

1001 babynights



Children also need us at night

Why sleep training programs should not be recommended
20 expert opinions contra to sleep training

Sibylle Lüpold, Private Publisher, 2020

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Translated by Bethany Brupbacher (Meilen, Switzerland, 2010)
and Yvonne Hänni (Bern, Switzerland, 2019)

Aim of this booklet

Babies and toddlers rely upon the loving care and proximity of their caretaker(s) through both the day and the night. Their needs are the same around the clock and they have not yet developed a sense of time. When left alone, an infant will quickly succumb to panic and in a normal, healthy response will try everything within its power to regain the proximity of its caregiver. It will cry to alert its parents to its distress and to encourage them to come, comfort, and provide security. If their cries go unheeded, the child will experience an intense separation anxiety and a breach of trust which can negatively affect the development of a secure attachment between the child and parent, which, ultimately, will negatively impact the child's development. Considering all this, it is surprising that counselors still encourage parents today to use sleep training where children are left alone in the dark at night, even though they are so obviously overwhelmed by the situation. The once com-

mon "cry it out" method of sleep training is rejected by all experts nowadays because it is very damaging to the child. A modified cry-it-out-type sleep training where a child is given short periods of attention from time to time between spells of isolation (so-called conditioning with adapted doses of frustration or adapted extinction), is, however, often approved, although this method is just as unreasonable for the child. The short minutes of attention which the child is given are hardly registered by it in its state of stress and anxiety and serve mostly to relieve the parental conscience. So far, there is no prospective controlled study on the possible side effects of sleep training, as for example the Ferber method; such studies would not be permissible for ethical reasons. Why then do counselors find it reasonable to recommend these sleep training methods to parents?

From sleep research, we know that one of the reasons people have to sleep regularly is to store impressions and learning contents. Emotionally linked

experiences and those that are made shortly before sleeping are particularly well consolidated. This insight should make us even more sensitive to how important loving care and the associated positive feelings are in a child's sleep situation.

In the sleep counselling we meet numerous parents who have received the advice to carry out a sleep training with their child (e.g. according to the Ferber "Solve Your Child's Sleep Problems" method or Kast- Zahn and Morgenroth "Every child can learn to sleep" – Original title "Jedes Kind kann schlafen lernen"). Those who use such a method usually feel additionally insecure by the violent screaming of their child.

The frequent awakening of a child is a challenge for most parents and can lead to great exhaustion. However, if they understand their child's sleep behavior better, thanks to professional information, and are encouraged in their sensitive behavior, they can deal with it better. There are also good ways to positively influence a

child's sleep without leaving it alone and screaming. (See our counselling and literature tips)

On the one hand this booklet is addressed to parents who intuitively feel that the Ferber method cannot be good, but who lack the professional arguments, and on the other hand to all those who are active in advising parents. The use of sleep training is from a current, scientific view no longer justifiable. Such an approach can damage the development of the child and complicate a sustainable parent-child relationship. Long-term results of bonding and brain research and experiences from everyday counselling provide impressive evidence of this. I hope hereby to encourage you, with the statements of the experts, to think about these issues critically.

Sibylle Lüpold, Bern 2010
(new English version 2020)

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María Berrozpe, PhD,
Lactation Consultant,
Codirector of CESI (Centro
de Estudios del Sueño Infantil)

“From different sources of traditional sleep pediatrics, we get the message that from the age of six months our children must sleep through the night, alone and without our intervention, either at the beginning of the sleep or after the nocturnal awakenings. If they fail, they suffer a disorder called Behavioral Insomnia of Childhood. After eight years reviewing scientific literature on infant sleep, I can assure you with absolute certainty that there is no reason based on evidence-based science for this to have to be so. In fact, it is amply demonstrated that: 1. The origin of this exigency is merely cultural. There are no medical, physiological, or biological reasons that force babies to develop this ability at this early age. 2. On the contrary, due to our nature of secondary altricial mammalian offspring, consolidated solitary sleep at such an age goes against our primal needs. 3. The great majority of babies have enormous difficul-

ties in adapting to this cultural exigency, which causes the need to use behavioral and pharmacological interventions, many of which are far from having demonstrated their safety in the short, medium and long term. In addition, behavioral interventions based on crying can go against the parent's values, causing situations of deep conflict between what they believe they should do, because it is ordered by their pediatrician, and what they really want to do in accordance with their values. The human baby's natural way of sleeping is in close contact with its mother and/or its primary caregivers. From a scientific point of view there is no reason to change and avoid our natural behavior. Therefore, if we decide to practice co-sleeping with our children, to respect their primal needs and accompany them in their natural development, no health professional has the right to interfere with this decision, beyond their obligation to inform us of the conditions for practicing co-sleeping in a way that guarantees the safety of our baby during sleep.”

