



Sleep ‘self-help’ books: autobiographical evaluations and personal entanglements with reading professional advice books on young children’s sleep. An exploration of the journey through early parenting and managing sleep through two mothers-as-researchers’ perspectives.

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Abstract

This article reports on two researchers’ experiences of navigating children’s night-time sleep, in relation to reading best-selling parenting books, published by professionals in the UK in the last 20 years. We felt we were ‘getting it wrong’ where we so badly wanted to ‘get it right’ for our children, because they did not sleep like the books described: silent, solitary, separate and for 12 uninterrupted night-time hours. It was also not possible to ‘read’ the advice without owning our own positionality: in particular our classed, professional identities. Perhaps this is always the case in research, and we should ‘treat our bias as a resource’ as seminal life history work urges¹. We found we could not but take the advice personally, which tended to focus on behaviour-orientated strategies within the routines and rituals around night-time sleep. We harness an under-studied approach within Early Childhood research, Reader-Response theory, which argues reading is a transaction; the reader brings personal context to the text at the same time as gleaning information from it. Seeing reading as a transaction helps us understand how our identities feed into our reading: our readings shape, but also are shaped by our contexts.

Keywords: children’s sleep, autobiographical writing, reader response, mothering.

Introduction and Context

This paper contributes to work on motherhood, early childhood and sleep. It offers what we feel to be an unignorable context of personal experience, when reading and engaging with generic advice offered by professionals to new parents (especially mothers). The media considered are printed books offering the ‘holy grail’ of getting an infant to sleep unsupervised, on their own sleep surface of a cot or bed for twelve hours.² The genre is mainstream parenting advice; the books are ‘self-help’ parenting texts. Popular parenting books published in the UK in the last 20 years are the focus. The reading material discussed relates to what crossed our individual- and shared-paths as mothers: but it nonetheless represents mainstream health and parenting advice aimed at infants in recent years in a Global North context. The authors of the books considered are either child or health professionals: paediatricians, child psychologists and maternity nurses, but the books are written for commercial gain. They are not, for example, part of free advice packs or leaflets given out in hospitals.

We define Reader Response theory initially.³ We also consider how the mother-subject is framed in order to reflect on how we read as individuals, and on the assumed collective readership of such parenting books. We then look at advice books in their historical context, seeing them as part of a self-help genre that entwines personal life writing, with medical or pseudo-medical advice. Drawing on Skeggs’ application of the concept of symbolic violence helps frame our sense we had ‘got it wrong’ with our children’s sleep, through a lens of gendered judgement on mothers *by* other mothers, and through other social devices discussed here.⁴ We consider our methodology, before sharing two autobiographical excerpts of our experiences as mothers-as-researchers.

Reader response theory posits that there are two types of reading: aesthetic and efferent. Efferent reading involves a surface-reading of a text; for facts and for basic comprehension of content. Aesthetic reading, Rosenblatt argues, is where we read more deeply, bringing in personal context, and our emotions; nonetheless, later work such as Lewis’ on Reader Response, suggests in practice we use *both* kinds of reading in an interaction with a text, and that social and political aspects of lived experience come into play in surface reading too.⁵ As Rosenblatt suggests, then, we always bring our own context to reading.⁶ This approach offers new knowledge about ubiquitous parenting ‘self-help’ books and how they are read, made meaning of and incorporated into child-rearing practices in domestic homes.

Sleep advice during the child’s first year often assumes a health perspective.⁷ The narratives in the books in question are dominated by time frames of feeding,⁸ safe

sleeping,⁹ physical sleeping arrangements,¹⁰ and equipment to aid sleep such as white noise machines;¹¹ infant behaviour and managing sleep for the whole family are covered too.¹² For many parents with children beyond two years, sleep discourses move towards and seek to celebrate the child’s growing independence.¹³ By exploring our own sleep stories based on lived experience, we note multivalent guidance offered in parenting books that can be contradictory from book to book, or even within the same text.

Assumed readership and framing sleep self-help books

The mother-subject-as-reader is assumed to be a novice, passive figure, imbibing the advice offered, in a way that over-writes previous knowledge or experience they may have. The assumed reader knows nothing and follows orders unquestioningly, and perhaps only reads efferently, scanning for key points without relating the content to their own context. The author’s voices in the sleep books we discuss assume a uniform mother-figure as reader, with her uniform child. Therefore the mother-subject is assumed to be one dimensional and the same as the next mother and her baby; there is no account taken then for social class, gender, ethnicity, or more individual factors such as temperament or personal preference for how children like to sleep. What some of this advice looked like when worked out with living, breathing, agentic children, is discussed in the autobiographical section later in this paper.

