AN EGO PSYCHOLOGICAL AND OBJECT RELATIONS STUDY OF CRYING

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by

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INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the Project Demonstrating Excellence

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by

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ABSTRACT

Crying behavior is explored from linguistic, physiological, maturational, development and clinical perspectives. Review of the scant literature on crying from disparate sources is included throughout.

Utilizing Margaret Mahler's theories of separation-individuation as a framework, the vicissitudes of crying behavior are traced from birth through adolescense. The internalization of self-object-affect units as described by Otto Kernberg is used to explore the role of crying behavior in the affective interaction and communication between mother and child. Child abuse which is triggered by the child's crying is examined dynamically in terms of the internalized object relations of the parents.

A theory of crying behavior is developed in which crying is expressive of feelings related to attachment and loss. John Bowlby's three stages of mourning the loss of the mother in infancy (protest, despair, and detachment) and in the bereavement processes of adults, (anger, disorganization and reorganization) form the basis for classifying different types of tears and of distinguishing functional and dysfunctional crying in adults.

A thorough exploration of the small body of psychoanalytic literature on pathological weeping is included. It is analyzed critically in the light of the crying theory de-

veloped in this paper. Otto Fenichel's classification of defenses against affect provides the framework for understanding crying as a defense as well as defenses against crying. The ego psychological concept of regression in the service of the ego is connected with the adaptive use of crying.

Psychophysiological symptoms which are linked with crying behavior (asthma, colds, headaches, sore throats, allergies, skin disorders and enuresis) are discussed in terms of existing theories of suppressed crying and expanded in the theory proposed. Clinical material is included from a variety of published cases, first-hand accounts and the author's clinical practice. Treatment issues relating to diagnosis, the meanings of crying in the transference and counter-transference reactions to crying are explored.

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INTRODUCTION

Sandra spoke in even tones which carried no hint of emotion. In mid-sentence, she began crying violently, bending forward in her chair and covering her face. Within thirty seconds, she was completely composed and continued speaking exactly as she had before the outburst. Sandra was one of my first psychotherapy patients and, with her unusual style of crying, began my clinical interest in this subject.

Crying as a topic for further research occurred to me following a women's group session in 1973. Responding to a remark about the inability of many men to cry, one of the members said, "We say little boys are taught not to cry, but so are little girls! We are taught that women must bear up under grief and pain. Look at the taboo against crying in labor. Look at how the woman is to be strong and comfort the man when their child dies. Look at Jackie Kennedy and how she was idealized for her control."

As the discussion continued, many women reported difficulties with crying in intimate relationships. "My husband says that crying is an inappropriate expression of anger," said one woman. "He thinks pounding on the wall is more appropriate." Another recalled how early in her marriage she would cry during an argument and her husband would throw up his hands and walk off. She said she had eventually been able

to convince him that she did not want an argument to stop but wanted to continue, tears and all.

Group consensus was that there were definite times when it was "wrong," or "inappropriate" to cry. One member, a business executive, was emphatic: "I cannot cry because I have to argue rationally at the office. If I cry, they think they have me. I walk out and come back when I am composed enough to continue." Another woman, a child welfare worker, spoke at length about fighting off tears every time she had to remove a child from a mother. She expressed the fear that she would be unable to carry out her painful task if she began to cry. Questions raised by some as to whether crying in both these situations would not help to soften such difficult encounters, were met by emphatic denials from those who had to function in these settings.

The theme of rationality was mentioned by several. They challenged the equation of crying with being irrational. "I cry and then I am more rational and I can continue," was one statement. "I get irrational when I am trying not to cry; that consumes all my energy," said another. A third expressed the opinion, "Crying does not mean you are irrational; it only means you are crying."

My first attempt to review the literature following the group session came to naught. Card catalogue, Index Medicus and journal abstracts yielded nothing on the subject. The reference librarian had no further suggestions. Consider-

ing the bulk of material written about laughter, I wondered if a cultural aversion to crying was responsible, or if crying was considered so obvious that no one felt there was anything to discuss.

Although I still wonder about the exact nature of the resistance to studying this subject, I have remained convinced that it exists. One person joshingly said to me, "You are the only person I know who could intellectualize crying!" Someone else asked me if I could still cry since doing this study. The messages seemed to be that crying was an experience that should not be tampered with, as though its secret powers should remain secret; a sort of "It's not nice to fool with Mother Nature." Also, they seemed to imply: "Leave us to cry in peace or, at least, do not make us think about it. Do not embarrass us by talking about something that makes us feel uncomfortable. After all, if a person cries, they do not want attention called to themselves, they are feeling badly enough already or they would not be crying."

Beginning with such a vast, unstudied topic presented a dilemma: whether to narrow it down and focus on one aspect, or whether to survey it overall. I chose to do the latter because I believed that narrowing an unknown topic prematurely might skew later study. Helmuth Plessner, author of a philosophical work on crying was of the same opinion.

> To understand laughing and crying as expressive phenomena, therefore, does not mean that we subject them first to the isolating techniques of psychological and physiological methodology and

> then to a subsequent correlative unification according to the principles of psychophysics. On the contrary; it means first and foremost to put them back into their original living context. . . .here is a matter of human affairs, which takes place in the domain of the human experience of life, of the behavior of man to man and of man to world. Those who would criticize us because in this study we do not dance attendance with tables, curves, and series of experiments and who would see in the dearth of questionnaires and photographs a dearth of exactitude would consider--as should the disillusioned lover of exact definitions--that the reason for this was not a deficiency but rather an excess of accuracy. . . .[1]

In addition to my own hopes for an "excess of accuracy," I must also acknowledge an "excess of curiosity." I wanted to investigate crying from infancy throughout life. I wondered about the physiology and neurophysiology of crying. I was drawn to explore crying in the creative arts, dance, painting, folklore and religion. Historically, culturally and evolutionally, many further questions arose. Clinically I had many questions about normal crying behavior, crying as defense and crying as symptom and the psychophysiological ailments that relate to crying and non-crying.

The more questions I asked, the more I seemed to be beckoned by further questions. This paper is a reflection of my curiosity and my exploration. I have gathered materials from every area I could think of which touched on crying. Repeatedly, I would open books expecting to find a discussion of crying; most of the time, I found none. However, gradually,

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[1]Helmuth Plessner, Laughing and Crying, trans. by James Churchill and Marjorie Grene (Evanston: Northwestern University Press, 1970), p. 16.

I succeeded in locating materials. Friends and colleagues also joined in the search. My daughter even brought me an item from Ripley's Believe It or Not, well outside my usual research sources!

This paper is an integration of many references from diverse sources. Gradually, as I immersed myself in this topic, a theoretical viewpoint emerged. The structure of the paper reflects the entire process. The first chapter is an analysis of words and expressions relating to crying. The second is a physiological and evolutionary synopsis. The third chapter traces the development of crying and non-crying from infancy through adolescence, using a psychoanalytic object relations frame of reference. The foundation for my theory of crying is being laid in these initial chapters. In chapter four, which deals with crying in adulthood, I formulate a theory of crying based on reactions to loss of the object in infancy: protest, despair and detachment.

I agree with Plessner that crying should not be artificially isolated and fragmented. At this stage of study it should stay within the contextual fabric of "human experiences of life." However, to continue to treat crying as a kind of natural magic which can only be known poetically or philosophically is to depreciate the value of expanding knowledge.

CHAPTER I

LACRIMATION AND LANGUAGE

Babies cry in different ways; so do adults; so, according to linguistic usage, do men and women. The words we use to describe crying provide many subtle clues about such differences which are seldom articulated. In fact, since crying is non-verbal behavior in the adult and pre-verbal behavior in the child, articulating it at all is a fragile affair. The words used to describe crying, however, communicate a great deal more than their technical definitions. They provide clues to the emotions which crying expresses, and they provide clues about cultural values related to crying.

Lacrimation is the physiological term for tear production, derived from the Latin word, lacrimare, to cry. The three most common verbs used in everyday speech for the act of producing tears are to cry, to sob and to weep. Of the three, to weep is the only one which exclusively means to produce tears. It also may be used to indicate tears which are produced in silence, whereas crying and sobbing include audible sounds accompanying the tears. Crying is the most generic and the most neutral of the three verbs. It does not convey intensity, quality or value judgment, unless modified by a phrase or an adverb. To cry also may mean to shout,

to utter loudly, or to beg, all of which may occur without the production of tears. Sobbing implies a greater intensity of feeling manifest in motor, vocal and respiratory activity. It includes audible gasping of breath.

The verb, to tear, is sometimes used for soundless lacrimation, particularly when the tearing is physiological. Perhaps because of its neutral, physiological connotations, there has been a gradual increase in use of this word for emotional crying: as a verb, "I teared" or as an adjective, "I got teary" (or teary-eyed). The phrase "to shed tears," has a similar neutral connotation.

Other verbs which actively convey the idea of tear production include: to scream, to shriek, to howl, to squall, to whimper, to bawl, to blubber and to boo-hoo. All include the production of sound along with tears, and all except bawling, blubbering and boo-hooing may also be used to refer to sound alone, without production of tears. The most frequent usage of this entire list is in reference to infants. When used to refer to adult activity, they usually imply an infantile quality. These words also imply an active protest, as opposed to the acquiescing nature of some of the lacrimal expressions which follow.

Another group of tear-connected verbs are those which relate to the expression of grief. To grieve, mourn, wail (bewail), keen, sorrow, pine, lament and moan (bemoan) all express a reaction to loss. They are (with the exception of wail) applied almost exclusively to adults. Wailing and

keening are associated with cultural rituals of mourning performed by adults. Actual tears need not accompany any of these activities.

The dictionary definition of the verb, to wail, is ". . . to make a prolonged, high-pitched sound suggestive of a cry."[1] One meaning of wailing, keening and moaning can be audible "crying" without the production of tears, perhaps an adult form of crying without tears. The rest of the grief linked words refer primarily to the feelings associated with loss which need not be expressed openly. Some (sorrow, pine, lament) carry a strong suggestion of an inner, private state of feeling. It is interesting to note the frequent association of sighing with these conditions. As the respiratory component of crying is so pronounced, one might speculate whether sighs might also be an adult derivation of crying without tears. Two words which rhyme with cry, sigh and die, appear repeatedly in mournful love songs and poems about lost loves and are evidence of the place of crying in the grieving process.

That one who weeps is passive in the sense of being involuntarily overtaken or overwhelmed by the experience is implied in much of our linguistic usage. For example, we describe being reduced to tears, moved to tears, wracked with sobs, or of dissolving in tears or bursting into tears. Tears also wel

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[1]The American Heritage Dictionary of the English Language, 1973 edition.

up, or they drown, or they blind. Euphemisms for crying reflect a similar quality: to break down, to become hysterical, to choke up or to fill up. Going to pieces or coming unglued may also mean to produce tears.

Roy Schafer, in discussing the implications of the language of emotion, makes a point regarding this passive tendency:

> One can hardly present any discussion of the emotions in which the problem of passivity is not implicated. Whether it is the control of emotion, the experience of emotion or whatever, the viewpoints with which we are familiar presuppose some definite separation of the person from his or her emotions and imply some independent activity of the emotions with which the person must cope, hence, to which he or she stands in some initial posture of passivity.[1]

Certain phrases refer to physiological changes which occur prior to and during crying. They include having a lump in the throat, a quivering chin or being misty-eyed. These are usually used to communicate that one is on the verge of tears but cannot, or does not wish to cry.

The fine line between laughing and crying is a common theme in language and literature. Laughing is usually listed as the preferred antonym of crying, followed by feeling states such as rejoicing or happiness. Laughing may be the physiological expression of an opposite feeling to that expressed by crying, but given the range of feelings which

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[1]Roy Schafer, A New Language for Psychoanalysis (New Haven: Yale University Press, 1976), p. 269.

both laughing and crying may represent, the notion of complementarity might be more appropriate than opposition. Linguistic usage does contain that notion. We say, "I laughed to keep from crying," or "I was laughing on the outside, but crying on the inside," or "I smiled through my tears," or "I was laughing and crying at the same time." These phrases also indicate that laughing may be used as a means to ward off crying.

The "cry-baby" taunt which children commonly apply to each other is an example of an insult related to tears. When it is used by adults, it usually is disparaging of a person who fusses in an infantile manner over trifles. Perhaps a person who cries over spilt milk, which the saying enjoins one from doing, would fit the definition of cry-baby.

Another insult, a blubbering idiot, is sometimes used for a person who is literally crying, but the more usual meaning is for one who has lost the ability to speak rationally in a given situation. The designation, "sob-sister," is definitely non-complimentary. It originally referred to female news reporters in the twenties who were given to sentimental human interest stories. According to the Dictionary of American Slang, it has come to mean:

> Any woman who resorts to tears, the re-telling of personal sad experiences, or sentimental stories to gain attention or sympathy; any woman or man who excuses present failure on the basis of personal defeats in the past. . . .[1]

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[1] Dictionary of American Slang, 1975 edition.

Men sometimes apply this term to a group of women who support each other in what the observers feel are unfounded or trivial grievances.

Two slang expressions which are used for tears are "waterworks," and "crocodile tears." Both are humorous but convey belittlement as well. "Here come the waterworks," or "turn off the waterworks," can only be assumed to have a tone of implied sarcasm. Crocodile tears are those which are labeled false because they are believed to represent an insincere expression of grief. The phrase comes from the unfounded belief that crocodiles weep after eating their victims. Medically, crocodile tears make reference to a specific diagnostic meaning for tears which are produce while eating and chewing, a syndrome associated with facial paralysis.

The sayings of everyday language, our folk wisdom, offer a strange potpourri of advice, injunction and prohibition when it comes to tears. "Don't cry over spilt milk." "Go have a good cry." "Shed a tear for me." "Don't (or you can) cry on my shoulder," or "I need a shoulder to cry on." "I cried myself to sleep." "I am bored to tears." "That story was a real tear-jerker." "It is enough to make a grown man cry," or "I hate to see a grown man cry."

Roy Schafer is of the opinion that language reflects cultural thinking and cultural values.

> . . .(F)or how one thinks of the emotions establishes what they will be, not to speak of the esteem in which they will be held . . . additionally . . . each kind of thinking implies and

implements values.[1]

While cultural values are beyond the scope of this paper, they are implied throughout. In this review of language, the negative, uncomplimentary, and shameful references to crying far outweigh the neutral or positive references. It is interesting to note that a great deal of the language related to tears is decidedly slanted toward children and women. The crying words used for men are generally limited to a euphamism such as "choking up," or simply to crying.

John Fowles made the following observation about language: "The word is the most imprecise of signs. Only a science obsessed age could fail to comprehend that this is its great virtue, not its defect."[2] Rather than precisely state when and how I will use each term in this paper, I will just point out that I have used "crying" generically and other words contextually.

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[1]Schafer, A New Language, p. 267.

[2]John Fowles, Daniel Martin (New York: Signet Books, 1977), p. 90.

CHAPTER II

THE PHYSIOLOGY OF CRYING

The Lacrimal Apparatus

Two sets of tear producing lacrimal glands, the accessory gland and the main gland, are above each eye, under the eyelid. One set, the accessory lacrimal gland, provides the tear fluid which is basic to normal eye functioning. This fluid makes up the middle layer of a tear film which coats the eye in order to provide a high-quality optic surface. Tears contain an antibacterial agent which helps to fight infection. In addition, the fluid cleanses the eye of cell debris and facilitates blinking by lubrication. So long as the accessory glands are functional, they provide sufficient tears for comfort. In newborns, the accessory gland is believed to be the only lacrimal supply for an indeterminate period after birth. The secretion of the accessory gland decreases with age. This is also the tear producing gland which functions during sleep. The accessory glands are not involved in psychogenic weeping.

The main lacrimal gland is the reflex secretor. When the normal tear production of the accessory gland is insufficient, it provides increased fluid. The main lacrimal gland may be stimulated by several means. Tearing

takes place when the peripheral sensory nerve endings are stimulated abnormally by trauma, inflammation, foreign bodies, chemicals, gases, heat and wind. Overstimulation of the retina by too much light also results in reflex tearing. Psychic tear production also results from stimulation function of the main lacrimal gland.

Tears are composed of small amounts of dissolved inorganic salts, glucose, urea, and protein. Tears contain some of the same constituents as are found in blood plasma, but in greater dilution. The pH of tears is about 7.4, which is also similar to that of blood. Tears and amniotic fluid are also chemically similar.

Approximately 1 ml. a day is the normal amount of tear production. Ninety percent of the fluid is removed by the excretory system and the remainder by evaporation. The excretory system consists of the lacrimal duct in the corner of the eye which leads into the lacrimal sac and empties into the nasal passages through the nasolacrimal duct. The so-called lacrimal pump represents a complicated interplay of the eyelids and their tarsal and perseptal muscles. This pumping action helps facilitate the drainage of excess fluid. The lacrimal pump also serves to draw the tears from the accessory gland onto the surface of the eye during blinking.

