



The Crying Game

When PETER FEENEY and his wife sought advice on how to help their baby sleep better, nobody told them their little boy's night wakefulness was normal. Instead, the mantra they heard from the experts was "leave the baby to cry". Feeney, unconvinced, went looking for a better answer.

For parents with wakeful babies looking for advice on how to get a better night's sleep it's a one-stop shop in New Zealand. "Controlled crying" — CC for short — is almost the only item on the menu, the largely unchallenged practice for helping babies to "sleep through the night". Most paediatricians, nurses and GPs recommend it, and it's the standard sleep instruction routinely dished out by Plunket in the form of phone helpline advice, videos and handouts given to parents.

Controlled crying and its variants — controlled comforting, progressive waiting, crying down and cry it out — are all names for sleep-training programmes for infants. These methods have been in and out of fashion for about 60 years and are very much in vogue at the moment.

The aim of controlled crying is to train a baby to sleep without rocking or feeding. It's said to have succeeded when the baby will fall asleep alone and unaided and is able to go back to sleep without her parents' help when she wakes at night.

There are always times when parents are unable to soothe their upset babies (when stuck in a car in traffic, for example). But at the coalface of child rearing we find, ingrained in our culture, the idea it's okay to leave babies to cry. Controlled crying's proponents are quick to reassure anxious mothers there are no risks involved and the result will be a happier baby. Some will tell parents it's safe to do at six weeks (the optimal Plunket 10-minute crying start time); others that it should be attempted only after six months (Australian *Baby Love* author Robin Barker). The details vary but the central ingredient is the same: the withholding of parental comfort at sleep times.

Most New Zealand professionals, charged with advising parents on infant sleep, have no specific training on the subject or knowledge of recent research into infant development. Included in this category are Plunket-trained nurses (according to Plunket's national clinical adviser of nursing, Brenda Hynes) and many GPs.

And yet in recent years research in the converging fields of neuroscience, infant sleep, development, attachment theory and psychotherapy have come together to seriously question the effects — and efficacy — of controlled crying. Today, when we know more about infants and development than at any other time in our history, there's a huge gap between what is known and what is practised.

In our society, a baby who sleeps through the night is regarded as achieving the ideal, and there is real pressure on parents to achieve this milestone quickly. Hamilton social worker and psychotherapist Lauren Porter is a member of the Attachment Parenting International Research Group and is on the executive committee of the newly formed Infant Mental Health Association of Aotearoa New Zealand.

Most babies, she says, are lousy sleepers. "Some babies really do 'sleep through' at six weeks — although a number of these 'sleepy' passive babies can have bigger issues to do with growth and development because they don't take in sufficient milk, which is a greater problem than wakefulness. But it's more usual for babies to wake every so often at night until school age."

Babies' sleeping patterns in their first years look chaotic to us, but there's method in their bedlam. Night waking serves many healthy functions: it allows frequent feeding and the intake of needed nutrition for growth; it creates (as we shall see) the opportunity for emotional reconnection and stimulation of brain development; and it's also potentially protective against sudden infant death syndrome (SIDS), allowing babies to avoid long periods of time in deep sleep that can leave them vulnerable.

"Parents need to be told there's a very wide range of normal out there in the world of infant sleep," says Porter. "Each age and stage will change quickly and be different. What's true for your one-week-old will not be true for your one-month-old. Yet we start to panic. If

your baby is wakeful at five days old, we worry this is the way it will always be. This is a common and normal reaction for new parents."

Recent research on the brain processes involved in sleep by researchers Dr James McKenna (director of Notre Dame University's Mother-Baby Behavioural Sleep Lab in Indiana), Dr Masaya Segawa (head of the Segawa Neurological Clinic for Children in Tokyo) and Dr Bruce Perry (senior fellow at the Child Trauma Academy in Houston, Texas) suggests many of our assumptions about babies' sleep patterns are not so much wrong as accelerated, because we're impatient. Sleeping is not a skill most babies can learn quickly. Not until they're about eight months old do most babies develop the ability to fall back asleep without parental assistance upon waking — what is known as "self-soothing". And often night waking will increase again at one year due to separation anxieties.

