When parents call me in desperation to ask how to get their child to go to sleep at night, I can anticipate the story they will tell. By the time my advice is sought, there has usually been a long history of nighttime turmoil: of parents waking up to hear the child crying at 2:00 or 3:00 A.M., dragging themselves to the child, and then rocking, singing, and cajoling to try to get the child back to bed. Parents also report that once they arrive in the child’s room, she becomes winning, delightful, and full of charm; she has had her sleep and is ready for several hours of play. When her charm begins to fail in the face of her parent’s desperation, she may fall back on whimpering or wailing as if in real pain. Or, she may stare accusingly at the parent with a look that seems to say, “How can you leave me alone when you can see how much I want you to stay?” At any level, the urgent message she conveys is that she has needs that have not yet been met, and her lament reaches across any self-protective barrier the sleepy parent may attempt to set up.

Parents tell me they “try everything.” They even try letting the child “cry it out,” but they give up this approach after a few nights when the crying goes on for one or two hours and
shows no signs of stopping. They try giving the child a bottle and a night light, neither of which works. The only thing that works, they tell me, is to take her into their bed. She can sit there and play for an hour or two, and they at least can sleep.

However, since there is an unwritten taboo in our culture against allowing a child into her parents' bed, many mothers and fathers work very hard not to do this. They have found that going to the child before she is upset saves a longer period of calming down afterward. They often tell me that they go to the child every two hours after 2:00 A.M., quieting her, giving her milk, rocking her for a period, and successfully keeping her in her room. They can time their intervention so well that they have to remain only thirty minutes out of every two hours, whereas if they wait until she is upset and wailing, the visit takes an hour!

What is going on here? Why don't all children make such demands? Why is it that in one family all but one child learns to sleep through the night? Is it a sign of insecurity on the child's part, and is it a reminder to the parents that she has not had enough love or attention during the day? Why is it that certain children who go to bed at 6:00 P.M. continue to awaken and make demands on their parents at about 10:00 P.M. and again at 2:00 and 6:00 A.M.?

Understanding Sleep

As described earlier, every infant has characteristic cycles of light and deep sleep. These cycles are already entrenched at birth and have been established in synchrony with the pregnant woman’s own daily cycles. They are usually not parallel to the maternal cycle, since the fetus sleeps while the mother is active and wakes when she lies down. But the mother’s activity period leads to the baby’s in the following period. Thus, the newborn infant already has a sleep-wake rhythm. After birth, the environment tends to press the new baby to more and more wakefulness in the daytime and to longer and longer sleep cycles in the night.

By the age of four months or earlier, the periods begin to get set into a pattern—usually a cycle lasting three or four hours. In the middle of the cycle is an hour to an hour and a half of
deep sleep in which the baby moves very little and is difficult to rouse with any stimulation. For an hour on each side, there is a lighter, dreaming state in which activity comes and goes. And at the end of each four-hour cycle, the baby comes up to a semialert state in which she is very close to consciousness and awakens easily. At these times, each baby has her own activity pattern—she may suck her fingers, cry out, rock herself, or bang her head rhythmically. Older babies may move around the bed, try out new tricks like standing or walking, or fuss or talk to themselves.

All of these behaviors seem to be in the service of discharging energy stored up from daytime activities and of getting the child back down into the next cycle of sleep. When these intervals of semiconsciousness can be managed by the baby herself, the sleep cycles become stabilized, and the child begins to stretch them into longer cycles so that she finally manages to stay asleep for eight and even twelve hours at a time.

Research has shown that the prolongation of these cycles depends on a kind of conditioning. If the infant is in an environment that reinforces each alert period with a response or by a feeding, she is not likely to prolong the cycle by propelling herself back to sleep. But if there is no response, she will be pressed to find her own patterns for discharging activity and comforting herself back down into the next cycle.

