

The sleeping voices: Evaluating parenting 'self-help' books, narratives of rule, routine and ritual

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Funding information

British Academy

Abstract

Putting children to bed is an everyday practice but is under-studied in childhood research. Findings from this study of eight popular self-help parenting books for 2-to-5-year-olds show that the books rarely, if ever, consider that children have voice/s, or social competence. Where the child does appear, it was to be silenced. Centrally, the authors push failure and responsibility onto parents. We found advice crystallised around either attachment-led approaches, emphasising emotional availability, or behaviourist approaches. The discourses of sleep the books harness are professionalised external lenses. We explore the conflicting and sometimes contradictory ways they position children and families.

KEYWORDS

Children's sleep, parenting advice, the child

INTRODUCTION

This paper explores parenting self-help books published for an English-speaking audience during the past 25 years, and how sleep presents as a practice to be managed in these texts. We investigate how the authors advocate for getting children to sleep, and also where the child can be seen in the narratives. The core contribution is to the new Sociology of Childhood, because we seek to keep front and centre the idea of children's voice/s and agency being impossible to ignore in relation to *lived* experiences of managing sleep. Prout (2011) outlines that childhood is

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not singular, and needs to be seen in relation to other factors: to adults, to cultural aspects of life and to wider context. This helps us see children as shaped by, as well as shaping the environment and sleep contexts they find themselves in, rather than having any sort of singular experience. The authors indicate multivalent advice offered about sleep. On one hand, the books purport to promote gentle, practical approaches which are 'best' for the whole family; on the other, advice includes locking children alone in dark rooms, where parents shoulder blame if advice is not followed through with leaving them to cry. The contradictions between different authors' advice is of interest here as well as perhaps more notably within their accounts.

The context of the books is not directly health or healthcare-related; the books are authored by maternity nurses and medical practitioners, writing popular lay literature outside of official affiliations. The books set up the conditions for their own saleability: they co-create and profit from the wider social norms about children's sleep. We argue these contradictions are problematic when they entwine the power that medical experts and 'professionals', who authored these books, hold. The books offer unclear messages to parents, their children, and for practice and policy.

Other researchers have previously problematised the usefulness of self-help books, for example Sandretto and Nairn (2019), who ask questions around texts offering advice about raising boys. Work on the history of advice manuals indicates how the genre is, and always has been, linked to drumming up sales, whether that be 'selling the self' through self-improvement measures, or as a writer selling marketable material (see for example Masschelein, 2021 on the history of advice writing).

We first give some background on how sleep is positioned in relation to children's voices and rights, and to the health literature, then describe our methodological lens, which is thematic and broadly discursive. We explain how the self-help books were selected, and review them with several key themes: we look at the author's voice, the role of the child in these books, and the kinds of narratives on sleep the books harness.

It is useful to start with some definitions, including of behaviourism and attachment-led parenting, as they underpin the parenting self-help books. Skinner (1948) is considered the founder of behaviourism and used pigeons in studies as part of his operant conditioning theory. While Bowlby (1958) coined the term 'attachment theory', claiming that a secure relationship with the mother is important for healthy child development, the books studied here use Sears' (1999) concept of 'attachment led parenting' (p. 1), not to be confused with Bowlby's earlier work. Sears (1999) interviewed mothers in Zambia for whom babywearing (in a sling) and breastfeeding was the norm, arguing this is beneficial in a Global North context for young children's healthy emotional development. Sears' ideas are concerned with remaining emotionally available around the clock. Both perspectives remain markedly pervasive in underpinning parenting advice.

Our use of the term 'discourses' refers to language with institutional power behind it, and also intrinsic power bound up in it. This institutional power is derived from expert voices in the medical, psychological and professionalised childcare sectors. This perspective on discourse is, broadly Foucauldian. Kendall and Wickham (1998) who reflect on applying Foucault's writing to the analysis of texts, argue authority, and with it power, can be gained simply by words being written down, rather than conveyed verbally. The book authors' power comes from, and is conveyed by, telling novice parent readers what to do. Their instructions are given weight by the authority held in professional qualifications and experience of the writers.

