

Body and Mind

BY MELVIN KONNER, M.D.

Where Should Baby Sleep?

NO SLEEP! NO SLEEP!" such is the sad wail of my 20-month-old daughter, amid lullabies in her father's arms, just before she sinks into the state she has been protesting against so loudly. My son, now 7, was similar; at 3 he used to explain patiently to babysitters, "It takes me a long time to go to sleep." As for my oldest, the 10-year-old — now she sleeps "like a baby" — she would wake up umpteen times a night throughout infancy, and each cry seemed to grow a parental gray hair. Now too, she looks out for her father, and on a good night she can put her baby sister to sleep. But in our family, the ordinary letting go of consciousness is not usually done with what could be called grace.

I'm not sure it should be. Dylan Thomas's words to his dying father — "Do not go gentle into that good night. . . Rage, rage against the dying of the light" — have their tiny parallel in the coming of nightly rest. It's as if each relinquishment of the mind's light, as each child drifts off to sleep, is in itself a kind of loss.

To "primitive" people — those in what some of us sagely call "the anthropological record" — one of the oddest things about us Westerners is that we put babies off to sleep in their own rooms. The image of the nursery, carefully prepared before the birth, is a strange one to most of the world's peoples. We see it almost as a right of the infant; adoption agencies may even insist on it.

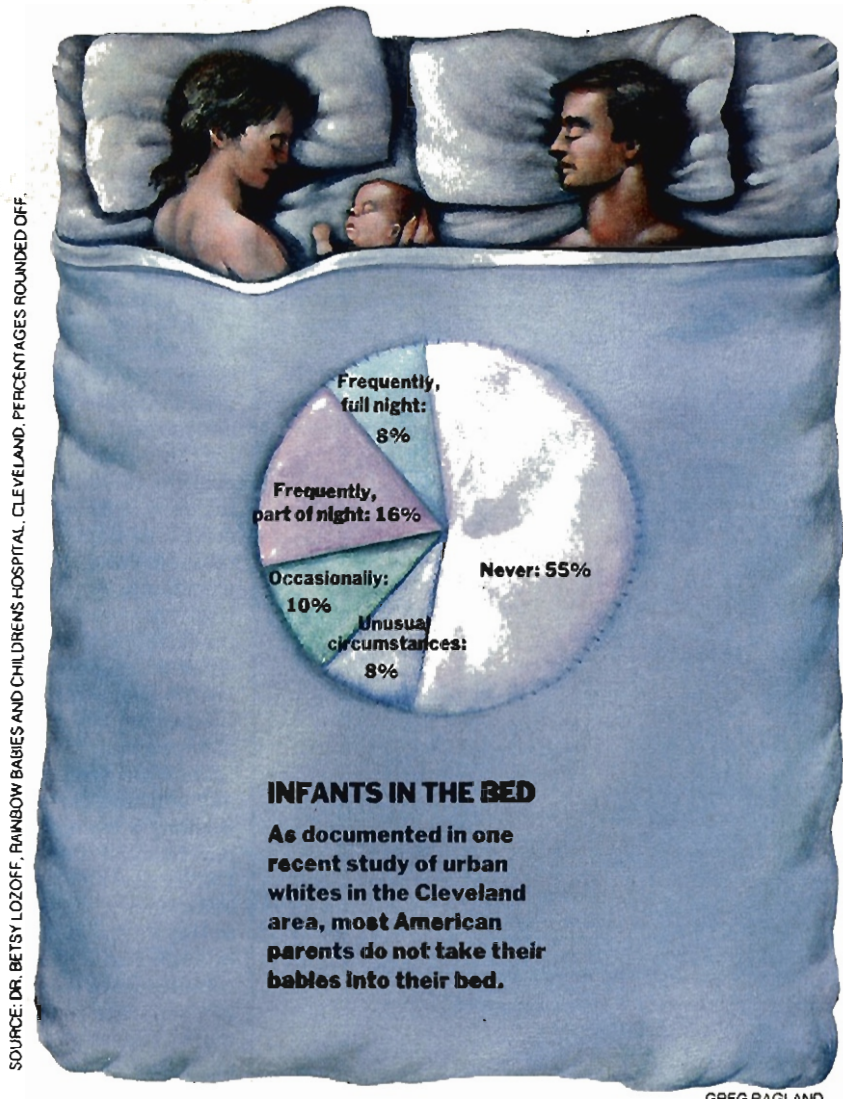
Yet isolating a baby or small child in that way is shocking in traditional societies. And the question confronts all parents: Where to put the baby at night? Especially when she won't go gently. Isn't there a better way than to exile her to cry herself into exhaustion?

