

## Child Emotion Regulation and Crying to Sleep

Much controversy surrounds letting a baby (from 4-6 months old for the purpose of this article) or young child cry, especially as a method of sleep training.

Two schools of thought on the topic currently flood the medical and psychological field. That is, controlled crying stresses the baby and the other is, that controlled crying is a valid, safe and approved behavioural technique. This article aims to explore both sides and offer a recommendation in considering emotional regulation in sleep training.

### Does crying raise infant stress levels?

The Australian Infant Mental Health Association's current position on controlled crying supports the study by Middlemiss et al., (2012) that it does cause stress in babies; cortisol levels rise even after baby has stopped crying.

There were several limitations to this study, however. One large concern is that the study referred to was conducted in a clinic, where mothers were not allowed to see their babies at sleep times; all training was conducted by a nurse who was not the usual caregiver of the child. The follow up was limited in this study; cortisol testing ended on day 3, so long term results were not yielded. Also, interesting to note the purpose of the study was to assess the synonymous nature of the relationship between mother and child, yet the study fails to assess if the synonymy returns shortly after the sleep training. Lastly, details lack in regard to a control group, such as cortisol levels were not checked in babies who were crying whilst being

held/rocked to sleep by their usual parent. Bedtime can be a stressful time either way for an overtired fussy baby who needs to go to sleep but is too disturbed to fall asleep or stay asleep.

It is largely agreed that infant crying is a call for action; it's the baby's primary way to let the parent know they need help. Some lack of understanding surrounds types of cries correlating with various infant needs and appropriate parental response. Often new parents or parents under stress, may misinterpret the reason for the cry (ie. a tired cry for a hunger cry) and wonder why the baby is still crying after attempts to attend to the child. In a study on the pitch and urgency of an infant cry in relation to how a parent responds, results found that the more intense the pitch of the cry, the likelihood of the parent responding in an agitated way could occur. Therefore, Out et al (2010) recommend interventions should promote parental sensitive responses to distress vocalizations to prevent harsh parenting in cases of at-risk infants.

Fascinating to note that a study by Prudhomme White et al., (2003) on infants with colic versus infants without colic, did not present different cortisol levels. In other words, even though parents interpret a colicky infant as extremely distressed, the tested infants did not show significantly more distressed results than other infants who did not have colic.

### Is Controlled Crying a harmful technique?

A peer reviewed study published in Pediatrics Journal by Price et al., (2003) that followed the effects of controlled




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crying five years after implementing the technique found that there was no evidence of negative or positive effects on the child's development or stress level.

Many health, allied health and sleep professionals argue that the overall benefit of gaining the skill for life to self-settle and sleep through the night far outweighs the short period of stress experienced by the child during behavioural modification (sleep training).

Beyond the short-term distress, protest and crying associated with these interventions in the first few days, research has yet to demonstrate any adverse effects of these interventions.

Crying is a baby's language. A cry is not always communicating a need, it can just be expressing oneself. Often a tired cry is expressing how tired and frustrated he is.

The fundamental problem with the controlled crying method however, is that parents rely on timed checks to see to the child, and this may result in a lack of responding to the child appropriately.

### **Crying as a form of Emotion Regulation & How to consider this for sleep habits**

Emotion regulation is how individuals influence which emotions they have, when they have them, and how they experience and express them (Gross, 1998).

Young children start to develop ways to moderate emotions such as anger and distress when confronted with either frustrating or unfamiliar situations. One of the challenges of successful parenting is the task of providing children with strategies to use their own

cognitive abilities in successful emotion regulation. According to Fox (1998), this is a gradual process involving the formation of trusting relationships between caregivers and infants so that infants may realize that when confronted with frustration or novelty, they can rely on their parents to regulate the situation for them. Over time, the child will begin to master this skill to be able to regulate his feelings on his own.

This theory can transfer to forming sleep training approaches for parents to guide their children to regulate their own emotions surrounding sleep, leading up to bedtime and falling asleep, with the end-goal being independent sleep.

Sadeh et al (2011) follows to this perspective in that parental practices that assist an infant in learning to self-soothe during the sleep initiation process is actually the first step in the development of self-regulation.

Sleep deprivation reduces a child's ability to regulate their own emotions. Extended sleep time improves ability to self regulate emotions (Gruber, et al 2012).

Crying is not necessarily a 'bad thing'. It really is our body's natural way to 'self soothe'. "Scientists have identified that different types of tears are made up of distinct molecules. For example those caused by emotions contain hormones which act as a painkiller and are released when we are stressed" (Carter, 2014). Emotional tears have protein-based hormones including leucine enkephalin, which is a natural painkiller that is released when we are stressed.

Consistently shushing a child straight away may result in the child feeling that it is not okay to express their emotions around you, or at all. Scientific studies




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have found that many people feel better both physically and physiologically after crying; conversely, suppressing tears usually causes people to feel worse (Levoy, 1988; Bergman 2002).

Frey and his co-workers concluded that chemicals built up by the body during stress were removed by tears, thereby actually lowering stress. These chemicals include the endorphin called leucine-enkephalin, which helps to control pain (Bergman, 2002).

Both sleep consolidation and warm, nurturing family relationships are important outcomes, but existing research seldom considers both (Ramos & Youngclarke, 2006).

In conclusion, perhaps the most effective approach to sleep training is to consider each child and family in their own rights, to form an approach that will allow for the child's emotional regulation specific to their temperament and stage of development. This may or may not include a sleep training technique that starts with nor ends with a form of controlled crying, but that *crying is met with appropriate responsiveness*; whether that's comforting (cuddling, rocking, patting, singing, soothing) or allowing space to express themselves or settle by themselves.

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