

Safe Sleep

By

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INTRODUCTION

The attitude adults assume toward children and the parenting practices which develop as a result of these attitudes have an impact on the social structure. The parenting they received as children forms adults' psychological foundations. However, the long-term consequences of these parenting practices are difficult to assess because they may not be evident until many years have passed. Once children become adults, other things in addition to parenting history impact their psychology, making it difficult to sort out what is having a specific effect. Indeed, when parents are not aware of the inherent dangers of their parenting methods, which are dictated by our culture through its attitudes, children are bound to suffer. In this way, our parenting mistakes perpetuate negative cultural attitudes from generation to generation through social customs.

I am a physician and a psychiatrist. I am also a parent. I have experienced the dilemmas which parenting brings. Many times, I have felt the conflict which arose when my instincts for my children were different from what society dictated. I realized that the attitudes of our culture influence the attitudes of parents toward children, and are reflected in our parenting practices. These parenting practices, if hurtful, create distrust and negative emotions in our children, and have an impact on their ability to regulate their emotions and develop internal safety. I questioned, with others, whether a good parent makes his/her experience of a child the priority, or what the culture dictates is in the best interest of the child the priority. As a member of a community, I have seen the confusion among relatives and friends about how to parent children.

Many parents have come to me over the years, asking for help for themselves and their children with problems of falling asleep or staying asleep. The answers that follow are those that I have discovered with them along the way. I offer this book to parents with the wish that, together, we will develop new approaches to parenting. A society that does not make feelings of safety the priority when raising children will not successfully raise children who know how to create inner peace for themselves. It is my hope that parents of children with sleep problems will read this book and understand the connection between the ability of our children to quiet themselves and the development of good sleep habits, both of which result in life-long feelings of safety and security.

Mistakes that arise from erroneous parenting techniques are not based on neglect. In fact, they are often the result of intentional choices and decisions made by parents after talking with relatives, friends, and professionals, as well as by reading books about parenting.

The tragedy, then, is huge: a culture that has not given the truth to its parents, parents who then react in ways that are harmful to its children, which, in turn, erodes the social structure. Parenting is a unique responsibility to care for children in such a way that they are able to grow and develop from the deepest parts of themselves.

In order to fulfill our role as parents, we must be secure and confident in ourselves. This requires that we know when we are harming our children so that we may make the necessary changes in our behavior to repair the damage.

In learning to parent, we move through levels of *thinking*, more deeply into ourselves to levels of *feeling*. From levels of *feeling*, we move more deeply into ourselves to levels of *being*, *essence* and *intuition*. We must “follow our instincts” and develop more fully what we hear people refer to as “mother’s intuition”.

Parenting at this level, then, requires intuitive abilities. We must pick up on or “intuit” cues from our children. We must be able to discriminate between a successful parent-child encounter and an unsuccessful one. When we fail to discern these signals in our children, we are not able to communicate with them at deeper levels. The failures in communication then hamper our bonds with them. Infants and young children do not have the ego development and language to describe to us the impact of our behavior. However, we can gain the ability to bond with them at the essential level by learning to “walk in their shoes”.

This book addresses the underlying lack of emotional safety that I believe is eroding the very fabric of our culture. Fear plagues our society. Many of the adults I meet struggle daily with anxiety. I wonder, as I talk with them, why so many of us experience panic attacks. Why do so many of those who visit me tell me they have trouble sleeping, depending on pharmaceuticals for rest? Why do so many rush from one activity to another, one relationship to another, in great part due to fear of spending time alone? What is it about being alone that terrifies so many adults in our society?

These are the questions that led me to ask how we develop feelings of safety as children, and whether parents are teaching our children to create that security for themselves in successful ways. I began to consider the point at which children learn how to be alone, and ways in which parents can support the protection of their emotional health. As I thought about it, the relationship between this and the lack of ability in adults today to find serenity within ourselves became increasingly apparent. We run to catch up with an unknown aim, and in so doing, we lose the ability to relax and be with ourselves; we are numb.

As I explored sleep and the manner in which children fall asleep as compelling areas in which internal safety develops, I began to ask adults who suffered from lack of an emotional sanctuary how they remembered falling asleep as children. Over and over again, I heard painful stories of children who did not feel safe while falling asleep on their own, and who were asked to do so before they felt ready. I began to research how the nervous system is impacted when children fall asleep under conditions of discord or disharmony.

Medicine has made great strides in the last few years in studies of the nervous system and physiological responses to stress.

Yet we have not applied this work to raising children, nor have we developed new means of parenting, accordingly. Infant research in psychoanalysis has developed our understanding of recognition and recall memory and how they impact feelings of security. Yet little of this information filters down into cultural assumptions about children and their difficulties in falling asleep.

Rest is extremely important to all of us. We spend at least a third of each day in the sleep state. It is repetitive and regular. We all learn how to fall asleep as children. While not all of us are prone to develop anxiety and loss of inner safety as we grow and develop, it is an all-too-common occurrence.

Children need to feel that they are protected in order to grow into healthy, secure adults. A culture that does not make feelings of safety the priority for parents will not successfully raise children who know how to calm and soothe themselves when they are terrified or under stress. These children will become fearful children. They will grow into fearful adults. They will retain that lack of internal safety, and they will have children who cannot create those feelings for themselves. Once those abilities are lost in the culture, parents will have no awareness of the significance of these values for their children. Parenting regimens will begin to reflect this change in attitude by no longer making feelings of vulnerability important when working with children in basic every-day activities, such as eating, dressing, and sleeping.

In order to keep our children safe, we must draw on all aspects of our being. When we encounter a terrifying situation, we must improvise and use all of our resources. We create internal safety by finding a way to achieve restfulness for ourselves in the face of stress and anxiety. If we can become composed, we can manage a scary situation much more successfully, and we can minimize negative reactions to stress on the nervous system.

In order to create a place of refuge when we feel terrified, we need to call upon deep inner strengths, reservoirs of faith and trust, as well as memories of life experiences when we felt safe and secure. We remember a moment of peacefulness from our past, and we feel an anchor to the present. We ground ourselves with these memories, and we diffuse the tension that otherwise might feed the fear cycle.

Adults must learn how to create tranquility for themselves in order to help in creating it for their children. I think of parenting in a way that fosters this ability as an art, because it requires creativity and the skills to use all of ourselves as we express our caring.

Parents who read *Safe Sleep* will learn how children's attitudes about sleep develop from the experiences they have of falling asleep. They will learn the difference between recognition and recall memory and their impact on feelings of emotional well-being in children. They will learn about the three interacting nervous systems in infants, and what happens during stress and sleep.

Our children need our understanding. *Safe Sleep* offers comprehensive knowledge to help parents make intentional choices about their methods of parenting.

The failure of our culture to adopt ways of parenting that foster protection for our children has had a profoundly negative impact in many areas of our society. I want to encourage adults learning to be parents to weigh and measure the short-term impact of any parenting decision in the context of its long-term consequences.

Our parenting practices need to create feelings of psychological well-being in our children.

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Chapter 1

Who Makes The Infant Safe, and Why?

In this chapter, I describe the developmental challenges the infant faces in order to feel emotionally safe. In later chapters, I will discuss how parents can use bedtime and the experiences the infant has of falling asleep to support and encourage the development of internal safety.

Because their children cannot do it for themselves, parents must learn how to encourage and support the development of internal safety in their infants and small children. Our newborns face enormous challenges. Physically, they must learn to master their bodily functions. Psychologically, they must learn to create feelings of safety while in a situation of physical vulnerability.

The vulnerabilities of the body as well as the psyche are extreme. For example, the neurological systems of the infant are immature and not yet working together. The functions of digestion and elimination are not yet operating smoothly. The muscles are weak. Indeed, our newborn cannot even hold up its head. It is no doubt disturbing to an infant to be in a body that is not functioning smoothly.

The developmental task of infant-learning on these instinctual levels requires understanding and psychological support. Our children are never more vulnerable than when they are young, and we are never more responsible for their feelings of safety. Parents who have seen the efforts exerted by their infants and the associated frustration they experience in mastering impulses understand what I mean.

The body is the infant's first challenge, and it must master its mechanical abilities as its first developmental task. We must support our infants in their battles with their not-yet-smoothly-running bodies, pacify them when these frustrations occur, and constantly reassure them that they will improve in learning to manage their bodies. Just as the infant's digestive system is becoming accustomed to assimilating food, so the neurological system is learning to assimilate impressions. Sensations of touch, smell, taste, sounds and sights are all forming part of the infant's reality and early memory. The impressions that come from these sensations are like food for the infant's psychological well-being. The stimulation of its nervous system by these sensations and impressions wakes them up and brings them life. Infants who do not receive sensory stimulation will fail to thrive, even though they receive physical nourishment.

One of the ways we comfort our infants is to offer them soothing impressions. We must provide experiences that produce feelings of protection and love. Psychological "food" for our infants comes from the impressions they receive. They feel safe and calm when the "food" is restful and relaxing. They feel threatened when the "food" is too intense or strong.

The psychological vulnerability of infants to any impression lies in the fact that they have no prior memory of earlier experiences upon which to draw. Memories allow them to understand sensations and impressions. They act as buffers to the psychological charge or shock of an unknown or unpredictable experience. Because infants start life with very few known experiences, they startle easily. They react to

sensations differently than we do because they are sensitive to impressions, yet do not know how to interpret them. Strong impressions resulting from negative sensations intensify the infant's fear reactions. Its environment then looms big and scary, as it is the unknown.

Because there is no “file” of memory in which to categorize the infant’s experiences, and no understanding of what these impressions mean, the infant requires a mediator. This mediator is a familiar presence who offers feelings of protection and interprets sensations until the infant’s nervous system learns how to file them into order. Our responsibility as parents to support the integration of positive impressions, and to encourage the elimination of those that are harmful is essential in the development of the infant’s long-term feelings of security.

We all know fear, and can relate when someone else has had a fright, but what does this mean, and how deeply does each fear invade our being? Some fears are small things. There is a shock and a feeling of panic or anxiousness, and then we restore calm within ourselves, and a feeling of safety returns. Problems such as crime, accidents, threats of disaster, and pollution pose external threats to our safety. Problems such as disease, disability, conflicts, losses, bereavements and other threats to our security pose threats to our psychological well-being.

When under stress, we need to trust that we are capable and adequate to manage the tasks we must perform. We believe in ourselves, trusting in our abilities to respond to frightening events by maintaining our emotional balance. When we fail to trust ourselves, our psychological defenses crumble and we are unable to respond effectively. Emotional health requires the flexibility to “roll with the punches” in the face of stressful and terrifying life experiences. Emotional illness occurs when the defense mechanisms collapse and there is no ability to recover or bounce back from such situations. Indeed, internal safety is the bottom line between emotional health and well-being and mental illness.

We develop psychological safety for our children through our parenting strategies. This is essential in order to cultivate a society of adults who can cope with the stresses of life. Often, our feeling of being overwhelmed as adults arises from our early psychological feelings of vulnerability as infants. The task of mastery of the body is stressful for our infants. It is difficult, and they work hard at learning. Their psychological impressions are that of the tiny and weak in the face of the enormity of that which appears unfamiliar and unpredictable.

Just as spoiled food can poison our infants’ digestive systems, negative impressions and emotions poison the fundamental pathways of association and memory that form the foundations of psychological safety. Positive sensations and impressions result in positive memories.

As parents, we are allies of our infant. We lull our infant when it cries. Eventually, our infant experiences our calmness as its own and the disturbance disappears. We offer sensory stimulation - interesting sights, sounds, smells and touch - when our infant is new and not very interested in the world. If our infant cannot sleep, we shape positive experiences associated with falling asleep that allow the state of relaxation to come. The terror that occurs before we have words, known as preverbal terror, lies in the

associations we have to early experiences in our memory. These early memories come back to us in times of stress or fright. They play havoc with our sensations and distort our emotions in the present. We must protect our young as much as possible from the early terror of danger which results from their inability to feel safe and secure. We do not want their experiences later in life to call up these old memories.

Sleep is important in the development of psychological safety because **sleep is the first experience our infant has of being alone**. Some parenting approaches assume that falling asleep is only a matter of physical ability. They say that parents need to train their infants to fall asleep by leaving them alone. They do not take into account the psychological implications of that decision.

