Crying for Comfort: Distressed Babies Need to be Held

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Note: this advice should not be used as a substitute for medical opinion and treatment. If illness or pain is suspected, always consult with a doctor.

See Aletha Solter's book, *The Aware Baby*, for a full description of this approach.

The harmful cry-it-out approach

The term "cry it out" refers to the practice of leaving babies in their cribs without picking them up, and letting them cry themselves to sleep. A modified version of this approach is to go to the baby every few minutes to pat her on the back or reassure her verbally (but not pick the baby up), and to increase the length of time gradually so that the baby eventually "learns" to fall asleep alone.

But there is no doubt that repeated lack of responsiveness to a baby's cries-even for only five minutes at a time-is potentially damaging to the baby's mental health. Babies who are left to cry it out alone may fail to develop a basic sense of trust or an understanding of themselves as a causal agent, possibly leading to feelings of powerlessness, low self-esteem, and chronic anxiety later in life. The cry-it-out approach undermines the very basis of secure attachment, which requires prompt responsiveness and sensitive attunement during the first year after birth.[1]

The attachment parenting movement is a healthy reaction to the harmful promotion of crying it out found in many parenting books. Attachment parents are aware of the possible emotional damage from leaving babies to cry alone, so they strive to meet their babies' needs for physical closeness and responsiveness. However, attachment parents can overlook the beneficial, healing function of crying, and believe that their job is not only to respond to, but to stop all crying. This article describes how parents can further promote babies' mental health by learning to recognize stress-release crying, and implementing what I call the "crying-in-arms" approach.

History of the cry-it-out approach

The question of whether or not to let a baby cry it out at night does not arise when a baby sleeps close to his mother. The history of the cry-it-out approach is therefore linked to the history of cosleeping. There is sufficient anthropological evidence to assume that, during prehistoric times, babies slept on their mothers' bodies or very near their mothers, and that babies were never ignored when they cried. Cosleeping is a common practice in many traditional tribal cultures today. However, where civilizations became more technologically complex, parents gradually abandoned the practice of sleeping with their infants and adopted the practice of separate sleeping arrangements, especially in Europe and North America.

When and why did parents in Western cultures abandon the natural practice of sleeping with their infants? During the 13th century in Europe, Catholic priests first began recommending that mothers stop sleeping with their infants. It is likely that the primary, perhaps unconscious reason for this advice was the rise of patriarchy and the fear of too much feminine influence on infants-especially male infants. However, the reason the priests gave for this advice was the danger of smothering the infants, commonly known as "overlaying." Historians now believe that most of the infant deaths during the Middle Ages in Europe were caused by illness or infanticide. When accidental smothering occurred, it was probably caused by parents who were under the influence of alcohol.

After the industrial revolution in the 18th century, the notion of "spoiling" became widespread in industrialized countries, and mothers were warned not to hold or respond to their infants too much for fear of creating demanding monsters. If the home was big enough, parents moved cradles and cribs to a separate room. With the infants sleeping alone in another room, it was easy for parents to follow the cry-it-out advice, even if it went against their gut instincts.

The decline in breastfeeding further contributed to the separation of mothers and infants. With bottle-feeding from birth on, the last remaining link to the mother's body was removed, resulting in the deplorable, detached methods of child-rearing that predominated in Western civilizations during the 20th century.

Dr. Luther Emmett Holt, an American pediatrician and child-rearing expert, was the first person to make the cry-it-out approach explicit and popular in the US. Over 100 years ago, his best-selling book, The Care and Feeding of Children, was the child-rearing bible of the time. The book is structured as a series of questions and answers. One question is, "How is an infant to be managed that cries from temper, habit, or to be indulged?" The very wording of this question reveals Holt's bias. His answer: "It should simply be allowed to 'cry it out.' This often requires an hour, and, in some cases, two or three hours. A second struggle will seldom last more than ten or fifteen minutes, and a third will rarely be necessary."[2] Several generations were raised according to this advice.

