

“It Looked Like I Was Going Through a Breakup”: Extinction-Based Sleep Training and the Cultural Dilemmas of Mothering

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Abstract: This article explores extinction-based sleep training as a case study of the lived tensions of contemporary motherhood in the United States. Extinction-based sleep training is an umbrella term for techniques used to teach an infant or young child to sleep without parental intervention, often by ignoring a child’s cries. On the one hand, extinction-based sleep training is sanctioned by medical institutions and has been commonly cited in parenting advice over the last century. On the other hand, mothering today is influenced by a culture that heralds “attachment” or “responsive” parenting as the best forms of mothering, often contradicting the very practice of extinction-based sleep training. Drawing on 30 interviews with mothers of children under the age of five, this research explores how mothers who engage in extinction-based sleep training grapple with this tension. First, mothers engage in emotion work to abide by the feeling rules of innate responsiveness. Second, mothers professionalize their sleep decisions, using expert permission, scientific language, and personal qualifications to justify their choices. Finally, mothers engage in a highly rationalized approach to sleep training, in which the practice is measurable and quantifiable.

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Mothering in the United States is a landmine of cultural conflicts (Abetz and Moore 2018), and practices surrounding infant and child sleep are no exception. Decisions about how, where, and when children sleep are embedded in intense cultural debates about what mothers should do with and for their children. Although an infant’s sleep typically takes place in private spaces, the meanings attached to these choices are public and political (Harrison 2022). These debates are also deeply consequential for families. Mothers today participate in the paid labor force at higher rates than previous generations (Bauer and Wang 2023), while parental leave policies in the United States continue to lag behind those of other industrialized nations (Livingston and Thomas 2019). As a result, a baby who wakes frequently throughout the night can produce serious sleep deprivation for working parents—particularly mothers, who tend to experience more disrupted sleep (Hislop and Arber 2003; Venn et al. 2008; Maume, Sebastian, and Bardo 2010; Burgard 2011). Regardless of work status, mothers report wanting their young

children to sleep better: in a 2019 study of 807 infants and toddlers, nearly 30% of mothers reported that their child had “sleep problems,” and more than 90% indicated that they wanted to change their child’s sleep patterns (Mindell and Leichman 2019). Beyond the practical challenges, sleep also carries symbolic weight; historically, a sleeping baby has been associated with ideal mothering (Ventura 2023).

Mothers employ a range of techniques to encourage their infants, toddlers, and preschoolers to sleep through the night.¹ These techniques are popularly understood on a spectrum between “extinction-based” strategies at one end and “attachment parenting” at the other (Amrute 2016; Zargari 2024). Extinction-based strategies aim to teach or train an infant to fall asleep and return to sleep with-

1 We focus on the perspective of mothers because, although parents today engage in more egalitarian forms of parenting than in previous generations, research suggests that mothers still conduct most of the “fourth shift,” during which sleep training occurs (Venn et al. 2008; Heyes and Tucker 2025). Additionally, mothers are still bound by cultural ideals that make some forms of sleep techniques particularly contentious.

out parental intervention. Etherton, Blunden, and Hauck (2016) categorize extinction-based sleep training into three groups: “unmodified extinction/Cry-It-Out,” where a child’s cries are ignored until morning; “graduated extinction,” where a child’s cries are ignored for a set period before parental response; and “extinction with parent presence,” where a parent remains near the child but allows crying while the child falls asleep. In this paper, we use the terms “extinction-based sleep training” and “sleep training” interchangeably, in reference to this umbrella of practices. On the other end of the spectrum, “attachment-based sleep strategies” utilize significant parental intervention to help the infant both fall asleep and stay asleep (Hulen 2021). These strategies include rocking or breastfeeding the infant to sleep, responding quickly to any nighttime wakings, and bedsharing to enable an immediate parental response throughout the night.

Mothers who employ techniques on either end of this spectrum contend with an array of competing cultural messages; however, in this article, we focus solely on mothers’ experience with extinction-based sleep training. At its core, extinction-based sleep training requires mothers to ignore the cries of their child. While it may be supported by much—though not all—of the medical community as an evidence-based strategy (Etherton et al. 2016), it runs counter to current cultural ideals that prioritize maternal responsiveness (Moore and Abetz 2016). Within this context, we are interested in the qualitative *experience* of sleep training, which has yet to be explored meaningfully in the literature. We work to reveal mothers’ emotional experiences of sleep training and how they are understood, justified, and practiced. We argue that the labor of sleep training, as practiced by mothers in our study, remains aligned with an array of cultural mandates surrounding

mothering. In particular, we note three patterns of labor that help mothers to practice extinction-based sleep training within the cultural context: the emotion work of responsiveness, the professionalization of mothering, and the rational use of data and metrics. Mothers’ use of these strategies reveals that the labor required in extinction-based sleep training is deeply felt but also strategically managed.