Professional advice in self-help sleep books diverges from ‘experienced mum’ blogs and others’ accounts of mothering and child-rearing, such as journalists’,¹⁴ or motherhood memoirists,¹⁵ or even online groups run for parental support,¹⁶ because their purpose is different. The books discussed here seek to instruct, and aim to increase sales through their methods and rituals for sleep. The bloggers, journalists and memoirists, while no doubt wanting subscribers or sales, narrate their own lives, which are outside the scope of this paper. We discuss some of the cultural blueprints on ‘being’ a mother and ‘doing mothering’ that the sleep self-help books lay out. At most, such blogs or groups will possibly *suggest* ‘hacks’ such as ways to lie down and breastfeed comfortably and thus sleep at the same time.¹⁷

Davis interviewed mothers who used childcare manuals while raising their children at different points in time since the end of World War Two.¹⁸ Like the books discussed here, sleep was a key focus. Older books in particular took a very strict approach to timing and schedules for feeding and sleeping, such as Truby King.¹⁹ Nonetheless, work that covers a more recent period of time such as Ford’s still advocates for routine, so recent publications do not always equate with a gentler

approach.²⁰ Davis points out a key feature of these books which continues over time—that they do not suggest advice to readers, but rather they give orders, with little to no awareness of the reader’s own context.²¹ For example both Truby King in the Forties and Gina Ford in the mid- 2000s tell readers to ‘let the baby cry’ or to ‘feed at fixed intervals’.²² The use of tone and language thus differentiates the genre of sleep self-help books from other books and texts about mothering and about infant sleep.

We as mothers, found ourselves in a betwixt and between position of having some knowledge (about child development, children’s agency, and norms about safe sleep, for example) to be able to reject some of the advice, but still ultimately struggling enough with the experience of managing infant sleep to seek something which jarred with our norms and values. This jarring was productive as a space for resisting the advice, and also offered the opportunity to examine it more closely, both in terms of what is offered, but also how it made us feel as readers, and as parents.

The kind of reading practices of course are individualised and the ideal reader characterised by the author as someone who reads the whole book and follows it diligently. The obedient reader who does not ask questions of course may not exist. Sandretto and Nairn argue self-help books on raising boys were not felt by readers to be always very ‘helpful’.²³ They rejected the advice and questioned the use of the genre at all. What is distinct in our contribution here is that we argue the self- and here that is a classed and professionalised self- cannot be decoupled from our readings of these texts. In order to adequately position the literature on baby’s sleep discussed here, it is useful to put advice books in some historical context which is discussed in the next section.

The history of the advice genre

The genre of advice books has a long history, with specialist texts such as gardening advice dating back to the fourteenth century.²⁴ It was not, of course, until the growth of both literacy and affordable printed materials with industrialisation and the increased mechanisation of the printing process in the nineteenth century, that any advice literature was widely disseminated, for example through household manuals,²⁵ or on advice on the harmonious running of a home.²⁶ The origins of ‘self-help’ writing also dates back to the late nineteenth century, in conjunction with an increase in the publication of both novels and memoirs. As aspiring authors sought their fortunes, books on how to write successful fiction and memoir too were published.²⁷

Rak’s work on the history of memoir, intersects with the genre of advice writing.²⁸ Distinctions between public and private life blur in these kinds of text: memoirists

discuss deeply personal successes and failures in life, their upbringing and their personal stories. Sleep self-help books discuss both the most private and vulnerable state: being asleep, in the domestic home, with writing by professional ‘strangers’ reaching in with metrics and orders for mothers into this private space and time. Heyes’ paper on reading advice about children’s sleep, argues it has ‘become a part of gendered work- a technology of the self’.²⁹ While this is indeed the case, we also believe it has always been so. As such, the sleep books simply distil this gendered work through writing down instructions, in a way which reflects that gendered labour. The gendered labour, nonetheless, often still remains invisibilised. Indeed, again it is only our classed and professional positions which render this visible and provide a space to write about it here.

