The Theory of Sleep Instinct

Insomnia is caused by incorrect sleeping posture; it is not a disease.

Sleep is an innate animal instinct that requires no instruction—therefore, you should not suffer from insomnia.

The Theory of Sleep Instinct

Cheng-Chun Yen

Information on the Theoretical Report

Title of the Report: The Theory of Sleep Instinct

Author: Cheng-Chun Yen (顏誠均)

Version: v1.0 Final Draft

Author Identity: Independent Researcher

Language of Publication: Chinese / English
(Originally written in Traditional Chinese; the English version was produced with the assistance of translation tools)

Original Platforms: GitHub / Notion / Medium

Theoretical Framework

Theory Name: The Theory of Sleep Instinct

Model :Posture Hypothesis

Infant Instinctive Selection

Anti-Artificial Intervention Thesis

Founder: Cheng-Chun Yen (顏誠均)

Date of Conception: May 5, 2025

Timeline of Development and Publication

Theory Founded: May 5, 2025
Initial GitHub Draft Upload: May 6, 2025
GitHub Draft Archived: May 20, 2025
Final Draft Written: May 29, 2025
PDF Finalized / Signature Date: June 1, 2025
Official Release on GitHub / Notion / Medium: June 1, 2025

Declaration

I, Cheng-Chun Yen(顏誠均), am the original founder of the theoretical model presented in this report, The Theory of Sleep Instinct. This report was written and repeatedly revised by me, word by word. I was born in the Chinese cultural sphere (Taipei, Taiwan), so I naturally composed this report in my native and most familiar language—Chinese (Mandarin). This language also serves as the primary vessel for my knowledge framework. Therefore, the wording, phrasing, and linguistic choices throughout the report are all based on Chinese grammatical structures and stylistic habits.

In addition, I am an independent researcher, not affiliated with academia. If there are awkward, rigid, or even non-standard academic expressions in my writing, I sincerely ask for your understanding.

The English version of this report was not written directly by me but was produced using translation assistance tools. To avoid any misunderstanding or accusations of "plagiarism" or "lack of originality," I hereby make this statement with full sincerity.

The tools used include: Google Translate, ChatGPT, DeepL, and various translation software, platforms, and large language models (LLMs; AI). Since the original text was written in Traditional Chinese, it is inevitable that some semantic deviations, mistranslations of terminology, or grammatically unnatural expressions may occur—especially in the naming of terms or defined concepts. Although I have conducted multiple rounds of proofreading and corrections, errors may still be present. I ask readers, both domestic and international, for your understanding and tolerance.

A special note: this report exists within three overlapping linguistic contexts:
1. A unique blend of classical and modern Chinese styles,
2. A logic-based science communication format,
3. And an automatically generated English version through machine translation.

This may result in a "triple dislocation of language." I offer my highest respect to all readers who are not native Chinese speakers, and I kindly ask for your patience and open-mindedness.

Furthermore, this theory was established on May 5, 2025. The original content was completed and made public on May 6, 2025, through GitHub Pages, as the initial draft version presenting the theoretical framework. The same content was archived as a

GitHub Release on May 20, 2025, serving as a versioned snapshot to ensure traceability and proof of originality throughout subsequent iterations.

At that time, I casually published the draft (the theoretical model) on GitHub as my first attempt to record my own work. In hindsight, that was a hasty move. The draft was overly concise, which not only confused readers but also left the work vulnerable to misinterpretation or intentional misuse by others.

To prevent such risks, I have since taken the time to carefully write out, word by word, the logical thinking and theoretical reasoning developed over these years, and have now officially released Version 1.0 Final.

In addition to content refinement, there are two major changes in this finalized version:
First, the original draft title Prone Sleep Theory Whitepaper was officially renamed **The Theory of Sleep Instinct**;
Second, a new dedicated chapter was added to explore the topic of infant sleep posture.

The content of this theory has also been published to the blockchain platform Mirror.xyz for originality verification and is simultaneously version-controlled on GitHub, preserving the full creative and revision history to ensure openness and transparency. A public Notion page has also been created as a logical overview and entry point for accessing all related sources, helping readers better understand the structure of the theory and trace its foundational materials.

In case of any discrepancies between the Chinese and English versions of this report, the original Chinese version shall prevail.

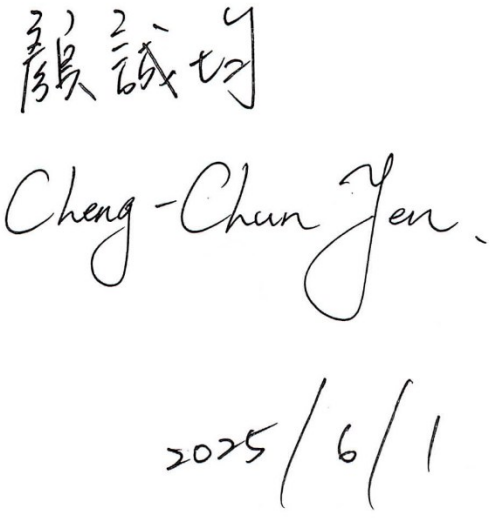


Table of Contents

Introduction

According to Darwin's theory of evolution, "biological traits that are disadvantageous for survival and reproduction will be naturally eliminated over time"; this principle has become one of the theoretical foundations of modern biology and medicine.

However, contemporary mainstream medicine defines "insomnia" as a high-risk pathological condition, linking it closely to elevated mortality rates, impaired physical and mental health, and functional disabilities. If this medical judgment holds true, then insomnia should be considered a physiological phenomenon detrimental to individual survival and reproduction. Following evolutionary logic, its prevalence should naturally decline over time—or even be selectively eliminated.

Simply put: either "insomnia" eliminates humankind, or humankind, through evolution, eliminates "insomnia"—the two cannot coexist in the long term, or it would violate the basic principle of natural selection.

Yet the reality is the opposite: in modern society, the phenomenon of insomnia has not decreased but increased, showing a positive correlation with the level of civilization. This suggests that insomnia, as a common physiological experience, presents a logical contradiction when viewed through the lens of evolutionary theory.

This report begins with this structural contradiction, offering a verifiable logical foundation and proposing an alternative model: "Sleep is an instinctive animal behavior. Insomnia is not a disease; rather, it results from the failure to activate the sleep switch—the disruption of the signal that triggers this animal instinct." Through logical analysis and alternative theoretical construction, this report aims to directly address the core issue, step by step explaining how the current pathological framework fails to fully explain the phenomenon of insomnia and contradicts the evolutionary perspective.

Therefore, this paper proposes a logically complete and closed "Theory of Sleep Instinct," which holds that sleep is an animal instinct shaped by evolution. Insomnia is not the result of pathology, but rather the result of a broken signal in the instinctive sleep activation mechanism (an unopened switch). To explain this phenomenon, this paper further presents the "Posture Hypothesis," which argues that incorrect signals sent by body posture are the key factor preventing the activation of this instinctive behavior.

I: Foreword

1. Research Topic and Motivation:

In contemporary society, 'insomnia' has virtually become a global phenomenon. Whether in Taiwan, the United States, or around the world, the number of people suffering from insomnia continues to rise.[1]

In Taiwan, according to statistics from the National Health Insurance Department of the Ministry of Health and Welfare, one in five people suffers from long-term insomnia. The number of prescriptions for sleeping pills increases year by year. In the United States, after the outbreak of the COVID-19 pandemic, the number of insomniacs surged, even giving rise to the term 'Coronasomnia'. Globally, research has shown that the more capitalized (urbanized) a country is, the higher its insomnia rate.

This is especially evident among teenagers and office workers, indicating that it is no longer just an individual physiological problem or an occasional issue, but a worldwide 'sleeping dilemma'.

Furthermore, as the number of people suffering from insomnia increases, 'anti-insomnia products' continue to emerge. However, despite the constant introduction of interventions, existing statistics indicate that overall sleep quality has not significantly improved.[2] This raises a question: if investment continues to increase, why are the results still limited?

We must raise a fundamental reflection: our current medical interventions still show a significant gap in actual effectiveness for most insomnia patients. It is necessary to re-examine their pathological foundations. More importantly, if 'sleep' is an innate

[1] World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and Taiwan Ministry of Health and Welfare, National Health Insurance Department statistics.

[2] Cappuccio, F. P., D'Elia, L., Strazzullo, P., & Miller, M. A. (2010). Sleep duration and all-cause mortality: A systematic review and meta-analysis. *Sleep, 33*(5), 585–592.

Irwin, M. R. (2019). Sleep and inflammation: Partners in sickness and in health. *Nature Reviews Immunology, 19*(11), 702–715.

World Health Organization. (2022). *World mental health report: Transforming mental health for all*. Geneva: WHO Press.

instinct of animals, why are we humans becoming increasingly distant from this 'animal instinct' to fall asleep?

The author has suffered from so-called 'sleep disorders' since childhood, long trapped in a state of insomnia, with blurred memories of a 'good night's sleep'. Yet after years of observation, research, and personal practice, I eventually established a clear and verifiable pathological mechanism, and proposed a theoretical foundation: The Theory of Sleep Instinct — which argues that sleep is an automatic animal instinctive behavior. In the absence of organic causes, I assert that the vast majority of people retain their instinctive ability to fall asleep, only that the conditions have not been properly triggered. Once the right conditions are induced, 'sleeping soundly through the night' is not an unattainable dream.

Perhaps, we have not lost the ability to sleep — we are simply using the wrong posture, causing the body to misinterpret the signal as: 'I'm not trying to sleep at all.'

2. Conclusion First: Sleep is an 'animal instinct,' not a 'disease that requires treatment.' Prone sleeping (lying face down) naturally leads to sleep through bodily adjustments and rhythmic regulation.

This paper argues: the phenomenon of insomnia does not necessarily equate to a disease. It could also stem from a type of 'sleep signal linkage failure (interrupted or disrupted)' that has yet to be fully recognized by the medical system. Sleep, in essence, is an instinctive animal behavior. The author believes that the root cause of insomnia may be related to the failure to properly activate the sleep linkage mechanism—one that is closely tied to the signals sent by body posture.

Therefore, the insomnia of many modern people may originate from an often-overlooked cause: incorrect body posture.

Many modern individuals may not suffer insomnia due to psychological stress or brain dysfunction, but rather due to the neglected role of physiological signals conveyed through body posture in initiating sleep. Based on the author's research, logical analysis, and personal experimentation, prone sleeping (lying face down) may be a posture that activates the parasympathetic nervous system, helping the body reach the condition required for sleep.

This posture compresses the chest cavity, naturally encouraging diaphragmatic breathing, which in turn stimulates the parasympathetic nervous system. This creates a bodily state conducive to sleep, making it easier for both body and mind to enter the sleeping phase. From an evolutionary and animal instinct perspective, this inference may more accurately reflect physiological changes, in contrast to the 'insomnia as pathology' view.

This paper will point out: contemporary medicine may have overlooked the instinctual animal nature of sleep. This has led to resource misallocation, misclassification, and a misleading understanding of the causes of insomnia. Treating insomnia without acknowledging 'animal instincts' or 'natural behavior' may result in drug dependence. If certain treatment options fail to address the root cause—'difficulty falling asleep'—they may further reinforce dependence on external interventions (such as folk remedies), thus further blurring or disrupting the body's ability to interpret natural sleep signals.

Additionally, the market is flooded with sleep aids driven by commercial demand. While these may offer short-term support, they often fail to address the core cause of insomnia.

If you have ever suffered from insomnia—or if you are currently trapped in its grip, lying in bed unable to fall asleep—then the following sections will lead you, with scientific spirit and rigorous logic, through an in-depth exploration:

Why do you have insomnia? Why is it that lying down doesn’t help you sleep, while lying face down does?

To maintain logical consistency and precision, this paper adopts a step-by-step convergent structure, progressing from hypothesis to conclusion. The tone will gradually strengthen with the completeness of the argument—not due to emotional shifts, but as a natural rhythm of logical development.

II: Content Discussion (Analysis)

1. The Beginning of the Problem: What is 'Sleep'? And What is 'Insomnia'?

Before elaborating on specific content, the author would like to begin with this question: What exactly is 'sleep'?

Historically, some have hypothesized whether sleep is even necessary.

Clearly, the necessity of sleep is now almost universally accepted in academia.

Modern medicine has virtually abandoned the idea that sleep is 'useless' or 'replaceable'. Instead, solid research has confirmed that 'sleep is irreplaceable'.[3]

Sleep is a multi-functional, integrated physiological process whose necessity cannot be substituted by any other behavior.[4] Current sleep research clearly indicates that 'lack of sleep harms both body and mind.'

Furthermore, with the increasing number of related studies, the 'necessity and benefits of sleep' have been widely affirmed and even regarded as fundamental conditions for sustaining life and health.

However, in stark contrast, the global population suffering from insomnia has not decreased—but continues to rise.

Theoretically, when society places greater emphasis on sleep, invests more resources in research, and takes steps to improve sleep problems, the phenomenon of insomnia should be alleviated.

But in reality, this expectation has not been met. Despite efforts from public health policies, medical interventions, psychological recommendations, and product markets, the prevalence of insomnia has not significantly declined.

---

[3] Walker, M. (2017). Why we sleep: Unlocking the power of sleep and dreams. New York: Scribner.

Siegel, J. M. (2005). Clues to the functions of mammalian sleep. Nature Reviews Neuroscience, 6(3), 183–192.

[4] Siegel, J. M. (2005). Nature Reviews Neuroscience, 6(3), 183–192; Walker, M. (2017). Why We Sleep; also referenced in WHO public health reports as a basic health element.

This may suggest that current intervention strategies have yet to address the root causes of insomnia. While various sleep aids and methods have emerged, and pre-sleep mindset adjustments and environmental improvements have become focal points, insomnia remains largely unresolved.

According to the author's theory, such trends may even interfere with sleep signals and have counterproductive effects.

(This reflects a statistical-level asymmetry that still requires causal clarification. Nonetheless, the observed mismatch between effort and improvement merits further investigation.)

More importantly, contemporary medicine often simplifies this phenomenon as a 'disease of civilization'.[5] This leads to a diagnostic-treatment model centered on 'pathologization and medication'.

Such an approach may overlook the deeper interaction between physiological instincts and the social environment.

Perhaps we can even joke: has human civilization advanced, and our biological evolution progressed, to the point where we can override evolutionary mechanisms themselves and cancel the fundamental instincts that define us as animals?

Animals may not be human, but humans are always animals. Sleep is an instinct born of evolution—essential for the continuation of life.

It (sleeping) does not require instruction; you naturally fall asleep on your own.

For example, hunting relies on experience and learning—a young cheetah must be led and trained by its mother—but sleep is not like that.

Moreover, there is currently no literature showing that animals acquire sleep behavior through learning.[6]

---

[5] Ulijaszek, S. J. (2007). Obesity Reviews, 8(2), 183–187. This article states that 'diseases of civilization' are often used as simplified terms to avoid discussing complex social causality. Also see: Conrad, P. (2007). The medicalization of society.

[6] Lesku, J. A., et al. (2006). A phylogenetic analysis of sleep architecture in mammals. *American Naturalist, 168*(4), 441–453.

Rattenborg, N. C., et al. (2017). Sleep research goes wild: New methods and approaches. *Philosophical Transactions of the Royal Society B, 372*(1734).

We almost never see animals teaching their offspring 'how to sleep.'
Although not derived from strict research, this phenomenon reflects through common-sense observation that sleep behavior, as an instinct, is a biological and physiological mechanism governed by endogenous circadian rhythms and is often initiated automatically, without the need for learning.[7]

(Later, the author will use this phenomenon as support for the claim that 'sleep is an animal instinct,' though it has not yet been confirmed by rigorous behavioral studies. This is hereby clarified in advance.)

So then, what are the facts?

Is it possible that there are still unexplained aspects in the medical community's understanding of insomnia mechanisms?

2. Perhaps Insomnia Is Not a Disease:

In 1859, Charles Darwin introduced the concept of 'evolution' in his work *On the Origin of Species*.

Over the past century, through the tireless efforts of the biological sciences, 'evolutionary theory' has become a shining cornerstone of modern biology and medicine.[8] Refined to the extreme, enduring through time.

What does evolutionary theory tell us?

'Natural selection, survival of the fittest.' Life fights to survive, reproduce, and persist.

According to Lesku et al. (2006) and Rattenborg et al. (2017), while animal sleep behavior studies extensively explore sleep patterns and brain region differences, no records indicate that learning mechanisms are required for initiating sleep.

[7] So far, there have been no observations or records indicating that wild animals experience anxiety or help-seeking behaviors due to 'inability to sleep,' nor is such behavior treated as abnormal.

In field observation records, animals tend to exhibit instinctive adjustments—for example, a mother leopard returning a stray cub to the den to maintain rhythm and safety.

Observation sources include publicly available video materials and narration analyses from international documentary channels such as *BBC Earth*, *National Geographic Wild*, and *Animal Planet*.

This section is based on observational description and should not be treated as a formal research citation.

[8] Nesse, R. M. (2001). *Why we get sick*; Tinbergen, N. (1963). On aims and methods of ethology.

Logically, we should ask: Is evolutionary theory true?

I believe this is beyond question.

So here comes the real issue. What are the consequences of insomnia?

