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Selling Sleep: A Qualitative Study of Infant Sleep Coaching in Western Canada

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Abstract: This article theorizes the experience of using a coach to assist with a baby or young child's sleep "training" as occurring at the intersection of three broader phenomena: the increasing use of paid experts to advise on intimate life; the porosity of the domestic sphere; and ideologies of mothering that impact sleep. It draws on the vernacular of a growing critical literature on children's sleep, which understands its practice and representation as symptomatic of culturally and historically specific demands on the organization of space and time, as well as understandings of the child as a site of future potential and human capital. To do so, it draws on a qualitative study of sleep coaches and the mothers who hire them. The authors conducted semi-structured, open-ended interviews with thirty women in Western Canada. The interview data revealed that the sleep deprivation entailed in having a new baby is both a dramatic (and often under-estimated) feature of human facticity and a socially mediated crisis. Paradoxically, the overabundance of expert advice on children's sleep made mothers more likely to recruit a coach for customized support. The advice coaches provided, and how mothers interpreted it, balanced the pragmatic and the ideological, among other things, revealing poorly evidenced but pervasive anxieties about attachment, independence, mental health, and future well-being.

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> I mean, I hear from all of my families how life-changing it is, and as silly as that might sound to somebody who's not suffering from sleep deprivation, it really changes their entire family, it changes the dynamic, it changes how Mom and Dad feel as human beings, it changes the child, it changes everything. [Coach Ronnie]

The transition to parenting that occurs when a new baby—especially a first baby—enters a family is distinctively challenging in cultures where nuclear families are the norm, parents are often far away from extended family and lack access to affordable childcare, and caregivers need to return to rigidly scheduled paid labor relatively early in an infant's life. Women still do far more caregiving labor than men, especially if they are breastfeeding and particularly if they are on maternity leave or otherwise not working outside the home. Of all the challenges that infant care presents, the interruption of sleep is very often experienced as the most psychologically and physically taxing.[1] Babies lack the circadian rhythms that adults normally have, emerging from a period of darkness in the womb into a confusing world of night and day.[2] They have tiny stomachs and require milk to be fed every two to three hours. Even a baby with no health problems will be demanding and unlikely to conform to the existing family sleep schedule. Waking several times in the night to feed and punctuating the day with naps is normal for a newborn. For the caregiver who must wake to feed the baby, change a diaper, or soothe the baby back to sleep, the constant interruption of a normal sleep

[1] For relevant empirical studies at the intersection of these phenomena, see: Hislop and Arber 2003; Bianchera and Arber 2007; Venn et al. 2008; Chatzitheochari and Arber 2012; Doering 2013; Kalil et al. 2014; Lowson and Arber 2014; DePasquale et al. 2019; Costa-Font and Flèche 2020; Tan et al. 2022.

[2] A "circadian rhythm" is the timing of the body's internal 24-hour clock that regulates, among other processes, sleep intervals.

cycle typically leads to sleep deprivation—often severe—which comes with its own sequelae for adults: cognitive depletion, emotional lability, poor judgment, memory loss, diminished motor skills, physical aches and pains, incompetence in performing previously easy tasks, and sometimes depression, anxiety, or even psychosis (Walker 2017:305-308).

However, after an initial period (usually gauged at about four months) of frequent feeding and intermittent sleep, most babies are capable of spending longer periods asleep without being hungry, and many can be "coached" or "trained" to do so at night.[3] Despite this hypothetical, many babies and toddlers continue to have short or irregular sleep cycles, wake for night feedings, struggle to soothe themselves to sleep or back to sleep, and expect forms of evening and nighttime attention from parents that are exhausting to provide. For caregivers suffering from sleep deprivation, the task of getting the baby to sleep at the right times thus assumes a priority, as revealed by the vast number of self-help resources available to guide this process. Parents used to be guided by books (and several hundred books on getting babies to sleep are still in print [e.g., Ferber 1986; Sears 1999; Sears et al. 2005; Ezzo and Bucknam 2012; Weissbluth 2021]), but are now more likely to turn to websites, social media groups, and other less comprehensive and more personalized digital resources for advice (Amrute 2016; Gorovoy et al. 2023; Heyes 2023). Into this context has emerged the "sleep coach"—a self-trained or amateurly trained expert, almost always a woman with her own children, who offers individualized advice on the best methods of sleep training and oversees the process of revising a child's sleeping patterns, while supporting the family. The industry of sleep coaching has rapidly expanded across the global north in the past twenty years, and sleep coaches are now a ubiquitous presence in every city and on every social media platform.[4]

In this article, we draw on our small, qualitative research project, which consisted of in-depth, open-ended interviews with thirty women—mothers who had used the services of sleep coaches, and the coaches themselves (many participants were both). Because there is no existing qualitative research on sleep coaching, we started from a grounded theory approach—staying close to the words of our participants to allow the meaning of the coaching relationship to emerge. Nonetheless, our research was motivated by our existing commitments to feminist research frameworks (especially the literatures on mothering and domestic labor) as well as by the emerging field of "critical sleep studies," which takes sleep to be a social and cultural phenomenon rather than solely an object of medical scrutiny (Hesse-Biber and Flowers 2019; Huebener 2024:9-13).

Existing analyses of children's sleep for a long time have been almost exclusively located in the health sciences disciplines (especially child psychology and pediatric medicine) (e.g., Beresford et al. 2016; Task Force on Sudden Infant Death Syndrome 2016; Field 2017; Barry 2020; Bilgin and Wolke 2020). More recently, this literature has expanded to encom-

[3] The term "sleep training" is itself controversial, with some commentators suggesting that it overstates the capacity of new babies to integrate behavioral cues as well as the possible mastery of the parent as trainer.

