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Go the Fuck to Sleep:
Well-Being, Welfare, and the Ends of
Capitalism in US Discourses on Infant Sleep

In a column published simultaneously in the Wall Street Journal and the Sunday Times, novelist Erica Jong (2010) frames contemporary debates on US parenting—including the pressing question of infant sleep—as a misguided liberal middle-class fad threatening twentieth-century feminists’ gains: “You wear your baby, sleep with her and attune yourself totally to her needs. How you do this and also earn the money to keep her is rarely discussed. You are just assumed to be rich enough. . . . If there are other caregivers, they are invisible. . . . Anything less is bad for baby. Parents be damned.”

Jong’s critique argues that sleeping with your baby feeds a new middle-class ideal for child care—often called attachment parenting (AP)—that returns women to servitude under the guise of progress. While middle- and upper-class parents who espouse AP often draw on romanticized notions of African and Asian cultures’ child-rearing practices—including bedsharing and cosleeping—they rarely extend this rationale to lower-income women in the United States. Characterizing themselves as progressive because they choose to bed-share, such parents imply that those who must share cannot similarly upend the status quo.
On a web-based platform for midwives and birth workers who are women of color, several women answer my post about sleep, race, and the politics of class. I ask mothers whether they sleep with their babies; I ask specifically for low-income mothers to weigh in. One mother of two who lives in a major American city on the West Coast opined that sleeping with a baby was more common among “folks who are poor [and] have no choice but to cosleep with their children.” Yet, she explicitly linked sharing out of need with the political desire to foster anticapitalist social relations: “Children having their own sleeping space is a reflection of some level of class privilege. And capitalism demands independence and frowns upon cooperation and close-knit communities and families.”

This mother upended Jong’s critique by linking bed-sharing to both the condition of being poor and a desire to foster anticapitalist relations. Placing these analyses side by side raises the question of how infant sleep consolidates and opens up capitalist futures in the new millennium. While I am aware of the contested nature of infant sleep as it relates to women’s roles in domestic labor (Apple 2006; Ehrenreich and English 1978; Hays 1998), such an analysis too quickly assimilates certain sleep practices—such as sleeping with an infant—to a middle-class concern. This essay turns toward infant sleep as a site where care meets state welfare reform and the neoliberal reorganization of labor (Piven 2002; Hays 2004; Hardt and Negri 2004; Hardt 1999; Virno 2004; Weeks 2011). Drawing on sleep guides, investigations of parents’ practices and attitudes toward sleep, and public health directives about early childhood sleep, this essay argues that “welfare” in a neoliberal era should be reconceptualized as both the privatization of care within families and a split in the type of care afforded to middle- and lower-class subjects. Expanding welfare to include the question of well-being—or standards and values of care—as this issue of *South Atlantic Quarterly* does (see Allison, this issue) reveals that middle-class well-being pivots around enhancing future success, while state public health initiatives frame lower-class welfare as mitigating risk.

The polemics on infant sleep suggest that the diminution of state care accompanies the rise of state interest in risky sleep, on the one hand, and the intensification of privatized care in the *oikos*—the preserve of household economy as precursor and complement to the market—on the other. Middle- and upper-class parents use infant sleep to further refine their child-rearing and self-making practices, while state initiatives monitor those low-income parents—often black and brown—deemed untrustworthy through the idiom of harm prevention.² Sleep debates evoke two aspects of risk under
neoliberalism, since, as Ryan Vu and Sharif Youssef (2015: 134) remark, “inevitability” is always yoked to “its negation, the chance to choose otherwise.” US public policy after welfare reform displays not so much a lack of concern for the well-being of children but, instead, the continued disciplining of care for low-income parents, on the one hand, and a proliferation of approaches to child care for wealthy caregivers, on the other.

The argument of this essay unfolds in four parts. First, I lay out a genealogy of infant sleep practice in the United States through a reading of government sleep literature. This material demonstrates that the contours of infant sleep across the twentieth century begin with minimal advice on sleep and move toward direct advice about where to place a baby, in what position, and for how long. Second, I show how sleep practices fracture in the last quarter of the twentieth century as scientific consensus on sudden infant death syndrome (SIDS) meets the diminution of the welfare state. Third, I turn to mothers’ accounts of baby sleep in the current period and compare these, fourth and finally, to current scientific research on infant sleep. I end with this research not to reveal an ultimate truth about baby sleep but, instead, to speculate on how the infant body remains a site for the continual working and reworking of the subject of care under the sign of uncertain capitalist futures.

Sleep and Care

Two philosophies on baby sleep currently influence the American middle class. The first is called “cry it out,” or CIO. As the name implies, this technique admits some amount of infant crying. CIO advocates suggest putting the baby to bed and then slowly eliminating the amount of time a parent spends soothing and patting the baby so that the baby can fall asleep and stay asleep alone. CIOs believe immediate response and constant soothing breed dependence, which leads not only to sleep deprivation for parents (usually mothers) but can also turn one’s child into “an incurable adult insomniac, chronically disabled from sleepiness and dependent on sleeping pills” (Weissbluth 2005: xix). CIOs believe that teaching the baby to sleep on his or her own is important for (a) the well-being of parents, who need sleep; (b) the well-being of the baby, who is healthiest when getting uninterrupted sleep; and (c) the well-being of the adult this baby will become, who needs to be independent to get through life and succeed. In the large literature now advocating and detailing dozens of sleep-training methods, most books provide a step-by-step guide for parents on how to enact these plans.
The other technique, AP, arose in the mid-1990s. Its mandates are threefold: a parent wears the baby, sleeps with the baby, and breastfeeds the baby. APs believe that these simple rules—which contravene, they say, decades of standard child-rearing practice in the United States—produce healthy, happy, well-adjusted, confident, and loving children. While AP advocates recognize that the work of caring for children in this way falls largely to women, they also suggest that, in the long run, mothers benefit by raising independent and self-assured people. They also believe that letting a child cry it out leads to anxiety and lasting trauma for the child, while sleeping with a child builds a child’s sense of self and allows for success as an adult. “Studies have shown,” opines one AP advocate, “that most babies who are left to cry it out don’t cry less, but rather they cry in a more disturbing way and cling to parents more and take longer to become independent” (Sears and Sears 2001: 86).