The growth of the advice genre further developed, however, with mid-20th century mass publishing, and the birth of the NHS which included dissemination of materials to new mothers, such as Public Health infographics on how much sleep a child should get in a 24-hour period.³⁰ The first advice directly related to children’s and babies’ sleep meanwhile came from scientific guidelines: ‘published in 1897 by a Russian Physician in a book on sleep for the London-based contemporary Science Series... [it] suggested new-borns should sleep for 22 hours a day’.³¹ Ruggeri charts historical advice on infant sleep, arguing guidelines over the next century tended to be higher than the actual amount of sleep babies and children were getting, which led to concerned parents. This was the kind of context we authors-as-mothers found ourselves in: with young charges who did not quite fit the mould of how much, or in what ways they slept as indicated in the literature. Gregory et al. suggest disagreements continue even in advice given by experts today on guidelines on infant sleep.³²

Our lens and the taint of judgement through ‘symbolic violence’

Skeggs applies Wacquant and Deyanov’s concept of symbolic violence specifically to gender relations, with a focus on how women judge other women.³³ This centres on aspects of identity like dress, speech, and comportment. Skeggs argues that this gendered judgement- in the form of symbolic violence- falls most heavily on working class women. Due to intersections of class and gender, she suggests these women are often positioned as ‘doing it wrong’ or ‘getting it wrong’ both by women within, and outside their own social group. In spite of coming from positions of privilege: being white, being middle class and having a professional identity outside the home that offered scope for a confident evidence base to react against the advice offered in these

books, we felt a shared sense of failure in how we mothered our children to sleep, and of a discreditable identity, as what we practiced was not ‘by the books’. The same process, of gendered judgement connects our experiences with those of Skeggs’ participants. She sees this as part of women’s identities that they navigate, but it is not one we anticipated to find in relation to reading parenting books. Here, our class, knowledge and social standing failed to trump wider social norms and pressures about children’s sleep.

This links to wider work which indicates mothers feel alone and unsupported in managing their children’s sleep and how managing children’s sleep largely remains women’s gendered labour, as already indicated.³⁴ Failing to follow through on sleep advice is linked to poor mental health outcomes- not, as might be assumed, by the lack of sleep mothers are getting, but by how they feel they fail to meet the expectations in the advice and guidelines given out.³⁵ Harries and Brown also found that the ‘fault’ of the child not sleeping was often directed at the parents, but that this really boiled down to the mother, or the mothering of the child-that is how they are loved, treated and cared for.³⁶ In short, the advice cut *too close to the bone*, and was too *felt* for us to scrutinise it at arms-length with any semblance of objectivity or dispassion. It was also too *troubled* and *troubling* to be assessed with neutrality. Being honest about this as authors enabled us to bring up what was not visible in these accounts: the books and others’ own contexts they bring to the writing. Their own subjective agendas were discernible. For example, the role of creating rigid routines applied to a domestic home context, or offering public health-led advice with generalised safety tips were evident. These agendas might come without reflexivity or awareness of individual context, such as, for example, children’s own abilities to sleep alone- or not.

Our accounts are by definition particularistic, and personal. This is about our stories as ‘mothers- as- researchers’ and readers at a fixed point: when we had very young children and were struggling with their sleep both on a personal level, but also on a wider more social level in terms of what norms we would either resist or adhere to. This entanglement of us as mothers/readers/professionals is the topic of the paper. We felt we had agency where we also had privilege. This means we had the professional knowledge to somewhat resist the advice given, but by no means completely. It also draws into question why even as such relatively privileged mothers we felt so unprepared for what we faced, and why the advice was so unhelpful for us as individuals, but maybe for mothers and small children more widely. We take an autobiographical approach which treats us, the authors-as-mothers as inseparable from the research process and from the narratives about sleep resources we

encountered. This is writing about ourselves, and our lives as much as it is about reading the sleep advice.³⁷

Methodology

We apply an autobiographical lens to our own experience and readings of the parenting books, and think about the ways in which we read- aesthetically, and dialogically in terms of what that brings to the reading act and what we gleaned from the text. Our approach chimes with an ‘analytical-interpretive’ approach, which:

tends to engage a more typical academic discourse, common to social science research reports, and to incorporate theoretical and conceptual literature sources...in this style, narration tends to support researchers’ own socio-cultural analyses and interpretations.³⁸