Based on modern medical research, by integrating most studies, we can draw one conclusion: 'Insomnia increases the risk of death.'[9]

At this point, some readers may respond, 'So what? The statement “insomnia increases the risk of death” is logically sound and doesn’t conflict with evolutionary theory.'

Indeed, if we look solely at the sentence 'insomnia increases the risk of death,' there is no logical error. But the deeper question is: 'How should insomnia be explained from the perspective of animal instinct?'

Moreover, many people suffering from insomnia often describe experiences such as: 'I want to sleep, but I can’t.' Or 'I’m exhausted, but still can’t fall asleep.'

These kinds of reports are commonly seen in clinical feedback. (This will be analyzed in detail in later sections.)

Under evolutionary theory, sleep is indeed an animal instinct.[10] Even though humans have escaped the food chain through civilization, we are still animals.

If so, then by animal instinct, 'sleep' should not be something that troubles us.

If we agree with this inference, then the prevalence of insomnia suggests the presence of factors that interfere with instinct—not merely pathological causes.

---

[9] Vgontzas, A. N., et al. (2010). Insomnia with objective short sleep duration and mortality: A population-based study. *Sleep, 33*(5), 585–592. PMID: 20469801

Irwin, M. R. (2019). Sleep and inflammation: Partners in sickness and in health. *Nature Reviews Immunology, 19*(11), 702–715.

Cappuccio, F. P., et al. (2010). Sleep duration and all-cause mortality: A systematic review and meta-analysis. *Sleep, 33*(5), 585–592. PMID: 20469800

Sofi, F., et al. (2014). Insomnia and risk of cardiovascular disease: A meta-analysis. *European Journal of Preventive Cardiology, 21*(1), 57–64.

[10] Cirelli, C., & Tononi, G. (2008). Is sleep essential? *PLoS Biology, 6*(8), e216.

Siegel, J. M. (2005). Clues to the functions of mammalian sleep. *Nature, 437*(7063), 1264–1271.

'Wanting to sleep but being unable to,' or 'being exhausted but still unable to sleep' is, frankly, hard to imagine.

Logically speaking, the author wishes to raise a caution: modern Evidence-Based Medicine often emphasizes symptom control over cause investigation, resulting in an excessive tendency to 'manage controllable symptoms without understanding the causes.'

The most typical examples of this are cancer and Alzheimer's disease.

From the very beginning, there has been no consensus in the medical field on the origin of 'insomnia.'

Insomnia was directly pathologized, and analysis began on its 'pathophysiological mechanisms.'

In clinical practice, many medical professionals almost immediately apply standardized clinical procedures.[11]

This kind of treatment structure—based on 'hypothetical pathophysiological constructs'—is common in medicine.

However, it often focuses only on symptom management and fails to reach physiological, social, or real causes (Moncrieff, 2008; Ghaemi, 2010).[12]

As Ioannidis (2005)[13] pointed out, theoretical derivation without validation mechanisms tends to produce logically closed cycles rather than falsifiable systems.

This reflects the structural limitations of a treatment model focused on symptoms rather than causes and should provoke deeper reflection.

(The above criticism does not target the overall effectiveness of medical practice, but rather highlights that within the development of Evidence-Based Medicine, the neglect of etiological logic and mechanism verification may lead to symptom-centered treatment frameworks, which produce closed-loop reasoning and systematic fallacies.[14] Greenhalgh et al., 2014)

---

[11] Zolpidem (brand names: Ambien, Stilnox) is a non-benzodiazepine sedative commonly prescribed for short-term treatment of insomnia. It is widely used in both the United States and Taiwan.

[12] Moncrieff, J. (2008). *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment.*

Ghaemi, N. (2010). *The Rise and Fall of the Biopsychosocial Model: Reconciling Art and Science in Psychiatry.*

[13] Ioannidis, J. P. A. (2005). Why most published research findings are false. *PLoS Medicine, 2*(8), e124.

[14] Greenhalgh, T., et al. (2014). Evidence-based medicine: A movement in crisis? *BMJ.*

Of course, some treatments are based on empirical feedback and statistical correlation.

But if the etiological logic is not self-consistent, the treatment concept cannot form a complete theoretical system.

The author questions whether such approaches can truly constitute a logically complete notion of 'treatment.'

The application of 'hypothetical pathophysiological constructs'[15] in modern medicine deserves our reflection.

Moreover, under the current system of medical (and ethical) education, most people no longer engage in logical reasoning. Instead, what we hear are:

'Do you have evidence? Do you have data? Where is your experiment? Your report?'

'Are you from medical school? You're not a doctor, so what gives you the right to say that?'

The pathologization of 'insomnia'[16] is a vivid example.

Because the causal chain stemming from 'insomnia increases the risk of death' leads us in a particular direction, if we continue along that line of reasoning, we encounter a fundamental contradiction with evolutionary theory.

(To put it plainly: According to evolution, we need sleep—but sleeping could supposedly endanger our health or even our lives??)

Furthermore, we can reverse the logic: If insomnia is long-standing and significantly harmful, then under evolutionary pressure it should gradually decrease.

Even if civilization temporarily offsets such risks, the reproductive and functional costs it causes should still create a selection pressure for elimination.

Yet reality moves in the opposite direction. This indicates that our current understanding of insomnia may be in systematic conflict with the instinct-activation mechanisms described by evolutionary theory.

---

[15] Stegenga, J. (2018). *Medical Nihilism.* Oxford University Press.

Thornton, T. (2007). *Essential Philosophy of Psychiatry.* Oxford University Press.

[16] Insomnia is indeed classified both as a symptom and a pathology in psychiatric classification systems. Both ICD-11 and DSM-5 list 'Insomnia Disorder' as a distinct disease, but also acknowledge its strong links to lifestyle, environment, and mental state. Source: World Health Organization. *ICD-11 for Mortality and Morbidity Statistics.*

(Jokingly speaking: Unless you believe that modern humans have completely escaped evolutionary mechanisms and no longer live by instinct… then we're no longer animals—we're machines.)

And this is precisely the most paradoxical part of the logic…

Medicine is built on the foundation of evolutionary theory, but when it comes to sleep, it neglects instinct. This is a logical rupture.

It is not only a conceptual confusion—it is a systematic error in reasoning structure.

The author believes this is a systemic issue that deserves deeper reflection. It is not just a blind spot in medical interpretation, but also a potential flaw in our overall system of disease definition.

Furthermore, if insomnia were merely a product of modern civilization, and carried no significant risk to reproduction or survival, then its persistence might make sense within evolutionary logic.

But if insomnia does increase mortality and reduce reproductive success, yet still remains widespread in human populations, then our current explanatory models fail to account for this selective contradiction.

This suggests the need to reexamine our theoretical framework—or search for an alternative theory that better aligns with evolutionary logic.

3. 'Perhaps, You Don't Really Want to Sleep.' — The Posture Hypothesis Through Sherlock Holmes Logic

If medicine and psychology have tried for years to explain insomnia but have never truly resolved the issue, then should we not reconsider the entire logical framework from another angle?

We've already ruled out extreme assumptions like 'no need for sleep' or 'sleep doesn't matter.'

We've also examined the pathological and psychological explanations proposed by modern medicine.

But if none of these pathways provide effective explanations or lead to real improvement, does it suggest that we've overlooked a fundamental trigger?

That trigger might not be an abstract mental state or a neurotransmitter in the brain—it might be something extremely concrete, yet long neglected: posture.

If sleep is an instinct, then its initiation might require a physical signal—a kind of bodily 'switch' to activate the sleep process.

If that signal is wrong—say, if your body adopts a posture that transmits a 'not ready for sleep' message—then even if your mind wants to sleep, your body might be physically blocking the transition.

Logically, we may hypothesize that body posture might send signals that contradict the intent to fall asleep.

Following this logic: if we can be 100% sure that sleep is an animal instinct, then we can also infer that, under animal instinct, nearly 100% of people are capable of falling asleep.

But something unbelievable has happened. Some people truly cannot sleep—and this is a 100% real phenomenon.

What is going on with this contradiction and conflict?

If we critically analyze contemporary medical understanding, in the author's opinion, we have simply fallen into a trap of logical error.

From the start, we have not thoroughly investigated the concrete causes of insomnia.

Instead, we have relied too heavily on the model of 'unclear cause but controllable symptoms'—the hallmark of today's evidence-based medicine.

As a result, we have long neglected the real cause of insomnia.

Over time, repeated assumptions became dogma. We labeled insomnia as a disease, and then retroactively tried to justify it.

This is a textbook case of the Fallacy of False Premise—resulting in a fallacious circular reasoning structure built upon a flawed foundation.

If we start from the premise that 'sleep is an animal instinct,' and we trust logic and science to confront the issue head-on, then the outcome might be entirely different.

Jokingly speaking, at least we wouldn't have to swallow so many sleeping pills...

Starting from animal instinct: sleep truly is a biological instinct. It doesn't require instruction—you are 100% capable of falling asleep.

But in reality, the fact that you 'truly' haven't fallen asleep is also 100% real.

So, under the law of the excluded middle, if all impossible propositions are ruled out, then the one remaining deduction must be true:

The posture signals your body is sending contradict your intention to fall asleep—"Perhaps, you don't really want to sleep."

So what does that mean?

Let's suppose we use analogical reasoning—maybe we can get a bit closer to the truth.

Sleeping is an animal instinct; eating is also an animal instinct.

When an animal is hungry, the process goes as follows:

First, it feels hunger and wants to eat (saliva and gastric acid are secreted);

Second, it starts to seek food (hunt);

Third, it performs the act of 'eating';

And finally, eating is completed successfully.

By the same logic, when an animal begins to feel sleepy, the process is:

First, it feels tired or drowsy (yawning);

Second, it returns to its habitat (home, bed);

Third, it performs the act of 'sleeping';

And finally, it successfully falls asleep.

So, where does the breakdown occur?

Once again using deductive reasoning in combination with the law of the excluded middle: if all impossibilities are eliminated, the remaining proposition must be true—even if it sounds humorous.

Sleepiness (yawning) → 100% exists → eliminated;

Returning to the habitat (going to bed) → 100% exists → eliminated;

Then what remains? — The action itself. This is the only suspicious variable.

So we can strongly suspect that insomnia likely originates from an error in action signals:

There is a problem with your sleeping posture.

(Note: This article uses the feeding process as a reasoning analogy purely for structural comparison. It's important to note that eating is primarily triggered by external stimuli, while sleep is mainly governed by endogenous circadian rhythms. Although both are instinctive behaviors, they operate at different physiological levels.)

In summary, by using deductive logic twice, we arrive at two provisional conclusions:

First, 'You may not really want to sleep.'

Second, 'There is a problem with your posture.'

Using the method of elimination, we temporarily offer this hypothetical explanation:

That is —

'Through posture, we are telling ourselves: I actually don't want to sleep.' (hypothetical conclusion)

Sherlock Holmes: 'When you have eliminated all which is impossible, then whatever remains, however improbable, must be the truth.'

I understand that many readers at this point may be wondering,

'Isn't your reasoning too arbitrary?'

'Isn't your inference too simplistic?'

'This feels childish—like something a kid would say.'

'Is this really logic?'

Yes. Whether reasoning or conclusion, it really is that simple—so simple it might leave you speechless.

As long as all 100% impossible options have been ruled out, whatever remains—no matter how absurd it seems—is 100% true.

If we define sleep as an animal instinct, and insomnia as a disruption of that instinct (a switch not triggered), then we can explain many scenarios that the 'pathological theory of insomnia' cannot.

More precisely, if we place sleep on the same level as eating—both as animal instincts—then from an evolutionary perspective,the body must have some kind of defense mechanism to protect these instincts.

Because you are an animal—and you have to survive.

Let's take eating as an example.

From the perspective of evolution, eating plays a crucial role in survival and reproduction.

So, when we don't eat for a long time, what happens?

Most people can immediately think of things like 'weight loss,' 'fatigue,' or 'weakened immunity.' Right?

These are the body's protective defense mechanisms.

Under the logic of animal instinct, when you suppress a natural function, death does not occur immediately.

Before that, the body attempts self-regulation.

Take 'fatigue' as an example: it's your body trying to manage and reduce energy output and consumption.

Because you haven’t eaten, your body switches to 'hunger mode' or 'energy-saving mode,' and lowers your activity metabolism—so you feel tired.

Likewise, sleep is an animal instinct.

When sleep is deprived for too long, your body becomes excessively fatigued.

And it activates another regulation mechanism—something some of you have likely experienced: 'microsleep' or 'sudden sleep.'

Have you ever experienced this?

Maybe due to work, school, or family matters, you had to stay up for several nights.

Just when you thought you could keep going, you suddenly fell asleep.

Or maybe on a commute, without warning, you entered a deep sleep.

You thought you could hang on, but you couldn’t.

Strictly speaking, your body wouldn’t allow you to keep going.

'You’re too tired. This is dangerous. You have to sleep now.'

That—
is animal instinct.

Following this logic, if we adopt the 'pathological theory of insomnia,' everything starts to sound very strange.

The reasoning begins to show logical holes and inconsistencies.

If you changed jobs or had too much academic stress, the doctor would say your insomnia is due to hormonal imbalance (stress hormones).

But then how do you explain falling asleep during a commute?

Your stress hasn’t gone away.

(This is a logical challenge, not an empirical rebuttal. It still requires experimental validation through controlled variables.)

4. Supine Sleeping Is Not Instinctive—It's a Habit

In modern society, 'lying down to sleep' has long been constructed as the default posture through cultural and educational systems.

It has been reinforced through parenting, medical advice, and media messaging—shaping a 'natural logic' that sleep should be done lying on one's back.

But rarely is this idea questioned at a fundamental level, such as in terms of biological instinct or evolutionary logic.

(1) Under evolutionary theory, it is highly unnatural for animals to sleep on their backs.

Let's begin with statistical inductive reasoning.

In the natural world, sleeping on one's back is extremely rare—only observed in a small number of mammalian species.

Even then, it usually occurs only in conditions of complete safety, domestication, or deep relaxation.

Beyond anatomical unsuitability, there are also evolutionary risk factors involved.[17]

Humans are among the very few animals who voluntarily sleep on their backs.

Not only that, but through the advice of rehabilitation doctors and physical therapists, we're still led to believe that sleeping on the back is good for the body.

But is it really?

Perhaps we should question this assumption.

Maybe we can switch to a more casual tone here.

Have you ever heard animal veterinarians or behaviorists explain that when your pet exposes its belly to you, it's a sign of trust—or that the environment feels safe?

---

[17] Allison, T., & Cicchetti, D. V. (1976). Sleep in mammals: Ecological and constitutional correlates. *Physiology & Behavior, 16*(2), 229–238.

Siegel, J. M. (2008). Do all animals sleep? *Trends in Neurosciences, 31*(4), 208–213.

If a stray dog on the street does the same, it's more likely showing submission—a sign of defeat.

What these experts describe is precisely the kind of situation we're talking about.

(2) When all other factors are held equal (ceteris paribus), comparing 'supine' vs. 'prone' sleep: the risks associated with supine sleeping almost seem evolutionarily backward.

In today's media and social platforms—especially with the rise of insomnia—we often hear the question:

What kind of sleeping position is best for us?

This question is particularly common in health-themed content across news and social media.

So let's start by comparing the 'downsides' of prone vs. supine sleeping:

(Note: For now, we will compare adult sleeping postures. Issues related to infant prone sleeping will be discussed in later chapters.)

a. Downsides of Prone Sleeping [18]:

According to current research, long-term prone sleeping in adults may lead to multiple physical burdens, including: head rotation increasing cervical spine pressure, spinal misalignment causing lower back or neck discomfort, compression of the chest and abdomen limiting lung expansion (especially detrimental to asthma or chronic lung disease patients), and decreased nighttime ventilation efficiency.

Facial skin pressure can cause marks, wrinkles, acne, and potentially worsen eye pressure or sinus issues. For women, breast compression may cause discomfort, especially post-breast augmentation surgery where prone sleeping is discouraged.

[18] Cleveland Clinic. (n.d.). What's the Best Sleeping Position? Cleveland Clinic Health Essentials.

Lee, M. R., Kaja, S., & Newman, D. G. (2008). The effect of sleep position on intraocular pressure in normal-tension glaucoma. *Ophthalmology, 115*(2), 241–245.

American Society of Plastic Surgeons. (n.d.). Post-operative Care Recommendations.

b. Downsides of Supine Sleeping [19]:

Although supine sleeping is believed to help spinal alignment, multiple medical studies indicate that it may lead to tongue base collapse and airway obstruction, worsening obstructive sleep apnea (OSA).

It also increases the risk of acid reflux due to the stomach being positioned above the esophagus.

In cases of inadequate mattress support or improper pillows, supine posture may cause lumbar hyperextension and lower back strain.

For women in late pregnancy, supine sleeping may cause the uterus to compress the inferior vena cava, affecting blood flow and posing risks to both mother and fetus.

Moreover, supine posture increases the likelihood of snoring, which can affect the sleep quality of both the individual and their partner.

Next, under equal conditions, we compare the worst-case scenarios based on current literature:

a. Worst-case scenario for Prone Sleeping:

Compression of the chest and abdomen limits lung expansion, which is particularly harmful for patients with asthma or chronic lung disease and may reduce nighttime ventilation efficiency.