So posed, it is obvious why these two camps are at war: what one believes is reasonable, the other finds cruel; what one camp thinks of as a form of torture, the other thinks of as good practice. And, indeed, fathers and mothers feel pressure to take sides in these battles, often bundled into what media call the “mommy wars (2.0).” I am concerned here less with what divides these positions than with what they share: an obsession with babies, sleep, and independence. Both discourses draw on the authority of scientific expertise and personal experience to ground truth claims about healthy children and risk-resistant adults. Both make infant sleep productive of a proliferation of expert-driven, product-enhanced choices on child care and of the attachments that subtend the production of independent persons (Davis-Floyd 2004).

One root of these developments can be found in how governmental advice framed sleep for mothers across the twentieth century. Of course, advice manuals like Infant Care, published by the US Department of Labor’s Children’s Bureau, do not perfectly accord with historical practices regarding infant sleep. What they do show are shifts in accepted, medically grounded, opinion. State advice both authorized the surveillance of parenting as a means of harm prevention and led to an explosion in alternative sleep practices that constitute a “biosociality” for the middle and upper classes (Rabinow 1996; Rapp and Ginsburg 2011), where class identity emerges through shaping infant sleep. In this section, I trace three variables across the twentieth century: where a baby should sleep, how a baby should sleep, and in what position a baby should sleep. These variables make up the social and biological coordinates of infant sleep, bringing together normative patterns of waking and
sleeping with the medically determined needs of the developing child. Over this period, infant sleep advice multiplies, as sleep increasingly necessitates parental intervention, even while definitions of “correct” sleep diversify.

*Infant Care*, first published in 1914 and eventually printed in 1.5 million copies, was written in response to letters from mothers looking for authoritative, science-backed advice on child care. The first edition states that in the first three months, a baby could sleep almost anywhere: “The first bed may be made from an ordinary clothes basket or from a light box, such as an orange crate” (West 1914: 11). After three months, agree the pamphlets, the baby should sleep in a separate room alone in a crib. By the 1940s and 1950s, if a separate room was not available, *Infant Care* recommended that all children sleep in a room together, according to medical consensus about the psychosocial, developmental needs of the infant. In these twentieth-century guides, the first three months marked a different period in an infant’s life, and pamphlets recognized parents’ need to find many ways of putting their babies to sleep. This demarcation disappears as government sources and commercial literature urge parents to pay attention to getting sleep right from the first weeks of a baby’s life; the ideal of a baby sleeping alone in a crib would later become compulsory for parents disciplined by the state as heads of low-income, at-risk families.

How to put a baby to sleep varied greatly across editions of *Infant Care*. Through the 1940s, the pamphlets instructed parents to leave babies alone until they fell asleep. The advice on sleep training in 1914, for instance, is contained in a few lines: After the first few months when the baby should be nursed every three hours:

> The light should be put out, the window opened, his covers adapted to the temperature, but after the mother has assured herself that everything essential to his comfort has been attended to, she should not go to him when he cries, if he is a perfectly healthy baby. A few nights of this training will result in entire comfort for the baby and the family, while the opposite conditions will make the baby a tyrant who ruthlessly spoils the comfort of the entire household.” (West 1914: 57)

In 1929 the advice is largely the same, with the additional allowance that the mother may go to the baby, “if she thinks there is a real emergency” (*Infant Care* 1929: 39).

By 1945, the advice on how to put a baby to sleep softens: “It is a mistake to make the baby ‘cry it out,’” this pamphlet argues and suggests patting or picking up the baby for short periods until he or she settles into sleep (*Infant
Care 1945: 52). In 1951 baby sleep takes up considerably more space, continuing the previous version’s theme of psychological and emotional development. Across the span of nine pages titled “Meeting Your Baby’s Sleep Needs,” the booklet recommends making sure the baby is full, has a clean diaper, and has been snuggled sufficiently: “How well a baby sleeps depends a lot on whether his other wants are being met. If he is getting what he needs to eat, and the kind of care that keeps him contented and well, he will sleep peacefully, and store up energy for his waking time activity” (Infant Care 1951: 50). The pamphlet admits considerable latitude in sleep times and does not recommend a single course of action for baby sleep, since every baby is different, but it also conceded that “one need they all have in common—the opportunity for as much sleep, under favorable conditions, as they will take” (50).