This paper takes a broadly *discursive* approach, rather than offering a specific kind of discourse analysis. That is, we consider how the authors use their authorial role as one of information

giver, persuader and 'order-giver', as Davis (2013, p. 67) writing on childcare manuals over time, thinks of them. These voices operate in often contradictory ways both within their own messages, and from one book to another. This is a productive site of tension for us as readers and scholars. It is, however, always without considering the voices of the children the advice is aimed at. The inevitable conflict between the agentic child/ren and the advice of the authors takes us away from any particular adult-led theory on children's lived experience. We argue the language used in the books reviewed aim to produce ways of being, and propose ways of parenting, which if not met, mean failure to manage your child, their health and well-being.

Children's voices and children's rights

Within the literature on the new Sociology of Childhood, it is taken as a given that children have agency (a will) and social competence (that they are aware of, and able to reflect upon) their social worlds, (James et al., 1998 and Prout, 2011) which are both multiple and relational. Whilst of course children's agency is not merely 'will' but also the ability to influence their environment actively, the limitations to accomplish such influence need to be considered in any interaction they have with the adult, 'majority' world (Alanen, 2000). Children's agency in managing bedtime is particularly just an 'agentic arena' with clear bounds (Hutchby and Moran-Ellis, 2005) especially when doors are locked, cries ignored, and lights turned off. The interplay of children's agentic action with caregivers, as they for example seek to extend time awake by asking for further drinks of water or stories, is thoroughly extinguished in the books' narratives in managing bedtime that advocate ignoring them. This is however counterpoised with glimpses of agentic spaces, where authors contradict their own approaches and suggest supporting children if they cry. Perhaps crying is then a key component of the ability to act agentially in childhood. Children's agency is linked to The UNCRC (United Nations Convention on Rights of the Child, 1989) which enshrines children's rights. Where their health is concerned, both the UNCRC and the new Sociology of Childhood draw on the Gillick Ruling (Gillick Competence, 1983). It suggests children have the right to be consulted about matters that effect their health and lives, if they have capacity to understand what is involved. This can be extended to thinking about their capacity to be involved and have a say in research done about matters which affect them. What is key here, we argue, is the *absence* or *silence* of those voice/s in an area which concerns their lived experience: sleep. We seek to first point to, but also to trouble this silencing by considering the figure of the child in the self-help sleep books.

Introducing the sample of books

Eight books were chosen to indicate the field of sleep books, from behaviourist and strict, to attachment-based and gentle in their approach. Some books suggested routine, and behaviour change from the adult, was key to getting children to bed. Others emphasised the connection between the adult and the child, and responding to the child's needs, not to change their sleep but to accept it. Getting more sleep meant sharing a sleep space for those attachment-led authors. The rationale for the selection was that these books were deemed the most popular against an independent internet search of the best-selling parenting books from two online book sellers: Amazon and Bookstore. Broad terms such as *parenting books* initiated the search and then were refined to *in England, with older children*, which narrowed it. The reason for

focusing on books to be used with slightly older children was that this age range are likely to be at a developmental stage that is verbal, and to so have something to say about how sleep is managed, in a way a new-born baby would not be, though of course they have other ways to communicate non-verbally. The discussion about the books focuses on the following three questions:

- Where, if at all, does the agency and voice of the children being ‘put to bed’ appear?
- How do the voices of the authors deploy different narratives about sleep?
- What discourses on sleep are mobilised in the books?

A little detail is offered on each book here. The first four books align with the behaviourist approach mentioned earlier. Hogg's text (book five) suggests a more ambivalent approach—which enables us to delineate the features of the rest more clearly. The remaining texts (books 6–8) take an attachment-based approach.