Cultural Support for Extinction-Based Sleep Training

Extinction-based sleep training has been prevalent in American culture for over a century (Amrute 2016; Rosier and Cassels 2020). The methods arose from a variety of cultural shifts in the late 1800s, including cultural fears about spoiling children with overindulgent mothering, the increasing focus on individualism during the Industrial Revolution, the rise of behaviorism in psychology, a new emphasis on the importance of adult sleep, and the medicalization of sleep in general (Rosier and Cassels 2020; Zargari 2024). Extinction-based sleep training was promoted in a range of parenting books throughout the 20th century, and the practice coalesced in more contemporary parenting in the work of several pediatricians in the 1980s, including Marc Weissbluth and Richard Ferber. Weissbluth (1987) helped popularize the “Cry-It-Out” method in his book *Healthy Sleep Habits, Happy Child*, in which he instructs mothers to leave their baby crying until the child falls asleep, as a method of teaching sleep habits to the infant. Similarly, Ferber (1985) instructed mothers to engage in a slightly “gentler” form of this extinction-based sleep training by responding to cries at incremental intervals.

By the early 2000s, the medical literature favored extinction-based sleep training and noted its ef-

ficacy in helping infants sleep through the night (Etherton et al. 2016; Mindell and Leichman 2019). Parenting books followed suit, with one study showing that 61% of popular parenting books explicitly promoted extinction-based sleep training (Ramos and Youngclarke 2006). While the American Academy of Pediatrics (AAP) has not explicitly endorsed extinction-based sleep training, its positions on infant sleep steer parents toward these types of interventions. Specifically, in the early 2000s, the AAP started issuing explicit guidelines discouraging bedsharing due to its association with rates of sudden infant death syndrome (Amrute 2016; Harrison 2022). Extinction-based sleep training became implicitly associated with the medical community’s guidelines around infant sleep.

At the same time, extinction-based sleep training strategies have proliferated in the marketplace with the rise of the sleep consultation industry (Ingram, Plante, and Matthews 2015; Heyes and Tucker 2025). Sleep consultants offer both virtual and in-person services, often tailored to their unique strategies, to support sleep training. This is a lucrative, but mostly unregulated, industry (Knight 2021). Popular online influencers promote sleep training advice, which is important given that mothers derive much of their information about baby sleep from virtual spaces (Zargari 2024). In sum, extinction-based sleep training permeates many important spaces in parental education. However, the literature on the frequency of parental adoption of these strategies is scant. One study published in 2018 surveyed 586 parents and found that almost a third reported using the “ignoring children’s bedtime crying” strategy (Maute and Perren 2018).

The fact that extinction-based sleep training is associated with the medical community and marketplace

is important given the cultural context of mothering today. Sharon Hays (1996) introduced the concept of “intensive mothering,” which she described as the cultural obligation to mother in ways that were, among other qualities, expert-guided and financially expensive. Similarly, Apple (1995) argued that mothers are obliged to be scientific in their parenting, meaning they should rely on expert knowledge when making decisions. Additionally, scholars have noted that expectations for mothers today increasingly align with ideals of the neoliberal self (McCabe 2016; Ford 2020; Hamilton 2022). Vasallo (2020) sees the neoliberal self broadly as a “specific way of being tied to market prescriptions” (p. 2), which includes the mandate for the individual to “make rational choices to increase value,” “organize around an ethic of efficiency and productivity,” and “strategically manage choice,” among others (p. 1). Neoliberalism also operates as a form of governmentality over mothers, requiring them to individually shoulder much larger social and political burdens (Vandenbeld Giles 2014). In this vein, Howson (2018) argues that sleep practices, particularly sleep training, need to be understood within this neoliberal context. She suggests that sleep training exists in the context of a care deficit: we have not replaced the labor of care when women entered the workforce, and so sleep training is an individual solution to a neoliberal problem.

Illegitimacy of Extinction-Based Sleep Training in Attachment Culture

Extinction-based sleep training dominates parenting advice, the medical establishment, and the marketplace, and it is the authoritative advice on sleep interventions for families (Rosier and Cassels 2020). However, this knowledge is not uncontested. Indeed, while extinction-based sleep training fits into many dominant cultural models of mothering, it is

simultaneously at odds with the emergence of attachment parenting. At the same time that Ferber and Weissbluth were promoting the contemporary wave of extinction-based sleep training, the psychological theory of attachment was being translated into popular parenting advice. Attachment theory was developed from the work of psychologists John Bowlby (1958) and Mary Ainsworth (1989). Attachment parenting emphasizes the importance of brain development through a child's bond with parents. Bowlby's and Ainsworth's ideas were most directly translated into popular parenting advice by William and Martha Sears, a husband-and-wife pediatrician team whose work began in the 1980s. The Sears popularized "attachment parenting," which prioritized bonding between parents and children through several principles, including bed sharing, in direct contradiction to advice on extinction-based sleep training (Sears and Sears 2001). The Sears approach has heavily influenced American parenting culture. Cultural concerns about brain development and parental responsiveness are increasingly invoked in parental education campaigns (Wall 2018). Additionally, phrases such as "attachment parenting," "gentle parenting," "positive parenting," and "conscious parenting" are increasingly common aspects of parental identities (Pezalla and Davidson 2024). These identities align with ideals of mothering as labor-intensive and emotionally absorbing (Hays 1996) and with children being placed at the center of the household (Lankes 2022).