Dr. James McKenna, PhD, *Anthropologist, Director of the Mother-Baby Sleep Laboratory at the University of Notre Dame*

“Infant sleep training books rarely define what exactly they mean by infant “independence” or autonomy, although it is clear that the concept more accurately implies parental independence (from the infant at night) rather than to any carefully measured psychological characteristic transferable to other situations by the infant. Still, infant “independence” is assumed to be in evidence simply by the infant being conditioned to fall asleep, or put itself back to sleep, without eliciting parental contact or comfort.

Indeed, without evidence most sleep training advocates continue to assert that juvenile and adult self-assuredness and individualism is, at all points on the developmental continuum, equally beneficial and tied to being able to sleep alone at young ages. Yet, no research has ever demonstrated that social and psychological “independence” cannot or is

not mostly obtained through any number of different kinds of daily social infant experiences or social relationships. No studies have asked parents if the “independence” claimed to be such a desirable trait for their 6 months old infant is equally as desirable when that same child turns 14. (...) It might well be predicted from an evolutionary point of view that it is not the child that sleeps within the close protective embrace of its parent that feels “confused or anxious”, as Dr Ferber maintains, but rather the child that does not. The potential psychological and emotional benefits of co-sleeping for later adult life and among young children, are just now beginning to be published and have been summarized. Children who “never” slept in their parents’ bed show a trend toward them being rated “harder to control”, “less happy”, “less innovative” and “less able to be alone” and in several studies they exhibit a greater number of tantrums. Children who were never permitted to bed-share were actually more fearful than children who always slept in their parents’ bed for

all of the night, a finding that is exactly the opposite of what is popularly understood."

Full text: www.naturalchild.org/articles/james_mckenna/cosleeping.pdf

Dr. Margot Sunderland,

Director of Education and Training at The Centre for Child Mental Health London, CEO of The Higher Education Psychotherapy training college

"Babies can't calm themselves down - A baby is not capable of achieving a state of inner satisfaction and well-being on its own. It only falls asleep after endless futile cries for help from exhaustion. (...) A baby who has been trained not to cry when separated from its parents must not be confused with a satisfied infant. Its stress level is increased. Studies show that babies, after being let to scream, switched to a primitive defensive mode. The results are high cortisol levels and irregular breathing and heart rate, which can vary greatly. (...) Without your help, your baby will not be able to

reduce its stress hormones to normal levels, control its state of physical arousal, or change the biochemical processes in its brain to release the messenger oxytocin and relaxation opioids. For this to happen, a baby needs your closeness to calm them down and regulate their immature brain and body systems."

Sunderland: "The Science of Parenting" 2006 www.margot-sunderland.org

Prof. Dr. Klaus E. Grossmann, *Attachment researcher, university of Regensburg Germany*

"Crying is one of the few ways in which an infant can communicate, especially when it is left alone at night. Over 50 years ago, it was proven that when parents respond sensitively to their child's cries, the child will cry less often and will quickly learn to communicate its needs in other ways: through mimic, gesture and voice modulation. However, if left alone to cry in a dark room at night, the child will learn to fear dark-

ness and abandonment. These anxieties will get stronger with time, and the crying will be increasingly accompanied by the release of the stress hormone cortisol. In contrast, a 10-month-old infant who has learnt that someone will come to him when he cries does not experience such a release of cortisol. The more frequent and the longer an infant must cry without being comforted, the faster the cortisol will spread in the brain and the lower its stress tolerance threshold will become. Such children will eventually stop crying, but from exhaustion and resignation rather than from acceptance. They do not learn to communicate in more differentiated and subtle ways in place of crying. Crying is a distress signal, which nature has designed to be so intense that we adults do not get used to it and go to soothe the crying child. Instinctively, crying sends the message, "help; if no one comes, I will die." Sensitive therapists do not recommend that parents ignore any of their babies' cries, but rather encourage parents to give prompt and appropriate responses to the