1. Ford's (2006) *The Contented Toddler Years*, sets out strict timetables and routines. As a Maternity nurse, Ford gained media attention, as some felt her ideas to be a panacea, and others felt them too strict (see for example coverage in *The Independent* Bamford, 2010). This contention may have further promoted sales, which have reached over 1 million worldwide.
2. Green's (2014) *New Toddler Taming*, seeks to ‘cure’ behaviour problems in young children, including around sleep. Green, a Paediatrician and Honorary Consultant to Sydney Children's hospital, identifies toddlers as distinct from babies through their problematic behaviour, but uses the medical lens to ‘calm adult fears’ (p. 1). 277 000 copies have been sold.
3. Hall's (2006) *Save Our Sleep* is again concerned with routine, this time with more complexity than Ford (such as feeding from a specified breast for a specified number of minutes at a particular time in the morning, using equipment to pump from the other breast at the same time). She works as a nanny, and her anecdotes are drawn from this professional experience. 500 000 copies of her book have sold.
4. Byron's (2010) *Your Toddler* is more of a manual, offering advice on what to expect at different times in childhood from a developmental viewpoint, for example describing milestones that children would be expected to meet. Byron is a Child Psychologist. Her Reality TV show *House of Tiny Tearaways*; (BBC 3) made her a household name in the UK, where parents and children were observed by Byron, to expose their role in the families' problems. 200,000 copies have sold.
5. Hogg's (2005) *Secrets of a Baby Whisperer* advocates recognising the different cries of a baby or child (hungry, tired, bored) and using her recipe of playing, eating and sleeping routines. Hogg was a nurse turned babysitter for celebrities. Her book was New York Times bestseller, and a year later, her book for toddlers also became a best-seller. Total copies sold are not available at the time of writing this paper.
6. Sears (1999) *Night time parenting* advocates for co-sleeping and breastfeeding as ways families can get more sleep. Sears is an American Paediatrician. The book has sold over 1 million copies. He is the creator of attachment-led parenting, where the bond between the child and the parent is foregrounded.
7. McKay's (2006) *Sleeping like a baby* is endorsed by the Australian Breastfeeding Association, concerned with establishing and developing successful breastfeeding, and sleeping as part

of that. McKay is an IBLC (qualified Lactation Consultant). She has sold 40 000 copies in Australia, but she also has a presence in the UK and North America.

8. Ockwell-Smith's (2015) *The Gentle Sleep Book* uses an evidence-based approach to support children's sleep and seeks gentle, gradual changes. As a childcare consultant she uses case studies from families she has helped. It has sold 100 000 copies in the UK.

Some popular strategies that are recommended in the books we review are not mentioned within the NHS or other medical and governmental guidance. These include resolving potential sleep problems through rituals of leaving the child and returning repeatedly if they start to cry, known as 'rapid return'. 'Cry it out' or 'Extinction'—where babies and children cry themselves to sleep, is another. A third is 'controlled crying' where children are allowed to cry a certain amount before comfort is offered.

BACKGROUND: THE SIGNIFICANCE OF NORMATIVE SLEEP ROUTINES AND RITUALS

The academic literature reviewed in this section for background, is largely UK based, in English, in line with the self-help sleep books reviewed. This offered useful delimiting factors for the paper. Where pertinent, academic research from other contexts is considered; it is significant, though, that it is broadly produced in Global North contexts. As such, we suggest sleep practices which are not child-centred, and do not consider their voices may be *placed and spaced* in particular temporal and geographical contexts. It is likely this is also racialised and classed, in ways which are outside the scope of this paper, but are touched upon here. Until the middle of the 20th century, children's sleep was little written about or presided over by government or the medical profession. See for example Stearns et al. (1996), whose review of the literature charts how sleep practices were shaped for families in the UK and America. In the late 19th and early 20th century, sleep practices were affected by changes in technology, as well as public health advice in a way they had not been before. For example, before the uniform introduction of electric lighting, Stearns et al. argue families would have been more likely to fall asleep in the same space, and all at around the same time at night. They also point to wider public health work on sanitation, which called for new houses to be built, with better ventilation, and individual rooms, so there was no need to share beds, with children having their own bedrooms. Thus, we take up the argument made by Stearns et al. (1996) that the issue of getting children to sleep separately from parents, and a market of books by 'experts' to discuss this is very much rooted in the late modern world/Anthropocene.

The geographically 'placed' aspect of children's sleep also acknowledges that sleep practices differ by cultural and geographical context. Different sleep advice emerges from non-western contexts, away from work which is adult-centred and behaviourist in the ways discussed here. For example, co-constructed sleeping practices, such as co-sleeping (bed sharing for parents with an infant) is much more the norm in Japan, as well as across the Indian subcontinent, and there is a rich vein of work on the anthropology of sleep practice around the world (see for example Glaskin & Chenhall, 2013). There is also work on sleep for resisting colonialism, and sleep for decolonising through practices such as 'sleep-ins' (collective sleeping in public places as an act of resistance, Meijl, 2013). The self-help sleep books reviewed here are all written by white authors. Outside the Global North, different sleeping practices which are handed down through families and do not align with the advice given by professionals (Marriott et al., 2019) may be more likely;

at the same time the advice may simply not be seen as relevant because co-sleeping is the norm in those contexts. Though this is outside the scope of this paper, it does help situate this work which looks at books created within a specific time and space: the Global North in recent years. This is not to suggest parents do not co-sleep with their children everywhere, or indeed that this is never evident in the academic literature, as there is a body of research on co-sleeping in the West (see for example McKenna et al., 2007). Such practices, however, are positioned as broadly alternative within the books discussed in this paper.