Innervation of the Lacrimal Apparatus

The afferent pathway for the transmission of the

signals for reflex tear production by the main lacrimal gland is along the fifth cranial nerve. The signal, when it originates with peripheral sensory or retinal stimulation, travels through the trigeminal ganglion to the lacrimal nucleus which is located in the pons. When the stimulation is psychogenic, the signal apparently travels from the frontal cerebral cortex, the basal ganglia, the thalamus, the hypothalmus or the cervical sympathetic ganglia to the lacrimal nucleus. The efferent pathway from the lacrimal nucleus is the seventh cranial nerve.

Tear Dysfuntion

Deficiencies of tear production are relatively rare. In childhood, congenital absence of tearing is most commonly due to defective or incomplete development of the lacrimal glands. One or both eyes may be affected from birth. Disturbances of salivation sometimes accompany this disorder. Neurogenic abnormalities, especially abnormalities of the cranial nerves, may also cause congenital alacrima. A familial, autonomic dysfunction, Riley-Day syndrome, includes decreased or complete absence of lacrimation.

Deficiencies of tear production are more commonly developed in adulthood. The incidence of tear deficiency (KCS: Keratoconjunctivitis sicca) is highest in women in the 50-60 year old age group. The onset is gradual and fluctuates in severity. Because of the age group affected,

it has been suggested that this symptom is related to estrogen deficiency. Clinical experience suggests that estrogen replacement is beneficial in treating this group of patients. When KCS occurs as part of a larger systemic involvement, as in Sjörgen's syndrome, it is part of a triad of symptoms: dry eyes, dry mouth and arthritis.

Excessive tearing is encountered with paralysis of the cranial nerves and with certain systemic diseases. Spontaneous, uncontrolled weeping is a symptom which is associated with a variety of central nervous system disorders, including multiple sclerosis. Brain tumors may also produce uncontrollable outbursts of crying. It is believed that the inhibitors in the limbic system are disturbed by these disorders.

The Limbic System

As with the physiology of emotional expression generally, there is much that is not known about the ways in which the autonomic nervous system functions in psychogenic tear production. The lacrimal nucleus is part of the limbic system. The basic function of the limbic system is thought to be the regulation of instinctive behavior, and biological functions and rhythms. Presumably, this would include the regulation of the crying response. Since this so-called reptilian brain is related to a similarly functioning structure in lower orders of animals, it would presumably also be involved in regulating the tearless distress crying of animals

and the hunger cries of young animals.

In humans, the limbic system has adapted to serve functions related to emotion, attention, memory and learning. The question of the emotional function of the limbic brain and its relationship to the neocortex, the source of reason and language, has been the object of research in animals and, to a limited extent, in humans. Further research in this area offers exciting potential for establishing the relationship between reason and emotion, and between emotion and learning, and would further the understanding of psychogenic tear production.

The relationship of emotion and reason has occupied thinkers beginning, to our historical knowledge, with the ancient Greeks. Crying is a fascinating example of the question. Adults speak of crying as becoming irrational. When and to what extent this may be true appears to be related to the interworkings of the limbic system and the neocortex. In a 1976 Atlas of the Body and Mind, appeared the following:

> Owing to the connections between the limbic system and the cortex, emotion is open to the influence of reason and reason may similarly be affected by emotion. Indeed, the balance between these brain areas is relatively easily disturbed. . . . In extreme conditions, emotions can distort perception out of all relation to reality; in a milder form, this is the everyday experience of us all.[1]

The woman quoted in the introduction who said, "I cry and then I become more rational," raises the question of

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[1] Atlas of the Body and Mind (New York: Rand McNally and Company, 1976), p. 116.

whether crying might, at times, be a means of restoring the balance between emotion and reason. The related statement made by another woman, "I get irrational when I am trying not to cry," raises several other issues, in addition to maintenance of balance. First of all, what is the stimulation-inhibition relationship in lacrimal secretion? Are there neurological inhibitors which function in concert with the stimulators to keep one from crying? What is the effect of learning, experience and memory in producing emotional response?

The hippocampus, which is part of the limbic system, serves the function of selectivity of attention to the environment and relates this attention to memory. In addition, the limbic system facilitates learning through the reward and punishment centers which enable humans to assess the results of their actions and determine whether it is desirable to repeat them. Since crying is an inborn mechanism which is present in every newborn, the issue of how learning and memory affect its elaboration throughout life is crucial.

Moving from the glandular and neurological physiology of crying to the involvement of muscles, respiratory apparatus, and the circulatory system, little material is available in the literature. Whether this is due to the specialization of medicine or to the lack of interest in this subject or to some other cause is not known.

Darwin's Study of Weeping

Darwin's work, The Expression of the Emotions in Man and Animals, grew out of his interest in evolution. He believed that behavior evolved in the same manner as organs evolved. As he stated: "He who admits on general grounds that the structure and habits of all animals have been gradually evolved, will look at the whole subject of expression (of emotion) in a new and interesting light."[1]

Darwin's research, even though it was begun in 1838, still provides a model in focus and comprehensiveness for the type of research needed to answer some of the unanswered questions about psychogenic crying. His methodology included research in six areas. He observed infants because, as he put it, ". . .they exhibit many emotions with extraordinary force; whereas, in after life, some of our expressions cease to have the pure and simple source from which they sprang in infancy."[2] He studied the "insane" because, ". . . they are liable to the strongest passions and give uncontrolled vent to them."[3] He used photographs of faces which he administered as a test to see how much consensus there would be among respondents as to what emotion was being expressed in the pictures. He studied the great masters in painting and sculpture, but concluded that because their chief object was beauty, and since strongly contorted facial muscles are

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[1]Charles Darwin, The Expression of the Emotions in Man and Animals (Chicago: The University of Chicago Press, 1965), p. 12. [2]Ibid., p. 13. [3]Ibid.

not considered beautiful, they were not much help.[1] Both his animal studies and his cross-cultural studies reflected his interest in evolution. He felt his theory would be supported if facial and bodily expressions were found to be associated with the same emotions cross-culturally, because then it could be inferred that such expressions are innate or instinctive.

Darwin formulated three principles of expression which are of interest in relation to crying. The first is the principle of serviceable associated habits:

> Certain complex actions are of direct or indirect service under certain states of the mind, in order to relieve or gratify certain sensations, desires, etc.; and whenever the same state of mind is induced, however feebly, there is a tendency through the force of habit and association for the same movements to be performed, though they may not then be of the least use.[2]

He theorized that since muscles varied according to how much they could be controlled by the will, those least under voluntary control would be most likely to respond habitually. He noted that the muscles at the angles of the mouth were the first to contract in a young child inclined to cry. In an

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[1]Perhaps Darwin had not learned of the method used by the Spanish sculptor, Francisco Zarcillo, noted in Ripley's Believe It or Not (New York: Pocket Books, Inc., August 1961), p. 53. In order to find a model for his work, LaDolorosa (The Lady of Sorrows), he tricked his daughter into modeling the proper emotion by sending her a letter falsely announcing the suicide of her fiance. She burst into tears and Zarcillo hurridly sketched her and then explained his ruse.

[2]Darwin, Expression, p. 28.

older child, the upper lip was often the first to contract, perhaps because they do not scream so loudly and therefore do not need wide open mouths.

Applying his principle of serviceable associated habits to adults, Darwin wrote:

> I have myself felt, and have observed in other grownup persons, that when tears are restrained with difficulty, as in reading a pathetic story, it is almost impossible to prevent the various muscles, which with young children are brought into strong action during their screaming fits, from slightly twitching or trembling.[1]

For the psychotherapist, this principle is a mainstay of clinical practice where affect is monitored by nonverbal cues. Some people who may not be conscious of the urge to cry, may have reddened eyes or an excessive amount of tear fluid present. Still others go through some of the motions of crying such as removing glasses, wiping the corners of their eyes or blowing their noses without any physical evidence of tearing. Quivering around the mouth can also be noted when there is no sign of tears.

The second principle of expression is the principle of antithesis. According to this principle, when a state of mind is induced, there may be ". . . a strong and involuntary tendency to the performance of movements of a directly opposite nature."[2] Laughing to keep from crying is an example of this principle as are sighing or breathing deeply to avert crying either consciously or unconsciously by means of respiratory antithesis. Swallowing hard or blinking actively may also serve to

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[1] Ibid. [2] Ibid., p. 152.

check crying. One patient clenched her hands and her entire body became rigid as she consciously fought off tears. Another person reported pressing hard on the chin with a clenched fist in order to check tears. Outbursts of anger or lighting of cigarettes are also examples of antithetical expressive behavior.

The third principle is that of actions due to thresholds of the nervous system which are independent of will and, to a certain extent, of habit.

> When the sensorium is strongly excited, nerve-force is generated in excess, and is transmitted in certain definite directions, depending on the connection of the nerve-cells and partly on habit . . . .[1]

This principle is consistent with Freud's early work where quantity of psychic stimulation was the variable determining the need for discharge. Accordingly, crying would occur when the psychic stimulation of emotion reached a certain threshold level.

According to his research plan, Darwin studied crying in infants thoroughly, particularly screaming or, as he called it, the "crying-fit." He described this state in detail: the eyes are firmly closed, the skin around the eyes is wrinkled, the forehead is contracted into a frown, the mouth is widely open with lips retracted so the mouth has an open, squarish form. Breath is inhaled spasmodically.

Describing the sequence of muscular contractions,

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[1] Ibid., p. 29.

Darwin noted that the baby's eyebrows raise first, producing lateral wrinkles across the forehead. Then the muscles in the brow contract, drawing the eyebrows downwards and inwards causing verticle furrows (a "frown") to appear between the eyebrows and the lateral wrinkles to disappear. Next, the muscles around the eye contract and wrinkles appear around the eyes. Then the muscles of the nose contract, drawing the eyebrows and forehead even lower, making wrinkles across the base of the nose, causing the muscles of the upper lip to contract, thereby raising the upper lip. When the lip is raised, it creates a fold on each cheek. This naso-labial fold is part of the characteristic expression of a crying child and is almost identical to the fold produced in laughing and smiling. Finally, the muscles at the angles of the mouth contract giving the mouth its oblong shape.

The initial raising of the eyebrows accompanies the inspiration of breath, as before a sneeze, although Darwin did not speak directly of the function of this action. The squeezing together of the brow and then the eyes, he speculated, had to do with the expulsion of tears, as well as with the sudden expiration of air when the expanded chest is forcibly compressed. He was particularly curious about why infants always close their eyes while crying. He believed that this served to provide support to the vascular system of the eye during acts of violent expiration (including laughing, coughing and sneezing). The contraction of the nostrils, which is like that seen in colds, serves to check the down-

ward flow of mucus and tears. The open, square shape of the mouth, he concluded, was simply to aid in maximizing vocalization.

He also observed that in older children and adults, the muscles around the eyes contract during weeping, but this is usually checked by voluntary restraint so as not to interfere with vision. He stated that frequently one notes the hands of children or adults laid on the eyelids during weeping, as if to better support and defend the eyeball. In adulthood, tears can be freely shed with eyelids open and brow unwrinkled. The respiratory sequence in the crying-fits of infants is characterized by prolonged expirations alternating with short rapid inspirations. Shoulders are usually raised, aiding the respiration effort. Darwin defined sobbing as the sound that is heard at the moment when the inspiration conquers the resistance of the glottis and air rushes into the chest. Such sobbing followed a crying-fit in an older infant. He observed, developmentally, that sobbing did not appear until the fourth or fifth month. His theory about sobbing related to the issue of voluntary control:

> The respiratory movements are partly voluntary and partly involuntary, and I apprehend that sobbing is at least in part due to children having some power to command after early infancy their vocal organs and to stop their screams, but from having less power over their respiratory muscles, these continue for a time to act in an involuntary or spasmodic manner, after having been brought into violent action.[1]

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[1] Ibid., p. 156.

With advancing years, the habit of sobbing, as he defines it, can be completely checked.

The circulatory system, according to Darwin, responds to the muscular and respiratory activity during crying. The head, face and eyes are red because blood has been impeded from returning to the head due to violent expiratory action. He felt that the redness of the eyes themselves was due to the tears. He does not refer to the puffiness of the eyes following crying nor to whether this is related to engorgement with blood or to hyperactivity of the glands in production of tears.

Darwin's theory held that reflexive tears preceded emotional weeping in the evolutionary process. When the first ". . . primordial form became semi-terrestrial in its habits," particles of dust and debris could get into the eyes and cause irritation if they were not washed out. ". . . (O)n the principle of the radiation of nerve-force to adjoining nerve-cells, the lacrimal glands would be stimulated to secretion."[1] As this recurred often, the nerve-force would travel along accustomed channels until, ultimately, a slight irritation would cause tearing. Once this action was established, other stimulants applied to the eye surface would cause tears. With some, such as a cold wind, a blow on the nose, or a slap on the face, no direct function was being served.

Reflex tearing due to stimulation of the gland by

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[1] Ibid., p. 169.

the internal parts of the eye, along with reflex tearing from external stimulation, completes the anatomical equipment necessary for the evolution of psychic weeping. As human infants have cried their distress down through the generations of human history, their eyes have been stimulated internally. Darwin theorized that gradually, through habit, even a moderate amount of compression of the eyeball or moderate distension of vessels in the eye would come to act on the glands. The next evolutionary step he explained in this way:

> The secretion by a gland is remarkably free from the influence of the will; therefore, when with the advancing age of the individual, or with the advancing culture of the race, the habit of crying out or screaming is restrained, and there is consequently no distension of the blood vessels of the eye, it may nevertheless well happen that tears should still be secreted.[1]

Upon careful observation, Darwin found that babies did not usually secrete tears until somewhere after the 100th day of life. He felt that this was a case of ontogeny recapitulating phylogeny, because psychogenic weeping had been acquired quite late in the evolutionary process, after man branched off from the anthropomorphous apes which do not weep. The young of many animals do "cry" loudly as a call for help and because the exertion provides some relief and comfort. All vertebrates living on land have lacrimal equipment but only humans have evolved psychogenic tear production.

Darwin concludes his study of weeping with the following:

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[1] Ibid., p. 173.

> Although in accordance with this view, we must look at weeping as an incidental result, as purposeless as the secretion of tears from a blow outside the eye, or as a sneeze from the retina being affected by a bright light, yet this does not present any difficulty in our understanding how the secretion of tears serves as a relief to suffering. And by as much as the weeping is more violent or hysterical by so much will the relief be greater,--on the same principle that the writhing of the whole body, the grinding of the teeth, and the uttering of the piercing shrieks, all give relief under an agony of pain.[1]

Sandor Ferenczi, in his 1938 work, Thalassa, develops an evolutionary theory of sexuality. He does not mention tears in this work but some of his arguments are applicable to the function of tears. Beginning with the Darwinian theory of the evolution of primordial species into land-dwelling species, Ferenczi suggested that the development of the foetus in amniotic fluid was a recapitulation of that evolution. He wrote: ". . . the amniotic fluid represents a sea 'introjected,' as it were, into the womb of the mother. . . ." He then suggested that in earliest evolutionary stages, coitus represented an attempt to regain ". . . the moist, and nourishment-providing habitation of the sea, now lost . . . ."[2]

Chemically, tears are similar to both the ocean (note especially the salt content in both) and to amniotic fluid. In infancy, tears accompany the "cry" for nourishment and for the presence of the mother. Perhaps, symbolically,

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[1] Ibid., p. 175.

[2] Sandor Ferenczi, Thalassa: A Theory of Genitality (New York: The Psychoanalytic Quarterly, 1938), pp. 56, 62.

tears also represent oneness with the mother. Part of the relief which they provide might be in the symbolic return to oneness with the mother. The many legends about lakes or pools formed by the tears of sorrowing maidens may bring the symbolism of tears full-circle back to the waters of our evolutionary ancestors.

CHAPTER III

DEVELOPMENTAL ASPECTS OF CRYING

Psychoanalytic Object Relations Theory of Development

Psychoanalytic object relations theory, as defined by Otto Kernberg, is:

> . . . the study of the nature and origin of interpersonal relations, and of the nature and origin of intrapsychic structures deriving from, fixating, modifying, and reactivating past internalized relations with others in the context of present interpersonal relations.[1]

Arising from primitive units composed of self-image, object image and affect state, psychic structuring takes place in a developmental context which combines the psychosocial with the biological. Object relations theory, while rooted in psychoanalytic psychosexual theories of development, is based on advances in neurology and on clinical research into early object relations of the infant.

Kernberg described the focus of his recent work as being:

> . . . the 'boundary' or 'interface' regions relating intrapsychic structures to biological and especially neurophysiological, structures, on the one hand and to the interpersonal, psychosocial field, on the other.[2]

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[1] Otto Kernberg, Object Relations Theory and Clinical Psychoanalysis (New York: Jason Aronson, 1976), p. 56.

[2] Ibid., p. 55.

Crying falls precisely into that "boundary" or "interface" region. Crying is an inborn behavior which is clearly social in nature. Through the developmental and maturational processes, it undergoes many changes throughout the life cycle.

