

Dream BABIES



THE EXPECTATIONS PLACED ON MOTHERS OF NEW INFANTS, WHETHER SELF-IMPOSED EXPECTATIONS OR OTHERWISE, ARE ENORMOUS. ASSOCIATED FEELINGS OF GUILT CAN BE OVERWHELMING, AND WHEN EXHAUSTION HAS SET IN, THESE FEELINGS ARE EXACERBATED. A COMMON AREA OF REAL DIFFICULTY FOR A NEW MOTHER (AND A HUGE CAUSE OF GUILT) IS INFANT SLEEP, AND THE EXPECTATIONS AND ANTICIPATION SURROUNDING BABY'S SLEEP BEHAVIOUR. TRACIE MARTIN, AN INFANT SLEEP ADVISOR, UNRAVELS THE VARIOUS THEORIES SURROUNDING THIS INTRICATE TOPIC.

THE QUESTION I USED TO DREAD WAS

“does your baby sleep through the night”? When people asked me this, it was never defined in terms of baby sleeping solidly for 5-6 hours (as described by some experts); instead it was defined as putting baby to sleep at 7:00pm and him sleeping blissfully until 7:00am the next day. It stood to reason that if baby was not sleeping through the night, the hidden question was why not? Plenty of advice was on hand to answer this question, some welcome and some not. Often this advice just added to the pressure and guilt, and seemed to focus disproportionately on this one developmental milestone, thereby making all the other milestones insignificant.

As you may have guessed our baby was not a ‘sleeper’ for the first twelve months of his life. While a smiler, a giggler and an absolute delight during the day, the sleeping bit of the ‘chip’ was missing. Parents who have had a baby who does not sleep well will be able to relate to my experience of getting out of bed for the eighth time during the night on multiple occasions to attend to baby, then crawling back to bed only to wake exhausted. During this state of exhaustion I remember driving to a petrol station to get some petrol and sitting in the car wondering what I was doing there - obviously it was not to get a haircut!

My experience led me to seek and research information about infant sleep. My initial research confirmed that much of the information and theories about so-called ‘proper’ infant sleep is conflicting. Contrary to popular belief, the majority of babies do not sleep through the night at six weeks or even four months. A survey completed by a leading author, Bonny Reichert, (Today’s Parent Magazine), established that the majority of parents believe their baby should be sleeping through the night by four or five months of age. According to Reichert’s survey this is a mistaken belief. If your baby is still waking up during the night after their seven-month birthday, you are not sleep-walking the hallways alone. Reichert’s survey shows that 61% of babies actually continue to ask for room service well after seven months and only 20% of babies actually sleep through the night consistently before four months of age. So when you are asked that question take heart you are in good company!

Infant sleep, like most other things related to babies, is big business. Conflicting theories about infant sleep are good for some businesses because frustrated and guilty parents are likely to turn to all sorts of remedies and advice to cure the problem. Indeed some authors in the field

simply need to combine guilt and hope to target the bullseye of parent vulnerabilities. Despite all the information however the results from a survey that I conducted for a university paper (Massey University, Attachment Theory and Research) highlighted many people’s continued confusion and guilt regarding the ‘right things’ to do to get baby to sleep.

There are many infant sleep theories. Some theories are helpful and others can be put into the category of ‘that was interesting’. These theories include suggestions such as ‘teach your baby to sleep independently in their cot or you will have a ‘problem sleeper’; ‘unless you co-sleep your baby may not achieve a secure attachment thus leading to potential psychological issues later in life’; and ‘unless your baby sleep’s XYZ amount of hours throughout the 24 hour period their brain development could be inhibited’.

While the sources of some of these sleep theories are based on different cultural, religious and personal perspectives one internationally recognised theory - the field of Attachment Theory (originating primarily from John Bowlby) - seems to accommodate all these perspectives and yields an outcome in this context that can be a common denominator for them all.

Experts in Attachment Theory believe that the relationship between infants and their main caregivers can play a pivotal role in the quality and type of attachments those infants take with them through their lives. The importance of responding sensitively and in a consistent manner to an infant’s needs during the first year of a child’s life helps significantly towards achieving a secure attachment for that infant in later years. Given that infants obviously spend a lot of this time learning how to sleep in their ‘new’ environment it stands to reason that how parents respond is part of the attachment process.

A possible confusion for many parents may be defining what is ‘sensitive’ and what is ‘consistent’ to enable them to achieve the optimal outcome? Even experts who have researched this field have difficulty agreeing with the exact behaviors required within this dynamic, so you can be forgiven for being thoroughly confused yourself. Add to this confusion the broad nature of the Attachment Theory definition which opens the door for subjective interpretations to be influenced by an author’s own personal agenda. One possible consequence of the numerous books and information available on infant sleep is the uncertainty over what will help achieve a secure attachment. Potential discrepancies between

the behaviour undertaken by a caregiver to ensure a secure attachment and the suggested best practice for achieving such an outcome advocated by certain ‘attachment-parenting’ advocates is becoming noticeable. A key question for many parents, the answer to which can be elusive, is what methods are deemed to be developmentally appropriate and how should I teach my baby to sleep?

Completing an internet search on how to get your baby to sleep better demonstrates that there are literally hundreds of websites offering different rationales for their ‘one-stop-shop methods’. Some of these websites provide the apparent should and how-tos but offer unbalanced scientific evidence to back up their theories. One in particular suggests the status of being an ‘attached parent’ was all about ‘responsive parenting’. While this may coincide

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with the description given by attachment theorists, the same website described responsive parenting as behaviours which included co-sleeping, baby ‘wearing’ (when you carry your baby in a sling for the majority of the time) and so on.