In the first year, as mentioned in earlier chapters, there are predictable times when a baby is likely to start waking at night, even though she may have been sleeping through before. At eight to nine months and again at a year, there are rapid increases in cognitive awareness (of strangers or strange situations, of new places, of changes in the daily routine) that coincide with spurts in motor development (such as crawling and sitting at eight months, or standing, walking, and climbing at twelve to fourteen months). With this increased activity comes a new capacity for getting away from the safe base of mother and father. The excitement and fears generated by this new capacity may temporarily interrupt the child’s sleep patterns.

According to research on the normal sleeping pattern of babies, 70 percent of American children go eight hours a night by three months, and 83 percent are likely to be doing this by
six months. By one year, only 10 percent do not sleep through
the night.

Most children sleep through because of a combination of
influences: parents’ slower response at night, the lack of other
stimulation, and the child’s own need to stretch out in some
part of the twenty-four-hour cycle.

Patterns of Night
Waking

About 17 percent of babies, then, are not stretching out at
night by six months, and 10 percent still aren’t sleeping at one
year. Again, a combination of factors is probably involved.
Prematurity and limits on the infant’s ability to nurse may
play a role. There may also be parental factors such as a
reluctance to encourage independence in the child and let her
work her way back to sleep. These parents have often had
issues in their own childhood that make them vulnerable to the
pain of separation at night. A mother might remember feeling
deserted by one or both of her parents in childhood. A father
might remember night terrors when no one came to him. Some
working mothers and fathers who are away all day need the
closeness of the baby at night. A single parent who feels the
loneliness of having to face the daily adjustments of parenting
by herself might not want to give up any night feedings.

Issues of autonomy and independence are thus often at the
root of sleep problems. Although there are many forces in our
society that press a parent to feel guilty about holding a child
too close or too long, most parents are not quite ready to push
a baby of five or six months who cries out at night into self-comforting patterns. It is natural to want to cling and be
clung to. Most parents secretly long for the lovely, warm
comfort of a sleeping baby next to them. All this makes it hard
for parents of babies who do not slip easily into sleeping
through the night. They may need the guidelines that follow at
the end of this chapter.

There are babies of three different temperamental types that
seem prone to night waking. One kind is very active and
intensely driving, with such excitement for learning that she is
literally unable to stop herself when she is learning a new task.
At night, the frustration of not being able to accomplish the
task she's got in mind—usually a motor achievement—seems to drive her with the same intensity that drives her during the day. For example, shortly before she begins to walk, when she comes to a state of semiconsciousness, she may get up on her hands and knees to rock in frustration or may pull up on her crib endlessly—and then she will awaken. Waking at night is a normal part of the intensity that marks every new developmental milestone.

This pattern may not subside after walking is achieved unless the parents begin to intervene by pressing her to master her nighttime sleep pattern, for the child may be just as frustrated about other tasks and other steps toward mastery in the second, third, and later years. If her sleep has become an outlet for frustration in the first year, it may continue to serve this purpose.

If parents rush to these children in order to comfort them, they must realize that they will prolong the night waking. Light sleep cycles occur frequently during the night and are self-limited as long as the child can quiet herself and then bring herself down into deeper sleep again. If she is stimulated by her parents’ presence or if she uses their presence to wake up and start playing, she may indeed turn night into day, and a vicious circle may easily get set in motion. The child rouses; the parents become tense as they try to quiet her, inevitably adding their stimulation to the child’s own, thereby waking her; the child senses her parents’ hostile feelings and stays awake to tease or play or try to establish a bond with them.

Another group of infants who may wake at night and need to be comforted could be classified as “low motor expenders” during the day. They are the quiet, alert, watchful children who take everything in and think deeply about things, and they may not be very active. As they don’t invest a lot of activity in their daylight hours, they don’t tire themselves enough to sleep as deeply at night. Their sensitive thinking processes may be patterned to increase wakefulness at night, and when light sleep cycles occur, they may come easily to a full awake state. If they cry or fuss in each of these cycles, they may bring parents to their side. As long as both they and the parents profit from this kind of closeness, it may seem to serve them all. But as their independence in the second year
surfaces, it will be a time to consider pushing them to be more independent at night.