[4] The vast majority of sleep coaches target their services to families with babies and young children; however, as the industry expands, we have noticed the emergence of other specialized coaching services, particularly for teens (see: Jaser et al. 2020) or for adults with insomnia. Our interviewee Beth, for example, had recently completed a 12-week adult sleep coaching course via the program SleepSense, relevant to her business, mostly because she lives in "a big shift worker town."

pass the historical (Stearns, Rowland, and Giarnella 1996; Reiss 2017), anthropological (Ben-Ari 2008; Wolf-Meyer 2012), and social theoretical (Amrute 2016) perspectives. This latter, critical scholarship is oriented to showing how attitudes toward children's sleep are *symptomatic*. That is, it aims to how the representation of sleep in self-help literatures (Heyes 2023), bedtime stories (Bernstein 2020), or expert advice (Amrute 2016) (as well as its diverse practice across historical and cultural contexts [Reiss 2017:141-170]) cultivates "normative spatiotemporal desires" (Wolf-Meyer 2012:129), that involve "lighting, electricity, leisure time, privacy, sexuality, living standards, medicine, commercialism, education, and changing sleeping arrangements—as well as philosophical conceptions of what childhood meant and what it was for" (Reiss 2017:146).

This article adopts the conceptual vernacular of this critical literature to investigate how it is manifested in the self-understandings of Western Canadian sleep coaches and their clients. Although there is a small amount of existing research on sleep coaches in the US, it is primarily descriptive rather than interpretive, addresses the treatment of adults with sleep problems (e.g., Schneider et al. 2023), and is concerned with their lack of medical expertise or licensing (Ingram, Plante, and Matthews 2015; Mindell et al. 2016; Ingram et al. 2018). Increasingly, it focuses on app- or AI-driven modes of "coaching," rather than on personal relationships (e.g., Gorovoy et al. 2023). By collecting and analyzing qualitative data on the social dimensions of sleep within families with a new baby, we aimed to show how sleep problems and solutions are mediated by social contexts.

We argue that sleep coaching is exemplary of the intersection of three interrelated social phenomena: the introduction of paid experts to advise on intimate life; the increased porosity of the domestic sphere (Hochschild 2003; 2005; 2012; Thurlow 2021); and the influence of ideologies of attachment that are a part of a larger picture of "intensive mothering" (Hays 1996; Gillies 2008; Faircloth 2014; Forbes, Donovan, and Lamar 2020; Hamilton 2021). Where once family members might have provided advice or supportive care, many middle-class mothers in the global north are now alone with a baby in a nuclear family, and have the means to turn to anonymous authorities—mostly via digital means—for guidance. As financial pressures on mothers to return to work outside the home, and temporal pressures to work longer and less predictable hours increase within the precarious, "flexible" workplace, so does the need for the sleep of all family members to be regulated and predictable. Finally, more and more of a child's life is being understood not as simply unfolding, but as in theory susceptible to management, primarily by their mother: not only violin lessons and football are developmentally valuable activities, but also such basic life functions as eating, playing, and, now, sleeping need to be monitored and regulated to avoid harm and maximize a child's potential.

We focus on locating the work of sleep coaches and their relationships with families in these three contexts, showing how the coach represents herself as an accessible expert, both qualified to advise on aspects of family life (especially, but not only, on sleep methods, i.e., *how* to sleep train), but also as someone who is readily available and unthreatening, willing to respond to texts or email, and to provide peer support. Sleep coaching is marketed as an emergency service that can address family crises and rescue mothers from sleep deprivation, but it also relies on tacit ideologies of sleep as a practice integral to re-

sponsible parenting, which can profoundly shape a child's future. It is a service that operates at a pressure point for families: sleep coaches serve as an emergency intervention measure in a frayed area of family life where gender norms intersect with work practices, parenting ideology, the unstable divide between public and private, and human embodied facticity.[5] Talking carefully to coaches and the families who hire them can thus disclose how these phenomena interact in a specific political and economic context—in this case, the context of Western Canada, where incomes and the standard of living are high, yet gender roles are often rigidly upheld, and where prairie pragmatism about child-rearing is increasingly overtaken by aspirational ideas about children's development.

Method

30 women in the Western Canadian provinces of Alberta and BC (primarily in the cities of Calgary, Edmonton, and Vancouver) participated in our open-ended interview study, seven of whom were moms who had used sleep management services, and 23 of whom were sleep consultants (all but one of whom were also mothers). 13 participants were in the Edmonton area, of whom five were parents and eight were sleep coaches. 11 participants were in the Calgary area—one parent and ten sleep coaches. Six participants were in the Vancouver area, including one parent and five sleep consultants. This study was approved by the Research Ethics Board at the University of Alberta, which authorizes research that primarily involves in-person interviews, focus groups, and ethnographies. Participants were found through purposive and convenience sampling: we primarily recruited participants through Facebook and posted digital flyers on "mommy groups" (which generated the most responses). These Facebook mommy groups had thousands of members, many of whom were happy to discuss their experiences hiring or being a sleep coach (or both). We contacted practicing sleep coaches through their business websites, which we found by conducting a Google search. Participants initially contacted us by email, messenger, or phone, and we scheduled interviews for no later than two weeks after initial contact (unless the participant preferred a later date). Interviews ranged from 30 minutes to 130 minutes, with most lasting around one hour. Nineteen interviews were conducted in person, five via Skype, and six over the phone. We used interview schedules for coaches and parents that included open-ended questions about how they became interested in using sleep coaching services and/or became a sleep coach. These questions also invited them to describe their child's sleep problems and the kinds of families they worked with, among other topics. These questions were followed up with prompts and less structured conversations. We encouraged participants to choose meeting places that made them comfortable. Of the 19 in-person interviews, 10 were conducted in participants' homes, and the rest were conducted at their place of business or a local coffee shop.