Rather than some strands of autobiography and autoethnography practice which take the form of a purely personal narrative, we acknowledged that our own responses to the advice we read was shaped by experiences of night-time parenting. Like Chang, we found our personal experiences and the implications of the advice for our own children’s sleeping impossible to ignore.³⁹ Chang discusses the ways social forces have shaped lived experiences; (they) ‘reveal our relational socio-cultural identities, our scholarly orientations and writing preferences cradling stories’.⁴⁰ This is a fitting way to describe the match between our experiences of reading the books and experiences of sleep with our own children. Namely, sleep can be a difficult area to manage with young children. It is not linear. The advice given in the sleep self-help books is contradictory, at best. Some of the advice we read aligned to our experiences, like the need for babies to feed through the night beyond their first year. This could be for comfort, for teething, developmental leaps or illness too. We laughed together about the sense that some of the other suggestions would never work. Our reader-response was to feel uncomfortable towards some of the behaviour advised for containing protesting children to their rooms. We evaluated our own index of comfort/discomfort towards the advice given, and how it aligned to our own parenting styles.

As Denzin describes, our minor, illuminative epiphanies, that is, the small moments when we realised or had revelations about what we ‘do’ or ‘are’, can symbolically represent a problematic moment in a person’s life.⁴¹ Denzin argues these moments can lead to minor or major personal, or social transformations for the individual. Epiphanies in this sense are therefore considered in the realisation of turning points

and can be a window of understanding and reflection. For us, this was concerned with our parenting approaches towards sleep. That is, not *just* what worked well but also the advice we read that we found troubling or disconnected from to how we wanted to parent. Epiphanies, for Denzin, are important key elements from which to draw out meanings from experiences. For us, this was embroiled in our success as a parent supporting our child to successfully settle to sleep: but it was also imbricated with our sense of failure and ‘getting it wrong’ already discussed in this paper too. Employed at different institutions, but both working within the field of Early Childhood we appreciate how our own philosophical positions and empirically informed understandings about care weigh in on our lived experiences.

The aim here was to reflect and understand the subjective world of the researchers’ individual experience in describing and interpreting approaches to childhood sleep by others deemed as ‘professional’, which for us was an emotive topic to explore.⁴² By including our personal responses to what we read, we aimed to illuminate our own sense of our inner world of thoughts and experiences and at the same time make sense of the outer world.⁴³ That is, we considered how the advice we read made us feel, and how in turn this resulted in how we acted.

The researchers’ own autobiographies about maternity care, sleep practices and the type of routines and rituals offered are discussed. These readings also forced us to consider the ways in which our experience of the transitional status from being not-mothers to becoming mothers was inflected for us deeply by social class and professional knowledge. The next part of the paper introduces the nature of the task at hand which was reading professionalised advice as part of our parenting journeys.

Our parenting sleep story journey

Lexie's experience

My baby’s sleep was not ‘textbook’ right from the start- the baby books like Ford’s *The Contented Baby Book* or Hall’s *Save our Sleep* said new-borns sleep all day; her beady, alert eyes would stay open for four, six, twelve hours changing the script about what babies ‘do’ and pushing me into delirious exhaustion- made worse somehow by the *unexpected* nature of *this*.⁴⁴ I read voraciously, angrily, frustratedly, looking for answers to her specific sleep profile such as only sleeping soundly while lying ‘on’ someone, noting down schedules, and trying to avoid that sense Skeggs talks about of a gendered ‘doing it wrong’ or ‘getting it wrong’ when it seemed, according to everything I read, that the baby should be sleeping independently in a cot.⁴⁵ It was not that she was super-wakeful but that the conditions of *how* to get her to sleep were very