[19] American Academy of Sleep Medicine. (2019). Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnea.

Oksenberg, A., Silverberg, D. S., Arons, E., & Radwan, H. (2000). Supine-related obstructive sleep apnea: pathogenesis and treatment. *Sleep Medicine Reviews, 4*(5), 403–410.

Kahrilas, P. J., Lin, S., Chen, J., & Logemann, J. A. (2000). Sleep posture and esophageal acid exposure in patients with gastroesophageal reflux disease. *Annals of Internal Medicine, 133*(7), 477–482.

Canadian Memorial Chiropractic College. (n.d.). Spinal Health and Sleep Posture Guidelines.

Stacey, T., Thompson, J. M. D., Mitchell, E. A., & Ekeroma, A. J. (2011). Association between maternal sleep practices and risk of late stillbirth: a case-control study. *BMJ, 342*, d3403.

American College of Obstetricians and Gynecologists. (n.d.). Sleep Position During Pregnancy.

Mayo Clinic. (n.d.). Snoring: Causes and Remedies.

b. Worst-case scenario for Supine Sleeping:

Supine posture may cause tongue base collapse and airway obstruction, thereby exacerbating obstructive sleep apnea (OSA).

Objectively speaking, the risk of 'OSA caused by supine-induced airway collapse' clearly outweighs the risk of 'reduced ventilation efficiency due to prone compression.'

Reasons:

a. OSA is a recognized diagnosis in ICD-10 and DSM-5, while 'ventilation insufficiency from prone posture' is often a secondary factor and not an independent diagnosis.

2. OSA is a diagnosable, measurable sleep disorder with well-documented associations with severity and mortality. Long-term cardiovascular damage from OSA is strongly supported by evidence—linked to hypertension, arrhythmia, stroke, and even death (see: Young et al., 2008, *Sleep*).

3. In the absence of pre-existing lung disease, chest compression from prone posture poses relatively low risk to healthy adults, whereas OSA can occur in those without prior conditions and deteriorate rapidly.

4. Although prone posture compresses the chest and affects ventilation, unless a person already has COPD, severe asthma, or neuromuscular disease, it generally presents only a secondary physiological burden to healthy individuals.

The risk of airway collapse leading to OSA carries direct and potentially fatal consequences for the respiratory center, cardiovascular system, and other systemic functions. This makes it clinically significant across a wide population. Compared to the chest compression caused by prone sleeping, this represents a much higher level of health risk. Although both affect respiratory function, the risk of airway collapse and the aggravation of OSA due to supine sleeping is far greater in terms of incidence, severity, and mortality than the reduction in ventilation caused by prone positioning.

I must jokingly say, if we look at prone and supine sleeping from the perspective of “worst-case scenarios,” these two risks are not even in the same weight class: “Prone sleeping causing chest and abdominal compression with reduced ventilation efficiency” primarily affects pulmonary mechanics, posing a more localized and gradual risk that only significantly impacts certain groups (e.g., those with COPD). In contrast, “supine sleeping aggravating obstructive sleep apnea” involves systemic and intermittent hypoxia leading to multi-organ risks. This condition is widely

present in the general population (especially middle-aged men and those with obesity) and is clearly associated with cardiovascular events and increased mortality.

From an evolutionary standpoint, I would even say: “Human beings sleeping on their backs is the beginning of all the problems; the risks of supine sleeping are almost a violation of evolutionary principles.”

The levels of risk stratification and clinical severity involved in these two scenarios differ significantly and cannot be assessed on the same analytical scale. Put simply, when we sleep on our backs, there's a real chance we might end up killing ourselves…

All of this leads us to ask: “Why do we even sleep lying down?”

When researching insomnia and compiling this report, I tried my best to explore this question using all available resources. These included popular search engines (Google, Bing, Yahoo, Baidu), the latest large language models (LLMs), and comprehensive academic databases like Google Scholar, PubMed, and Scopus, among others. And yet, there appears to be almost no related research.

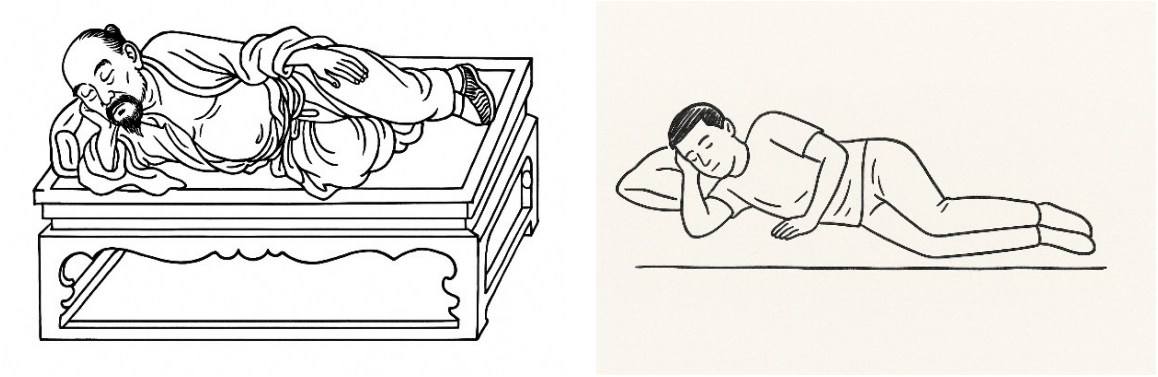
(Note: Of course, there are some discussions in specific countries, regions, publications, or communities—such as in the U.S., Japan, and parts of Europe. However, these are mostly individual reports, community posts, or personal anecdotes. They reflect more of an online ecosystem and do not constitute authoritative or benchmark scholarly work.)

Additionally, it is worth mentioning that due to the author’s own background in traditional Chinese culture (Taiwanese), and based on research conducted using Chinese-language sources, there are indeed concrete, authentic records in ancient literature regarding sleeping posture. These kinds of writings are typically categorized under traditional Chinese medicine, such as in the classic text *Huangdi Neijing* (The Yellow Emperor’s Inner Canon).

Moreover, in such texts, references to sleeping posture appear more as observations or records. Of course, discussions do exist, but they often rely on metaphysical terminology—such as “harmony of yin and yang” or “alignment with the heavens.” Furthermore, due to the influence of modern mainstream medicine, traditional Chinese medicine (TCM) practitioners today tend to present these classics descriptively rather than actively promoting their content.

(Note: This portion reflects the author's personal and subjective experience based on his upbringing.)

Through focused review, the author has noted that one particular sleeping position frequently appears in traditional Chinese culture: the side-lying position. (This is shared purely for cross-cultural reference.)



Therefore, being confident in the theoretical foundation of the 'Theory of Sleep Instinct' constructed by the author, a bold assertion is made: 'Sleeping while lying on the back is not an instinct. It is rather a product of modern societal constructs—shaped by media, literature, social norms, education, and habit formation.'

Because the risks and harms associated with supine sleeping are, from an evolutionary perspective, regressively maladaptive, the author encourages readers to seriously question the default assumption that lying down flat is a natural way to sleep.

5. Sleeping prone is like a vehicle; diaphragmatic breathing is the key; and the parasympathetic nervous system is the ultimate ignition switch. Once all actions align, you can freely cruise through your dreams.

Before explaining this model, let me reiterate the core position of this theory:

The 'Theory of Sleep Instinct' posits that insomnia is not a disease but rather a failure of the body to decode the sleep signal transmitted through posture. In other words, sleep is an instinct embedded by evolution, and as long as the posture is correct, the body will naturally receive the sleep command triggered by posture.

What insomniacs want to know is: If sleep is truly an instinctive behavior, then in the absence of medication or organic disease, it should initiate automatically. So why do so many people suffer from insomnia?

Therefore, this report argues that the root cause of insomnia lies neither in the mind nor in environmental stress, but in 'incorrect posture causing failure to transmit the sleep signal, thus failing to activate the animal instinct of the body.' When these signals are blocked by incorrect posture, the instinct cannot be triggered. The habitual supine sleeping position of modern people is one of the major obstacles preventing the initiation of sleep.

(1) The Initial Conception: Inspired by Personal Experience

The initial idea of this theory came during a period when I was troubled by chronic insomnia. I repeatedly observed a significant improvement in falling asleep when adopting the prone (face-down) position. There was no medication or special intervention involved, and under stable sleep conditions, I noticed spontaneous abdominal rhythmic movements and clear diaphragmatic breathing responses while lying prone, which coincided with the body's gradual relaxation.

Later, this observation was echoed by many friends and family members who experienced similar sensations under natural conditions, without deliberate suggestion. This led to the early formation of a hypothetical linkage: posture — breathing — sleep.

It must be emphasized that these observations lack statistical representativeness and were not conducted under strict variable control, thus they do not qualify as empirical evidence. However, they still serve as a meaningful starting point for theoretical construction. The process of forming initial hypotheses based on physiological consistency in a single individual is a common strategy in early-stage theory development within behavioral and life sciences.

Hence, although this theory originated from personal experience, the following sections will transition into logical analysis and mechanistic breakdown, aiming to propose a falsifiable and experimentally verifiable hypothesis that meets the foundational requirements of modern scientific theory-building, modeling, and reproducibility.

Based on these preliminary observations, I propose the hypothesis: If sleeping prone (face-down) can indeed trigger diaphragmatic breathing, and further activate parasympathetic nervous system activity, then this chain reaction could serve as one of the candidate mechanisms for initiating sleep.

The following section will develop this line of reasoning through logical layers and comparative analysis with existing research.

(2) Content:

The core hypothesis proposed in this paper is that prone sleeping (lying face down) applies physical pressure to the thoracic cavity, limiting thoracic breathing and thereby promoting diaphragmatic breathing. This change in breathing pattern helps to activate the parasympathetic nervous system, which in turn facilitates the onset of sleep.

The logical model adopted here belongs to the commonly used inductive reasoning approach. When the research subjects are human groups with the same basic physiological structures, and the mechanisms involved in the hypothesis (such as thoracic pressure, breathing patterns, and neural activity) are physiologically consistent, it becomes reasonable to extend observations from a "single representative individual" to a broader preliminary inference (Ampliative Inference). Although this kind of reasoning does not provide conclusive proof, it can serve as a starting point for hypothesis formulation and provide a clear direction for experimental validation.

Accordingly, this paper attempts to introduce a new perspective that explains insomnia through posture-based intervention and parasympathetic nervous system activation. The goal is to encourage future physiological evidence-based exploration and validation.

a. Sleep Switch: Activating the Parasympathetic Nervous System through Diaphragmatic Breathing

Among mammals, diaphragmatic breathing is the most basic and energy-efficient form of respiration. Most wild mammals primarily rely on diaphragm movement for ventilation during rest, sleep, or states of low stress. This physiological mechanism is more efficient than thoracic breathing and is governed by the diaphragm—a structure unique to mammals (Perry, 2010; Schmidt-Nielsen, 1997)[20]. During intense activities like running or escaping, wild animals

[20] Perry SF. (2010). The evolution of the diaphragm and its function in vertebrate respiration. Respiratory Physiology & Neurobiology, 171(1), 1–6. Schmidt-Nielsen, K. (1997). Animal Physiology: Adaptation and Environment.

temporarily engage intercostal and abdominal muscles to assist with breathing, shifting toward thoracic patterns. However, they return to diaphragmatic rhythms during rest and recovery. For example, when lions lie still or chimpanzees enter sleep, rhythmic movements of the abdomen are evident.

Furthermore, diaphragmatic breathing is closely linked to the parasympathetic nervous system, promoting a "rest and digest" state that supports energy recovery and neural stability. Thus, wild animals in safe, non-alert environments naturally adopt this breathing mode (McEwen, 2007)[21]. This indicates that diaphragmatic breathing is not only a fundamental physiological form but also a core mechanism by which animals instinctively regulate stress and restore balance.

Moreover, diaphragmatic breathing has been extensively studied as a non-pharmacological method to enhance parasympathetic activity and regulate the autonomic nervous system. Studies show that through changes in thoracic and abdominal pressures, diaphragmatic breathing can effectively stimulate the vagus nerve, thereby increasing parasympathetic activity. This leads to lowered heart rate, stabilized blood pressure, reduced cortisol levels, and an overall relaxation response[22].

Heart Rate Variability (HRV) is often used as an indicator of parasympathetic activity, particularly its high-frequency (HF) component. Related research has confirmed that slow, deep diaphragmatic breathing significantly increases HF power and effectively reduces anxiety[23].

Additionally, systematic reviews show that diaphragmatic breathing not only aids in the regulation of physiological stress but also positively affects psychological stress, self-awareness, and attention[24]. In clinical applications, diaphragmatic breathing has shown efficacy in autonomic dysfunctions (such as

[21] McEwen BS. (2007). Physiology and neurobiology of stress and adaptation: central role of the brain. Physiol Rev, 87(3), 873–904.

[22] Johns Hopkins Medicine. Diaphragmatic Breathing. Retrieved from Johns Hopkins All Children's Hospital.

[23] Nakamura, H. et al. (2021). Effects of Slow Deep Breathing on Autonomic Function in Humans: A Meta-Analysis. Scientific Reports, 11, Article 19096.

[24] Ma, X. et al. (2017). The Effect of Diaphragmatic Breathing on Attention, Negative Affect and Stress in Healthy Adults. Frontiers in Psychology, 8, 874. Chen, Y.-F. et al. (2019). The effect of diaphragmatic breathing on physiological and psychological stress: A systematic review and meta-analysis. Journal of Clinical Nursing, 28(23–24), 4415–4423.

prehypertension) by improving the balance between sympathetic and parasympathetic nervous systems[25].

It is worth noting that diaphragmatic breathing, as a rhythmic and slow form of autonomous breathing training, has been applied to enhance heart rate variability and promote parasympathetic activity. According to research by Lehrer and Gevirtz (2014), this type of breathing training may indirectly increase vagal tone through baroreflex mechanisms and respiratory sinus arrhythmia, exerting potential regulatory effects on autonomic function.[26] Furthermore, since the parasympathetic nervous system dominates digestive activity, medical practice also suggests that diaphragmatic breathing helps improve digestive function, including alleviating bloating, constipation, and gastrointestinal discomfort.[27] Therefore, most medical institutions recommend the active practice of this technique in stressful environments as a daily self-care method for emotional and physiological regulation.[28]

In summary, based on a series of studies and empirical evidence, the impact of 'diaphragmatic breathing' and the 'rhythm of the parasympathetic nervous system' on our physical health is far deeper than we imagine. In contrast, humans under chronic stress or poor posture (such as prolonged sitting or supine sleeping) tend to develop thoracic breathing, which is extremely rare among wild animals. Thoracic breathing consumes more energy and is less efficient, used only temporarily during intense activity or stressful states, and is not an ideal daily breathing method.

In the early stages of the author's research and practice regarding 'prone sleeping', most instances of falling asleep happened at such high speed that there was no conscious perception of the body's sensation during the transition into sleep. The only consistent observation was this: 'The rhythmic movement of the abdomen was always present just before falling asleep.'

---

[25] Pal, G. K. et al. (2014). Effect of slow breathing training on autonomic functions in patients with essential hypertension. Clinical and Experimental Hypertension, 36(4), 284–289.

[26] Lehrer, P. M., & Gevirtz, R. (2014). Heart rate variability biofeedback: how and why does it work? Frontiers in Psychology, 5, 756.

[27] University of Michigan Health. Diaphragmatic Breathing for GI Patients. University of Michigan Digestive & Liver Health Services.

[28] U.S. Department of Veterans Affairs. Whole Health Library: Diaphragmatic Breathing. Veterans Health Administration.

After exploring relevant literature, the author firmly believes that when it comes to sleep, the 'parasympathetic nervous system' is almost certainly the body's 'sleep switch'.

This leads to a central point in the author's construction of the 'Theory of Sleep Instinct': When we sleep in the prone position, the chest experiences a certain degree of pressure, making thoracic breathing less feasible. To maintain smooth breathing, the body naturally switches to diaphragmatic breathing. With the rhythm of diaphragmatic breathing, the parasympathetic nervous system begins to activate. Through this chain reaction, one can drift into sleep smoothly and gracefully. This is the author's line of reasoning.

b. Sleeping Prone Might Be More Comfortable

"Why don't we sleep on our stomachs?"—No one really knows.

According to the current literature, there is actually no definitive explanation as to why modern people tend to choose to sleep on their backs (supine position). So, I attempted to approach it from another angle: Why don't we choose to sleep on our stomachs?

Although the sample size is limited, through experience, observation, and discussions, I have come to a preliminary conclusion: 'Because sleeping prone feels unfamiliar, and not very comfortable.'

Indeed, this aligns with my personal experience. In the beginning, it truly did feel uncomfortable and unfamiliar. But what if 'sleeping prone' is actually a better position for us? Then how should that be explained?

The discomfort associated with sleeping prone has a clear physical basis. The pressure caused by body weight and its mechanical transmission within a living body fall under the realm of physics—specifically biomechanics. Moreover, the impact of this physical pressure on human physiological functions (such as lung capacity and respiratory efficiency), health conditions (such as implications for individuals with respiratory diseases), and clinical applications (such as recommended sleep positions) are undoubtedly key subjects of medical research.