In the 1940s and 1950s, a shift toward developmental well-being centers infant sleep within practices of good parenting. At the same time, there is little consensus on how best to ensure good sleep, both because of individual baby temperament and because of changing medical opinion. The latter trend is particularly apparent in the sleep advice of the 1960s, 1970s, and 1980s, where the consolidation of interest in sleep as important for a child’s long-term well-being comes packaged with great divergences in what correct sleep might look like. So, for instance, while both the 1963 and 1972 pamphlets counsel against sleeping with a baby, because there is “some danger that the infant can be smothered” (Infant Care 1963: 25) and because “everybody will get more rest if the baby doesn’t sleep” with parents (Infant Care 1972: 16), they also suggest that sleep training is difficult and give few suggestions on how to have a good sleeping child. Infant Care admits in 1972: “It’s better to be flexible rather than frustrated or angry if [sleep training] doesn’t work well” (60). The contradictory messages of intensifying parental interest even while admitting that sleeping techniques are obscure opens the door to an explosion in the market for sleep guides later in the century. These trends will eventually make their way into the AP/CIO debates of the late twentieth and early twenty-first centuries, as a precarious capitalism intensifies the desire for middle-class and upper-middle-class parents to get sleep right for their children and for themselves.

Sleep position also changed over the course of the publication of Infant Care. From 1914 through the 1970s, the pamphlets considered putting babies to sleep either on their backs or on their fronts appropriate. In 1989 the position of the baby in the crib was not discussed at all (Arkin 1989). This absence indicates a lack of consensus on sleep position (prone or
supine), which reflected a growing body of research that would consolidate in the “back is best” campaigns of the 1990s.

Scientific approaches to child care informed by medical knowledge made their way into sleep advice through increasing interest in sleep and human behavior. While the urge to train infants in sleep is linked to women’s increased presence in the workforce from the 1960s onward, the surprising variability across the twentieth century when it comes to infant sleep indicates that many contradictions concerning care made their way into the current construction of infant sleep. In the late 1980s, a growing medical consensus about risky sleep produced a temporary resolution to some of these contradictions, as physicians struggled to define “correct” practices toward sleep for high-risk, low-income parents and babies.

**Sleep and Death**

The acronym SIDS was first used in 1969 as a term to cover unexpected deaths of infants and young children inexplicable by standards of causality during postmortems. Until the late twentieth century, the sudden, unexplained death of babies was not linked to their sleeping position. As the *Infant Care* guide of 1951 stated, in boldfaced print, putting babies to sleep on their backs or fronts was considered equally appropriate. Instead, explanations for such deaths included congenital factors, medication, and suffocation (Franciosi 1983).

By the mid-1990s, SIDS research underwrote two interventions in the crib. First, it consolidated practices for putting babies to bed regarding what became known as the “ABC’s”—alone, on the back, and in a crib? Second, it allowed parents to imagine other ways of sleeping with their babies as equally valid, because it both overturned previous advice on babies’ sleep position and suggested that preventing infant death could be a simple matter of changing parental behavior.

The legacy of these interventions splits the figure of risk in two. In the first figure, low-income parents monitor sleep to prevent death. Risk linked to behavior moved the mechanics of sleep to center stage in government efforts to produce healthy infants. The translation of this research into public safety announcements moved infant sleep from the category of uncontrollable factors of life to a category of life (and death) available to behavioral control (Foucault 2007). Beginning in the 1990s, lower-income parents, as part of the high-risk group for SIDS, regularly received literature from welfare case workers and in mailings; their attitudes toward baby sleep were
questioned—and corrected—by SIDS-prevention volunteers, pediatricians, and social workers. When women continued to place babies on their stomachs or slept with them, they were deemed bad mothers, in need of education at best and a danger to their own children at worst.

Responding to the second figure of risk, middle-class parents use sleep to craft the best possible future for their children. Middle classes increasingly concerned with hedging against risky futures double down on the importance of getting sleep right to create the best modes of sleep and wakefulness possible. For these classes, risk is refigured as opportunity as they leverage their expertise in sleep to inculcate their children with the right qualities to thrive in the middle class.

These divergent messages accord with the biopolitical impulse of neoliberal political economy, where power between life and death has two sides. It both adjudicates over life and directs life to maximize its potential usefulness (Foucault 2007). In the twenty-first century, the crib is one place where both life and death are decided, and the utility of future life develops through training the infant body in maximizing resilience.

Risky Sleep

On the web platform for women of color assisting parents seeking nonmedicalized birth and infant care options I mentioned above, I ask if women who come from low-income backgrounds have faced criticism of their sleep practices. My interest is in finding out how low-income parents treat SIDS prevention practices, on the one hand, and the AP/CIO debates, on the other. These women consider themselves to be providing support outside mainstream attitudes for the care of young children. As experts and concerned mothers who work in childbirth and child care fields, many have thought about how their sleep practices intersect with public and biomedical opinion.

Twenty women respond that they do share a bed with their children, and several add that they have faced opprobrium from those they tell about it. Many women volunteer that they love sleeping with their children. It provides time to bond with their babies, help with breastfeeding, and allow many to get better rest because they do not have to get up to pat the baby down during the night. Some mention that the main source of familial tension regarding bed-sharing is in making time for intimacy with their partners. Others think that there is a divide between what women do and what they say—or are told—to do. “I’ve met SIDS-prevention workers who
personally sleep with their babies but would never admit it in public or counsel their clients to do so,” writes one woman. She gestures toward the power of SIDS rhetoric to produce a correct means of sleeping for poor caregivers and to push alternative practices into the guarded places of the home.