specific and required a lot of close physical contact- move away and she would wake up and take a long time to resettle. I eagerly scanned for information that articulated my experiences in three bestselling books: Tizzie Hall’s *Save our Sleep*, Hogg and Blau’s *Secrets of a Baby Whisperer*, and Ockwell-Smith’s *The Gentle Sleep Book*.⁴⁶ All were recommended to me, but none seemed to be very helpful directly. The last at least finally helped with my key dilemma, what do you do with a baby who will *only* fall asleep on you? These books, as Davis points out, instruct, rather than amuse or suggest: they bark orders I could only react, or read, against, really.⁴⁷ Perhaps I simply did not like being told what to do, especially when it made me feel like a failure. Rosenblatt’s idea that we bring our own context with us, when reading felt salient.⁴⁸ I felt I ‘knew better’ than what I read in these books, from my experience as an academic, and as an Early Years’ educator. But I also rejected failure in myself: when I had failed my driving test years before, I thought ‘who needs to drive in any case’ rather than persevering with another test. I found the professional tools of interrogation coming into play along with my own past experiences that I brought to bear on my reading, as we all do. This allowed me to read *against the grain* of what the authors said, or to resist their advice. Sifting evidence and seeing the bias in the resources, and what the subjective agenda of the writer may have had, behind that (usually sales, and winning over the hearts and minds of the readers such that they would recommend the text to other readers, thus generating more sales) appealed to my professional identity. It also got away from my deep-felt sense of shame that I could not get my baby to sleep by the books, and of weakness and sadness, that I didn’t have it in me to ‘just let her cry’. I did not feel this wish to interrogate first when I read these books, though, that came later, after I tried the advice and it did not work. No. Initially, rather I felt I needed to obey, and be observant and dutiful, unquestioning to the orders given. The problem was I could not ‘fail at’ the task of getting the baby to sleep, or reject that failure, it was an everyday and every night frustrating practice.

My experience seemed so far removed from what the books said to do- put the baby down drowsy but awake, if they vomit, they must be left, in order to learn to sleep alone. If the routine was followed, they would sleep for six hours in their crib and give you time to yourself. I felt instead despair because it didn’t work out. Hall’s routine, with my baby, seemed like it would never go well.⁴⁹ Like a preposterous idea: water flowing uphill. I did not ever fully reject the books, I made notes and faithfully followed the advice which went laughably wrong. Hall ordered the mother to get up an hour ahead of the baby in the morning, (an hour!!) to sterilise pumping equipment, then pump for a specified number of minutes from the left breast while the baby fed

from the right. I diligently followed, waking the baby before she was ready, then her legs got caught up in the tubes and wires of the pumping machine and yanked the suction cup from me and the whole set up seemed ridiculous. The high standards and ideals that did not match my child, was something that Davis found in her research with mothers following childcare manuals.⁵⁰ Where the advice was a poor fit for an individual child, it could make the mother feel a failure, or reject the advice entirely, many of her participants indicated. ALL the baby wanted was me. Other neuroscientific research supports this as both biologically normal and healthy for development, but it did not align with strict routine advocated by Hall and Ford.⁵¹

I found a lot to react against: maybe I was not their imagined novice reader, who was to take kindly to the professional advice. The academic disciplines I had been trained in- Sociology, English literature, and Early Childhood, helped me unpack language, render the ordinary strange, and look harder at everyday practices like putting babies in a cot. I could hold all of this in my head at an intellectual level. Not being able to get the baby to sleep in a Moses basket, however, which seemed such an ordinary practice, just felt like I was a failure and made me quite literally pull at my own hair. I read it was not only unsafe to have her sleep on me, or to co-sleep, but it was setting up bad habits for the future.

Around 6 months old, I tried rigid advice in desperation at how many times the baby would wake up once just asleep (multiple times within the first few minutes) by using what is called a rapid return approach, advocated by Ford.⁵² You comfort the babe till they calm, then lay them down, leave again, and return to calm them, and leave again (and repeat until they fall asleep). The final time, when I closed the door, she scratched her ear, with the small sharp fingernails that babies can have, and it bled a little. I sobbed over the cot, unable to bear to see she had drawn her own blood and *that I had got it wrong*. The other aspect that is absent in these books, is the voice of the children themselves. My daughter seemed to have a lot to say about sleep, how it would happen, and when, from being a tiny infant, and exercised this agency by waking repeatedly until in the language of the books I ‘gave in’. The affordances of my privilege did not trump my sense from what I had read that I had ‘got it wrong’. Getting it wrong here seemed pretty dire, it was about the health and development of the child, their safety and avoiding SIDS (Sudden Infant Death Syndrome) as well as my wellbeing and rest. This reading went deep, but not in a positive way to carry the lesson from the text with me, rather to make me feel I had failed to ‘learn’ what the books had to teach.