It is in this context of attachment culture that some mothers resist extinction-based sleep training. Indeed, among the reasons parents report for eschewing extinction-based sleep training are their feelings of discomfort and stress with their child's crying, the incongruence of the methods with their personal beliefs, and a sense of wellness (Blunden, Etherton,

and Hauck 2016; Etherton et al. 2016). Mothers who undertake extinction-based sleep training must also contend with these cultural ideals.

Emotion Work and Mothering

Despite the robust literature on the efficacy of extinction-based sleep training, there is very little research on the emotional experience of sleep training itself. Indeed, in this article, we bring the literature on sleep training into the sociological conversation on emotion work (Hochschild 1979). Hochschild asserts that there are social expectations regarding the appropriate emotions one should experience, which she calls "feeling rules." Emotion work is "the act of evoking or shaping, as well as suppressing, feelings in oneself" (Hochschild 1979:561). Emotion work is the management of feeling rules. Hochschild does not see emotion work as a manipulative practice; rather, it is a much deeper process in which people employ cognitive, bodily, and expressive methods to achieve a particular emotion. Garey (2011:177) explains that "emotion work is not simply the display of situation-appropriate feelings; it is the attempt to experience the desired or expected emotion or to create a desired or expected emotion in others."

Although feeling rules permeate social interactions throughout society, they are particularly relevant in intimate relationships, such as those within the home (Wharton and Erickson 1995). In the home, Hochschild argues that emotion work is an essential part of mothering, as mothers must manage children's feelings, absorb emotional stress, and present calmness despite their exhaustion (Hochschild 1989). Scholars have noted a wide array of ways emotion work is employed in the home, from managing strong feelings within a household during times of crisis (Clarke 2006), to navigating bureau-

cracies (Laurin and Andersson 2024), to engaging in the pursuit of education for one’s children (Chin 2000), to managing gendered norms of parenting (Björk 2018), and even to dealing with foodwork surrounding childhood allergies (Muñoz and Quirke 2022). Emotion work is often employed to manage contradictions within the household or in a mother’s role. DeVault (1999) suggests that it can be used as a tool when mothers are unable to live up to idealized versions of motherhood. Indeed, “contradiction is at the root of emotion work” (Garey 2011:179).

In this research, we bring together the literature on infant sleep practices, ideals of mothering, and emotion work through the case study of extinction-based sleep training. We excavate the emotional experience of sleep training to reveal the forms of labor that otherwise remain hidden.

Methods

For this study, the first author conducted qualitative interviews with 30 mothers who had at least one child under the age of five. All interviews were conducted via Zoom and covered a range of sleep-related topics. Participants were asked to describe the early days, weeks, and months of their children’s sleep and to discuss specific practices they used—such as bedsharing or sleep training—as well as the household negotiations surrounding those choices. The researcher also asked about mothers’ interactions with doctors, family members, and friends, along with the products they used to facilitate sleep. The interviews concluded with broader reflections on participants’ perceptions of baby sleep within the context of American culture.

Recruitment occurred primarily through social media. The researcher distributed digital flyers in a

variety of mothering groups on Facebook, including personal networks, local community groups in the Chicago area, and groups for academic mothers. Participants also shared the flyer with others, resulting in minimal snowball sampling (Lofland et al. 2006), though the majority of participants were recruited directly through the flyer. Because the recruitment relied on Facebook, the sample reflected certain demographic patterns. The mothers tended to be older (the youngest participant was 30 at the time of the interview) and highly educated, a pattern influenced by recruitment through academic networks. Even those recruited through community-based groups often held advanced degrees, with several reporting that they were researchers themselves and therefore inclined to participate in academic studies. The sample also skewed toward higher-income households, with 21 of the 30 participants reporting annual household incomes exceeding \$100,000 (see Table I [Appendix] for full demographic details).

These demographic patterns influenced the data in meaningful ways. First, age is particularly notable, as Zargari (2024) asserts that parental age affects perceptions of extinction-based sleep training, with older parents (over the age of 34 in her research) showing a preference for more responsive strategies. Similarly, research has noted that individual characteristics, such as “parental cry tolerance,” and group characteristics, such as a Western-oriented belief system, can affect parents’ experiences when implementing extinction-based sleep training methods (Maute and Perren 2018; Kahn et al. 2020). Additionally, race is an important factor in mediating mothers’ feelings about and engagement with parenting strategies, particularly attachment parenting ideals (Hamilton 2021; Hamilton and Faircloth 2025).

Despite these overall patterns, the participants represented a range of professional and personal backgrounds. Eleven mothers worked in academia, eight were stay-at-home parents, and the remaining participants were employed in fields such as philanthropy, medicine, and accounting. Participants had between one and three children, with children ranging in age from four months to ten years at the time of the interview. While the study focused on mothers of children under five, several participants discussed experiences across multiple developmental stages. Most of the mothers were married and lived with their male spouses, although two participants (Paola and Marisol) were not married and resided with their parents. In both cases, the child's father remained involved in parenting. Neither of these participants attempted extinction-based sleep training.

Of the 30 participants, 21 self-identified as White, including three born outside the United States (in Australia and Germany). The remaining participants included five Latina mothers, one Black mother, two Asian mothers, and one who identified as Middle Eastern and Sicilian. Six participants were born outside the US, but all had spent their adult lives in the country. Because the flyer circulated primarily in the Chicago area, nearly half of the participants were based in Illinois. The remaining participants resided across the United States, including on the East Coast, in the Pacific Northwest, and in other parts of the Midwest. While the sample leaned urban, it also included mothers from suburban and rural areas.