Furthermore, while the definition and analysis of 'pressure' originate from physics, the 'effects of chest pressure on the body while sleeping prone' is a crucial subject of medical inquiry and in-depth investigation. It is a cross-disciplinary phenomenon requiring an understanding of the foundational

principles of physics, followed by medical research into its effects on complex human systems.

What I want to express here is that lying on one's back to sleep is essentially the same.

Whether it's prone sleep or supine sleep, the issues encountered are logically the same. Whether we examine it from the perspective of physics, biomechanics, or clinical medicine, across these interdisciplinary fields, the problems we face with either posture are fundamentally identical. The most basic logic is: because we are sleeping. Simply put, we are all bearing our own body weight during sleep.

The "comfort" of a sleeping posture and the "physiological or medical effects caused by posture" are actually two separate concepts. If we link "discomfort when falling asleep" directly to "this posture is unsuitable for us," that is a flaw in logical reasoning.

Furthermore, if the person is morbidly obese, their understanding of sleep posture becomes a completely different level of issue. (At least at this stage, it is beyond the scope of our discussion.)

Based on the above analysis, my hypothesis is: the discomfort we feel from prone sleep is not a matter of health—it's simply because we are not used to it. That's all.

It should be stated that the theory and method proposed in this report originated from the author's long-term personal observation and systematic self-practice. Over a three-year documentation period, the author and close friends repeatedly adopted specific behavioral patterns and observed stable and consistent changes such as shortened sleep latency, fewer nighttime awakenings, improved subjective sleep quality, and reduction in insomnia symptoms. This experience prompted the author to further reflect on the possible physiological mechanisms involved and to build a theoretical framework that constitutes the core of this report.

However, it must be clearly noted: the evidence provided in this report is limited to a single individual's observation and description. It does not include systematic validation from large-sample, randomized, or blinded studies. The inherent limitations of case observation—including confounding variables, subjective bias, and placebo effects—cannot be ruled out. Therefore, the

inferences drawn should not be regarded as general conclusions but only as a basis for preliminary exploration.

Nonetheless, considering the distinct biological responses observed during implementation and their reasonable alignment with existing physiological mechanisms, this report holds that the hypothesis is justified. While it still awaits further verification, it represents a theoretically valuable starting point for new interpretations of the problem.

Thus, the purpose of this article is to present a logically consistent, observation-based hypothetical model, and to recommend that future studies adopt more rigorous scientific designs—such as sufficient sample sizes, controlled variables, control group arrangements, and blinded evaluations—to clarify its actual effects, mechanistic pathways, and scope of application. Only through such verification processes can the academic and practical significance of this intervention be truly established.

III. Summary (Clarification of Issues)

Following the "progressive and closed deductive structure" adopted in this report, the strengthening of tone in the latter part is not an emotional expression but a logical result of propositional intensity and pragmatic control. This paper aims to reexamine the conceptual root of "insomnia," proposing a logically closed theoretical model from the perspectives of evolutionary biology, ethology, and physiological signal decoding: the "Theory of Sleep Instinct"—that is, "sleep is an instinctive animal response triggered by posture." Although this proposition was hinted at the beginning, the full text is meant to clarify its logical foundation and evolutionary rationale. The movement from "hypothetical reasoning" to "affirmative critique" forms the basis of the rhetorical design, in order to avoid conclusion-driven misinterpretation.

Building upon the previous discussion, the opening of the report centers on the essential question of the nature of insomnia, and develops the argument through evolutionary logic and animal instincts. After progressively dismantling the current frameworks of medicine and psychology, this paper has completed a basic argument: insomnia is not a disease, nor merely a psychological disorder, but a posture-related issue in which the body fails to activate the sleep-triggering signal switch.

This chapter aims to summarize and clarify three levels of related issues. First, it recaps the logical contradictions of the current "pathologization of insomnia" discourse. Second, it addresses possible misunderstandings, semantic misinterpretations, and misplaced analogies that may arise during the proposal of this theory, clarifying them through closed argumentation. Third, it responds to potential overarching questions readers may have after reading. Finally, it reconnects with the fundamental inquiry—whether the human sleep instinct has been disrupted—and concludes the paper's structural reasoning with rebuttals and closure.

The true nature of the problem is often obscured by language. The task of this paper is not to offer alternative narratives from within the existing paradigm, but to use a deductive structure and the model of animal instinct through posture to clarify the logical ruptures and physiological signal misunderstandings involved in the phenomenon of "insomnia"; to dismantle the existing, incorrect framework, and reconstruct its cognitive foundation. Let this be stated at the outset.

1. General Question: On the Classification of "Insomnia" Between Humans and Animals

[Possible Questions:]

A. Do animals truly never suffer from insomnia? Would it be a mistake to draw direct analogies between humans and animals?

B. I've heard that animals can sleep poorly due to stress or changes in their environment. How can you say they don't experience insomnia?

C. Animals can also suffer from anxiety or high levels of stress. Wouldn't these conditions affect their sleep?

[General Answer:]

These questions, involving humans, animals, and insomnia, might seem simple but are far from it. Each question hides a deep logical structure. Therefore, before answering, I must first outline the key points of reasoning for the reader:

First, is sleep truly an "animal instinct"?

Second, do animals experience what we call insomnia?

Third, is it valid to directly analogize animals to humans?

And finally, in comparing animals and humans, can "sleeping posture" be included in the comparison?

Each answer connects directly to the assumptions of the next. These questions cannot be answered casually; any oversight can easily create logical flaws or weak points in reasoning.

Hence, we must begin by affirming one major premise: "Is sleep truly an animal instinct?" Once that is established, the rest can follow in a coherent chain.

As mentioned earlier, I have maintained this assertion throughout the report: "Sleep is an animal instinct. No one is inherently incapable of sleeping." This belief is the core axis running through the entire argument.

However, for the sake of building a clear theoretical model and crafting the logic of this paper, some sections have intentionally withheld extended discussions. These will be fully elaborated in later chapters—not due to oversight, but by design.

Therefore, I will first address the issue of sleep in animals.

In constructing the "Theory of Sleep Instinct," I have always adhered to a core premise: Sleep is a survival-based instinct derived from evolution. Many objections arise simply from a lack of clarity in the definition of the word "insomnia." I fully understand this confusion and will now proceed to clarify.

First, at the beginning of the article, I gave two examples: “I want to sleep, but I can’t,” and “I’m very tired, but I can’t sleep.” I believe everyone is familiar with these phrases, whether from personal experience or from friends and family. Let’s temporarily call this the “human insomnia state.”

The next question is: do animals experience this so-called “human insomnia state”? Based on scientific evidence, the following studies provide critical observations.

Most mammals display a clear phenomenon of sleep rebound after being deprived of sleep, indicating a basic physiological need for sleep [29]. On the other hand, wild animals in high-risk environments—such as predator threats or nighttime vigilance—show adaptive behavior by actively reducing their sleep time. For example, yaks, llamas, and deer in the wild voluntarily shorten sleep duration in response to external danger [30]. Additionally, lab-kept primates, canines, and rodents exposed to abnormal environments such as isolation, noise, or pain often show fragmented sleep, reduced REM sleep, and even short-term symptoms similar to anxiety-induced insomnia [31]. These phenomena are well-supported by research.

However, have you ever noticed that whether it's wild or lab animals, their “insomnia” state is not the same as the previously described “human insomnia state”?

The answer is: completely different.

All of the above abnormal sleep behaviors in animals do not possess the core features of insomnia as defined in humans. Most of these behaviors are physiological sleep adjustments or short-term responses. These findings merely highlight the necessity of sleep but do not suggest that animals “want to sleep but can’t.” These are physiological adaptations, not pathological insomnia. Moreover, these phenomena are generally short-lived, lack subjective distress, and do not meet the diagnostic criteria for insomnia disorder as outlined in the DSM or ICD.

In fact, one could go further and argue that the animal’s “not sleeping” behavior serves as reverse evidence that animals do not experience insomnia in the human sense. Instead, their state of wakefulness is a survival strategy driven by evolution.

---

[29] Rechtschaffen, A., Gilliland, M. A., Bergmann, B. M., & Winter, J. B. (1983). Sleep deprivation in rats. *Sleep*, 6(2), 87–97.

[30] Lesku, J. A., Roth, T. C., Amlaner, C. J., & Lima, S. L. (2006). A phylogenetic analysis of sleep architecture in mammals: The integration of anatomy, physiology, and ecology. *Nature*, 441(7094), 85–86.

[31] Meerlo, P., Sgoifo, A., & Suchecki, D. (2008). Restricted and disrupted sleep: Effects on autonomic function, neuroendocrine stress systems and stress responsivity. *Sleep Medicine Reviews*, 12(3), 197–210.

Sleep itself is an evolutionary strategy for survival; when survival pressure increases, sleep is instinctively suppressed. This precisely confirms the core logic of evolutionary theory.

In short, the “human insomnia state” simply does not apply to animals. Animals do not experience insomnia as defined by humans.

Animals may have “sleepless states,” but they do not experience “insomnia” in the human-defined sense. Not only do they not have it—when animals don’t sleep, it is purely an instinctive survival behavior.

Animals can “stay awake,” but they do not “suffer from insomnia.”

So the statements “I want to sleep, but I can’t” and “I’m very tired, but I can’t sleep” do not apply to animals.

The reason animals stay awake is quite simple: they “cannot afford to sleep.” And the reason for this is clear—they must survive.

Evolutionary Theory: "Natural selection, survival of the fittest." —1859, Darwin, *On the Origin of Species*

2. Main Question: Issues Concerning the "Activation Switch" (Diaphragmatic Breathing and the Parasympathetic Nervous System) Between Prone and Supine Sleep Positions.

[Potential Questions:]

A. If I can sleep fine lying on my back, do I still need to sleep on my stomach?
B. Are you promoting prone sleeping? If I still suffer from insomnia while sleeping prone, then your theory must be wrong.
C. Isn't it possible to practice diaphragmatic breathing while lying on the back? Why insist on sleeping prone?

[General Answer:]

Before answering this series of questions, I must address this matter with seriousness, caution, and precision to avoid any misunderstanding.

This report, "The Theory of Sleep Instinct," refers to 'prone sleeping' solely as a theoretical construct necessary for the logical development of the model. It is not intended as a practical recommendation or promotional suggestion. Any mention of 'sleeping on the stomach' within this paper is purely part of the theoretical framework and does not serve as a directive.

Within the context of "The Theory of Sleep Instinct," prone sleeping (sleeping face down) is positioned as: "A posture more aligned with the naturally evolved sleep position of humans. This evolutionary-aligned posture allows for natural stimulation of the parasympathetic nervous system, facilitating sleep." That is all.

This is not about promoting a comfortable sleeping posture; rather, it is a reflection on structural posture, aiming to restore the long-lost natural animalistic posture shaped by evolution. It is not 'treatment,' but rather a 'restoration of our innate animal sleep instinct.'

I must firmly and repeatedly emphasize the underlying stance and logic: "Sleep is an animal instinct. No one should be unable to fall asleep. From an evolutionary perspective, the phenomenon called 'insomnia' is logically untenable, as it contradicts the principles of instinctual behavior shaped by evolution. And the ultimate goal of this theory is simply this: to enable everyone to fall asleep!"

Therefore, in this report on the 'Theory of Sleep Instinct,' I argue four main points:

(1) From the perspective of evolutionary theory, insomnia should not exist. The reason is simple: sleep is essential for survival and the continuation of life. Sleep is an animal instinct.

(2) The medical community has failed to clarify the root cause of insomnia. It has carelessly classified insomnia as a disease. This error stems from a fallacy of false premise, ultimately leading to a fallacious circular reasoning based on that false premise.

(3) Starting from the premise that 'sleep is an animal instinct,' I use deductive logic to propose the 'Posture Hypothesis' for insomnia. I argue that the main cause of insomnia lies in problematic sleeping posture, which disrupts the signaling link necessary for sleep onset. This is the foundation of the 'Theory of Sleep Instinct.'

If we take evolutionary theory as our starting point and establish that 'sleep is an animal instinct,' then theoretically, every person should possess the ability to fall asleep. If one cannot fall asleep, we should analyze the issue in terms of instinct disruption or a failure in the transmission of sleep signals.

→ As an animal, you will need sleep. You will also feel sleepy (yawning);

→ You will go to bed and mentally transition into a relaxed state;

→ Following the original model of animal instinct, we assume the prone posture (lying face down);

→ In the prone position, thoracic breathing naturally shifts to diaphragmatic (abdominal) breathing;

→ Then, with the rhythmic pattern of diaphragmatic breathing, the parasympathetic nervous system is naturally activated;

→ Finally, you fall asleep naturally, gracefully, and without resistance.

This is the logical model of the 'Theory of Sleep Instinct' and its theoretical foundation. I am prepared to defend each part and every step using evolutionary reasoning—rigorously and convincingly.

(4) Not only do we propose the 'Theory of Sleep Instinct,' but we can also, from the foundation of evolutionary theory, directly challenge the logical flaws of the contemporary medical pathology model of insomnia, including:

1. The identification and treatment of 'insomnia' represent a typical case of treating the symptoms rather than the root cause.
2. Insomnia is not a disease; it is more like a state of misalignment in the body's self-regulation.
3. The societal mainstream promotion of 'supine sleep' (lying on the back) is a counter-evolutionary behavior.
4. The supine position largely originates from acquired habits and social-cultural molding, rather than from a clearly traceable evolutionary natural posture.
5. Observing society as a whole—across individual nations and the entire globe—the issue of insomnia is becoming increasingly serious.
6. When examined logically, the very existence of 'insomnia' stands in stark contradiction to the principles of evolutionary theory.

With these foundational concepts in mind, we can now begin to address the related questions above.

As for whether sleeping on one's back is viable, my answer is: "Anything is fine, as long as you can fall asleep."

When it comes to posture, there's nothing inherently wrong; because what we are aiming for is simply "falling asleep."

I understand that some readers may still feel confused at this point and wonder, "Isn't there a contradiction in your statements?" But in fact, this is a natural

outcome of challenging established assumptions and dismantling incorrect frameworks. I anticipated such misunderstandings.

Let me give a simple example, and readers will understand.

Suppose our goal today is to drink water—"to get water into the stomach."

Now, imagine there's a group of people who claim that drinking water through the nose works just fine—it gets water into the stomach. So, is it wrong? Technically no, there's no contradiction.

Because our objective is simply: "to get water into the stomach." Logically, if water can actually get into the stomach, then there's no big problem, right?

But I feel something is off, so I speak up and say: "Drinking water through the nose doesn't quite align with the outcome of biological evolution. From a functional perspective, we should use the mouth. What's more, some people simply cannot get water into their stomach through their nose. And for others, drinking through the nose causes choking, headaches, or even aspiration pneumonia."

Because of this, I propose: "You should drink water through your mouth. That aligns better with the functional demands of organs developed through evolution, and it is also better for your health."

Then, proponents of nose-drinking might argue: "But we *can* get water into the stomach through the nose! Who are you to say it's wrong?"

"We've been drinking through our noses for years—you can't just say it's wrong."

"What if we switch to mouth-drinking and nothing improves?"

"You're just promoting mouth-drinking. It sounds like some kind of alternative therapy."

"If people have been drinking through their noses without problems, why should we change?"

"With proper training and technique, we can learn not to choke or cough when drinking through the nose, right?"

Dear readers, do you notice what's going on? This is the most difficult part of overturning outdated knowledge and reconstructing a new theoretical system.

Because in these arguments, it's very hard to say they're completely unreasonable. The problem lies in the fact that their reasoning is grounded in an old, flawed logical framework—one that should have been discarded.

Though incorrect and distorted, it still functions, to some extent.

That's the worst part—because the moment I begin answering their questions, I risk being pulled into their muddy swamp, into a distorted framework that makes no sense.

For instance, I might respond: "Sure, you *can* do it that way, but that doesn't mean it's *right*."

Then they will come back and say, "But you can't prove we're wrong either."

And just like that, it degenerates into a war of words—and I don't want that to happen.

Let's revisit our goal: to get water into the stomach.

So, seriously speaking, I can hardly refute what they say. Because the point is not really about being 'right' or 'wrong,' but rather a matter of differing cognitive frameworks about knowledge. They view me through their lens, using a framework that is practicable but illogical—one shaped by bias—to judge my theory. In doing so, any slight error in my response would be hard to escape from.

I never said drinking water through the nose was wrong. If you really can get water into your stomach through your nose, then so be it—because we've already agreed the goal is 'getting water into the stomach.'

My goal is to build a new theoretical model, a new logical framework, one that breaks the outdated thinking that doesn't align with evolutionary logic. The main idea is:

'Drinking water through the mouth is smoother and more consistent with the function of our organs from an evolutionary perspective. People who can't drink water through their nose should try drinking through their mouth. Furthermore, treating choking and aspiration pneumonia as a disease is logically problematic. We were never meant to drink through the nose. Therefore, the 'subsequent issues caused by drinking through the nose' are false problems—manufactured by humans. These problems should never have existed.'