Both interviewers were women, college-educated, and middle-class, much like the participants who had stepped forward, which may have influenced how openly participants shared. Both of us are naturalized Canadians—one Black Jamaican and one White British. While one interviewer does not have a child and the other does, participants seemed eager to share their experiences with both. Those who contacted us tended to be very satisfied with their sleep coaching experiences, often investing in such

[5] We use the term "facticity" in its existential sense to mean the "givenness" or unavoidable and intractable aspects of human life in a particular situation.

services as coaches themselves, and wanted to discuss the value of the role, which has led us to conclude that we likely inherited a significant positivity bias in this sample. This bias emerges in the uniform praise that participants heaped on sleep coaching, both because it had "worked" with their child(ren), and because their business success depended on positive promotion, including overcoming popular skepticism about its value. In two interviews, participants referred to another short-lived sleep coaching business and a friend for whom sleep coaching had not been successful. These failures were attributed to a lack of entrepreneurial commitment and an unwillingness to follow sound advice. We brought a degree of critical reflexivity to the interview material, recognizing the participants' positive framing of their experience, while also interpreting a social context in which basic forms of support for desperate mothers have an outsize impact on their well-being.

25 participants were married and maintained heterosexual nuclear family configurations. Five participants organized their home life differently: one was unmarried and shared a home with a male partner, two were single women, one was a divorced woman, and one person did not disclose their marital or relationship status. Of the 23 sleep consultants, eight participants were full-time coaches, who had worked in the field for between four and 15 years. The average consultant had 4.5 years of experience, with seven splitting time between sleep coaching and other professional positions, and eight citing their roles as caregivers as their primary responsibility. The average age of the participants was 37. Eleven of the 23 coaches have worked or currently work in medical or paramedical fields. The most frequently occurring occupations were nursing and teaching. The most frequently cited reason for starting their sleep business was the desire for a more flexible work schedule. All but one sleep consultant had children of their own, and most said that they wanted to spend more time at home. Ten sleep consultants were inspired by their experience of hiring a sleep coach, and saw an opportunity to build a sleep business of their own. All seven parents were in their thirties: four had one child, and three had two children (of whom one had twins). One parent was a stay-at-home mom, and six were working professionals, of whom four work in scientific fields.

Sleep consultants received training and/or certification through one of the following companies: SleepSense (eight coaches), The Family Sleep Institute (five coaches), The Sleep Lady (four coaches), JammyTime (three coaches), and Mama Coach (two coaches), including one coach who reported completing training programs with two of the listed companies. Two coaches received no formal training. It is worth noting that pursuing a sleep coaching certification requires an investment; for example, the Family Sleep Institute charges $4,800 for its four-month program. Although this cost is far lower than other health- or education-related qualifications gained through more conventional institutions.[6]

All interviews were recorded and subsequently professionally transcribed. Before analyzing this relatively small dataset, we read through the transcripts, employing a thematic analysis approach by noting repeated terms or topics. Although the paucity of existing research led us to adopt a broadly inductive method within a grounded theory framework, both researchers entered the project with relevant theoretical preconceptions. Heyes conducted extensive research on the social contexts of sleep,

[6] https://familysleepinstitute.com/child-sleep-consultant-certification Retrieved: July 30, 2025.

particularly regarding third-party advice to parents about their children's sleep. This work provided a starting point for understanding sleep as a site of parental anxiety where expert advice dovetails with larger social norms and exceeds its stated meaning (Heyes 2023). Tucker was familiar with the literature on the outsourcing of intimate life and curious to see how the explosive growth in sleep coaching that had become apparent from surfing digital resources available to new parents reflected an extension of existing services for managing domestic overload, or a novel way of managing the intense disruption of a new baby. We coded the transcripts inductively by hand, initially reading slowly to remind ourselves of themes connected to our theoretical frameworks and identify novel patterns. We then discussed our findings and iteratively re-read to refine the codes and apply more consistent criteria for selecting our examples. Of the seven overarching themes we settled on, four were well predicted by our initial approach: "sleep methods" focused on the different tactics coaches recommended for sleep training, and how they were received and implemented; "mental health" described the impact of sleep deprivation and disruption on the psychological well-being of parents and how sleep coaching addresses these issues; and "sleep legacies" collected claims relating to the impact of sleep training on future wellbeing (usually of a baby, but sometimes of other family members or the family unit in general).

As feminist scholars, we had also anticipated the theme of "sleep and gender," given that only women responded to our invitation to participate, and we know that the gendered division of labor within families in Canada persists. Nonetheless, we were taken aback by how pronounced this was, with mothers not only doing the lion's share of sleep training but fathers sometimes claiming it was women's work or absenting themselves from nighttime parenting. Some fathers also objected to hiring a sleep coach, claiming that mothers should know what to do, or be able to cope without paying someone else for advice, and coaches sometimes saw themselves as defending the needs of mothers. Cate is a coach and a mother who, at the time of our interview, had her baby with her in her acreage home. She describes the reluctance of husbands to allow their wives to hire a coach:

> Yes. And I think, because I always talk to the mother, and they say, "Let me talk to my husband." So, usually, when I finish talking to them, they are like, "This sounds amazing," and I think they go and talk to their husband, and their husband is like, "No, we're not spending money on that." They don't see the value in it because they're not the ones getting up in the middle of the night. They're not the ones dealing with the screaming, crying baby all day because they won't nap. You know, they can't get the dishes done because they have to just hold their baby to sleep every time they sleep. So, they don't see the value in it, whereas I think the mothers do see the value in it… They [husbands] don't want to help…I know my husband is a little bit that way, too, where there are pink jobs and there are blue jobs.