I think we do harm to some infants if we train them to fall asleep alone when they ask us to be with them. Their feelings of safety require bonding and parental reassurance. To be sure, most infants who cry themselves to sleep alone regularly will learn to fall asleep without us. However, what is the cost to long-term memory? We want our children to grow up to be independent adults. We want them to be capable of mastering the task of maintaining their psychological health. Therefore, is it not essential that we establish positive emotions and impressions of the moments early in life when they are first learning to fall asleep and to be alone in a world of their own?

How easily these early associations and impressions of falling asleep become transferred into emotional reactions to being alone. Anyone who has ever developed insomnia at the time of divorce or end of a relationship will understand what I mean. The darkness at night is a time when uncomfortable feelings can surface. Sleep provides an opportunity for our minds to come to terms with the thoughts and feelings that bother us. Our infant needs to put the negative impressions of the day away. During sleep, the psychological work of the infant continues alone with no help from outside influences. In order to do this work, the infant needs to feel secure, calm and relaxed. The psychological impressions infants take in at the time of falling asleep remain their most recent memories during the night, until they awaken and take in new sensations.

Feelings of abandonment occur when an infant who does not want to fall asleep alone is “trained” to cry itself to sleep. These feelings are destructive to the infant's feelings of security and well-being. They interfere with the psychological “work” the infant needs to do at night in

order to deal with negative impressions. Instead, negative emotions and fears of abandonment become part of its memory, and undermine its emotional equilibrium. Many infants will adapt to such training. However, when we make this decision, we step down from our role as psychological ally with the infant. The end result is damage to the communication patterns between the infant and parent at the deepest levels.

The parent who soothes the infant to sleep as it struggles with learning to fall asleep becomes a positive presence. This positive presence makes itself known night after night in the memory bank of positive

associations. Compare the associations in this memory bank with those of the infant who is “trained” to fall asleep with negative associations. If we want our infant to grow up with positive foundations of safety, then we must provide our loving, quieting presence when the infant does not feel safe. Our caring presence becomes part of the infant’s memory, and, in time, the infant recalls it as its own.

In a later chapter, I will talk about the types of memory and how infants develop the ability to recall or evoke the memory of our presence when we are not with them.

Another factor affecting decisions around sleep in a child is the uniqueness of each child’s own sleep mechanism. Some infants fall asleep easily shortly after birth and sleep successfully for extended periods without requiring any help at all from parents. I will call this group the “easy sleepers”. Other infants seem to have trouble falling asleep and staying asleep for extended periods almost from the beginning. They almost always require a parent’s closeness and active effort in helping them fall asleep. They wear their parents out with their struggles to learn to fall asleep and stay asleep for extended periods. I will call this group the “difficult” sleepers. A third group exists that have periods that alternate between successful sleep and unsuccessful sleep. I will call this group the “intermittent” sleepers. This difference in infants’ abilities to fall asleep and stay asleep contributes to confusion in parenting attitudes in our culture.

Some infants can fall asleep independently, so why not all of them? There is nothing more painful for an exhausted parent than to hear from a friend or relative about how well their child is sleeping. The covert message is 'You are not doing it right or your child would be sleeping, too.' The idea that parents are unsuccessful because their child is not sleeping well is devastating to parental feelings of self-esteem and adequacy.

We must accept the idea that infants are born with different physical features and with different mechanical structures. Some are born with instinctual mechanisms that run smoothly from the beginning. They are successful at falling asleep and staying asleep early in life; some are not. If your infant falls asleep independently when you put it in the crib and leave the room, that is wonderful. If it does not, that is all right, too.

The decision to be a parent is life-affirming. We affirm life when we choose to participate in the process of creating and nurturing the next generation. Yet, not all of us intentionally choose to become parents. Some of us come to this role reluctantly. We may feel worried about the time parenting will take away from the rest of our activities. We may not want anything to hamper our ability to perform at work or to interfere with our own freedom. We may feel hesitant to carry an additional burden of responsibility. Tensions rise in us as parents when our infants’ demands are high. Sometimes it feels as if we cannot possibly meet the demands of parenting an infant and other life expectations, as well. Nevertheless, reluctantly or willingly, we accept the challenge.

What is it about becoming a parent that attracts us? Why do we choose to become parents? I do not know all the reasons why people choose to become parents. I do know that I became a parent in order to experience what it was like to have children. I wanted to find my connection with humanity at the deepest level of my instincts. I wanted to feel myself in the flow of the river of humanity as the current passed through me and moved on to the next generation.

As I look back, I am aware that this instinctual urge has played only a small part in my overall experience of parenting. I think that when we give birth, the reasons that attracted us to parenting change. We grow because our children need us to grow to be there for them. We grow because we must in order to transform the negative emotional experiences we had as children and set things right for our own family. We grow because we must if we want to know what love is, and what life is. Somehow, deep within the mysteries of our real moments parenting children, we get an inkling of what it means to be human.

Our precious moments with our children teach us humility. Our vanity crumbles before their simple truths which show us our human failings. Our worries disappear in the face of their joy at being present with us in a world that is new, fresh, and wonderful to their shining eyes. Our losses take on a different scale when we feel how important is our time spent with them. They guide us to explore what we really value, and to respect them for who they are. The bonds we form with them fill empty spaces, and give us the opportunity to express ourselves, and to understand ourselves. Our understanding grows with them, and they grow with our understanding.

There is a way we are when we are at our best with our children that is nothing we can explain. We have to reach deeply into ourselves to find simple answers, and to make them understood. We have to explore different angles and ways of looking at things in order to align ourselves with our child's experience. We have to see what the truth is, rather than have an opinion about it. We have to question ourselves, and grow to find new answers. We learn about our children through our encounters with them if we listen to them. They have many answers inside themselves regarding their needs.

Their wonder and amazement call us to show them and to teach them what we know. Their questions inspire us to think more deeply, and to discover what we do not know. In being with our children, we discover what is true within ourselves, and we reach out to share it with them.

Through our sharing, we open the door for them to see life as we do. But how quickly we discover that we are alike, but different, too. Moments of friction over our differences are like sandpaper, working away at our rough edges. We raise our level of being because we reach into our hearts to find unconditional love.

As parents grow, our children grow, not only in stature but also in ways of beWe grow for our children because we want them to extend themselves into realms beyond our own reach. The next generation stands on our shoulders as we struggle to give them the higher view. The demands of parenting require us to be there for our children when they need us to be. We cannot tell them not to need us when they do, any more than we can deny their right to grow in their own individual ways.

We need to create comfort for our infants to help them fall asleep when they ask us to be with them. We must be with them to provide the peacefulness needed for sleep to occur. The infant who asks for a parent's presence at the time of sleep is offering an opportunity for parents to produce positive memories for the child by bestowing pleasant sensations and impressions within the context of falling asleep.

If we think of the idea of the body as a machine, we can use the analogy of a lawnmower. Some lawnmowers turn off easily. We lower the throttle and the engine stops. Other lawnmowers may keep running for a while even when we want to turn them off and lower the throttle. Is there anyone who would walk off and leave a lawnmower running if it did not turn off when they wanted it to? I doubt it! Most of us do not want to risk the possibility of harm to our lawnmower if it is left unattended. Another analogy would be that of a teapot whistling its boiling point on the stovetop. Many of us have experienced the results of not hearing or heeding its warning in time, and have suffered the consequences of that; not a pretty sight, and replacement, or not, are the only options.

In the same way, we risk the possibility of harm to our infants when they do not fall asleep and we leave them unattended. They have complicated machinery. In this case, however, the consequences are far more serious, and replacement is not an option. Our responsibility as parents is to keep our infants safe psychologically and physically while they are learning to master their instinctual engines.

Chapter 2

Bonding With Infants and Transforming Negative Emotions

Psychological states vary between periods of activity, with higher energy and awareness, and periods of passivity, with lower energy. In Chapter Two, I discuss bonding with infants in both the active and passive, or inactive, states of being. In Chapter Three, I will show how the different parts of the nervous system interact to create the active and passive states.

The passive state of being is a period of decreased awareness. Infants have less interest in sensations, impressions, and movement. They have more interest in relaxation and sleep. We must understand these rhythms in order to bond with infants appropriately. We need to create successful experiences for the infant in both the active and passive states. In order to do this, we help our infant transform the negative emotions that arise in the context of either state of being.

When our infants are active, we need to encourage them and acknowledge their accomplishments. They will have feelings of frustration as they attempt new movements while working out developmental tasks. Our encouragement helps them move through the frustration. It is thrilling when our infant masters a new ability such as sitting up, rolling over, or taking a first step. We mirror these moments of pleasure for the infant by showing our approval. The joy of seeing the pleasure our infant finds in the step-by-step mastery of its body builds memories within us of connections and contact with our young. The mirror we give our infant of pleasure and approval brings the experience of acknowledgment to the mastery of its undertaking. The closeness of the relationship between parent and child during these moments creates an atmosphere of trust and brings excitement to the accomplishments. The infant hears and understands the “I believe in you”-“You can do it” messages and registers them in its memory bank of associations when the child attempts something new. Associations to new experiences and challenges then become pleasurable and exciting. The brain registers “New things are fun” and “I am capable of learning something new.”

Bonding in the active mode requires stimulating the infant and acknowledging accomplishments. Positive associations build positive memory. Generally, when our infant is in the active mode, we need to become more passive, or quiet. This allows the infant to feel in charge and empowered by the sense of mastery. We are there to admire and encourage, to trust when we see signs of doubt, and to soothe when we see signs of frustration. It is a mistake to take charge or force the infant to develop faster than it is able to naturally. Infants need to grow at their own rate and develop at their own pace. Our infants want to know we are on their side, affirming and acknowledging their increasing abilities. We are allies with them in the mastery of their bodies and in their development of a sense of self.

Generally, our infants need us to be more active in bonding with them when they are moving into the passive, or inactive, mode.

This allows them to take in positive impressions of this mode and build memory. We provide soothing sounds, rocking motions, songs and soft music. These impressions create pleasant sensations and help our infant become comfortable with the passive state, and to relax. The state of relaxation leads to sleep.

Most of us have experienced how our own level of activity or passivity can vary when others are present. When someone around us is energetic and active, we may relax a bit and let them “take care of it”. Our states of being active or inactive vary with our internal rhythms and in relationship to those around us. When someone is active, we may tend to become more passive, and when someone is more passive we may find ourselves more active. Infants have a similar way of responding. Sometimes they need an actively calming presence to encourage them to relax into the passive mode and fall asleep. We can use a backpack or stroller to take an infant in distress out for a walk. This is an example of how we can become active in order to encourage the passive state of relaxation. Fresh air after a meal improves digestion and helps infants experience the passive state in a pleasant way. What is important is that both ways of being are comfortable and pleasant for the infant.

We need to be with our infants as they experience both the active and passive states of being. Our presence offers positive sensations and impressions of safety that the brain records as associations in memory. Later on, they will develop the ability to recall or evoke memories of our caring, secure presence when we are not there with them. This kind of memory, called evocative memory, is needed for internal safety

The emotional gestures our infants reveal tell us what they need to become comfortable in the passive state and fall asleep. We cannot tell our infant what it needs; we can only intuit what we know, based on its responses to us and our experience in our moments of bonding with it. When we walk in and get a big hug and signs of pleasure from our children when we pick them up from their nap, we know that the moment is right.

When do we offer our attention to our infants and when do we let them have time with themselves? I think when an infant is enjoying being alone and finding pleasure in independent activities, it is good to reinforce these moments. We affirm their sense of self by encouraging them to continue their independent fun and pleasure as long as they can. We do not interrupt them unless it is necessary. Interesting mobiles, hanging above the baby's head over the cribs, are sources of pleasant sensations for some infants. Many infants will play with mobiles happily for extended periods upon waking. When bonding with infants, we do not need to interrupt a flow of positive sensations when the infant is having fun. We need to offer our caring and physical presence when the experience of their sensations becomes uncomfortable. In this way, we help them transform negative emotions and impressions. Our infants do not only need us to be with them, they need us to choose to be with them at the right time. When infants are feeling secure about being alone, we need to encourage them to do so. When they request our presence and being close, we must honor that request.

Our consistent willingness to be there when asked forms the basis of trust in us for our infants. Our infants need to trust that the world is not a scary place. Someone is there, at their sides, to encourage, reassure and support their feelings of internal safety when they cannot do this for themselves. This basis of mutuality and trust creates a firm foundation for the connection of parent and child. Such a foundation is life-affirming. Positive attitudes about life, in turn, are the foundation of a psychologically secure home.