Now, let's apply this concept:

'Falling asleep in a prone position is smoother and more aligned with the natural sleeping posture of animals from an evolutionary standpoint. People who can't fall asleep or suffer from insomnia should try sleeping in a prone position. Moreover, treating the inability to sleep—or 'insomnia'—as a disease is logically flawed. We

were never meant to sleep lying on our backs. Thus, the 'subsequent problems caused by lying on the back—such as insomnia and sleep disorders'—are false problems, artificially created. These problems should never have existed.'

Dear readers, do you understand what I mean now?

Let me repeat: our goal today is 'to get water into the stomach' (fall asleep). As long as you achieve the goal, it doesn't really matter whether it's 'right or wrong,' or whether it's 'acceptable or not.'

Moreover, I believe that instinctual animal behaviors under evolutionary theory should not be debated. Because by nature, they are not about 'right or wrong,' but simply about whether they exist or not.

Additionally, it's worth mentioning that even the idea of 'practicing sleep' (such as lying on your back to practice diaphragmatic breathing) is quite bizarre in itself.

Sleep is an animal instinct; an instinct is something you are born with. Isn't it absurd that something innate would require 'practice' to be achieved?

Dear readers, have you ever seen your pets 'practicing sleep' at home?

With these tongue-in-cheek examples, let's come back to the Sleep Instinct Theory, and it becomes easy to understand.

Today, our goal is to 'fall asleep, get to sleep'; so as long as you achieve the goal, I can hardly say: 'That method is wrong!'

'I can fall asleep lying on my back!' → If the goal is achieved, I won't object.

'I can breathe diaphragmatically while lying on my back!' → If the goal is achieved, I won't object.

'I feel uncomfortable sleeping on my stomach (prone position), and I actually can't fall asleep that way.' → I won't object to that either.

That's why some readers may feel I'm 'somewhat' contradictory. But actually, I'm not.

This is a matter of logic, argument, and reasoning skills. These are two different things—it's not a contradiction.

In fact, it's not my statements that are logically inconsistent; it's contemporary mainstream medicine.

This is a problem of logic, and what I argue is actually more aligned with the spirit of science.

So, about the method of back-sleeping, I wouldn't say, 'That's wrong.'

More precisely, as long as you can fall asleep, I won't object to any method or approach; because the goal has been achieved.

Ultimately, our frameworks of thinking are simply different.

If we must label something as 'wrong,' then it would be this: under the 'insomnia pathology theory,' the entire discourse, all the logic, and the entire line of reasoning about sleep and insomnia—those are entirely wrong!

I have no interest in arguing or debating with everyone. I can only sincerely say: 'Anything that contradicts evolutionary theory—I strongly question it.'

I believe this wholeheartedly.

3. General Question: Issues Related to "Disease," "Medication," and "Insomnia"

[Possible Questions:]

A. Many illnesses have unknown causes, but treatments are still effective. Why is insomnia different?

B. If insomnia patients show abnormalities in brain waves and hormones, doesn't that make it a disease?

C. If I can sleep using medication, how can you say that's not a real solution?

[General Answer:]

We can address these questions by building on the previous logical points.

Again, I must clarify: I am not emphasizing the "treatment of insomnia." **Under the conceptual framework of the "Theory of Sleep Instinct," insomnia simply doesn't exist.** Since there is no such thing as "insomnia," there can be no "disease," and certainly no "medication to treat insomnia."

So, when readers raise questions about "disease," "medication," and "insomnia," I can only respond that these are the result of a tangled and confused logic.

From the beginning, I have built the "Theory of Sleep Instinct" on the foundation of evolutionary theory. I also use this same evolutionary perspective to critique contemporary mainstream medicine. The structure is as follows:

(1) Constructing the “Theory of Sleep Instinct” based on evolutionary theory.

(2) Using evolutionary theory to critique mainstream medical views.

This is the construction of a theory, the interpretation of knowledge, and the reorganization of logic. Thus, some questions, in my view, are fundamentally flawed.

Let’s revisit the main points of this theory, and the answers will become clear. I am confident in the arguments and logic of the “Theory of Sleep Instinct.” I can firmly assert: “Insomnia is a false issue.” It is a man-made “pseudo-disease.”

If insomnia was never a real problem to begin with, then where did the “disease” come from? And without a disease, what are we trying to treat? It’s completely illogical. It’s like inventing an enemy out of thin air, only to fight it and injure ourselves in the process.

Under the “Theory of Sleep Instinct,” the reason you can’t fall asleep is simply because you are not ready to sleep. Your posture is telling your body: “I’m not going to sleep yet.”

At the core, it’s merely a signaling error—your body believes you are staying awake, pulling an all-nighter for an exam or a critical meeting, and continues to operate under that assumption. It’s a “sleep signal transmission error.”

Therefore, I ask: if the issue lies in misaligned posture and there is no observable organic disease, how can this qualify as a legitimate “medical illness”? This seems less like pathology and more like a reversible physiological phenomenon misinterpreted as illness.

Maybe, simply switching to a prone sleeping position could solve everything. If the body is perfectly healthy, why resort to medication and suffering? Logically, that’s hard to justify.

To conclude this section, considering the challenges that original theories often face upon release and the high risk of stylistic misinterpretation, I chose to begin this article with the conclusion. Throughout the paragraphs, I deliberately reduced particles and rhetorical tone—not to appear aggressive or upset, but to maintain the logical integrity of the proposition. At the same time, the conclusion must be gradually unveiled during the course of argumentation. Therefore, I now present a summative statement to express the core of my viewpoint:

Unless there is a specific external intervention—such as the use of anesthetics (like caffeine, heroin, or amphetamines)—no one should be unable to fall asleep. This applies universally, whether you suffer from depression, schizophrenia, or any other mental disorder.

Of course, some might consider this view overly assertive or reckless, and accuse it of circular reasoning (the classic chicken-and-egg debate). But under the framework of the "Theory of Sleep Instinct," none of this matters.

The reason is simple: evolution—“natural selection, survival of the fittest.”

This is the most fundamental logic. Contemporary medicine and biology are based on this principle. The instinctive behaviors of animals under evolution are the foundation of animal ecology. It’s hard for me to imagine what kind of “physiological condition” could overthrow evolution. Or what kind of “health status” would outweigh the necessity to survive. It simply doesn’t make logical sense.

Put plainly, no matter how much stress you’re under—you still have to sleep.

No matter how poor your mental condition—you still have to sleep.

No matter how bad your mood—you still have to sleep.

No matter how awful your physical or psychological health—you still have to sleep.

Because sleep is an “evolutionarily ingrained animal instinct.”

Therefore, if anyone wishes to challenge the "Theory of Sleep Instinct," please first refute the logical framework and evolutionary premises outlined in this paper. This theory is not built on emotion or tone, but on a solid foundation of animal behavior, posture signals, and evolutionary logic.

It is not my intent to deny the contributions of the medical system as a whole. Rather, I must honestly point out: the current understanding of “insomnia” may have deviated from its essence and gone astray.

This is precisely why the "Theory of Sleep Instinct" cannot be casually dismissed. To reject it is not merely to disagree with a single viewpoint—it would trigger a much larger clash of paradigms, involving evolutionary biology, neuroscience, and medical thought itself. This is a knowledge collision of significant magnitude, not something that can be easily brushed aside.

Next, I will begin by examining early human developmental behavior—specifically, the prone sleeping posture of infants. This is a posture that modern society has severely misunderstood, even deliberately distorted. If we are to re-understand sleep as a natural instinct from its origin, then the posture choices of infants must serve as a mirror we cannot ignore.

IV. [Special Discussion]

Infants Are Naturally Suited to Prone Sleeping — Starting from the 'Anti-Human-Intervention Argument' and the 'Infant Instinctive Choice' Theory. (The Misguidance and Social Conformity Surrounding Prone Sleep in Infants: A Modern Panic That Defies Evolution and Logic)

The methods, techniques, and concrete recommendations for raising infants have always been major topics of debate in public health policies and parenting practices. The reason is that many parents notice a persistent gap between their own parenting experiences and the advice given by experts. 'The infant's sleeping position' is the most classic example — and also the most confusing issue for many people.

The author believes that the caregiving policy of placing infants in a supine sleeping position does not align with evolutionary principles regarding infant development and may even be harmful. These harms include disruption to an infant's growth and development, as well as potential ethical, moral, and legal concerns.

In the following sections, I will use a scientific and logical approach to clarify the root of the problem and help readers reflect on what we may have overlooked. We will divide the discussion into two parts: 'Analysis of Infant Rearing Methods' and 'Care Guidelines: Starting from Sleeping Position'.

1. Analysis of Infant Rearing Methods

Have you ever noticed that when taking care of babies, mothers tend to cradle the infant in their arms in a 'supine position'? Let’s temporarily call this the 'supine infant-rearing posture'. Just like in our earlier discussion on sleeping positions, I tried to trace the origin of this phenomenon, but the result turned out to be inconclusive. It seems to be a kind of tradition that is 'passed on without knowing why'.

(1) Using the 'supine infant-rearing posture' to care for babies is both harmful and self-contradictory.

Let’s begin with feeding: According to major U.S. medical institutions, including the American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention

(CDC), and Mayo Clinic, feeding-related issues are among the most common health concerns in infants (0 to 12 months).

Common problems include: spitting up (natural backflow of milk after feeding), gastroesophageal reflux (GER) (stomach contents rising into the esophagus, possibly causing discomfort or fussiness), and milk aspiration (milk entering the airway, possibly causing coughing or temporary breathing difficulty).

Moreover, many feeding-related physiological reactions appear in the first few months of life and are mostly due to immature organs and underdeveloped neuromuscular coordination. For instance, spitting up is common due to an underdeveloped lower esophageal sphincter. If an infant lies flat after feeding or cries/moves too much, milk may flow back into the mouth. Though usually benign and improves with age[32], if accompanied by discomfort or growth issues, it may be pathological GER, causing pain and feeding refusal[33].

On the other hand, milk aspiration is associated with immature coordination of swallowing and breathing. If a baby sucks too quickly or is fed in an improper position, milk can enter the airway, causing coughing or short-term difficulty breathing. In severe cases, it may develop into aspiration pneumonia[34].

All of this often stems from mothers' habit of using the 'supine infant-rearing posture' to care for their babies.

Readers may question whether this claim is too extreme, but it is not based on bias — rather, it is derived through logical inference from infant care guidelines and their recommended interventions.

When an infant experiences milk aspiration or choking on milk, timely intervention can effectively prevent airway obstruction, aspiration pneumonia, or even suffocation. According to medical recommendations from both the United States and Taiwan, while specific procedures may vary slightly, the core steps revolve around "assessing breathing, turning the baby over, patting the back, and performing chest compressions."

In the U.S., the American Academy of Pediatrics (AAP), the Red Cross, and Mayo Clinic all recommend: if the infant can cough or cry, it indicates the airway is not completely blocked, and observation is permissible. However, if the infant cannot vocalize or shows cyanosis (bluish lips), immediate action is required. The

[32] ayo Clinic. (n.d.). Infant spitting up: What's normal, what's not. Mayo Clinic.

[33] American Academy of Pediatrics. (n.d.). Gastroesophageal reflux: Evaluation and management.

[34] Clinical Guidelines for the Evaluation of Swallowing Disorders in Neonates and Infants. (n.d.).

procedure is: (1) Place the infant face down with the head slightly lower than the body on the forearm; (2) Deliver five back blows between the shoulder blades; (3) Turn the infant face up and apply five chest compressions with two fingers to the sternum. Avoid using fingers to sweep the mouth, as this may worsen the obstruction.[35]

In Taiwan, the Health Promotion Administration and the Taiwan Pediatric Association recommend a similar process. After observing the infant's breathing, if choking is evident, one should perform the "back blow and chest thrust" method: (1) Lay the infant face down on the forearm with the head lower and chin supported; (2) Deliver five back blows; (3) Turn the baby over and apply five chest thrusts. Repeat until breathing resumes and seek immediate medical attention.[36]

The rationale behind this approach is that by turning the baby over and applying back blows while face down, gravity and percussive vibrations help dislodge the obstruction. Since infants' coordination of swallowing and breathing is not yet mature, aspiration often occurs during feeding or crying. Without prompt action, it could lead to hypoxia, pneumonia, or even death.[37]

Dear readers, do you see it now?

The most absurd part of this whole issue is: "Why use the supine caregiving position in the first place?" Then, when the baby has a problem, we urgently flip them over and slap their back. This is truly puzzling.

Here, I offer a gentle suggestion: "Why not just avoid placing the baby in the supine position from the beginning?" If we start with a prone posture, could it be that these issues wouldn't arise at all?

It's worth noting that while writing this report, I occasionally needed images to aid explanation. When attempting to create an image of a "**mother gently holding her baby**," the 'supine caregiving position' was almost always the default pose pre-installed in image-generation or illustration software. The same template (as shown in the figure).

---

[35] American Academy of Pediatrics. (n.d.). Caring for Your Baby and Young Child. American Red Cross. (n.d.). Infant CPR and Choking Procedures. Mayo Clinic First Aid Guidelines.

[36] Taiwan Health Promotion Administration. (n.d.). Infant Care Manual. Taiwan Pediatric Association. (n.d.). CPR and Emergency Care Materials.

[37] Clinical Guidelines on Infant Airway Obstruction and Swallowing Disorders. (n.d.). Causes and Management of Milk Aspiration.

This demonstrates just how deeply ingrained the supine caregiving posture has become in our collective visual and cultural templates—even in the tools we use to depict “tender caregiving.”

(2) Using the 'supine infant-holding position' to care for infants is arguably one of the most bizarre global social consensuses.

Following the above, whether from everyday observations or the messages conveyed through film and television, we can almost be certain that societal norms continually send out one consistent signal: 'We should care for infants using the supine holding position.'

Next, I’d like to share what I believe is the most illustrative example from the arts and film—one that readers should take a moment to reflect on.

The Walt Disney Company released an animated film titled *Tarzan* in 1999. This film was adapted from Edgar Rice Burroughs’ 1912 novel *Tarzan of the Apes*, which tells the story of an English baby, Tarzan, who survives a shipwreck and is raised in the African jungle by a female gorilla named Kala. He learns to live like a gorilla and eventually grows into a strong and agile 'child of the jungle.' One day, he encounters an explorer named Jane Porter, marking the beginning of his exposure to human civilization and the dilemmas of identity. (As an aside, this is one of the author’s favorite animated films.)

Tarzan was the last traditionally hand-drawn animated film produced by Disney. It not only achieved significant box office success at the time but also received widespread acclaim. The film’s music and visual storytelling were praised, especially Tarzan’s fluid motion, which became iconic in animation history.

The success of *Tarzan* can be attributed not only to the production team but most importantly to a key figure—Glen Keane.

Glen Keane, a veteran Disney animator, contributed to numerous classic animations such as *The Little Mermaid*, *Beauty and the Beast*, and *Aladdin*. In *Tarzan* (1999), he served as the character designer and animation director for Tarzan, making him one of the core creative forces behind the film.

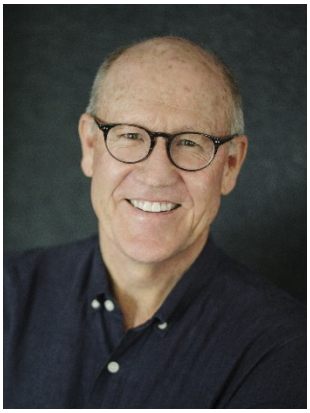
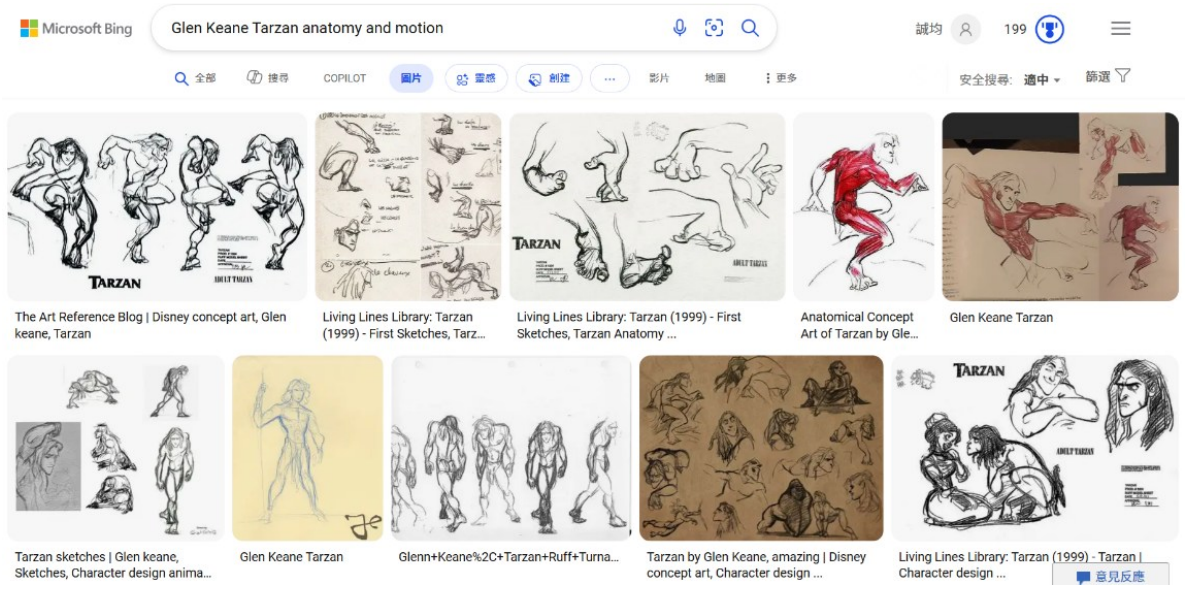


Image credit: Portrait of Glen Keane taken by Trishavo3, used under CC BY-SA 4.0 license. License source link (Wikimedia Commons).