Sleeping through the night is not only a strange skill for babies to learn, it's a relatively new one for adults. In pre-electrification times, families went to bed early and woke with the sun. Over a 10- to 14-hour stretch (depending on the season) night times were a livelier affair, with interrupted sleep, long conversations and visits to the out-house. Working strict, predetermined hours was an invention of the industrial revolution. It meant adults needed an uninterrupted eight-hour night-sleep as well.

It's taken centuries for our society to order itself this way, but there's nothing natural about it.

Typically babies need time and a parent's patient help to master an assortment of sleeping skills: to sleep at night, to be awake in the day, to go to sleep without help and to get back to sleep after waking up in the night. In order to develop these abilities, a number of different processes need to mature in the child's growing brain. Hastening these processes can set up the child for later adult sleep problems.

As Lauren Porter and psychotherapist Kate Dent Rennie state on their website (centreforattachment.com): "Whether it is fear, sadness, surprise or excitement, babies can quickly succumb to emotional intensity. Witness the baby who gets startled and needs a cuddle to return to calm. Thus, it is inappropriate and relatively impossible to ask a young baby to self-soothe when upset, even in a sleep situation."

Controlled crying is rarely offered as a last resort, and the way controlled crying is applied as the one-size-fits-all solution for wakeful babies bothers Porter. Advocates of CC assume babies who are waking more in the night than the average are somehow not normal. But there are sound reasons for greater wakefulness. These might include a difficult birth, which statistically creates problems for both mother and baby, or undiagnosed breastfeeding problems. Instead the baby ends up carrying the can, in part thanks to a common misleading expectation Porter dubs "the evils of sleep deprivation".

Sleep deprivation is long or extended periods without sleep. It is *not* stretches of sleep punctuated by brief episodes of waking, which is the typical scenario for new parents. Within a month or two most have a baby who wakes at regular intervals for feeding, cuddles and nappy changes, before going back to sleep fairly promptly (usually with a parent's help). Once this routine is established, if tired parents go to bed when their infant does, they actually get sufficient sleep over the course of the night.

Instead, two things often happen.

One is parents don't go to bed early because they're still trying to get other things accomplished. The second is parents *feel* exhausted because they have been told their baby "should" be sleeping through. They assume everyone else is getting a better sleep than they are.

"It's as if we child-care specialists told parents, 'If you have to change more than two nappies a day you're a failure,'" says Porter.

“Then with every extra nappy a parent would feel more and more resentful and panicked and be more likely to try toilet-training at an absurdly early age. While nappy-changing is no parent’s highlight, we all accept it as part of the job because it’s presented to us as normal. Night-times are also part of the parenting job description. If parents were given realistic information about infant sleep and waking, I think it would take a great deal of the pressure off and make parents feel better about interrupted sleep.”

As I write this I’ve just come from putting my own six-month-old baby down to sleep. He started up a hue and cry soon after being placed in the cot. I picked him up, hugged him for a minute or two as he sobbed inconsolably — only to fall asleep a moment later in my arms.

The titanic size of baby Arlo’s brief distress, night after night, can begin to feel melodramatic. But cortisol testing (a hormone that helps us manage stress) has shown babies’ upset when they cry is real. This ritual my son undertakes nightly with me or his mother, of upset and soothing, of rupture and repair, is in fact an important development ritual for him — all the more useful for being consistent and repetitive. By my calming him down, he learns that it’s possible to be calmed down. In time he’ll learn to do it for himself. This cycle of upset and calming entrains a child’s emotional and stress response system — exactly the skill he’ll need to navigate his way through the ups and downs of life to come.

The effect of controlled crying — leaving the baby, alone and unaided, to sort out his or her own upset — is rather different. The baby’s developing brain misses out on being calmed down. As social scientist Anni Gethin and psychologist Beth Macgregor explain in their book *Helping Your Baby To Sleep*, acute distress has a toxic affect. Stress hormones flood the developing brain, new neural connections are eliminated and brain size actually shrivels, making babies and children more susceptible to later stress and less able to recover from its effects.