We had also partially anticipated the theme "sources of knowledge," which captures the different places families turn to when seeking information on how to solve problems. In earlier work, Heyes (2023) demonstrated how the traditional genre of the advice book proliferated at the end of the twentieth century as a response to shifting economic formations and family structures before being supplanted by digital information sources (Owen 2022). Those digital sources are more likely to be interactive and personalized—such as joining a Facebook group

and messaging other moms, rather than reading a book and trying to implement its suggestions—and the advent of the sleep coach is a continuation of this trend for customized advice. We asked participants about why they chose a sleep coach rather than using other sources of knowledge, considering their history. Finally, we did not fully anticipate our sixth theme: the impact of sleep technologies on how families negotiate infant sleep—from the digital resources that they use to solicit advice, to the consumer side of sleep products such as baby monitors, rockers, or sleep tracking apps—and we had not appreciated at all, finally, how significant sleep coaching would be as a viable small business model for mothers who had themselves used a sleep coach. Motivated by the desire to help other mothers, many of the coaches we interviewed discussed how coaching can be done with minimal start-up costs (typically just a simple website and social media advertising), and offered flexible hours and often the opportunity to work from home. We also had not understood the franchise model that now dominates the sector, whereby more entrepreneurial coaches have established training courses and own-brand accreditation; we do not explore this side of the interviews here, but suspect that branding and building out a training business is the only way to make a livable income in sleep coaching.

These seven high-level codes represent a wide range of themes that clearly deserve both further analysis and more research; however, we cannot hope to undertake all that work in this article. Here, we focus on connecting the interview material that is organized around expertise (primarily our codes: *sleep methods* and *sources of knowledge*) and around the significance of sleep to subjectivity (*mental health* and *sleep legacies*). Although the concrete advice sleep coaches provide is typically very simple and available at no cost via other sources (such as websites or library books), it enters family spaces in which sleep has become loaded with meaning—concerning a mother's capacities, a marital relationship, or a child's future. These spaces (and these meanings) are structured by larger forces and trends, including the outsourcing of intimate life among the middle-classes in the global north; the encroachment of paid work into private life and the blurring of the lines between the domestic and the public; and ideologies of parenting that attribute exaggerated psychological significance to the micro-management of childhood.

Results and Discussion

The basic human facticity of sleep and sleep deprivation was a central preoccupation for all the interviewees; however, this facticity is mediated by normative social practices that shape the particular situations in which sleep is experienced. All our participants described the enormous challenge of ensuring that all family members get enough sleep when a new baby arrives. Most sleep experts consider this initial newborn period to be around four months, and 20 of our participant coaches recommended attempting sleep training after that mark. 19 of our coaches stated that for many of their clients, the first baby was the most difficult. Alice shared, "Yes, I see a lot, a lot of families that this is their first baby and they're hit by the wave of parenthood that they weren't expecting because it's so overwhelming and nobody can prepare you for that and nobody can prepare a new mom or a new dad with...no one can prepare somebody for the sleep deprivation that they're going to encounter." Many participants hypothesized that lack of sleep was a contributing factor in a host of health- and relationship-related problems (especially postpartum depression). For

example, Sarah, a parent, says, "I was so tired that the way I described it is that I was hallucinating. I remember not knowing if I was her or I was me. I was so affected by the sleep. Obviously, there's some kind of anxiety and depression going on, too."

The question for parents, then, becomes how to encourage a baby or young child to go to sleep at an appointed hour and stay asleep long enough to allow caregivers to get out of this state of acute sleep deprivation—as a good in itself, but also as a way of enjoying a certain kind of relationship with each other, with friends and family, and to enable them to function in sync with their larger world (by being alert during scheduled work hours, or being able to enjoy adult-only evenings, for example). The basic service a sleep coach provides is individualized counseling—via phone call, text, personal visits, email or DM exchanges, or, occasionally, in-home stays. As coach Sonny explains, "I think that it [sleep coaching] will continue to be a growing area of expertise that people use. We live in a society, at least in the Western world, where we are structured to a routine with the times of day that we're awake and when we're asleep. And so, we're going to continue to have a demand for people to want to quickly move their children to kind of conform to those schedules." To give another example, Mindy describes the sleep problems that bring families to her: "I find most people are very irritated with, like, their babies taking a really long time to go to bed at night. So, like a two-hour bedtime battle to finally get them down for them just to wake up two hours later, that's like, probably, like one of, like the most motivating factors. You're so tired at the end of the day, all you want to do is get your kid to go to sleep so you can have like a moment to yourself." And later, "working with, like, that lifestyle of the family is typically very important to parents. Yeah, they're like we can't be home at night at six o'clock to put our kid to bed, it doesn't work, I work until 5:30 and it's not going to happen, right?" Again, the constraints of labor markets structure family life and exacerbate sleep deprivation, presenting a reality that sleep coaches must accept and work within.

Sleep Methods

This constraint of what Sarah Sharma (2014) calls a specific "temporal infrastructure" (a complex assemblage of architectural choices, services, technologies, and practices that enables or constrains individuals' ability to move fast or slow, to manage their time, to be well rested or exhausted, or to have "free time" or clock-scheduled time) dictates the desirable outcomes of sleep training, and hence, to an extent, its methods. Although the common advice, "sleep when the baby sleeps," is not very realistic for adults with established circadian rhythms, in the absence of such demanding temporal infrastructures, it could be a form of synchronizing family sleep by letting the baby lead. For our participants, however, some method for moving the baby's sleep onto a more adult-normative schedule was the whole point.