This sample offers a valuable snapshot of American mothers' experiences with sleep, though it does not capture the full spectrum of mothering practices. The research was capped at 30 participants because,

within the particular demographics of participants and the context of an exploratory study, the researchers achieved qualitative saturation of the data (Lofland et al. 2006). However, mothers from more diverse demographic groups would likely offer new ways of thinking about this research, and future research could broaden this work by incorporating younger mothers, lower-income families, and a more racially and ethnically diverse population.

All interviews were conducted on Zoom. The researchers used Zoom transcripts, which were verified against the recordings for accuracy. The researchers then used the Taguette platform to conduct several rounds of coding, following grounded theory methods outlined by Charmaz (1983). The first round of coding produced categories including "labor," "emotion work," and "shame." Using Taguette allowed the researchers to view all text within a particular category and to conduct a second round of focused coding on that text. Throughout both data collection and analysis, the researchers engaged in memo writing, following Charmaz's approach to document developing insights and deepen the analytic framework. Charmaz's inductive approach was useful for developing an analysis that broadened the initial expectations and presuppositions of the researchers. There were several themes that the researchers expected to find—such as rationality—but ideas about emotion work and feeling rules emerged more organically from this coding process.

Analysis

Of the 30 mothers in the sample, 19 had attempted some form of extinction-based sleep training. Some intended to use this approach and did so successfully, while others vacillated between extinction-based

sleep training and attachment-based sleep arrangements, reporting limited success with sleep training. Only 11 mothers reported using strictly attachment-based sleep methods or not needing to engage in any intentional sleep methods at all. Regardless of the techniques they used, nearly all mothers indicated that extinction-based sleep training was the preferred method within the medical establishment and broader culture; the majority also reported engagement with attachment parenting narratives.

Mothers in this study encountered information about extinction-based sleep training through a range of sources, including pediatricians, child-rearing books, online communities, and in-person peer groups. Yet despite its prevalence, mothers often described feeling stigmatized for participating in this practice, even when it was sanctioned by respected institutions. Kristin, a White clinical scientist with a nine-month-old boy, explained:

It’s just so crazy because there’s these two really polarized camps of attachment theory versus evidence, like sleep training...It’s just such a forbidden topic. You don’t really talk about sleep too much with your friends because I feel like if I would tell them, “Oh, you know, I sleep trained [my child] and now he’s sleeping great,” my friends who co-sleep or do all these other things, their baby, sleeps horrible, so I don’t want to rub it in. But then, they’re like, “Well, we’re responding to my baby’s needs, whereas your baby is laying there, and he’s probably traumatized.”...It feels a bit like a forbidden topic among mothers.

Similarly, Stephanie, a professor who was living with her mother-in-law when her oldest child was born, described significant household tension stemming from her mother-in-law’s opposition to sleep training:

She was mad at us and calling us cruel for trying to sleep train, and then would sabotage it. So then I guess we had to have a really serious talk with her. Like, we need to do this for everyone’s sanity.

These two accounts demonstrate a pattern in the interviews: many mothers simultaneously felt that extinction-based sleep training was evidence-based, yet felt compelled to justify it to those around them. Our analysis identified three practices mothers used to navigate this tension. First, mothers referenced an innate desire to respond to their children’s cries and described anguish when they did not. We see the innate desire to respond as a feeling rule and the emotional anguish itself as the emotion work in response to that rule. Second, mothers used scientific and expert language, often referencing their credentials, when discussing sleep training. We call this the “professionalization” of mothering. Third, mothers engaged in the rationalization of sleep, practicing sleep training as a highly formalized, labor-intensive, and time-bound method. This process allows mothers to continue to enact intensive mothering even when they are not responding to their child’s cries.

Emotion Work of Innate Responsiveness

The first strategy mothers employed to deal with the cultural tension of sleep training was to abide by the feeling rule of innate responsiveness. Indeed, the idea that responsiveness is innate is foundational to many mothers’ understandings of attachment theory and, as such, is an important cultural narrative that upholds good mothering (Hamilton 2021; 2022). In this vein, mothers in the study who engaged in extinction-based sleep training indicated that they were *supposed* to feel guilt and experience suffering when their child cried. The emotion

work to respond to this rule included both the actual experience of suffering and the communication of that suffering to others. For example, Gabriela, a Latina mother who was trained in psychotherapy, described the act of sleep training her son at eleven months:

I'm in the other room, like the guest room next to [the baby's room], and I'm just... almost sobbing. I make my husband go in most of the time. I'm like, "I'm an awful monster!" My husband's like, "We can't survive anymore! We have to sleep!"

Gabriela's feelings of monstrosity demonstrate the core of the cultural tension. She had experienced a range of competing messages about sleep training from her pediatrician and hospital—institutions that favored sleep training—and her peer groups, who she described as "crunchy" and opposed to it. When she finally found herself needing to enact sleep training, she had to grapple with these contradictory messages. Her use of "monster" demonstrates both the contradiction of sleep training and the feeling rule. By calling herself an "awful monster," she identified the feeling rule of innate responsiveness and enacted the emotion work of suffering to deal with the dilemma.