Another woman describes where she lives as “an urban environment where everything I see tells me how not to sleep with my baby.” A good example of what she means comes from Milwaukee’s prominent anti-SIDS campaign, which according to the city’s website is intentionally provocative. According to the city’s statistics, “between 2006 and 2009 there were 89 infant deaths related to SIDS, SUDI [sudden unexplained death of an infant], or accidental suffocation. Of these 46 (51.7%) infants were sleeping in an adult bed at the time of their death” (Milwaukee Health Department 2015). Each year, for the past four years, the city has launched visual, radio, and TV campaigns focused on preventing babies from sleeping in adult beds. The images have always been arresting. One campaign used the slogan “It’s time to wake up to the dangers of sleeping with a baby here”; it included placing mattresses and couches around Milwaukee with the outline of a baby painted in orange on them.

For the Milwaukee city government, the rate of SIDS deaths is high enough to justify such advertisements—even if they overstate the case—to bring necessary attention to the problem of accidental suffocation in pillows, in blankets, or by an adult rolling over on a baby. Yet, in their starkness, they address lower-income parents in the urban core as bodies dangerous to their children, ignoring the realities of why families share beds and making impossible any discussion of how they might safely share sleeping space with a baby. Aggressive public service announcements have had limited effectiveness in either reducing SIDS deaths or showing a definitive link between cosleeping and SIDS (Blair et al. 2009; Morgan, Groer, and Smith 2006: 686). Instead, such campaigns as the Milwaukee public service announcement fall within the paradigm of neoliberal reforms as one-half of a split subject of care that narrows the regulatory focus on the question of death.

Characterizing mattresses and couches as unsafe sleeping surfaces and painting them with orange outlines of babies, such public service announcements rely on scare tactics and normalize the multiple bedroom family home with a crib that is part of the middle-class household. Similarly, the different stages of infancy crucial in early government advice on care are telescoped to just one state—babyhood—and one way to sleep throughout that period.
Public service announcements construe baby sleep for poor parents as vital to the health and survival of their children. Such frameworks of care and risk treat low-income parents, who are often women of color, as bad caregivers and reduce the options for child well-being to following state-sanctioned guidelines. These measures bracket out such contingencies as work schedules, the number of rooms in a house, and attitudes toward caregiving. These omissions are reflected in what other women write on the website about their experiences with social workers, who both ignore them as bad mothers with assumed lackluster parenting skills and treat them as undereducated mothers who need to hear—repeatedly—the standard advice to put their babies on their backs to sleep, in cribs alone, without any soft material around.

Despite the weight of regulative practices toward those who receive assistance, women both know the official guidelines on sleep and accommodate them to their own understandings of risk and care. In the online forum where I post my initial question, participants regularly post questions, videos, or articles about child care in other countries, and discussions often ensue about what is being depicted. One participant puts up a video of tranquil music that helps her babies sleep when baby massage does not work; another posts a link to a study showing that most mothers chronically undersleep. Commenters often recognize these different sleep practices along with the need for parents to normalize sleep for their infants. Online groups such as these suggest that concerns about baby sleep are not only a matter of discussion for white middle-class mothers. They can function as a repository for personal expertise as women of diverse backgrounds share opinions, stories, and accumulated knowledge to help themselves and those they advise (Rapp and Ginsburg 2011).

According to current research, rather than get their advice from baby books as many middle-class parents do, many lower-class parents follow the advice of their elders—especially grandmothers—whose knowledge is prized because of their personal expertise with raising children (Mosley, Stokes, and Ulmer 2007). Focus group studies of low-income mothers confirm that the changing advice on SIDS, accompanied by the fear that a baby on his or her back might choke on vomit, enhanced the participants’ feeling that health experts did not know the correct way that babies should sleep (580).

In their narratives and on websites, lower-income women cite non-medical sleep authorities, the latest research from medical studies, experiential accounts from elders, and evidence from non-US-based cultures to explore possibilities of sleeping otherwise. They also frame their decisions
in terms of their ability to react quickly to perceived dangers. As Brandi L. Joyner et al. (2010: 885) report, mothers who sleep with their children often do so because “they could prevent a bad outcome if they [are] vigilant,” which sharing a room and a bed would allow. These opinions represent significant pushback against the consolidation of infant sleep. Risky sleep overturned previous advice on sleep position and, in doing so, created subjects who used the same discourse of risk to develop alternative sleep practices.

Low-income mothers use many of the same techniques that middle-class mothers use when it comes to baby sleep, but while middle-class mothers turn sleep choices into public ideologies of care, lower-income mothers develop these practices away from the corrective force of the regulator state. Middle-class parents are able to choose from among sleep practices to the degree that these choices are woven through an ideologically charged discourse about the correct means of caring for families (McRobbie 2013). The SIDS prevention worker who sleeps with her kids but would never admit it in her work and who, according to the woman who told this story, does not believe that her clients are educated or responsible enough to do what she does, claims flexibility for herself but cannot extend the same to lower-income mothers, who are framed by medical discourse as risky sleepers.

In light of abundant advice on infant sleep, low-income mothers use a mix of techniques that make compromises with medical authority. They sometimes sleep with their babies, put them in cribs, put them on their backs or their sides, or prop them up with a blanket. Across these findings, mothers are concerned about the risk of death for their children. They are not bad mothers—as state welfare authorities often assume—but mothers who are skeptical of medical advice on sleep.

Several women comment on their interactions with their babies’ doctors, and some tell stories of their own work in child health care. Most report that doctors either ignore the issue of sleep or repeat standard sleep advice, and some counter this advice with their own experiences of living elsewhere, such as in Latin America, where, as one lower-income woman tells me, “there is no sleep training as such.”

