster) sample of 303 parents from a Standard Metropolitan Statistical Area in Massachusetts who completed the Child Behavior Checklist for two- and three-year-olds, Madansky and Edelbrock (1990) found that co-sleeping was not related to standard behavior problems. However, sleeping problems were found among frequent co-sleepers, and these sleep problems continued during a follow-up period for those who continued to co-sleep. Madansky and Edelbrock (1990) reported that co-sleeping among U.S. families did not seem to be as rare as one would have supposed, particularly among Black and lower-SES families. Lozoff et al. (1984) found the prevalence of co-sleeping to be significantly higher among Black children in a randomly selected sample of 150. However, the authors cautioned that various methodological problems made confident generalization to White and Black U.S. families difficult. Lozoff et al. found sleep problems, maternal ambivalence, lower level of parent education or occupation, and family stress associated with co-sleeping, but for White families only. Because co-sleeping appeared to be less acceptable in White middle class culture, Lozoff et al. hypothesized that sleep problems may not result

from co-sleeping, but rather, co-sleeping in certain White families may be the *result* of problems such as sleep difficulty, family strife, etc. The authors concluded that co-sleeping represented a sleep-management practice that reflected an emphasis on nurturance in family life as expressed in parental involvement and body contact.

Kaplan and Poznanski (1970) looked at parent and child motivations for co-sleeping among a sample of 60 psychiatric inpatient children. However, these investigators did not examine outcome, nor did they compare the psychiatric population to a control group. In their comparison of psychiatric outpatient children with controls, Oleinick et al. (1966) found that co-sleeping was not a predictor of membership in the outpatient group. However, Hanks and Rebelsky (1977) noted that frequency of bed-sharing was not addressed, so even a single instance would place a child in the co-sleeping group. Thus, no firm conclusions may be drawn from Oleinick et al.'s data. In their study of 86 children drawn from a sample of military dependents, Forbes, Weiss, and Folen (1992) found that co-sleeping was associated with *less* likelihood of having been in psychiatric treatment and *greater* likelihood of higher parental ratings of adaptive functioning.

Hanks and Rebelsky (1977) reported that mothers in their sample who had engaged in natural childbirth, breast-fed their children, belonged to food co-ops, participated in women's support groups, and had other similar indicators of lifestyles partially influenced by "countercultural" concerns generally reported positive effects from the practice of co-sleeping. Whitman-Flamm (1991) found that, among a volunteer sample of 45 middle class families, co-sleeping families displayed a "flexible-connected family structure," whereas the non-co-sleeping families displayed a "structured-connected family structure," according to the Circumplex Model (Orson,

cited in Whitman-Flamm). Whitman-Flamm also found that transitional objects were used by significantly fewer co-sleeping children. *Transitional objects* are initially neutral objects—such as a blanket or doll—invested with powerful emotional significance and carried ubiquitously by toddlers as an aid in accepting separation from the parent (typically the mother).

In summary, there is some preliminary evidence that co-sleeping is associated with sleep disturbances, particularly when the co-sleeping occurs within certain sociocultural or motivational contexts. However, it is unclear whether the co-sleeping is antecedent or consequent to the sleep disturbance. There were suggestions in one study that co-sleeping may be associated—also under specific sociocultural and motivational contexts—with maternal ambivalence or family strife. However, data in several other studies also suggest that under specific sociocultural and motivational contexts co-sleeping may be associated with family nurturance, self-reported positive outcomes, less use of transitional objects, flexibility in family structure, and parental reports of higher adaptive functioning.

### **Conclusions**

Taken as a whole, the variables considered in this review have had claimed for them a rather large number of specific short- and long-term harmful consequences for the child. A number of commentators have characterized behaviors such as exposure to parental nudity, parent-child co-sleeping, and exposure to "primal scenes" as forms of sexual abuse, and sexual abuse as a monolithic entity has had claimed for it an even larger "laundry list" of sequelae. Therefore, the number of possible hypotheses concerning short- and long-term harm in childhood exposure to the variables in question is truly formidable.