Dr. Benjamin Spock, the medical and parenting guru of the second half of the 20th century, recommended a similar cry-it-out approach in his best-selling book, Baby and Childcare. Modified versions of the cry-it-out approach can be found in many current, popular parenting books.

The trend toward attachment parenting

Beginning in the 1960s, there has been a healthy trend in the opposite direction, commonly known as "attachment parenting." This approach recognizes the infant as a vulnerable, feeling human being who needs sensitive attunement, prompt responsiveness, and nurturing. Proponents claim that the need for physical closeness is paramount, and that babies should never be left to cry it out alone. They advise parents to respond promptly to crying and to soothe babies, generally by rocking or nursing. Attachment parenting is the exact opposite of the cry-it-out approach.

Several factors have contributed to the growth of attachment parenting. One of the original influences came from British psychoanalyst John Bowlby, who coined the term "attachment" in the 1950s to refer to a child's bond with her mother.[3] Thanks to Bowlby's work, people became

aware of the potential damage to a child that can result from a prolonged separation from his mother.

Researchers in the field of attachment have discovered that it is impossible to spoil babies by responding to their cries. On the contrary, prompt responsiveness leads to a solid foundation of trust and a secure attachment in the infants by one year of age. Infants whose parents delay in responding to their cries become demanding and clingy by one year of age, and are described as being "insecurely attached."[4]

One influence on the growth of attachment parenting has been the gradual return to breastfeeding. Organizations such as La Leche League have encouraged mothers to trust their own bodies to produce the perfect food for their infants. A revival of the age-old practice of cosleeping is another important aspect of attachment parenting.

Further support for attachment parenting has come from research in stress physiology. Cortisol levels are a reliable measure of stress, and can easily be measured from a sample of saliva. Researchers have found that even brief separations of human infants from their mothers can affect the infants' cortisol levels. In one study, nine-month-old infants who were briefly separated from their mothers and left alone in an experimental situation experienced an increase in cortisol levels, indicating a physiological stress response. However, when the babies were left with a substitute caregiver who was warm and attentive, their cortisol levels did not increase as much.[5] The researchers concluded that it is quite stressful for infants to be left alone.

The recognition of stress-release crying

While the attachment parenting approach is a healthy trend in the right direction, it is possible that, in an effort to counteract the harm caused by the cry-it-out approach, parents may overlook an important function of crying. In our eagerness to persist in soothing and hushing our babies, we may be missing opportunities to help them release stress and heal from trauma. Although it is stressful for babies to cry alone, there is no evidence that crying in a parent's arms is harmful, once all immediate needs are met. On the contrary, crying in arms can be beneficial for babies who have an accumulation of stress.

Many psychotherapists recognize the therapeutic value of crying and encourage their clients to cry. There is a current trend toward deep-feeling therapies (sometimes known as "regression therapy," "primal therapy," or "emotional release therapy") in which therapists encourage clients to relive early childhood traumatic experiences, and to cry and rage.[6-8] The therapists assume that people who did not feel safe enough to cry as children can "catch up" on their crying later in life and heal themselves from the effects of early traumatic experiences.

Our culture tends to block and suppress the healthy expression of deep emotions. Some adults remember being punished, threatened, or even abused when they cried as children. Others remember their parents using kinder methods to stop them from crying, perhaps through food or other distractions. This early repression of crying could be one factor leading to the use of chemical agents later in life to repress painful emotions. The goal of deep-feeling therapy is to help adults overcome the inhibition against crying, thereby allowing them to cry as much as needed in a supportive environment with an attentive, empathic listener.

Researchers have measured physiological changes in adults following therapy sessions in which they cried hard. The results showed lower blood pressure and body temperature, slower heart

rate, and more synchronized brain-wave patterns. This state of physiological relaxation was greater following crying than following physical exercise for an equivalent period of time.[9] Biochemical studies have discovered greater concentrations of stress hormones in emotionally induced tears than in irritant-induced tears, leading to the theory that one purpose of crying is to rid the body of excessive amounts of these hormones.[10] It is obvious that, when we cry, something important happens.

