

# amy collini

## BABY MINE

*Baby mine, don't you cry.  
Baby mine, dry your eyes.  
Rest your head close to my heart,  
never to part,  
baby of mine.*

— lullaby from “Dumbo”

## HUSH.

Let me tell you a story. It's time for a little rest.

Some time ago, a woman had a baby, and at night, the tiny infant did not sleep; when he should have been sleeping, he screamed. His thin wails could stretch over and through and around many hours, reverberating for so long that the woman thought she was possibly going insane, that she could not handle another second of his screaming. She lived in a bubble of desperation, frantic to relieve whatever was causing his distress. During this time the baby was soothed by one thing only: movement. His mother could walk him through the house, holding him upright with his face burrowed against her collarbone, or, if she was lucky, he could drift off to sleep in the battery-operated swing that now lived in the bedroom the woman shared with her husband. The woman would listen to the swing's feet thumping the carpet in the deepest hours of the night as she stared at the clock, unable to sleep herself. The pendulum-like thud reminded her of the passage of each minute, each hour, until he would wake screaming again. Sleep became the elusive golden goose of her childhood's fairy tales.

Her doctor gave her a prescription, but she could not take it; the balm that would soothe her agitated brain transformed into poison in her milk, and the doctor could not guarantee it would not affect her baby. She could not justify taking it.

All babies are terrible sleepers, yes? It would pass. Surely it would pass.

The woman lived in terror of waking the baby, because once he was awake, it would be hours before he could return to sleep. She knew every creak in their hardwood

floor, knew how to walk down the far-left side of the hallway to avoid each one. At night the couple spoke in whispers, tiptoed to the kitchen for snacks, closed the refrigerator door with great care even though it was thirty feet from the baby's room. She became aware of how all sounds travel. She did not allow visitors during naptime or after 6 p.m. She posted a sign on her front door: "Baby sleeping! Do not knock unless urgent!" She underlined *urgent* with an angry swipe of marker ink. Her world closed in as she tried to string together a few hours of sleep.

Years pass: first one, then two. The baby still wakes in the night, shrieking. He takes hours to fall asleep. Sometimes he wakes at 3 a.m. just to talk to himself for two hours. The woman startles awake in the blackest hour of night and peeks into his room, asking him in a whisper what he's doing. He fixes his large blue eyes on her and says, in a serious tone, "I'm just talking about Dewey's Pizza Place." She laughs. What a child he is!

The woman tries every concoction to get the child to sleep: lavender oil in the bath, herbal calming tinctures, flower essences, melatonin. Nothing has any effect. The husband wedges big sheets of cardboard into the child's bedroom window to block out every bit of light, hoping darkness will induce sleep. Everyone — websites, doctors, the actual product box — warns not to use Benadryl to induce sleep in a child, but the woman tries it. She knows this makes her a bad mother but she is so very desperate for sleep. Her brain is so fragmented by exhaustion that she would consider nearly anything.

In the end it doesn't matter anyway; it doesn't work.

Are you tired yet? Are your eyelids heavy? I can sing you a song, I can rock you to sleep. I can beg you to please, please go to sleep. I don't want to scream at you but sometimes I do, and I want you to know how, afterward, the guilt pierces my heart like the tip of a knife, how much I hate myself. But sometimes all I can do is scream.

The child quits napping just after he turns two. His mother institutes "quiet time," a magical hour she hears about in which a child stays inside his room reading books and playing with toys so that she can engage in luxurious self-care activities like washing her hair or showering for the first time in a week.

Implementation of quiet time necessitates a hook-and-eye lock on the outside of the door so the child doesn't just walk out — he will not stay in when told — and a video monitor with a camera that can pan the entire room. The toddler, exhausted, uninterested in the playthings of childhood, flips his glider rocker over, uses a pen to draw on his walls, somehow locates an actual Sharpie and uses it on his mattress. One afternoon when the woman ignores the monitor screen for ten full minutes to write, the child smears the contents of his diaper over every surface in the room: walls, carpet, crib rails, glider. He even manages to get it inside the moon-and-star cutouts on the faces of his dresser drawers. The woman smells it before she sees it, rises from her chair in the kitchen and follows the scent, knows what she is going to find before she opens the door.

Quiet time is a mirage.

Everyone has advice. Friends tell her to move bedtime later, to shorten the bedtime routine, to lengthen it. Other people tell her to just lock him in his room and let him cry. Her sister says naptime should be at 1:00, because that's when her children have always napped. Her brother-in-law tells her that his daughters never climbed out of their cribs, not even once, that she "just needs to make rules," as if children are robots and the woman is just administering the incorrect input. The same brother-in-law, when the woman's child keeps crying and rolling on the floor during a holiday visit, kneels down and says into the child's face, "You're such a little drama queen."

The woman reads books on sleep. She tries staying in the child's room for two hours, shushing him back to sleep when he wakes. She makes him chamomile tea with lots of honey to mask the tea's grassy taste. Eventually she ignores him when he cries, when she simply cannot spend any more of her life in a darkened room.

When the child is old enough to talk, he tells her, "I can't sleep because my brain won't turn off." This should be a warning, but instead the woman thinks it is cute and funny, that her child is so smart. She does not see it for the problem that it is.

The woman consults a sleep professional over the phone, a bestselling author who did her doctoral dissertation on infant sleep. The professional is kind and warm and promises to give the woman a plan. She asks so many questions: when does the child

fall asleep, wake, eat, play outside, what is his bedtime routine, how many errands does the child run with his mother each day. The woman tells her how the child slams the entire length of his body onto his mattress, over and over, when he wants to fall asleep but can't. How he's done this since infancy, how she and her husband call it "Jurassic Park" because the reverberation sounds like the stomping feet of the dinosaurs in the movie.

"You might want to get him evaluated by your school system," the professional says. "Occupational therapy could help his body settle itself."

The professional gives the woman a precise schedule to follow each day, why to dress and play outside early in order to train the brain for sleep later in the day, how to run the bedtime routine. Over the course of two months, as if by some incredible miracle, the child's sleep improves. The woman forgets all about the mention of occupational therapy.

Well, not really, she doesn't.

I see you're wide awake now. Why can't you sleep? You know something's coming, don't you? Don't worry, it can't hurt you. I will never let anything hurt you.

The preschool teacher is the one who unravels it all.

She tells the woman about her son's difficulties in his first four months as a three-year-old in preschool: he doesn't make eye contact with the other children, doesn't respond when they call his name, doesn't seek them out to play. The woman begins to understand what the preschool teacher is trying to tell her and she is numb with panic, sickness, animal fear. She is eight months pregnant with her second son and she is certain that her oldest just needs to *catch up*. He's still so young, he's just behind socially because she's stayed at home with him his entire life, can't they see any of this? She promises the teacher that she will tell the pediatrician about the erratic sleep, about the child's need for strict routine, about his behavior at school.

The woman and her husband do nothing for four months. She has her second child five weeks after the parent-teacher conference, and the baby provides a convenient excuse for their inertia. But really, she knows her oldest child is fine, absolutely fine. He talks up a storm, doesn't rock back and forth or stare off into space. He does not