Those participants who were able and willing to describe in detail what methods they used or recommended to get babies to sleep (one coach explicitly claimed that her method was a proprietary secret, and several coach participants were vague) preferred the "graduated extinction" method, the "check and console" method, and the "chair" method. With the "chair" method, parents sit next to the crib until their baby falls asleep, soothing them as needed, without lifting them out of the crib. Over time, parents gradually move their chair away from the crib until it is no longer in the room. With "gradu-

ated extinction," parents pre-set allowable cry times and step in to soothe a crying baby once that time has expired. The moms and sleep coaches in our study using this method reported cry times of 5-60 minutes. The expectation is that babies will cry less frequently over time. With the "check and console" method, parents check on their baby at pre-set intervals, whether the baby is crying or not. Intervals are closer together in the early days of sleep training and become more spaced out as the baby learns to sleep independently. With this method, check times are supposed to be divorced from crying. In our study, four out of the seven mothers who were not coaches used the graduated extinction method, one used the chair method, one used the check and console method, and one used the traditional cry-it-out method (where babies cry for a pre-set, extended period without any parental intervention). These methods involve a dialectic between an ideal of the child as an "independent sleeper" whose schedule allows their parents adequate leisure and rest (in a world where these are normatively organized), and the dependence of very young children on the presence of a primary caregiver for soothing. They all involve close management of time, using the clock (to varying degrees) in preference to an experience driven by behavior or (perceived) need.

These same methods are also described in the copious self-help literature available to parents, and so we asked participants why they chose to hire a coach (and/or why they believed they were hired) when the advice they give is, by and large, simple and repetitive. The most common response was that sleep deprivation caused parents to become confused and emotionally labile, unable to sift through wordy and sometimes contradictory information to make informed decisions about what to do regarding naps, bedtimes, the duration of comforting or crying, nighttime feeds, and so on. They needed a consultant to lay it out and establish very clear, personalized schedules and tasks, or, as Pam explained, "it's just that individualized special support with something that, you know, could be struggling with and that is affecting everybody in your family." Or as Alice says, "I think there are a lot of good books out there. Do I have a favorite? No, and the reason not is because I feel that a book isn't going to help a mom, and that's where I want to come in, is that they really need the support and they really need the daily support to help, and somewhere to ask their questions." Rebecca (parent) experienced a very quick turnaround in her infant daughter's sleep pattern when she started implementing the advice of the coach she hired: "The first night baffled me, I was, like, wow, could I have done this for zero dollars maybe? [Interviewer laughs] You know, could I have read my book, or just taken some advice, but in books you don't—I can't just email the author and say, help me, right, that's what I paid my investment for. So I say she was the best three hundred dollars I've ever invested in that, because she was sleeping." In this dynamic, paradoxically, it is the over-abundance of expert advice that drives mothers to recruit an expert of their own.

A primary goal, then, is getting babies to sleep the "right way"—where "right" references both the degree of fit with the family's temporal infrastructure, and a method that is perceived to be medically or scientifically approved (and hence "good" for the child's development). Research debates about the best evidence-based medical advice on infant sleep are complex and often unresolved (Field 2017; Paul et al. 2017; Hirai et al. 2019; Barry 2020; Bilgin and Wolke 2020; Mery et al. 2021; Cassels and Rosier 2022). These debates were known to our participants, but only in their most popularized and sim-

plified forms; experts like Richard Ferber or William Sears were occasionally name-checked, but most interviewees (including the coaches) could only dimly recall some books they had glanced through or some websites they had passed over. As Cate explained, "I bought books to read and I was all over the internet, how do I get my baby to sleep longer, how do I get my child to sleep through the night, or different things like that. And I just couldn't put it all together. I knew what I had to do, like from reading these books, like I kind of knew things that I needed to do, but I couldn't put it all together." In this environment, the coach can step in as an outsider expert.

Sources of Knowledge: From Intensive Mothering to the Outsider Expert

This intense concern about sleep can be seen as an offshoot of "intensive mothering"—a normative model from the late twentieth century that drives predominantly white, middle-class mothers in the global north to focus on the rigorous management of their children's lives and thoroughgoing development of their abilities, typically while also pursuing professional work outside the home. Intensive mothering is a way of maximizing one's children's human capital while also showcasing one's ability to conform to a maternal ideal; it is also represented as protecting vulnerable children, who are nowadays at risk from external threats as diverse as excessive screen time, environmental pollutants, processed foods, or bullying. In her pathbreaking work, Sharon Hays (1996:11) argues that this model derives from ambivalence about how the private sphere of the family, structured by love and intimacy, should engage a public ideology that has invaded it with "the language and logic of impersonal, competitive, contractual, commodified, efficient, profit-maximizing, self-interested relations." The expectation is that these investments will yield better long-term outcomes for children, providing them with a future social or economic advantage. This model of parenting is not accepted uncritically (indeed, mocking or parodying intensive mothering is a recognizable form of humor) and, with its idealization of certain cultural and ethnic norms, class status, and family structure, for many families, it is either undesirable or unattainable (Gillies 2008; Forbes et al. 2020). Nonetheless, the idea that mothers wield enormous power and control over their children's futures through the micro-management of their lives, and that even seemingly trivial parenting practices could yield significant dividends later in life, has had a long-lasting impact on parenting culture (Faircloth 2014).

