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The CON of Controlled Crying

By Pinky McKay

Photo courtesy of <http://www.istockphoto.com>

You may have heard the term 'accidental parenting', which implies that you, the parents, will inadvertently cause (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 pre-occupation' and 'motherhood mindset'.

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.

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, which is released along with oxytocin during breastfeeding, the urge to love is directed towards your baby.

Fathers, too, can succumb to the influence of these love drugs of family (not just baby) bonding (and you thought you were the 'voice of reason', didn't you?). Men's bodies are instinctively programmed to respond to their partners' pheromones, which are steroid hormones made in our skin that emit barely detectable odours. Through closeness with your baby's mother (and

signals from her pheromones), your own oxytocin and prolactin levels rise towards the end of your partner's pregnancy, and then, when your baby is born, an even greater surge of these hormones occurs when you spend lots of time holding your baby. And so a self-perpetuating cycle begins — close contact with your baby releases your own oxytocin and prolactin and encourages you to become more involved with your child.

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.

The 'science' of sleep training

Although many baby sleep trainers claim there is no evidence of harm from practices such as controlled crying, it is worth noting that there is a vast difference between 'no evidence of harm' and 'evidence of no harm'.

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.'

According to AAIMHI, 'There have been no studies, such as sleep laboratory studies, to our knowledge, that assess the physiological stress levels of infants who undergo controlled crying, or its emotional or psychological impact on the developing child.'

Despite the popularity of controlled crying, it is not an evidence-based practice. In a talk at the International Association of Infant Mental Health 9th World Congress held in Melbourne in 2004, Professor James McKenna, director of the Mother-Baby Behavioural Sleep Laboratory at the University of Notre Dame, Indiana, and acclaimed SIDS expert, described controlled crying

as 'social ideology masquerading as science'.

What this means is that despite a plethora of opinions on how long you should leave your baby to cry in order to train her to sleep, nobody has studied exactly how long it is safe to leave a baby to cry, if at all.

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

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

I spent so much time trying to teach my first baby to sleep.

I wished I'd spent it enjoying him.

Megan

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

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.

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. There is also 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 and it will then either over- or under-produce cortisol whenever the child is exposed to stress. Too much cortisol is linked to depression and fearfulness; too little to emotional detachment and aggression.

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

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. Some studies found that up to one-third of the babies who underwent controlled crying 'failed sleep school'. A recent Australian baby magazine survey revealed that although 57 per cent of mothers who responded to the survey had tried controlled crying, 27 per cent reported no success, 27 per cent found it worked for one or two nights,

When infant cries are ignored, this trauma elicits a 'freeze' or 'defeat' response. Babies eventually abandon their crying as the nervous system shuts down the emotional pain and the striving to reach out.

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.

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

and only 8 per cent found that controlled crying worked for longer than a week. 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, conversely, they may become more settled and sleep (without any intervention) as they reach appropriate developmental levels.

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'. However, 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. Babies eventually abandon their crying as the nervous system shuts down the emotional pain and the striving to reach out.

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.

*This is an edited extract from **Sleeping Like a Baby** by **Pinky McKay** (Penguin). Pinky is a certified lactation consultant, infant massage instructor and mother of five. Visit her website www.pinky-mychild.com*

Sleeping Like a Baby by Pinky McKay

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Action Alert!

Victorian Government to Fund Controlled Crying Education to Nurses

A singular study by Melbourne paediatrician Harriet Hiscock, which summarises that postnatal depression can be reduced by teaching parents sleep training techniques, has spurred the Victorian Government to train 200 maternal and child health nurses to teach the techniques, including controlled crying, across Victoria. However, evidence as to the psychological and emotional dangers associated with controlled crying (also known as 'controlled comforting') is considerable.

Early childhood experts around Australia are outraged by the government's move, stating that the singular Hiscock paper endorsing controlled crying has limited scope and provides no adequate rationale for its use in public policy. 'The paper suggests treating the baby for symptoms suffered by the mother (post-natal depression — PND), and I must question the validity of this idea,' said Robin Grille, a Sydney-based psychologist and author of *Parenting for a Peaceful World*. The paper does not question whether decreased rates of PND are a result of receiving basic support and assistance, rather than the settling techniques themselves.

While PND is a concern for health authorities, early childhood professionals question if exposing babies to increased stress levels and emotional turmoil through controlled crying is really the best long-term solution for everyone.

'There are no studies demonstrating the safety of controlled comforting for the baby. The wholesale use of this technique therefore violates the precautionary principle,' says Grille. 'Whatever we do to save the mother's mental health should first and foremost not

be damaging to the baby.'

The Australian Association for Infant Mental Health (AAIMHI), the foremost authority on infant mental wellbeing, and many other baby-sleep experts such as Pinky McKay and Elizabeth Pantley have been working hard to promote safe baby-settling techniques that are entirely unlike the potentially toxic controlled crying.

What you can do

Write to the Victorian Government and tell them your concern. Tell them to go to the AAIMHI website and read their 'Position Paper #1', warning against the use of controlled crying at www.aaimhi.org/polsSubs.htm (click on 'controlled crying' paper).

You may like to cite information from the preceding article. More information is also available at the website of the leading international expert on baby-sleep, Dr James McKenna, www.nd.edu/~jmckenn1/lab/index.html

Write to:

- Steve Bracks: Victorian Premier
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- Bronwyn Pike: Minister of Health
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- Sherryl Garbutt: Minister of the Office of Children
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- Gill Callister: EO of the Department of Human Service
gill.callister@dhs.vic.gov.au

Remember, it doesn't matter if you live in another state — your voice to the Victorian Government will make a difference!