A growing number of psychologists believe that the healing function of crying begins at birth, and that stress-release crying early in life will help prevent emotional and behavioral problems later on.[11-14] However, babies should never be left to cry alone. This healing process will be effective only if babies are allowed to cry in the safety and comfort of a parent's loving arms. When toddlers and older children cry or have temper tantrums, it is still important to stay close and be attentive, even when holding may not always be appropriate.

The stress-release function of crying in restoring emotional health is comparable to the beneficial function of fever in fighting an infection and restoring physical health. Wise doctors know that it is often best to let a fever run its course rather than use drugs to cut it artificially short.[15] Stress-release crying and fever both help children (and adults) regain homeostasis. There is no easy shortcut to emotional or physical health.

Sources of stress for infants

What kind of stress or trauma do babies experience? The emerging field of prenatal and perinatal psychology has taught us that, if the pregnant mother is anxious or depressed, babies can be stressed even before birth.[16-18] Furthermore, the birth process itself can be frightening and painful for infants, especially when medical interventions are used. In the absence of emotional healing, early trauma can have a lifelong impact. Studies have shown that complications at birth correlate with later susceptibility to psychological problems, including schizophrenia, drug abuse, depression, suicide, and violence.[19-25]

There is evidence that prenatal and perinatal events are major causes of extensive crying in infants (commonly referred to as "colic"), and that "high-need" babies are often those who have experienced early stress or trauma. Researchers have found that babies whose mothers were extremely stressed during pregnancy, or whose mothers experienced a difficult delivery, cried more and awakened more frequently at night than babies who did not have these traumatic experiences.[26-30] It is possible that the crying we see in these stressed infants represents their attempt to heal themselves and regain homeostasis. Sheila Kitzinger mentions the need for babies to cry in arms following a stressful pregnancy[31], while William Emerson emphasizes the healing effects of crying following both prenatal and birth trauma.[32]

After birth, overstimulation is a possible stressor to keep in mind, especially for infants born prematurely[33], or those who are highly sensitive by nature.[34] During the first few months, it is typical for babies to have a crying spell at the end of a stimulating day, even though all of their immediate needs are met. T. Berry Brazelton calls this time of day the "fussy period," and claims that babies need to "blow off steam" because of information overload to their immature nervous systems.[35] This kind of crying peaks at about six weeks of age, then declines.

Stress can also result from the inevitable frustrations that arise as babies strive to accomplish new skills, such as grasping, crawling, or walking. These frustrations build up and find an outlet in crying spells, providing further fuel for the end-of-the-day "fussy periods." Researchers have

found that babies tend to cry more frequently for a few days or weeks before attaining these developmental milestones, presumably because of high frustration levels.[36]

Other sources of stress include jealous siblings, stressed or anxious parents, or frightening events. In addition to these daily stresses, some babies experience major traumas, such as hospitalization, surgery, parental divorce, or the illness or death of a parent. All of these traumas increase the need for stress-release crying. While it is important to minimize stress, frustration, and overstimulation in babies' lives, it is also helpful to remember that crying in arms is a healthy release for babies whose current needs are met, but who are suffering from the effects of stress or trauma. My book, *The Aware Baby*, summarizes the various sources of stress for infants and describes the crying-in-arms approach.

Implementing the crying-in-arms approach

I recommend seeking the advice of a health professional for babies who cry a lot for unknown reasons, or for those whose crying suddenly increases or has an unusual sound. Sometimes there is a medical condition that requires prompt attention. Some crying is the result of allergies or food sensitivities. It is definitely worth checking into all possible causes for crying and searching for remedies. However, if there is no medical reason for the crying, it is likely that your baby simply needs to release stress.

To implement the crying-in-arms approach, the first thing to do when your baby cries is to look for all possible needs. When all immediate needs are filled and your baby is still crying, even though you are holding her lovingly in your arms, a helpful response is to continue holding her while trying to relax. This is not the time to continue searching frantically for one remedy after another to stop the crying. Take your baby to a peaceful room and hold her calmly in a position that is comfortable for both of you. Look into her eyes and talk to her gently and reassuringly while expressing the deep love you have for her. Try to surrender to her need to release stress through crying, and listen respectfully to what she is "telling" you.[37, 38] Your baby will probably welcome the opportunity to have a good cry.