Do crying and the request by our infant for closeness when falling asleep really indicate a cry for emotional safety? How do we know that crying really means that our infant is feeling vulnerable and threatened? There are many in the culture whose attitudes assume that our infant's crying is a "learned" behavior. They think we "train" our infants to desire our presence at the time of sleep by being there when they ask us to be.

How do we know when our infant is feeling threatened and when it is just fussing a bit before falling asleep? I think we can tell by the way in which the infant is crying and by the quality of its state of being. An infant who is already in the passive mode of relaxation, with eyes closing and calm demeanor, may fuss a bit while drifting off to sleep. However, an infant who is fussy and still in the active mode will feel threatened unless we tend to its needs for safety. This infant does not fuss a bit while drifting off to sleep. It wears itself out by crying in order to fall asleep. Any young child or infant who has not yet achieved the developmental capability of internalizing feelings of safety lacks the ability to transform negative emotions. We can let the infant tire by crying, and eventually it will fall asleep, but the associations to sleep and being alone recorded in the infant's memory will not be positive ones. The only way our infants who struggle with the instinctual mechanisms required to fall asleep will have a positive association to early sleep patterns in memory is if their parents help them. We must work with these infants and make the necessary efforts to transform the negative emotions that arise before falling asleep.

We can train our infant to fall asleep without us when it does not want to, but we cannot make them feel good about it. The negative emotions and unpleasant associations to sleep and abandonment will be in memory, and we must accept these consequences if we choose to put our children to sleep in this way. The issue of trust and mutuality in the relationship between infant and parent is at risk when we accept these consequences. Some parents I have known find they regret this decision later.

Every infant is different. Some may be successfully "trained" to fall asleep independently. Others have more psychological vulnerability. They will experience the "training" as abandonment. Their associations to sleep will be negative. They may associate sleep with fears of being alone. These unpleasant memories will poison and undermine their feelings of safety.

If we want our young to trust us, we must honor and respect their requests for our presence when they do not feel safe. We do not know for certain whether our infant is afraid or threatened when

it has trouble burping during feeding. We do know that when our infant cries, it needs our attention until the burp is successful and the infant is calm. Sleep is a similar mechanism.

Our culture has another false assumption about parenting. It says that whatever we do when our children request or demand attention will have to continue indefinitely. This assumption does not take into account the developmental vulnerability of the infant. The vulnerability diminishes with mastery of the body and the building of positive memory that creates psychological safety.

The requests of our infant depend on its perceptions of its internal and external environment and the developmental tasks at hand. Once the infant establishes trust at a basic level, the infant or young child moves on to developmental issues of separation and independence. Parenting is not about imposing rules that our children must learn to obey until they grow up and leave home. The needs of our children change as they mature and develop.

Good parenting requires the ability to be flexible and support our infants in transforming the negative emotions that come up as they face challenges in growth and development. What works at one stage will not necessarily work at another. For example, the failure to let go of early patterns when children need to separate also causes psychological problems for both parent and child. Parents who are good at creating feelings of protection and safety may have trouble letting go of this intimacy when their children move on to issues of separation and autonomy. The failure of parents to let go when our children need more freedom may create feelings of suffocation and fear in the child resulting from overprotectiveness. These feelings may disable the will of the child in its desire for self-reliance. Every step in a child's development requires parents to make new adaptations and develop new skills. We must see what our children need in the new phase and respond accordingly. If we remain in communication with our children, we will intuit their needs. The parent who is able to do this at different phases of development and respond in positive ways keeps the channels of communication open at the deepest levels.

We do not have to be perfect parents to keep successful parenting patterns operating, but we do need to be open to our children and their responses to our methods. They need to know we hear them. We can always back-track when we make mistakes, but we need to know when we *are* making mistakes in order to repair the damage. We must be willing to admit our errors and make things right. We need to keep an open mind and explore the messages our children give us. We cannot close our ears to their communications and still win their trust.

While parenting practices arising from developmental attitudes require one set of skills, parenting practices arising from cultural attitudes require another. One attitude says that our infants and young children are like dogs and we must train them "right away" to get them to do what we want them to do.

From this attitude, the assumption arises that a "good" parent is one who can impose his or her will upon the child or infant and get the child to obey.

The establishment of parental authority is the first goal. Parents then develop schedules of eating, sleeping, playing and bonding based on what they think is in the best interest of their child or on their own convenience. The infant's job is to submit to these schedules at the parent's request. A "good" baby is one that does what the parents want when they want it to. A "bad" baby is one who defies parental wishes, one for whom parental control has not yet been defined.

We see this attitude when visitors come. They admire and approve of our infant as long as the child is obedient and willing to follow cultural guidelines and controls. Our culture loves babies as long as they do not interfere with the lives of its adults. Young parents hear "You need time for yourself." Our friends, relatives and neighbors love our babies until they are inconvenient. They say that we should not allow our infants to keep us awake at night because we need our sleep, too.

Parents who want to respond to the internal cues of their infants, even if it is inconvenient, are sad and despairing when they get these cultural messages. It is hard to trust your instincts in the face of friends, relatives, and even professionals who voice these cultural attitudes. I am sorry for parents who get these messages from society. They do not follow their instincts because they do not get help to challenge cultural assumptions or support for their instincts about how to parent children. These attitudes hamper their early opportunities for closeness with their children because they do not make intimacy the priority. While they may effectively "train" their infants to schedules that are routine and convenient, they fail to learn to recognize internal cues in their infants. They miss the chance to bond with their infants deeply during the early years.

Most infants will learn to submit to an external authority. However, if they do, they may not develop trust in their own ability to master tasks in their own time and in their own way. They may not learn how to internalize and maintain feelings of emotional safety when they are under stress. We cannot decide for our infant how it is going to grow; we can only affirm for it that it will grow, and offer our support and encouragement in the process.

We cannot impose real growth from the outside. Our infants learn from the inside. The culture does not deal with the long-term outcome of failed internal safety. I think the measure our culture uses for parental achievement is short-sighted and short-term. We work hard when we teach our infants how to fall asleep by being with them in a caring way when they need us. The attitudes of the culture that mold infants so early are destructive to the character formation of our children. Our goal is to create positive memories that internalize feelings of safety. A developmental approach to parenting allows our infant to grow from the inside in its own time and in its own way.

Chapter 3

The Three Nervous Systems and Their Interactions in Infants

The negative emotions of anger, fear and rage influence the nervous systems of the infant. Sleep is a time of restoration. Infants need to fall asleep in a state of relaxation to have healthy sleep. In this chapter, I will explore how emotions influence the nervous systems. I will also talk about the interactions between the different nervous systems in infants.

The nerves in our body serve as the relay stations for messages. They provide communication of one part of the body with another. There are three different groups or systems of nerves in the body that serve different functions. Each system contains many nerve cells that have parts that work together to relay messages. Each nerve cell contains a head, a body and a tail. The body is the center of the cell. The body contains the nucleus and structures of cell function. The head of the cell has many fine branches that extend out like a tree. We call these fine branches of the head *dendrites*. The dendrites receive the incoming messages for the relay station or nerve cell.

The tail of the nerve cell extends a long way out from the body of the cell. We call the tail the *axon*. The axon connects with other parts of the nervous system or with other parts of the body. The tail, or axon, may grow to be very long. In adults, some axons even extend several feet. The tail, or axon, is an area of high excitability. It relays messages out to other areas of the nervous system or to other parts of the body.

The fine branches of the head allow the nerve cell to receive detailed messages regarding its surroundings. The nerve cell then relays the messages out through the axon to the next relay station. Without nerve cells, one part of the body cannot talk with another. The general function of nerves is the coordination of bodily functions.

The nerves of the infant are immature at birth. The cells are small and not well developed. It takes time for the nerve cells to grow. It takes a while before the nerve cells can relay impulses or messages smoothly and efficiently. The immature nerve cells are the basic relay stations our infant must use to communicate until they become fully developed.

Before birth, the nervous system of the fetus evolves as a long tube. We call this tube the neural tube. At the time of birth, the neural tube has specialized into three different functions. The first function is voluntary, or conscious. The voluntary function controls conscious activities or movements and actions that are intentional. The second function is involuntary, or unconscious. The involuntary nervous system controls activities of which we are not aware. These unconscious activities are necessary for human survival. The involuntary system has two parts with different functions. One part is active.

We call the active part the sympathetic nervous system. One part is passive, or inactive. We call the passive part the parasympathetic nervous system.

Different parts of the brain coordinate the voluntary and involuntary nervous systems. These different parts are in different locations in the brain. A specialized part of the brain known as the *cerebral cortex* coordinates the voluntary nervous system. The cerebral cortex lies in the brain right under the bones of the skull. The cerebral cortex allows us to respond to the sensations we experience with voluntary movement. The structures of the voluntary nervous system make up the brain and the spinal cord. We call them the *cerebrospinal tract*.

Another specialized part of the brain, known as the *hypothalamus*, coordinates the involuntary nervous system. The hypothalamus lies deep inside the skull in the middle of the brain. The location of the hypothalamus is near the nerves for the eyes and the nose. The hypothalamus is the main relay station for instinctive functions under involuntary control. Both nerve cells and glands coordinate these functions.

One part of the hypothalamus extends down as a stalk that has a bulb on the end. The bulb forms the back part of the master gland of the body. We call this gland the *pituitary gland*.

The specialized part of the brain we call the hypothalamus relays messages to the *master gland*. The master gland, or pituitary gland, makes and releases chemical hormones into the blood stream. These hormones circulate in the blood stream and also relay messages to other glands about instinctive functions. Glands are important in the development of the infant. Glands have many functions. They control many processes, such as growth, metabolism, and the development of immunity to diseases. They help to keep the internal environment stable. We call the pituitary gland the master gland because it rules the other glands. The pituitary gland sends out hormones that relay messages to other glands in the body which tell them what to do.

The hypothalamus is a tiny part of the brain, but it has a big job. The hypothalamus coordinates the master gland and both of the involuntary nervous systems. The nerves that go into the hypothalamus are close together and intertwined. Therefore, they easily influence one another. This means that one nervous system in a state of excitement or activity can impact another, or impact the glands and their functions. In this way, early patterns in one nervous system of our infant may impact other systems. Our parenting goals must keep in mind that we are patterning our infant's nervous system.

In order to understand sleep in the infant nervous system, we need to think about the difference between sleep and conscious functions. The development of conscious functions in our infants involves the transmission of sensations and impressions. The nerve cells transmit sensations and impressions to the cortex of the brain. In the cortex, our infants develop voluntary responses to the sensations they experience. The cortex relays messages for voluntary movement out through the spinal cord. In this way, our infants develop intentional movement. When we are conscious, we are actively taking in sensations and impressions and responding to them.

It is different when we are asleep. Sleep is a passive time of restoration during which we are aware of few impressions. We stop taking in and processing most sensations. During sleep, the voluntary side of

the nervous system that takes in sensations and impressions is inactive and gets a rest. However, the involuntary nervous system continues to work. It maintains bodily functions, such as heartbeat, breathing, digestion, and body temperature while we sleep. The resting stage of the voluntary system allows regeneration. Activities that encourage sleep are important because they encourage activities of regeneration. We want the involuntary system of our infant to do its work during sleep, and we want it to do it well.

The nervous system under involuntary control has two parts that work in some, but not all, ways as opposites or antagonists. These are the sympathetic and parasympathetic nervous systems. One part of the system speeds the body up and uses energy. The other part slows the body down and conserves energy. The two parts of the involuntary system are different because of the different work they do. The nerves for the involuntary system do not run inside the spinal cord as the voluntary nerves do. Instead, they are outside the spinal cord. They run along each side of the backbone or vertebrae in long chains. These chains have clusters of nerve cells called *ganglia* that send nerves to different organs and areas of the body. Some of the parasympathetic nerves come out in groups on either side of the brain just above the neck. Others come out at the bottom of the spinal cord along the sacrum. The sympathetic nerves come out of the spinal cord in the middle of the back. We call these parts of the backbone the *thoracic* and *lumbar vertebrae*. The parasympathetic nerves that leave the chains or ganglia are short and go directly to organs and nearby structures. The sympathetic nerves that leave the chains, on the other hand, can travel long distances away from the chains, to organs and structures.

An understanding of the anatomy is important in understanding the differences in the two systems. The long and more diffuse organization of the sympathetic nerves allows them to fire individually or all together as one unit, or mass, discharge. The parasympathetic nerves do not fire all together as a unit. They fire discretely, or individually.