Sleep, health and sleep norms

Discourses of sleep, that is, sleeping enough, well, and at the *right time* (overnight¹) represent normative health narratives about children's physical and mental well-being. This is supported by the NHS (National Health Service in the UK), The Australian Department for Health (AIFS, 2021) and the American Academy of Paediatrics (2018), for example. All have similar guidelines with an emphasis on the need for 'uninterrupted overnight sleep' (AIFS, 2021).

According to National Health Guidance in the UK, for example, establishing a set routine is optimal for the transition to sleep. Other English-speaking, Western countries such as America and Canada offer guidance that prescribes the number of hours' sleep infants of different ages should have (American Paediatric Association), and Australian guidance similarly highlights the need for enough sleep for child development-inscribing what 'enough' is, through a rough translation of hours' slept (AIFS, 2021). Ways to attain this vary, but consistent bedtime rituals (Staples et al., 2015) which take place in and around the child's bedroom such as lights dimmed (Mindell, 1993) to offer minimum light exposure, or a warm and quiet bath before bed (Bathory & Tomopoulos, 2017), as part of good sleep hygiene are central, along with winding-down activities such as story time. Establishing a calm and enjoyable screen-free activity in the hour before bed (NHS, 2021) and reading bedtime stories can encourage the guidance towards 11 h sleep recommended at the age of 5 years (American Academy of Paediatrics, 2018; NHS, 2021). Of course the public health guidance measures are based on a large standard error, gleaned through quantitative studies where deviating from the 'norm' is difficult: they tell us about averages. What is evident, but not surprising, in the government and public health-led literatures, is that none include the voices of the children around whom this policy weaves, because they are adult-led. None have consulted children on their rights, their experiences or opinions of how sleep is managed in their homes or what helps them get a good night's sleep.

The academic literature already discussed here, and the self-help books, are separate but entangled. The latter are aimed at a lay readership and sometimes filter physiologists', medics, and in particular psychologists' academic writing into popularised contexts. The academic literature on children's sleep tends to come more from the health than the social sciences literature, though there is a rich and separate field on the Sociology of Sleep (e.g. see Williams et al., 2010) and a little on the Sociology of children's sleep (Moran-Ellis & Venn, 2007; Venn et al., 2008). This tends to focus on older children's responses to things like room sharing, or perceptions of what sleep is, rather than younger children's experiences of how sleep is managed.

Parenting advice books and gendered responses

A significant proportion of the self-help books are dedicated to a parent-led approach, proposing routines and schedules for infant sleep, care, and parental engagement (Hardyment, 2007). Harries and Brown (2017) report that "less than a quarter of mothers in a study on following

strict parenting books, took the steps promoted in the books or would use the same books again”(p. 217). This encompasses some of the strategies we identify, such as only rewarding approved behaviour. Some mothers report higher levels of depressive symptoms and stress, and lower feelings of self-efficacy after reading such parenting books. Significantly, this suggests such books have the capacity to reinforce a sense of failure in mothers while they were trying the methods out. If mothers found the advice useful it made them feel positive and informed. If the suggestions had a negative impact, well-being was found to be lower.

METHODOLOGY

The methodological approach selected for use on the sample of books was thematic analysis. We built codes up from the text, in order to establish themes that came up frequently, that were salient to the research question, and that were surprises, or outliers (Braun & Clarke, 2012). Use of tone and language were analysed to unpick the author's voices. This focus on discourses within the authors' voices shaped our way of exploring the books as a range of voices emerged. All, notably, rendered the children's voices, whose sleep was being managed, silent. This jarred with personal experience with parenting young children who certainly 'talked back' at bedtime (see Scherer & Norman, 2023, forthcoming)! It also made us question where children's rights and voices surfaced at all, or if they were erased. We read 'looking for' children's voices, but bare traces of them were found. Instead, our methodology led us to find tensions from book to book, and these contradictions worked as productive spaces for resistance to the orders the books gave. Children and families are the intended recipients of the power-laden language in the books. The rationale for our approach is that it allows us to lay bare how language is used to create powerful narratives about sleep. Some of the authors of the books we analyse suggest sleep is uniform, whereas of course in lived experience it is, in fact, always shaped by context, individual experience, and factors like culture, location, social class, ethnicity, and possibly others such as special educational needs, which is outside what we explore.