Another health care worker who works part-time in a clinic for low-income patients tells a different story. She sleeps with her children and is very open about it with her colleagues. She writes, “They are always shocked when I tell them I cosleep, since the official position of the American Academy of Pediatrics is that baby should sleep alone on the back in a crib.” When her colleagues interrogate her, she states that “unless a mom is high or drunk she won’t roll over on her baby [and that] is especially true for moms
who exclusively breastfeed.” She also tells them, “It is what works” for her and her family. When clinic patients ask her about sleep, she shares with them the latest evidence, which reports that cosleeping on a couch or in a bed with an adult who has consumed drugs or alcohol is extremely dangerous (Blair et al. 2009). In this instance, for herself and her patients, a health care worker uses her knowledge of current research to shift the discourse on sleep away from welfare as harm prevention and toward well-being rooted in informed choice. This reframing is an attempt to include lower-class parents within a flexible discourse on parenting, in which risk and welfare as care expand the possibilities for baby sleep beyond presumptions of risky behavior.

**Future Sleep**

In the story of capitalism in the first decades of the twenty-first century, sleep is “porous,” both amenable to training to suit the demands of late capitalism and an experiential grounding for imagining capitalist alternatives. Sleep takes part simultaneously in the advancement of capitalist impulses and in protests against them: it yields the dream of a body that no longer needs sleep, that gets “a good night’s sleep” in preparation for a long and productive life, but also that can think outside the channels of a capitalist work ethic. Sleep is a site of contention within the capitalist organization of subjectivity, and the sleep of babies is a battleground where children as bearers of the future mark out a time of preparation for a life of work, on the one hand, and a time of life unsullied by work, on the other.

In Jonathan Crary’s *24/7* (2014), sleep is the final impediment to the extension of the ceaseless logic of accumulation and work over all areas of life. “Sleep,” he writes, “is the only remaining barrier,” the only enduring “‘natural condition’ that capitalism cannot eliminate” (74). For Crary, sleep is important in two ways: first, it creates a stopping point to the expropriation of living labor. Second, sleep provides moments of quietude necessary for formulating alternatives to capitalism: “It [sleep] is a form of time that leads us elsewhere than to the things we own or are told we need” (126).

Kathi Weeks also views sleep as a resource for anticapitalist sentiment in her reading of Ernst Bloch’s valuation of the daydream. For Bloch, daydreams are forward-looking. “Daydreamers practice imagining the outlines of a situation in which their wishes could be satisfied” (Weeks 2011: 193). Weeks understands daydreams as one place where utopian wishes—and the practice of making them—can be found. Much like Crary’s evaluation of the moments before falling asleep, for Weeks, the daydream is a remaining bulwark against the encroachment of the utilitarian logic of work on life.
This analysis usefully identifies sleep as a central figure of capitalist anxiety and a source of everyday resistance to capital. A closer look at infant sleep practices suggests that making sleep into a type of work is also a means of producing middle-class identity. Within a neoliberal imaginary of work, respectable working subjects must continually develop themselves to overcome the permanent instability of capitalist relations, an instability that has long been part of lower-income people’s lives but is newly present in middle-class lives. In many arenas, middle-class families feel pressure to train their children in the techniques of self-development, even while children must be integrated into the “social day” of the family—patterns of waking, eating, and sleeping that revolve around the parents’ ability to work and the children’s continued high achievement (Wolf-Meyer 2012). Sleep is a source of stress for such families, both for its failure to map onto such a social day and for its explicit link to capitalist futures. In other words, while parents worry about how their children’s lack of sleep will affect the working day, they also worry about which approach to sleep will create the best lives for their children. This latter concern brings with it the anxiety that Crary and Weeks so ably identify—will something sustaining to human well-being be lost when ungovernable sleep is finally conquered by orderly, work-driven sleep techniques?

A typical post on the middle-class parenting boards hosted in the United Kingdom, the United States, and India that I have been visiting several times weekly for the past three years reads:

Hi all, a sleep question (again, sigh). I am now trying to get my 7 month old to sleep for longer stretches in her crib (in my room). When she can do this, I plan to move her into her 3-year-old brother’s room. WELL. I’ve gotten her to the point where she is no longer waking up all the time. But she is waking up every 3 hrs like clockwork to nurse. (This is an improvement from every hour.) Any suggestions on how to get a longer interval between nursing in?11

Posters to these sites write at all stages of infancy and childhood and on all sorts of practices, from how to get children to sleep through the night to how to get children into their own rooms, to how to sleep in the same bed comfortably, to alternatives to helping children sleep that do not include letting them cry alone. The answers to these posts offer all manner of (sometimes contradictory) advice based on personal experience, doctors’ advice, and sleep guides. Some of the most common suggestions include putting the baby to bed before the baby is completely asleep (sleepy but awake), moving the baby to a place where he or she can neither see nor smell the parent, establishing a routine, or simply waiting until the baby is older before expecting him or her to sleep through the night. This particular posting attests to
the planning and work involved in developing sleep “hygiene” through its measurement of time between wakings, its language of sleep intervals, and long-term plans for where and how to put children to sleep. Problematizing sleep refigures childhood as a period of care in the service of adulthood, collapsing the future of the adult onto the infant. The caregiver, usually figured as the mother, and the baby form an inseparable unit. The caregiver monitors the infant, keeps diaries, listens to types of crying, employs white noise, times comfortings, checks bedclothes, checks temperature—the list goes on almost endlessly (Mauss 1973). The infant, meanwhile, must respond to some of these measures and begin to become a person who is responsive, formable, and reformable.