In research at the University of Pittsburgh, Herbert Barry 3d and L. M. Paxson pored through scores of ethnographies — accounts of various peoples catalogued in a system called the Human Relations Area Files — to see what anthropologists said about infant sleeping arrangements. Of 186 traditional societies in the Standard Cross-Cultural Sample, 173 had some information about where infants slept. In 76 of them, mother and infant typically shared a bed; in 42, they slept in the same room in different beds; and in 55, mother and infant occupied the same room with the number of beds unspecified.

In other words, in at least 44 percent of the societies, mother and infant shared a bed. The percentage that had the pattern we strive for — keeping the infant asleep in a separate room — was 0.

Consider the evolutionary background to these traditions. John Bowlby, an English psychoanalyst who is one of Sigmund Freud's leading intellectual heirs, pointed it out years ago. In all our closest animal relatives — mon-

Melvin Konner, an anthropologist and physician, teaches at Emory University.



INFANTS IN THE BED

As documented in one recent study of urban whites in the Cleveland area, most American parents do not take their babies into their bed.

GREG RAGLAND

Modern Westerners tend toward isolation — much to the dismay of traditional societies and, very possibly, the child.

keys and apes — the infant is rarely alone. In most species, it clings to the mother almost constantly; in some South American monkeys, the father gets the burden, passing the infant to the mother only to nurse. At night, the infant and parent share a nest or bed. Bowlby argued that these animal ancestors couldn't have survived without such proximity; there were too many predatory maws eager to make a meal of even the cutest monkey baby. But with a not-so-cute monkey parent a breath away, predators would think twice. Keeping close got us through a pretty risky evolutionary bottleneck. Add to the need to protect babies from sharp teeth a need to keep them warm and feed them frequently, and you've got a good case for proximity.

Bowlby argued that after all those eons of growing up close, infants were hooked — their brains were wired by evolution for a certain dependency on closeness. For Bowlby, as for many psychoanalysts, the infant's attachment to the primary caretaker — usually but not necessarily the mother — is needed for normal development; failure to meet the infant's emotional needs may produce an insecure child or adult.

Yet these theorists never talked about sleeping distance; most accepted the givens of modern Western culture. Even Dr. Benjamin Spock, influenced by Freudian ideas about infant emotional needs, followed Western pediatric traditions on sleeping arrangements. In the first, 25-cent edition of his "Baby and Child Care," in 1946, he advised that the baby "can sleep in a room by himself from the time he is born," and that he should certainly be "out of his parents' room by six months if possible." For the toddler, Spock's rule was "not to take a child into the parents' bed for any reason," even when "loneliness" is obvious. Still, he would not lock a child in his room or let a really frightened child "cry it out."

In the '85 edition, with more elaborate psychological advice, Spock divides "Chronic Resistance to Sleep in Infancy" into the "going-to-bed type" and the "waking-in-the-night type." For the first, the cure is "walk out of the room, and don't go back." After a few nights of crying "furiously" for 10 to 30 minutes ("you can muffle the sound by putting a rug or blanket on the floor and a blanket over the window," and you need to warn the neighbors), the problem will be solved. Also, "It's important not to tiptoe in to be sure the baby is safe or to reassure her that you are nearby." For the waking-in-the-night type, the "cure" is similar: "The baby must not see the parents . . . put her bed in a different room . . . no matter how inconvenient." If the baby vomits while crying, this may be deliberate, the result of anger, and "it is essential that parents harden their hearts to the vomiting if the baby is using it to bully them."

