

Sleep Is The Canary In The Coal Mine

Far too many people make the mistake of treated sleep as a problem unto itself. This isolation of sleep as some factor that exists in a bubble has led to the proliferation of extinction sleep training and vastly increased the stress that new parents feel when their baby doesn't conform to some abstract idea of what sleep should be. Now I'm not going to talk much about the expectations piece here - that's all over the site and a bit of background on sleep development was covered a couple weeks ago. What I do want to talk about is how we treat sleep when it really is a problem.

Let's start with a brief review of "problem". I refer not to the times when an infant's biologically normal sleep is a problem for a family, though this certainly can happen in our modern world and it's something I work with families on addressing (in a totally different way than any sleep training). What I'm referring to here is when a child really is not sleeping at his or her developmental capacity. This usually involves very frequent wakings that are under one sleep cycle each (and note that a young child's sleep cycle may be as little as 30 minutes), waking suddenly crying or screaming, nonstop nursing in an attempt to get comfortable (and here I refer to hours of nursing on end), extreme control issues around falling asleep, and there are more, but this gives you a general idea.

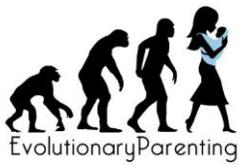
In most of these cases, families have been to others who are very clear that the answer - the only answer - is to sleep train the child provided they think their child is healthy.

This is so, so wrong.

In all of these cases, the sleep patterns are actually a SYMPTOM, not a cause, of something being wrong. This is why I refer to sleep as the canary in the coal mine. Sleep is actually well-suited to alert us to a host of issues about our child's (and our own) life and how they are doing. Sometimes the symptom is a sign of a normal developmental stage or leap, but sometimes it can reflect something that is not quite right.

What happens if we sleep train? Sleep training is a means of treating the symptom, not the cause. This would be like suggesting we sew up a child's nose because it's runny - if you stop the runny nose, problem solved, right? Obviously not. Perhaps - like a sewed up nose - you do get the symptom to "improve" (though research suggests this is not the case, see the post shared below), but you have not addressed the root cause and for many children, this means continued suffering or a statement about how they are supported in times of difficulty (how this manifests long-term is going to be highly variable and dependent on many factors).

If we want to better understand the state of our children's mind or body, we need to take a step back and see what their sleep is telling us. I find that most sleep "problems" reflect the following areas to examine in more depth...



Developmental Leaps

As our children learn, their sleep goes down. There is so much for them to take in and their brain tries to process it all, but it kind of puts it in overdrive. This can mean that there are frequent wakings, long wakings in the middle of the night (which is also biologically normal and a reflection of how all humans sleep without external intervention in the form of artificial lights), and sometimes an attempt to practice new skills during this time. This is completely benign and you simply have to ride it out. In fact, I find some families end up in trouble as they try to alter sleep during these periods and end up creating problems where there were none.

Normal Physical Changes

Growth spurts and teething are the most common culprits here and again there is often little that can be done outside of perhaps some pain relief (which is mixed in how it addresses these pains, especially teething as pressure is often more of a concern than acute pain). Sleep during these periods can include bouts of waking crying, difficulty getting comfortable/restlessness, and lots and lots of nursing (if you're breastfeeding). If you see other symptoms of these happening, then you know they are probably the reason and you'll need to remember your child is hurting and be there as best you can, but it will end soon (then come again).

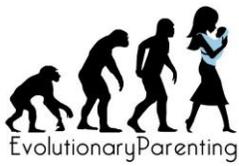
In addition, you can get natural changes to the circadian rhythm that are not matched by changes in the child's sleep cycles during the day. This can lead to disrupted sleep and bedtime resistance as the child's internal clock is not matching what you are attempting to do. Later bedtimes are far more common for younger children than believed and sometimes simply switching bedtime or reducing the amount of sleep a child has during the day can help (I suggest doing this naturally as waking a child up doesn't have the same effect on their rhythm).

Physical Problems

Unfortunately there are times when disrupted sleep - especially waking screaming or crying, lots of restlessness, possibly gassiness, lots of nursing, strong bedtime resistance - can reflect an underlying problem that needs medical attention. Sadly most people don't actually ask to look into this. I have had people whose children were eventually diagnosed with apnea, allergies, tongue ties, reflux, and even more severe health issues all be told - by doctors too - to simply sleep train to solve the problem. In all of these cases, the children would have continued to suffer. Now, what the health problem is will dictate a lot of the types of behaviours you see, but please, if you are seeking help for sleep, make sure it's with someone who will do a complete health check (it's standard in my practice and I hope we can make it standard for everyone).

Psychological Problems

This is an oft-overlooked area that deserves more attention. Psychological problems can reflect anything from stress over a transition to new care to marital discord to the presence of a new sibling.



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We often forget that our children are, by nature, anxious when things become unpredictable. When they experience this anxiety, it can impact sleep as they need to rid themselves of it to be able to sleep well and so a child who struggles to calm at night won't be able to sleep. This leads to problems like bedtime resistance, frequent wakings, nightmares, and so on. Now many of the things that are classified here as "problems" are inevitabilities of life and thus we may not be able to stop them (like a new sibling or care situation), but we have to see the sleep effects as being a sign that our child needs more from us in terms of care and support during the day and night as they adapt to these changes. A child who is already experiencing anxiety and is then sleep trained is one who will be at higher risk for negative consequences as the effects would compound with an already-stressed mindset.

Knowing what the problems are and what you can do requires individualized help, but you can get that if you are being sent in the right direction. Sadly, when we treat sleep as something that is not influenced by anything else other than our sheer will then we will continue to fail families and children. Let's change that.

Tracy Cassels, PhD is the Director of Evolutionary Parenting, a science-based, attachment-oriented resource for families on a variety of parenting issues. In addition to her online resources, she offers one-on-one support to families around the world and is regularly asked to speak on a variety of issues from sleep to tantrums at conferences and in the media. She lives in Prince Edward County, Ontario, Canada with her husband and two children.