In a phone conversation with a friend living in Florida, who has a six-month-old and works in a professional white-collar job that demands fifty or more hours of her a week, she tells me that now that she has a child of her own, she compares what she does with what her mom did. Her mother and father, immigrants from India, worked very hard as research scientists, first on temporary visas and then as permanent residents and citizens. They raised three children, who have grown up to be a doctor, an advertising agent, and a business professional. As a parent, my friend now has a different view on how hard her parents worked. While she still values their cooperative work ethic, where one parent would not sit down to rest until the other could too, she now thinks that her “mother was stupid in trying to do everything herself,” that “she should have had more help at home because she would have been able to work more and earn a higher salary.” My friend realized that if she wanted to cook, “she could still cook on special occasions,” but the everyday cooking needed to be done by someone else, as did the cleaning and the laundry. That way, she and her husband could spend their free time with their baby. Her baby sleeps in his own crib in his own room and, most of the time, sleeps through the night. She began gently coaxing him to sleep alone from the time he was born, spending hours at each bedtime and naptime picking her baby up, soothing him, and then putting him back down again to fall asleep on his own.

She compares her mother’s experience with her own, concluding that her mother’s time spent with her children was wasted. Instead, her mother should have been working on her own career. She explicitly rejects domestic labor as an arena of cooperation. Her free time with her husband and baby and her increased earnings separate her from what she views as her mother’s “stupidity,” and, implicitly, these earnings mark her as a middle-class person who can afford to pay for domestic help and can make space for family intimacy. Her sleep practices align with what Crary (2014) identified
as the maximizing capacity of work over sleep—though perhaps not in the apocalyptic way he imagines. Rather than sacrifice her free time to work, she fits her baby’s sleep to a social day that explicitly creates free time without the domestic duties of cooking, cleaning, and child care. In this way, her middle-class identity is secured because paying others to do the work frees up her time, and thus she marks her own financial stability as an advantage over the less secure position of her mother.

Another mother, who I contacted via e-mail, believes that the conflict over sleep derives from the fear-driven environment in which we live where “parents are encouraged not to listen to their own intuition about what is best for their children.” She identifies a general precarity in US culture that leads parents to look for a definitive answer to uncertainty, where, in her words, “parents are dependent on someone else for how to do the ‘right’ thing.” In her case, by reading baby books, she came to her own solution to the problem of infant sleep. By reading literature, she realized that “there is no definitive evidence that CIO is harmful” and “no one knows what causes [SIDS].” She decided that she could follow her own prescription for good sleep. She tells me that her “daughter slept swaddled and on her stomach without a pacifier until she was six months old” because “that’s what worked for her.” Her forthright explanation differs from what I heard from lower-income women—though they too sometimes frame their stories in terms of what “works”—to the extent that the assumption that she is empowered to choose, rather than believed to be acting out of necessity or ignorance, enables her decision making.

The problem with Jong’s formulation on sleep with which I began this essay is not that it misidentifies the antifeminist tenor of the current “mommy wars” but that it assumes that middle-class women are the only ones who have the time to worry about their children. In fact, worry over a child’s sleep is not a class issue; class emerges through how risk is apportioned through sleep to create differently classed subjects. The productivist discourse of precarity, which turns risk into a resource to be taken advantage of through work, elevates the middle classes into paragons of parenting. The intense discussion about sleep among middle-class parents turns into a proof of good parenting, where the ultimate outcome of these discourses is less important than the fact of having them. In the process, middle-class parents can stake a claim to care—against the opposing example of the “bad mothers” who are putting their children at risk when they fail to follow normative sleep practices. Even though low-income parents weigh risk when thinking through the problem of where to put a baby to sleep, the formulation of risk as protection from state-determined harm for these subjects largely obscures and invalidates their sleep practices.
Responding to my question about why sleep has become a problem, a friend answers: “Anxiety . . . 9/11. Since 9/11 everyone has gotten more anxious. It’s as if everyone has to have a competitive advantage right out of the womb.” Framing sleep advice in a post-9/11 US context, this mother, who grew up in a liberal California household, puts infant sleep at the center of a generalized fear of unknown futures. She translates her anxiety about the security of her family (Grewal 2006) into a discourse of careful practice regarding her baby’s future. For her, 9/11 stands in for a sense that anything can happen at any time; it marks an antediluvian moment, when stability gives way to permanent precarity. Her own sleep idea for her child involved a mix of techniques slowly to get her infant to sleep on his own, including replacing the crib with a custom-size mattress that could be placed on the floor in the child’s room. As these sleep issues played out in her life, she was struck by an anxiety all around her. In reaction to the shootings at Sandy Hook Elementary School in Connecticut in 2012, she became an advocate for increasing gun control in the state in which she lives, abandoning sleep training for what she deems a more worthwhile attempt to stave off uncertainty.

Productivist sleep has no outer limit or border and never admits defeat. If one strategy is not working, another is suggested; if all strategies are failing, then the caregiver starts again from the beginning, certain either that he or she has done something wrong or that the baby is now ready to respond. All of this is a kind of work without end, a work that begins to seem almost as draining as the problem sleep advice books set out to fix, and the degree of work does not lessen or increase as one moves across the CIO/AP divide. Instead, the work of baby sleep, limitless, yet positing a utopian endpoint where babies sleep and, most importantly, become adults immune to the terrors of any future world, begins to mimic the self-management and constant adjustments made by entrepreneurial subjects of late capitalism, where the shifting terrain of work necessitates continuous work on the self.