Now I will describe the mass, or unit, discharge of the sympathetic nervous system and how it impacts infants when they are under stress. The sympathetic nervous system is the active system. It stimulates the instinctive functions. It mobilizes and uses energy. The chains of the sympathetic system come out of the spinal cord in the middle of the back. They are near two important glands that sit on top of each kidney. These glands are called the *adrenal glands*. The adrenal glands receive nerves from the sympathetic chains.

When the infant is under stress, the sympathetic nerves can fire as one mass discharge. The adrenal glands receive messages from the sympathetic nerves and release adrenaline. Adrenaline is a hormone that we use to mobilize energy to protect ourselves. It makes us active, aggressive, and alert. Adrenaline speeds up our body and gets us moving. It creates feelings of arousal known as the “fight-or-flight reaction”. The emotions of anger, rage and fear accompany the fight-or-flight reaction of the excited sympathetic nerves.

The parasympathetic nervous system is passive. It works with the functions of energy conservation and restoration. Stimulation by the parasympathetic nerves reduces our heart rate and lowers our blood pressure. The parasympathetic nerves lower metabolic functions and conserve energy. They help us digest our food. The parasympathetic nervous system works as an antagonist to the sympathetic system. It slows down the instinctive functions while the sympathetic system stimulates them. We can think of the sympathetic influence as predominant in the active mode we see in infants. We can think of the parasympathetic influence as predominant in the passive mode we see in infants.

In order for infants to fall asleep, stimulation by the sympathetic nerves must be reduced. Infants in states of sympathetic arousal have a hard time falling asleep. We need to avoid the negative emotions of anger, rage, and fear that accompany the fight-or-flight response in infants when we are helping them fall asleep. The sympathetic and parasympathetic nerves must respond to changes in their surroundings and work together to speed up or slow down the body. In order for the infant to fall asleep, the sympathetic excitement must slow down and allow the parasympathetic system to do the work of restoration. In this way, the unconscious instinctive processes work efficiently and smoothly.

Sleep-time must be encouraged as relaxation-time. The relaxation response that calms the sympathetic nervous system works easily in some infants. In others it does not. The abilities for self-regulation are different in different children. When we have infants who cannot relax easily and fall asleep, we must help them. We support their nervous systems and develop the appropriate reaction patterns when we soothe them. We do not help them quiet sympathetic states of excitement by leaving them alone to cry when they ask us to be with them. An infant in distress may go into the fight-or-flight response of sympathetic-nerve excitement. When we help infants learn to decrease sympathetic arousal, we pattern relaxation before sleep and help the interacting nervous systems work together.

The nervous systems of adults have a similar mechanism for relaxation. When we calm the sympathetic nerves, we decrease sympathetic arousal. We enter a state of relaxation and peacefulness that is almost the beginning of sleep. The state of being in our bodies during sympathetic excitement is not the same. When our sympathetic nerves speed up in excitement, we feel more anxious, alert and aroused. We may even feel anger or rage. We slow down and relax when the sympathetic-nerve excitement decreases. We feel things differently. Our pace is slower.

We can relax the sympathetic nervous system by using techniques of stress management. Stress management techniques use repetitive activities that shut down the flow of thoughts in our brain.

Research in the area of stress tells us that doing something to stop our thoughts temporarily quiets the sympathetic nervous system. Relaxation occurs when we practice these techniques.

Pregnancy is a good time to begin working with relaxation techniques. Parents may want to explore a variety of methods and discover the most successful ways for each of them to bring on the relaxation response. Activities that help shut down thinking include meditation, affirmations, repetitive prayers, deep-muscle relaxation, and physical exercise. New parents may need to practice stress management

techniques frequently for short periods in order to relax. Once relaxation occurs, it is easier to help infants fall asleep.

Chapter 4

The Development of Memory in Infants: Recognition and Recall

Infants need the experience of a caring presence in order to feel safe when stressed. In the beginning, these experiences are tactile, or relate to touch. Our infant feels our touch and knows someone is there. Tactile sensations are the earliest experience we have of bonding with another human being. At first, infants do not appear to discriminate between people. They are aware of a presence, but lack the ability to know who is there. Between six and 14 months of age, infants develop what we call recognition memory. This means they can recognize us when they see us. Our presence provides their security.

Memory develops in the brain through a complicated series of mechanisms as a result of our experience. We need memory to learn from our experience, to organize our thoughts, and to regulate our emotions. We classify memory in two types, which are recognition memory and recall memory. The more primitive of the two types is recognition memory. Recognition memory means that the infant has developed an internal representation of an object that it retrieves when seeing the object. For example, one of the earliest visual memories the infant develops is the ability to recognize its mother's face. Infant behaviors that give evidence that recognition memory exists include separation anxiety, stranger anxiety, and reunion reactions. When infants express fear or terror when they are left alone, and express positive emotions when we return, we know they can recognize us and feel secure in our presence. Between six and 14 months of age, infants show signs of these fears. They may react to strangers differently than they do to parents or familiar caregivers. They may cry and show signs of fear when we leave the room.

Infants at six to 14 months have a new developmental task. They must learn to cope with the anxiety that occurs as a result of their feelings of security or lack of security in the presence of others. In addition to the anxiety of mastering their body, they now have to cope with the anxiety related to feelings of attachment. When they see us and experience our loving presence, they feel safe. When they cannot see us, they do not remember us, and they may become fearful. They cannot recall us at this age until they see us again. During this phase of development, infants show fear when they see us leave the room. They do not have the concept that we exist when we are not with them. They may feel rage, overwhelming anxiety, and deep distress. We must protect the infant from these negative, intense emotions in order for them to feel safe and develop positive associations to sleep.

Our infant needs to learn to cope with the anxieties that accompany the development of recognition memory. Our parenting practices in regard to sleep must address the way the infant's mind and emotions are functioning during this period in order to support them in learning to cope with these anxieties. We must not assume that an infant who cries intensely when we leave the room stops crying because it is learning it cannot control us. Actually, they do not remember us after we leave the room.

The ability of infants to recall memories of our sustenance, comfort and love when we are not present requires a more advanced type of memory. Infants begin to develop recall memory at 18 months. However, at times, they may not successfully recall memories of our presence when we are not with

them until they are as much as 36 months, or three years, of age. Recall memory depends on the development of the infant's ability to think and on the infant's ability to integrate emotional experiences. One reason the rate of development of internal safety varies so widely in infants is that successful recall memory requires the use of these more advanced and sophisticated mental and psychological mechanisms. Infant research tells us that successful recall memory varies also, depending on moment-to-moment emotional states. Thus, our young children, even after three years of age, will have moments when they cannot create feelings of safety for themselves without our physical presence. When we work with infants at the time of falling asleep by developing feelings of security and safety, we help them develop recall memory and they learn to feel comfortable when we are not there.

The factors that influence the timing of the development of internal safety are the same factors that influence other aspects of growth and development. Growth and development on any level represent a succession of interactions between the genetic potential we are born with and the environment. We call these factors “nature” and “nurture”. Nature is our genetic potential. Our infants inherit their genetic potential from us and from our ancestors. Each infant is unique because of the combination of genes that make up its own particular constitution. Natural endowments for innate capacities, growth, and development will be different because of the traits that infants inherit. Nurture, on the other hand, involves the infant’s environment.

Nurture can influence genetics in both positive and negative ways. For example, trauma during pregnancy, during birth, or after birth may impact infant rates of growth and development. The mother’s good nutrition during pregnancy and of the infant after delivery supports healthy development and accelerates growth. The nutritional needs of the mother while breast-feeding are more than normal. Mothers need to increase their fluid intake to meet the demands of nursing. Social and emotional factors also modify growth potential and influence the timing of developmental milestones. The position of the child in the family has impact on rates of growth and development. The individual concerns and needs of the parents and the child-rearing practices they use are major influences. Cultural considerations influence the time for acquiring new skills by establishing conventional expectations as to behavior.

We use the term *growth* to refer to changes in measurement or size. We use the term *development* to refer to changes in function. We usually think of growth and development together to give unitary meaning to the idea of both the degree and quality of maturation. Our infants grow physically in size and they develop changes in their abilities to function. We can easily see the differences of size and of rates of growth in infants. However, we cannot always easily see the rates of development and changes in function.

At birth, the weight of infants can vary from one and-a-half pounds to over 12 pounds. About 95% of newborns weigh from five-and-a-half to 10 pounds. During the first year of life, we expect the infant to triple its birth weight and to increase its length by a foot. By one year, most infants will have six to eight teeth. Occasionally, however, an infant may have as few as two teeth at one year of age, without other evidence of growth disturbance.

By the end of the first week of life, infants normally develop the ability to focus their eyes on light or a bright object. By one month, they can follow the light with their eyes for a short distance. By eight weeks, or two months, most infants have the ability to smile when making social contact. At 12 weeks, or three months, of age, infants can still not discriminate the differences in individuals they meet in their environment. By three months of age, the infant lying flat on the floor is usually able to raise its head and chest by pushing up with its arms. At 16 weeks, or four months of age, infants demonstrate the ability to laugh aloud during positive social contact. At 20 weeks, or five months, an infant will usually have the ability to hold up its head. At 24 weeks, or six months, they will sit alone. At 24 weeks, or six months, they also begin to show a preference for mother or familiar caregivers. After 24 weeks, the functions of the hand are developing to the point where most infants can grasp a rattle and transfer it from hand to hand. At 28 weeks, or seven months of age, an infant in the prone position will pivot in pursuit of an object. By 32 weeks, or eight months of age, many infants become attentive to the sound of their own names. They also will show distress when their mother leaves the room. Infants who are sensitive to anxiety and, in particular, separation anxiety, may have trouble falling asleep on their own at about this age.

Sometimes sleep problems appear during the eighth month. Parents may find that infants who have slept well will no longer do so. If we think about the idea of nature and nurture, we can see that a certain number of infants probably inherit the ability to fall asleep easily and stay asleep easily. These infants fall asleep on their own from the beginning of life and continue to do so without a need for bonding throughout childhood. I call these infants the “easy” sleepers. Other infants have trouble falling asleep at the beginning of life and seem to need almost constant help to fall asleep until they reach the age of four or five years. I call this group the “difficult” sleepers. Other infants have intermittent sleep problems. I call this group the “intermittent” sleepers.

Once our infant begins to recognize us when they see us and feel fearful when we leave the room, new issues arise in sleep problems. Feelings of abandonment that we call “fear of loss of the object” arise when we leave their field of vision. Infants need help to cope with these emotions. We can use the environment to support nature if we use parenting practices that nurture infants when they do not fall asleep independently.

The emotions of attachment that accompany the development of the infant's ability to recognize us when they see us are difficult to understand. Years of infant research have gone into observing infants during their development.

Researchers try to puzzle out how thinking processes and emotional processes evolve during the early months of life. Because infants cannot tell us how their minds and emotions develop, we must watch and look for cues into their internal states of being. Behaviors tell us some things. Expressions and gestures tell us others. Movements also reveal the infant's psychological state. An infant who is tense will attempt to release the tension through movement. Release of tension is a fundamental part of the development of self-regulation.

The process of bonding and separation in infants serves as the focal point for organization of their thought processes and emotions. The ability to organize thoughts and emotions grow in response to the experiences of bonding and separation. Through these actions and reactions, the self-concept develops. During the early parenting period, we support our infants through the different phases of separation and individuation. Child-rearing approaches that honor the infant's requests for bonding and for separation support optimal psychological growth and the ability to organize thinking as the result of experience.

We need to know a few things about the emotions of infants in order to help them when they cannot fall asleep. One thing of which to be aware is that they may have stormy emotions. These emotions are sometimes scary for new parents. It is important for parents to understand that these emotions are primitive. They are intense and not very organized. Our infant's negative emotions, such as rage and overwhelming anxiety may seem out of proportion to a certain situation. It is hard for us to relate to the way our infant feels when it is upset. Adults have developed the organizing mechanisms that channel and modulate our feelings, directing them in appropriate ways. Infants have not developed the abilities required for self-regulation. This means that they lack the ability to organize and control their internal states.

Infants have a tendency to move when they feel stormy emotions because that is about the only intentional thing they can do. Sometimes picking up an infant who is in a stormy state of feeling is hard because the infant will thrash around. When an infant is crying and wailing and kicking, we may doubt our ability to quiet them. I like the image of a storm in these situations, because about all we can do is offer our comforting presence to the infant and wait for the storm to pass.