Amanda's experience

As a proud pregnant mother, I recall receiving and buying several parenting books. I gorged through the advice and relished in the anticipation of holding my baby and all being well, almost a dreamlike picture to visualise. This was deep and emotionally-led reading, linked with a sense of ‘being’ a mother and ‘doing’ mothering in endorsed ways laid out by the books. It was not until I was in the delivery room having an emergency caesarean that I had the sudden realisation, I had not read anything about *this*. The shock and the feeling of helplessness was terrifying and after returning home this feeling remained. I remember going back to the parenting books for advice and was intrigued by Ford’s ‘no nonsense’ approach of routine and schedules.⁵³ Friends had tried it, so after being exhausted and feeling a failure- metaphorically throwing the books out of the window- I attempted the approach a few months later. Ford advocated a tough love approach and whilst I was unsure if rapid return or slow withdrawal was best, I opted for rapid return. This was an approach that involved placing the child down, refraining from eye contact or communicating with my child and then leaving immediately. If they cried, I would return and repeat as advised. After listening to my son cry and sob, I quietly walked in the room and placed him down trying not to make too much eye contact. On the third return I found him sat, crying with sick all in the cot. I lifted him out and cried with him. For me the overwhelming feeling of trying to care in a procedural manner did not work and I was just feeling guilty and cross in reading something that for me was an approach without context or appreciation of the child or the parent. I remember thinking it was such a small window of time, why make it miserable? My small but significant epiphany. Tough love was not for me...the no-nonsense approach in the book felt annoying and patronising but I could simultaneously understand how some parents were almost compelled to follow it for success to occur. I returned to my more ‘professional’ books as an academic and in trying to bridge my professional identity with my personal identity as parent, I read Sears who took a family centred approach advocating ‘whatever works’ for the family to get the most sleep whilst retaining emotional availability.⁵⁴ This was a moment in time that I felt a change occurred. I also recall a book by Hogg and Blau I had read and she called herself the ‘baby whisperer’.⁵⁵ She believed that adults can validate a child’s point of view even when it is frustrating, or in disagreement with our thoughts. This resonated with me and led to more aesthetic reading of her book; it made me think deeply on how to change the bedtime routine to make it better for both me and my baby. A reminder that it is a fluid, temporal space that children grow in and develop helped. I found talking

through my worries, tiredness and anxiety helped reframe and reduce the sense of a loss of control.

Fast forward three more children. I by now moved away from a behaviourist-orientated approach, when I read aesthetically, in a way which drew on my context as well as my experience, a better fit for me was to be flexible with my children. This flexibility of approach was less popular with parents returning to employment after short maternity leave and having to negotiate set hours, but for me I kept quiet and created a family sleep space that was calm and intuitive to all as a reaction against the orders given in the sleep self-help books. The difference for us was that if the children chose to enter our bed at any time during the night we would welcome them in and then drift back to sleep. However, there were times when I re-visited the parenting messages I had read in the books, and tried again to make sense of them when I needed ideas, and when I felt that sense Skeggs discusses again of women feeling they are ‘getting it wrong’.⁵⁶

I recall a time when my son, my third child, aged three years jumped on his bed twisting and turning. I recalled reading the parenting books’ advice (especially Ford), about not losing my temper although being firm, and that I was in charge. If I allowed him to ‘win’ and get up, he could be worse. What would Tanya Byron have done in her *Tiny Tearaways* book?⁵⁷ She was more about giving warning and being firm, but I wasn’t convinced this would work and that seemed to be moving towards the type of parenting on sleep we had resisted. The poor bedtime routine continued. What could I do to support him? I needed to change and in that difficult moment a realisation, an epiphany, occurred.

I decided talk to him during the day when he wasn’t tired and ask him why he got so angry at bed times. Whilst I do not proclaim I had mastered his sleep routine, or that everything was smooth and calm from that night on, I did record a shift in his behaviour. He seemed to like the respect he had been given in talking together and working out how he could be supported, but also being given his own autonomy in what would work for him, not me. This allowed me to draw on my own experience and instinct as a parent, as well as experiences as an Early Years’ teacher- I was reading more aesthetically and it allowed me to move forward, and away from the sense of ‘getting it wrong’ for both me and for my son .

I often recall feeling like I had cracked bedtime rituals only to find after a couple of days or weeks, it was not working at all and having to think of other ways to support my children with sleep again. I agreed with the parenting books about routine being important, but how that was achieved was much more personalised in line with an

analysis that suggests we read with our emotions and bring our context to bear always in our engagement with texts.

Discussion

The books we responded to in our autobiographical accounts elicited a range of responses spurred by a sense of failure. Drawing on Skeggs’ gendered notion of symbolic violence is useful in understanding this.⁵⁸ However, we also wanted to (and eventually did) resist the advice given. Eventually we both found our own ways of parenting bedtime. It was nonetheless circular, as sometimes when our practices stopped working, we returned to the books for further readings.

