

Getting a Good Night's Sleep- another perspective.

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As a GP, writer and currently full-time mother to four children, I have many concerns about the standard advice that mothers are being given about young children and sleep. 'How does your child sleep' in the Oct Playtimes, endorsed by Queensland Health, and the U.S. 'Solve Your Child's Sleep Problems' by Richard Ferber are two examples of this approach.

These sources suggest methods such as leaving a child alone to cry for increasing periods (so-called 'controlled crying') and shutting a crying child in their bedroom so that they learn to go to sleep alone.

Advising parents to ignore the cries of a distressed child, for however long, does not produce a loving and trustful parent-child relationship. I wonder how many of us would want our partners or friends to treat us this way, if we were alone at night and feeling upset and frightened.

But it is not only the hard-heartedness of these suggestions that concerns me. All of the scientific and anthropological research that I have read supports my instincts and experience. Our babies need constant care and attention because of their extreme immaturity. Unlike other mammals, they cannot keep themselves warm, move about, or feed themselves until relatively late in life, which makes the mother-infant relationship crucial to our offspring's survival. (McKenna 1996) Our children have therefore developed behaviours and expectations to ensure that they get the special care that they need in babyhood and beyond.

For example, for a baby, the safest place is in the mother's arms-and this is still true today, with SIDS being the leading cause of death in young babies. This applies equally at night, when sleeping with the mother- also called co-sleeping- gives the baby protection, temperature regulation, emotional reassurance and breast milk. It's a perfect system, and what babies are born to expect.

The mother also receives rewards - nature always puts in a reward to encourage us. Co-sleeping gives us less disturbed sleep because we both get into the same sleep cycles, and our babies will wake to feed when we

are both are in light sleep. We can do more breast feeding for less effort and therefore maximise the contraceptive effect.

We will also benefit from the extra doses of two breastfeeding hormones. Oxytocin- the hormone of love- is stimulated by both breastfeeding and by skin-to-skin contact, and keeps mother and baby soft and loving with each other. Endorphins are the hormones of pleasure, making mother- as well as baby- relaxed and sleepy: just right for night feeding. No wonder co-sleeping mothers and babies wake up with a smile.

World-wide research confirms the safety of co-sleeping, as long as parents are not smokers, grossly obese, or under the influence of drugs or alcohol, and attention is given to avoiding the suffocation hazards that go with our soft western bedding.

My other major concern is that this approach to sleep follows our society's belief that our children will not become independent unless we force them. In fact, research shows that the exact opposite is true. "Research by Mary Ainsworth confirms that indulgence of early dependency needs leads to independence" and "A mother's reliability and receptivity promote trust and emotional stability in her child". (Klein, 1995). In other words, when we treat our children with love and respect for their needs, we plant the seeds for a lifetime of happiness – and relaxed sleep.

For myself, the benefits of co-sleeping do not end with babyhood- my older children are equally sweet and cuddly at night, and sharing sleep into the pre-school years has its own rewards.

For example, sleep becomes a time to share intimacy and loving feelings, especially when the day has been gruelling or conflict has arisen. There is nothing so sweet as lying next to my child as he/she drops into dreams (and often we do this at the same time). We have never had the bedtime battles or night terrors that are considered 'normal' in our culture- and remember that our culture is totally abnormal, in global terms, in not sharing sleep between family members.

Every co-sleeping family that I have met has their own unique arrangement. Right now in our household, our middle children sleep together in a double bed, and our eldest Emma, 10 has graduated, in her own time, to her own bed. We continue to lie down to settle Zoe (8) – although she says she can put herself to sleep now- and Jacob, 5, who often joins us in the wee hours. (We have a king-sized bed which we have turned around to make it 6'6 wide and 6' long- a real 'family bed')

These three children, who are very confident and sociable, have no problems with different routines when they sleep over with their friends-

and why would they, when sleep has always been easy and pleasurable for them?

My youngest, Maia, who is 15 months, continues to fall asleep most nights with Mother Nature's best toddy- breast milk. Breastmilk contains oxytocin and endorphins, and it seems right that we give ourselves and our babies the benefit of these gentle hormones at sleeptimes.

Since my first baby, I have gained more confidence and experience with co-sleeping, and honestly, some of the things that are said to discourage us strike me as crazy. For example, I have read in many places -also in the previous article- that if we cuddle or nurse our baby to sleep, they may awaken later and "...may not be able to go back to sleep because their environment has changed". As an adult waking up, I don't remember how I got to sleep, and it seems to me that our babies simply want to be held and nursed to sleep because it is pleasurable, biologically adaptive, and it works.

A family bed might not suit every family, but I feel that it is important to consider that co-sleeping is what we as humans have evolved to do with our young, and it is in turn what our babies and small children expect. When we ask our children to sleep alone all night, we are stretching their biological capabilities, and there is a good chance that they will protest.

If this happens, we can choose not to lock them up, but to take their feedback seriously and work to find loving, gentle and co-operative solutions- and there are many different possibilities.

For example, some families have invited an older child back into their bedroom, and found that a 'dose' of co-sleeping, or even sleeping on the floor (in what Emma calls a 'nest') is all that is needed.

In many families- as in ours- one parent lies down with a child or children until they fall asleep, giving reassurance at the time when it is most needed. Sitting quietly or meditating also work well at this time- and I am less likely to fall asleep myself.

When children wake in the dark hours, we have often gone into the child's bed- double beds work best for obvious reasons- and fallen asleep until morning. This is currently my partner Nicholas's specialty- we have a casual division of night-time labour with Maia being my responsibility, and the others his.

When a child is sick or needing extra care, it feels good to have them in our bed, only an arm's length away. Needing an extra dose on Mummy or

Daddy is a good enough reason most of the time, and I notice that sleeping together promotes harmony with each other in a subtle and beautiful way.

As parents, we are in it for the long haul, whether we like it or not. Controlled crying, 'Ferberizing' and the like are short-term solutions that I see as detrimental in the long-term.

Our children will outgrow their dependency needs- including the need for company at sleep time- in their own time, and our job is to provide the love, reassurance and guidance that maximises growth and happiness in the short, medium and long terms.

As one !Kung mother from the African desert responded to Dr Spock (who also advocated ignoring our children's cries) "Doesn't he understand that he's only a baby and that's why he cries? You pick him up and comfort him. When he's older, he will have sense and he won't cry any more." I hope that we as a culture can come to our senses also and treat our children lovingly day and night.

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