Mothers often located the emotional anguish of sleep training in what they understood as a biological imperative to respond to their children. For example, Danielle, a White mother of two who worked in philanthropy, described the act of sleep training when her son was around four months old:

We did the whole gradual cry-it-out. Every five minutes, you go in and calm down, and then every ten minutes, and so on. And, oh my God, it was just awful. It probably took a week. And it was a lot of crying,

on both parts...[Mothers] are biologically wired to respond to our children when they cry, in a way that I don't think men are. So, every time I hear my baby cry, I have a biological hormonal reaction to that. And it's extremely hard because my instinct is to go in and soothe the baby and nurse him back to sleep, if that's what it's going to take. So, it was really hard to really not act on that instinct.

Danielle, like many other mothers, saw her anguish as being biologically rooted. That is to say, the feeling rule as a social rule is understood as a biological truth. She understood this as a "hormonal reaction" and noted that she was going against her "instinct" when she decided not to respond to her son's cries. In doing so, she subtly demonstrated her ability to use logic to supersede her emotions. Her emotions mattered—they were an indicator of her innate ability to nurture and, indeed, a feeling rule around sleep training, but she was able to override those emotions to engage in the work of sleep training. Similarly, Ling, an Asian professor in the Midwest who had an 8-year-old and a 2-year-old, made the same reference to her biological need to respond to her children. She also explained that the logic of sleep superseded her emotions:

I think I had to leave the house because it looked like I was going through a breakup. I went to the grocery store to get out of the house... I bought ice cream and pizza, and I was just sobbing and sobbing. I was like, why is this awful? And anytime I heard him cry, I could feel in my body that I was missing him, even though I was, like, I need to sleep. I need to sleep. We all need to sleep.

While she had a physical reaction to her child's crying, she saw the logic of sleep superseding her emotional guilt.

While some mothers, like Ling, would physically remove themselves from the home as a way to deal with the anguish, others talked about focusing on their baby’s cries to ensure that they continued to be an emotionally responsive mother from a distance.

[My husband] bought me some noise-canceling headphones, not necessarily for the intent of sleep training, but just for... I don’t know, sanity. But I never used them because I wanted to be able to hear [the babies] if they were crying, and... so I knew if they needed something. [Andrea, White nurse practitioner, mother of three]

It would be either me or my mother-in-law sitting next to the monitor, basically timing how long it would take [the baby] to fall asleep. And one of us would go on a walk so we didn’t have to hear her cry. [Stephanie, Sicilian/Middle Eastern professor, mother of two]

I remember just sitting outside [the baby’s] door, waiting, and trying to hear, like, if the sound of the cry was changing, or whatever, so I could step in. [Hannah, Asian attorney, mother of two]

In each of these cases, mothers described emotionally engaging with sleep training, even when they were not directly engaging with their babies. Listening to the cries—and suffering during that listening—was a form of emotion work.

Interestingly, only one interviewee acknowledged that she did not have a strong emotional reaction to her child’s cries during sleep training. Lisa was an Australian-born stay-at-home mother living in the US. Midwest with her husband and 3-year-old daughter. Her narrative diverged notably from other moms’ by explaining that her daughter’s

cries during sleep training did not bother her. She described having a friend come and visit while the friend sleep trained her daughter, referring to the friend as “the weakest link” and needing to be sent out of the house while the father did the sleep training. Lisa, however, explained that in her household’s experience of sleep training, there was no “weakest link.” “I don’t mean we were cruel,” she emphasized. “I think some people struggle with it more.” In her assurances that she was not cruel, Lisa noted a cultural “feeling rule” that surrounds sleep training. While Lisa’s emotional experience may have differed, her thought process is similar to that of other mothers who see sleep training as a logical intervention. Lisa may not have performed the “emotion work” of guilt and anguish, but she still saw sleep training as a logical intervention that ultimately needed to supersede a mother’s emotional response.

Aside from Lisa, nearly every mother interviewed who used sleep training described it as an intense emotional experience. We understand this anguish as the emotion work of sleep training. It is not to say that it was entirely performative—mothers appeared to genuinely express anguish. Instead, our argument is two-fold: first, mothers’ emotional distress serves, in the moment, as a form of labor that responds to the tension inherent in extinction-based sleep training in modern society. The anguish *is* the labor. Second, the storytelling of the emotional anguish acts as a protective rhetorical strategy, so that the listener understands the mother’s care, her adherence to the feeling rule of innate responsiveness, and her ensuing decision to use logic to supersede her sometimes irrational emotions. In this way, mothers enact a neoliberal version of motherhood, in making rational decisions guided by logic while still demonstrating a core feeling of care.

The Professionalization of Mothering

The second strategy mothers in the study used to navigate the cultural tension of sleep training is what we refer to as the professionalization of motherhood. We define the professionalization of motherhood as the use of expert knowledge, scientific language, and one's professional qualifications to justify parenting decisions. The professionalization of mothering is closely linked to scientific mothering (Apple 1995) and the expert-guided mandate of intensive mothering (Hays 1996), but it also includes the additional element of referencing one's personal credentials when making decisions. In the case study of sleep training, the professionalization of mothering is a strategy that justifies practices that are culturally contested.