The promise in many sleep advice books is the creation of risk-resistant adults. Childhood is put under erasure, as CIO and AP are promoted as means of creating healthy adults. In a time of instability, sleep books claim to inoculate children against an unknowable and risky world. The sense that the future is radically unknowable suggests to parents that they must prepare their children from the moment they are born—as my friend says—give them a competitive advantage right out of the womb. Imagining a world without guns, as she does, or daydreaming while watching a video of butterflies and baby massage that someone has posted to a discussion board for
like-minded lower-income women, creates small openings within these discourses of sleep where alternative, anticapitalist and nonviolent paths of action may arise (Gibson-Graham 2006).

Maturing Sleep

According to current sleep theory, sleep is governed by an internal clock that differs from person to person, with most people’s clocks running on a twenty-four-hour cycle. The clock is set by the suprachiasmatic nucleus, in the hypothalamus, which makes sleep circadian, with its own cycle. Sleep is also homeostatic: like hunger and thirst, it tends toward maintaining equilibrium (Borbély 1982; Borbély et al. 1989). For babies, the central nervous system components that regulate rhythm are immature (Thomas and Burr 2002; Thomas and Foreman 2005). This section traces how current research on baby sleep embodies the contradictions I have laid out between risky sleep and sleep choice for lower-income and middle-class parents. Through interviews with Karen Thomas, a sleep researcher at the University of Washington, and an analysis of the current scientific literature on baby sleep, I show how the infant body might continue to be a site for correlating risk, care, and welfare in the American neoliberal contemporary.

“We are born with an innate rhythm that is genetically determined,” Thomas (2015), a professor of family and child nursing, told me in her office in the School of Nursing. Her shelves are filled with books, old computers, numerous files, a small collection of infant sleep advice books, a Cabbage Patch doll, and 1950s-style family pictures with ironic captions about housewifery.

Thomas, who studies infant sleep through circadian rhythms and mother-baby interaction, continued, “Because the rhythm is not perfectly twenty-four hours, it intersects with the environment and can be influenced by light, meals, interaction, and physical activity” and, for babies, by the rhythm of the mother. A baby’s rhythm may therefore be entrained to “hook into a typical diurnal day,” she said, within the limits accounted for by the baby’s still-maturing central nervous system.

To track babies’ circadian rhythms and how they might be influenced by their environment, Thomas and her graduate student Shao-Yu Tsai designed experiments that monitor sleep and wake periods using an actimeter, a small watch-like device fitted around a baby’s ankle over a thin sock or union suit. Eliminating mother-caused movements, like driving, rocking, or strolling, Thomas found a correlation between light levels and baby sleep,
noting that exposing babies to natural sunlight in the day and lowering the lights at night might be a simple way to adjust babies’ sleep to the rhythms of an adult pattern (Tsai and Thomas 2010; Tsai et al. 2012). Her current research also samples a baby’s and a mother’s saliva to measure melatonin, but she has yet to work out a reliable way to take melatonin measurements, since they need to be taken at regular intervals, before the onset of sleep, and in a quiet, darkened room, to get the upsurge in melatonin production that comes with sleep.

Thomas’s research is geared toward providing parents with reliable data that can help them both “entrain infants to a social day” and set realistic expectations for infant sleep. The other dimension of Thomas’s work is to improve the conditions for premature infants who spend time in the neonatal intensive care unit (NICU) after birth.

For Thomas, what ties her two bodies of work together is a shared focus on cyclicity. It is a difficult point to get across, she believes, since most of us in research tend to think in linear terms, because to measure things that go in cycles, a researcher has to be conscious of things like the time of day. Most can’t think about cycles. “Rhythm,” she notes, “makes life messy for science.” Thomas speaks of children’s “sleep architecture,” which changes from birth through adulthood. Instead of using science-based research—which would focus on ways to help entrain babies to a social day, accepting the pattern of brain maturation, helping parents recognize their baby’s and their own temperaments when it comes to sleep, and providing slow, incremental ways to train babies’ sleep patterns—parents reach to, in her terms, “magic bullets.” For Thomas, these are exemplified by “the row of fancy sleep swings and other devices you see at Babies ‘R’ Us.” She sees a need for her work because, in her opinion, “the field has gotten worse, not better. Parents want a quick solution, since often they think baby has a sleep problem, when really it is a maturation stage.”

Running through Thomas’s work are many of the contradictions in the way sleep is both contained within and pitched against capitalist modernity. For one, studies in the history of industrial capitalism show that the cycle of human habits—of days and nights and seasons—needed to be overcome by clock time in the factory and as a means of control over working populations (Thompson 1967). The rhythms of baby sleep—like the traditions of working-class resistance E. P. Thompson identified—continue stubbornly to refuse capitalist discipline. Even those who have diligently trained their children find themselves faced with disruptions to their social day when children are teething or sick or growing quickly. For another, baby sleep research itself is split along the class lines that I have been tracking.
Thomas (2015) believes that among high-risk populations, such as those she often sees in the NICU, sleep problems exacerbate an already difficult environment. She and her colleagues have witnessed more cases of depression among mothers in the NICU, and she speculates that they might be caused by and, in turn, cause a disruption in circadian rhythms. She has been frustrated by her inability to “get the right information” into these parents’ hands because of the tight government regulations that limit researchers’ access to high-risk populations. Thomas believes that these mothers are not given the right support in learning how to manage the problem of sleep, even while the artificial environment of the NICU—including nearly constant light—prohibits baby circadian entrainment.