Limitations and ethical considerations

The ethical processes are low-risk in the study, as the material is already published, and in the public domain. The sample of books is necessarily particularistic, due to the limits of time and space. Eight books are reviewed, offering a range of common approaches, but at the same time, silencing others. The breadth of approaches we include aims to make the sample representative, along with the fact the books are bestselling and so are more likely to represent *something* parents are likely to read. Any omission of another approach is, of course our own.

This research is focused on books aimed at 2–5-year olds, which necessarily leaves out books aimed at older children, or at babies. This does turn away from some rich possible discussions about babies' agency, but those are not relevant here (see for example Sumsion et al., 2011, on ways we can research infants' experiences of early education and care, with babies aged 0–18 months using a 'babycam' where babies had a camera attached to their bodies as they crawled around).

Data analysis

Analysis was completed by hand, through reading and highlighting sections of text. Components of thematic analysis (Coffey & Atkinson, 1996) were used, in that initial themes were built up such as 'vapours of children's voices' and 'friendly advisor-writers' into wider codes such as

‘behaviourist narratives’ and ‘attachment-led parenting narratives’. Our themes develop relevant discourses the authors of the self-help books draw on. How this is developed is explored in the next sections.

The ‘sage on the stage’: Expert voices against co-produced meanings

A key finding is how the strong authorial voice in the books excludes the smaller voices of the children or parents and positions them as not-expert in their own everyday lives. Ford (2006) for example, uses case studies as evidence of her expertise and authority: if you follow diligently, you too can learn. The case study mother, who had been picking up her crying child from her cot, is told to briskly return the child there:

I reassured the mother that it was very unlikely that she would need to put (her daughter) Isabella in her cot more than once or twice so there was little chance that this would affect her good sleep associations with it (Ford, 2006, p. 23)

The minimising of damage done is evidenced in the ‘reassurance’ and the idea that the child would only ‘once or twice’ need to be returned to her cot. Ford’s suggestion does not account for any need to be led by, or to respond to, the child. The child’s presence is minimised. Ford is the one with the power, she is the *knower* here who tells the mother what to do to ‘get it right’ which involves repeatedly returning the child to the cot. Harries and Brown (2017) indicate that mothers might actually find that they feel worse after following strict parenting advice if it does not work: what if, for example, the child does not stop protesting after being returned to the cot a few times, but if it takes much longer, or distress is signalled? This pushes individual responsibility for failure to resolve and manage the sleep ‘problem’—that is the child not sleeping alone in a cot—onto individual parents. But if agency is crying, it also shuts this down. Of the other behaviourist-leaning books, Green (2014) similarly asks us to ‘trust’ him and his weathered experience; Hall (2006) indicates readers will be ‘happier’ (p. 1) if her expertise is followed and so we are asked to buy into these expert voices for effective outcomes with sleep: the power lies in the fact they offer ‘solutions’ to managing sleep.

All three attachment-led texts contrast to Ford’s views. Sears (1999) and Ockwell-Smith (2015), offer a more relaxed tone, while still maintaining the authorial narrative. McKay (2011) too sets herself ‘on our side’ (the readers’). As may be expected with the genre, nonetheless, there is little that is co-constructed with the child, or left up to the reader. Ockwell-Smith (2015) begins a chapter about care by saying:

An older toddler, what I term a ‘boddler’...[is] crossing two worlds. They need us just as much as they did in their first year of life. It is the job of a boddler to explore the world and learn their own limits. It is our job to keep them safe and provide a secure base for them to return to when the world gets too much (p. 211).

This of course says nothing about practical aspects of sleep arrangements. *Being needed* as suggested in the quote, offers no concrete advice for exhausted and sleep deprived parents; if anything, it puts the onus to find solutions that work, on parents themselves. Sears (1999) similarly advocates for what he refers to as ‘a lazy approach’ (p. 23), without supplying practical solutions to how to maintain or manage this. The assumption is, perhaps, given he is a

proponent of attachment-led parenting, that the core concern is to maintain the emotional openness required for successful attachment, and how this is done is down to the individual. McKay (2022) also suggests ‘we need to have realistic expectations of what young children can be expected to do’, but that the permission for what is reasonable is set up by her and her expertise, around norms about feeding and sleep, such as cuddling to sleep. This expert/professional discourse positions the parent as novice. It is, nonetheless, worth pointing out the limitations of the genre: resolving bedtime conflicts with your child as you see fit does not require an expert voice. Perhaps the authors are amplifying *sleep as a problem* to create the need for the expert lens which pushes children and parents away from dialogue and co-constructing meaning as they manage bedtime.