Although intensive mothering also requires tremendous personal devotion from primary caregivers (and a significant commitment from secondary caregivers), it also relies on numerous professionals dedicated to optimizing the health and well-being of children, including sleep coaches, in the twenty-first century. The more traditional contexts for learning how to parent—the advice of grandmas, public health groups for new mothers, or staid books on "the first five years"—are increasingly viewed by new parents as outdated, misguided, or insufficiently tailored to a particular child. The massive growth of digital parenting culture encompasses a vast array of streaming TV shows, online video channels, websites, podcasts, blogs, social media feeds, and discussion forums from which parents can glean information or seek advice. The rhetorical power of the intensive mothering model, with its emphasis on maternal competence and control, combines with this abundance of information to make it more likely that mothers will experience themselves as

incompetent or inadequate, bumbling through a series of challenges without the proper knowledge, strategies, or resources to achieve the best outcomes. As Mindy, one of the sleep coaches we interviewed, put it,

> I find a lot of times now, with, like, having access to so much information and so many books about sleep and babies and all that sort of stuff, everything is so contradictory that sometimes I have no idea what to do. And I could read these books all day long, but I really just need someone to come and talk with me and meet my baby and know who we are so they can talk to you and bounce ideas off you about how you're going to proceed.

The lines between the public sphere of interaction with unknown others and the private sphere of the family are increasingly blurred, including by new norms in digital culture. For instance, mothers post their concerns about picky eaters on Reddit for strangers to reply, or turn to YouTube for advice on how to potty train. In more material terms, more families in overdeveloped countries than ever use daycare or out-of-school care for their children while parents are working outside the home, or have babysitting support from a non-family member (even a live-in caregiver who is a migrant domestic worker). These two features of contemporary parenting—the availability and complexity of parenting information, and the blurring of public and private spheres—contribute to the more general phenomenon of relying on expert strangers as sources of knowledge about intimate life. From personal trainers to decluttering services to life coaches, for every private (whether *personal* or *domestic*) problem, there is someone offering a paid service to address it (Hochschild 2003; 2005; 2012).

These experts are often more available, specialized in their niche service, and more client-oriented than busy professionals in the public sector, such as physicians or teachers. As a sleep coach and mother of three, Laura says, "In the classroom, or in any profession, really, there's always people that you can go to, to ask those more specific questions. Like, you know, a literacy expert, or a math expert, or whatever. I thought there has to be someone who knows more about sleep than my family doctor. Because I talked to my family doctor, and it just, the ["cry-it-out"] advice that was given just wasn't along our line of what we wanted." These experts frequently visit clients in their homes, which, combined with the intimacy of the topics on which their advice is sought, contributes to the permeability of the domestic sphere and the ongoing blurring of the line between the public world of commerce and the private world of intimacy and family life.

Sleep Legacies

Thus far, we have shown the problem space into which the coach steps and how knowledge about infant sleep (and childcare more generally) increasingly comes from outside experts. Sleep coaches in our regional sample were mostly unpretentious and practical, unlikely to reference the more extreme "tiger mom" ideals that characterize intensive parenting among more elite families or in popular imagination. A problem needed to be solved, and, as we have shown, the sleep training methods adopted are simple. Nonetheless, the code "sleep legacies" emerged from the interviews as we sought to make sense of some of the pseudo-scientific claims about the sequelae of various forms of sleep training, its implications for the mental health of mothers and children, and a child's later subjectivity.

Richard Ferber's landmark book *Solve Your Child's Sleep Problems* was published forty years ago at a crucial moment in the advent of neoliberal political economy, and is often (falsely) assumed to recommend a particularly draconian form of "cry-it-out"—the sleep training method that involves leaving a baby to cry until they fall asleep and not returning until a fixed time hours later. In fact, Ferber only recommends a milder form of graduated extinction (the method used in some form by all the coaches we interviewed) accompanied by his stern words about setting boundaries and exerting parental authority (Ferber 1986, see, e.g., p. 89). Literally allowing a baby to "cry-it-out" has fallen out of fashion, although, as Heyes (2023) has argued, its heyday was coincident with the responsibilization of individual citizens in the face of declining welfare state support and the demand that an entrepreneurial personality compensate for increasingly precarious labor markets—dynamics that have, if anything, intensified.

A recurring theme in answers to our interview question for coaches, which asked about sleep training methods (explicitly referencing "cry-it-out" and "attachment parenting" as prompts), was that traditional cry-it-out methods are outdated, blunt, and possibly emotionally damaging (for babies, but also, in some participants' minds, for mothers). Coach Destiny (the only participant who did not have children), for example, cited popular psychologist Gordon Neufeld's research, and told us that a child left to cry alone for long periods of time will eventually be "exhibiting such a high level of stress that it has to protect its own, you know, its brain, its body, and they have to shut down so that they don't do damage really." Born around 1980, Destiny believes that a prior generation of parents using cry-it-out has led to people her age who "all have some form of anxiety." Harper (a senior sleep coach who is heavily involved in professionalization) also had strong views about the dangers of cry-it-out. Leaving a child to cry all night, she concurred when prompted, really fractures the bond between mom and baby, "and it takes a lot of work for them to get that back."

Harper goes on to describe popularized experimental data on attachment styles in somewhat older children:

> And there are even studies for kids if you just don't pay attention to them and they're playing—they're not even crying…There are studies—and well-documented studies about that…You know, like, say, at an orphanage where there isn't enough people to attend to them and they're left for a prolonged period of time. So weeks and months without somebody responding—there's proven instances. There's a record. There's research, and it's shown in, actually, almost every one of the courses I've taken; they've shown the same videos.

