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updated  
bestselling  
guide

# Sleeping Like a Baby

simple sleep solutions  
for babies and toddlers

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**PINKY McKAY**

Australia's calm baby expert

## The con of controlled crying

*‘I spent so much time trying to teach my first baby to sleep. I wished I’d spent it enjoying him.’*

Megan

Sleep deprivation is a bitch! And if you dare complain how exhausted you are feeling, you are sure to get the same old answer: ‘You need to do sleep training.’

You don’t want unhelpful advice that undermines your confidence and makes you feel as though you are depriving your child for life. But, if you don’t want to leave your baby to cry, you are likely to be told, ‘You are just postponing the inevitable,’ and ‘You are making a rod for your back,’ or ‘You are depriving your baby of an important skill by not teaching him to sleep.’

Sadly, despite what you feel in your heart, these

comments will almost certainly induce feelings of self-doubt and confusion as you feel torn between responding to little night howls and rigid advice that ignores or dismisses the powerful biological connection between you and your baby.

*When my son was waking to feed constantly, I remember feeling that because I wouldn't sleep train him, it somehow meant I wasn't permitted to 'complain' about my exhaustion.*

Claire

The pressure to have a baby who self-settles and 'sleeps all night' can create confusion and anxiety even before you welcome your precious child into the world and if you are the sleep-deprived parent of a newborn and are desperately trying to regain some sense of control over your life, it can be tempting to grasp at whatever promises of a good night's sleep are being made, no matter who is offering this advice.

Perhaps now would be a good time to consider that the people who offer rigid advice, like the person who coined the term 'sleeping like a baby', may not actually have a baby at their house. Or, if they do, their child is in the care of a good mother during the wee small hours. Seriously though, there are some important points to bear in mind about people offering rigid advice about infant sleep management. First, it is much easier to ignore infant signalling (and night howls) when the wakeful child isn't hormonally or biologically connected to you. It is also

much easier to be ‘logical’ when you aren’t the person who is sleep-deprived. This can also account for how seemingly sensible advice that is totally inappropriate for your baby can leave you feeling undermined – after all, who, in a sleep-deprived state, can come up with a witty, assertive response when they most need one?

*When Jair was around six months old, a close friend, James, who was much older than me and my partner – and who had grown children of his own – came to visit us at our home one evening. During his visit, Jair woke and could be heard crying on the baby monitor from where we sat in the dining room. Knowing full well that this person advocated ‘crying it out’, I sat motionless at the table while Jair became increasingly distressed.*

*When I was pregnant, this friend had kindly advised us that the only way to ensure our baby wouldn’t ‘manipulate’ us would be to let him cry himself to sleep in his cot for each day and night sleep until he learned to self-soothe. At this point in my parenting journey, I wasn’t very confident and I cared what this person thought. (Funny how time and another child makes any care whatsoever completely redundant: a squirt of breast milk across the table may have been a better response to the comments that would follow!) My younger self, however, sat there paralysed with fear. Jair’s whimpers had elevated into a fully distressed cry. (Remember, I didn’t leave Jair to cry normally so after a few minutes he was desperate to know where I was.)*

*I slowly rose to my feet and went into the room*

to settle Jair on the breast. Once he was asleep, I placed him back in his bed and returned to our guest in the dining room. I had just sat down when Jair had awoken again. I felt my face flush as I tried to avoid eye contact with our guest. Again, I hesitated . . .

Jair's cries elevated but more quickly this time. I knew that I wanted to go to him immediately; to run into his room and scoop him up as I would any other night, but I was being watched (and judged) and I cared way too much what this man thought about us as parents.

After what felt like hours but was only a few minutes, I mustered up the courage and rose to my feet, leaving the table to tend to my baby a second time. Again, I settled him on the breast, placed him in his bed asleep and returned to the dining table. This time I could sense some tension but, thankfully, my husband kept the conversation going. As I studied the embarrassing pile of dust bunnies on the floor next to our guest's feet, I sensed James's eyes settle on me. The sound of a crying baby had broken the conversation for a third time. I met James's gaze and we stared at each other, almost like in one of those Western movies where the villain makes squinted eyes at the hero in some dusty main street of a country town, with weapons drawn and ready for the shoot out. 'Leave him, Dani,' he said. 'Don't you go to him now; you leave him to cry and he'll soon learn . . .'