Hogg (2005) as an outlier, suggests the key is to ‘slow down and observe’ before taking any action (p. 5) but also that there are objective different kinds of cries children make. This does not consider the subjectivity of the nature of a cry from one child to another, or the co-produced nature of response to crying; it is known some mothers respond more intensely than others with responses to crying triggering milk let down (for example Rilling & Young, 2014) and exacerbating anxiety (see for example Kaitz et al., 2010). Hogg takes something of a determinist tone: ‘some children and babies will cry more than others, some are just wired to be happier than others,’ (Hogg, 2002, p. 99). Putting children in distinct ‘camps’ further removes their voices from the fray of discussions about managing their sleep, or allowing them to co-produce meanings about it with adults in their lives.

Being egged on to go beyond: ‘worst case scenarios’

Meltzer (2010) refers to a child vomiting to get attention at bedtime as a ‘worst case scenario’ (p. 172) in her paper on behavioural aspects of children’s sleep issues. Perhaps authorial power is the most questionable here, because it advocates for practices that can be unsafe. Three of the behaviourist-leaning books, Green (2014), Hall (2006), and Ford (2006) all mention carrying on with the bedtime routine through vomiting as part of acting with consistency- and following the advice they give, come what may. The vomiting is minimised to being a by-product of children wanting attention from adults. The parents’ feelings are invisible here: they are supposed to not have any. For example, Ford (2006) says:

If she vomits, she must learn this will not get her way. Simply clean it up, a quick kiss goodnight and close the door (p. 65).

Here, the voice of the child is put away, but so are their basic physical needs. The ‘quick kiss goodnight’ jars with the imagined vomit. This is presented as something the child has ‘done on purpose’ perhaps like scribbling on a wall. Hall (2006) agrees:

I often come across a baby or child who has *learned to* [our emphasis] vomit at bedtime during failed attempts at controlled crying. If you have one of these [children] you will need to teach your child that vomiting will not get your attention or buy any extra time. This is hard but it has to be done to stop the vomiting (p. 208).

Green (2014) also endorses crying, vomiting, and the ‘rope door trick’ where children who try to get out of their room are tied in:

No bottles, breasts or high-class comfort shall be given from dusk until sun-up ... there is no nutritional need ... my patented rope trick [tying the bedroom door shut

with something like a skipping-rope around the handle] will no doubt offer disbelief, then rage, tears ... they may vomit, but they will learn (p. 125).

Green (2014) dismisses the idea that crying itself is a voice, or information, on what the child thinks and feels. It is unclear from the medical literature (see for example Verville, 1995, on eating disorders- outside the scope of this paper) whether, bio-medically, children aged 2–5 are able to *make themselves* vomit. This is a grey area in some of the paediatric literature, which suggests poor sleep is behavioural, and that no lasting damage emotionally will stay with the child if they are left to cry until they vomit, much like some of the sleep books reviewed here suggest (see again Meltzer, 2010). There is a known risk of asphyxiation from vomiting while sleeping/laying down. Ethical questions are also raised about leaving a child covered in vomit overnight who cannot get out of a cot or bed alone, and independently change their clothes. Finally, how you distinguish between ‘true’ illness and ‘vomiting to get attention’, is unclear. Bartick et al. (2018) argue the emotional impact of being left to cry to sleep repeatedly, does leave children with raised stress hormones like cortisol. We are left with the question if we follow the advice: what happens next? Clean the sick up, change the sheets, and repeat the advice step by step? Leave the infant covered in sick in the cot as if all was well and carry on? It is unclear, and meaning is left in the margins, for the parent to fill. Children's voices are absent again, and where they are in evidence here is in denied distress. Any notion of their rights and listening to those, is absent, even at the cost of the child's well-being.

Warnings unheeded: How the authors mobilise the role of consequence

Green (2014), as well as other authors harnessing the behaviourist lens (Byron, 2010; Ford, 2006; Hall, 2006), draws on the discourse of *consequences* in the future, for how parents with young children manage their sleep. Here, the power comes from the voice taking a threatening tone: the failure pushed onto parents does not only accrue shame and judgement *now*, but also bodes for future failure. The reader is being urged to follow the blueprint for managing sleep they are being handed by the author. Green (2014) writes:

If you do not act now it will never change ... they will stay there [in your bed] until they graduate from University if you let them (p. 137).