more subtle expressions of need made before the baby must resort to crying. Crying is not a "manipulative behavior", but a fundamental, last resort communication between an infant and its attachment figures. It can sometimes be difficult to deal with a crying child, but an infant who is left to fend for itself will only give up from exhaustion. How can this be considered a success? Infants depend upon physical nearness, also when falling asleep. We, as parents, must acquiesce to this need, which is not always easy. In raising our children, we should not strive to get them to stop crying, but rather to remove their need to cry."

Personal opinion, July 2010

Sarah Blaffer Hrdy, PhD, *anthropologist, behavioral scientist and primatologist, Emeritus Professor at the University of California*

"From their point of view, a child who is safe in their nursery has every reason to feel uncomfortable when left

alone. Under pressure and through tough conditioning, children learn to cope with the expectations of modern parents who are far removed from nature. But hardly anyone looks forward to spending the night alone in a dark room. The sensory and cognitive equipment of modern children, the panic they still feel in separation situations are the distillate of countless past lives in which those children, who managed to prevent separation from their mothers, had the greatest chances of survival."

Hrdy: "Mother Nature" 2010

Dr. med. William Sears,
Pediatrician, California USA

"When you use the non-responding approach, you are using the principle of non-reinforcement: If you do not reinforce a behavior, the behavior soon stops. This behavioristic approach bothers me for two reasons. First, it assumes that the baby's crying is a negative behavior which should be extinguished, a false assumption. Secondly, it may have a

damaging effect on the baby's emerging self-esteem. When a baby cries and no one listens, the baby's internal motivation for crying lessens. (...) This is why non-reinforcement seems to work. (...) crying is a tiny baby's only network of communication to the outside world. (...) As the baby loses trust in their ability to communicate, they also lose trust that their caregiver will respond. The "let cry" advice may produce a short-term gain, but a long-term loss. In my opinion, opting for the short-term gain is not a wise choice. Another defense of the unresponsive approach is that the baby must learn to sleep. By not responding to a baby's cries, you are not really teaching that baby to sleep; you are teaching your baby that cries have no communicative value. When cries are not responded to, a baby may fall back to sleep on their own, but this is a sign of withdrawal following the disappointment of not being listened to. By not giving in to your baby, you are teaching them to give up. I have great difficulty with the wisdom of this approach. It is night training, not nighttime

parenting. We train pets; we parent children."

Sears, "Nighttime Parenting"

Theresia Herbst, *M.Sc., Child Psychologist, Vienna Austria*

"The secure attachment of a child to their caregivers gives them the best possible start in life in the areas of emotional and psycho-social development. The infant can only feel and perceive what happens to them. It develops expectations and behavior patterns through these experiences. For this reason, maternal sensitivity to the needs of her child is deemed to be of the greatest importance in the formation of a secure attachment. Here, maternal sensitivity to the needs of her child should be taken to mean recognizing their signals, interpreting them correctly, and responding appropriately – giving her baby what it needs: physical contact upon a desire for nearness, food when hungry, etc. – and immediately, never once leaving her baby to cry. When the baby feels

secure, the emergence of a strong attachment is promoted through loving care and speech, physical contact (...), breastfeeding on demand (...), co-sleeping (being close to the parents while sleeping) and support while they make their attempt at exploration and autonomy. (...) The benefits of secure attachment: The secure attachment protects. It strengthens the sense of basic trust, self-esteem, the ability to deal with other people in a socially competent way, and the ability to explore the world and to interact with it in a courageous and emotionally balanced manner. The secure attachment is one of the most important protective factors for mental health. It can be considered an 'emotional cushion,' which can mitigate the negative effects of both the small tragedies of everyday life and the larger tragic blows of fate experienced over a whole lifetime."