We must understand that the stormy emotions in the infant are immature emotions. The emotions are raw and exposed because there is little thinking ability to organize them or temper them. The capacity for self-control requires the development of the ability to organize our thoughts and modulate our emotions. Because our infants cannot self-regulate, we do this for them when they request bonding. This prevents the infant's states of agitation from being the primary experience they store in memory.

Parenting is especially demanding when infants cannot sleep. Exhausted parents lose patience. The raw emotions of the infant may trigger the same vulnerabilities in the tired parents.

We need to prepare to be parents by learning how to find serenity within ourselves when others around us are under stress. We learn how to put our own emotional reactions aside in order to reassure the infant in distress. We do this by having the skills in place to maintain control of ourselves before we start parenting an infant under stress.

Another problem we encounter is a lack of faith in ourselves that we can rise to the challenges of parenting. This problem relates to our own individual issues of internal safety and how our parents responded to us. These issues are fundamental in determining our own abilities to parent.

Here, once again, nature and nurture interact in our lives. It is through the dynamic interaction of nature and nurture that we grow and learn to actualize our full potential as parents. Some of us naturally have more patience and ability to calm our children and ourselves. Others of us will learn as we go along. We must be willing to ask for the help we need, and to learn to trust and follow our instincts.

By 36 weeks, or nine months, of age, infants develop locomotion. Most infants at this age will have the ability either to creep or to crawl. During their eighth and ninth month, many infants will stand up for short periods if we hold their hands. At the ninth month, some may be able to take a few steps while we hold their hands. During the second year, we see movement from the ability to take a few tentative steps to a high degree of control over locomotion. By 15 months, many infants walk alone, and by 18 months, they run with some falling. By 24 months, or two years of age, they will run without falling.

The period of developing locomotion impacts the issues of separation and individuation. Infants are no longer as frightened when we leave the room, because they can follow us. They begin to enjoy leaving us to explore, and then decide to return to us for safety. The ability to walk is extremely important for infants, because, when they learn to walk, they see their body and the world in new ways. Their new upright position gives them the potential to identify with adults. Crawling, toddling, and walking promote self-esteem, with a new awareness of the world and the power to do new things.

Toddlers quickly move their preoccupation with mother to a love affair with the environment. They urgently run from place to place. They may move without warning from a safe or protected environment into danger. We must watch them closely and protect them as they run and explore. We want to help the infant channel the drive for locomotion in ways that release tension in a safe environment. The friction in the toddler between the growing control of the body and an environment with social and cultural pressures creates frustrations. We see increasing activity in the toddler as these tensions rise. With the increase in activity, we see new behaviors. Temper tantrums, breath-holding spells, and other destructive and dramatic behaviors may manifest.

The toddler is physically separate, but lacks the mental concepts to distinguish self from other. This sorting out of self from other involves objects as well as people. A toddler may be particularly destructive towards an object that diverts our attention. A mother who is sewing, for example, and leaves to answer the phone, may return to find all of the buttons pulled off the blouse she is making. We must understand that such behavior is an attempt to channel aggressive energy and to sort out where the boundary is between self and others. Toddlers will imitate us in our relationships to objects. They engage in activities like emptying Dad's tool box and examining everything inside, turning on the computer, or emptying the waste baskets onto the floor and going through the trash. This degree of activity and the intense exploitation of the environment is tiresome for parents. Toddlers wear out our energy and our patience.

During this period, we see the toddler's drive to separate followed by regressions and dependency. Our toddler's need for bonding at bedtime may be intermittent. We must wait for cues from the toddler and

be flexible with how we manage bedtime. In the next chapter, I will discuss bedtime rituals for toddlers, and how we can structure bedtime to provide models for new learning.

Infants learn how to tolerate brief physical separations and use their new skills as recall memory develops. At 18 months of age, infants begin to show the first signs of recall memory. Recall memory is different from recognition memory in that the infant does not have to see us to remember us. There is an internal representation of their experience of us in memory that they retrieve or remember when they are not with us. Sometimes at this age, we can stand outside the door of our infant's room and comfort them. The sound of our hushed voice will be sufficient to support the infant's use of recall memory.

Recall memory is a piece of the structure of psychic organization that infants need in order to develop and maintain internal safety. Internal safety requires a mental integration of self- and object-concepts. Infants need to experience some frustration and absence of our presence, but not too much, in order to accelerate development.

Parents create emotional availability by watching behaviors and looking for cues. Tactics that worked in earlier months may not work now. The drive for separation propels them away from us. The need for bonding drives them back to us. We must be careful to offer bonding at the right time. The right time is when they ask us to be with them. By honoring their requests, we support mutuality in our relationships with them as they learn to develop and grow.

Chapter 5

Toddlers: Learning To Be Part of a Team

Parenting requires teamwork and, for toddlers, bedtime rituals are an important part of learning. Bedtime is a particularly important opportunity for teamwork and learning, because parents and toddlers must negotiate their needs. In order to understand the needs of the toddler, we must think about how the sleep patterns of infants change as they get older. Once children learn to walk, they begin to identify psychologically with adults. Our toddlers may resist getting ready for bed or going down for a nap because of their identification with us. They want to live as we do.

When we suspect identification is causing their resistance, we can invite them to be with us, and do the things we are doing. Our toddlers find their inspiration in play and in our playfulness. A parent with a playful attitude works magic with a reluctant or resistant toddler. Playfulness will ease the tension in transition times that otherwise may feel too sudden or abrupt. Stubbornness and opposition often occur when transitions occur too quickly. Playfulness takes the edge off the competitive situations that can turn into power struggles. The battle for power or control can erode self-esteem and undermine the spirit of cooperation.

Once we bond with our toddler in play, we gradually move on to a structure of bedtime activities. The invitation to share a bedtime activity with us is more appealing when they are having fun with us. Mixing the work of bedtime with play keeps the toddler motivated and teaches anticipation. The learning of anticipation and the ability to delay gratification for a few moments helps our toddlers learn impulse control. They can trust us enough to do the things they have to do when they feel as if we are part of their world. We enter their world by bonding with them in playful ways, and by asking them what they want to do next.

We can often inspire our toddlers with play and with our own playfulness. When we approach bedtime with a playful attitude, we inspire cooperation. One recipe for a successful bedtime ritual is offering a little help in getting ready for bed. We follow this with time for free play. One parent says its okay to play. The other parent says, "It's time to put your pajamas on, and then we will play some more."

Play with parents at bedtime is important. Toddlers need bonding and connection after the evening hours of cooking and chores. The contacts and bonding toddlers get from playing creates feelings of safety in their identification with adults. Cooperation between parents and toddlers arises from feelings of mutuality and shared respect. The bonding and contacts allow time for discussion about events of the day. Toddlers may need help in putting painful moments aside or in understanding why a day did not go well. They may want to tell us about a special event, or just have us listen to them while they wind down from the day's activities. We allow them the time they need to relax with us, and this creates positive associations with bedtime and sleep.

Our toddler's images and impressions of us are powerful modeling tools. They watch us and they learn how to behave. When we choose not to react when they do, they learn new ways of handling emotional experiences. We can show them how we make decisions and talk about how we use good judgment to make choices. They like doing what we do. We need to be aware of the impressions we are creating at bedtime, and make certain that our actions encourage the activities we want them to perform. We create new learning by structuring bedtime activities that introduce the concepts of time and anticipation to toddlers.

Bedtime is an ideal time to teach anticipation. We can offer our toddler new learning with a couple of small tasks. We begin a discussion about the next day, and what will happen in the morning. We can encourage our toddler to put a favorite toy or game back together so it will be ready to play with in the morning. We can give them the opportunity to choose their clothes or a favorite doll, and put them out for the next day. We can make the anticipation of the next day appealing by encouraging our toddler to choose how they want to prepare for it, and by varying their activities. We can then demonstrate how a day fits into a week by showing them on a calendar. These discussions can help toddlers let go of their excitement and end the day calmly. They relax as they open up to the idea of a new day and new things to come.

Another factor that impacts sleep patterns in the toddler is the afternoon nap. Most toddlers gradually outgrow the need for an afternoon nap. Some will take shorter and shorter naps until they stop them altogether. Others who continue the long afternoon nap may have trouble falling asleep at bedtime or may wake up in the night. The transition period while toddlers give up the afternoon nap is often hard. Parents may find their toddlers cranky later in the day and difficult to manage during this period of change in sleep patterns.

We need to be flexible when sleep habits change. Parents who try to impose their will upon a changing biological rhythm will end up frustrated. It is important not to worry about these transitional phases. Once the toddler adapts to the new sleep pattern, we will see improvements in behavior.

Some toddlers will wake up in the night or very early in the morning. When this occurs, we can help them at bedtime by talking about a plan. We inform them of their choices and talk about what they think might work for them. Often they will be able to tell us what they prefer. The use of time for planning will prevent unnecessary anxiety if they wake up in distress.

These discussions are also helpful when our toddler is ill and it is likely we will be needed in the night. In the next chapter, I will discuss sleep problems in children during illness and when they are under stress. Sometimes letting them know we will be checking on them helps allay anxiety. The physical presence of a parent when a toddler is ill is reassuring. Internal safety will be an issue for many toddlers when they are ill. High fevers, coughs, and vomiting in the middle of the night are scary experiences for young children. Parents may prefer to have the toddler sleep in their room or one parent may sleep in the toddler's room during its illness.

Now we will think about the character of the toddler and why resistance to falling asleep can be so intense during this phase of development. The toddler faces new challenges when it is learning to walk. Mobility creates growth in the nervous system. Every step the toddler takes impacts the nervous system with new sensations. The sensations and impressions our toddler experiences with new mobility flood the nervous system.

You may recall that in Chapter Three, we discussed the parts of the nervous system and their interactions. In this chapter, we look at the new demands made on the nervous system as the toddler develops mobility.

As the new sensations and impressions flood the nervous system, the nervous system responds with sympathetic arousal. Our toddlers are highly excitable. They experience states of excitation and elation as they explore the world around them. Sensations from touch expand to new levels. The desire to touch and handle everything creates excitement and feeds the curiosity.

We may liken the toddler's experience of new sensations to buds on a branch. The branch connects the bud of one new sensation to another bud with a new sensation, and another, and another. The branch that connects one experience to another is time. Every sensation registers internally with a change in one of the sense organs. In order to be aware, our toddlers must learn to interpret and organize the large number of incoming sensations and impressions that flood the nervous system as they develop the ability to walk and explore.

Our toddlers quickly begin to discriminate between different grades of sensations. Colors, textiles, objects, water, sand, weather, people, animals all take on new meaning as our toddler explores. Consciousness organizes these new impressions and records associations in memory. These new impressions are psychological food for our toddler. In some ways we may think of these experiences as the most interesting part of reality for the toddler. Sensations and impressions fascinate our toddlers because they are so stimulating. Their excitement builds with the stimulation, and they keep moving. They lose interest in us often while they have their own game going. The game of the toddler is the game of budding sensations.

Sometimes the game gets out of hand. Our toddlers become so preoccupied with a particular bud or sensation that they do not want to give it up and go on to the next thing. Their anxieties about separating from experiences can create conflicts with us.

In order to bond with our toddlers, we need to enter the world of their sensations. We mirror their pleasure at their newly developed power of action. Our toddler learns how to respond to the flood of incoming sensations with new voluntary movements. Intention in movement grows stronger, and the power to do accelerates. We see our toddlers work hard to move themselves into their desire for action.

Our infant has worked hard to master the internal instinctive processes. Now all the systems are working and our toddler has the physical body intact. New developmental tasks replace the old ones. Our toddler progresses, hard at work to master intentional movements and to manipulate objects in the environment. With each step the toddler takes, there are new sensations and impressions. These impressions stimulate the nervous system and increase sympathetic alertness. The more we see sympathetic-nerve arousal in our toddler, the more we will see the desire for new movement. The cycle feeds itself as our toddler moves through the day, learning and exploring.

An understanding of the cycle of movement, sensations and sympathetic arousal in the toddler is important in order to develop bedtime rituals. Our structure of bedtime activities must contain activities that successfully calm and slow down the sympathetic nervous system. We need to be comfortable with our own passive modes in order to know how to slow down the sympathetic nervous system in our toddlers.

Parents may find it necessary to work with our own resistance. It is important for us to slow down the sympathetic nervous system and relax ourselves before we can help our toddler fall asleep. It is frustrating when we cannot get our toddlers to cooperate with us and be a part of the team. We want our parent and child interactions to go smoothly. We feel concern when they do not go well.