I've never been one to follow the grain: I delight in being known in my family as the 'Hippie Mum'. My action following Jair's third waking that night revealed

*the true destiny of what we had thought was a lifelong friendship with James. Breaking my eyes from his, I got up from the table and went to my baby. I comforted Jair at the breast once more and this time I stayed with him while he slept in my arms contently until our guest left our home, taking with him the unreasonable, inappropriate and disrespectful expectations that he brought with him. As it would happen, the next day, I noticed two cutting teeth in Jair's gums which must have been causing him a great deal of grief the night before . . .*

Dani

## **Attachment**

You may have heard the term accidental parenting. It implies that you, the parents, have inadvertently caused (or will cause) your baby to have sleeping difficulties if you encourage 'bad habits', such as letting your baby fall asleep in your arms or not following a strict regime of one sort or another.

The truth is, there is no accident about how you feel when your baby calms and dozes in your arms, opening heavy eyelids to meet your gaze then perhaps giving a tiny smile before his eyes flutter shut again with delicate lashes resting against little pink cheeks, his warm body snuggled next to your own. Nor is it a sign of weakness or indulgence on your part that you can't resist your baby's cries to be soothed to sleep. Rather, it is due to what scientists call the 'chemistry of attachment'.

This is a massive hormonal upheaval that begins during pregnancy, ensuring that you and your baby are chemically primed to fall in love when you meet each other face-to-face or, rather, skin-to-skin, at birth. It is nature's insurance that your baby will signal for exactly the care she needs to grow and thrive, and that your strong connection with her will help you understand and meet these needs as she adapts to the world outside the womb.

During the last trimester of pregnancy your body brews a cocktail of hormones, and your pituitary gland, which produces this 'mummy margarita', doubles in size and remains enlarged for up to six months postpartum. This means that for as long as six months after your baby is born, your emotional mindset will be irresistibly affected by shifting levels of hormones. This powerful hormonal hangover has such universally intense effects on mothers' inner lives that it is documented by researchers under a variety of labels including 'maternal preoccupation' and 'motherhood mindset'. This more intuitive mindset can be quite at odds with our modern lifestyles and often comes as a shock to women who have previously been in a more goal-oriented and solution-focused space prior to having a baby. Now, it seems that control is out the window and logic has left the building, as the skills that used to keep things neat and tidy (literally) are no longer relevant. This is why the baby instruction manual that advised an efficient program of sleep management seemed so sensible while you were pregnant, but now makes you feel like a failure as neither your baby nor you seem able to slot neatly into the prescribed timetable.

If you can appreciate this new, responsive state as nature's preparation for creating a synchrony between you and the instinctual world of your newborn, you will understand why there is such a struggle between the 'logic' of sleep-training advice and your urge to respond to your baby.

*I was thinking about what keeps you going in the early days, especially the ability to function on barely any sleep, and I think it's love. The love you feel for your baby, and the need to nurture the little one is what keeps you going and gives you this almost superhuman ability to be patient and gentle and strong through those difficult times. Of course everyone copes differently but I think for me it was the love that really kept me going on an otherwise empty tank. I am so in love with Luna. It is the purest, most all-encompassing, most divine feeling – she is such a delight. When she wakes up and I hear her little voice it means I have to stop whatever it is I'm doing, no matter how important, and see to her. I think, Yay! I get to hold my precious darling again! and I can't wait to go in and pick her up and cuddle her.*

Alice

Two of the major players in this magical baby love potion are prolactin, a hormone that promotes milk production and is often referred to as the mothering hormone because of its calming effect that is said to make you more responsive to your baby, and oxytocin, also known as the

love hormone. Oxytocin encourages feelings of caring and sensitivity to others and helps us to recognise non-verbal cues more readily. It is released during social contact as well as during love-making, but the release of oxytocin is especially pronounced with skin-to-skin contact. Oxytocin itself is part of a complex hormonal balance. A sudden release creates an urge towards loving that can be directed in different ways depending on the presence of other hormones. For example, with a high level of prolactin, the urge to love is directed towards your baby.

Breastfeeding is a powerful enhancer of the effects of these love hormones, which are released by both mothers and babies, who produce their own oxytocin in response to nursing. However, physical contact with your baby will also stimulate the release of oxytocin, so if you are bottle-feeding you can chemically boost the bond with your baby if you ‘bottle nurse’ with cuddles and skin contact, rather than prop him up to feed (something you should never do, for safety reasons) or hand him to others.

Bonding with your baby isn't just a mum thing. Recent research suggests that expectant and new fathers actually experience biological and hormonal changes that prepare them for parenting too: in a 2012 study from the University of Notre Dame, Indiana, anthropologist Lee Gettler shows that dads who sleep near their children (on the same sleep surface) experience a drop in testosterone compared to fathers who sleep alone.