[www.sicherebindung.at /](http://www.sicherebindung.at/)
www.kinderpsychologin.at

Dr. med. Rüdiger Posth,

Pediatrician, Child Psychotherapist, Bergisch-Gladbach Germany

“Any attempt to force a tolerance for falling asleep or staying asleep without the presence of the caregiver is, as with leaving a child alone to cry at any other time, harmful and should be ruled out for humane and ethical reasons alone. Also when an older, now well-attached child experiences a real separation anxiety when left alone in the evening to fall asleep, such conditioning techniques should be rejected. That many parents purport that it is done in the child's interest, using a corruption of pseudo-educational concepts to justify the approach when it is clearly done only to make life easier for the parents, is to be criticized. An infant or toddler experiences falling asleep as a separation from their caregiver and develops a fear of being abandoned when mother or father leaves the room in the evening darkness.”

Posth 2007: 92

“It does not make sense to try teaching a small infant to delay its needs by not responding to its cries until a given amount of time has passed on the stopwatch. This negative conditioning-based principle of education does seemingly work, but is one of the biggest mistakes parents can commit when raising their offspring. Even when such conditioning appears to be successful in that it quenches the undesired behavior, this success comes at a cost to the emotional development of the child! While the child will give up crying and screaming in time because they have learnt that their screams go unheard – thus the intended effect of the conditioning being achieved – the frustration and negative stress which accompany the child's feelings of abandonment will unfavorably affect the mental health and brain development of the child.”

Posth 2007: 157

Prof. Dr. Gerald Hüther,

Head of the Center for neuro-biological Prevention research, university of Göttingen Germany

“Of course, the use of a sleep training method is not only a burden to an infant, but also has a deep and lasting impact upon their trust in themselves (my crying does not help) and in their caregivers (they do not come when I need them). One can, of course, condition a child to come to terms with this. And of course, through these experiences, these behavior patterns will be established and stabilized in the neuronal circuits in the brain. In this way they are prepared in a brutal manner to the sad reality of our current child raising culture – their brains are optimally adapted to what they are shown they can expect.”

Personal communication, 30. June 2009

Dr. med. Gudrun von der Ohe, *IBCLC, Hamburg Germany*

“Every child can learn to sleep (Original title: Jedes Kind kann schlafen lernen, German Book recommending the Ferber method). This book is a sad reflection of how our society deals with children. No family is asked how lovingly it deals with the needs of its infant. On the contrary, when the baby is just a few weeks old comes the apparently most important question: “Does it sleep through the night?”. For all parents who need answer “No” to this question, the next question arises naturally: “What have we done wrong?”. During the first six months, a child is allowed to wake during the night, but thereafter it needs to sleep through. or so it is suggested in this book. Evidence-based knowledge about how children sleep is mixed with assertions: children must fall asleep on their own – without mother's breast, without parents in the room, without pacifier and perhaps even without a cuddly toy. They seem to have no needs. (...) Often children will

fall asleep and stay asleep using this method. Does this mean that the child has learnt to sleep alone? In my opinion, it has learnt something else: I can be in trouble and I can scream, but no-one will come to help me. It will fall into a depressed and deep, dreamless sleep. This also means the loss of basic trust which will have effects that last into adulthood. Is this perhaps one reason for the many sleep disturbances in our generation or in the generation of our parents?"

December 2009

Prof. Dr. med. Michael Abou-Dakn, *Head of the department of obstetrics and Gynecology at St. Joseph Hospital Berlin Germany*

"Children need to be close to their parents and quickly learn to trust that this closeness is at hand. The proximity of the parents, especially when falling asleep, is an essential part of later attachment security. Children cannot be spoiled, but can very quickly be made to lose

their trust and thus be made to feel unsafe. However, only children who have been made strong can be strong later in life. For this, the parents need to invest time and patience. Unfortunately, the desire that a child should fall asleep easily and stay asleep for a long time has become a grievous issue of our time. What in earlier times was the issue of early potty-training has today become the issue of falling asleep and staying asleep. Such tendencies have to be reconsidered and parents need to be factually informed and advised accordingly. We can only hope that the many false guides and books finally find their right place – off the bookshelves and bedside tables of inexperienced parents and into the rubbish bin!"