Thanks to Glen Keane's team, the fictional character Tarzan, through his physique, movements (climbing, swinging), and gestures, convincingly embodies a human raised by gorillas in the jungle. As viewers, we are drawn into the believable world of this wild upbringing.

I highly recommend that readers look up and watch the *Tarzan* animation and explore more of Glen Keane's work.



(The above image is a search result screen for 'Glen Keane Tarzan anatomy and motion' and is provided purely for review and commentary purposes, not as an original creative work. The original copyright belongs to the respective creators. As the author is unsure about the licensing boundaries for sketches and works related to this subject, readers are advised to search and verify further through Google to avoid potential infringement of DMCA or other copyright regulations.)

As mentioned above, under the design of Glen Keane's team, the animation Tarzan placed great emphasis on character movement, meticulously exploring the interaction between humans and the wild natural environment. However, among the many scenes, there is one particularly relevant to our current discussion: the moment when Tarzan first meets Kala and is adopted by her.

Did you notice? In the scene, it's very clear that Kala is cradling Tarzan using a distinctly "human caregiving posture." Tarzan's body is laid on his back or reclined in a half-lying position—certainly not in any natural ape posture.

The gorilla-like family in Disney's Tarzan, especially the silverback-dominated social structure, is clearly inspired by real-life gorilla groups. While the apes in the animation are anthropomorphized and not tied to a specific species, we can still identify them as members of the primate order.

Now, some readers might ask, "So what? It's just a fictional story!"

Indeed, it is fictional—but that's precisely why it's valuable for our discussion.

Among primates, one of the most defining features of infant care is the baby's instinct to *cling*. Baby chimpanzees, gorillas, and orangutans do not lie passively in their caregiver's arms in a "supine nurturing posture" as human babies do. Instead, they use all four limbs to actively grasp their mother's fur or skin,

maintaining constant physical contact. In primatology, this behavior is referred to a s *clinging behavior*[38].

Research shows that this behavior has a clear physiological basis. Primate infants are born with a strong *grasp reflex*, which is considered one of their innate animal instincts[39]. In the wild, mother apes do not carry their babies in their arms while walking, foraging, or climbing. Rather, the infants must actively hold on to their mothers for both safety and physical connection. Field studies also report that orangutan infants spend more than 90% of their early lives clinging to their mothers rather than being statically held[40]. (See illustration below.)

As previously discussed, the animation team's meticulous efforts in producing this film are evident. Therefore, by examining a series of sketches and documentation later released by Disney or Glen Keane's team, we can infer several things: the team encountered dilemmas in choosing how to portray the interactions between humans and apes in certain scenes.

Given their attentiveness and nuanced approach to animation, the team was undoubtedly aware of the natural postures of apes. At the same time, they were also intimately familiar with the "standard posture for caring for human infants" in human society.

---

[38] Altmann, J. (1980). *Baboon Mothers and Infants*. Harvard University Press.

[39] Martin, P., & Bateson, P. (1993). *Measuring Behaviour: An Introductory Guide*. Cambridge University Press.

[40] Fruth, B., & Hohmann, G. (1996). Nest building behavior in the great apes: the great leap forward? *Ethology, 102*(6), 512–529.

This reveals two key points: First, the animation team knew that the parenting behavior of apes was fundamentally different from how humans care for infants. Second, like parents all over the world, they were deeply conditioned to believe that the correct way to hold a human baby was with the baby lying on their back—the "supine nurturing position."

After much deliberation, the animation team ultimately followed public convention. In the scene where Kala is raising Tarzan, they chose the human "supine nurturing position" rather than the native ape parenting posture. This approach also appears in other scenes.

We have already discussed how the animation and the original novel *Tarzan* are fictional. Because of this, the animation team could not rely on historical or real-life records of human-ape caregiving interactions. Many scenes had to be imagined from scratch. These imaginative gaps inevitably reflect the general public's ingrained perceptions.

Moreover, although the Disney Tarzan animation created by Glen Keane's team holds immense artistic value, they still had to consider commercial appeal. First, they had to account for conventional sentiment and moral norms to avoid legal or ethical controversy. Second, they could not deviate too far from common sense or public knowledge, lest they alienate the audience. This is precisely why the film holds such symbolic significance—its fictional nature accentuates its cultural value.

At this point, readers might raise a valid concern: "We're not apes, and our behavior is different, so you shouldn't be making this comparison."

That's true. The prone clinging behavior observed in apes has distinct adaptive significance. First, it relieves the mother's physical burden and frees her hands for daily activities. Second, it requires the infant's active engagement in coordination and muscle use, which supports early neurological and motor development. Third,

as apes are highly mobile diurnal animals, infants without active clinging ability would not survive in their natural environments. Prone attachment in apes is evolutionarily significant.

It would be scientifically inaccurate and unfair to directly equate humans with apes. That is not my argument. I'm not suggesting, "We humans must behave just like apes." Please don't misunderstand. What I am emphasizing is: "Perhaps the 'supine caregiving posture' is fundamentally unsuitable for us. Might there be a better alternative?"

From a biological standpoint, according to modern biological classification systems such as ITIS and the NCBI taxonomy database, humans (Homo sapiens) are clearly categorized under Kingdom Animalia, Phylum Chordata, Class Mammalia, Order Primates, Family Hominidae, and Genus Homo. The Hominidae family, commonly referred to as the 'great apes,' includes chimpanzees, gorillas, orangutans, and humans—tail-less primates. Thus, from a taxonomical perspective, humans are 'primates' and part of the 'great apes.'



"Not all animals are humans; but all humans are, without exception, animals."

Therefore, the argument I want to present here is this: The widely adopted 'supine caregiving posture' may in fact be a postural habit that contradicts the principles of evolutionary development.

2. Guiding Infant Care Through Sleeping Posture: 'Supine Sleeping is Evolutionarily Inappropriate'

(1) Infants Are Not Suited for Supine Sleeping (Back to Sleep)

a. The Dispute Itself is the Problem We Should Reflect Upon.

I would like all readers to think about this: why has 'infant sleeping posture' become a frequently debated topic in parenting discussions?

The reason is simple—caregivers discover that their own hands-on experience contradicts the advice of parenting experts and official infant care guidelines.

The most prominent example is the debate over 'prone sleeping'. Many parents, after personal experience, find that babies sleep more comfortably, more quietly, and for longer periods when placed in the prone position. The entire sleeping process becomes more stable and manageable. In contrast, when babies sleep on their backs, caregiving becomes more difficult, and various health issues tend to arise. The difference is stark.

This is an objective fact. Logically speaking, this is a classic example of an empirical fact or observed fact. Yet parenting experts and caregiving manuals almost unanimously assert, 'It is strongly recommended to use the supine sleeping position'—without exception. The very existence of such disputes highlights the need to re-examine expert advice and caregiving manuals.

Logically, if mainstream theories claim that X has been explained (or is not a problem), but in reality, phenomenon Y keeps occurring and raising doubts, then the existence of such a 'problem' itself becomes a counter-indicator of the completeness or validity of the original theory. This does not 'prove' the new theory is correct but rather questions the ability of the original theory to account for the phenomenon.

b. 'Do Babies Really Want to Roll Over?' — A Logically Absurd Study.

First, let us confirm a basic fact: babies do roll over. Research shows that rolling is a key developmental milestone in early motor skills, usually occurring between 3 to 6 months of age. This movement indicates progress in muscle strength, trunk

control, and coordination, and lays the foundation for future abilities such as sitting, crawling, and walking [41].

Studies have identified multiple coordination patterns when babies roll over. Through 2D motion analysis, at least six rolling strategies have been observed, involving synchronized movements of the head, trunk, and limbs [42].

Further research using electromyography and motion capture shows that rolling relies heavily on coordinated exertion from the core muscles, neck, and lower limbs [43].

After reviewing these related studies, I would like to ask one question: "Why are we even researching whether infants can roll over?"

Have you noticed?

There is a critical precondition behind the phenomenon of "infants rolling over." Besides the obvious reason that "infants are growing," there is something even more fundamental—

The infant must first be in a supine position.

Before you pull down your pants to pee, you must not only need to pee—
you must first be wearing pants.

Following this, from the analysis above regarding infant caregiving methods, it becomes apparent that the "supine caregiving position" does not align with principles of evolutionary biology. Moreover, when combined with caregiving experiences from parents, the "supine sleeping posture" further reveals its issues.

Whether it is caregiving in a supine position or placing infants to sleep lying on their backs, both scenarios introduce numerous problems. These include

[41] Ministry of Health and Welfare, Health Promotion Administration. (2022). Infant Health Handbook. (in Chinese)

[42] Dewey, C., & Wakefield, E. M. (2015). Infants' development of the ability to roll: A descriptive study. *Physical & Occupational Therapy in Pediatrics*, 35(2), 183–195.

[43] Fujimoto, M., & Mihara, T. (2018). Electromyographic analysis of neck and trunk muscle activity in infants during spontaneous rolling movements. *Developmental Psychobiology*, 60(2), 209–217.

physiological discomfort in infants (spitting up, choking, etc.), health risks, and caregiving challenges for parents (difficulty falling asleep, frequent waking). These are consensus realities and observable phenomena.

Here, I propose a reasonable hypothesis: under the lens of evolution, perhaps infants are truly unsuited for "supine caregiving" and "supine sleeping posture."

This is where I find the situation most ironic and absurd. If infants were never suited for "supine caregiving" or "supine sleep posture" from the beginning, then many of the issues and studies would never have existed in the first place.

(Perhaps we'd only be researching "the process of how babies begin to crawl.")

c. The Origin of the Problem: Why Do We Make Babies Sleep on Their Backs?

The supine sleeping position refers to a posture where the baby sleeps lying on their back, face up. This position has been one of the core public health policies promoted by Western institutions—especially the American Academy of Pediatrics (AAP)—since the 1990s to prevent Sudden Infant Death Syndrome (SIDS).

Modern Western recommendations for infant sleep posture in relation to SIDS began in 1992, when the AAP issued a policy statement recommending that infants sleep in the supine position to reduce SIDS risk. This advice was based on epidemiological evidence accumulated during the 1980s and 1990s showing a strong association between prone sleeping and increased SIDS risk, while supine sleeping appeared protective (Gilbert et al., 1992; Dwyer et al., 1991).

In 1994, the National Institute of Child Health and Human Development (NICHD), in collaboration with the AAP and CDC, launched the national public health campaign "Back to Sleep," with three key recommendations: infants should sleep supine, on a firm mattress, and without soft bedding or bed-sharing with adults. In 2012, the campaign was renamed "Safe to Sleep®" and expanded to include further guidelines such as avoiding bed-sharing and smoke exposure, becoming the dominant framework for infant sleep safety.[44]

[44] AAP Task Force on Infant Positioning and SIDS. (1992). Positioning and SIDS. *Pediatrics*, 89(6), 1120–1126.

Gilbert, R., Salanti, G., Harden, M., & See, S. (1992). Sleep position and the sudden infant death syndrome: systematic review. *The Lancet*, 340(8823), 871–879.

According to this policy, the AAP encourages parents to adopt the supine sleeping position for their babies to prevent SIDS.

Here, I must strongly criticize this viewpoint and policy. Readers should reflect carefully—this public health policy is a textbook case of misplaced emphasis or neglect of the main cause, both of which are logical fallacies.

It's like saying: 'If you often trip while walking, just crawl instead, and you'll never fall again.' Isn't that absurd?

If someone frequently trips while walking, the logical response should be to investigate whether they're distracted, such as using their phone, or whether they have a problem with their walking posture or perhaps a pathological condition affecting their legs.

The same logic applies to infants. If prone sleeping appears associated with SIDS risk, shouldn't we first investigate whether the infant's sleep environment is cluttered with unnecessary baby products, whether caregivers are attentive, or whether the baby's individual conditions (such as high activity levels) need to be considered?

These are the proper questions and research directions—not defaulting to the supine sleeping position as the universal solution for all parents.

d. Attention! Your Baby Might Commit Suicide! — The Absurd Evolutionary Contradiction: "Prone Sleeping Increases Mortality Risk"

Contemporary medical research indicates that infants sleeping in the prone position significantly increase the risk of sudden infant death syndrome (SIDS). This risk is not only supported by statistical correlations but also by specific physiological mechanisms. First, prone sleeping can lead to suffocation: if an infant's face is close to the mattress or bedding, the airway may become blocked. Additionally, a newborn's neck is not yet fully developed, preventing them from turning away to avoid obstruction. Furthermore, prone sleeping may cause infants to repeatedly inhale exhaled carbon dioxide (CO_2 rebreathing), leading to

---

Dwyer, T., Ponsonby, A. L., Blizzard, L., Newman, N. M., & Cochrane, J. A. (1991). Sudden infant death syndrome and sleeping position in Tasmania. *The Medical Journal of Australia*, 154(7), 450–455.

hypoxia and hypercapnia[45]. Second, prone sleeping diminishes the infant's arousal response, reducing their ability to wake and save themselves during hypoxic events[46]. Also, since the infant's autonomic nervous system is immature, prone sleeping might disrupt respiratory and heart rate regulation. Some SIDS cases have shown abnormalities in the brainstem serotonin system, impairing automatic breathing control[47]. Lastly, prone sleeping may increase the risk of overheating, as it hinders heat dissipation. If the baby is overdressed or tightly swaddled, this can lead to heatstroke reactions and further elevate the risk of sudden death[48].

In the earlier discussion about "infant rolling," we acknowledged that "infant rolling" is a verifiable fact supported by research—100% confirmed, right? However, strangely, we are also told that prone sleeping significantly "increases the risk of suffocation and death." This, too, is backed by 100% solid research, correct?

If we combine the beginning and the conclusion, I cannot help but wonder: if an infant rolls over during the third month of growth and subsequently dies of suffocation, how are we supposed to explain this?

Logically, there are two possibilities:

First, evolution is clearly flawed; because after three months of birth, even if not in 100% of cases, infants might roll over and die of suffocation. In other words, three months after birth, infants might spontaneously end their own lives.

I don't know if readers can accept this line of reasoning, but personally, I find it extremely difficult to accept.

---

[45] Kemp, J. S., et al. (1991). Prone sleeping increases the likelihood of rebreathing exhaled gases, leading to CO_2 accumulation and eventual hypoxia. Pediatrics, 88(5), 1014–1021.

[46] Hunt, C. E., et al. (2003). Arousal deficits in infants sleeping prone may explain their increased vulnerability to SIDS. Sleep Medicine Reviews, 7(4), 361–367.

[47] Kinney, H. C., et al. (2009). Brainstem abnormalities in serotonergic pathways may impair cardiorespiratory control during prone sleep. Acta Neuropathologica, 117(6), 653–669.

[48] Ponsonby, A. L., et al. (1992). Prone sleep position was associated with increased heat retention and a higher incidence of SIDS. Journal of the American Medical Association (JAMA), 267(17), 2359–2362.

The second possibility is that the research concluding “prone sleeping increases mortality risk” is fundamentally flawed in its research premise. What should be investigated is how the caregiving environment affects outcomes when an infant sleeps in the prone position. Perhaps the mattress is too soft, or unnecessary baby products crowd the crib. Environmental planning may also be a key factor.

In my view, these are the directions scholars should be investigating.

As an independent researcher unaffiliated with academia, I am not familiar with academic peer review standards or selection criteria. If there are any errors, I sincerely apologize. This clarification is hereby provided.

(2) I argue that having infants sleep on their backs is contrary to evolutionary theory. Based on this, I construct two supporting ideas: 'Infant Instinctual Choice' and 'Anti-Intervention Theory,' which assert that prone sleeping (prone sleep position) is a natural, instinctual posture suitable for infants.

Following this, I express skepticism toward the research suggesting 'prone sleeping increases infant death risk,' because it contradicts the logic of evolutionary development. Moreover, in the dissemination of health information, if the original statement of risk is misunderstood, oversimplified, or exaggerated, it often leads to a phenomenon of information distortion. A classic example: the medical observation that 'prone sleeping increases the risk of infant death.'

If we analyze the sentence on its own, there’s nothing logically wrong—it merely states an increased risk. The studies do not conclude that 'prone sleeping causes death.' But during the communication process, this message is often simplified into 'prone sleeping causes suffocation,' which constitutes a classic case of distorted information. This is often associated with the framing effect—where the presentation of information influences perception. When a conditional risk is reframed into an absolute or fear-based expression, it becomes a misleading frame.

Furthermore, cognitive biases amplify these misinterpretations, especially availability heuristics and anchoring effects: people tend to overestimate the danger

of an event due to repeated media coverage and rely heavily on initial information when forming judgments.[49]

For this reason, based on caregiver feedback and the physiological development of infants, I strongly urge all parents to question both the 'supine caregiving position' and the 'supine sleeping position' for babies.