Earlier studies by Gettler and others have shown that when men become fathers, especially in the first month after birth, their testosterone decreases, sometimes

dramatically, and that those fathers who spend the most time in hands-on care – playing with their children, feeding them or reading to them – have lower testosterone levels again. Authors of these studies speculate that the drop in testosterone is a biological adjustment that helps men shift their priorities when children come along. While high testosterone levels have been linked to aggression, extroversion and risk-taking, drops in testosterone have been linked to fathers' responsiveness to their children. However, just in case you are worried this will affect your manliness or your sex drive, you can relax – it turns out that in one of these studies, partnered fathers were getting more sex than single men without children!

The hormones prolactin and cortisol, both connected with pregnant women, have been shown to rise significantly in men in the three weeks before birth is due. It seems that being near your pregnant partner and the effects of her pheromones trigger hormonal changes in expectant dads. When your baby is born, cuddling and playing with your little one will also elicit the release of prolactin, the hormone of tender nurturing, along with oxytocin, the love hormone, and beta endorphins, the feel-good hormones that are also known as the hormones of pleasure and reward. This means that the more you interact with your baby right from the start, the happier you will feel. In turn you will want to play more, and the better your relationship with your baby will develop. And in case you are worried that playing with your baby will make you less 'manly', the good news is that these lower testosterone levels won't affect your libido – they are still

within normal levels. Every nappy you change, every cuddle you share and every game of peekaboo that has you and your baby chuckling with delight is an emotional investment in your baby's wellbeing and his trust in you.

*When our first child was born, we lived in a one-bedroom apartment in a block of eight in a dense part of St Kilda. Lots of things were special with the arrival of our first child and we wanted to bring our new son to the apartment as all the other residents had been so much a part of our life for the preceding five years. Nonetheless, living in close proximity to other residents had its own challenges, especially once the novelty of a newborn started to wear off. In particular, the residents downstairs were not as in love with our child as we were. In the middle of the night when our child started to cry we were just as aware of our neighbours as we were of the need to settle our son. Thus began a ritual of taking Tommaso for a walk in the warm summer evenings through the streets of St Kilda.*

*Our walks could occur at any time from midnight to 3 or even 5 a.m. We went on cold windy nights or on warm nights when there were lots of people still enjoying St Kilda's offerings. Tommaso would always fall asleep within a hundred metres of the apartment and the long walk was really to ensure that he fell into a deep sleep for when we returned back home . . . The cooling sea breezes, the walking and the feeling of being held helped Tommaso sleep comfortably through the night.*

*In many ways I think it is strange to put a baby into a cot and tell them to sleep – this must feel quite unnatural. Instead, the walking and the feeling of being held must feel far more soothing to a child so small as they adjust to life away from their mother’s body. These walks now belong to the mythology of our family as we talk about the days we strolled the streets together in a romantic and special way. Tommaso tells me he remembers the walks. Maybe he does and maybe he doesn’t, but the walks did more than settle a crying baby – they became a way to connect father and child in a unique way that was borne out of necessity rather than choice.*

**Antony**

Whichever parent you are – and whether you are an adoptive parent or a same-sex partner – the more you connect with your baby through touch, eye contact, smell and talking, the stronger your connection will be and the more difficult you will find it to ignore your baby’s signals. And this is exactly as nature intended.

## **What’s best for baby?**

Baby sleep-training advocates seldom consider the baby’s experience. A prime example of this is that most research into infant sleep-training methods defines the number of uninterrupted hours babies sleep as the single measure of success, without considering the immediate

or longer-term effects on the babies' wellbeing or the parents' sense of competence. Your baby doesn't have an agenda, he isn't trying to manipulate you or to deliberately inconvenience you, he is simply expressing natural biological urges to be nurtured and nourished and to feel safe. He has no control over his needs or how these will be met. Because your baby's wellbeing is your primary responsibility, the possibility that you may have inadvertently caused *any* damage to your relationship with your baby or your baby's sense of trust can be devastating.