While experts in Attachment Theory acknowledge that consistent and sensitive responding is of utmost importance to help achieve a secure attachment they do not specifically identify the necessity to co-sleep (although they do recognise that close physical proximity, not necessarily involving co-sleeping for baby can be beneficial). The requirement to ‘wear’ a baby for the majority of the day is also not a behaviour prescribed by attachment theorists.

This aforementioned website also suggests that if a parent followed alternative methods (other than those it advocated) then an infant was at high risk of behavioral disorders such as anxiety disorders, depression and intimacy issues as they reached adulthood. While experts in the field of attachments openly acknowledge that attachments can be the cornerstone of some behavioral

problems they recognise further areas potentially influencing these outcomes, such as the child's temperament, parental management, quality of early attachments and family ecology.

An unfortunate outcome of the often rigid and dogmatic information conveyed on these types of websites and in other sources is that it encourages confused parents into seeking and adopting alternative sleep methods which may offer a solution which is less demanding of them. Some of these methods however can conflict with a more 'attached' approach, may be too hard on baby and may not allow a parent to consistently and sensitively respond to their baby. The methods may also ask a parent (indirectly) to go against their parenting instincts. One commentary suggests that you should not pick up a crying baby because it 'should' be their sleep time. Instincts can be the most useful tool for any new parent, yet some of the 'instructions' out there leave parents disempowered and questioning their own natural abilities to make choices.

What is 'sensitive responding' and how is this defined and interpreted in practice? Although it has been proven that there is a strong correlation between secure attachments and maternal sensitivity and response, coherent explanations on what defines 'sensitivity' and rates of response are difficult to find. How should sensitivity be practiced and administered toward an infant? One person's sensitivity will not equate to another person's definition and action of sensitivity and responsiveness. As outlined above, researchers have struggled to gain both a succinct correlation as to what sensitivity means and how specifically a mother/caregiver should respond in this context. Because of the lack of detailed information regarding the specific requirements for a mother/caregiver in this area some authors are able to suggest behavioral requirements for parents which may not fit with the 'meaning' of sensitive, consistent responding.

The results of the survey I completed suggested that many parents are confused and at times feel conflicted about the methods they choose to help their baby sleep and how this could affect the attachment. A response from a participant in the survey highlighted this discomfort when she said "Well I've just started reading a book which is a series of essays on attachment parenting. It's left me a bit devastated to think that I am not attachment parenting. We don't co-sleep. I took our son to bed a couple of times when he was tiny but I didn't get any sleep! I work and my son stays at home with my husband. He is

exclusively breastfed or bottle fed with expressed breast milk. I don't really feed on demand - more I anticipate need and try to get in before he cries for food. Why should I make my baby cry when I know when he'll be getting hungry? I wear my baby whenever I can - but he only tolerates it for a certain time. He likes his space and his independence. Because my son stays home with his Dad, does this mean we aren't attachment parenting? Does attachment parenting only equal attachment mothering? Can a father not attachment parent?"

Although this participant had a responsive approach she was still left feeling inadequate and guilty because of how some attachment parenting websites had suggested one should go about achieving a secure attachment. With conflicting information it is difficult for exhausted parents to

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sometimes see the wood from the trees, or in this case one end of the bed from the other. It is important for parents to remember that not only is it unusual for babies to be sleeping through the night at four months of age and older, it is their own instincts that may be the most valuable tool for making the right decisions for their family in this context. To gain a secure attachment, as against an insecure attachment, a major part of the equation is about sensitive, consistent responding. In the view of Attachment Theory experts, Ainsworth and Bell (Goldberg, 2000), if a caregiver responds quickly to the needs of a crying baby in the early months of the first year, this will reduce the amount of crying by the infant in the later months of the first year. There are methods available which help parents achieve this but part of the equation is about refining a method according to the parent's lifestyle and philosophies. Sensitive and consistent responding to a baby is about basic and fundamental parental responses and it is not about following any specific rigid mantra to score good ratings as a parent as perhaps suggested by

other sources. For example, if a baby wakes in the night to be fed, sensitive responding could involve going straight to baby, feeding if that was the need, cuddling and putting baby back into the cot, thereby meeting the needs of the baby. It does not necessarily mean, as suggested by some websites, that you have to co-sleep (unless it is your personal choice to do so). In fact, in New Zealand, co-sleeping is rated as a risk for SIDS (Sudden Infant Death Syndrome).

I often hear parents talking about how they are expected to leave their baby crying in their cot because they have to learn to go to sleep by themselves - this is sad for both the parent and the baby. They feel guilty if they pick their baby up because they have been told that if they do, they will be creating a rod for their own back. They feel guilty if they don't pick their baby up, because they feel they are not responding to their baby and they feel guilty when they actually do pick their baby up, having been told that the baby could be manipulating them and will therefore end up spoiled and not learn independence. These types of messages are often very unhelpful for a parent. My research into infant sleeping has highlighted for me that parents need to be wary about adopting rigid and dogmatic approaches to achieve sleep outcomes for baby. Parents obviously want to achieve the best outcome and provide a secure attachment for their children and they want clear information to allow them flexibility to make informed decisions. This knowledge combined with a parent's intuition will enable parents to devise their own method to achieve a fit that is right for them, according to their own philosophies and family requirements. **P**

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