The third kind of baby who may find it difficult to settle down at night into a reliably prolonged sleep pattern is likely to be a sensitive, easily upset child. Her sensitivity to new or strange situations makes her rather clinging, and her parents may play into this unknowingly. Around each new demanding situation—either a new developmental step or a demanding social situation—she is likely to regress in her behavior during the day as well as at night. Since the parents of such a child want to help her, they may protect her from new and demanding situations. They are likely to hasten to comfort her when she is overwhelmed, often before she has had the chance to try out her own efforts at coping.

At night, this pattern of overprotection is likely to affect the behavior of both parents and child. The child demands their presence and comfort long after she may really need it, and the parents in turn find it difficult not to give in to her overly sensitive demands. They may take her into their bed or allow her to ask for and receive four or five nighttime visits from them. As they get exhausted and angry—with themselves and with her—her sensitivity to their ambivalence increases her misery, and this very ambivalence drives her parents to meet all her demands.

Learning Independence

In our society, at least, to be able to sleep alone in childhood is part of being an independent person. Whether or not that is right can certainly be questioned, but it is difficult for a child or a parent to reject the general consensus of society without the danger of lowered self-esteem and a feeling of being inadequate to the job of establishing autonomy.

When sleep problems occur, it is likely that parents and child alike are having difficulties believing that the child can make it alone. Parents who work away from home during the day often feel torn between putting a child to bed alone or keeping her close. When a naturally stressful event comes along that produces a period of waking in the child, the issue of separation at night is likely to arise all over again.
I would urge parents to examine their feelings about independence and autonomy before trying to establish a routine for the child at night. Pressing her to sleep through will require real purpose on the part of everyone in the household. Parents will have to be sure that they are ready to back each other up. They will also have to be sure that they believe it is an important, even a necessary, step for the child to take.

In my private pediatric practice and in my hospital work, I have seen the problems that can be stirred up in whole families when a child is awake and demanding during the night. I knew these families needed help, and I knew it would help their relationship with their child if I could give them a base for understanding the underlying issues. What I didn’t realize was that certain parents do not believe in helping a child learn to sleep alone at night.

Such parents feel that sleeping alone is a custom our society unreasonably demands of its small children and that it isn’t necessarily to the children’s advantage. When a child needs them at night, they feel it more important to be with her than to worry about conforming to our cultural expectations. They say that they and she really like being together as a family at night, and that the child will outgrow the habit of sleeping with her parents—without psychological scars.

I have learned a great deal by listening to this point of view. I agree with the concern that sleep problems may indicate that the child is going through a time of stress and should not feel deserted at such a time. I also worry about whether our culture isn’t demanding a great deal of small children in many ways, one of which is to require that she learn to sleep in a room all alone. But I also believe that the needs of the parents at night have to be considered, as well as most parents’ ultimate goal for the child—the ability to become self-reliant.

In considering whether to keep the child in their bed, parents would do well to consider some of the potential problems. Will the child be more dependent during the day if her parents keep her close at night? I’m not sure she needs to be—but that could be a pitfall, and one I’d urge parents to watch for. If a child is developing independence during the day, perhaps my argument for leaving her alone at night need not be taken as seriously.
Will sharing her parents' bed as an infant and young child make it difficult to separate from them later on? Certainly, the lore based on psychoanalytic theory has it that a child may not want to separate from her mother and father and may continue to cling to their bed, and as she gets older and more conscious of her oedipal feelings, she may feel that she can and does come between them.

To offset this tendency on the child's part, I would urge parents who want to continue the practice of sharing their bed to be sure that they agree that it is comforting to them as well as to the child. Her presence can certainly come between them if she's allowed to continue to sleep there; and if it does, the child will suffer more than she might from being weaned to her own room. Hence, if parents are not comfortable and do not agree upon this practice and if it is allowed to cause friction in a family, I'm sure it will be destructive to a child's future development. For this reason, I would urge parents to discuss the arrangement openly and reasonably at regular intervals. A good relationship between her parents is probably more critical to a child's development than her sleeping arrangements.