*With my youngest, I said I was never going to use controlled crying. One night, after he had been waking every fifteen minutes and I was exhausted, I left him to cry. I wasn't trying to teach him anything, but I just couldn't get up again. I had tried him in bed with me and he crawled all over me and annoyed my husband. After a while, I put him in his cot and just walked out. I was tired and angry and couldn't do it anymore.*

*Leaving him in his cot was probably the safest thing for him. My husband thought I was starting controlled crying (he thinks it's an okay thing to do and keeps suggesting it), and put ear-plugs in and went back to sleep! I left Billy for about fifteen minutes, who was about ten months old, before I started crying myself. I went and picked him up and he promptly fell asleep in my arms from exhaustion.*

*The next night he cried as soon as I put him in his cot. Prior to this, he had happily put himself to sleep after a feed, although he would still wake a lot during*

*the night. But after I left him to cry, he would only go in his cot when he was already asleep. I got very angry at myself after this episode. I think he is over the trauma of this, but he no longer puts himself to sleep.*

Amy

Like many mothers of older, more active babies, Amy discovered that the notion of snuggling back to sleep with her baby in the parental bed wasn't a solution to his waking, and a lack of support left her little choice but to ensure her baby's safety by leaving him in his cot when she became overwhelmed by exhaustion and frustration.

There are a number of reasons why older babies may wake frequently, from separation anxiety (which peaks at about one year) and 'practising' new mobility skills in their sleep, to discomfort from teething or sensitivity to new foods. Some parents of mobile babies find that they can resettle their babies on a larger, single-bed mattress on the floor (in a childproof space) where the baby has more room to move without disturbing himself or his parents. Others have success putting a cot close to their own bed so they can pat or stroke their baby but he has his own space. However, the middle of the night is not conducive to logical thoughts or clear communication channels between exhausted parents and we should never underestimate how exhaustion can affect our choices, our relationships, or what we may do at any given moment in order to make it through the night.

Cot resistance is not an uncommon reaction in babies over six months who are left to cry. On Amy's part, as

this was only a one-off and not a deliberate plan to train her baby by repeatedly ignoring his cries, it seems unfair that she is also burdened with feelings that she may have caused lasting trauma. In fact, I like to reassure parents that if your baby protests strongly at being left to cry, this seems to be a healthy indication that your child will not easily give up on you or abandon signalling for appropriate responses to his needs.

## Not guilty

The maternal art of self-flagellation could almost become an Olympic sport, whatever the age of our child. Guilt is pretty much synonymous with being a mother. So please, be gentle on yourself and remember, we can only ever do our best with the information and resources we have available to us at the time, and sometimes in desperation we don't always make the same choices that we might have with different support.

*I'm a midwife and a mother – professional versus maternal – and sometimes the ideas and notions of each role clash. I was very comfortable with each of my babies when they were very little. I didn't have to be taught how to bathe, swaddle, hold or change my baby like a lot of brand-new mums . . . I could do all that with my eyes closed. Another thing that I have spent a lot of nights doing over the last seven years is putting babies to sleep, both at work (I only work night-duty)*

*and home. My first son fussed with colic and screamed. Then he got clingy and more fussy. So I followed a routine – one thing I was sure of when I had a baby was that he would sleep in his room and we would sleep in our room. So I did the controlled crying thing – no eye contact, walk away from the cot, let him scream, go back to comfort but don't pick him up, leave him longer each time. It went on for hours. When it didn't work after a week or ten days we'd go back to comforting him more and then trying to transfer him to the cot when asleep. Then we'd start all over again . . .*

*When the second baby came home he went straight into our bed, breastfed on demand (like the first son) and then cuddled up next to mum or dad at night and slept until the next feed. He was a dream baby, and went into a cot at four months, sleeping through the night. But every single night until he was about eighteen months old, he was rocked to sleep in our recliner and then placed into bed.*

*The third baby was a girl! I came home less than twenty-four hours after the birth, and found we had another fractious baby. We faced almost exactly what we had four years earlier with our first child. She co-slept with us for nearly twelve months, slept in a cot next to our bed for six months, then went into her own bed at eighteen months in the boys' room but still needed someone to lie down with her for a little while before going to sleep. She would hold tightly onto our clothes or hair, just to make sure we weren't moving anywhere.*

*Do I think that I have permanently damaged my first child beyond belief because I let him cry for hours and hours when he was a baby? No. There were some days when it was safer for me to be standing in the shower crying while he was in the cot doing the same thing.*

*Do I wish I'd done things differently? Yes. I wish I had been less rigid, and had gone with my gut feelings rather than trying to do things by the book and to routine.*

**Cheryl**

If you have already given controlled crying a try, my intention is not to make you feel guilty but to help you make informed choices, whatever you decide is best for your family right now. And when I talk about leaving babies to cry I am referring to distressed crying, not the wind-down grizzling of a tired baby. However, I believe it is best to hold a crying baby or child whatever the reasons (don't you like a hug when you feel fragile and teary?). As a responsive parent you will know the difference between your baby's signals and their urgency and how best to respond. If you aren't quite sure yet, see the section about reading your baby's cues.