Object relations theory, in the work of Otto Kernberg, Margaret Mahler, Rene Spitz, John Bowlby and Edith Jacobson, is the theoretical framework for this study of crying. In tracing the vicissitudes of crying, the phases of the separation-individuation process provide a structure for ordering the data. While psychoanalytic object relations theory underlies this study, this application of the theory may also contribute to the expansion of that theory.

Kernberg outlines five specific areas in which object relations theory has contributed criteria for mental health and normality:

> (1) the depth and stability of internal relations with others; (2) the tolerance of ambivalence toward love objects; (3) the capacity for tolerating guilt and separation and for the working through of depressive crises; (4) the extent to which the self-concept is integrated; and (5) the extent to which behavior patterns correspond to the self-concept.[1]

In all five of these areas, an investigation of the developmental aspects of crying, particularly in the little-known area of the range of normal crying in the mentally healthy adult, offers the potential for expanding the use of these criteria.

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[1] Ibid., p. 59.

Crying as an inborn physiological mechanism exists in complex relationship to instinctual development, expression, and satisfaction. Crying is also a biological attachment behavior and as such it functions from birth in the reciprocal social dyad of the infant's object world. Crying as affective expression represents the complex interplay between the instincts and the environment. Beginning at birth and moving through the phases of separation-individuation, the nature and function of crying parallels and contributes to development in both areas. Libidinal and aggressive drive behavior begins to differentiate in the infant and is expressed in the appeals and the protests of crying. Eventually, in normal development, the two drives are integrated, making possible the development of an integrated self concept and stable, intimate relationships with others. Crying both illustrates and provides clues to the way this process takes place, and the psychopathological outcomes when it does not.

The Normal Autistic Phase

The first month of life is the normal autistic phase. Margaret Mahler describes the child of this age as existing in a state of primitive hallucinatory disorientation in which need satisfaction seems to belong to the baby's own omnipotent, autistic orbit.[1] Physiological processes pre-

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[1]Margaret Mahler, The Psychological Birth of the Human Infant, (New York: Basic Books, Inc., 1975).

dominate during this phase, which Freud described as controlled by the Nirvana or constancy principle. When physiological disequilibrium arises, brought about by hunger, temperature discomfort, or the intrusion of stimuli through the stimulus barrier (loud noise, for example), the child cries to attract the attention of the caretaking parent. Unable to restore equilibrium through its own efforts, the neonate appeals to the parent. Such crying behavior also exists in the young of other animals, for whom it is tearless, as it appears to be in human newborns.

In spite of the short time span covered by the phase of normal autism, it is the focus of the bulk of research and discussion of crying. Of the dozens of parenting manuals reviewed, only a small number mention management of crying past the neonate stage, and only Gesell deals with it at all past the toddler stage.

John Bowlby discussed crying as one inborn attachment behavior which functions by signaling the mother in order to bring her to the child. During the autistic phase, crying is a non-specific signal of distress which ". . . is emitted and either is responded to by the partner or is not responded to. When responded to, crying . . . commonly cease(s)."[1]

Most discussions of the function which crying serves at this stage point to the appeal to the partner for attention.

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[1]John Bowlby, Attachment, Vol. I of Attachment and Loss (2 vols.; New York: Basic Books, 1969), p. 246.

Bowlby is one of the few who discussed what every mother knows, that attention is far too mild a word for what the crying elicits. Crying, which is a signal of the baby's tension, actually creates a corresponding tension in the mother, thereby guaranteeing biologically that she will respond. The ways in which she will respond, of course, vary widely and are multi-determined. Comforting and need-fulfilling responses predominate. Some parents feel conflicted about responding too readily for fear of "spoiling" the child, although the dangers of over-gratification during early infancy are almost non-existent. In a later section, abusing parents who are unable to tolerate the tension produced by the infant's cries will be discussed. Other mothers, unable to quiet infants and unable to tolerate the tension, resort to cotton in their ears or closing the child away behind a closed door in a far corner of the dwelling.

Another variable in the mother's tension and response is the type of cry made by the infant. For example, the sharp cry of pain calls forth an immediate response, whereas the gradual buildup of the hunger cry may permit a more leisurely response. Crying from fatigue as a prelude to sleep is a pattern established by some infants. Their mothers learn by experience not to interfere in this process.

With the aid of sound spectographs, tape recordings, and computer technology, great strides are being made in research into the types of crying in infancy. Research has advanced knowledge in two areas: the early diagnosis of

abnormalities based on the type of cry and cracking the "code" of the types of cries in normal infants.

Special diagnostic attention has been drawn to the cries of newborns as one indication of possible abnormalities. A disease which results in a weak larynx was the first to be distinguished by its characteristic cry, cri du chat, because the mewing sounds of the afflicted baby resemble those of a cat.

Murray Feingold of the New England Medical Center in Boston, a specialist in mental retardation, in 1972 produced a series of tapes of cries which accompany certain rare disorders. These were made available to physicians for diagnostic studies. The cries varied from a hoarse, low cry associated with cretinism, to a growling cry and a weak whimper associated with other rare syndromes.[1]

Peter Ostwald and Philip Peltzman have conducted sound spectograph research on the cries of newborns at Langley Porter Neuropsychiatric Institute. Reporting on their findings in 1974, they noted that normal infants produced typical cries within a certain frequency range. Cries of pain were distinguishable by the sharp rise in pitch (several octaves) and a record of "wide-band noise."[2]

Ostwald and Peltzman recorded a total of 356 distress cries from 13 infants. Five of the infants were normal,

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[1]"Cri de Coeur," Newsweek, July 10, 1972, p. 97.

[2]Peter Ostwald and Philip Peltzman, "The Cry of the Human Infant," Scientific American, CCXXX (March, 1974), p. 84.

five were possibly abnormal (but not diagnosed), and three were abnormal. When they analyzed the pitch patterns, they found variations between the three groups. The cries of the abnormal infants reached a pitch above the range of normal infants. The possibly abnormal group overlapped the pitch ranges of the normal and abnormal infants. They found no significant difference in the duration of the cries between the three groups.

At about the same time, Taghi Modarressi at the University of Maryland did a study of the cries of normal infants. Tape recordings were analyzed for frequency, rhythm and volume in order to classify types of cries. In a report to the news media in 1972, he said:

> We have quite substantial evidence that you can differentiate the cries according to their frequencies. Now the team plans to use these results to monitor the reactions of mothers to their babies' cries and to extend their studies to discover how the crying pattern reflects the development of normal as well as abnormal babies.[1]

The expanded goal of Modarressi's research is significant because it goes beyond classification to the crucial interplay between the cry and the mother's response, which is of vital importance for the development of the child's internalized objects as well as for affective development in general.

That each individual child has a distinctive cry is a theory widely held, particularly by mothers. Two studies in 1965 made "cry-prints" of individual infants and documented the uniqueness of each child's cries. They found that, even

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[1]"Cri de Coeur," Newsweek, July 10, 1972, p. 97.

though the cries of one infant vary, they are still attributable to one particular infant.[1]

In 1967, a small sample of mothers were tested for their ability to recognize their newborn's cry. Tape recordings of cry sequences were played to the mothers. Within the first forty-eight hours after delivery, half of the mothers recognized their own infant's cry. After forty-eight hours had elapsed, every mother could distinguish her own child's cry. Data was also collected on the mother's night wakings in response to her own child's cries in a 3-4 bed rooming-in ward. On nights one to three after delivery, slightly more than half of the total wakings were in response to their own infant. By night four, virtually all wakings were in specific response to the mother's own infant.[2]

The lists of causes for crying that appear in child development literature include crying due to hunger, thirst, chilling, soiled diapers, anger, external stimuli (such as loud noise), fear, pain, loneliness, boredom, exercise of lungs, illness, fatigue and tension. Some authors verbally describe differences in types of cries. The hunger cry has been described in a number of ways. Stone and Church say it is ". . . violent, all-over crying; his whole body turns

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[1]J. F. Bosma, H. M. Truby and J. Lind, "Crying Motions of the Newborn Infant," cited by David Formby, "Maternal Recognition of Infant's Cry," Developmental Medicine and Child Neurology, IX (1967), p. 296.

[2]David Formby, "Maternal Recognition of Infant's Cry," Developmental Medicine and Child Neurology, IX (1967), pp. 293-298.

bright red, and he twists and squirms and flails his limbs."[1] Abrahamsen writes, "This cry starts loud, gradually fades away, and then stops. After a short interval it will begin again but this time, it will be louder and become a shrill scream."[2] Bowlby describes the hunger cry as starting gradually and becoming rhythmical.[3]

Lewis, in his work on language development, describes changes in the discomfort-cries of the baby. The neonate's cries are mostly front, narrow, vowel-like sounds, ranging from "a" to "ae," shrill and nasalized. Within a short time after birth, consonantal sounds begin to emerge, sounding like "w," "l," "n," and "h". By one month of age, sounds resembling labial and dental consonants appear, near to "m" and "n". Lewis, referring to Darwin's theories, relates these changes to changes in physiological functioning. The beginning stage is due to the total, open mouthed screaming of the newborn. The middle stage occurs when the crying is interrupted by partial closure of the mouth. The third state corresponds to the appearance of anticipatory sucking along with crying.[4]

Learning how to distinguish the child's reasons for crying and how to respond effectively requires some trial-and-

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[1]L. Joseph Stone and Joseph Church, Childhood and Adolescence (New York: Random House, 1957), p. 7.

[2]David Abrahamsen, The Emotional Care of Your Child (New York: Trident Press, 1969), p. 234.

[3]Bowlby, Attachment, p. 290.

[4]Morris Michael Lewis, Language, Thought and Personality (New York: Basic Books, 1963), pp. 26-27.

error behavior on the part of the caretaker. The proof of the pudding in determining the cause of crying lies in what Bowlby calls "terminators" of crying. Bowlby's remarks well describe the process of elimination:

> There are several means by which a mother identifies the cause of her baby's crying. When it is pain, the type of crying is likely to provide a clue. When it is external stimulus, she may herself have noticed the offending event. When it is hunger or cold, the circumstances are suggestive, and the provision of food or warmth is an effective test of the accuracy of her guess. When it is none of these things, a mother may be flummoxed.[1]

When the cause of crying cannot be determined, a group of socially derived responses may be effective. These responses include stimuli which are auditory, tactile and proprioceptive. Some examples are sounds, especially the human voice, non-nutritive sucking and rocking.

Bowlby reports on several studies of these social terminators of crying. Of the auditory terminators, it was found that, during the first week of life, infants respond to a rattle or bell, as well as to the human voice. By the second week, the human voice is more effective than the mechanical sounds. By the third week, a female voice is more effective than a male. After several weeks of life, the mother's voice is the most effective sound in terminating crying.

Studies of the use of the pacifier have generally confirmed that non-nutritive sucking is a source of calming

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[1]Bowlby, Attachment, p. 291.

many babies, although there is considerable variation from infant to infant. Some respond to the pacifier, others to their own hands, still others to neither one.

Rocking a baby has long been used as a means to quiet infants. There are two types of rocking; one in the arms of the mother, the other is mechanical, as a cradle or swing. In the former case, it is difficult to determine whether the cuddling or the rocking or the two in combination are responsible for quieting. Infants are variable in their response to the rocking chair. My oldest child responded contentedly to rocking with almost any distress. The youngest, however, would wiggle, squirm and thrash and continue crying. She did, however, respond positively to the rocking of a mechanical baby swing.

According to one carefully designed study of rocking in a crib, there was some variability in the babies' responses to slow speeds of rocking. However, when the speed of rocking was increased to sixty cycles a minute and above, every baby stopped crying and remained quiet. The babies' heart rates (which climb to 200 per minute during crying) were found to slow to non-crying levels with rocking, breathing became more regular and the babies relaxed.[1]

The March 31, 1975 edition of Newsweek reported the research of Dr. Hajime Murooka, a Tokyo obstetrician. He was looking for a natural way to calm babies during examinations

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[1]Bowlby, Attachment, pp. 293-294.

and speculated that some infant crying might be in reaction to loss of the prenatal environment. Murooka recorded intrauterine sounds by placing a microphone in the uterus of several pregnant women and recording the internal sounds. The report said:

> When he played back the amplified sounds to groups of screaming infants, almost every single one stopped crying--frequently in less than a minute--and many of them dropped off to sleep.[1]

His results were most dramatic with newborns under one month of age.

While it is correct to conceptualize the normal autistic phase as a state of primitive halucinatory disorientation, two factors should not be overlooked. First of all, while this does accurately describe the state of the infant, it certainly does not describe the state of the dyadic partner, the mother. She is a responding, thinking, stimulating organism interacting with the infant partner. Secondly, while the newborn state is decidedly primitive, responses of the infant do vary in relation to what is happening in his environment and with the type of caretaking received. Crying at this early stage is physical and not yet truly social, but the responses quickly begin to accumulate in the form of experience and memory and thereby affect the infant as he moves into the next phase.

Saul Rosenzweig wrote a brief article outlining a behavioral theory of cring as learned behavior. He postulated

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[1]"Lullaby From the Womb," Newsweek, March 31, 1975, pp. 71-72.

that crying is an unconditioned response which becomes reinforced by learning. Originally it is one of a number of ways of communicating needs available to the newborn, but the parental expectation that crying is the way babies communicate, reinforces crying and extinguishes the other behaviors. Crying then becomes generalized as a means of making wants known, even in situations that are not painful or sufficiently distressing to elicit crying as an unconditioned reflex. The parents train the baby but the baby also trains the parents. Rosenzweig goes on to say that crying may also come to be used as an anticipatory behavior to ward off distress. He speculates that when crying becomes too generalized a means of communication during infancy, it becomes a threat to later development because it undermines the socially necessary security in feeling understood.[1]

At the Mayo Clinic in the mid forties, a team of researchers did a thorough analysis of the crying of newborns in the hospital nursery. They observed and recorded the amounts of crying for a group of infants during a one-month period, looking for group patterns. Comparing the graphs of the amounts of crying over time, they concluded that there was a reciprocal relationship between crying and variations in nursing care: the more care, the less crying and vice versa. Their findings led to recommendations for changes in in nursing routines which decreased the amount of crying.[2]

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[1]Saul Rosenzweig, "Babies are Taught to Cry: A Hypothesis," Mental Hygiene, XXXVIII (1954), pp. 81-84.

[2]C. A. Aldrich, C. Sung and C. Knop, "The Crying of Newly Born Babies: I-The Community Phase, "Journal of Pediatrics, XXVI (1945), pp. 313-326.

They continued their research to focus on patterns of crying of individual infants, both in the nursery (for the first ten days of life) and 15 days immediately following at home. They found that crying in the nursery was in response to internal distress and was not a contagious phenomenon. They also found a wide range of duration of crying spells in the nursery, from daily averages of 48.2 minutes per day to 243 minutes per day. Data collected on incidence of crying spells after the infants were at home, showed that the average of 11.9 crying spells per baby per day in the nursery had decreased to 4.0 crying spells per day at home. While observers in the nursery attributed 48.5% of the crying spells to unknown causes, mothers classified only 19.8% as unknown. The study concluded that with an attuned mother and individualized infant care, crying is reduced and causes of crying are determined successfully most of the time. The amount of bias in the reporting by mother observers was not addressed.[1]

Another study focused on the relationship of excessive infant crying to parental response. Eighteen infants were studied over a six-month period, beginning at birth. Mothers were interviewed pre- and post-natally at frequent intervals. The authors state that there was wide variation in the ". . . frequency, intensity and duration of crying . . ." among the infant subjects. The amount of crying ranged from one hour per day to eleven hours per day.

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[1]Aldrich, et. al., "The Crying of Newly Born Babies: III-The Early Period at Home," Journal of Pediatrics, XXVII (1945), pp. 428-435.

At the end of the second week, the babies were divided into three groups, excessive crying, intermediate crying and low crying. The interaction between parents and infants in these three groups was then studied and compared. They found that:

> The parents of babies who cried excessively responded inappropriately and inconsistently to their infants' needs with overstimulation or with relative neglect. The infants who cried excessively did not develop security in interpersonal relationships to the same extent as those who cried very little.[1]

The insecurity in the high crying group was manifested by ". . . regurgitation, night waking, growth failure, nasal hyperfunction, increased muscle tension, variability in gastrointestinal functions. . . . They also had frequent illnesses."[2]

The Parent Partner During the Normal Autistic Phase

The mother of the infant in the normal autistic phase is undergoing the physical changes of her post-partum condition. In addition to fatigue, many women are described as being in a "labile" emotional state. The use of the word "labile," a chemical term for instability is of interest. Biologically, it appears that hormonal (chemical) changes of pregnancy contribute to this lability and to an increase in

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[1] Ann Stewart, et. al., "Excessive Infant Crying (Colic) in Relation to Parent Behavior," American Journal of Psychiatry, CX (1954), 693.

[2] Ibid.

crying. Some writers have speculated that biologically the mother's regressive behavior functions to prepare her for participation in affective interchanges with the neonate.

While most manuals on pregnancy and childbirth point to the normality of this "labile" state, many women do not take kindly to it, nor do their partners and friends. One such manual, refers to a study of post-partum crying spells and advises new mothers not to worry about them.