Sleep training teaches babies to self-soothe, we’re told. In fact, it teaches them something else — that there is no point crying.

At its most basic level crying is communication and, for the early part of their lives, is babies’ only way of expressing themselves. In the infant’s mind separation of any kind is a question of survival. Like the higher primates — but more so and for longer than any other mammal — we are born helpless and unable to fend for ourselves. This is related to the human brain’s extreme immaturity at birth. All the cells are there, but the connections are yet to be made. This work is largely done by our third birthday. The size of the brain expands (doubling in the first year alone) as we are socially hard-wired for life. Night wakefulness is related to the extraordinary rate of neural development that infants undergo in their formative years.

The demands of Western lifestyles and “expert” advice have fused into the expectation that all infants and young children should sleep through the night from the early months or even weeks.

Dr Kimberley Powell, president of the Infant Mental Health Association, says babies’ sleep cycles are much shorter than adults’ for a reason. “This allows them to experience more rapid eye movement, or REM sleep. In REM sleep the neural connections are being made more rapidly and consistently,” she says. “With the frequency of light sleeping that comes with the prevalence of REM sleep and all this brain development, it’s no wonder babies wake often.”

Though it lives on in women’s magazines, the nature-nurture debate is over in neuroscientific circles. Their findings show our early experiences govern the expression of our genetic potential. The neural pathways established in our infancy set the mould for our future behaviours and assumptions. Like a well-worn rut in the road, once baked in these are rather hard to alter.

The one part of the human brain that is up and running at birth is the instinctual, or reptile brain. It possesses well-established fear circuitry but very immature circuitry for pleasure. That we learn through everyday activity with our parents: playing, cuddling, soothing, singing, talking and tickling. A parent acts as a kind of emotion coach, helping the infant to deal with difficult emotions and enjoy fun ones, and so eventually teaches the child to regulate her own being: to deal with stress, sleep well, eat sensibly and get the most out of life.

So in their early years, mostly what our babies require from us is rather simple. They need us to be there for them.

As Porter and Rennie put it: “Every time babies fall asleep they are faced with the job of temporarily being out of contact with the presence and security of their caregiver. Going to sleep evokes a state of heightened arousal and is a big transition. Babies typically need the assistance of a connected caregiver to make that transition a smooth and healthy one.”

Tracie Martin of Dreaming Babies in Auckland is an infant sleep specialist training in attachment theory who works with parents, many of whom have tried controlled crying and now have anxious, upset babies.

“Many parents are concerned that if they adopt too “soft” an approach they will create a rod for their own backs,” she says. “They feel they should ignore more sensitive approaches to help their child achieve a better sleep.”

But contrary to popular wisdom, an infant whose communication is responded to promptly does not become a “cry baby”. The “responded to” baby will begin to express his needs and

feelings in more complex, subtle ways and cry less. While we can’t always understand why our baby is upset, our prompt response gives baby the sense his communication is effective. He learns confidence this way.

Perhaps the greatest hoax behind the controlled crying promise is that it’s a permanent solution. In Porter’s experience Kiwi parents who use sleep training may well get the result they want after several days — or weeks — of infant upset. But when “success” is achieved and the baby has “learned” to put herself to sleep, the crying often starts up again later — when the next bout of teething starts, or the baby hits another developmental milestone.

One of the hardest parental trials for Wellington mother Michelle Templeton and her husband Rodney was the sleep issue. Their son Hamish (now five) was a good sleeper in his first four months. Then he became more difficult to settle. Michelle felt the change must have been down to her. By six months she was starting to doubt her abilities and methods. She was advised by Plunket to try their version of controlled crying (to leave him crying for 10 minutes at a time). “I was prepared to do whatever was recommended,” she says.

Michelle got results: 90 per cent of the time Hamish was asleep before the 10 minutes were up. Other times it took a second 10-minute block to get him off to sleep.