These passages suggest a severe Spock unfamiliar to American parents. Yet they fairly reflect his advice on sleep protest, which remained consistent in all editions (by 1968, according to the publisher, his was the best-sell-

ing new book of any type in the United States since 1895, when best-seller lists first appeared). His advice both reflected and molded Western parenting. Still, parents in "primitive" societies would have considered it barbaric, abusive. When I translated related passages on "unspoiling" for a !Kung hunter-gatherer mother in Africa, she said: "Doesn't he understand it's only a baby, that's why it cries? You pick it up. Later, when it's older, it will have sense, and it won't cry anymore." The !Kung reject the "spoiling" theory, believing that children outgrow dependency regardless of how much it is indulged early on. Gradually, the child will let you know that she needs to sleep in a bed of her own.

Despite the efforts of Spock and others, sleep protest often results in proximity and affection, as it has for our ancestors for many millions of years. Another justly famous baby expert, T. Berry Brazelton, in a monthly magazine column, talked about keeping the baby in its own bed. He received so many letters from mothers who told him how well things worked for them with the baby in *their* bed that he felt compelled to write a second column, leaving the choice more open.

It seems to be partly a class phenomenon. In a study of infants from professional-class and working-class parents in Boston, Steven R. Tulkin, a psychologist then at Harvard University, now at the Kaiser Permanente Medical Group in Hayward, Calif., found that infants in working-class families were less likely to be in a separate room even if an extra bedroom were available, but those of professional-class parents living in a two-room apartment might be put in the kitchen.

FINALLY, SOME MODERN parents believe in "the family bed." For example, La Leche League International Inc. was formed in 1956 by American mothers to promote breast feeding. It now has about 2,170 American groups and has published a book, "Night-time Parenting," by William Sears, a pediatrician, which encourages bed-sharing. Marjorie F. Elias, a developmental psychologist then at Harvard, now at Wheelock College in Boston, studied La Leche families and found that many practice bed-sharing.

American parents often respond softheartedly to toddlers who crawl into bed with them. Alvin A. Rosenfeld, a

child psychiatrist then at Stanford University, now at the Jewish Child Care Association in New York, found that a surprising number of families in the 1980's have in this way drifted back toward the ancient adaptation. Work like that of Sears, Elias and Rosenfeld shows that a broad range of compromises is possible, from regular bed-sharing to taking the baby or child into the bed only occasionally.

Many parents fear that they will smother their infants, and deaths have on rare occasions been documented; but more common are accidents caused by cribs, in which the infant is alone: strangulation between the bars, for example. No solution is perfect, but as one mother who slept for years with each of her three children told me, "You don't roll out of bed, and you don't roll onto your baby." A very soft mattress or waterbed could perhaps be risky, but on an ordinary mattress the practice is perfectly safe. Although there is little evidence on this point, some social workers are concerned that bed-sharing may foster child sexual abuse. But should the vast majority of parents, not at risk for abuse, plan their sleeping arrangements to avoid it?

One disadvantage to bed-sharing Spock was right about is that the parents never get an uninterrupted night's sleep. Elias's study showed that if you feed an infant when she wakes at night she will continue to expect it. But experienced parents say that with the baby in the bed you rarely wake up completely, and if you do, you soon drift back to sleep.

The problem of marital sex is also solvable, by putting the baby in a crib or cot for the first part of the night, for example. And the impetus to find other times and places has even been known to add spice to a marriage.

Many pediatricians still oppose bed-sharing, and some parents seek professional help in trying to teach children to sleep alone.

Still, no one knows what goes through a baby's mind during 30 minutes of loud crying. If you can stand it, it will probably just stop in a few nights. But if you can tolerate disturbed sleep over the long term, don't let anyone tell you it is wrong to share the bed with your baby. It's our evolutionary legacy. As the !Kung say, when we listen carefully and respond to a baby's emotional demands, we may only be giving it what it needs. ■