> Episodes of crying are particularly frequent in the period immediately after birth. One detailed study of thirty-nine women indicates that in the first ten days after delivery two out of three had spells of crying lasting at least five minutes. Many of these mothers, puzzled by their own behavior, declare that crying was quite uncharacteristic of them. The crying often seemed to be triggered by a feeling of 'increased vulnerability' or hypersensitivity to possible rejection. Some cried because they felt they had not received enough attention from their doctors on rounds or in the labor room. Others overreacted to their husbands' being a few minutes late or making some seemingly two-edged remark. Some women wept when husbands or roommate left them at the hospital. Others wept from anger at not getting enough help and consideration. Some cried for no discernible reason. These transient feelings of depression and upset are so common that they should not worry you. As time goes on most mothers feel better.[1]

In spite of soothing admonitions "not to worry," the fact remains that some new mothers are upset by their regressive behavior, particularly crying. They often feel as if they are "losing control," and in fact, describe their crying in those terms. In combination with physiological

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[1]The Boston Children's Medical Center, Pregnancy, Birth and the Newborn Baby (New York: Delacorte Press, 1971), p. 32.

and other types of stresses, the rigorous demands of dealing with a newborn child may evoke turmoil in even the most psychologically mature of mothers and fathers. These feelings make their mark on the all important "emotional climate" of the mother-child relationship which Spitz emphasizes.

> During his first few months affective perception and affects predominate the infant's experience, practically to the exclusion of all other modes of perception . . . the mother's emotional attitude, her affects will serve to orient the infant's affects and confer the quality of life on the infant's experience.[1]

To illustrate the struggles which even the "good-enough" mother may experience affectively, parenting manuals offer some interesting background information. These books also offer some evidence of trends in child rearing practices, although it is, of course, difficult to generalize about the diversities of American culture. Cross-cultural studies, while they might well be undertaken in the multi-cultural environment within American culture, or gleaned from anthropological studies, offer a fascinating area for further study but are beyond the confines of this discussion.

Checking the index for references to crying in the parenting manuals on the public library shelves, one finds an interesting range of advice about crying which is given to the parents of newborns. "Thou shalt not ignore the crying of a baby,"[2] headlined a section in one. "I strongly

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[1]Rene A. Spitz, The First Year of Life (New York: International Universities Press, 1965), p. 99.

[2]Fitzhugh Dodson, How to Parent (New York: Signet Books, 1970), p. 64.

suggest you respond to your baby's crying in a natural way," said another.[1] Many advise parents on how to respond to particular types of crying, with special emphasis on the dynamics of demand feeding. One book suggested that during the first few weeks the baby should routinely be offered food whenever it awoke crying, regardless of how recently it had been fed.[2] Dr. Spock, concluding several paragraphs on the subject, gave the following "rule of thumb":

> If a baby has been crying hard for 15 minutes or more and if it's more than 2 hours after the last feeding--or even it it's less than 2 hours after a very small feeding--give her another feeding. If this satisfies her and puts her to sleep, it's the right answer. If it's less than 2 hours after a full feeding, it's unlikely that she's hungry. Let her fuss or cry for 15 or 20 minutes more, if you can stand it, or give her a pacifier, and see if she won't go back to sleep. If she's crying harder than ever, there's no harm trying a feeding.[3]

Several of the books went beyond advice-giving to explore underlying concerns of parents which relate to crying. Guilt was a familiar theme in response to crying. One book reported several cases from a ten-year longitudinal study where loving, concerned, enthusiastic parents became

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[1]Burton White, The First Three Years of Life (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1975), p. 11.

[2]Stella Chess, Alexander Thomas and Herbert Birch, Your Child is a Person: A Psychological Approach to Parenthood Without Guilt (New York: The Viking Press, 1965), p. 56.

[3]Benjamin Spock, Baby and Child Care (New York: Pocket Books, 1976), pp. 216-217.

frustrated and self-reproaching because they were unsuccessful in quieting crying children and became convinced they had created deep-seated emotional problems in their child. They cite the case of Debbie:

> Her parents had studied the principles of self-demand before she was born and interpreted them as a rule to feed the baby whenever she showed discomfort. Debbie was fed or otherwise attended to faithfully each time she fussed . . . Indoctrinated to believe that a truly contented baby never cries and that good parents have babies who are always contented, the parents rushed to pacify her whenever she cried. . . . The parents' response to the child's crying was not producing the promised results: a happy, non-crying child with regular patterns. Instead, it was creating a weary and irritable pair whose originally joyous view of parenthood was rapidly becoming jaundiced.[1]

From the generally conceded biological fact that crying means something is wrong with the baby, has grown the guilt-induced notion that the baby's crying means there is something wrong with the parents.

The situation with abusing parents reflects a similar dynamic in the extreme. Steele and Pollock report on the circumstances of of attacks on abused infants in which crying often serves as a trigger for the abuse:

> . . . if anything interferes with the success of the parental care or enhances the parent's feelings of being unloved and inferior, the harsh, authoritative attitudes surge up and attack is likely to occur. The infant's part in this disturbance is accomplished by persistent, unassuaged crying, by failing to respond physically or emotionally in accordance with parental needs. . . . Quite often abusing par-

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[1]Chess, et al., pp. 55-56.

> ents tell us, 'When the baby cries like that it sounds just like mother (or father) yelling at me, and I can't stand it.' The perception of being criticized stirs up the parents' feelings of being inferior. It also increases the frustration of his need for love, and anger mounts.[1]

Two of the cases they cite illustrate the dynamics of abusing parents in response to the crying of the infant. Amy was the daughter of perfectionistic, wealthy and powerful parents who she described as wanting everything in perfect order and tasks done at once. With her infant son, Billy, Amy found herself shaking him spanking,him and choking him if he cried too much. While the dynamics are complex, the crying can be seen as the infant's expression that things are not perfect. Since Amy had had parents who liked perfection and were otherwise in a position to command perfection, one can speculate that when Any was a squalling infant refusing to be quieted, she represented a narcissistic injury to her parents, the blame for which was projected onto her. Growing up in this situation, Amy developed intense feelings of unworthiness which were triggered by Billy's crying and resulted in her attacks on him as an extension of her bad self.[2]

A second case, an abusing father, Larry, and his infant daughter, Maggie, illustrates how the parent's feelings of inadequacy can be fueled by an inability to quiet a

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[1]Brandt Steele and Carl Pollack, "A Psychiatric Study of Parents Who Abuse Infants and Small Children," in The Battered Child, ed. by Ray Helfer and Henry Kempe (Chicago: The University of Chicago Press, 1968), p. 130.

[2]Ibid., p. 132.

crying infant. On a day when Larry's vulnerabilities were particularly exposed, he was overwhelmed by Maggie's crying and lashed out at her.

> Feeling discouraged, hopeless and ignored, Larry went home, shamefacedly told Becky (his wife) he had lost his job, and asked her if she wanted to go with the children to her family. Saying nothing, Becky walked out of the house leaving Larry alone with Maggie. The baby began to cry. Larry tried to comfort her, but she kept on crying so he looked for her bottle. He could not find the bottle anywhere; the persistent crying and his feelings of frustration, helplessness, and ineffectuality became overwhelming . . . he shook Maggie severely and then hit her on the head.[1]

When Larry was interviewed later, he reported that when he struck the baby, he was in a "blurry" state and had a strange momentary feeling that he was hitting himself.

Otto Kernberg, in discussing the process of internalization of objects, pointed to the formation of primitive units composed of affect state, object-representation and self-representation. The three-part units begin to accumulate very early in infancy with repeated experiences of positive or negative interactions with care-taking objects. By ages three to four months, splitting of the positive and negative units takes place so that the primitive ego is protected against anxiety. With optimal development, the positive and negative are integrated beginning at ages two to three and ego development proceeds with affects, self and object images constellated around the integration. Splitting,

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[1]Steele and Pollack, "Parents Who Abuse ... .", pg. 134.

primitive projection and introjection give way to repression and defenses which relate to repression. Where development is less than optimal, splitting may continue as a defense against anxiety and ego weakness will result.

Crying relates directly to the processes of internalization of object relations and may, in fact, be a key factor in the process. In crying, all three aspects of the primitive unit, affect, self and object images, are in dynamic interaction from birth. Crying begins because of physiological tension or unpleasure or pain in the infant. Biologically, it is a call for response from the object. The affective climate of the responses, the timing of the responses, and the effectiveness of the responses in relieving the infant's distress accumulate over time. If the affective climate is predominantly positive, that is comforting and relieving of pain and unpleasure, and if the response is generally prompt so that great quantities of unpleasure are not associated with early crying, integration would proceed optimally. If these variables lead to continued frustration and increased quantities of agression, increased splitting will result.

Crying exists in the "boundary" region relating intrapsychic structures to neurophysiological structures and psychosocial interaction. Kernberg describes its role in the process whereby the self-object-affect units are formed. Physiological equilibrium is upset by hunger and

cannot be re-established by the infant. At that point, the hypothalamic hunger centers are activated, as are the general alerting responses of the reticular activating system, and the inborn behavior pattern, crying. At this time, also, the pain-punishment centers of the limbic system are also believed to be activated. As this experience is repeated, the baby's perception of his own crying is registered in limbic structures and this becomes an affective memory. As Kernberg describes this process:

> For example, when mother (by now expected) does not appear, the perceptions of darkness and cold, of increasing frustration and pain, and of increasing intensity and scope of crying and associated motor behavior are integrated into one experience under the affect 'rage.' In this context, rage anticipates the later, cognitively elaborated significance of this total experience in which intense, unpleasurable affect is linked with the perception of generalized motor and physiological discharge phenomena. As the baby cannot yet differentiate self from non-self, painful affect, painful visceral contractions, and the perception of a dark room belong to one, undifferentiated self-object representation--part of the prototype of the 'all bad' self-object representation. In contrast, the gratifying experience during the feeding situation builds up an affectively opposite 'all good' self image.[1]

While it is strictly speaking not affect but physiological tension which causes the newborn to cry, there is no question that the baby's crying is an affective experience for the parent. The parent's affect, as Spitz points out, is perceived by the infant and the accumulated affective memories color the affective development of the infant. As seen

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[1]Kernberg, Object Relations, p. 92.

in the cases of the abusing parents, Amy and Larry, the affective and behavioral responses of parents are based on the existence of those three-part units in their own psyche. The unmitigated crying of the infant may stir up regressive feelings of the "all bad" self-object representation in the parent, contributed to by experiences of painful non-gratification during infancy. Both Any and Larry identified with their crying infants as the "all-bad" undifferentiated self image, the "all-bad" object image and painful rageful affects. Those parents who have not integrated the good-bad split will experience the most difficulties with crying. However, to the extent that the integration of the good-bad self and object images is unstable or incomplete, or to the extent that the split is revived by regression, the response to the infant's crying will be affected in varying degrees. The crying, post-partum mother, for example, may well have difficulty accepting her own crying as "normal" because of the return of early painful (preverbal) affective memories and regression to early part-objects. While regressive behavior may help attune her to her infant, it may also serve to upset her equilibrium and revive the bad self image and object image.

The Normal Symbiotic Phase

By the beginning of the second month, the normal sym-

biotic phase has begun. Mahler defines symbiosis as:

> . . . that state of undifferentiation, of fusion with the mother, in which the 'I' is not yet differentiated from the 'not-I' and in which inside and outside are only gradually coming to be sensed as different.[1]

Normal symbiosis corresponds to the ascendency of the pleasure principle discussed by Freud. As experiences of gratification accumulate, the child cries in order to obtain pleasure and rid himself of unpleasure. Gradually, the infant begins to conceive of need-satisfaction (pleasure) as coming from a part-object within the common boundary of the symbiotic unit, while frustration (unpleasure) is split off and attributed to a bad part-object. Both gratification and frustration contribute to the gradual differentiation of the "I" from the "not-I". An excessive amount of frustration or deprivation will lead to anxiety and will impede the unfolding of the differentiation process. On the other hand, too much gratification is almost impossible during symbiosis. Many child care manuals point this out in their discussions of "spoiling." The developmental need for frustration will be amply met in the normal course of events. The baby must cry until the mother arrives, wait until the bottle is warmed or the diaper changed, or until his mother has figured out what he is crying about.

By the end of the first three months, symbiosis is well established. The maternal responses to crying and

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[1]Mahler, Psychological Birth, p. 44.

the infant's responses to mother are more smoothly coordinated than during the earlier months. Like the smiling response, the crying behavior of this age might also be called "non-specific." It is crying aimed at gratification. Crying is not yet for the mother, but is for gaining pleasure and discharging pain, since mother and child, from the child's viewpoint, share a common boundary.

If, however, the maternal response contains elements of any of the behaviors which Spitz called "psychological toxins," (overt rejection, anxious overpermissiveness, hostility in the guise of anxiety, oscillation between pampering and hostility, hostility consciously compensated or cyclical mood swings) crying may still be the source and/or symptom of a great deal of difficulty.[1] In the 1954 study of excessive infant crying mentioned earlier, the mothers in the high crying group showed high levels of anxiety while handling their infants. Their anxiety increased as the infants got older. These mothers showed great inconsistency in their response to the child (oscillation between pampering and hostility). For example, holding the babies for extremely long periods of time, up to ten or eleven hours a day, might alternate with long periods of holding the infants very little, not even during feedings. Sometimes the alterations took place at short intervals. Anxious overpermissiveness was noted in the fact that even very brief cry-

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[1]Spitz, The First Year of Life, pp. 210-266.

ing was intolerable to the mothers and they would initiate increasingly intense measures to relieve it. For example, holding was accompanied by patting, jiggling, stroking, tight holding, and frequent position changes. One infant was even left with a radio playing in his room at all hours. (One wonders whether this was to soothe the infant or drown out his crying so the parents could not hear.) In this group of excessively crying infants, the mothers' anxiety and the babies' crying continued to be high past the three month colic period when both usually abate.[1]

Inconsistency in feeding was also noted in the high crying group. At times, the babies were fed with extreme frequency, at other times, the mothers failed to feed them, even when the babies had not eaten for long periods of time and were showing definite signs of hunger.

During the symbiotic phase a gradual shift occurs from the purely tactile perceptions of the oral stage to visual perception, which emerges as the leading perceptive modality, making possible the beginnings of object formation and differentiation. The child crying from hunger is now able to perceive the mother's face, and gradually comes to associate that face with the need supplying object. According to Spitz:

> The addition of distance perception enriches the spectrum of perceptual sectors; it facilitates orientation and mastery; it expands the autono-

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[1]Stewart, et al., "Excessive Infant Crying," pp. 687-694.

> mous functions of the ego; and eventually contributes importantly to the primacy of the reality principle.[1]

When the child perceives the approaching adult visually, crying will stop in anticipation of being fed.

Phyllis Greenacre calls weeping an "affair of the eye." She links it developmentally to the establishment of visual perception during the symbiotic phase and the infant's ability to visually determine the presence or absence of the object.

> The weeper weeps because he does not see the person or the object which he has lost and must gradually accept the fact that his looking is in vain. The steps of establishing the reality of his loss must then be gone through as a kind of retracing of the steps originally involved in establishing the reality of the separate object. The eye is the most important sensory object in establishing a loss . . . The disappointed eye, failing to find the lost object, behaves very much like the physically irritated or traumatized eye which defends itself with the soothing tear lotion.[2]

Pető also describes the aim of emotional weeping as being the analogue of tear production in the removal of painful foreign material from the eyes. Emotional tears are aimed at getting rid of painful affect, a symbolic link to the split-off "foreign" painful, frustrating part-

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[1]Spitz, The First Year Of Life, p. 68.

[2]Phyllis Greenacre, "On the Development and Function of Tears," The Psychoanalytic Study of the Child, XX (1965), pp. 212-213.

object developing during symbiosis. Pető also points out that the body performs similarly with incontinence or vomiting associated with fear.[1]

Landauer makes a related point but expands it to encompass both pleasure and pain. In his view, crying represents both a pleasurable and unpleasurable discharge. The pleasure is in the function of the bodily ego, the unpleasure is the threat of loss of self or death.

> Death--even if it be only temporary--represents a danger, and in face of it the functioning of the vital processes appears desirable and intensified self-experience becomes pleasurable. Narcissistic pleasure in the bodily ego and its functioning, as well as in one's own experience and personality, is the great antidote to the intoxicating poison of the idea of losing oneself.[2]

The threat of "unpleasure" to the infant is ultimately death. However, the threat is not external but internal because infant and mother, during symbiosis, belong, in the child's view, to a common unit. Crying, in the symbiotic mode, wards off the loss of self and restores the omnipotent symbiotic dyad.

As the child reaches four or five months of age, what Mahler calls the "peak" of symbiosis, there are some moves in the direction of differentiation. As with smiling behavior at this time, crying is also becoming specific to the mother. Crying is now <u>for</u> the mother, her presence, her attention, or her feeding. Crying now communicates

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[1] E. Pető, "Weeping and Laughter," <u>International Journal of Psychoanalysis</u>, 27 (1946), pp. 129-133.