*Until Bella was about six weeks old I was pretty depressed. During this time I felt incredibly guilty about a lot of things. I felt bad that I hadn't formed an immediate bond with her. I felt bad that I couldn't breastfeed. I felt bad that she wasn't sleeping as long as other babies. I felt guilty that I wasn't a supermum and that I wasn't enjoying being a mother as much as*

*I thought I would. The list goes on. After talking with other mums I was amazed that so many others experienced feelings similar to mine in the first couple of months. I just wish that my friends and I had been honest in the beginning so we could have offered support to one another. I took so much comfort in knowing that I wasn't alone.*

Leah

## The 'science' of sleep training

It is easy to feel confused about which is the sensible way to rear our children when there is dissent among childcare experts. As you can see from the quotes below, conflicting advice about infant sleep is not new. For many years we have had what I like to call the 'tamers', who advocate training infants to self-soothe, and the 'cuddlers', who encourage parents to respond and comfort their wakeful infants.

*The cries of an infant are the voice of Nature, supplicating relief. It can express its wants in no other language.*

Mrs Parkes, *Domestic Duties*, 1825

*If, by the second week, they are left to go to sleep in their cots, and allowed to find out that they do not get their way by crying, they at once become reconciled.*

John Walsh, *Manual of Domestic Economy*, 1850s

Methods of training babies to self-soothe and sleep alone have become somewhat more sophisticated than simply leaving babies to cry it out, and these days leaving a baby to cry has a label: 'extinction'. This is based on the behavioural principle that if parents don't respond when their baby or young child cries, the rewarding effects of this attention will be removed, and the undesirable behaviour (the crying) will be extinguished. In all fairness to the professionals who devised practices such as controlled crying, their intention was undoubtedly to introduce a more humane approach to baby training. Hence, the academic term for the alternative approach (to extinction) of checking on babies and offering reassurance at predetermined intervals is 'graduated extinction'.

When controlled crying or graduated extinction was first advocated around thirty years ago, it was recommended for infants over six months old, not newborns. While there are still professionals who feel comfortable with variations of controlled crying for older babies (some advice is less extreme than other versions), many of these people would see any such methods as inappropriate for younger babies. However, in other cases, the thin edge of the wedge has slipped: popular advice by various authors and even some health professionals now commonly includes leaving babies as young as a few weeks old to cry in order to teach them to sleep, much like the advice offered in the 1850s. Some modern sleep-training methods are euphemistically labelled 'controlled comforting', 'controlled soothing', 'spaced soothing', 'gradual withdrawal' or 'pick up put down' and within each definition there can be different

recommendations about how long to leave babies to cry and how often or how long to comfort. Others simply advise leaving the baby to cry until it falls asleep.

In an article in the *New York Times*, ‘Sleep Training at 8 Weeks: Do You Have the Guts?’ writer and new mother Aimee Molloy describes how, at her baby’s eight-week paediatric checkup, she was advised to sleep train. As she proudly told her doctor how well her baby was breastfeeding and gaining weight, and that she was sleeping six- to eight-hour stretches already, her paediatrician told Aimee that the baby could be sleeping twelve hours at night. The doctor then advised putting the baby in her cot at 7 p.m., closing the door and returning at 7 a.m. Of course she would cry but after about three nights the crying would stop when the baby realised nobody was coming to her rescue.

Although many baby sleep trainers and even some health professionals claim there is no proof of harm from practices such as controlled crying or, as in Aimee’s case, the ‘cry it out’ method, it is worth noting that there is a vast difference between ‘no proof of harm’ and ‘proof of no harm’. In fact, a growing number of health professionals are now claiming that training infants to sleep too deeply, too soon, is not in babies’ best psychological or physiological interests. A policy statement on controlled crying issued by the Australian Association of Infant Mental Health (AAIMHI) advises, ‘Controlled crying is not consistent with what infants need for their optimal emotional and psychological health, and may have unintended negative consequences.’

Needing a published study to tell us a baby (or anyone, for that matter) will be distressed if we shut him in a room alone and don't respond to his cries is like needing research to tell us the grass will grow if it rains. Even basic commonsense tells us that a baby left alone for twelve hours could aspirate vomit and choke, or become overheated from crying (a SIDS risk). Or, if she has 'got the picture' that nobody is coming to her rescue, she may not signal at all, even if she is in trouble. While there is certainly a difference in physical safety between checking on a crying baby and shutting the door overnight, there are no published studies telling us how long it is 'safe' to leave a baby to cry, if at all. Moreover, there is evidence that there is potential harm in neglecting babies' needs in order to train them to sleep.