In a recent study on sleep and maternal mental health (MMHA, 2021) the core recommendations to reduce the burden on families, and improve well-being do not link with sleep directly. They identify longer maternity leave, better access to maternal mental health support, home cooked meals and to a network or ‘village’ in the form of friends or family to successfully support the parents managing infant sleep (and waking). This has nothing to do with following an expert or professional, or being threatened with failure. However, within some of the parenting books the judgement from the author is that the sleep method offered has been unsuccessful because the technique was used incorrectly by the parent/s, suggesting family sleep and parental well-being associated with it, did indeed lay in their own hands.

Byron (2010) also draws on the discourse of time, timeliness and routine, and the consequences of ignoring it, but balances this with an acknowledgement of the children involved. Here, they need attention, but also to be managed:

create a routine that gives kids attention but also gives ... very clear and positive sleep cues that lets [them] know [they are] in the process of going to bed and to sleep (p. 137).

However, Byron too imposes the need to reinforce rules, and boundaries, and resistance to those (in trying to leave the room quietly) that children may put up:

you will reinforce them as habits that mean settling your toddler takes longer. Simply put her to bed and leave the room quietly. Of course, this is often easier said than done – but must be followed through for your sake (p. 137).

She continues to state a child left on their own may be initially anxious, but it will help them become more independent using her technique. Byron emphasises that the consequence is for *you*, the adult, if you do not get the child to sleep alone: presumably they will ‘bother’ you otherwise.

Mckay (2006), also warns of consequences, but in a very different way, with concerns about sleep research being out of date. For example, National Health infographics for infant sleep norms were drawn from post-war data, where infants were put in laboratories in cots, fed less-digestible formula than is available now, and so may have slept longer than infants today: unrealistic expectations that are still used to create ‘myths about overtired children,’ (Mckay, 2022) are questioned by her. The implication is that where others may warn of children being over-tired, McKay suggests they may not be. By debunking these metrics for sleep windows, she aims to ‘set up realistic expectations about sleep’ (Mckay, 2022) which may result in later bedtimes, but retain the ‘beautiful bond’ between mother and baby.

Meanwhile, Sears’ (1999) attachment-led practices also warn about timeliness, and lead him to conclude that always responding to the child’s needs at any time of day or night, rather than leading the sleep routine as adults is key. Sears advocates for the opposite of routine, indicating if parents succumb to the child, it will bring the family closer. He re-conceptualises sleep as a fluid state that should be met and understood as such:

I like my sleep at night so we adopted a sleeping arrangement [where] the more easily I could meet my babies’ night-time needs and get back to sleep the better I slept so in bed he came (p. 26).

Sears (1999) goes so far as to include the value of touch and physical closeness opportunities where co-sleeping is offered as an alternative option to routine enforcement- the ‘real’ and embodied child slides back into view. Nonetheless, what his children have to say about this is not included. Notably, Sears writes in the role of ‘father-as-doctor’ foregrounding his fathering role in his advice. This contrasts sharply with the voices of the female authors reviewed here. Whether they are mothers or not is not mentioned in the books: the experience the women authors call on is *experience with other people’s children*. Due to the nature of maternity leave, daytime employment, and gendered expectations about work structures it is often, but not always, mothers who are the primary caregiver to children. There is an interesting contradiction here: Sears draws upon his gendered experience *as a father* and how this shapes his understanding of paediatric medicine; the women authors cannot, or do not choose to do this. The reasons for this are outside the scope of this paper, but there is something noteworthy which is about a gendered basis of knowledge and how this is established in these texts and adds to how they use power which is partly gendered.

On one hand, the behaviourist and the attachment-led approaches we find across the books used, are opposed. On the other, there is more similarity than first appears. The books do not consult children, and where the child does appear, they are used as examples, their voices

paraphrased for case studies which remove any sense of their authentic self or individual voice/ or agency. It might not be within the scope of the books to consult children, but it is nonetheless interesting to think about where they appear in materials so focused on managing their sleep. The discourses of adults knowing best and navigating the complexities of infant sleep around day time employment, adults' own needs, and aspects like children having their own bedrooms or being diverted by screens and artificial lights on in the home in the evening, are rarely, if ever, evident. Instead success with the techniques is key. In short, the gendered, temporal, and geographical context of the families the books write for are never considered; nor is the socio-historical context of late modern life.