[2] Karl Landauer, "Affects, Passion and Temperament," <u>International Journal of Psychoanalysis</u>, XIX (1938), pp. 388-415.

affect in addition to physiological distress. The mother's job in response becomes that of emotional comfort of the child. Feeding routines by this age usually anticipate the hunger of the child, so that hunger cries are rarely necessary. Likewise, other physical needs can be anticipated by the mother so emotional needs predominate among the stimuli for crying. Greenacre relates this change to the increase in muscle coordination in combination with vision.

> The ability to sit up greatly increase(s) the range of vision and add(s) a more differentiated category of contact. It is my impression that weeping then develops as part of the emotions connected with seeing the strange and missing the familiar . . . seeing may become the most sensitive axis of the reaction to loss.[1]

While generalizations about cultural values relative to crying are highly speculative without further research, it appears that during the autistic, symbiotic and early subphases of separation-individuation, crying is more acceptable than at any other period of life. If the mother says, "Don't cry," it is usually in a soothing rather than commanding tone of voice. Crying <u>for</u> the mother at this stage may even provide narcissistic gratification for some mothers.

The development of eight-month stranger anxiety (or curiosity) marks the beginning of somatic differentiation of the child from the mother of symbiosis. Crying is often, but not always, associated with encounters with strangers at this age. Developmentally, stranger anxiety signals a num-

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[1]Greenacre, "On The Development and Function of Tears," p. 215.

ber of significant advances. Coenesthetic "reception" of early infancy (sensing is visceral, autonomic, and manifest by emotion) is supplanted by diacritic perception (through sense organs, centered in the cortex and manifest as cognitive processes). Because the infant now has sufficient stored memory traces, mental operations and action sequences of greater complexity can be carried out. This makes it possible for the infant to discharge emotion in a more specific and volitional manner. The pleasure principle is gradually being supplanted by the reality principle. Crying becomes more differentiated as the child begins to experience self as separate from mother. The child's affective experiences broaden as a wider range of discharge behaviors are available.

The Subphases of Separation-Individuation

The early practicing subphase is begun at the time when the infant can physically move away from the mother, usually by crawling in some fashion. Practicing proper is begun when the child can walk without assistance. This calls for a drastic change in the mother's relationship to the infant. As Spitz describes it:

> Until now the mother was free to gratify or not to gratify the needs and wishes of the child. Now she is forced to curb and to prevent the child's initiatives, just at that period at which the thrust of infantile activity is on the increase.[1]

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[1]Spitz, The First Year of Life, p. 181.

Feeding a hungry child, soothing a frightened one, comforting a sick one, in general dealing with tears of symbiosis, is a much less complicated affair than the one confronting a parent of a child who can move about on his own. Now the mother finds that, instead of seeking terminators for the child's crying, she herself may be making the child cry by her prohibitions.

During the transitional phase of early practicing, the mother may still be able to respond to her crying child as she did during symbiosis. Scooping a crawling infant up out of a potentially dangerous situation does not really constitute "discipline," and the child is easily distracted from his pursuits by the mother's presence. The struggles of autonomy during rapprochement and the anal phase in the middle of the second year firmly establish the change.

As the child moves through rapprochement, separation from the mother is established to the extent that the child begins to realize that his mother's wishes are not always identical to his own. As Mahler points out, this is a real blow to omnipotence and to the "bliss" of dual unity. The mother is also forced to give up whatever "bliss" there might have been for her in the dual unity. She and the child will be at odds. Tears take on a whole new dimension with the advent of temper tantrums and discipline. In fact, most crying at this age is from anger, from physical pain, or from fear, accompanied by that plaintive childhood plea, "I want my Mommy."

One child care manual advised parents of this changed role of tears:

> Tears are not to be confused with trauma. Children will protest what they don't like . . . Most parents learn when to wipe away tears and offer sympathy, and also when to adopt the firm tone of voice that means business.[1]

The authors point out that parents are often afraid of making their children unhappy and so try to discipline without tears. They illustrate with the following example:

> Mother wants to put out the light and say good night to Jimmy, but Jimmy, two and a half, whines for one more story.
>
> Mother says, 'No, Jimmy. You've had a story. Mommy has to get dinner.'
>
> Jimmy whines, 'Just one more.' This time his chin trembles.
>
> 'Tomorrow we'll have another.'
>
> Jimmy sobs loudly.
>
> Mother worries about the effect of his going to bed unhappy. 'I'll read just a short story,' as if she were not really countermanding her first decision. Jimmy smiles happily until the story is over, then begs for another. His mother finally does leave him crying anyhow.[2]

Crying is no longer indicative solely of a need in the child which requires a loving response from the mother. It is a complex indicator of the child's frustration and unhappiness. It comes to be used by most children as one of their means to move the parents to gratification. There is, however, a confusing message given to the child: "Crying will get you what you want because adults do not want you to cry."

The development of speech helps to decrease the

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[1] Chess, et al., Your Child is a Person, pp. 59-60.

[2] Ibid., p. 88.

need for crying as communication. Needs can be verbalized. Early speech is often food related, "cookie," "milk" or "more." The child is able to take an active part in obtaining gratification.

Mahler found that children in the 18-24 month age range showed the first signs of fighting back tears. Children in her study also first showed empathy for other crying children at this time.

In the rapprochement subphase, children typically show conflict around their separateness. They want to be separate and omnipotent, but they also want to have their wishes magically fulfilled without recognition that fulfillment comes from outside. Tears which accompany parental prohibitions may also be tears of protest or grief over the lost dual unity. During rapproachement the good mother and the bad mother, the good self and the bad self are split into separate units. Crying, which does not result in gratification, is associated with the bad mother and the bad self. Whatever social negativism which exists towards crying may be due to this association.

Crying as expulsion of the bad also results from the good-bad split. A children's song, even though it is meant to counter-balance some of the social negativism towards crying, promotes tears as a means of expelling the "sad" and the "mad".

"It's All Right to Cry"
by Carol Hall

It's all right to cry
Crying gets the sad out of you
It's all right to cry
It might make you feel better

Raindrops from your eyes
Washing all the mad out of you
Raindrops from your eyes
It might make you feel better[1]

By the time the child approaches the third year, the final subphase of separation-individuation is begun: consolidation of individuality and the beginnings of object constancy. According to Mahler, three conditions make it possible for the child to enter this subphase. First, trust and confidence that comes from regular relief of need tension is internalized as the intrapsychic representation of the mother. Second, there is cognitive acquisition of the symbolic representation of the internalized object. Third, maturation enables the child to neutralize drive energy, test reality, and tolerate frustration, anxiety and other affects.

These three conditions can be related to the decrease in crying at this age. The presence of an internalized need-satisfying whole object based on the affective memory of such an object makes crying out to the missing object unnecessary. Memory of the object is internalized as are memories of needs being met. A fictional account of crying as experienced by a ten-year old orphan girl is a sad but accurate example of the crying of a child without an internalized object.

> She had neither mother nor father and not even memories of them to sustain her. She occasionally experienced very disturbing feelings. Sometimes she felt an ache inside her that would not go away. It seemed then as though her life were very empty.

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[1]Carol Hall, "It's All Right to Cry," song copyrighted by Ms. Foundation for Women, Inc., 1972.

> She would cry for no reason at all, seemingly, and it frightened her when she did. She tried to be brave and put away her feelings when she did. 'I'm having one of my attacks again,' she would think, trying hard not to let people see her tears.[1]

Her emptiness and fright and not being able to verbalize the cause of the crying, are related to the preverbal experience of loss of the object.

John Bowlby makes some interesting observations in regard to the biological significance of maturation relative to crying.

> After their third birthday most children show attachment behavior less urgently and less frequently than before, and . . . this trend continues for some years, although attachment behavior never disappears completely . . . . What causes attachment behavior to become less readily and less intensely activated is not known. Experience no doubt plays some part . . . . Yet it seems unlikely that, in effecting the changes that come with age, experience is the sole influence. In the case of the major systems of instinctive behavior, changes of endocrine balance are well known to be of great importance. In the case of attachment behavior it seems likely that changes of endocrine balance are playing a principal role also. Evidence that attachment behavior continues to be rather more easily elicited in females than in males, would, if confirmed, support such a conclusion.[2]

Bowlby raises the issue of the endocrinological variable in crying at different ages and in different sexes. One study of crying in babies specifically checked for any differen-

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[1]Julie Edwards, Mandy (New York: Harper and Row, 1971), p. 5.

[2]Bowlby, Attachment, p. 261.

ces in crying based on sex; none was found.[1] Other infant studies divided their subjects into groups based on the amount of crying with no reference to sex. Gesell, who observed crying behavior from birth through adolescence, first noted a difference in male-female crying at age 10, but it is not until age 16 that the differences were well established. Since sexual differences in child rearing are known to begin much earlier than 10 ("big boys don't cry"), it is of interest that the stereotypical male-female difference in crying is apparently not established until pubertal changes are well under way.

The Role of the Superego in Crying

The importance of superego development in the affective sphere has been stressed by Edith Jacobson. Since, by the age of 3, primitive superego precursors are operating, it begins early to influence the course of affect discharge. Jacobson believes that the influence exerted by the superego over affects is primarily the production of guilt.

John Bowlby refers to one of Anna Freud's case observations at Hampstead Nursery of a boy aged 3 years and 2 months. When leaving him in the nursery, his mother told him to be a good boy and not cry or else she would not come back to visit him. Bowlby's focus was on the effects of the sepa-

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[1]Bayley, Nancy, "A Study of the Crying of Infants During Mental and Physical Tests," Journal of Genetic Psychology, 40 (1932), p. 327.

ration, but this example also serves to illustrate how the superego gets involved with producing guilt and conflict over crying.

> . . . Patrick tried to keep his promise and was not seen crying. Instead he would nod his head whenever anyone looked at him and assured himself and anybody who cared to listen that his mother would come for him, she would put on his overcoat and would take him home with her again. Whenever a listener seemed to believe him he was satisfied; whenever anybody contradicted him, he would burst into violent tears.[1]

Patrick was grieving about his mother's absence but had been prohibited to cry at the cost of his mother not coming back to see him. This parental prohibition of what is almost a reflexive response to loss carries the most severe of threats, permanent and total loss of the object.

In less severe circumstances, it carries the threat of the loss of the object's love. The situation referred to earlier whereby the child succeeds in obtaining gratification by crying because his parents do not want to see him cry is also internalizing a confusing, guilt and anxiety producing parental prohibition: crying threatens the very thing it is aimed to procure, the love of the object.

When parents want to deny their child's pain and unhappiness, they encourage the suppression of the child's tears. It is as though they feel reassured of the child's happiness by the absence of tears. Many confusing states may

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[1]John Bowlby, "Grief and Mourning in Infancy and Early Childhood," The Psychoanalytic Study of the Child, XV (1960), p. 22-23.

ensue for the child because of this, and crying behavior will be much affected. The parents of a young toddler I observed at a swimming pool evaluated their child's emotional state by the absence of tears. The child was making genuine sounds of distress crying when they began to take her into the water. She clung to her father. Her mother, trying to decide whether they should continue their efforts to interest her in the water, looked at her daughter's face and pronounced, "There are no tears, she is faking."

A child's tears may also break through his parents' attempts to deny their own unhappiness. No doubt Patrick's mother was feeling greatly pained by whatever circumstances forced her to leave Patrick at the nursery. If only Patrick would not cry, perhaps she would not have to feel and face her own pain and guilt. It is a lot of responsibility for a child to be the carrier of his parent's defenses.

A passage from Alice in Wonderland illustrates how another adult used distraction to keep the child from crying about loneliness which she, the adult, was attempting to deny.

> 'I wish I could manage to be glad,' the Queen said, 'Only I never can remember the rule. You must be very happy, living in this wood, and being glad whenever you like!'
>
> 'Only it is so very lonely here!' Alice said in a melancholy voice; and at the thought of her loneliness, two large tears came rolling down her cheeks.
>
> 'Oh, don't go on like that!' cried the poor Queen, wringing her hands in despair. 'Consider what a great girl you are. Consider what a long way you've come today. Consider what o'clock it is. Consider anything, only don't cry!'
>
> Alice could not help laughing at this, even in

> the midst of her tears. 'Can you keep from crying by considering things?' she asked.
> 'That's the way it's done,' the Queen said with great decision: 'Nobody can do two things at once, you know.'[1]

Distraction of a crying child is an art (or a trick, depending on the point of view), which some adults practice with great creativity, as did the Queen. Even when a very young child is crying from physical pain, many adults respond with distraction. If the child has scraped a knee on the sidewalk, they might say "Look what you did to the sidewalk," and try to get the child to laugh. Others rush to give the child a cookie or to turn on the television or all manner of other side-tracks. Children quickly get the message that these adults do not think crying acceptable and, along with other behaviors about which the adults have such opinions, they soon acquire the introjected parental prohibition so that if they cry, they feel guilt, even though the behavior may be beyond their power to control.

Landauer develops an interesting thesis in regard to the mother's behavior in response to crying. He points out that the cry of a distressed child summons the mother and "forces" her to set aside her own needs and activities in order to attend to him immediately. Not only do the child's tears make a powerful appeal to the mother's love, but, even stronger, to her sense of guilt.

So those who have to bring up children try to

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[1]Lewis Carroll, Alice in Wonderland (San Rafael, California: Classic Publishing Corporation, 1970), p. 132.

> subdue their emotional outbursts. This may have the effect of making the budding super-ego force the idea upon them that we ought not to have any affects: we must not allow ourselves to experience them, they must be destroyed. Daily the child witnesses how his mother suppresses her own affects and disavows her experiences. Her behavior sets the standard for him.[1]

This process would not totally be established during infancy, but cumulatively through early childhood. The overt teaching of parents, teachers and peers regarding "self control," and not being a "cry-baby" might reinforce this concept.

Some parents are uncomfortable with the child's pain, due to feeling threatened by regression or guilt or sense of failure. When her 19-year old daughter began crying in my office, one mother said "Stop crying! Get some self control! I never allowed myself to cry, not five times in over twenty-one years!" Her face was contorted with rigidity and anger aroused by the threat her daughter's crying posed. "Where would I be today if I had? My father died when I was eleven months old, my mother when I was seventeen. I had to take care of myself. Where would I be if I had broken down?"

The familiar threat, "Stop crying or I'll give you something to cry about," is a common parental method of response to crying. What can it mean to a child? It is the most constricting of double binds. How will the child be

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[1]Landauer, "Affects, Passion and Temperament," pp. 401-402.

able to stop cries of pain when threatened with more pain as punishment? Another confused and conflicted situation is set up when the parents first physically punish the child and then threaten to punish him more for his tears.

Gesell addressed these phenomena in a section on crying behavior:

> Crying tends to arouse so much emotion in the adult that it is easily misconstrued. In earlier centuries it was regarded as one of the major signs of the imperfection, 'the pettishness' of childhood. It figured in the discussions of infant damnation. St. Augustine believed in 'hereditary guilt,' but held that the crying of a baby was not sinful. Susannah Wesley took matters into her own efficient hands. She relates of her numerous offspring, 'When turned a year old (and some before) they were taught to fear the rod and to cry softly . . . and that most odious noise of the crying of children was rarely heard in the house . . .'
>
> But this was over two hundred years ago. A more rationalistic view is slowly gaining ground; because the liberating concept of organic evolution has made us conscious not of hereditary guilt, but of the biologic basis of the frailties of the child's nature. In the light of that liberating knowledge it is almost incredible that so many children should still be severly punished <u>because</u> they cry![1] Yes, children are punished <u>because</u> they cry!

Crying as a moral issue has gone culturally far beneath the surface. However, perhaps the remnants of that moral judgment operate in tandem with the more "rationalistic" view of which Gesell spoke. Even prior to Augustine, many philosophers made negative moral judgments about the appearance and expression of the emotions and passions. When reli-

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[1]Gesell, <u>et al.</u>, <u>The Child from Five to Ten,</u> p. 277.

gious thinkers took up the subject and the possibility of damnation of the soul was at stake, the issue became increasingly loaded. The questions are difficult to formulate, the answers difficult to find. From all appearances, however, the long history of the kind of thinking which encouraged the suppression of emotions and negatively judged those who did not, is lurking somewhere in the cultural unconscious and influencing values in ways that are difficult to calculate. A recent newspaper article was headlined, "Tears Become Campaign Issue." When Margaret Thatcher revealed that she sometimes "shed a few tears" after a stressful day, the opposition was indignant and insisted that this meant she was unfit for the office of Prime Minister of Great Britain. "Would everything stop while she got her hanky out?" an editorial asked.[1]

Pre-School and Latency Stages

In his developmental study, published in 1946, Dr. Gesell made longitudinal observations of the changes in crying behavior. His findings for each age group were:

> Four Years: Much crying. Also may whine if his wants are not met or if he has nothing interesting to play with.
> Five Years: Less crying, though may cry if angry, tired, cannot have own way. Crying now of shorter duration and can sometimes be controlled, tears held back. Little moodiness. 'Gets right over' crying.
> Five and a half years: Abrupt onset of temper tantrums

[1]"Tears Become Compaign Issue," San Francisco Chronicle, September 22, 1978, p. 15.