At this point, readers may wonder: if the mainstream infant sleep method is flawed, then how should babies sleep?

The answer is simple. The babies have already told us:

prone sleeping.

I must speak bluntly: the practice of making babies sleep on their backs is a massive, deep-rooted delusion worldwide—almost a form of collective illusion or delusion. While writing this chapter, I constantly had to look up statements from so-called experts just to refute them. It's far too easy to be dragged into their "professional rhetoric." The most difficult part is that I have to stay clear-headed at all times while dismantling their arguments.

Why?

Because having a baby sleep on their back is, in fact, a *human intervention*! This is a matter of logic. Without interference, how would a baby naturally end up sleeping on their back? From a baby's perspective, the back-sleeping position causes discomforts like regurgitation, choking pain, and even milk reflux into the lungs or pneumonia. Simply put, the supine position is extremely uncomfortable. But babies can't speak up—they are entirely at the mercy of adults. And all of this stems from the idea of "reducing the so-called risk of Sudden Infant Death Syndrome (SIDS)."

"SIDS has indeed decreased!"

Sure, it has.

---

[49] Lewandowsky, S. et al. (2012). Psychological Science in the Public Interest, 13(3), 106–131. Tversky, A., & Kahneman, D. (1973). Cognitive Psychology, 5(2), 207–232. Tversky, A., & Kahneman, D. (1974). Science, 185(4157), 1124–1131. Tversky, A., & Kahneman, D. (1981). Science, 211(4481), 453–458. Goffman, E. (1974). Frame Analysis. Harvard University Press. Goffman, E. (1974). Frame Analysis. Harvard University Press.

“How can we reduce car accident fatalities?”

Easy—just make everyone ride bicycles.

Think about it: if every American only rode bicycles, what would happen? They’d go coast to coast, and eventually, the excessive exertion would cause rhabdomyolysis. Then Americans would begin researching “how to cycle without causing rhabdomyolysis.”

On one hand, we interfere with how infants sleep. On the other hand, we ask, “What sleep position is best for infants?” Isn’t that a logical contradiction?

Now let’s revisit this simple, fundamental question: “What is the best sleep position for babies?”

Wouldn’t the most direct way to answer that be to observe how babies sleep naturally?

Assuming the caregiver does not interfere, the baby will spend most of the time sleeping prone. Even if you try to interfere, the baby will, between 3 and 6 months old, attempt to turn over by themselves. Before long, they will fall asleep on their own.

Moreover, it is worth noting that a baby is like a blank slate. Infants are completely unaffected by societal influences or education. For example, studies have shown that newborns within six months of birth exhibit the 'diving reflex': when their faces come into contact with water, they instinctively hold their breath, their heart rate slows, and blood vessels constrict to protect the brain and heart from hypoxia [50]. This is an instinctive reaction driven by the autonomic nervous system. Although it appears that the baby can swim, the reflex diminishes with age, and real swimming still requires muscular coordination and learning [51].

From this, we can clearly understand that, in the absence of human interference, some aspects of an infant’s animal instincts can manifest fully, without instruction.

[50] Craig, A. B. (1968). Physiological responses to breath-hold diving and the associated diving reflex. Journal of Applied Physiology, 24(6), 783–789.

[51] Gagliardi, C. G., & Colleagues. (2005). The human diving response: Effects on heart rate, ventilation, and circulation. Journal of Applied Physiology, 98(2), 635–640.

In summary, dear readers, when it comes to the topic of infant sleep posture, what could be a stronger answer than the instinctive choice made by the infant themselves?

As for Sudden Infant Death Syndrome (SIDS), as discussed above, we should be reflecting on the caregiving environment, not forcing babies to turn and sleep on their backs. This is a classic case of the 'Fallacy of Throwing the Baby Out with the Bathwater'. Moreover, we continue to expand on these mistakes, researching baby rollovers, baby care, how long tummy time should be provided, and so on—this is a textbook case of Problem Displacement and Mistaking the Trivial for the Essential. It is truly unbelievable. Even worse, there are mountains of such studies.

Finally, the author attempts to summarize and argue each point of their reasoning to break through this Collective Illusion, Health Myth, and Appeal to Fear Fallacy.

1. Humans are primates, and when we observe primate animals in nature, they do not raise their young in a supine posture.
2. The supine baby-care position tends to cause physiological burdens such as spit-up and choking.
3. Babies actively roll over during development (3–6 months). Specifically, they often begin turning from back to side around 3–4 months, and then proceed to the prone position. The side-lying stage is typically just a transitional phase [52].
4. From caregivers' empirical feedback, prone sleeping makes babies easier to care for. From the perspective of the caregiver, prone babies appear more comfortable during sleep.
5. Research suggesting 'prone sleeping increases death risk' has directional issues in both hypothesis and assumptions. Furthermore, when this hypothesis is closely tied to 'baby rollover', it severely conflicts with evolutionary theory.

Conclusion: Under the 'Anti-Intervention Theory' and 'Infant Instinctive Choice', prone sleeping aligns with nature—it is the natural sleep posture of a baby.

[52] Sweeney, J. K., & Gutierrez, T. (2002). In Physical Medicine and Rehabilitation: Principles and Practice (4th ed., Vol. 1, pp. 297–322). Lippincott Williams & Wilkins.

I was born in Taipei, Taiwan., part of the Chinese-speaking world in East Asia. From what I remember during my studies, there seems to be a cultural tendency in Western countries to "worship nature" (or what may be termed "naturalism"), perhaps stemming from historical or religious roots. However, when it comes to "raising infants," the approach tends to be completely opposite.

In fact, when we try to explore "the best posture for raising infants," our decisions are often influenced by culture and education. As decision-makers, we may end up making choices that violate basic logic—believing we are doing something good for infants and young children, while unintentionally harming them. And they have no words to protest.

When we ask ourselves what is good for infants, perhaps we should also ask the reverse: what is *not* good for them? The answers might then become clearer.

According to Darwin's theory of evolution, living organisms struggle to survive in order to stay alive.

Therefore, research conclusions like "infants turning over increases the risk of death" carry a directional issue. I find it hard to agree with that logic. From an evolutionary standpoint, the conclusion we should reach is: infants are suited to sleeping prone.

In a series of studies on neonatal neuro-motor development, Capute and Accardo (1991) pointed out: "Newborns initially demonstrate strong prone flexion—a postural instinct that appears earlier than side-lying or rolling over."[53]

Did you catch that?

Earlier, we discussed the "prone clinging" behavior of primates and explained why humans cannot be directly compared—because we supposedly "lack prone clinging." But in truth, that was a rhetorical setup. Humans do exhibit a form of "clinging behavior" or "grasp reflex," which closely resembles what Capute and Accardo described as prone flexion. The only difference is that in humans, this instinctive behavior manifests through prone posture.

[53] Capute, A. J., & Accardo, P. J. (1991). *Developmental Disabilities in Infancy and Childhood*. Paul H. Brookes Publishing.

The reason and logic behind this is surprisingly simple: because humans are, after all, primates.[54]

If we start from this point and remove all forms of human intervention, we naturally arrive at the conclusion that 'infants tend to sleep prone.' Going further, the prone posture is the precursor to crawling, and crawling is the prelude to walking. Following this chain of physiological development, it is only logical to conclude that 'infants are suited to sleep in the prone position.'

Moreover, from a logical standpoint, we can reverse the question: when infants are lying prone, how many caregivers observe the baby actively trying to 'turn back over and lie on their back'? Very few, right?

In the end, when human manipulation is removed, 'infants sleeping prone' becomes an empirical and observable fact—an objectively verifiable phenomenon that needs no further justification. From the perspective of evolutionary theory, this is an inevitable outcome. Thus, it proves the conclusion: 'Infants are naturally suited to sleep prone.'

This is logic.

I argue that, under evolutionary theory, infants are well-suited to sleep in the prone position—not only suited, but healthier for it.

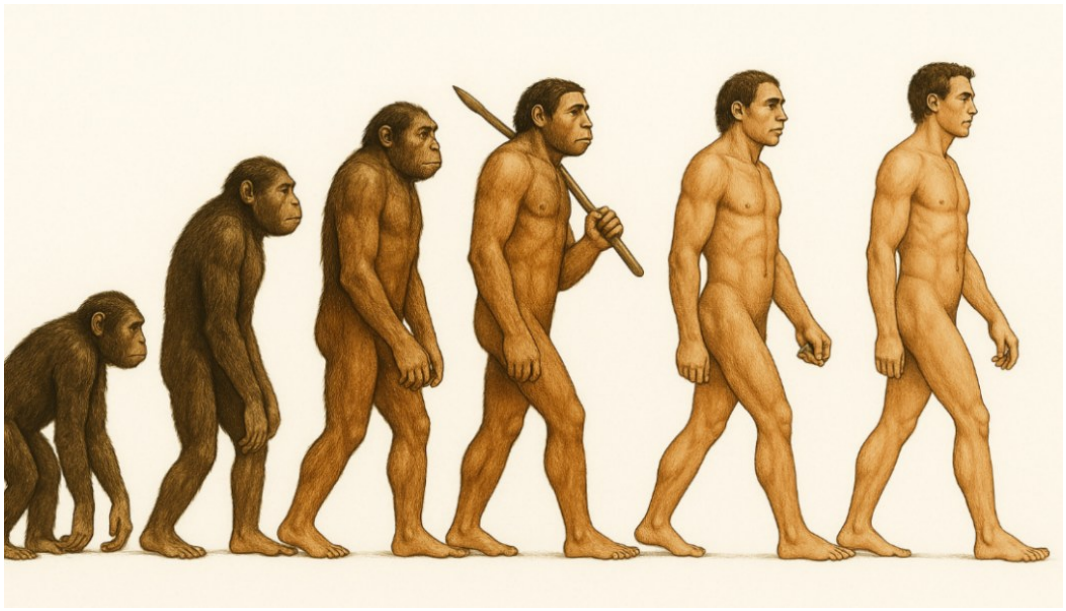
Parents may ask: 'Do babies like sleeping on their stomachs? It seems like our baby always tries to turn over.'

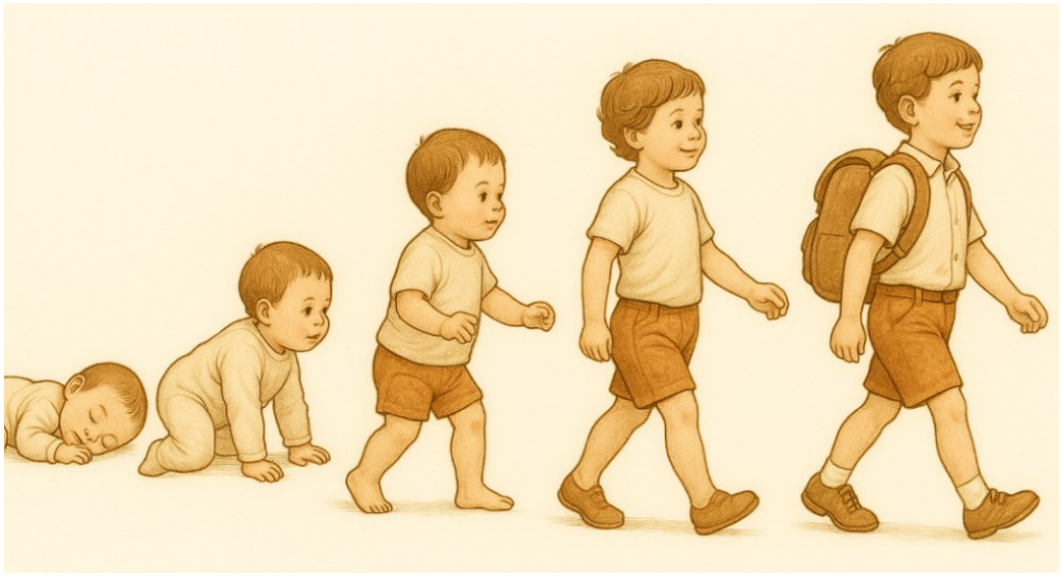
Answer: 'The wording of “like” or “dislike” involves human social and moral judgment. So, infants might not “like” prone sleeping, but they *will* sleep prone—because, under evolution, that is their instinctual choice.'

At this point in the text, it becomes even clearer that modern people have forgotten something very fundamental—namely:

Humans are, in fact, animals.

[54] Altmann, J. (1980). *Baboon Mothers and Infants*. Harvard University Press.





(3) Extension: Current mainstream infant care recommendations create moral hazards and legal loopholes.

Have readers ever thought about this? If we follow today's mainstream infant care guidelines, moral hazards may arise, sometimes leading to irreversible tragedies. More importantly, we are often powerless during the process.

For example, imagine a poor mother or an extremely irresponsible father. Right after giving birth, due to financial stress or other reasons, they lose control and smother their baby, leading to tragedy. What can we do?

"That's easy! Call the police! Prosecute them! Let the judge lock them up!"

Well. Not so easy.

Because under current mainstream infant care principles, such heartless parents only need to say one sentence in court to be completely exonerated. They just have to say: "I don't know what happened—the baby turned over on their own."

Understand now?

This is the problem caused by human intervention in modern infant care guidelines. Legally, we are almost powerless in such cases. It's a textbook example of a legal loophole in litigation.

According to mainstream methods, babies must sleep on their backs. But when they do, they naturally want to roll over. And studies say once they roll over, the risk of death increases.

In other words, isn't that equivalent to saying, "Babies might smother themselves by turning over"? Isn't that right?

To reinforce the policy of 'babies should sleep on their backs,' researchers desperately try to produce studies showing that 'prone sleeping increases death risk.' However, the methodology in such studies is questionable. Also, once enough similar studies accumulate, confirmation bias arises.

This confirmation bias influences judges as well, forming prejudices that ultimately harm infants born into disadvantaged families.

According to my proposed theory—'Instinctive Choice of Infants' and 'Anti-Intervention Hypothesis'—we can confirm that 'babies are evolutionarily adapted to sleep prone.'

Prone sleeping is part of normal evolutionary development. We should re-evaluate studies claiming that 'prone sleeping increases infant death risk.'

In doing so, we avoid concluding that 'babies might smother themselves.'

V: Conclusion (Practical Applications)

To conclude the previous chapters, this marks the closing statement of the "Theory of Sleep Instinct." Let me once again summarize the core idea of this theory.

According to Darwin's theory of evolution, it is fundamentally irrational for humans to suffer from insomnia. The reason is simple: sleep is an animal instinct. In the competition for survival, animals struggle to stay alive for the sake of reproduction, and sleep is an essential part of survival. Therefore, if there exists such a condition as "human insomnia," it inherently violates the principles of evolution. Labeling insomnia as a disease is even more absurd, especially since modern biology and medicine are built upon evolutionary foundations.

Through logical analysis and observational reasoning, I gradually developed the "Theory of Sleep Instinct." Starting from the foundation of evolutionary theory, I used deductive reasoning to form the "Posture Hypothesis." From there, I confirmed that the prone sleeping posture (sleeping on the stomach) is the key, and concluded that insomnia is not a disease but a signal failure caused by incorrect posture.

Every step of reasoning, every source of thought, and every conceptual thread is laid out in this report. Every word was personally written by me, Cheng-Chun Yen. I am extremely confident and proud of this work.

Furthermore, I must criticize the contemporary academic world: despite the overwhelming volume of published papers, a large portion merely piles up data or replicates content without closed logical structure. Many papers appear to have extensive citations and charts but essentially reassemble others' findings without addressing the core of the problem, let alone presenting self-contained, verifiable new theories. Writing with a closed-loop logical structure—from defining a problem and setting premises, to advancing through strict deduction, and arriving at a consistent conclusion that blocks all counterexamples—is nearly extinct in today's scholarly field.

The Theory of Sleep Instinct attempts to return to a form of deductive logic akin to mathematical proof. It starts from observed facts, constructs a hypothetical model, and proceeds step by step to form a fully closed structure of reasoning. This rigorous structure may not align with popular writing formats, but it embodies the fundamental form that scholarly inquiry ought to have.

As an independent researcher, I strive to uphold the value of logical reasoning within this vast sea of academic writing. It is not just a belief—it is an expectation I set for myself. Though it is difficult, I have done my best.

Finally, I must reiterate that the Theory of Sleep Instinct is not some alternative therapy or a set of personal anecdotes. It is a theoretical model that stands up to scrutiny—it is applicable, testable, and logically sound. This book has now completed its logical closure:

"Sleep is an animal instinct," "Insomnia results from incorrect posture," and "Prone sleeping activates the parasympathetic nervous system to enter a resting state"—these three propositions form a complete and coherent theoretical framework. This structure has been thoroughly developed in the preceding chapters. Its foundation lies not in medical prescriptions but in the intersection of evolutionary logic and neurophysiological mechanisms.

The practical recommendations that follow are not based on belief or persuasion, but are natural outcomes derived from the internal logic of this theory: "If the posture signal is correct, then falling asleep is an instinctive behavior that occurs automatically."

1. Practical Application:

Application of the Theoretical Model of the 'Theory of Sleep Instinct': Operational Steps for Empirical Users (Illustrations below are for demonstration)

① Environment and Mattress:

The choice of mattress and bedding should be entirely based on personal comfort. Posture can be adjusted freely—whatever feels comfortable is acceptable. It's worth noting that, from the perspective of human spinal alignment and ergonomics, it is recommended not to use a pillow at all (this applies to infants as well). A piece of light clothing can be used instead to absorb saliva and help verify sleep position.