Sometimes, toddlers can behave in terrible ways. We need to prepare ourselves for what we do not expect. The management of rebellion takes time. We may be anticipating a quiet evening after dinner, only to find our toddler in the corner destroying the video equipment when we thought they were playing with toys. The adult rescue of the video equipment may initiate a cycle of fascination with a potato chip bag and then potato chips spill all over the floor. When we take away the potato chip bag, we may find the battle of control begins. It's fight or flight, and our toddler leads the way into a state of sympathetic-nerve discharge. We may see tantrums, breath-holding spells, biting, kicking, or scratching. If we feel tired or preoccupied, we may not think we have time to deal with these negative distractions. Our toddlers take our time, and they use it to learn how to be in relationship with us. They need to know we can protect them when their nervous systems create distress patterns of anger, rage and fear. When we respond to their sympathetic-nerve discharges with our own calm and patience, they begin to relax. On the other hand, the cycle can escalate when we respond to them with our own fight-or-flight sympathetic discharge reactions.

What does the culture tell us about toddlers? One common theme in the culture about toddlers has to do with issues of control. The culture assumes that toddlers are a problem because they are unwilling to accept external control. The culture says that we train our toddlers to behave appropriately by imposing our will to get them to submit to external controls. The theme of domination and submission is a common thread in cultural attitudes about toddlers. They have to learn the meaning of "No". Certainly, toddlers do need to learn to know how to stop themselves and to submit to outside control in some situations.

However, when we impose our will without considering their needs, we may ignore important developmental issues reflected in their behaviors.

The toddler needs to learn to master the integration of sensations and intentional movement. The toddler needs to learn to control its highly reactive sympathetic nervous system and develop self-regulation. It takes time to help our toddler develop these internal controls. We may not see immediate results in terms of falling asleep independently at bedtime. We will see growth, however, in their foundations of trust and faith in us. We will experience their new abilities to talk with us and tell us what they need. There will be intimacy, sharing and connection on deep levels. They will carry these experiences as associations in memory. These associations will be available for recall later on for the development of emotional safety in stressful situations. They will know then what they need.

We can support psychological safety in the toddler by reducing the flood of sensations and impressions in the nervous system when they are over-stimulated. When we reduce the number of incoming sensations, we give the toddler new psychological food. The sympathetic-arousal state slows down, and relaxation can elicit new nervous-system responses. A warm bath, or quiet, peaceful time just being together with a relaxed parent can provide the relaxation time necessary for transition into passive states of being.

In order to calm our toddler, we must reduce the flood of sensations affecting its nervous system. The decrease in impressions will slow down sympathetic excitement. We explore what works for them. We can suggest options and ask them what they might want to do. Once we get them to agree to engage in an activity of our choice, cooperation begins.

Our toddler's faith in us grows when they feel safe with us. States of sympathetic arousal are exciting and elating for toddlers. However, they need and want the connections and bonding with us that soothes and slows down the active states of being. As their emotional safety is created, so their trust in us is strengthened. This trust becomes the foundation for safety in their psychological home. The positive experience of relaxing and feeling better as the result of being with us helps our toddler learn how to connect with us and be part of a team.

A parenting practice that does not make internal safety the goal misses the opportunity to transform negative emotions and teach self-control. Our toddlers will have trouble calming themselves if we do not help them learn how. Their budding sensations provide intense stimulation for the sympathetic nervous system. Mass discharges of adrenaline are common. We soothe them and calm them to create safety. Our work when parenting is to bring their awareness to new possibilities. We offer suggestions and they find they can make choices.

We can help toddlers shift gears from a state of sensation-overload by offering decision-making as another activity. Bedtime is a good time to present decision-making opportunities. Toddlers develop good judgment as we encourage them to make their own decisions. We can begin quieter activities, such as reading stories, playing tapes, or singing songs, by inviting them to make choices about bedtime activities. They may want us to go and find certain favorite toys or other objects of affection that create

safety for them while they fall asleep. They may ask us to remain with them until they fall asleep. We want to help toddlers when they feel resistant and do not want to quiet down and fall asleep.

One way we can help is by allowing them to be in control of the little things that help them feel comfortable. We talk about where they want the pillows, how they want the blankets, where they want the stuffed animals, whether they want the window open. We use these discussions to support them in thinking about themselves differently and in feeling more comfortable.

Fears of the dark, bugs, monsters, and ghosts are usually signs that our toddler is not feeling safe. They may need our physical presence while falling asleep in order to feel secure. In these cases, the safety of our physical presence serves as a distraction from other sensations and decreases excitement.

We gradually reduce more and more impressions in order to calm the sympathetic nerves. The lights grow dim and repetitive activity begins. We can use a quiet prayer that creates feelings of safety, a gentle back-rub, or a soothing song. The same kinds of stress-management techniques that parents learned during pregnancy are helpful for our toddlers. We want them to relax thoroughly before falling asleep. These moments of silencing and comfort develop our toddler's faith in our ability to provide feelings of safety. In time, they will learn to do these things without us and create internal safety on their own.

The process of putting a toddler to sleep requires patience if we do it well. We need to keep in mind that our aim of safe sleep is not a quick, efficient bedtime ritual. Our goal for the development of emotional safety for our toddler involves increasing psychological awareness. We want them to learn how to interpret and organize their sensations and impressions. We want them to learn how to talk with us and tell us who they are. We want them to learn how to unwind from states of sympathetic-nerve excitement, and create feelings of protection and safety for themselves. This is not easy. We may not always understand what our resistant toddler is experiencing, or why anger is there. When it is hard to tell what our toddlers need from us, we must look ahead and reflect on our long-term goals.

One way to work with ourselves when planning bedtime rituals is to think about what bedtime was like for us when we were children. What sorts of things did we enjoy? What felt hurtful to us? What did someone in our lives do that felt caring and nurturing to us? As we recall what we liked and what we disliked, we may remember how it feels to be a child. When we make the effort to remember ourselves at earlier ages, our understanding of children deepens. We may be different, but some things about being little are the same.

As we recall these things, we may see what our child needs, and approach the sleep problem from a new angle. Parenting from a developmental point of view gives us the opportunity to see with new vision. As we parent our growing toddlers, we also grow by challenging ourselves.

Chapter 6

Sympathetic Responses to Distress and Illness

In this chapter, I will discuss the reactions of the sympathetic nervous system to distress and illness.

Distress occurs within us when we experience unexpected events. The shock of an unexpected event brings a change into our being. We feel distress until we find a way of managing the new information within our psychological framework. The shock creates excitement and sympathetic stimulation. We are uneasy when we do not know what to expect. Our built-in human survival mechanisms automatically perceive threat and go into action for our protection. The perceived threat may be physical or it may be psychological. This is important because states of perceived psychological threat may bring on the same physical responses in the nervous system that the nervous system uses for survival. If this occurs, our nervous system will begin to respond to psychological conflict as if it were a life-or-death survival struggle. We lose our ability to cope with stress in healthy ways.

Distress and the unexpected symptoms of illness in children arouse the sympathetic nervous system. The stimulation of the sympathetic nerves creates excitement. This excitable state may escalate to a state of alarm in cases where children perceive threat. The nervous system is highly vulnerable during distress and illness because of sympathetic-nerve excitement. Perceptions of physical or psychological threat may tip the balance of the sympathetic nerves into firing as a mass discharge. The feelings that occur during mass sympathetic-nerve discharge are instantly fearful. Intense rage or fear in a child who is ill may be confusing for parents unless they understand the adrenal sympathetic-nerve discharge.

In Chapter Three, we discussed the nervous system and its three interacting components. There are three different levels of impact of mass sympathetic-nerve discharge.

First, there may be an increase in muscle tension that creates pain. You may remember from our discussion about the nervous system that the sympathetic nervous system controls the blood vessels that supply muscles and skin. When the sympathetic nervous system responds with the human survival mechanisms of “fight or flight”, it reduces the blood flow to muscles and skin. It can then move the blood to organs more important for survival like the brain and the heart. Therefore, when we observe children, we watch for an increase in muscle tension with signs of pain. These symptoms indicate that a stress reaction is in progress.

A second level of sympathetic response occurs when the sympathetic nerves stimulate the adrenal glands to release adrenaline. Adrenaline release occurs during sympathetic mass discharge. We call these feelings of anger, rage, and fear in the face of perceived threat the “fight-or-flight” response. The fight-or-flight response is a built-in survival mechanism for protection.

Our children may not perceive threat the way we do. Their interpretations of danger are not necessarily the same as ours. Their immature nervous systems are vulnerable to sympathetic discharge. They react

quickly and intensely to unexpected events. When we find our children screaming in terror in the middle of the night, we need to understand that their emotional reactions are different when they are ill or in distress. We will harm our children if we deny their perceptions. We lull and calm them when we acknowledge their feelings. We reassure them by offering different interpretations. The monster in the closet becomes a pillow and a blanket on the shelf once we turn on the light. The choking feeling in the throat becomes just a cough when we take them to the kitchen for a warm drink.

We parent our children in these moments by offering them the shield of our physical presence until they can gain their bearings and feel calm. We know that quieting states of terror and rage is essential to their feelings of safety. We want to pattern the nervous system in a way that promotes the slowing down of the sympathetic nervous system under stress through self-regulation.

The negative emotions that result from the adrenal fight-or-flight response create patterns of over-stimulation. Children who awake in the middle of the night need to go back to sleep without feelings of perceived physical or psychological threat. When we still their terror, they learn how to create stillness within themselves. The development of internal safety in these moments lays the foundation for self-control.

A third level of sympathetic response to adrenaline occurs in the pituitary gland. In Chapter Three, we described the hypothalamus as the part of the brain that coordinates functions for the involuntary nerves. I think of the hypothalamus as a central clearing station for both the sympathetic and the parasympathetic nervous systems. A stalk extends down from the hypothalamus that forms the back of the master gland we call the pituitary gland. Changes in adrenaline levels in the hypothalamus have an impact on the pituitary gland. The pituitary gland controls many functions in the body, including our immune system. Physical pain and distress during unexpected symptoms of illness may increase the arousal of the sympathetic nervous system. Prolonged states of sympathetic-nerve arousal may weaken our immune system because of their impact on the glands.

Times of illness are times of high vulnerability. We often see the loss of safety and disturbed sleep when children are ill. The aches and pains of illness create distress and anxiety. We may not be able to take away the aches or pains, but we can help the distress. We can prevent sympathetic-nerve discharge in sick children by allaying their anxiety and by offering them our presence.

Even children who are usually good sleepers will make requests for greater emotional support when in pain from illness. I encourage parents to plan ahead when coping with the stress of a sick child. Levels of distress run high for parents as well as for children. The illnesses of our children require our energy, and we may feel exhausted from taking care of them. One parent may need to stay home from work in order to be up at night with the child. Our children do not do well with care-givers other than parents when they are ill. Most who are ill and in acute distress need the security of at least one of their parents.

In all three levels of sympathetic arousal, the mechanisms for slowing the sympathetic nervous system and helping children relax are the same. Children who are ill and/or in distress lose internal safety. We need to find out how to quiet the sympathetic-nerve response. We need to acknowledge their anger and their fear. We need to identify the causes of distress.

Healthy anxiety signals our defense mechanisms to be on alert. It helps us anticipate what we need to do, and assists us in using good judgment to make choices. Healthy, or signal, anxiety is not the terror of fight-or-flight reactions that occur in sympathetic states of high excitation. Signal anxiety is the eventual effect of the development of healthy defense mechanisms. It is the long-term goal we have for our children as we support them in developing internal safety.

In Chapter Four, we discussed the development of recognition and recall memory. We know from research that when children are in states of distress and anger, they may temporarily lose their ability to recall or call up the memory of a safe or protective presence. They can lose emotional safety temporarily even after they have internalized it. The same is true for illness. Our commitment to our children involves looking for cues and gestures that indicate they have lost internal safety. When we see these signs at any age, we need to offer our physical presence until we see that the person is once again able to compose his/herself.

We can think of the developmental process of internalizing safety as a step-by-step achievement. There are progressions and regressions. Regressions often indicate times of distress. For example, sleep patterns may change when siblings are born or when one parent is out of town. The stress of family discord, separation, or divorce may cause states of sympathetic excitement and make it harder to fall asleep. Other stressors like operations, dental work, illness of a parent, or death in the family may impact sleep, as well. We need to help our children learn to cope with distress by reducing the negative impact of sympathetic arousal. When we calm sympathetic excitement, we help the nervous system learn patterns of self-regulation. Over time, these experiences will become memory. Our children gradually develop the ability to recall these memories of internal safety. After they have recall memory, they will be able to achieve comfort for themselves when we are not present.