In her mind, the forms of abandonment that can lead to attachment disorders are linked to cry-it-out sleep training, and "we don't want to do that. We want them to trust you. They need to know that. They need to know mom and dad will be there for them and back them up. It doesn't mean give in every time." In a similar vein, Avi (coach) claims that "research has shown us that when we leave our babies to cry and not respond, their stress hormones release and that can actually change the formation of the brain," although she also acknowledges that "I don't know the long-term damage of that, to be honest." In an earlier quote, coach Sonny emphasized the need to conform to a socially normative routine, but also went on to represent sleep

training as having a larger significance beyond the pragmatic, linking to medical "knowledge" about optimal child health and human capital: "we really want to get our children to be in line with our schedule and the information we know about sleep. So we want to make sure that we're giving them the best opportunity in life. So if their brain's going to have a better chance to develop if they get the right amount of sleep, then that's what we're going to give them." Here, the urgency of contemporary economic imperatives is combined with individualizing pseudo-science with the mother as facilitator; Sonny's words are both a reflection of a political reality and a justification for forms of childcare that are represented as being outside politics.

Cry-it-out thus served as something of a punching bag for coaches and a source of anxiety for mothers. Medical research on the dangers of the cry-it-out method does not find any adverse consequences for older children, although methodological challenges exist in justifying this conclusion (see, e.g., Bilgin and Wolke 2020). The *perception* that it harms babies and reflects an indifference to child welfare, however, has its own power. As coach Beth astutely points out:

> I think parents fear that it does some harm, and I also think that if they admit to doing cry-it-out, then all of a sudden there's this huge cloud of mom shame over them…I think it's a lot of guilt. You feel guilty that you did something like that, and I think it just doesn't make anyone feel comfortable when you're just kind of sitting around, tense, and waiting for this baby to stop crying. And sometimes it can be hours!

Lisa (coach) concurs: "the two biggest things that the moms are most concerned about are one, feeding their kid, and feeding the baby at night. And two, abandonment issues… They read those alarmist types of things online about you abandoning your child and all of those things. You're going to give them psychological issues." Finally, as coach Laura says,

> right now…parents are too scared to start sleep training… Because society…says don't let our children cry. And attachment parenting is very big…We're going to our babies very quickly, because of video monitors… We see our baby roll over, their face is close to the crib. We go to a place where they must be suffocating. I need to go in and move my baby… Well, then you've just woken them up, yeah. And there's, I think, a lot of anxiety, a lot of fear around sleep.

Cry-it-out as a sleep method, then, was roundly rejected by all except one participant, on the grounds that it created a sleep legacy of poor mental health for the older children and adults that babies subjected to it would become. The appeals to expertise within these claims are unproven but deeply felt: mothers have inherited a pseudo-psychological vernacular for talking about the damage crying at night does to children that taps into a larger set of concerns about attachment and future well-being. The coaches did not seem to us, as interviewers, to be overtly cynical about their business practices (although this would be unstrategic); nonetheless, it is true that if mothers were consistently willing to adopt the cry-it-out method, then there would be a much-reduced need for coaches.

The opposite end of the sleep practice spectrum to cry-it-out is attachment parenting (AP). Attachment *theory*, in psychology, presents a sophisticated account of early psychosocial development that accounts for how infants develop in relationship

with a primary caregiver. This individual (usually, but not necessarily, the mother) may be attentive, smothering, or distant, and hence the child learns that their needs will be met (or not) and develops an "attachment style" that will shape their later relationships and personality. In its original forms in home literature, attachment theory represents "good parenting" as finding a healthy balance between enmeshment and separation; however, in its popularized forms, it represents attachment as requiring constant attention from a parent—quite a different claim.

In terms of sleep, AP is typically characterized by having your baby sleep in your bed or immediately adjacent to it in a bassinet, and always responding to a crying baby (including waking through the night and breastfeeding at night).[7] The Sears family of authors, headed by patriarch William Sears, are the most conspicuous figures in the field of AP and infant sleep (Sears 1999; Sears et al. 2005); Sears calls cry-it-out "detachment parenting" and does not hesitate to make moral judgments about it (Sears 1999:7). All the coaches we interviewed were familiar with AP, and most of the mothers, and while, in some interviews, we detected a little envy (or even awe) of parents who could sustain such an intensely responsive mode of care, in general, it was characterized as overly demanding of sleep-deprived caregivers. In a world where mothers of very young children have to manage the conflicting temporal demands of family life, often work outside the home, *and* have to manage the enormous challenges of acute sleep deprivation, the demand to be constantly responsive to a baby at night, every night, was simply too much.

Resistance to the trials of AP was thus mostly practical, but in a couple of interviews, there were more philosophical objections. For example, Alice (coach) was asked what she thought about attachment parenting, and initially replied, "I don't know what I think about that." She continued,

> as a mom, I want my girls to grow up confident and independent…So, sometimes when I have to teach them something, they're not always going to like that, or, you know, sometimes you do have to just let them go a little bit…When I'm teaching parents how to sleep, I always say, you know, "Feeding is for feeding, sleeping is for sleeping, and cuddles are for cuddles."…I don't want them to feel you're taking that away, and we're not for sure. So, yes…certain sides of attachment parenting… I want these kids to grow up secure and feel that security, but I think it's our duty to make them good people, too.

Many participants were also concerned that failure to teach a baby how to sleep would have negative consequences for their current health, but this concern quickly shifted to concern about the parent-child relationship or the child's well-being in later life. The skills learned in babyhood, they implied, follow an individual, and, by extension, poor sleep practices can have detrimental emotional and physical effects. For example, Ronnie says, "Once we become adults…we're all completely backwards. Not all of us, I guess, but a lot of people…it's that badge of honor: 'Oh, I only had

[7] Mother and baby sleeping in the same bed for any reason was also frequently referenced by our interviewees as unsafe, due to increased risk of smothering and Sudden Infant Death Syndrome (SIDS) (also known as "crib death," or "cot death" in the UK). SIDS occurs while an infant is asleep and is correlated with the sleep environment. Its causes are not well understood, but the most widely accepted advice is to lie a baby to sleep on their back, avoid overheating, and keep anything unnecessary (such as stuffed toys or blankets) out of the crib. Bed-sharing is often understood to be a risk factor for SIDS. See: Jullien (2021) for a recent survey of evidence on risk factors.