While sleep cycles might be resistant to capitalist discipline, the panoply of sleep props parents employ suggests that baby sleep will continue to be a site for the proliferation of commodities and techniques to get babies to sleep more efficiently. A cyclical approach to sleep like the kind Thomas proposes might make its way into the next iteration of baby sleep guides, but changes in NICU operations or in sleep advice for lower-income families will remain much more difficult to enact, as sleep for “high-risk” populations continues to be regulated by state protection construed as preventing sudden death.

Go the Fuck to Sleep

The giant pangolins of Madagascar are snoozing
As I lie here and openly weep.
Sure, fine, whatever, I’ll bring you some milk.
Who the fuck cares? You’re not gonna sleep.
—Adam Mansbach, Go the Fuck to Sleep

The illustrated book *Go the Fuck to Sleep* begins as a lullaby and progresses into an anthem to parental despair. A father gets increasingly frustrated as his baby refuses to sleep. Wondering why all other kids sleep except his, he names himself a “shitty-ass” parent while his baby runs naked down the hall (Mansbach 2011: 19). In the last scene, his partner sleeps on the couch while he emerges successful from the child’s bedroom, until the child wakes up yet again (see figure 1).

*Go the Fuck to Sleep*, which has sold almost one million copies, continues a discussion of baby sleep training that reflects, as this essay argues, contemporary US anxieties about child well-being against the horizon of uneasy capitalist futures. *Go the Fuck to Sleep* captures one sense of parenting in the modern age, where the pull of child care takes place in the textured everyday of work, presenting baby sleep as a battle between the life of
the children and the life of the parents. Within that frame, it taps into a congeries of desire—for adult intimacy, for free time, and for well-trained children. The anger and resignation that make this book so funny respond to the encroachment of work into life. Sleep, as Crary (2014) suggested, is to be conquered by any means necessary, so that parents can move on to having a productive evening and children can experience ordered sleep. This middle-class dilemma represents one side of the way that neoliberal capital reconfigures care within the family as an ever-expanding set of demands for ensuring child well-being.

Yet even while the abatement of welfare in its formal, state-organized sense yields an augmentation of privatized practices of care, the state claims responsibility for reducing risk for certain populations. This split in care for infants suggests that welfare itself should be reconceptualized to encompass both in terms of the care of populations and in terms of the elaboration of forms of care to the side of government regulation. When the duty to care is transferred only in part from the state to the household, infant sleep is a figuring ground for future adult well-being shaped by productivist capitalist discourses and by risk conceived of at once as opportunity and as threat.

Notes

I would like to thank Katy Krantz, Marina Peterson, Acquanda Stanford, Darcel White, Anne-Maria Makhulu, Tom Hatton, and especially Clare Counihan, who all contributed invaluable advice and support to this project.

1 Normative sleep advocates also refer to anthropological arguments, reversing their polarity, admitting that other cultures sleep with and wear babies, but modern (Western) parents must adapt sleep to their busy lifestyles. Bed-sharing means children sleeping in the same bed as a caregiver. Cosleeping has a range of meanings, including chil-
dren and caregiver sharing a bed, children sleeping a small bed or crib attached to the caregiver’s bed, and even children sleeping in their own separate beds in the same room as the caregiver.

2 I speak throughout of “black and brown” parents because SIDS research identifies African American and Native American infants as particularly at risk in the United States. See CDC 2013.

3 A sampling of these positions is found in Ferber 2006; Hogg and Blau 2006; Karp 2012; Nelsen, Erwin, and Duffy [1998] 2007; Pantley 2002; Sears and Sears 2001; Weissbluth 2005.

4 See, e.g., the Time magazine cover feature by Kate Pickert, “Are You Mom Enough?” (2012). The nomenclature is telling for the fact that the mommy has not been displaced as the ground of battle.

5 The 1945 version, for instance, concedes that if the baby cannot have a separate room, then children should be put in a room all together, since “some authorities believe that lasting fears may result if a baby, sleeping in his parents’ bedroom, wakens when his parents are having marital relations” (Infant Care 1945: 51).

6 By comparison, the pamphlets give considerable attention to the conditions of the house and room (light and well ventilated), to feeding (breast is best), to toileting and diapering (from three months, and sphagnum moss may be used).

7 As of 1992, the American Association of Pediatricians officially recommended the supine position for baby sleep, and, the New Zealand Cot Death Study, begun in 1987, provided evidence for the “back is best” campaign in 1994. The study reported that bed-sharing increased infant death in children less than three months old, for those whose parents smoked, had impaired senses, or were obese (Mitchell 2009).

8 SUDI refers to deaths for which a cause is later found, whereas SIDS deaths remain unexplained.

9 Advertisements for the 2011 campaign—to date, the most controversial—stated “Your baby sleeping with you can be just as dangerous” above a picture of a baby sleeping on a messy bed next to a butcher knife. For details and images from the campaign, see Milwaukee Health Department 2015.

10 Welfare reform in the United States in the 1990s remade the map of care for low-income women in two ways. First, it made receiving benefits contingent on actively seeking work (self-responsibility) and, second, it focused on family planning. The social workers with whom researcher Sharon Hays (2004) worked tried both to stick to these guidelines and to intervene where they could—but advice on mothering was outside their compass. They often simply assumed that welfare recipients were bad mothers (Hays, pers. comm., January 13, 2015).

11 This is in fact my own post to the site.

References


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