After children internalize feelings of safety, they learn how to create and use anxiety as a signal for defense. The primitive emotions of young children confuse us. We cannot always tell when we look at them what their fears are or why they are angry.

Their emotional immaturity confuses us, and their emotions confuse them. The brain in small children has not yet developed the necessary memory to organize and mediate stressful experiences. We have to give them the benefit of the doubt. If they ask us to stay with them until they fall asleep, we do. They need our presence in order to fall asleep when safety is an issue. Our presence may be close contact through touch, or their visual experience of us standing at the door. We may sing a song to them or use soothing, repetitive phrases. When we make feelings of safety our priority, we help our children develop healthy emotional responses to stress.

Our time with our children is short in the context of their lives. Yet this short period is intense. The early years of developmental learning that pattern the nervous systems are difficult for parents. The time we spend with children while they learn to fall asleep and when they are ill may seem long. Yet, if we reflect on it in terms of a human life span, we view it differently. We have only a short time to support the development of our children.

The basic structures of the internal psychological home develop quickly. Our goal when parenting children in times of illness and distress is to teach them how to ground themselves. They must learn how to calm themselves when in distress by slowing down the reactions of the sympathetic nervous system. We teach them these skills by working with them when they feel distress. We help them learn how to relax and feel safe in these moments.

One way we can help our children ground themselves when they are ill is by using touch. We can give gentle back-rubs, paying attention to the area of the sympathetic chains along the spine. A gentle massage will lull an infant or young child in distress. Children with upper respiratory problems will relax with gentle massage along the lateral edge of the chest where the arm attaches. We can relax the feet and the toes with gentle massage and pressure. This will help bring the circulation down into the lower part of the body and relax the sympathetic constriction of blood flow to muscles and skin. The more relaxed the body becomes, the more easily blood and hormones circulate to support the immune functions of the glands and parasympathetic nervous system. We do not want the anxiety of illness in our children to elicit mass sympathetic discharge and fight-or-flight emotional responses. These sympathetic-nerve reactions will constrict blood flow and interfere with circulation. We need to prevent sympathetic-nerve excitation as much as possible, in order to support the healing and restoration functions in the immune system.

Heat is another method we can use for grounding and relaxing tension. Warm baths, steam, hot drinks, or warm compresses to an area of pain will help dilate blood vessels and stop sympathetic constriction of blood flow. Fresh air also is important for grounding. Some children relax immediately with fresh air and will nearly always feel better when outside or when the window is open. The smaller lung capacity of children makes them vulnerable to respiratory problems. During illness our children may be more sensitive to the quality of air in the house. Stale air or dry air may irritate them. Respiratory distress from croup and coughs will improve with a humidifier in the bedroom. It is best to have children sleep in a room with a window, and to open the window when they request it. The terror of awaking in the night and feeling unable to breathe is hard on children. We can ground our children who are ill by using these methods. We do these things before they fall asleep in order to minimize distress and prevent too much stimulation on the sympathetic nervous system.

How do we know when our child is sick enough to require grounding before bedtime? They cannot always tell us. One way we can tell is by their temperature. Whenever children have a fever, they can benefit from these activities. A cool bath at bedtime when there is a fever can help bring the temperature down and relax the sympathetic nervous system. Another way we can tell is by their color. A flushed or red face indicates a strong reaction to illness and possible fever. Children with trouble breathing may be

pale in the face and around the fingernails, indicating a need for more oxygen and fresh air. Another thing we can check for is pain. Gentle palpation in the areas that hurt may tell us what systemic reactions to illness are occurring.

It is important for parents to be able to monitor the progress of illness, and to know when to call for help when natural healing mechanisms fail. We often cannot tell how sick our children really are until we ground them and slow the sympathetic-nerve reactions and their distress to the unexpected symptoms of illness. A sick child who has lost internal safety because of sympathetic nervous system arousal may appear toxic. Once we restore psychological safety through using simple grounding measures, we may find that our sick child recovers rapidly to health.

Our decision to provide emotional availability to our children during illness is important. It creates another opportunity to bond with them and to contact deep levels of vulnerability. The distress parents have when witnessing unexpected symptoms of illness in their children may interfere with their abilities to help them create internal safety.

We must be aware of our limits when dealing with sick children. We must calm our own sympathetic responses and transform our fears in order to remain emotionally available for our children. We need to know what we know, and when we do not know, we need to ask for help. We can use the information we collect during the bonding process to determine the seriousness of our child's condition. We learn important things about children in distress if we stay with them while they fall asleep. We also create emotional safety because they know we are with them. The more deeply we bond with them when they are ill, the more we will find out about their internal state of being. What do we look for when we observe children who are ill? We need to pay attention to their body temperature. We want to know what their temperature is. If they feel warm to the touch, we use a thermometer. We observe their color, their perspiration, their facial expressions, their complaints of pain, and their ease of respiration. We notice their reactions to light, air, and noise. Often bedtime with a sick child requires extra time because we are gathering information about their symptoms and changes in condition during the illness. Our children feel secure with our attention. The attention we give them helps them concentrate on their symptoms so they can tell us what they need. By offering them deep caring and security when they are ill, we provide them with feelings of protection. It also allows the immune system to function without interference from fight-or-flight survival mechanisms.

In the next chapter, I will discuss how to talk with children when they cannot sleep in order to develop understanding and gain more insight into sleep disorders.

Chapter 7

Understanding Our Children When They Cannot Sleep

In Chapter Six, we looked at illness and stress and their impact on feelings of internal safety and sleep. In this chapter, we are going to learn how to talk to children when they cannot sleep. What do we know about their needs, and how do we discuss sleep problems with them? We will explore how to dialogue with children. We will think about ways to talk to them when sleep problems occur. Before we speak to children, we need to know how we feel about their disturbed sleep. Sleep problems can bring up many negative emotions in parents. We need to be aware of our own emotions and agendas before we try to understand what our children are experiencing. Our own feelings of wanting to hurry may hamper our patience. We may have other responsibilities that are impinging, and have a wish to get them quickly to bed. We may not feel like talking with them because we want to rest. We may feel we are empty and have nothing to offer. We may want to go to sleep ourselves. We may need our own space. We have to admit our own issues to ourselves if we do not want them to interfere. We do not see our children clearly when negative feelings cloud our perceptions; they get in the way. It is best to work out our feelings in advance because we need a positive attitude when we approach children.

What is the attitude we want to adapt when we talk with our children? I think we need to approach our children who cannot sleep with the attitude that we do not know why they cannot sleep and we want to understand. When we ask them why they are having trouble and they struggle to tell us, they develop self-awareness. We want our children to learn how to organize and use all parts of themselves. We want them to develop good judgment and make good decisions. During the process of speaking with us they learn to discriminate between what is right for them and what is wrong for them at any given moment. The conversations we offer them become sounding boards for the discovery of who they are.

A developmental approach to parenting requires understanding. In understanding our children, we help them create internal safety. It is our aim to help our children understand themselves, as it is through understanding oneself that conscience develops. The conscience of a child and the ability to cooperate with right action develops through the process of friction and discussion. Our children engage with us and develop their understanding of themselves in the context of others. The developmental phases of psychological growth and organization of mental concepts in our young children depend on their moment-to-moment exchange with us on a daily basis. Our children talk

about their feelings with us, and learn how to describe their emotional reactions in words. We look and listen to our children, and we mirror back what we see and hear. We acknowledge their emotions and allow them the time they need to work through them. We explore their sensations to discover what might be disturbing them. We ask for their ideas and work to understand their point of view. We tolerate their conflicts with us when their impulses are not in their best

interest. We use the friction of conflict to develop mutual insights. We enter a dialogue with them by asking for feedback, and support them in developing their understanding of themselves.

What does it mean to understand ourselves or that our children understand themselves? Understanding is not an opinion nor is it the blind acceptance of fact. Understanding requires internal organization and the integration of our experiences. Integration occurs through our awareness of all functions of our being, including that of sensation, intuition, emotion, and intellect.

We cannot understand our children if we ignore their emotions or their perceptions. If we do not take the time to work these things out with our children, we will be unable to help them develop their own understanding of themselves. When we encounter a sleep problem, we need to assume that we do not know why our children cannot sleep until we explore these areas with them. It is important that we not jump to conclusions. Children often will not admit they know what is going on inside themselves unless we ask them. The inner workings of the mind are not clear to small children. They need help to reflect on what they feel.

Children develop their capacities for self-awareness and intimacy by learning who they are when they are with us. We inspire them to think about themselves when we raise questions about their emotional processes. We work with the resistance of their reactions by bringing our attention to their concerns and feelings, and by supporting them in self-discovery.

We want our children to know who they are and to be able to express their way of seeing things. We offer the call-and-response dialogue with them, and support them in discovering the causes of their discomfort. Sometimes we find that the sleep disturbance arises on the physical level because the internal clock that is sensitive to light has not yet developed its natural rhythm. Sometimes we find that the source may be physical pain or tension. Sometimes sleep problems arise on the emotional level from fears of abandonment, disappointment or frustration. Whatever the cause, we need to support our children in the opportunity for self-discovery. Infants who lack psychological safety because of vulnerability and the terror of annihilation need physical contact and solace. Often toddlers and older children require more than just our physical presence; they need our questions and our feedback. They want to talk with us and sort things out.

The opportunity for self-discovery opens the door for intimacy. Our children learn that they exist as unique beings separate from us as they develop self-awareness. We try to understand why they cannot sleep by working with them to understand who they are.

When our infants develop recognition memory, we see their eyes and faces light up as they look at us. We can tell that seeing us reminds them of who they are. When they look at us, the light within them brightens in a moment of recognition and consciousness, as if to say, "I am." We share moments of self-discovery and awareness with our toddlers and older children through contact and conversation. Their eyes light up as they tell us about themselves. The message they

send us reveals the open door to self-discovery. When we reflect the light of their awareness, we honor their experience of consciousness. They learn they can be like us, but different, too. They develop trust

that we want them to be who they are. The early memories of “I am” remain in the associations of children, and form the foundation for personality.

The early mirroring of essence in children forms the bonds of intimacy with us. These bonds are necessary for internal safety. Our children learn how to exist as unique beings separate from us because they work on themselves to understand what they need and why they react the way they do. Parenting approaches that do not include a call-and-response dialogue between parents and children will overlook the opportunity for intimacy that arises when children cannot sleep.

As I have explained, internal safety on the physical level occurs when we calm and soothe the sympathetic nervous system. Internal safety on the emotional level arises from the intimacy that occurs when we understand our children and acknowledge their feelings and ways of thinking. Internal safety on the level of sensation depends on the positive sensations and visual impressions that memory contains. It is important that we keep in mind all aspects of emotional safety. Sleep is fundamental because as we fall asleep all of these issues come together.

Bedtime is a particularly critical time for nervous-system programming. We do not want negative emotions that arise from misunderstandings to become confused with physical sympathetic discharge reactions in the nervous system. We do not want negative impressions to form memories of bonding. Children who make requests for being with us in order to fall asleep may be asking at a deeper level for our understanding.

As we make being together and contact the priority at bedtime, we allow our children the experience of intimacy as a daily fact of their existence. We want our children to grow up knowing that intimacy is not a reward for performance. We want them to know that intimacy is not something that occurs only on someone else's terms. We want them to develop trust that they can ask for help when they are uncomfortable or troubled and get what they need. We offer them our attention in order to support them in understanding themselves.

Sleep-time is an excellent time to work on building trust. These moments together create security for our children and allow emotional tension to diffuse. When we reduce tension, the sympathetic nervous system relaxes. The restorative processes of sleep will then begin.

If we avoid their requests for our presence at bedtime, we run the risk of misunderstanding our children. Each time we require children to do something consistently without addressing their resistance, we lose a bit of their trust. Children may comply and fall asleep successfully in these instances, but we also miss the opportunity for sharing and understanding. In some children, the denial of requests for our presence may trigger fears of abandonment, or they may harbor other negative emotions while falling asleep alone. These reactions can stimulate arousal of the

sympathetic nervous system. Because the reactions of children are unpredictable, we run the risk of doing harm.