> with loud angry crying. Much crying at routines. Also excitement and fatigue bring on crying.
> Six years: If emotional explosions do come they come very rapidly. They come in different ways. Some children merely 'cry' . . . The children who 'burst into tears' are perhaps the most sensitive. They cry because things are not going right, because their feelings are hurt, because their mother spoke sharply to them, to a maid or to one of their siblings.
> Seven years: If he cries, his reasons are more subjective than formerly. He is disappointed because some gadget of his doesn't work or because what he was doing did not come out well. He cries because he thinks people don't like him . . . He also cries when he is physically hurt. Usually he tries to control his crying, especially if he is afraid someone will see him. He may even control it so completely that he merely says, 'I feel like crying.'
> Eight years: He bursts into tears for many reasons, especially when he is tired. He may be disappointed because something he wanted very much has been denied him; he may have had his feelings hurt, may have been criticized, or may have done something which he knew he should not have done. He cries less from inner confusion than he did earlier, but may cry over a sad dramatic episode in a movie or story.
> Nine years: He may cry but only if he gets mad enough or is really hurt. Cries only when emotions are overtaxed. May then cry if angry, over-tired, feelings hurt, or if wrongly accused.[1]

Through the latency years, crying decreases in frequency. Physical or emotional pain leads to crying. Fatigue is frequently associated with tearful outbursts. Much crying can be related to fear of loss of the object's love. Angry or frustrated crying often boils down to that fear. Fear of loss of love can extend beyond parental objects to friends and may be symbolically represented by other kinds of losses--in sports or games, or dead pets, for example. Gesell noted crying over movies or stories by age eight, but the capacity

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[1]Arnold Gesell, Frances Ilg, and Louise Bates Ames, The Child from Five to Ten (New York: Harper and Brothers, 1946), pp. 109, 144, 174, 201, and 292.

for such empathy and identification is not well established at that age. My children, ages nine and eleven, report that the only movies which brought them to tears were the animal movies, "Benji" and an animated story about Snoopy being in the hospital. The first time I recall crying about a story was at age ten over "Lassie Come Home." In an autobiographical work, Jessamyn West asks, "Why do children cry more and rejoice more for animals than for humans?"[1] Children identify more readily with the simple, anthropomorphized pain of animals than with the complexities of human drama.

During the latency years, children begin to pressure each other to cut down on crying. They use the taunt "cry-baby" when they sense that crying is too public or too inappropriate. I asked my nine-year old niece if she knew any cry-babies at school. She readily identified Bonnie and said disparagingly, "She even cried because her pockets were inside out." Freud described the reason why Bonnie is identified as a cry-baby and why she cried because her pockets were inside out.

> The undesirable result of 'spoiling' a young child is to magnify the importance of the danger of losing the object (the object being a protection against every situation of helplessness) in comparison with every other danger. It therefore encourages the individual to remain in the state of childhood, and the period of life which is characterized by motor and psychical helplessness.[2]

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[1]Jessamyn West, The Woman Said Yes (Greenwich, Connecticut: Fawcett Publications, Inc., 1976), p. 21.

[2]Sigmund Freud, Inhibition, Symptom and Anxiety (London: Hogarth Press, 1936), p. 93.

Bonnie apparently has been overly gratified in a way inappropriate to her age, so that her helplessness, even in the face of reversing her pockets or asking someone else to do so, overwhelms her.

In order to encourage (or hurry) the gradual turn of events with regard to crying, parents may begin to actively teach their children about the appropriateness of crying. Various "rules" are sometimes verbalized. To a young son she felt was too old to cry over mismatched socks, one mother said, "Crying is for broken legs and lost friends." Eleanor Roosevelt reported that her grandmother taught her that if she had to cry, she should spare others from seeing her tears by retiring to the bathroom. In a children's story for eight or nine year olds, the following exchange occurs:

> Lucy began to cry. 'Why Tina Small is probably my best friend, and I've never even seen her!' Uncle Pete limped over to Lucy. He patted her on the back. 'You know my rule--no tears in front of your uncle.' He looked hard at Mrs. Little. 'For goodness sake, say something nice to her. Tell her what we're having for dessert tonight.'[1]

Uncle Pete's kindly and well-intentioned admonition and attempt at diversion at least do not carry the message that crying is wrong, but rather something which you must not do in front of other people.

Infantile Autism

One of the observations frequently made of children

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[1]John Peterson, The Littles Take A Trip (New York: Scholastic Book Services, 1968), p. 22.

with infantile autism is that they do not cry, even when they are in great physical pain. Bruno Bettelheim in his book on autistic children wrote:

> Autistic children neither smile nor cry. The not smiling could be explained by their unhappiness. The not crying is due to the fact that crying is meant to bring a comforting response; a real one if someone is there, or an imaginary one as in lonely crying.
>
> If we in desperation feel sure that no one will respond to our crying, and if we cannot even conjure in imagination that someone would feel with us in our distress, then we do not cry.[1]

Describing the treatment process and the changes which took place in the case of Marcia, he wrote that the time came eventually, when she was crying at the briefest of separations from her counselor. She also learned to cry or scream in anger. Another child, Joey, had been able to cry on rare occasions in rage. Gradually, he was able to cry because he was sad.

In another section, Bettelheim, discussing the case of Frank, puts a much different slant on the question of crying and autism.

> It has been correctly observed that autistic children do not cry; or they cry only for no apparent reason, i.e. because of inner stimulation. This is true, when one thinks of controlled situations or of only those situations where normal children are apt to cry; that is, if one does not assiduously search for the cause. But Frank's 'crying for no apparent reason' did not occur without the stimulus of the baby buggy. Later on, in fact, when this stimulus-response was quite familiar to us and we would see Frank begin to cry, we would look about for a baby buggy somewhere. And though it

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[1]Bruno Bettelheim, The Empty Fortress (New York: The Free Press, 1967), p. 80.

> was never absent, it was usually too distant for us to have recognized it without the wailing of the child having brought it to our attention.[1]

In thinking about the crying behavior of severely disturbed children, a number of questions come to mind. First of all, are the children who do not cry because they have no hope of a response and have no internalized object, really the victims of anaclytic depression? Have they reached the third stage which Bowlby calls "despair," having abandoned all hope for response from the object? Did they once howl in protest and gradually give up hope and therefore give up crying as did the infants Bowlby studied? If not, was something amiss biologically at birth and was the absence of crying a symptom of some abnormality? Now that crying has come to be recognized as a diagnostic sign of certain congenital defects, something more can be learned about infantile autism.

The case of Frank raises further questions. His crying was first thought to be due to internal stimulation because the outer stimulation was not apparent to the observer, and because Frank could not verbalize it. The observation that autistic children do not cry where normal children are apt to cry, is an interesting line of pursuit which can be followed productively as more is known about what causes normal children to cry.

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[1]Bettelheim. The Empty Fortress, p. 432.

Adolescence

Beginning with pre-adolescence, the development of crying becomes increasingly idiosyncratic. Child development literature and research offers little information. A common description of children in this age group is that they are very touchy and burst into tears at the least little thing. Sensitive to slights from friends or family, angered at unpredictable stimuli, and prone to episodes of depression and withdrawal--the ups and downs of adolescence are familiar. Gesell's study, Youth, published in 1956, continues his earlier record of observations of crying through age sixteen.

> Ten years: Though Ten might cry when he's angry, on the whole he feels he's 'too old for that.' He stoically says he wouldn't cry if he 'got cut or couldn't go some place,' but he might if his father died. The very ones who formerly burst into tears now collect themselves and speak calmly. Though boys may have cried just as much or more than girls in the earlier years, the female's greater tendency to tears becomes clearly evident at ten years. Sadness is occasionally at the basis of tears but not very often. Anger is a more potent cause . . . His feelings may get hurt but not deeply. If they are hurt, many are still young enough to 'cry and go home.'
>
> Eleven years: Eleven is more apt to cry when he is angry than he was at ten. But his bursting into tears is as often over some trivial happening or when he is tired. Maybe a favored cover of a magazine was thrown out or his mother looked cross-eyed at him. Disappointments and hurt feelings bring on tears. Boys are just as apt to cry as girls. Eleven may even call himself a crybaby.
>
> Twelve years: Twelve might cry, especially if he is angry or moved to sadness, but on the whole he tries to hold back his tears. He may be just on the verge of tears, they may brim up into his eyes, but he stoically holds them back. Even when he is suffering pain, as being stung by a bee, he sets his jaw and is determined not to cry. He is more apt to cry at home than away, and if asked if he cries when he is at school he may say, 'Don't be ridiculous.'

> Thirteen years: Thirteen is not often seen crying but he is at times found crying in his room. Sometimes he cries in anger, but also often when 'things are just too bad.' Both boys and girls may cry because they haven't been asked to a party.
> Fourteen years: Crying is not common at fourteen but when it does occur there is usually a good reason behind it. It occurs more often than not when Fourteen is angry or when he is in one of his tangled states. Crying doesn't necessarily make Fourteen feel better. It reveals more the state underneath that has produced the crying. It may well be a call for help and shouldn't be treated lightly.
> Fifteen years: Since Fifteen is more apt to cry in private, others may not know of this expression of his emotional state. He (or more likely she) is most apt to cry when he is unhappy and generally discouraged and may find that crying is a 'sort of an outlet' or 'a means to relax.' Fifteen is also moved to tears by what happens to other people as depicted in stories and movies.
> Sixteen years: Sixteen seldom cries. Boys almost never cry. But girls are apt to cry on occasion. They might cry over a real disappointment or at those rare times when they might feel sorry for themselves. But they admit that crying doesn't really make them feel any better. A sad movie will invariably bring tears from a certain type of empathic girl, more often on the rotund side.[1]

Assuming that the unfortunate generalization about "rotund" sixteen-year old girls does not throw the rest of Dr. Gesell's observations in doubt, several trends can be noted in this year-to-year account. By age twelve, crying at physical pain seems to have diminished. Crying in anger is not mentioned after fourteen. By fifteen, crying is similar to adult crying. It is primarily a private experience, related to sadness, disappointment or loss. Sometimes it is a release of tension. Often it is related to the pain

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[1]Arnold Gesell, Frances Ilg, and Louise Bates Ames, Youth: The Years from Ten to Sixteen (New York: Harper and Brothers, 1956), pp. 52, 86, 101, 121-122, 154, 229, and 263.

and sorrow of others presented in dramatic form. The change between age fifteen, where crying is said to be "sort of an outlet," and sixteen, where "crying doesn't make them feel any better," is a reflection of the ambivalence about crying in the adult world. The sixteen-year old, moving closer to being a grown-up, would like to be sure to identify with what he perceives as the grown-up stance on the subject. Crying, by age fifteen or sixteen, is a rarity, particularly by comparison with the earlier childhood years. In ten-year olds, Gesell noted the first divergence of crying behavior by sex, he makes no further mention of sexual differences until age sixteen, when crying rarely occurs in girls, and almost never in boys.

Collection of further data from this age group would be most enlightening, as the patterns of childhood are being left behind and those of adult life being established. Particularly interesting would be the more specific precipitants for crying. When asked the usual reason for her crying, my twelve-year old daughter said it was when she was angry, "super angry." We both recalled a recent evening when she shed some tears over not being allowed to watch "Charlie's Angels." That was frustration enough, but the real insult was that her father pre-empted one TV for his own show, and her mother pre-empted the TV room for her studying. Could she really be talking about fear of loss of love when she spoke of being <u>super</u> angry? Usually when she is angry, she yells, screams or stomps out of the room. Crying,

associated with anger, represents a specific kind of protest over loss, as will be discussed in the next chapter.

The literature written for this age group offers some interesting clues to their experiences with crying and their attitudes towards it. In Are You There God? It's Me Margaret, the main character was very upset over not being able to complete an assignment for school because it went to the heart of her major identity conflict of the time, her choice of religion. The following is her description of the painful moment when she tried to explain her dilemma to the teacher:

> 'I really tried, Mr. Benedict. I'm--I'm sorry. I wanted to do better.' I knew I was going to cry. I couldn't say anything else so I ran out of the classroom.
>
> I got to the Girls' Room before the tears came. I could hear Mr. Benedict calling, 'Margaret, Margaret--' I didn't pay any attention. I splashed cold water on my face. Then I walked home slowly by myself.
>
> What was wrong with me anyway? When I was eleven I hardly ever cried. Now anything and everything could set me bawling.[1]

Freud made a developmental statement about crying in Inhibitions, Symptoms and Anxiety in 1926.

> It seems quite normal that at four years of age a girl should weep painfully if her doll is broken; or at six if her governess reproves her; or at sixteen, if she is slighted by her young man; or at twenty-five, perhaps if a child of her own dies. Each of these determinants of pain has its own time and each passes away when the time is over. Only the final and definitive determinants remain throughout life. We should think it strange if this same girl, after she had grown

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[1]Judy Blume, Are You There God? It's Me Margaret (New York: Dell Publishing Company, 1970), p. 144.

> to be a wife and mother were to cry over some worthless trinket that had been damaged. Yet that is how the neurotic behaves.[1]

He goes on to say that, in spite of having the ability to master stimuli, the neurotic adult behaves as if the old precipitants of anxiety, earlier danger situations, still existed. Freud felt it inappropriate for a grown woman to cry over a worthless trinket. If the woman had had a dream about the same worthless trinket, however, it would have been treated as a highly condensed symbol, perhaps neurotic, perhaps not. Stimuli for crying are similarly symbolic. Crying does change throughout life. It can become a symptom. It can be used defensively. It can contribute to a healthy mastery of stimuli in the mature ego. In all instances, however, the variables of development and experience are crucial.

Crying is present from birth. In spite of the changes it undergoes throughout life, and in spite of the fact that the determinants have "their own time" and pass away "when that time is over," there remains a "time to weep," throughout life. When such times occur, time present is always linked to time past.

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[1]Freud, Inhibitions, Symptoms and Anxiety, p. 73.

CHAPTER IV

WEEPING AND CRYING IN ADULTS

Theories of Crying

The study of adult weeping and crying is a humbling experience. The simple question, "Why do adults cry?" raises broad historical, cultural, metapsychological, philosophical, physiological, diagnostic, interpersonal and etiological questions. The question "Why?" leads to the questions of "When?", "Who?" and even, "Why not?" The temptation to distill all adult weeping to one basic affective or physiological component is countermanded by the wish to describe it in its total complexity. In either direction, there is the challenge to go beyond mere description to interpretation, but interpretation requires translation of this symbolic, highly personal, physiological and emotional act from the nonverbal to the verbal.

The literature on crying and weeping is very limited. The works taking a theoretical approach to adult crying are even fewer in number. They include a few articles in psychoanalytic journals, and one book, a work in philosophical anthropology first written in 1941 in German and later revised and translated into English.

Angelo Vitanza in 1960 wrote an article in which he divides crying into four types, each of which relates back to a different period in intrauterine development.[1] It is a regressive model and a developmental model simultaneously. The four types of crying develop from birth onward in a sequence which is the reverse order of the earlier foetal stages which they represent. As the child grows older and develops different types of crying behavior, he is simultaneously regressing to earlier developmental phases in utero. This difficult model is predicated on two premises: the existence of birth trauma (Rankian) and the death instinct.

The classification which Vitanza used divides crying into screaming, sobbing, weeping, and depression. Screaming, the cry of protest, reflects back to the birth cry. Sobbing, a rhythmic and muscular cry, relates to the period of labor. Weeping, the quiet production of tears, is the representation of foetal existence in the amniotic fluid. Depression, non-crying, is the expression of embryonic life, a "dry" existence, or non-existence.

While Vitanza's overall schema is fraught with philosophical, psychological and logical biases of nihilism, some of his specific points contribute to the understanding of crying. That crying in adults is regressive behavior and that such behavior is of differing types and reflects

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[1]Angelo A. Vitanza, "Toward A Theory of Crying," Psychoanalysis and the Psychoanalytic Review, XLVII (1960), pp. 65-79.

differing developmental phases is, for example, consistent with the developmental orientation of this paper. One of the aims of crying which he outlines is the ". . . re-obtaining of the lost love-object (other) by force (screaming) . . . ."[1] The angry crying of adults in interpersonal situations can be partly understood by this conceptualization. That this "re-obtaining" might involve a wish to return to the womb has already been suggested. Vitanza explores this in detail. In addition, one valuable contribution which Vitanza makes is to include in his classification and theory non-crying, the depression phase.

Vitanza makes few references to adult crying, although the references which do occur make clear that this is not strictly a model for infancy, but one of a "repetition compulsion," and "fixation" in later life. He uses the term "defense" to describe all crying since it serves to ward off anxiety and frustration. References to adults which appear include "screamers," adults who externalize their aggression and "scream" at the world. There was only one reference to any progressive development, a clinical vignette where he noted that with treatment the patient had changed a lifelong pattern of sobbing (fixated literally at her mother's difficult labor) to weeping. No discussion was made of regression in the mature ego, or of crying during grief, or of any progressive changes relating to underlying emotional states in the crying of adults.