If you have had the good fortune to cry without distractions in the arms of someone who loves you, it helps to remember the wonderful feelings of relief, relaxation, and connection that follow such an experience. Don't worry if your baby closes her eyes while crying. She will peek at you from time to time to make sure you are still emotionally attuned and paying attention. After she has finished crying, you will find yourself holding a relaxed little person who will probably fall asleep peacefully in your arms, sleep soundly, and then awaken, bright and alert.

The success of the crying-in-arms approach lies in correctly interpreting your baby's cues. Obviously, you don't want to overlook legitimate needs by assuming that your baby "just needs to have a good cry." On the other hand, it is not helpful to assume that all fussiness indicates an immediate need that you can "fix," because you will eventually fail. For some crying there is no immediate remedy, and it is not your fault. Once you begin to view crying in this way, you will learn to read your babies' cues more accurately, to recognize the need for stress-release crying, and to relax when it occurs. In my consultation practice, I have found that this approach helps prevent parents from feeling anxious, angry, guilty, or helpless when their baby cries. It can even help prevent child abuse.

It is important to emphasize that the crying-in-arms approach is totally different from the cry-it-out approach: Your baby is with you at all times, so he will not experience any stress from

separation. If you feel that you cannot respond compassionately to your baby's crying, try to find someone else to hold him rather than leaving him to cry alone. Your baby will not cry indefinitely. After the crying has run its course, your baby will probably fall asleep peacefully, or become calm and alert.

Advantages of the crying-in-arms approach

There are numerous advantages to allowing your baby to release stress by crying in your arms. First, you will help him heal from trauma, thereby avoiding the possible lifelong impact of prenatal or birth trauma. He will also heal regularly from the minor upsets of everyday life. Releasing pent-up stress from daily overstimulation or frustrations will allow him to have a longer attention span and greater confidence in learning new skills. He will probably also be more relaxed, and less whiny or demanding.

Your baby will also sleep better. Many parents who start using the crying-in-arms approach with older babies are delighted to find that their babies begin to sleep through the night, sometimes after months of frequent night wakings. The parents accomplish this shift while honoring their babies' attachment needs, without ever leaving their babies to cry alone.

Another advantage of this approach is that toddlers who have cried enough as infants (while being held), and who continue to be supported emotionally as they grow older, are calm and gentle. They do not hit or bite other children. Toddlers who do not have opportunities to cry freely can become aggressive, hyperactive, obnoxious, or easily frustrated. These disagreeable behaviors are often caused by an accumulation of pent-up stress, or the impact of early trauma that has had no healthy outlet.

Most important, by practicing the crying-in-arms approach you will enhance your emotional connection with your baby. She will learn that you are able to listen and accept her entire range of emotions, and that nothing can damage the loving bond between you. If you continue to be an empathic listener, your child will grow up with a feeling of being loved unconditionally, which will lead to high self-esteem.

Finally, you will be rewarded with children who continue to express their emotions and bring their problems to you throughout childhood and adolescence, because they will trust in your ability to listen. There is nothing more touching than a teenager who can say to his mother or father: "I need to cry. Will you hold me?"

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Aletha Solter, PhD, is a developmental psychologist, international speaker, consultant, and founder of the **Aware Parenting Institute** (www.awareparenting.com). Her books have been translated into many languages, and she is recognized internationally as an expert on attachment, trauma, and non-punitive discipline. The titles of her books are *The Aware Baby, Helping Young Children Flourish, Tears and Tantrums, Raising Drug-Free Kids,* and *Attachment Play*.

Aware Parenting is a philosophy of child-rearing that has the potential to change the world. Based on cutting-edge research and insights in child development, Aware Parenting questions most traditional assumptions about raising children, and proposes a new approach that can profoundly shift a parent's relationship with his or her child. Parents who follow this approach raise children who are bright, compassionate, competent, nonviolent, and drug free.

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