three hours of sleep.' Well, science is now telling us that that's killing people, so not so good, right, so why wouldn't we want our children to have the skills that a lot of us adults don't have to be able to have that perfect sleep?" Or Sonny: "There's more awareness now of how…sleep is a pillar of health. It impacts your hormones, which impacts your weight, your thyroid, your sex drive, your happiness, or your ability to think and learn. So people are now more aware, I think, and that's why they prioritize a bit more. We see an increased rise in learning disabilities, diagnoses of ADHD, child anxiety, depression." Many of the participants lamented their own relationship with sleep and expressed a desire to create a different reality for their children. As Beth puts it:

> You'll still have a wonderful bond, and your child will, in the future, thank you for all of these good sleep habits that you've created because they will become a child who sleeps well, a teenager, and an adult who has good sleep habits. And I think that with our generation, now, there are so many people who don't sleep well and who rely on supplements to fall asleep. And I think maybe it stems from infant sleep deprivation, where we didn't sleep well, and we've just had some negative habits, and moms didn't know what to do… So I think if we kind of nip these sleep problems in the bud when they're so small, we're setting them up for their future.

Our participants had absorbed the message that how a baby is sleep-trained could be formative in their later sleep habits and, in some amorphous way, help them get a better start in life. "It [sleep training] takes a little more time on the parent's side, but also for their development, kind of…that development happens in that first year and the leaps that they go through is…there are so many of them, and if you can get them the right sleep, that's beneficial for everything, for their central nervous system, for brain development, for them just in growth in general" (Alice).

Laura told us that parents nowadays have a lot of fears and anxieties about babies in general, but especially around sleep and night. Some of these were fostered by public health warnings (e.g., about SIDS), while others seemed more like intrusive thoughts (e.g., fear that someone would come into the home and steal the baby while the parents slept—"for anxiety and depression that's very much, you know, a flag," as Laura points out). Yet others concerned the emotional and practical aspects of sleep: "that fear of…stuffies getting in the baby's face, or blankets, or, you know, because there's all kinds of options out there for different sleep sacks, different swaddles, different…bumper sheets around the bed… So I think there's just a fear. And fear that your baby is crying for too long. Is that going to affect learning development, attachment, you know, right?…There's long-term effects" (Laura).

If cry-it-out was cruel and crude, and attachment parenting was unreasonably demanding, then one can immediately see how the struggle to find a middle-ground method that would solve very practical and pressing sleep problems could easily be both urgent and confusing. When one adds the moral burden of the imagined long-term legacies of infant sleep practices, the challenge becomes overwhelming. In the face of these multiple anxieties, sleep presents an interesting limit case for the over-committed or ideologically driven parent—different from other parental-child pedagogies, such as feeding, potty training, or play. When 24/7 care becomes impossibly demanding, and sleep deprivation threatens to break a mother,

families are forced to confront the necessary balance between looking after parental needs and being always responsive to their child. Sleep coaches knew that the implied trade-off between mother and baby was a false dilemma driven by rather vague fears about health, attachment, and future well-being, and the "middle way" methods they adopted were frequently targeted at this underlying schism, created by the over-supply of contemporary parenting advice that seems to burden sleep with meaning. As paid experts advising on family life, they were, in some ways, part of the larger social trend toward understanding mothering as a weighty and demanding set of skills, and their excursions on sleep legacies in the interviews reflect this. Their attitude toward sleep in practice, however, was necessarily deflationary and pragmatic—trying to show desperate families how to overcome fruitless anxiety and solve their immediate problems.

Conclusion

The business of sleep coaching has grown rapidly as more families outsource the management of challenging or inconvenient aspects of their intimate lives. It is an industry almost exclusively made up of women, who promise families, primarily first-time mothers, the support and direction they need during a difficult transition. Offering personalized plans with easy-to-follow steps, sleep coaches provide clear and targeted advice, making themselves available in a way that traditional healthcare providers cannot. For many of the mothers we interviewed, the out-of-pocket service cost was an investment in their health, lifestyle, and their child's long-term well-being. Both mothers and coaches stressed the intensity of the sleep crisis when a new baby enters a family, with its dramatic implications for physical and mental health, relationships, and capacity to sustain a household or paid work, especially given that the labor of managing children's sleep is overwhelmingly assigned to mothers rather than to fathers or other caregivers. The crisis of sleep deprivation made sorting through voluminous self-help resources impossible, and our participants repeatedly emphasized the value of having an available, competent expert offering friendly support in a family emergency, one who could provide specific, clear instructions, no matter how simple or self-evident they might seem.

As we have shown, behind the often basic advice sleep coaches provide is a web of folk beliefs about sleep and sleep training: traditional cry-it-out is stressful for mothers and likely to cause long-term attachment or other mental health problems; co-sleeping is dangerous, and being always responsive to a baby in the evening and at night damages marital relationships and exacerbates sleep deprivation (as well as possibly failing to teach a baby the "independence" that comes from being able to self-soothe); a middle way must be found. This compromise method will improve a baby's health in the short term and, in some intangible way, also set them up for a brighter future. Our analysis ultimately reveals the enormous weight of expectations placed on mothers and the lack of personal and professional support typically offered to them in managing the demands of a newborn. Baby sleep is a significant practical issue in an era of demanding temporal norms, and has become freighted with meaning for family relationships and individual subjectivity. Into this morass, the sleep coach can confidently step in with commonsense advice and the ability to cut through the static to find pragmatic solutions to problems that were once kept within the family.

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