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[1]Vitanza, "A Theory of Crying," p. 70.

In 1965 Börje Löfgren wrote a paper on crying which contains an excellent synopsis of the physiological and developmental aspects of weeping. He briefly traces crying behavior through-out the entire human life-cycle. He ventures into the largely uncharted territory of precipitants for weeping, relying, as he notes, on "common knowledge and so-called well-known facts."[1] He summarizes the situations in which weeping occurs in the following eight categories:

(1) Frustrating encounters with persons or things
(2) Bodily injury and pain
(3) Object loss
(4) Shame and humiliation
(5) Pity (and self-pity)
(6) 'Just moods,' 'happy endings,' weddings, joy, rage, etc.
(7) In the face of danger of various kinds, accompanied by a subjective experience of fear; and
(8) 'Pathological weeping'[2]

In addition, he mentions weeping for "unclear reasons." This list is helpful as a preliminary categorization of conscious stimuli and emotions which lead to crying. Category six, however, is not a discrete entity. Moods, happy endings, ceremonies, dramas, joy and rage represent distinct categories of stimuli and/or feelings. Several categories are not mentioned. Crying for the release of tension (non-specific) is one example. Crying at orgasm which is mentioned in the literature and which has been mentioned conversationally to me by colleagues, would not appear to fit into the above categories. Contagious weeping, which some people report,

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[1] Börje Löfgren, "On Weeping," International Journal of Psychoanalysis, XLVII (1966), p. 376.

[2] Ibid., p. 377.

could be added to the list. Löfgren did not mention that weeping often occurs when stimuli from several categories are accumulated. He also did not distinguish between internal and external stimuli, nor did he note that stimuli may be unconscious or displaced.

In the category of pathological weeping, Löfgren makes reference to crying which appears ego-alien to the weeping person and, further, does not inspire empathy or sympathy in the observer. (A colleague refers to this as "hollow" crying.) He also briefly discusses non-weeping as a pathological phenomena. He refers specifically to overwhelming grief without tears and to depression. He mentions the diagnostic categories schizophrenia and obsessive-compulsive character as two which show disturbances of the weeping mechanism but he does not elaborate.

In his discussion of subjective experiences of weeping, Löfgren mentions a range of possibilities. The crier may experience relief or non-relief. The mood may be heightened or purified. The person may feel shame. To this list can be added feelings of fear of going crazy because the crier has "lost control." The complaint is variously stated as "What's wrong with me, I can't stop crying," or "I shouldn't be crying like this, I have nothing to cry about." A few individuals get angry at themselves for crying and call themselves disparaging terms, such as "cry-baby." Fear of regression is also a factor in response, as when people say, "I'm acting like a baby."

Löfgren's primary thesis is ". . . that weeping is an act whereby aggressive energy is dissipated in secretory behavior."[1] Developmentally, he looks at adult weeping as a regression to temper tantrums which are reduced in intensity. Aggressive energy when non-neutralized is internalized and is self destructive. The danger, in the extreme, is the death of the individual. "Hence," he writes, ". . . the attempts to get rid of it by motor storm."[2] In support of this thesis, he refers to the concern commonly expressed when a bereaved person does not weep, and the belief that this is a dangerous situation. He does point out that alternative means of discharge or binding are also available to the individual. Tears are one means of dealing with the aggression. Löfgren does not attempt to reconcile his thesis about aggression with all the categories of weeping which he outlined in the paper. He does point out that libidinal energy can be freed of aggressive energy through weeping, thus making tenderness and love expressible without ambivalence.

Although Löfgren's approach is thorough and innovative, he has succumbed to one of the temptations noted earlier in this chapter: to reduce all weeping to a common psychological denominator, in this instance, anger. There is no doubt that some weeping is an expression of anger, but the weeping which comes from sadness has a different

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[1]Lofgren, "On Weeping," p. 379.

[2]Ibid.

dimension.

My own thesis is that crying in anger represents the first stage in the reaction to real, threatened, or symbolic loss. Angry crying discharges aggression and thereby may contribute to equilibrium and protect the ego from being overwhelmed by affect. It does not, in and of itself, contribute to mastery of loss. Angry weeping represents the infantile reaction to the missing object, protest and demand. The aim is to restore the lost object, not to deal with its loss. Weeping from sadness, on the other hand, represents an acknowledgment of and grieving for the loss which enables the weeper to give up the lost object and recathect new objects. Losses corresponding to the loss of object are loss of the object's love and/or loss of bodily parts, which correspond to the three sources of anxiety in childhood which continue in various forms into adulthood.

A Classification of Adult Crying

Three types of crying behavior--angry cries of protest, sad cries of mourning, and depressed non-crying are derived from Bowlby's work on grief and mourning. He outlines three stages of reaction to loss of the mother in the infant aged six months and over (by which time crying has become specific to the mother). The first stage is protest:

> . . . his initial response is to cry and seek to regain her. He will often cry loudly, shake his cot, throw himself about, and look eagerly

> towards any sight or sound which might prove to be his missing mother.[1]

The second stage is despair, when hope gives way to apathy and withdrawal, and when crying is intermittent and sad, described as a wail. The final stage, detachment, is a defensive maneuver of the infant who has not yet reached the stage of object constancy so is not able to let go of the object and work through the loss as can the adult.

The adult, in my view, who progresses through the stages of mourning like the infant and ends up in detachment, is the adult who undergoes a pathological grief process, rather than a working through which frees the ego for attachment to new aims and objects. The adult in this state, like the infant in detachment, is in a state of pathological depression without tears.

In a later article, Bowlby makes a similar observation about adults with pathological grief reactions who remain in the first phase of mourning, that of protest, with the focus on the recovery of the lost object. When the mourning process is successful in adults, Bowlby designates a third stage of reorganization.[2] The level of ego development particularly in the realm of good-bad object integration is a crucial variable in the mourning process. As Kernberg points out in his discussion of the borderline, even normal de-

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[1]John Bowlby, "Grief and Mourning in Infancy and Early Childhood." The Psychoanalytic Study of the Child, XV (1960), p. 15.

[2]John Bowlby, "Processes of Mourning." The International Journal of Psychoanalysis, XLII (1961), p. 331.

pression seems to require the integration of the good and bad part-objects. Symptomatic angry crying may well be related to the same phenomena in adults, as will be discussed in a later section.

Phyllis Greenacre wrote:

> Weeping occurs most commonly following a loss of a valued object--whether this be another human being, an animate or inanimate possession, or a part of the self--i.e. a part of one's own body, or a loss by diminution of the psychic self-image.[1]

Her observation is that the first response to loss is one of anger and the tears do not appear until the anger is spent. This is often the case although some adults do still cry during the angry phase.

In 1906 Alvin Borquist wrote an article on crying based on the responses to 200 questionnaires sent out to adults by G. Stanley Hall. Of one hundred and twenty-two angry cries described by the respondents, only eight were ascribed to adults or adolescents. Borquist went on to speculate that angry crying is infantile crying and that the grief cry occurs later developmentally. The respondents confirmed this theory when asked to describe how their crying habits had been modified by age. One person wrote, "The angry cry comes earlier than the grief cry." Another that ". . . the cry of the child is largely for the purpose of obtaining something. The cry of the adult is a cry of grief

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[1]Phyllis Greenacre, "Summary of Discussion Remarks on Dr. Löfgren's Paper," International Journal of Psychoanalysis, XLVII (1966), p. 382.

or of sympathy."[1]

The tears which set in after the anger relating to sadness over giving up what has been lost (or almost lost) are those which provide relief and contribute to mastery. There is a kind of "relief" of tension in angry crying, but it is temporary discharge, prone to repetition with similar provocation, not a working through.

A Spanish poet, Servero Catalina, in his poem, "El Llanto," describes the distinction between angry and sad tears:

> There are tears that are the poisonous
> Juice of ire: we do not speak of those
>
> There are tears that are the soft and beneficent
> Kind, rain in which are resolved the tempest storms
> Of heart.
>
> These are the tears that poets in justice call dew
> From heaven.
>
> Fortunate are those who have them!
>
> Tears come to be a treasure whose price
> Is not given to all to calculate and understand;
>
> They are, as Saint Augustine says: the blood
> Of the soul.
>
> There are not beings more miserable on this earth
> Than those beings who do not cry.
>
> Those who do not cry do not know what comfort is;
> They ignore what it is to feel.
>
> The sweetest of all sympathies is the
> Comraderie of tears.
>
> A tear is the poetic expression
> Of the intimate sentiments of the soul.[2]

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[1]Alvin Borquist, "Crying." The American Journal of Psychology, XVLL (April, 1906), p. 156.

[2]Severo Catalina, "El Llanto," translated by Ana Kowalkowska, from La Mujer (Madrid: Colecction Austral, 1954), pp. 159-164.

A woman in her early thirties described herself in an initial session as someone who had always cried easily. Through years of marriage to a controlling and demanding husband, she cried frequently in anger which she never verbalized and never admitted to herself that she felt. Finally, she left her husband, still without having given voice to her anger. Subsequently, he attempted suicide in her presence. From that moment, she had been unable to cry and unable to stop ruminating on her troubled feelings.

The crying of which this woman spoke was a motor and secretory discharge of anger which was repressed from consciousness. As discharge crying, it was effective in maintaining the defense and her equilibrium in the face of the unacceptable aggressive urges. However, in dealing with the real loss, she was unable to cry. She said, "I think if I could cry, I would feel better." If she could cry in anger, she would temporarily feel better, but if she could go on to cry in sadness, and if the crying was connected by conscious thought processes to the proper stimuli in the present, she would not only feel better, but be starting the process of working through. However, she was not able to cry in that way.

The developmental picture which unfolded was of the "baby" of the family, "spoiled and overprotected" (in her own words) by older brothers. She had grown up in Europe during the war years. The other family members wanted to protect her from the horrors to which they were subjected. She was

thereby forced to collude with their plan by denying the existence of the pain around her, perhaps only crying over displaced stimuli, or over feelings of helplessness growing out of overgratification. Like the Queen in "Alice in Wonderland," who did not want Alice to express the loneliness she too felt, this young child's elders wanted to be able to deny some part of their own painful reality by keeping the baby happy. The harsh reality of the suicide attempt in her presence she was unable to deny, but equally unable to confront emotionally.

A woman who was a member of a therapy group led by a colleague, was a chronic crier. She wept at almost every group session at slight provocation. One day, she began to weep as usual. No one took particular notice until she started smiling through her tears. When asked why she was smiling, she replied, "I just realized that I was crying because I was sad, not because I was angry!" She knew instinctively when she had progressed from the "poisonous" tears of anger to the soft, sympathetic, comforting tears of sadness.[1]

Depressed non-crying was called melancholia by Freud. He related it to a process of dealing with loss whereby libido, directed toward the lost object, is withdrawn into the ego where it is identified with the abandoned or lost object. The superego treats the ego as though it were the object so that

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[1]Norman Sohn, personal communication at the Convocation of the Institute for Clinical Social Work, Oakland, California, on September 23, 1978.

object-loss is transformed to ego-loss.[1] Several writers, including Jacobson and Dorpot[2] distinguish this type of depression from normal depression. Edith Jacobson describes the unfolding of this painful state during treatment:

> During treatment severely depressive patients who have withdrawn their libido from the object world may indeed display an intense longing for sadness. They may even consciously realize that could they only be sad and weep, they would 'feel for the world' again. And actually a relieving 'sweet sadness' may break through at the moment when they are achieving a libidinal recathexis of their lost love objects and of pleasant memories relating to them.[3]

Samuel Coleridge described this state in "Dejection: An Ode."

> Those sounds which oft have raised me . . .
> While they awed
> And sent my soul abroad
> Might now perhaps their wonted impulse give,
> Might startle this dull pain, and make it move
> and live!
>
> A grief without a pang, void, dark, and drear,
> A stifled drowsy unimpassioned grief,
> Which finds no natural outlet, no relief
> In word, or sigh, or tear--[4]

Since there is a significant body of work related to grief and mourning, it offers a rich resource for further research

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[1]Freud, Mourning and Melancholia, p. 249.

[2]Edith Jacobson, Depression (New York: International Universities Press, Inc., 1971) and T. L. Dorpot, "Depressive Affect," Psychoanalytic Study of the Child, XXXII (1977), pp. 3-26.

[3]Jacobson, Depression, p. 81.

[4]Samuel Taylor Coleridge, "Dejection: An Ode," ll. 17-24.

into crying and weeping. Erich Lindemann, in his classic study of the bereaved relatives of victims of the Cocoanut Grove fire, made note of hostile reactions during the grieving process. A forty-year old woman who lost her husband in the fire first reacted to the news of her husband's death by crying "bitterly."[1] The use of the term "bitter" suggests that this initial crying was of an angry, protesting type. John Bowlby hypothesized that the angry response to loss is biologically useful in that it is aimed at recovery of the lost object. By ". . . overcoming such obstacles as there may be to reunion and of discouraging the object from straying away again." He points out that total loss of the object is a rare event since most separations have a happy ending. Therefore, aggression as a normal first response to loss is highly functional in many situations. Weeping is always part of the stage of protest in children. With adults it is more often restrained although the anger is still present.[2]

The later cry in the grief process which involves sadness at the loss of and letting go of the object is illustrated in a case described by Edith Jacobson.

> Mrs. D . . . wept copiously when alone, dwelling on her memories of the beloved partner. She felt the need again and again to visit the same places in the mountains whose beauty they had enjoyed together. In her mourning state, the

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[1]Jacobson, Depression, p. 96.

[2]John Bowlby, "Processes of Mourning." The International Journal of Psychoanalysis, XLII (1961), p. 321.

> scenery would move her even more than before; but a beautiful view, a sunrise or sunset now evoked outbursts of weeping in association with her memories of the delight she had shared with her husband.[1]

The appearance of depression in a pathogenic grief reaction is illustrated by the case of Mrs. E., of whom Jacobson write:

> Mrs. E. responded to the loss of her sister with grief turning into chronic depression . . . her grief could not find frank expression because she could not face the depth of her loss.[2]

Crying in anger, crying in sadness, and non-crying in depression are all dramatic forms of the grieving process. Crying in sadness aids the working through process, freeing the ego for new libidinal investments. Both anger (not necessarily accompanied by tears) and depression are part of the working through process, as well. However, each alone can become an affective fixation which prevents separation from the lost object. Crying in bereavement offers fruitful ground for further study because of the high incidence of crying and because of the exaggerated affect and clear precipitants. Individual differences in bereavement also highlight variables relating to culture, sex, age, personality and qualitative differences in affect due to the relationship with the deceased.

The Harvard study, The First Year of Bereavement, published in 1974, for example, offers some fascinating data

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[1]Jacobson, Depression, p. 96.

[2]Jacobson, Depression, p. 98.

regarding the patterns of crying and feelings about crying in widows and widowers. In the interview, three weeks after the death of the spouse, twenty-five percent of the male subjects cried, while thirty-two percent of the females cried. One third of the men reported that they had been unable to cry at all, but "choked up" instead. One woman in eight reported the same phenomena.

Both men and women tended to equate self-control with strength. Most preferred not to cry in front of others. Many widows reported that they were discouraged from emotional expression by doctors, ministers and relatives. One woman's husband had instructed her before he died:

> Last year he said to me, 'If anything ever happens to me I don't want you to go to pieces. I want you to act like Jacqueline Kennedy--you know, very brave and courageous. You've got to have class,' he said, 'I just don't want you screaming and hollering.' So I just prayed to God to give me the courage to do that, and He did. I didn't even cry at the funeral.[1]

Both widows and widowers were self-condemning about crying. One man said:

> My expectation was that I would be brave but I actually wasn't. I didn't want to cry but I did. You never see a man cry at a wake, only women.[2]

The widows were more likely to welcome the relief of tears up to a point, but they became guilty and fearful if they felt

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[1] Ira Glick, Robert Weiss, and Murray Parkes, The First Year of Bereavement (New York: John Wiley and Sons, 1974), p. 60.

[2] Ibid., p. 264.

they were inflicting grief on others or were indulging the grief too long. At the end of the first year after the death of the spouse, forty percent of the men reported that they still cried occasionally in comparison with seventy-four percent of the women.

Helmuth Plessner's philosophic work, Laughing and Crying, includes a section on the classifications of crying which have appeared in the also sparse non-English language literature on the subject. A doctoral dissertation written by Charlotte Spitz in Leipzig in 1935 is entitled "Zur Psychologie des Weinens," (Toward a Psychology of Tears). She described a developmental succession of levels of crying. The first is "elemental crying," which is determined by physiological conditions. Plessner summarizes her concept:

> Its end is as sudden as its onset is violent. Since it takes place at a certain remoteness from the ego, it accords with the structure of primitive childish self-consciousness.[1]

The next level, Spitz calls "personal crying." This, she feels occurs at puberty with the establishment of independence of the external world which enables the individual to become more intimate with it. This kind of crying is based on emotions, feelings and moods. The final level is "spiritual (geistig) weeping" which is based on a "mature consciousness of self and world." Plessner describes her concept:

> Here man first feels himself involved in his inmost being, yet no longer addressed as a

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[1]Helmuth Plessner, Laughing and Crying, trans. by James Churchill and Marjorie Grene (Evanston: Northwestern University Press, 1970), p. 120.