Harries and Brown found the fault of the child not sleeping sits with the individual parent. This is echoed in our autobiographical accounts too.⁵⁹ We all so badly, where our children are concerned want to ‘get it right’ but felt we fell short in relation to the schedules the books set out. Nonetheless, our classed and professional positions enabled us to resist the narratives in the books and find our own ways through managing sleep. There is nothing new in this. Davis found, when interviewing middle-class mothers who had brought their children up in the Fifties or Sixties, that they were more likely to reject the advice of professionals than their working-class counterparts.⁶⁰ The distant, expert author sets the rules, rituals, and regulations to follow. Nonetheless, they rarely render the context they are writing in visible. That is, usually not as a parent, but rather as a psychologist (like Tanya Byron) or a maternity nurse (like Hogg and Blau, or Ford). In this vein, we have argued *we felt it was our fault*, as individuals, that we could not make the advice work in the especially strict books. Or perhaps more specifically, it is the pair of you: you and your child (but the mother is the one who gets blamed and needs to find a resolution). Ideas about ‘getting it wrong’ and how we felt when we failed were deeply imbricated in our experiences, and our narratives here, cannot be read without understanding this as part of the experiences of parenting sleepy/sleeping or wakeful children.

Crucially, our positionality as readers enabled us to resist some of the very narratives we felt we were failing at, like getting our children to sleep independently, without physical contact or negotiation, like Amanda found with her son when he was struggling with bedtime, or Lexie, where her child needed physical closeness in order to be able to fall asleep and stay asleep. The extent to which the feeling of *getting it wrong* and *doing it wrong* might destabilise parental confidence on this topic is unclear. How parental confidence entwines with parents’ raced, classed and professional identities, could benefit more research. Perhaps it is just as easy to resist advice based

on other kinds of narratives such as those from family, and how they choose to manage sleep, as it is from those within your professional identity.

In adopting an autobiographical lens, we sought to make visible how our own thinking influenced how we interpreted the parenting advice and books, but also shaped our contribution to knowledge, and to our readings of the books in this paper. The possibility to ignore advice is always present in any relationship where it is not sanctioned, but we did this with some cost as it rendered us feeling deeply we had not made the best use of the advice we had read.

Excavating why these parenting books so often order rather than suggest, and why that made us, as well as mothers in Harries and Brown’s⁶¹ research feel like failures is of interest to future research in that rather than offer additional support, these books suggest something of a dead-end if the advice is not followed. While online there is more diverse, and less expert-driven advice available, the sales figures for popular parenting books (over 1 million copies bought of both Hall and Ford’s work for example) suggest they remain highly salient and sought-after. Perhaps their popularity hints at wider misogynistic or anti-collective tendencies, where we blame women for their mothering, and judge, rather than support one another. Or at the need for better teaching of critical reading in order to interrogate and possibly resist texts for all of us.⁶²

Conclusion

In summary, by adopting an autobiographical lens to look at how we read popular parenting books, we thought about the books as parents, as well as in the role of academics. This allowed us to see what we read as neither neutral in its own right, nor received neutrally by us as readers. Or, as indicated in our experiences in this paper, how the books are read is contingent upon the experiences and context of the reader, as well as how they engage dialogically with the text, on a surface, or efferent level, or on an aesthetic, and deeper level.

Decoupling our expert lenses (as academics) and instead describing ourselves as mothers-as-readers first, with deeply invested emotions, offers a closer reading of the materials than an academic lens alone would offer. The lens of reader response, where we position ourselves as mother-as-readers, however, is one which undeniably raises the question of our feelings. It raises feelings of the shame of failure, of the sadness and frustration of exhaustion, of the work involved in trying to get through, talk through, clean up the sick and help infants to sleep. To future parents-as-readers of books which deal with sleep from a ‘self-help’ perspective, we encourage a magpie

approach: take what works and leave the rest. These sleep books are often handed to tired new mothers along with baby clothes or toys as part of the everyday material ‘stuff’ of motherhood, unquestioned and unquestionable. Where the child, among all these adult narratives, sits, or rather sleeps, is also often ignored. It is the role of the mother/adult caregiver, as reader of materials on the topic, to advocate for these youngest and most vulnerable members of society in a way which such resources rarely consider.

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