Babies who are forced to sleep alone (or cry, because many do not sleep) for hours may miss out on both adequate nutrition and sensory stimulation such as touch, which is as important as food for infant development. Leaving a baby to cry it out in order to enforce a strict routine when the baby may, in fact, be hungry, is similar to expecting an adult to adopt a strenuous exercise program accompanied by a reduced food intake. The result of expending energy through crying while being deprived of food is likely to be weight loss and failure to thrive.

Paediatrician William Sears has claimed that 'babies who are "trained" not to express their needs may appear to be docile, compliant or "good" babies. Yet, these babies could be depressed babies who are shutting down the expression of their needs.' Babies can indeed be

'brand-new and blue' with an actual diagnosis of clinical depression. Often the predisposing conditions for depression in infants are beyond our control, such as trauma due to early hospitalisation and medical treatments. However, if we consider the baby's perspective, it is easy to understand how extremely rigid regimes can also be associated with infant depression and why it isn't worth risking, especially if your child has already experienced early separation. You too would withdraw and become sad if the people you loved avoided eye contact, as some sleep-training techniques advise, and repeatedly ignored your cries.

Leaving a baby to cry evokes physiological responses that increase stress hormones. Crying infants experience an increase in heart rate, body temperature and blood pressure. These reactions are likely to result in overheating and, along with vomiting due to extreme distress, could pose a potential risk of SIDS in vulnerable infants.

There may also be longer-term emotional effects.

Infancy is a time of rapid development; a time when tiny brains are being wired. Babies need our help to learn how to regulate their emotions, meaning that when we respond to and soothe their cries, we help them understand that when they are upset, they can calm down. On the other hand, when infants are left alone to cry it out, they fail to develop the understanding that they can regulate their own emotions. Responsive nurturing encourages the development of parts of the brain that regulate emotions. A longitudinal study of depressed and healthy preschool children who underwent neuroimaging

at school age showed that children who experienced responsive early nurturing had a larger hippocampal volume – a brain region that is key to memory and stress modulation. This means that by responding to your baby when she is young, when she is older she will have a better capacity to soothe herself and calm down if she is feeling upset, angry or anxious.

The development of healthy biological and chemical responses, which will support future mental health, is another aspect of early brain wiring that may be affected by ignoring babies' signals. In early childhood, cortisol receptors are developing in the brain and the more cortisol receptors, the better your baby's capacity to mop up stress in the future as the stress hormone cortisol is released. Moreover, night-time breastmilk is rich in tryptophan, a precursor to serotonin. Serotonin receptors affect neurotransmitters and hormones that influence various biological and neurological processes such as aggression, anxiety, appetite, cognition, learning, memory, mood, nausea and sleep. This could mean that night feeds (if an individual baby needs them – some babies choose to drop night feeds at early ages) may play an important role in development of serotonin receptors and future wellbeing.

There is compelling evidence that increased levels of stress hormones may cause permanent changes in the stress responses of the infant's developing brain. These changes then affect memory, attention and emotion, and can trigger an elevated response to stress throughout life, including a predisposition to later anxiety and depressive disorders. English psychotherapist Sue Gerhardt, author

of *Why Love Matters: How Affection Shapes a Baby's Brain*, explains that when a baby is upset, the hypothalamus produces cortisol. In normal amounts cortisol is fine, but if a baby is exposed for too long or too often to stressful situations (such as being left to cry) its brain becomes flooded with cortisol. Too much cortisol is linked to depression and fearfulness; too little to emotional detachment and aggression.

A study by Wendy Middlemiss at the University of North Texas affirms that babies release cortisol in large amounts when they are left to cry during sleep training. They are still releasing the cortisol even after sleep training has 'worked' (that is, even after the baby has stopped crying and is sleeping). Studying babies aged four to ten months, Middlemiss and her team monitored the levels of cortisol as they were left to fall asleep without comfort from a carer. Researchers measured the length of time they cried over successive nights as their mothers waited in a nearby room. Mothers' cortisol levels were also measured.

By the third night, although the babies cried less, their cortisol levels remained elevated. This means that although sleep training achieved a sleeping baby, the babies were still distressed. Initially, the mothers' cortisol levels were elevated and matched their babies' levels while the babies were crying. However, as the babies' crying reduced and they slept, the mothers' cortisol levels decreased. This disassociation between the babies' behavioral and physiological responses means that although the babies were still distressed, the mothers were no longer in synchrony with their babies. The babies were distressed

but because they were no longer signalling that they needed help, their mothers weren't attuned to their needs.