For example, Patricia, a 36-year-old Black professor on the East Coast, talked about getting "permission" from her doctor to sleep train. She used this expert knowledge to justify her use of sleep training:

[At] the two-month appointment or something, [the pediatrician said], "Okay, he's feeding well... he's formed his attachment, if he cries for a few minutes, it's not gonna kill him. You can start to kind of, like, just give it a minute, see if he settles." And I remember feeling like, oh, great. I'm glad I got this permission from someone because I'm tired, and I want to [sleep train].

Similarly, Ling, the Asian professor mentioned previously, also received "permission" from an expert source to try sleep training:

One of my friends from childhood, she's a child behavioral expert, and she had been a nanny for years,

and she's like, "Every kid's different, but [sleep training] has been generally effective. You can try different things. Just keep me posted." So she's like, "Don't worry, the kid's not going to remember how awful you feel or how awful they feel at the time because they're so little. This is what's going to help you, even though it's going to be a difficult week or two. Just do it in the long run... everyone's going to be able to sleep more, and then you're not going to have these nighttime wakes as much."

Interestingly, Ling's friend both provided expert permission to Ling and also referenced the emotion work of sleep training itself.

Some mothers described a significant commitment to researching their decision to sleep train, referencing multiple sources that informed it.

So I did a bunch of reading. I think I have read all the books. I read the Harvey Karp one. I read *Precious Little Sleep*...I read them all, and then I distilled all the information. And I was like, it seems like it's just Cry-It-Out...they're all versions of Cry-It-Out. It's just, like, do you want to check on them or not? [Hannah, Asian attorney, mother of two]

Other mothers referenced more informal sources ("the internet" or "mom groups") but still used scientific language when talking through their decision.

I may have even seen it on [an online group], something about how there was research that showed that there were no attachment implications for sleep training, and then the research was just showing that kids who are sleep trained sleep better. And so I was pretty convinced that it was safe. [Stephanie, Sicilian/Middle Eastern professor, mother of two]

We’re very much like... pay for the sleep training guide, pay for the fancy bassinet, you know, whatever. I don’t think that it damages, like I’ve seen people’s... assertions, I guess that research suggests that sleep training does not damage attachment between parent and child, and that sort of thing. I know that I give my kids plenty of flipping love during the day, that they’re not going to be like, “Oh my God, wait, does she still like me?” [Rachel, White stay-at-home mother of two]

Both Stephanie and Rachel used the scientific language of attachment and referenced research to justify their decisions. They also grappled directly with the cultural contradictions of sleep training in attachment culture. Rachel’s case is particularly notable, as she referenced the commercialization of sleep training information. Indeed, knowledge about sleep training has become commodified, and Rachel’s case suggests that its commercialization might, in fact, further entrench it as an expert source.

Finally, mothers also referenced their professional qualifications when making parenting decisions. For example, Rebecca, a White stay-at-home mother of two, chose to sleep train her two sons based on her professional experience as a dog trainer.

As a dog trainer, I implemented some of the psychological approaches with [sleep training], at least when it comes to the self-soothing approach and how I used to help my dogs. This sounds terrible, but how I would help [dogs] cope with their new environments, be it in a kennel, in the house, or even just housebreaking. I like to utilize, in my mind, empowerment—teaching them how to do things on their own. So I kind of knew that I was going to approach [sleep training] in that

sense. Probably starting off with independence a little bit younger, just because it’s all I really knew.

While professional qualifications often guided mothers’ decision-making, this did not necessarily mean they chose to sleep train. For example, Gabriela, a Latina mother living in the Northwest, did not initially intend to sleep train her son. When she discussed this matter, she referenced her work as a psychotherapist and her concerns about attachment. However, she eventually changed her mind on sleep training, and again, referenced professional qualifications in this decision-making: “I’m gonna follow medical guidelines because they exist for a reason. I have a background where I have done research before, so I understand this.” Similarly, Ramona, a German-born mother living in the Southeast, reported a decision not to sleep train, and in fact, to bedshare with her children, by referencing her experiences and qualifications, having worked in child protection and law enforcement.

There was a wide range of personal career qualifications that mothers relied on to justify their parenting decisions broadly and their sleep training decisions specifically. These included medical fields, where mothers learned about medical recommendations; a Bachelor’s degree in psychology, which provided training in child development; a current Ph.D. program in child psychology, in which the mother was able to consult her professors; experience as a social worker who had worked in a group home that had prioritized safe sleep arrangements; and experience as a nanny, which provided familiarity with different sleep training techniques. It is important to note that the demographics of this study surely influenced this particular strategy; the professionalization of mothering is, at its core, a class-based strategy

that relies on a certain level of educational or professional attainment. Yet, there is some evidence in this limited study that the professionalization of mothering exists outside of the middle and upper-middle class context; although most of the mothers that utilized the strategy had advanced degrees or prestigious careers to reference, even the few mothers in the study who had less prestigious careers (nanny and dog trainer, for example) noted their work experience as a part of their decision-making.

Rational Management of Sleep Training

The third strategy mothers employed was to create highly rationalized systems around baby sleep. Rationalization impacted mothers' practices around sleep broadly, through sleep tracking, and, in particular, around sleep training through strict temporal boundaries.