Surprisingly then—especially considering the vehemence with

which these behaviors have been condemned in much of the clinical literature—there is little evidence to support dire predictions. In the case of exposure to parental nudity, the very scant available evidence points to generally neutral or perhaps even positive correlates, particularly for boys. In the case of exposure to primal scene experiences, the data indicate that although adolescents or peripubertal children may react with displeasure to such experiences, younger children may react with amusement or noncomprehension. In any event, no empirical evidence links such experiences with subsequent psychological harm.

Only in the case of parent-child co-sleeping has any evidence of potential harm emerged, and this evidence consists of findings of associated sleep disturbances. However, these disturbances may in some cases have occasioned the co-sleeping, rather than resulted from it. Additionally, some evidence points to positive correlates of co-sleeping for some individuals.

Of course, simply because little evidence of harm exists does not preclude the possibility that the behaviors reviewed here are, in fact, harmful. Previous research, limited as it has been in quantity and methodology, may simply have been inadequate to detect harm. However, given the lack of indication of harm, it seems reasonable to hypothesize that if harm may result from exposure to these practices, it does not do so globally. Therefore, main effects of these variables may not be found in future research. More likely, these experiences of childhood, like other experiences of childhood, are variable in their nature and effects, depending on the total ecological context, including the temperament and developmental stage of the child, psychological and sexological profile, environmental factors such as SES, and so on.

Consistent with this perspective are findings reported by Kilpatrick (1992). In careful analyses of data

collected from a community sample of 501 women, Kilpatrick reported no main effects of childhood sexual experiences, including experiences that would legally or morally be defined as sexual abuse. Instead, her results suggested that harmful outcomes were associated with the interaction of the sexual experience with specific context variables. (See also Beitchman, Zucker, Hood et al., 1991, 1992; Higgins & McCabe, 1995; Kendall-Tackett et al., 1993; Parker & Parker, 1991). Therefore, even if one took the position that the three behaviors discussed in this review constitute forms of sexual abuse, it is still reasonable to hypothesize that these behaviors may only be associated with measurable harm when experienced in interaction with specific contextual variables.

For example, scholars in the field of human sexuality recently have emphasized the importance of cultural context in the interpretation of behaviors (Abramson & Pinkerton, 1995). (See also Weisner & Wilson-Mitchell, 1990.) Experiences such as exposure to parental nudity or sexuality may be constructed of very different “meanings” within a family whose values include beliefs in the “naturalness” of nudity and sexuality than within the context of family whose values include endorsement of “conservative” attitudes toward nudity and sexuality. Outcome correlates may also be presumed variable.

In an effort to provide empirical evidence bearing on these issues, I am currently analyzing data derived from the UCLA Family Lifestyles Project (cf. Weisner & Garnier, 1992; Weisner & Wilson-Mitchell, 1990). This is a remarkable multi-disciplinary investigation involving 18 years of longitudinal research on 150 children of “nonconventional” U.S. families (e.g., counterculture adherents, commune dwellers, intentional single parents) with a comparison sample of 50 children of “conventional” two-parent families. Each child was followed from the third trimester of his or her mother’s pregnancy to the

current wave of data collection at ages 17-18. Data specifically relevant to the variables in question were collected throughout early childhood, and multi-method assessments were taken repeatedly. Attrition over the 18 years was never greater than 5%, and an enormously rich data set of thousands of variables has resulted. These data provide a unique opportunity to examine systematically some questions I have raised in the current article by controlling for relevant demographic variables and using contexts such as family beliefs, values, and practices as interaction terms. In any event, until more evidence is collected, mental health and other professionals might do well to adopt a more cautious posture when commenting on the potential for psychological harm of childhood exposure to parental nudity, scenes of parental sexuality, and parent-child co-sleeping.

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