Stress levels in infancy may have implications for learning, too. While it seems fairly obvious that a calm baby will be available for learning, studies have shown that children with the lowest scores on mental and motor ability tests were those with the highest cortisol levels in their blood. There is also research showing that children with anxiety disorders have a higher level of sleep difficulties as infants. Although these studies weren't about controlled crying and I am making no direct connection, my point is that perhaps some of the babies who are presenting with sleep difficulties are infants who need extra help to regulate their emotions or are more sensitive to stress, so it is possible that these little people would be more at risk if they were exposed to controlled crying.

*Our first baby was fairly easygoing, we had a bit of trouble getting her to sleep when she was tiny, I think because we didn't realise how much sleep babies need or how quickly they get overtired, but it wasn't too much of a drama and she slept well at night, which made life much easier. She did wake at night (as you would completely expect), but quickly settled after a feed. At nine months, after I had returned to work, we did controlled crying for two nights. It was so tough, but on night three and thereafter, she slept through and we thought, gee that was good.*

*Our second baby was a challenging baby from the get-go, very spewy (turned out he had reflux) and he*

rarely slept. We had feeding issues due to a problem with one of my breasts and I had to mix feed from eight weeks. But the biggest problem really was the lack of sleep. He would wake six to eight times a night, and was nearly impossible to comfort or get to sleep – day or night.

After three months of hell we had a maternal and child health nurse come out to help settle him and give us some advice. Even she couldn't get him to sleep! By six months things were worse than ever and we were absolutely wrecked. In desperation we sought assistance from a sleep consultant (locally referred to as the Sleep Witch). She would come out to your home, spend the night with you and would then call daily for a couple of weeks to coach you and follow up. The premise was that your child would sleep through within three nights.

We saw minimal improvement, but she assured us that we were making progress and he'd soon be sleeping. So we kept at it, and at it . . . My alarm bells should have been clanging by now, but in desperation and feeling like we had tried everything else and failed, we kept going and going and going. We had previously tried a soothing CD, white noise, light on, light off, sitting next to the cot, co-sleeping, an osteopath and more – so many things!

I now realise that we let expectations and what everyone else's babies were doing make us feel like we were failing. We didn't have support from family or friends (they live hours away) and that left us exhausted, defeated and willing to do anything. But I had no idea to what extent the lack of sleep would affect my

*gorgeous golden-haired boy. Now, at six years old, he is suffering anxiety and OCD-like symptoms and has behavioural issues. He's not able to concentrate at school unless he's got one-on-one attention. He doesn't cope at all if he feels we are going somewhere without him or if he is being rushed. In these situations he says over and over, 'Don't leave me!' It's really difficult to live like this, but more so, to see him live like this. We are currently waiting to have him assessed by a series of medical professionals who will hopefully equip us with the skills and coping mechanisms to help our son. His behaviour affects the whole family, particularly his siblings, but also me and my husband. It's stressful, embarrassing and difficult not to react to his behaviour. But most of all, it's heartbreaking! We honestly believe, and our doctor agrees, that sleep training and the duration of our attempts play a significant part in his temperament and behaviour. It's awful to hear that, to admit it and know it was our choice to do it. I feel as though I have let my son down and I second-guess myself whenever I question why it worked so easily for our daughter – were we just lucky? Or did she simply give up trying to get our attention?*

**Alice**

For mothers like Alice, whose baby may have been more vulnerable or who may have had underlying issues that weren't addressed, the guilt and self-doubt associated with her parenting decisions are devastatingly cruel. She was simply following the advice of professionals under

extremely difficult circumstances. The thing is, we don't know which babies are more vulnerable or which ones may be at risk from being left to cry to sleep. Or when evidence of harm will surface – or which parts of our parenting could have caused harm. Although it is natural to blame ourselves whenever our children are hurting, we don't need the second-guessing or guilt or regret – that awful feeling of 'if only' when this happens. This is why I advise parents to filter any advice they feel unsure of by asking, 'Is it safe? Is it respectful? Does it feel right?' And, if at any time what you are doing feels stressful to you or your baby, no matter who has given you this advice, ditch it or seek another opinion.

One of the arguments for using controlled crying is that it works, but perhaps the definition of success needs to be examined more closely. In the small number of studies undertaken, while most babies will indeed stop waking when they are left to cry, success varies from an extra hour's sleep each night to little difference between babies who underwent sleep training and those who didn't, eight weeks later. In one Australian study of controlled crying in infants over six months, just over 30 per cent of parents said it didn't work. In a Canadian study, 48 per cent of parents had tried sleep training four or more times (before and after six months) but regardless of how many times they had started sleep training only 14 per cent of parents said it eliminated night-wakings whereas 42 per cent of parents said it did not reduce night-wakings at all.