Broadly, one of the dominant forms of rationalization around sleep was the use of sleep tracking. Mothers used phone apps, computer spreadsheets, and pen and paper to track the amount of time their children slept at night and during naps, the quality of that sleep, and the number of wake-ups. For many families, it was the pediatrician who suggested tracking in the early days and weeks of childhood. However, some families tracked upwards of a year, despite there being no particular medical use for the data. For example, Elizabeth, a White Ph.D. student with two children, had tracked her son's sleep for over five years, explaining that she was a "data nerd," although the data were not being put to any notable use. Kristen, a White clinical scientist who had a 9-month-old at the time of the interview, had purchased an app and was still tracking sleep data. Often, the hope was that the data would identify a particular pattern that could clue mothers in

to the right combination of bedtime and naptime to maximize the child's sleep.

When it came to sleep training in particular, rationalization and systematization helped mothers grapple with cultural tensions by creating very specific rules around sleep training. Many gentle methods of sleep training encouraged parents to set timers that would be used for incremental responses to their children's cries. Mothers reported following this timing in exact detail:

We went with this, you know, holding for three hundred seconds, and then five minutes out [of the bedroom]...I can't see the clock in her baby room, and so I approximate. Count 300 seconds, to me, is about five minutes. And so it's me cuddling her for five minutes, and then... putting her down, and I walk out, and then I have my phone. Like, I don't take the phone into the baby's room with me. But I walk out, have the phone for five minutes, set the timer, go back in, and count to three hundred again if I need to. [Monica, White university librarian, mother of one]

Many mothers who discussed these methods could readily report how many minutes, precisely, it took for their child to settle.

We say, "Okay, you're gonna go to sleep now. You're safe," and we leave... then [the baby] cries, obviously, and we leave for a minute. And so then we go back in, and we rub his back, and after a minute we say, "Okay, it's time for us to go, you're gonna go to sleep now." And we leave. And we end up increasing. And so you keep doing that, and you increase the amount of time and intervals, and go back and soothe. I think the longest he ever cried total was... I think we totaled it up, and it was twenty-three minutes. [Gabriela, Latina, self-employed, mother of two]

This precise tracking reflects how many guides today discuss sleep training. However, we argue that it also serves as a cultural strategy by clearly delineating the amount of time that is appropriate to remain non-responsive to a child's cries. It both helps mothers cope with the emotional tension in the moment of sleep training and offers a rhetorical strategy to demonstrate intensive mothering to the listener.

Another way in which mothers rationalized sleep training was through extensive logging of the work. For example, Hannah (Asian attorney, mother of two) discussed her strategy, which she called "pick-up put down":

I logged it all. I was on Huckleberry [a parenting app], and I logged it all. It was seventy pickup put-downs. Between, like, 2:00 am and 3:30. He would cry, and I would pick him up, I would hush him, I would put him down. He'd start crying immediately, pick up. Calm, calm, calm, put him down. Cry immediately. For seventy times. The next night, it was forty-ish times? And then it was under ten. And then, like, two times, and then he slept for five hours. So, within less than a week, we went from waking up every hour to sleeping for five hours.

Hannah's commitment to counting and tracking her sleep training method demonstrates her commitment to intensive parenting. While her baby might be crying, she was busy attending to his needs in the form of data tracking. The rationalization of sleep training does several things. First, it gives a temporal limit to unresponsiveness. The mother is not simply ignoring her child, but adhering to a precise, evidence-based protocol with a defined endpoint. Second, it demonstrates a high commitment to the child, even while being unresponsive to the child's cries. The data become proof of care.

Discussion and Conclusion

Extinction-based sleep training is a cultural dilemma. On the one hand, it is upheld as a legitimate parenting strategy by the medical establishment and the market, has a long history in American cultural understandings of infancy, and can provide mothers with a useful technique for encouraging their children to sleep through the night. Yet it also sits in direct tension with modern conceptions of intensive mothering and attachment parenting, which prioritize responsiveness and children's emotional well-being, sometimes at the expense of mothers' well-being. In this paper, we have shown how mothers grapple with this cultural tension when engaging in sleep training techniques. They engage in emotion work around guilt as a display of responsive mothering; they professionalize their decision-making through expert permission, scientific language, and personal qualifications; and they systematize practices around sleep to engage in intensive mothering, even while momentarily ignoring their child's cries.

This research reveals several important insights with both theoretical and practical implications. First, this research continues the conversation of emotion work, the labor of mothering, and cultural ideals of motherhood. Motherhood ideals today are shaped by an array of competing mandates that span from neoliberal ideals of market logic, self-regulation, and emotional control; to child-centered directives of emotionally intensive and attachment-based parenting; to expert-guided and medically-informed practices. The labor of motherhood must contend with these mandates, and the experience of sleep training is no exception. Extinction-based sleep training is caught between these competing directives, and it is the strategies of emo-

tion work, professionalization, and rationalization that help mothers cope with these tensions. These findings demonstrate the hidden labor required to navigate the cultural tensions around motherhood.