But it was hard to do. “I don’t know of any parent who could easily

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Donna Wilson (with husband Chris Davis and Ben, 20 months) was told at her local Plunket office that her night-waking four-month-old was “just trying it on”.

sit there and listen to their baby cry and not feel it tug at their heartstrings. I'd just lie there looking at the clock, willing the minutes to tick by so I could go to him. Or I'd pray he'd just fall asleep quickly. All this because I wasn't 'allowed' to go to him before the 10 minutes were up."

Although she used CC and it worked, she hated every minute of it. "It went against my instincts."

Then, around two, Hamish started to have night terrors. "He'd scream, cry and sob," says Michelle, "not letting Rodney or me comfort him. Sometimes we would be able to wake him and then get him to resettle. Other times we just had to sit there with him until the terror passed — which could take anything up to an hour."

When I told Porter this story she found it telling that the night terrors occurred after CC had "worked". Controlled crying, she says, "works solely on the behavioural level, not the psychological, emotional or relational". In her opinion, even when it works, controlled crying still fails children.

Michelle and Rodney's second son, Nathan, was also a restless sleeper. But after using CC briefly, Michelle found Tracie Martin, who began helping her adopt a more responsive method with both her boys. The recommended approach was the opposite of textbook controlled crying: Michelle would stay with Nathan while he went to sleep, and go to him as soon as she heard him make any noise. "It took a week for him to go from waking four to five times a night to waking only once, and sometimes not at all."

Aucklander Donna Wilson also tried controlled crying with her son, Ben. For his first two months he was wakeful and upset much of the time. After only several weeks her midwife — who Donna says seemed "perplexed" by his behaviour — suggested she try leaving him to cry. Donna and her husband Chris Davis visited their GP, an osteopath, paediatrician and Plunket in their attempts to find causes and other advice. Plunket and the paediatrician diagnosed colic and reflux, but even after he was medicated the crying continued.

After eight weeks — exhausted and confused by all the conflicting advice — Donna left Ben alone to cry.

"I sat downstairs on the couch while he screamed the house down, sometimes for up to an hour. It seemed inhumane to me, I felt so guilty and distressed. He wasn't learning to fall asleep happily from this method: he was merely getting distraught and exhausted and forcibly falling asleep. I spoke to Plunket again and they assured me Ben needed to learn those 'crocodile tears' would not deliver him what he wanted — me."

Donna was also introduced to Martin and with her support she gently coaxed her baby into a more settled sleeping routine, slowly working out what Ben responded to. Donna never left Ben alone to cry again, and by five months old he'd become "a dream sleeper. I can put him in his cot and he just drifts off happily, obviously feeling safe and secure in his own environment."

Many sleep problems in older children and adults stem from children growing up with a fearful or unpleasant association with sleep. Porter: "Because we know the sleep mechanism is not fully developed until about age five, it's critical we create a secure sleep environment for children. US National Sleep Foundation statistics for adults who say they are sleep-deprived or constantly tired are around 65 per cent — and we can't be far behind that."

Sydney therapist Brian Hunt has spent 40 years dealing with the adult consequences of development issues. At its most extreme he considers sleep training to be a form of child abuse. Every day he sees evidence of rocketing emotional problems: not just insomnia, but higher and higher rates of depression, anxiety, addiction and weight

disorders. He believes poor emotional regulation and the popularity of controlled crying are much to blame.

In our tiredness and upset, knowing we have to get up in four hours and work, Hunt says it's easy to see our babies' desire to be held and comforted as "difficult" or "manipulative" rather than instinctual and natural. We need to remind ourselves the ability to manipulate is not possible for a brain incapable of cognition until the age of two at the earliest, when the process of wiring up the brain is sufficiently advanced.

"All babies are capable of doing in their early months of life is express need," says Hunt. "And all parents need to do — and should be able to do, in a well-supported environment — is meet those needs as best they can."

Our baby may be warm, dry, fed, burped — and still crying — because his number-one biological imperative, to feel safe by being close to the parent, is still unmet.