In summary, then, this section has considered how authors' voices are employed in the books analysed. There are a range of different voices: professional, friendly, colloquial, urgent, but all speaking as an individual with knowledge directly *to you* as the parent, with a blueprint of advice for what will work with your child. The individuality of the child, and their family are absent. There are alternative, gentler voices, such as Ockwell-Smith and Sears, but they all still start with the adult, and not the child's voices ultimately. The final section offers some concluding discussion and remarks.

DISCUSSION AND CONCLUSION

This paper set out to evaluate eight books on parenting and sleep. All advised on sleep; none accounted for children's or parents' views, leaving gaps in the advice, and gave suggestions that raised sometimes ethical, sometimes practical questions. From the perspective of their own power, findings indicate that children were rendered without social competence or agency by the authors. Whether the advice in these books 'works' to get them to sleep is another question. After all, you have the power as an adult to ignore a child, lock a door or indeed cuddle them, but you cannot 'make them' sleep, an arena where their agency-and biology- remains intact. Children's sleep is mobilised as something that can be moulded, shaped, and improved (lengthened) by following the advice given. Again there is little concession to listening to their views in the books. The books reviewed offer a spectrum of approaches, from evidence based and gentle, to behaviourist and blaming the individual if they are unable to follow the clear friendly advice offered in the books. Even the gentler approaches never hint at wider structural issues: lack of practical support due to the nature of the job market, not to mention effects of the pandemic; of living away from wider family networks, with the likelihood of living with or near extended family much less than it was 30 years ago (OECD, 2011). None indicate the wholly emotional, personal nature of sleep, the intensity of parenting a small child, or the moral dimensions of navigating sleep with a small child and their needs. Again, how these expectations are inflected by class, race, place and cultural context like family practices, is entirely absent from the narratives the books weave.

Normative bed-time sleep can be influenced by many different factors including infant temperament, attachment status, physiological state, parental presence during the sleep routine, or shared sleep arrangements. Attachment, foregrounded by Sears (1999) McKay (2011) and Ockwell-Smith (2014) develops positive and close bonds between parents and children. This offers opportunities to develop healthy and secure relationships. This links to children's developing sleep habits because the separations and reunions associated with night-time sleep represent activities important to the attachment relationship (Anders & Taylor, 1994). From a behavioural perspective, as read in Ford (2006) Hall (2006), Byron (2010) and Green (2014), parental presence

during the night-time routine is argued to be associated with falling asleep. Subsequently children are then unable to independently fall asleep without it.

We call for a more critical approach to such books and to apply critical literacy (see for example Luke, 2012) in asking questions about whose voices are privileged, whose are silenced, and where the child, around whom all of this is woven, sits, or, rather, sleeps. The voices privileged here are of white professionals, who are either medically trained or in the private childcare sector. As sales figures show, there is much money to be made in the self-help field, and from offering advice to parents about sleep. No regard for cultural differences, context, individual children's preferences or dialogue between parent and child is included. If we return to Harries and Brown's (2017) findings that when mothers follow the advice given in these books and it does not work out, it often has negative impacts for their mental health, then, rather than just being of theoretical interest, they are also potentially dangerous. Or, perhaps, they are at least capable of creating feelings of failure at a vulnerable time in most parents' lives, with their own living, breathing, agentic child.

ACKNOWLEDGEMENTS

Thanks to the British Academy, through the Department for Business, Energy and Industrial Strategy for funding the initial part of this project. Thanks to Professor Rob Meadows for his support, and the original suggestion to write a paper to critique and review parenting self-help sleep books. And thanks to Carly Grubb for the *The Beyond Sleep Training Project*: and its 'ripple effect' to help rethink child-centred sleep approaches.

CONFLICT OF INTEREST STATEMENT

No potential conflict of interest was reported by the researchers.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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ENDNOTE

¹ Naps are outside the scope of this paper, which looks only at night-time sleep. Partly this was used as a delimiting factor to help narrow the search, but also because daily naps may not still apply to all children aged 2–5 which the sample explores.

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How to cite this article: Scherer, L., & Norman, A. (2023). The sleeping voices: Evaluating parenting 'self-help' books, narratives of rule, routine and ritual. *Children & Society*, 00, 1–15. <https://doi.org/10.1111/chso.12714>