Personal communication,
March 2010

Dr. Luciano Gasser, *developmental Psychologist, Lecturer at the Pedagogical university of Lucerne Switzerland*

“There seems to be an unfortunate gap between experts and practitioners. Articles in professional journals are published only after having been reviewed by anonymous experts. Guidebooks (such as *Solve Your Child's Sleep Problems*, for example) do not go through this review process. Pediatricians also sometimes have inaccurate perceptions of developmental psychology (...). Can it be considered a success when a child ceases to announce their needs? We know very well that building a secure attachment in the first and second year of life is the basis of all development. The child learns how relationships work and builds trust. This also influences their later relationships. I would definitely strongly advise against playing with this formative and sensitive development stage.”

Lüpold, 2019

Dr. phil. hist. Franz Renggli, *Psychoanalyst, Family and Baby Therapist, Basel Switzerland*

“Sleep training methods shake up all emotions. This has immense implications for the future emotional perceptions of a person and will possibly come to the fore again in a very problematic way in their future interpersonal relationships.”

Lüpold, 2019

Jane Daep-Kerrison, *Midwife, Lactation Consultant, Arbon Switzerland*

“In some sentences of the book “Every child can learn to sleep” (Original title: *Jedes Kind kann schlafen lernen*), I really wonder why mothers do not become suspicious. For example, the statement that children learn to stop crying through the sleep training. As a mother, I would ask myself at this point: “Do I want my child to forget how to cry?”. It concerns me that this book appeals to so many parents.

These days, we want to be able to control everything and are not willing to accept each child as it is."

Lüpold, 2019

Dr. med. Caroline Benz,
Prof. Dr. med. Remo Largo,
Children's Hospital Zürich Switzerland

"From our experience, children and parents are often overwhelmed with the controlled crying Ferber method of sleep training. Over months, the children have become accustomed to the presence and help of parents while falling asleep and react with fear, as can be expected. Parents are overwhelmed by these unexpectedly strong reactions and stop using this method. Before a cognitive-behavioral approach is chosen, it should be clear that the reason for the child's sleep problem does not lie in a not-yet-set internal clock or in that their need for sleep is overestimated. We recommend parents who come to us for advice in our sleep clinic to use a stepwise procedure.

Under a specialist's instructions, the parents introduce a regular bedtime rhythm and adjust the bedtime to the individual child's need for sleep. Starting from about 9 months on, unfavorable sleeping habits can be altered. By introducing sleep rituals, the child is prepared for going to bed. Then, it is laid into its bed while still awake. The mother remains beside the bed, comforting the slightly crying child, but no longer taking it into her arms. Once the child accepts the changed setting, the mother moves her chair increasingly further away from the bed until, finally, she leaves the room. By using this gradual approach, the child learns to fall asleep by itself in the presence of its parents. The stepwise approach allows every family to proceed according to its own needs and at its own pace."

Personal communication,
 June 2010

Prof. Dr. Jürgen Zulley,

Sleep researcher, director of the Sleep Medicine Centers, Regensburg Germany

“Many babies and young children cannot sleep alone; for this they need the closeness of the parents – and I think it is wrong to try to train this healthy desire out of them. (...) You cannot force the child (to sleep through the night) until it is ripe to learn this skill. At some point, every child will learn to sleep through the night, each according to its own pace.”

Lüpold, 2019

Dr. med. Herbert Renz-Polster,

Pediatrician and Lecturer at the university of Heidelberg Germany

“Pedagogical successes are neither proven nor to be expected using the Ferber method. There is no evidence that Ferber’s sleep-“learning” brings a developmental advantage to the child (...). The ability to fall asleep independently may be considered progress by the parents or by

the family as a whole, but for the child itself, this brings no advantage. From the pedagogical point of view, it should also be noted that using the Ferber method leads to an inevitable educational methodology conflict. During the day, many parents are eager to instill in their children the largest possible degree of self-confidence, and so unfailingly take their children’s statements seriously and offer emotional support (...). When leaving their children to cry at night, however, the otherwise unquestioned addressing of the child’s needs and offering of emotional security are neglected just as the child is exposed to the fearful situation of falling asleep.”