② Postural Trigger Conditions:

The body should be prone, with the head naturally turned to one side, and both arms bent and placed beside the body or near the pillow. The chest and abdomen

must be firmly in contact with the surface, forming the common 'prone posture' seen in mammals.

③ Respiratory Perception: Abdominal Rhythm and Core of Parasympathetic Induction

Once in a prone position and at rest, abdominal (diaphragmatic) breathing will naturally form. Continue to feel the up-and-down motion of the abdomen—this is the sign that the parasympathetic system has been activated. Sleep will occur shortly afterward (duration varies by individual, roughly 5 to 10 minutes).

Note: This part is easily overlooked. Although the body is theoretically capable of switching to diaphragmatic breathing naturally, the long-standing habit of supine sleeping and the discomfort of abruptly changing posture may lead to frequent adjustments. These excessive movements interfere with the sleep signal and disrupt the breathing rhythm, making it even harder to fall asleep.

All I can do is remind you that sleep is an extremely relaxed and natural process. There's no need for excessive adjustment or preparation—because you'll fall asleep in no time.

④ Thoughts and Anxiety Management: Principle of Non-Interference

This theory does not advocate for clearing the mind. As long as the postural conditions are met, thoughts and memories are not obstacles. Sleep is an innate animal instinct—if you want to sleep, you'll naturally fall asleep. Overemphasizing 'sleep preparation' is, in fact, a disruptive behavior and makes no sense logically.

Note: At this point, accompanied by illustrative diagrams, readers may notice one thing: 'This state feels very much like getting a massage or a stress-relief session.' And in fact, they are quite similar.

When you get a massage or engage in relaxation therapy with the appropriate posture, your body naturally activates the sleep switch. Many people mistakenly believe that the massage therapist or relaxation technician is especially skilled at inducing sleep—but in reality, it's all thanks to diaphragmatic breathing.

⑤ Identifying Misleading Sensations:

Beginners may mistakenly feel that their neck is uncomfortable or that their body is misaligned. This is mostly due to postural memory confusion—not actual physical injury. During sleep, all muscles relax; proper posture will not cause harm.

⑥ Definition of Posture Angles:

'Side sleeping' refers to the shoulder being at a 90-degree angle to the ground; 'prone sleeping' means the inside of the chest forms an angle less than 90 degrees and the chest and abdomen are clearly in contact with the ground. This definition helps to distinguish habitual mistakes.

⑦ Suggestions for Support Items:

Long pillows, short pillows, and blankets can all be used depending on personal body type and sleeping posture. The principle is to maintain both 'relaxation and stability,' without any rigid formats.

⑧ Time Cost and Habit Formation Period:

According to user experience, this posture requires an adaptation period ranging from one month to one year. Once the habit is formed, both falling asleep and sleep stability significantly improve.

Note: If adopting the 'prone posture' still leads to difficulty falling asleep, the author believes that each case should be observed and judged individually. This does not logically refute the 'Theory of Sleep Instinct' as derived from evolutionary principles.

⑨ The Concept of Dynamic Sleep:

Sleep is a slightly dynamic process. Turning over and shifting positions mid-sleep are instinctive mechanisms of animal regulation. There is no need to force stillness.

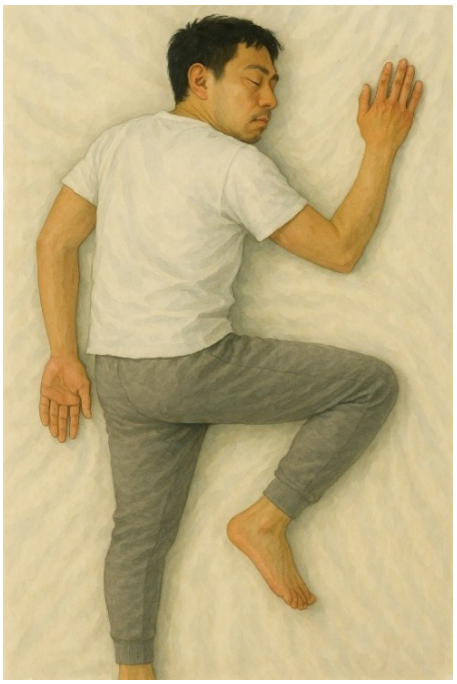
Note: The author believes that sleep is actually a micro-dynamic process. The question of 'whether you can fall asleep' should be discussed separately from 'how well you sleep.' In either case, the 'prone posture' can be continually adjusted and practiced throughout sleep. Even if you wake up and struggle to fall back asleep, returning to the prone posture can help you successfully re-enter sleep. If you want to sleep, you can sleep.

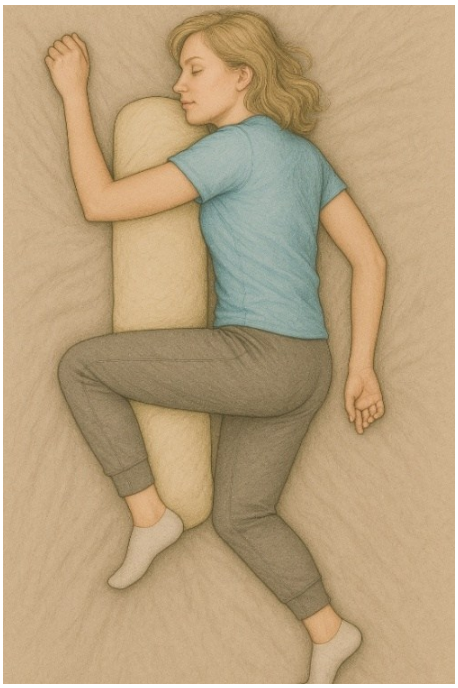
⑩ Elimination of External Factors:

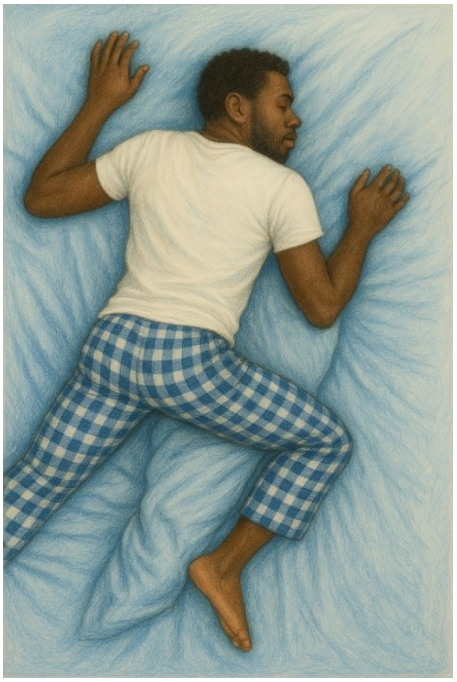
Although the 'Theory of Sleep Instinct' is verified through evolutionary logic as an animal instinct, it still has limitations. Therefore, please avoid consuming caffeine

or other central nervous stimulants (including drugs) within six hours before bedtime, to prevent misjudging the effectiveness of the 'prone posture.'

Note: To avoid misunderstanding, the author gives a simple example: 'Hunger and the urge to eat' is also an animal instinct. But if you take drugs, you might not feel hungry at all—not even thirsty. The same principle applies here.







2. Analysis:

The author developed the 'Theory of Sleep Instinct' based on evolutionary theory. However, the true origin of this theory lies in the author's own long struggle with sleep disorders. Through logical reasoning and model construction, the author became not only the first test subject of the theory, but also its greatest beneficiary.

This theory is not only practical but can also be repeatedly tested and verified—it is a genuinely scientific theory. Furthermore, because it stands up to examination, it can truly benefit all of humanity.

The author must proudly and confidently state: if readers trust logic and believe in science, they can fully benefit from this theory. It is also possible to formally overcome insomnia.

Incidentally, in addition to insomnia itself, patients often experience 'sleep-related anxiety.' This term refers to the anxiety and pressure people feel before bed, stemming from worries about not being able to fall asleep or sleep well.

Generally, 'sleep-related anxiety' includes three main types. The most common is pre-sleep anxiety, where individuals worry about whether they will be able to fall asleep, often checking the time repeatedly, calculating remaining sleep hours, and becoming more alert the more they try to sleep. This type of anxiety disrupts the activation of the parasympathetic nervous system, creating a vicious cycle.

The second is excessive concern about sleep performance, also known as orthosomnia—a form of functional anxiety. These individuals are overly focused on sleep quality, worrying that poor sleep will affect daytime performance, or becoming anxious due to sleep data from wearable devices, which in turn disrupts natural sleep mechanisms.

The third type is a fear of sleep itself (somniphobia or hypnophobia), which is rarer and classified as a specific phobia. These individuals may fear the loss of consciousness, death during sleep, or experience trauma-related nightmares that make them resist falling asleep. These cases typically require psychological or psychiatric treatment.

Therefore, if readers (especially those with insomnia) can sincerely embrace logic and science, we can fundamentally resolve the burden of sleep-related anxiety—because you will know, 'No matter what happens, I can fall asleep.'

Because we believe in evolution.

The author genuinely hopes that, after smallpox, 'insomnia' will become the second condition in human history to be completely eradicated. I believe this with all my heart.

3. Notes and Disclaimer

The hypothesis presented in this article is still in the theoretical and preliminary observation stage, and lacks sufficient clinical evidence. It should not replace formal medical advice. The operational steps listed in this chapter are derived from internal model validation within the theory and do not constitute clinical diagnosis or medical recommendation.

If users have special physiological conditions or structural limitations, please evaluate feasibility independently. The key lies in understanding that 'posture is a signal'—not in blindly following a specific posture.

VI. Postscript

While writing this report, I often wondered, 'Do modern people still believe in logic and science?' In fact, from the perspective of evolutionary theory, it is completely natural and self-evident that infants should sleep prone; it is even more undeniable for adults. Sometimes I truly don’t understand—what exactly is there to explain?

But in truth, that was a naive thought.

To persuade with reason is a universal principle in both East and West. Whether it is the Confucian tradition in the East that values 'rationality and morality,' or Western philosophy which emphasizes 'logic and argumentation,' only through reasonable discourse can one earn true recognition and acceptance in human society. Authority, emotion, or violence may suppress temporarily, but only 'reason-based persuasion' can endure over time. This is the greatest insight and reflection I gained from writing this report.

The construction of a closed logical theory model often fears three things: first, the fallacy of begging the question or circular reasoning; second, the fallacy of implicit or ambiguous definitions leading to loaded terms; and third, biased premise selection.

During the writing process, I was meticulous and repeatedly self-examining—afraid of falling into the trap of faulty logic. Therefore, I deliberately distinguished between 'adults' and 'infants,' discussing them separately, in hopes of dismantling entrenched, erroneous ideas without committing logical fallacies. Ultimately, I aimed to tie every argument together under the conclusion that 'prone sleeping posture in humans is a reasonable outcome of evolution,' forming an unbreakable logical loop from infancy to adulthood.

Did I succeed?

I’m not sure.

But what I can say is this: I am very confident and full of faith in this report. The rest, I leave to the readers to judge.

Perhaps in the process of articulating this theory, I will encounter numerous obstacles. After all, when society as a whole is used to sleeping on their backs, the market naturally builds countless supporting products and medical frameworks based on that

posture. This includes pillow design, anti-snoring devices, insomnia medications—all of which take the 'supine position' as their default model.

If, as this report claims, the supine position is a mistaken posture, then the problem may not simply be treatment failure—it could be a systemic commercial dependency rooted in a fundamental misinterpretation of instinct.

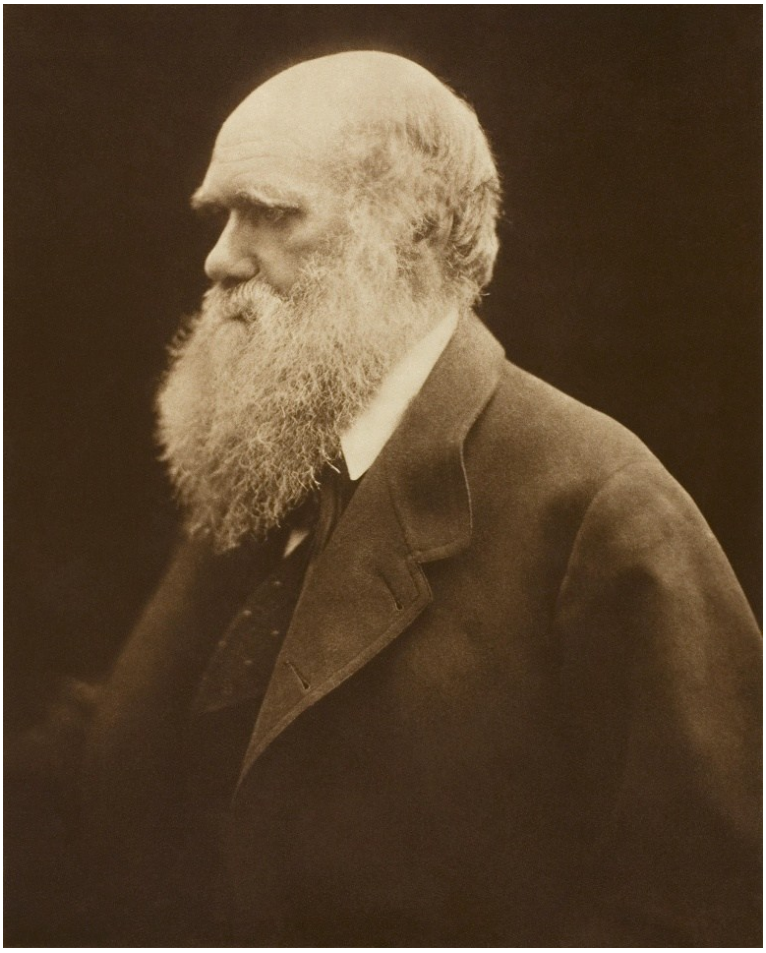
Therefore, I sincerely invite all readers—if you struggle with insomnia, and you are willing to believe in logic and trust science—you should try to practice this theory. Join me in becoming co-constructors of the 'Theory of Sleep Instinct,' and together, let us write its final chapter.

Truth is often simple and right in front of us—

we just usually choose not to believe it.

This report represents a personal exploration by the author, attempting to present the subject with clarity and internal consistency. Although great effort has been made to ensure completeness and rigor, the author is well aware that there may still be inadequacies. I sincerely welcome insights, corrections, and critiques from all walks of life to help deepen and refine this theory.

Charles Darwin (1809–1882)

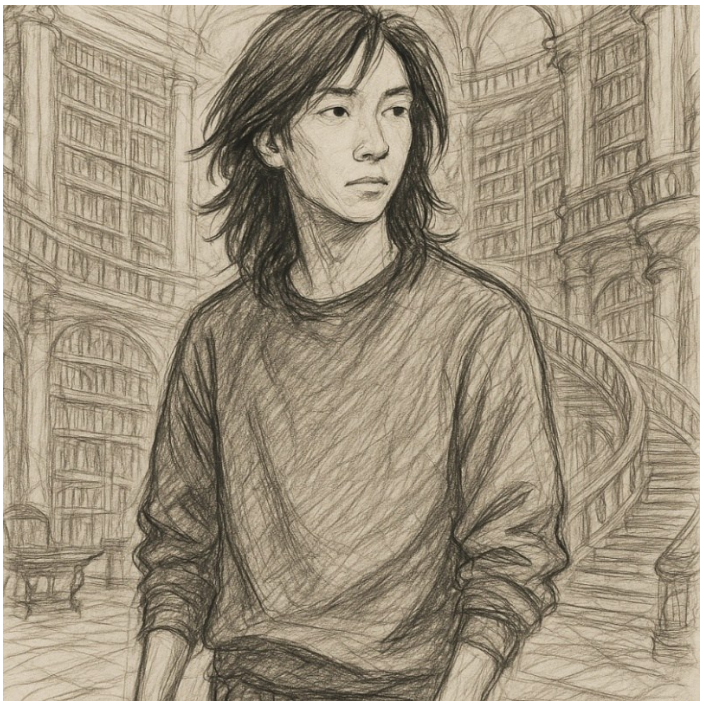


British naturalist and biologist, regarded as one of the founding figures of modern biology. He is best known for proposing the Theory of Evolution and the concept of Natural Selection. His most famous work, *On the Origin of Species*, was published in 1859.

Darwin argued that organisms evolve over generations through small variations, gradually shaped by selective pressures from the natural environment. This challenged the dominant creationist view of life at the time. Darwin's theory profoundly influenced not only biology, but also philosophy, anthropology, religion, and social thought—fundamentally transforming our understanding of the origin of life, biological diversity, and humanity’s place in nature.

Appendix: About the Author

Cheng-Chun Yen,
born in 1985 in Taipei, Taiwan.



In 1859, Darwin used the theory of evolution to describe this world;

I, Cheng-Chun Yen,

will continue to depict this world through evolutionary theory and logical reasoning.

This work is dedicated to everyone who suffers from insomnia;
May you all sleep well through the night.

Good night.