The first thing Hunt suggests for parents who are having broken sleep is to wait. In his experience, parents with a wakeful baby are typically around breaking point at six months — just the time when baby is likely to be settling down into longer bouts of night sleep anyway.

Another suggestion Hunt makes is for couples to have the baby sleeping nearby. In this way the baby can usually be resettled without the parent becoming too wakeful. Martin finds that many parents worry that correct "attachment" principles entail a comprehensive hippie lifestyle complete with living in a bus, co-sleeping and breastfeeding baby to school age. But secure attachment is characterised only by proximity, sensitivity and responsiveness to your infant.

As a culture we value self-reliance and look to foster it in our children. Hunt sees evidence of this anxious encouraging of independence in our babies everywhere: from the designs of most strollers (outward facing) to the way they are rushed into daycare, made to sleep apart and sleep through the night — all as soon as possible. In fact, says Hunt, parents should resist the urge to accelerate the timetable. As with other advanced mammals, strong bonds with our young don't inhibit the eventual full independence of offspring. Human babies aren't programmed to wake and cry all their lives.

For parents shopping for answers to sleep deprivation the "baby industry" is there to meet the demand — and in many cases charges top dollar for it (baby "whisperer" rates of more than \$100 an hour are not uncommon). The US bestseller *Baby Wise* advocates strict feeding and sleeping schedules and promotes sleeping through the night by eight weeks.

Australian paediatrician Dr Brian Symon's book *Silent Nights* was suggested in a Plunket hotline call I made. He writes: "Any contact with you is a reward for your child...Attending to your baby is a reward for crying and will slowly increase the frequency with which that behaviour is exhibited." On his website he includes the cheerful disclaimer: "This is not a scientific book, but hopefully a collection of useful hints."

Advice is everywhere, eagerly bestowed by family and friends as well as professional agencies. An exhausted Donna Wilson was told at her local Plunket office that her four-month-old was "just trying it on". Michelle Templeton's Plunket nurse told her no baby ever died from crying.

Thanks to low birth rates and the break-up of extended families, a new generation of mothers, like their husbands of the past, often have little practical experience of babies when their first child arrives. Agencies like Plunket have a disproportionately important role to play in modern society.

During my research for this article many baby practitioners expressed the view that without Plunket's support, no significant progress in the area of infant care and education was really possible.

Many, like Dr Kimberley Powell, felt Plunket must be commended for its experience and goodwill. The organisation is an irreplaceable national treasure, Powell says, making it possible for rookie parents to cope with the unique stresses and strains of a new baby.

“Where Plunket — and also daycare providers — fall down is when they condone pressure being put on babies to run to a schedule not of their own,” she says. “A one-size-fits-all approach to sleep cannot cater for that.”

Powell also sees a problem in the fact ante-natal education for parents in New Zealand is adult-, not baby-centred. “If ante-natal care focused more on the actual needs and developmental processes of babies, more could be anticipated and done by parents to meet those needs.”

Instead, the focus of ante-natal care and follow-up Plunket visits has become skewed to the immediate needs of the parents and the baby’s physical health (with baby’s body weight being a particular obsession). “Parents may not understand,” says Powell, “that the rhythm of their baby, however taxing and seemingly chaotic, is something they need to align with rather than fight if they wish to truly meet their baby’s needs.”

She cautions it’s not Plunket’s fault many mothers return to work so soon after the birth, forcing families to establish sleep patterns while the baby is still getting sorted neurologically. Plunket has to respond somehow to parents’ needs, and can only operate within the social constraints it finds, she says.

Families in New Zealand today operate under unique historical pressures. Demands on parents to return to work and pay off mortgages are intense and growing. New mothers can feel guilty if they’re at home and not earning, or guilty if they’re back at work too soon. Our own self-imposed materialism plays a part, too.

In the cases of Donna Wilson and Michelle Templeton, Martin didn’t provide a magic sleeping formula. She offered emotional and practical support in such a way each mother did not have her nurturing instincts undermined or was made to feel incompetent. Says Porter: “The bulk of the work Tracie does is help mothers tune into her own babies. She speaks with them daily by phone — how many health professionals even get close to that?”