The tragedy for me is that children who have these negative experiences may then live their entire lives with distortions in their abilities to regulate their emotions. The mechanisms of sympathetic nervous system arousal and discharge may replace their abilities for summoning serenity and composure within themselves as adults. Signal anxiety, which normally develops with the formation of emotional safety, may not evolve. Instead, we may have patterning in the sympathetic nervous system of the fear and rage states of the adrenal fight-or-flight response. The personality will not develop normally because of confusion of the emotions around abandonment and survival. Instead of signal anxiety, a healthy characteristic, we may see the terror of annihilation or fears of abandonment. These fears, if significantly threatening, may then cause fight-or-flight reactions with high nervous-system excitability, replacing the development of self-regulation.

We want to know who we are when someone asks us. The question inspires us to put our feelings and thoughts into words. Our children develop an understanding of themselves in dialogue with us because they come to know we care. Children who do not learn how to express themselves when they are troubled or upset may lose interest in understanding themselves. They may also harbor deep feelings of abandonment. The regular occurrence of sleep in our lives makes bedtime practices ideal for structuring time for intimacy and the development of understanding. The degree to which individual children need this time will vary widely while they are young.

If we think about sleep-time as an opportunity for intimacy, our resentment diminishes when our children cannot fall asleep. We lay the foundations for intimacy as a fact of life, even though there is pain, discomfort and sleeplessness. When we acknowledge and understand negative emotions, they do not become triggers for sympathetic nervous-system arousal. We help our children learn how to identify and transform their negative emotions through the process of speaking with and listening to them and understanding. We program the nervous system to utilize healthy intimacy and defense mechanisms to cope with stress, emotional pain and discomfort. We do not allow the negative emotions of children to amplify and create intense reactions. We do not want our children to perceive abandonment in the moments they cannot fall asleep.

Self-regulation must be taught whenever negative feelings occur. Our children will then develop memories of safety during these conversations with us, and will eventually use these memories as models for finding peace within themselves. As we enter the emotional world of children, we empathize with their experience and bond at the deepest levels. They need to know that we see and accept their painful struggles. As they create internal safety through this process, our children develop their own capacities for give-and-take and for self-control.

Issues of abandonment may occur with some children on a regular basis as they fall asleep. In an earlier chapter, we looked at the idea that sleep is important psychologically because it is the first experience we

have of being alone. Children who make regular requests to have someone fall asleep with them seem to be more sensitive to issues of abandonment. Indeed, if we look at cultural attitudes towards solitude, we see our children's fears in the behavior of many adults in the culture. We see the themes of fear and loss of feelings of safety in the emotional states of many people. Sleep disorders and fears of being alone are common threads running through the fabric of social norms. These issues weave back and forth in our lives through the processes of association and memory from infancy through adulthood.

We know that falling asleep is a physical experience. However, we sometimes forget when parenting that it is also an emotional experience. As children stop activities in order to fall asleep, they move into levels of feeling and being. When they stop activities, they stop taking in many sensations and impressions that normally distract them from their emotions. If negative feelings arise, we need to transform them in order to help them fall asleep with ease. Our presence influences their experiences of falling asleep and their attitudes towards sleep.

We condition our children to develop certain attitudes about sleep by our responses to them when they are falling asleep. This conditioning also influences their ability to create internal safety for themselves when they are alone, and to maintain emotional equilibrium when they are under stress. What can be more important than grounding our children on these basic levels through our parenting approaches?

Some parents may spend hour after hour training their children in the early acquisition of behavioral and performance skills yet miss the opportunity to bond with their children at bedtime. Our children do not achieve emotional security by learning how to perform for us. They learn how to please us by performing for us. They need to know that we love them and want to be with them for who they are, and not only for what they do or accomplish.

Certainly, it is enjoyable to train our children to perform early, and to share their abilities with relatives and friends. It is fun to create situations of competition, and give them the opportunity to push their limits to new levels. Yet what can our children truly accomplish as adults if they have not developed the means by which to be emotionally safe as children? Is this preparation not our primary function when parenting small children? What good are their accomplishments if they do not have a solid psychological foundation?

Unfortunately, when we teach children to perform while ignoring their basic needs for intimacy, serenity, separation and individuation, they suffer. Fears of abandonment and feelings of shame and inferiority result in spite of their competitive successes. Our children need to know that we

are willing to be with them when they are what they are, not what we want them to be. We are what we are because we find that this is acceptable to others. The basis for the foundation of our

psychological structure is our early experience of what we are. Our entire personality arises from our adaptation to early childhood associations and memories. We must lay foundations with these early

emotional experiences of our children before we go forward into expectations, performance and achievement. Our children need to develop at their own pace in their own time.

Internal safety must be our first goal in parenting. Without it, personality defense mechanisms have trouble handling difficult situations. The foundation of essence or being must contain internal safety before the structure of personality can organize in healthy ways.

We may think of personality as the adaptive responses that arise from life experiences. Yet it is not our personality that gives us our feelings of safety. Our feelings of psychological safety arise from the early moments of bonding and mirroring of essential being. It is the “I am” experience of consciousness on which we fall back when we are under stress. We cannot ignore the needs of our children for these precious moments and experience the pleasure of seeing them grow into healthy, secure adults.

The competitive nature of our culture discourages time for feeling and being with children in these ways. We need to know what our priorities are before we begin our work as parents. We must not allow the culture to dictate our values unless we are certain they are the values we want to instill in our children. These essential experiences of our children create their real stability as adults. The way we parent them today determines how they understand themselves tomorrow.

We cannot understand our children when we do not understand ourselves. We cannot give to the next generation what we have not developed within ourselves. One important aspect of the call-and-response dialogue that emerges when we work with our children is the idea that we often do not know and do not understand. The more honest we are in our process of self-discovery with them, the more our children will feel comfortable with their own lack of knowledge and learning. As we talk with them, they gain the wisdom of inner exploration and the discovery of moment-to-moment awareness. We want to let them know we are human, and that to be human means that no one has all of the answers to all of the questions.

Children who can fall asleep independently will be comfortable when we leave the room. They will not ask us to stay with them. Although these children do not need our physical presence to fall asleep, they do need our attention and understanding. We can encourage them to talk about themselves by asking them what they think and how they are feeling. Our acknowledgment of their thoughts and feelings is usually enough to end the day well.

Children who wake up in the middle of the night may not know what they are feeling. They may appear confused and have trouble expressing themselves. Sometimes in these instances, our physical presence is enough to create safety and allow the return to sleep. Other times, we have to struggle to find the truth of the situation and to reassure them that they are safe.

Reasons are not always clear why children go through periods of waking in the night. Many children will have times where nighttime waking is a pattern or at least a frequent occurrence. They test our limits.

When our children experience us as adequate parents capable of meeting their needs for safety, we establish trust. This trust is life-affirming and helps them deal with stress. The experiences of safety become associations in memory. As trust develops, their demands for our time in the night gradually lessen. Eventually, they will wake up and comfortably fall back to sleep without us.

The time we take to understand our children when they cannot sleep is time well spent. Our children grow with our commitments to them. They develop the capacity to successfully calm and comfort themselves. We know they feel safe when they no longer need us. Because they have mastered the task of developing internal safety, they will then require us to leave them. They do this because the next developmental steps of separation and individuation call them. They then begin to ask us to leave in order that they may do things on their own. When we trust the timing of developmental phases, we affirm the growth of our children. We do not impose our time on them. We respect their requests and honor their own.

The aggressive behaviors that accompany the new phase of separation and individuation may be a shock to parents. After months of requests for bonding and intimacy, the need for space may be hard to understand. Our children often have no clue how they have changed their needs and requests. The movement to new phases may be rapid, and we have to struggle to keep pace with the demands of the new phase. We anticipate the next step in development as we run along behind them. We see them change as we watch them grow.

I love children because they bring us the light of self-awareness and teach us how to be in the moment with them. We are all there with them when we are what they need. They are all there with us in order to become what they are. As we parent our children, our own self-awareness grows stronger. The demand for moment-to-moment interaction with children requires the highest level of our attention. We grow because we must in order to understand our children and acknowledge them. We deepen our capacities to understand as we integrate all aspects of our being. We use our sensations, emotions, intellect, and intuition as we interact with them on the deepest levels of feeling and being.

In the last chapter, I will discuss the values we use when parenting and how we can use bedtime as an opportunity to transform the values of the culture.

Chapter 8

Parenting and The Transmission of Values

Our values are the intellectual concepts that determine our character and codes of behavior. The values of the culture form the character of our children when we fail to teach them our own. Ideally, the values our children adopt will come from our parenting practices as well as from the culture.

Parents can serve the culture by transforming its values. We grow into adulthood and become parents. As we grow, we can develop discrimination about the values in the culture. We can determine for ourselves the values that are successful and meaningful and those that are not. We have the opportunity to instill new values into the culture by choosing parenting practices with care and forethought. Our attitudes reflect our values; our spiritual values, intellectual values, emotional values, and physical or material values. We may not think much about our values when parenting our children unless we take the time to clarify what they are. Yet it is through our values that we determine right action, transform our values, and, thus, raise the social consciousness.

What qualities that arise from making internal safety the priority will we value in our children as they grow? We want to teach our children to know themselves and feel safe with all parts of themselves. We want them to learn how to make self-awareness and self-discovery their priority in order that they can evolve and grow.

We want our children to grow up respecting themselves and trusting themselves. We want them to develop respect and trust for others and know how to relate to others. We want them to experience their connections with higher power, universal forces, and physical laws. We want them to develop sincerity and to let their own inner truth unfold. We want them to develop the understanding that arises from inner directness. We want them to value honesty and to know when they are deceiving themselves. We want them to know how to make the effort required for successful citizenship at every level. We want them to know how to cope with life and how to maintain internal safety when life is stressful.

We want them to develop internal taste or discrimination about what is important for them in order to establish and follow through with priorities. We want them to feel secure in order that they can take one idea at a time, one project at a time, one activity at a time and see it through to completion. We want them to be aware of their needs and to reveal their own truth to others in order to develop a reciprocal exchange. We want them to have clear perceptions that arise from actual sensations and impressions rather than from imagination or projection. We want them to be able to put imagination and projections aside in order to explore another's point of view.

We want them to understand the importance of communication and know how to express themselves. We want them to know what it means to respect freedom of choice and individual responsibility in order to avoid the domination and oppression of others. We want them to trust, acknowledge, and know their feelings so that they can maintain internal safety when uncomfortable feelings arise. We want them to

know how to come to terms with past losses and feelings of abandonment in order to feel comfortable in relationships.

We want them to be aware of their own needs and priorities, and not disconnect from themselves when giving to others. We want them to be able to focus on activities and accomplishments without forgetting who they are and losing touch with why they do what they do. We want them to be able to accept life as it is without amplifying suffering and using drama to create more pain. We want them to know how to sacrifice the will to dominate in order to accommodate the individual needs and differences of others.

We want them to value spontaneity and playfulness, and to know how to inspire themselves and others to right action. We want them to be willing to accept their own limits and the limits of others without despairing when unpredictable events occur. We want them to be able to hold onto positive self-esteem in the face of shame, mistakes, and humiliation. We want them to be able to create optimism without overextending themselves or denying their pain.

We do not want our children to learn how to comply and please others at the expense of their own needs. We do not want negative nervous-system programming that encourages sympathetic-nerve discharge and fight-or-flight responses during emotional stress. We do not want illness and grief to create the loss of internal safety and the collapse of healthy defense mechanisms.

Who can imagine the attitudes in a culture that makes internal safety the priority? We need to believe in our children's ability to learn and make real choices. We need to support their requests for safety and bonding when they arise. We need to reevaluate our parenting practices and create new attitudes when old ones no longer apply. We struggle with these issues, and we grow as our children grow. Each year of parenting brings new considerations and a new period in our culture.

Unfortunately, this book may bring up at least as many questions as it answers about parenting. There are so many things to bear in mind when parenting children that we have barely scratched the surface in these eight chapters. I hope the people who read this book will embrace the idea that they can ask questions and challenge cultural assumptions. I hope they will continue to explore what is right and what is wrong in caring for our children. We all have different values. There are many points of view concerning right action for different parents and different families.

Safe Sleep is not an attempt to answer all the questions about parenting that come up in raising children. It is an attempt to emphasize the fact that the ways in which our children learn to fall asleep and stay asleep is important to their long-term health and safety.

The foundations for our children's future depend upon how we help them feel safe. It matters how we support them as they learn to respond to stress. The way they learn to fall asleep and the memories they carry with them are fundamental to the fabric of psychological safety in their lives and, therefore, to the fabric of society.

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