Renz-Polster, 2010

Dr. Katherine Dettwyler,

nutrition Scientist and Anthropologist, Texas USA

“It’s normal for babies to be agitated when they wake up and there’s no-one there. There are no ‘natural’ circumstances under which one might

expect a baby to fall asleep alone and to go back to sleep alone again, to comfort itself (...). We can try all sorts of tricks to convince babies that they do not need their parents during the night (...) we can label the normal needs of children as 'bad habits' or 'manipulation', and we can justify our behavior towards the children with all sorts of carefully thought-out cultural beliefs. Anyway, none of this changes the essential biological, physiological and emotional assessment of a child with the expectation to be born, to be held in the arms of their mother, to sleep next to her, and to be breastfed day and night as required – well beyond the first years. (...) We cannot solve the problem of parents becoming annoyed when they are awakened by their children at night as long as we hold to the belief that children have no legitimate needs and as long as we view waking up in the night as a 'bad habit'. Instead of trying to change the essential nature of children (which is impossible), we must work to change the system of cultural beliefs and the parental attitudes."

Dettwyler, Breastfeeding and Co-sleeping in Anthropological Perspective

Dr. med. Carlos Gonzalez,
Pediatrician, Barcelona Spain

"Children are not demanding. For the things that seem unimportant to them, they are always willing to concede to our whims and do what we ask of them. But, if we demand that they sleep alone we require something that contradicts their basic instincts, and the fight is tough. (...) ...remember that you teach your child nothing (with sleeping alone) that they need themselves, but rather a skill that benefits you if acquired. You are not doing your child a favor, but asking a favor of them. If they do you this favor, then you must be grateful to them. And if not, then bear it with patience; the child is under no obligation."

Gonzalez, 2006

Sibylle Lüpold, *Lactation Consultant, Sleep Coach, Head of 1001kindernacht®*, Bern Switzerland

“It is interesting that otherwise behavior-conditioning methods are used mainly in animal training. To apply such methods in the education of children is, ethically speaking, highly questionable. The methods of conditioning assume a mechanistic image of man whereby it is not taken into consideration that every child is an individual. A requirement of applying such conditioning methods should be that the student voluntarily takes part, which is certainly not the case with babies and infants. (...) natural steps in child development cannot be accelerated. Children learn to eat, to talk, to walk, to go to the toilet, and also to fall asleep and to stay asleep when they have attained the necessary maturity to learn these skills. (...) Children normally develop these skills with a lot of motivation and joy. (...) does it not surprise us then that the learning of how to sleep is seemingly connected with so

much suffering and tears? (...) The child's development of the skill to sleep distinguishes itself from the learning of the skills of walking, talking or eating in that this skill can actually be forced, even though the child is not yet ready to learn it. (...). An infant cannot defend itself when its parents leave it to lie alone in a crib. It must accept this situation as inevitable. It is true that the child cries and screams because it is scared and desperate, but if the parents do not react to these cries the child will fall asleep, exhausted and frustrated. It was not helped to learn something it wanted to learn because it was ready to learn it, but it has learnt it because it simply had no other choice. The child learns not really how to sleep, but rather how to bear in silence that it must lie alone in its bed.”

Lüpold, 2019
www.1001kindernacht.ch

“Ich will bei euch schlafen!”
 (“I want to sleep with you! – (Fall a) Sleep with co-sleeping”)
 Sibylle Lüpold, Herder Verlag, 2019

Recommended Reading

Dewar, Gwen "The Ferber method: What is it, and how does it affect babies?" 2008 <https://www.parentingscience.com/Ferber-method.html>

Gordan, Jay and Goodavage, Maria: "Good nights: The Happy Parents' Guide to the Family Bed (and a Peaceful night's Sleep)" 2002

Grubb, Carly: "The Beyond Sleep Training Project". <https://thebeyondsleeptrainingproject.com>

Blunden Sarah L. et al.: "Behavioral sleep treatments and night time crying in infants: Challenging the status quo" *Sleep Medicine reviews* 15 (2011) 327-334

McKenna, James: "Sleeping with your Baby" 2007 <https://cosleeping.nd.edu>

McKenna, James: "Safe Infant Sleep". 2020

Ockwell-Smith, Sarah: "The Gentle Sleep Book" 2015 <https://sarahockwell-smith.com>

Pantley, Elizabeth: "The No-Cry Sleep Solution" 2002

Sears, William: "Nighttime Parenting" 1999

Sunderland, Margot: "The Science of Parenting" 2006

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