Next, this work may provide important insights for medical providers and policymakers who want to better understand how mothers use and experience the sleep techniques promoted by many medical establishments. Extinction-based sleep training is often positioned as an evidence-based technique, with little regard for the emotional experience of mothers who employ it (Blunden, Thompson, and Dawson 2011; Blunden et al. 2016). Our work shifts attention to the mother. We show how mothers' stress during extinction-based sleep training is experienced, understood, and managed by those mothers. Indeed, we engage here with Howson (2018), who argues that the cultural conversation about sleep training has long failed to recognize mothers and babies as subjects, dismissing their affective experiences as contrary to their best interests. We similarly see the affective experience of sleep training as central to the conversation; it should not be dismissed as an inconsequential part of the decision to sleep train. This has implications for pediatric and public health conversations, which often view maternal well-being only as it correlates to sleep quality, and not as it correlates to mothers' emotional experiences with sleep training.

Although sleep training and other labor that occurs during the night are an incredibly important element of mothers' well-being, there is minimal social scientific literature in this domain. This article is part of the growing body of qualitative work around the experiences of nighttime family labor. However, our research is limited by the population of mothers interviewed. The mothers were highly

educated, which may influence the particularities of the strategies noted in this research. Future research could examine additional demographic characteristics to determine whether these strategies are unique to a subset of mothers or represent a broader cultural shift. Similarly, our sample had minimal racial and class diversity. This diversity is particularly important, as the experience of mothering and the experience of sleep decisions are shaped in significant ways by these social locations (Hamilton 2021; Harrison 2022; Hamilton and Faircloth 2025). Finally, while our focus on mothers is important for theoretical understanding of motherhood, further research on extinction-based sleep training could provide important insights into patterns around the gendered practices of these techniques and differences in the experience of mothers and fathers.

Ultimately, this research reframes extinction-based sleep training not as a simple parenting choice but as a site where broader cultural contradictions about motherhood are experienced and negotiated. The strategies mothers employ are not idiosyncratic coping mechanisms but patterned responses to a culture that demands responsiveness and tremendous emotional investment *and* rational, efficient, expert-guided self-management. We hope this work helps in the burgeoning literature on nighttime parenting and continues the larger conversation about the contradictions of modern motherhood.

Appendix

Table I: Research Participants and Self-Reported Demographics

Pseudonym	Race/Ethnicity (Country of Origin, if not US)	Age	Education	Occupation	Children y: years; m: months
Adriana	Latina (Ecuador)	42	BS	Accountant	Girl, 5y; Boy, 2y
Andrea	White	39	MS	Nurse practitioner	Boy, 5y; Boy 5y; Girl, 3y
Courtney	White	39	Ph.D.	Professor	Girl, 5y; Girl, 1.5y
Crystal	White	36	Bachelor’s	Unemployed	Girl, 4y; Boy, 1.5y
Danielle	White	39	Bachelor’s	Philanthropy	Boy, 3.5y; Boy, 10m
Elizabeth	White	37	MS	Ph.D. student	Boy, 5y; Girl, 2y
Gabriela	Latina	39	Masters	Self-employed	Boy, 7y; Girl, 3y
Hannah	Asian (China)	40	JD	Attorney	Boy, 5y; Girl, 10m
Heather	White	44	Ph.D.	Professor	Boy, 10y; Boy, 6y; Girl, 2y
Holly	White	33	Bachelor’s	Stay-at-home mom	Girl, 9m
Jill	White	36	Ph.D.	Sociology instructor	Girl, 6y; Girl, 4y; Boy, 3y
Julie	White	31	Bachelor’s	Full-time parent	Boy, 10m
Kristin	White (Germany)	33	Ph.D.	Clinical scientist	Boy, 9m
Lauren	White	43	Masters	Instructional coach	Boy, 4m
Leah	White	43	Ph.D.	Professor	Boy, 3y; Girl, 7m
Ling	Asian	45	Ph.D.	Professor	Boy, 8y; Girl, 2.5y
Lisa	White (Australia)	39	Bachelor’s	Stay-at-home parent	Girl, 3y
Marisol	Latina	33	Some college	Shift supervisor	Boy 4y; Boy, 9y
Melissa	White	32	Ph.D.	Nuclear engineer	Girl, 5.5y; Boy, 11m
Molly	White	41	Bachelor’s	Stay-at-home mom	Boy, 4.5y; Girl, 14m
Monica	White	35	Masters	University librarian	Girl, 1 y
Nicole	White	44	Masters	Social worker / Professor	Girl, 5y; Girl, 3y
Paola	Latina	30	Bachelor’s	Stay-at-home mom	Boy, 2y
Patricia	Black	36	Ph.D.	Assistant professor	Boy, 3y; Boy, 1y
Rachel	White	35	Bachelor’s	Stay-at-home mom	Girl, 4y; Boy, 10m
Ramona	White (Germany)	39	Bachelor’s	Stay-at-home mom	Boy, 4y; Girl, 5m
Rebecca	White	35	Bachelor’s	Stay-at-home mom	Boy, 7y; Boy, 4y
Renee	White	43	Ph.D.	Associate professor	Boy, 3y; Boy, 11m
Sonia	Latina	40	MS	Behavioral therapist	Girl, 7y; Boy 6y; Girl 4y
Stephanie	White/Middle Eastern	39	Ph.D.	Professor	Girl, 5.5y; Boy, 2y

Source: Self-elaboration.

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