While Plunket’s Brenda Hynes emphasises the society’s nurses are taught to look at the whole picture and take a holistic approach to any problem, controlled crying seems to be the exception. The practice is so established that in many cases sleepy mothers visiting their local Plunket branch are simply shown the 10-minute sleep-training videotape and sent on their way.

Powell visited Jade House in Sydney in 1998. Postnatally depressed or severely over-tired mothers were accommodated there for free with their husbands and children and given real support.

Even if the necessary seismic philosophical shift took place, Plunket, a largely volunteer organisation, just doesn’t have the resources for such a service.

The crowning achievement of Sir Truby King and his wife Isabella remains the establishment 100 years ago (in the teeth of howling opposition from the medical profession) of a national and largely volunteer administration dedicated to the well-being of our young.

King travelled the world promoting his strict systems of timetabled sleep and feeding. Many of his innovations, such as adherence to sound hygiene, contributed to a lowered infant mortality. But since the 1950s much of what King advocated — such as four-hourly breast feeds — has been quietly dropped.

Not sleep training, however. Plunket’s advocacy of controlled crying for infants from just six weeks of age has a big impact on our parenting practice, since generations of Kiwi mothers have put their trust in the organisation.

To date the recent work on neuroscience and infant sleep has not been covered in Plunket’s one-year post-graduate Karitane qualification. Plunket nurses see a more rested and seemingly “happier” baby following controlled crying without witnessing the possible negative consequences — many of which are only fully revealed in adulthood.

Ironically many tired parents would persevere with wakeful babies if they were reassured there is light — eventually — at the end of the tunnel. Martin meets many mothers who feel their parenting skills are being judged on how well their child sleeps. “Parents believe because their child is still waking in the night at four months then this is out of the ordinary. This is simply not the case...According to a survey in *Today’s Parent* magazine, if a baby is still waking during the night well after seven months, it’s in good company with over 60 per cent of babies.”

NICOLA EDMONDS

Many doctors, nurses and midwives work with dozens of babies every week. Having a simple, quick-fix solution such as controlled crying to offer feels good. And they may be unaware that alternatives exist.

But other sleep techniques do. They fall under the umbrella of a parenting style known as secure attachment, or responsive parenting — defined in an Australian Infant Mental Health Association paper as “a relationship in which the baby feels secure and connected to her caregiver”.

Martin and groups such as the Centre for Attachment (CFA) disseminate information on infant sleep and responsive parenting, run seminars, and give support to new mothers nationwide. Rennie and Porter of the CFA have provided training and expertise on the subject of sleep to organisations such as Parents Centre New Zealand, the Australian Breastfeeding Association, the *Nought To Five* television series and the College of Midwives.

But they’ve had less success with attracting the support of the government — specifically the Ministry of Health — or Plunket.

In her book *Why Love Matters*, Sue Gerhardt observes that babies and toddlers are increasingly being shunted from nurseries to childminding groups, plunked in front of videos and fitted around parents’ hectic lives. “Relationships in our society are no longer the priority,” she writes. “Work is the priority. Relationships have become a kind of ‘treat’ encapsulated in the concept of ‘quality time’.”

The carefree Kiwi has become the worker with the second-longest working hours in the Western world. Our time is no longer our own, and children can miss out on consistent parental care, even in that significant first three years. By and large the baby industry turns the regrettable necessities of our busy lifestyles into some kind of a virtue, by touting the benefits of sleeping through and minimising the effect of controlled crying on babies.

But as our children assume more of the burden for the way we choose to run our lives, we take the pressure off ourselves and government and business to adopt strategies that will help us juggle the demands of parenting and work. It’s a good time to look at the balance in our lives and our priorities as a nation. ■

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— Dr Kimberley Powell



Michelle Templeton (with husband Rodney and sons Hamish, five and Nathan, two) used controlled crying with her first baby — and “hated every minute of it”.