Parents must also watch the child for any signs of tension about sleeping with them. Eventually, she will begin to show that she no longer needs their comfort at night and will express a need for independence. If we can extrapolate from other cultures (India and Mexico, for example, where this is a common practice), it would seem that the third or fourth years would be the time to watch for signs of the child's readiness to sleep alone, even if she hasn't been able to do this before. It will probably be up to the parents to give a necessary shove—talking to the child as she goes to bed, providing her with a beloved toy for company, giving her a night light, and helping her make the transition. I would worry about an older child's image of herself if she still needs to be close to her parents at night. She may well have a more difficult separation later in childhood.

Since I believe that achieving independence of thought and action is a critical goal of childhood, I would urge that parents consider sleep as one of the major areas in which to achieve that independence. In the end, whether a child sleeps alone or with her parents may not be as critical as whether she is
learning how to cope with her own needs and managing to get herself back to sleep when she comes to awakening periods during the night.

When night waking continues to be a problem, the following suggestions might help a child learn to get back to sleep by herself. Bear in mind that they are dependent on the individual situation and particularly on the child herself. Each of these steps should be taken singly and slowly over time.

1. Be sure you both agree on the program. If you, her parents, disagree, the child will sense your ambivalence.

2. Have a look at the child’s day. Does she sleep too long and/or too late in the afternoon? For babies older than a year, nap times should be started early (by 1:00 P.M.) and last only one to two hours at most. If the child is over two, the nap can be given up completely. Any rest or nap after 3:00 P.M. will certainly break up the cycle of activity and diminish the need for continuous and deep sleep during the night.

3. Be sure you have instituted a relaxing, nurturing routine at bedtime. If the child is old enough, talk to her at this time about the steps you are about to take toward helping her sleep alone and through the night. Roughhousing and play should be followed by a calming, quiet ritual time. A bedtime story is a wonderful routine. Television is not.

4. Let the child learn to get to sleep when you put her down at night. Don’t put her to sleep in your arms or at the breast. Get her quiet but then put her in and sit by her to help her learn her own pattern. Give her a lovey or her fingers. Pat her down soothingly. If she protests, assure her that “you can do it yourself.”

5. Wake the child at night before your bedtime. At that time, you can repeat the bedtime routine—talking to her, hugging her, giving her a bottle or a feeding if that has been part of the routine. In this way, you will ease your own conscience and not lie awake wondering, Is she okay? Is she hungry? Have I done enough?
6. Reinforce a particular lovey—a blanket, an animal, or a doll—as part of her self-comforting routine. (But, as mentioned in earlier chapters, do not allow a child to sleep with a bottle of milk in her mouth; this contributes to serious tooth decay.) Many toys in bed are in no way as good as a single beloved one. They dilute its value and its meaning.

7. Expect a child to rouse and cry out every three to four hours at 10:00 p.m., 2:00 a.m., and 6:00 a.m. After you have prepared her for the program and are really ready to start it, greet her waking with as little stimulating intervention as you can. If you have been taking her out of bed to rock her, don’t soothe and stroke her with your hand, but leave her in bed. She won’t like it, but she’ll understand. Stand by her crib and tell her that she can and must learn to get herself back to sleep.

8. After a period of going to her each time, begin to stay out of her room and call to her. Tell her that you are there and that you care about her, but that you are not coming, and remind her of her lovey. It amazes me that a child can begin to accept one’s voice for one’s presence.

9. Finally, let her try all of her own resources. Wait at least fifteen minutes before you go in for the first time or for a subsequent time. Then, deal with her perfunctorily, repeating the unexciting regime just outlined and again pressing the lovey on her.

After forty years in the practice of pediatrics, I am convinced that while a child’s independence may not be easy for parents to accept, it is an exciting and rewarding goal for the child. Being able to manage alone at night helps a child develop a positive self-image and gives her a real feeling of strength. You can further encourage this feeling of achievement by shoring the child up emotionally during the day. Once she becomes independent at night, she deserves all of the credit and loving praise that you can give her.