To me, this suggests that even if harsher regimes work initially, babies are likely to start waking again

as they reach new developmental stages or if they get sick, otherwise why would parents repeat the process so many times? If night-waking is a problem for parents (if it doesn't bother you, it isn't a problem) then this is a sign that your baby needs comfort for some reason and if we simply extinguish the crying by ignoring it, the night-waking will persist as long as the underlying issues are not attended to.

*Chloe has always been a good sleeper, but I believe that part of the reason for that is because we have never tried to impose what we think she should do on her (sleep in her own bed if she wants to, sleep in our bed, or sleep in a cot if she wants to, sleep in a sling or hammock etc). We have found that when she is good and ready, she does these things by herself without us putting pressure on her. For example, she stopped sleeping in a sling because she grew and it became too uncomfortable for her. She no longer likes to sleep in our bed because she has grown again and with three of us in the bed, it is now getting too uncomfortable for her so she prefers her cot . . . Her emotional need to be close to us has never been threatened so she is comfortable moving onto the next stage when she is physically ready.*

Liz

*I am so glad that I didn't cave and do controlled crying. My baby is now fifteen months old and even my husband has thanked me for standing my ground on this one. Learning to listen to what is in my heart when it*

*comes to parenting has been the greatest gift. I know myself better now and I think it has helped me in every area of my life. Just knowing that my instinctive responses are the right ones gives me so much confidence as a mother.*

**Michelle**

Controlled crying and other similar regimes may indeed work to produce a self-soothing, solitary sleeping infant. However, the trade-off could be an anxious, clingy or hyper-vigilant child or even worse, a child whose trust is broken. Unfortunately, we can't measure attributes such as trust and empathy, which are the basic skills for forming all relationships. We can't, for instance, give a child a trust quotient like we can give him an intelligence quotient. One of the saddest emails I have received was from a mother who did controlled crying with her one-year-old toddler.

*After a week of controlled crying he slept, but he stopped talking (he was saying single words). For the past year, he has refused all physical contact from me. If he hurts himself, he goes to his older brother (a preschooler) for comfort. I feel devastated that I have betrayed my child.*

**Sonia**

It is the very principle that makes controlled crying work that is of greatest concern: when controlled crying 'succeeds' in teaching a baby to fall asleep alone, it is due to

a process that neurobiologist Bruce Perry calls the ‘defeat response’. Normally, when humans feel threatened, our bodies flood with stress hormones and we go into fight-or-flight mode. But there is a third survival response. Babies can’t fight and they can’t flee, so they communicate their distress by crying. When infant cries are ignored, this trauma elicits a ‘freeze’ or ‘defeat’ response. As we saw in the studies by Wendy Middlemiss, babies eventually abandon their crying even though the baby’s brain is flooded with stress hormones. Paediatrician William Sears calls this the ‘shut down syndrome’ – the baby’s nervous system shuts down the emotional pain and the striving to reach out. This is a basic survival mechanism to preserve homeostasis and not a sign that you have taught a baby to sleep.

One explanation for the success of ‘crying it out’ is that when an infant’s defeat response is triggered often enough, the child will become habituated to this. That is, each time the child is left to cry, he ‘switches’ more quickly to this response. This is why babies may cry for say, an hour the first night, twenty minutes the following night and fall asleep almost immediately on the third night (if you are ‘lucky’). They are ‘switching off’ (and sleeping) more quickly, not learning a legitimate skill.

Whether sleep ‘success’ is due to behavioural principles (that is, a lack of ‘rewards’ when baby wakes) or whether the baby is overwhelmed by a stress reaction, the saddest risk of all is that as he tries to communicate in the only way available to him, the baby who is left to cry in order to teach him to sleep will learn a much crueller

lesson – that he cannot make a difference, so what is the point of reaching out. This is learned helplessness.

There is good news for parents who can't bear to train their baby to sleep by leaving them to cry: neuroscientists and clinicians have documented that loving interactions that are sensitive to a child's needs influence the way the brain grows and can increase the number of connections between nerve cells. The AAIMH advises: 'Infants are more likely to form secure attachments when their distress is responded to promptly, consistently and appropriately. Secure attachments in infancy are the foundation for good adult mental health.'

So, when you adopt the perspective that your baby's night howls are the expression of a need, that she is not trying to 'manipulate' you, and you respond appropriately according to her age and needs, you are not only making her smarter, but you will be hardwiring her brain for future mental health.