> personal I. The thing itself strikes him and moves him to tears--immediately, like the physical cause at the primitive level, but inwardly and without mediation by reactive feeling, without reference to the condition and situation of his own person.[1]

Spitz's schema has definite merit in describing the developmental stages of crying. The elemental crying of childhood does not completely give way to personal crying until there is a sufficiently individuated person, although it begins to appear with the first phases of the separation-individuation process in infancy. The final stage, spiritual weeping, which Spitz proposes is a fascinating one. It is difficult to imagine a response which would induce tears and not be, in some way, mediated by the personal unconscious. However, this may be the very quality of affect which we call empathy and which is so elusive of definition. To be able to cry for the thing itself truly represents a mature consciousness and an advanced state of individuation. Such experiences would be rare and attached only to special kinds of stimuli. Tears when the astronauts step onto the moon, tears when Begin and Sadat first meet face to face, tears when the sun rises over a mountain--the responses could be mediated through the personal unconscious, but they could also be for the thing itself.

Charlotte Spitz also differentiated four forms which crying may take. The differences are based on a model of polarities of relaxation and tension. Her four types fall

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[1]Plessner, Laughing and Crying, pg. 121.

into two general categories based on the types of feelings expressed, and the degree of working out and working through to which the crying contributes. The two "tension" groups are represented by outbursts of crying, followed by fatigue and bitterness. The crier may be choked up with rage, pain or hate, or cry sluggishly with feelings of impotence, hopelessness or perplexity. External occurences may interact with internal states as in pain, remorse, worry, grief or disappointment. Unless there is what Spitz calls "inward maturing" during the crying episode, these tears do ". . . not free a person from a sense of aggrievement, do not eliminate the ache in one's heart."[1]

The two "relaxed" groups are characterized by crying to which the individual willingly submits. The tears bring reassurances, peace and comfort. The feelings are described as those of mourning, sadness, melancholy, longing, self-pity. Here would also come tears of joy, alleviation and reconciliation.

These two groups describe in different language the distinction made here between angry crying and sad crying. The "tension tears" discharge but do not contribute to working through. Sad crying, ("relaxed tears") is comforting and reassuring and contributes to the working through process.

Plessner criticizes Spitz's forms on one point, that they all relate crying to suffering. He comments, "That

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[1]Plessner, Laughing and Crying, p. 123.

man is reduced to tears cannot lie in deficiency alone."[1] He also points out that these forms of crying related only to the second developmental level of crying, the personal. Plessner overlooks the relationship between the personal and the impersonal, and the relationship between sorrow and joy.

As an undergraduate student of literature, I wrote a paper about the poetry of the Romantic period which I entitled,"'Tis a Gentle Luxury to Weep," from a line in Keats poem, "On Seeing The Elgin Marbles." In that paper I explored the relationship between melancholy and joy as it appeared in the poetry of that period. Only in infancy are laughter and joy truly opposites and, as we know, even opposition is a relationship. In adulthood, laughing and crying, joy and sorrow reflect and include each other but do not necessarily oppose each other. In Depression, Edith Jacobson writes of ". . . the undeniable closeness between sadness and joy, between weeping and laughter." Attempts to describe the relationship theoretically are inadequate compared to poetic expressions of it, as when Shelley wrote in "To a Skylark:"

> If we were things born
> Not to shed a tear,
> I know not how thy joy we
> ever should come near.[2]

Tears of Joy

Joseph Weiss, Sandor Feldman and Edmund Bergler have

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[1]Plessner, Laughing and Crying,

[2]Percy Byshe Shelley, "To a Skylark," ll. 93-95.

written articles on the question of the so-called "tears of joy," or "happy crying." All conclude similarly to Feldman, "There are no tears of joy, only tears of sorrow."[1]

Delay of affect is a mechanism to which both Weiss and Feldman attribute tears at a happy ending. A typical example would be stricken parents of a lost child who wait in tearless anguish during the search, but weep when reunited with the child. Certainly joy is present, but the tears of grief, fear and sadness, suppressed during the crisis, appear when it is over. This serves as a defense by the ego to prevent it being overwhelmed by affect. It enables one to function during the crisis by delaying the onslaught of affect until a more relaxed state is possible. Frequently, the expression, and even the noises which occur, are true mixtures of laughter and weeping. People often report laughing and crying at the same time.

As the plane touched down after a transcontinental flight taken by a friend of mine recently, she heard sounds coming from the flight attendants which were indistinguishable as laughter or crying. When she checked, she learned that they were laughing anxiously. The reason was that the plane had had a mechanical failure and the danger of crash landing, concealed from the passengers, was well known by the attendants. Their expression combined joy and relief with the terror suppressed prior to the safe landing.

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[1]Sandor Feldman, "Crying at the Happy Ending," Journal of the American Psychoanalytic Association, IV (1956), p. 45.

Feldman lists three additional dynamics which may operate with crying at the happy ending: guilt, memories of sad events stirred up by happiness, and the knowledge that neither joy nor life last forever. To illustrate the first, guilt, Feldman mentions a case of an unscrupulous business man who cried at the reconciliation of two feuding friends in a movie. The tears represented guilt at his behavior toward others and his longing for love and friendship which he sacrificed as a result. Although Feldman refers to tears of Miss America winners in another context, it seems that there might be a kind of winner's guilt operating also. The winner alone has been chosen at the expense of all the others. Her gain must be another's loss. Moreover, losing is a fate with which she can readily identify, having narrowly escaped it herself.

Memories of sad events stirred up by happiness are a familiar experience. A patient of mine, a woman in her early thirties, visited her home for the holidays. Her mother was very kind and caring toward her, in contrast to her memories of the treatment she had received in childhood. She wept at this kindness, saying, "Where was she when I was little and longed for her to take care of me!" The sadness of the past had been stirred up by the positive circumstances in the present.

The kind of sorrow in joy, an existential one, which is a recognition of the temporary nature of joy and of life, Feldman feels occurs only after one has faced mortality.

As he points out, little children do not cry at the happy ending, they smile. There is also a more neurotic tendency which may lead to this same phenomena in individuals who are made anxious, guilty or threatened with loss by success or joy. Edmund Bergler's brief paper deals with some of the dynamics which occur in this context.

Bergler contrasts the conscious reaction to the unconscious ones. As he points out, joy does not appear in isolation. There are periods of "dreary expectations" and periods when success is not forthcoming. In his view, these periods stir up psychic masochism, pleasure in displeasure, which does not simply disappear when the joy or success occurs. In his words, tears of happiness are:

> 1. Unconscious discharge of psychic masochism, prepared for the negative outcome.
> 2. Unconscious pleasure derived from masochistically tinged self-pity repeating in inner review the suffering preceding the favorable outcome.
> 3. Conscious rationalization of a paradox: since the individual is not conscious of mechanisms 1 and 2, an explanation satisfying logical thinking must be constructed.[1]

Bergler goes on to say, the role of the superego is crucial in tears of happiness. The superego, ". . . holds the ego 'personally responsible' for failure."[2] This judgment is particularly true where the narcissistic position of childhood, the omnipotence of the self, is still an operating principle.

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[1]Edmund Bergler, "Paradoxical Tears--Tears of Happiness," in Selected Papers of Edmund Bergler (New York: Grune and Stratton, 1969), p. 905.

[2]Ibid., p. 906.

A patient of Bergler's suggested that tear-fluid represented self-consolation, a kind of symbolic "milk" which is self-produced. The tears then represent ". . . a narcissistic negation of the external defeat, and a self-consolation in the form of a self-bestowed 'gift'."[1] The opposite might also be the case when an individual sees tears as evidence of failure, a humiliating confirmation of narcissistic injury. An example might be the tears shed by former President Nixon as he made his farewell speech before stepping into the helicopter at the White House following his resignation from the Presidency. The tears were part of the public humiliation. It is doubtful whether such tears offer any comfort or compensation, unless it is masochistic or aggressive. For example, there might have been a message to the public of his bitterness, using the tears to say, "See what you have done to me."

In a clinical case presentation entitled, "Weeping and Choking Up, A Psychoanalytic Study of Eruptive Affect," Joe Caston described the analysis of a woman who experienced an uncontrollable urge to weep at parades and pageants which she attended with her two children.[2] Caston thoroughly researched thirty themes which occured throughout her analysis, and then traced those specific ones which were occuring at the time of the weeping episodes. The relevant themes, he con-

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[1]Bergler, "Paradoxical Tears," p. 905.

[2]Joe Caston, "Weeping and Choking Up; A Psychoanalytic Study of Eruptive Affect," tape recorded lecture, San Francisco, California, June 1, 1976.

cluded, all had to do with loss and gain. He outlined six: (1) defectiveness and defect as loss; (2) loss by exclusion; (3) loss by departure of an important person; (4) humiliation; (5) wishes for the rescuer; and (6) elements of gain in acquisition of talents, inclusion, appearance of significant persons, gifts, and growth. Two important elements are illustrated in this presentation. The first is the complex pattern of conscious and unconscious stimuli present in a single instance of weeping at parades. The second is the interplay between loss and gain.

In loss there may be gain, in gain there may be loss. Awareness of one triggers awareness of the other. Tears may represent pain at one and joy at another simultaneously. Joy and sorrow, loss and gain, are not mutually exclusive, but are complexly interrelated within the psyche. Crying it self is an example. Most people do not like to cry and yet they may welcome it for its relieving properties in the types of crying where it does its work.

Crying and the Mature Ego

The ego of the woman in the above case description combined many internal and external stimuli from varying levels of development and consciousness in response to the stimuli of parades and pageants. E. M. Weinshel pointed to:

> . . . the 'elegance' with which the ego is often able to combine diverse psychic elements, emanating from varied sources and reflecting multiple levels of development,

into some semblance of unity and harmony.[1]

The crying response in adults is an example of such a unification by the ego.

The role of crying in the healthy adult ego has been largely unexplored, while the role of laughter has been much explored. Freud, in Wit and its Relation to the Unconscious, followed by many others, including Kris and Jacobson, looked at laughter as a regression to archaic motor pleasure which involves a lifting of inhibitory forces within the ego thereby permitting a return to infantile pleasures. Since crying is also an archaic behavior pattern associated with infantile pain, the ego process whereby this regression is permitted is similar. The superego, however, plays a pivotal role in the process. Jacobson says:

> . . . the superego . . . permits the laughter as a well-deserved reward; the successful ego can now afford to let down the defenses, regress to uncontrolled infantile pleasure, and find relief through the harmless channel of laughter.[2]

The superego, representing parental or social prohibitions against crying, may utilize regression to crying as punishment for guilt over failure. The woman described in Caston's case, for example, was ashamed, humiliated, and angry about weeping at parades. Gradually, as she came to understand the dynamics during analysis, she began going to parades, actively seeking out the stimuli which would help her to re-

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[1]E. M. Weinshel, "Some Psychoanalytic Considerations on Moods," International Journal of Psychoanalysis, LI (1970), p. 318.

[2]Jacobson, Depression, p. 48.

work the struggles with loss and gain in her life. Doubtless, her analyst's acceptance of her tears also helped to overcome the superego prohibitions which led to shame.

Hartmann writes of the ego's adaptive use of regression:

> But there are adaptations--successful ones, and not mere unsuccessful attempts--which use pathways of regression . . . (I refer to) . . . those highly adapted purposeful achievements of healthy people which--the generally justified contrasting of regressive and adapted behavior to the contrary not withstanding--require a detour through regression.[1]

Regression in the service of the ego is accepted as a necessary part of the treatment process where there is sufficient ego strength in the patient. It is necessary for sexual fulfillment and for laughter. It is also applicable in the adaptive use of crying. As Hartmann so beautifully stated it, the normal ego:

> . . . must be able to suspend, temporarily, even its most essential functions. An example of this is the so-called 'ego-loss' in intense sexual excitement . . . The normal ego must be <u>able</u> to control, but it must also be <u>able to must</u>.[2]

One of the problems in being "able to must" exists on a cultural level in the age old philosophical struggle between reason and emotion. Hartmann points out that the ego has become equated with one of its functions, rational thinking.

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[1]Heinz Hartmann, <u>Ego Psychology and the Problem of Adaptation</u> (New York: International Universities Press, 1958), p. 36.

[2]<u>Ibid</u>., p. 94.

He emphasizes that rational thinking organizes but does not replace the other functions. Rene Spitz approaches this same problem from a cultural standpoint when he suggests that the capacity for diacritic perception predominates in Western society although the capacity for coenesthetic perception continues throughout life.

> (Although coenesthetic organization) . . . has become muted in the consciousness of Western man, it continues to function convertly; what is more, it plays a momentous determining role in our feelings, our thinking, our actions--even though we try to keep it under wraps.[1]

Individuals who deviate from this norm are often considered "gifted," but they are also described as "high-strung" or "labile" personalities. In contrast, many non-Western societies value and encourage coenesthetic organization in adulthood. Special ceremonies and stimuli are often used in these societies to facilitate such regression:

> Among such adjuvants we may count fasting, solitide, darkness and abstinence--in one word stimulus deprivation. Or drugs, rhythm, sound, alcohol, breathing techniques, etc., may be enlisted to achieve a regression . . . This appears to be a regression in the service of a culturally determined ego ideal.[2]

Such adjuvants exist in this society, as well, and it is well known that they increase the likelihood of tears. Movies, plays and books, for example, are often the stimuli for tears. By removing the individual from the distractions of usual routines and then heightening stimuli dramatically,

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[1]Rene A. Spitz, The First Year of Life (New York: International Universities Press, 1965), p. 45.

[2]Ibid., pp. 136-137.

the ego is more susceptible to the affective response through identification. At the same time, the confined and artificial nature of the stimuli decrease the threat to the ego of being overwhelmed. Alcohol, by lowering inhibitions of the ego, also leads to increased incidence of tears in some individuals. Freud made a similar point in discussing the relationship between alcohol and laughter:

> Reason, which has stifled the pleasure in nonsense, has become so powerful that not even temporarily can it be abandoned without a toxic agency. The change in the state of mind is the most valuable thing that alcohol offers man, and that is the reason why this 'poison' is not equally dispensable for all people. The hilarious humor, whether due to endogenous origin or whether produced toxically, weakens the inhibiting forces, among which is reason, and thus, again makes accessible pleasure-sources, which are burdened by suppression.[1]

The same holds true for crying and the access to pain-sources which are burdened by suppression. Several times while I was discussing this paper at cocktail parties, people have begun crying while describing to me their experiences of crying.

The work of the ego in binding affects, and in defending against them is well known. It is also known that the ego may be overwhelmed by affect. However, the work of the ego in anticipating affects and using them purposefully is less well known. Otto Fenichel, in his article "The Ego

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[1]Sigmund Freud, Wit and its Relation to the Unconscious, in Standard Edition of the Complete Psychological Works of Sigmund Freud, ed. by J. Strachey, p. 79.

and The Affects," discusses the role of the healthy ego in "taming" affects for ego purposes. The healthy ego " . . . experiences affects, knows them, discharges them and uses them for its own purposes."[1] Crying is one of the means available to the ego for discharge.

While the healthy ego may "tame" affects and use them for its own purposes, it may also, at times, be flooded. The weak ego, on the other hand, is much more vulnerable to being overwhelmed. Affects and affect discharge display a different quality in such individuals and it is observable clinically. The ego may then be more rigid and defend more rigorously against affects and affect discharge, or there may be hyper-emotionality. The following discussion of defensive and symptomatic crying and non-crying will examine these issues in relation to crying.

Psychoanalytic Theory of Affect

Glover listed six of the ways in which affect has been conceptualized in psychoanalytic theory: qualitatively, in relation to the instinct from which it is derived, whether it is fixed or labile, primary or secondary, and simple or compound.[2] Each of these have applicability for an understanding of crying, which is not an affect but is an expression or discharge of affect.

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[1] Otto Fenichel, "The Ego and the Affects," Psychoanalytic Review, XXVIII (1941), p. 59.

[2] Edward Glover, "The Psychoanalysis of Affects," International Journal of Psychoanalysis, XX (1939), pp. 299-307.

The qualitative descriptions of affect are limited only by the boundaries of language. Almost every affect that can be listed may directly, through association, fusion, layering or displacement, figure in a crying response. Crying likewise can be linked to aggressive or libidinal strivings. It may be an expression of either or of the two in combination.

In considering whether affects are fixed or labile, much valuable work has been done theoretically and clinically on the question of moods. Certain "weepy" moods, for example, were discussed by Jacobson and would exemplify a fixed affective experience with frequent crying. "Eruptive affect," such as the crying at parades described by Caston, would be an example of "labile."

The work of Ernest Jones on the layering of affects is of particular importance in relation to crying. In Jones' formulation, layers are three-deep, with the conscious layer defending against two unconscious layers. The top layer, however, reveals through the return of the repressed, the original, now unconscious, affect. An example relevant to crying might be tears of anxiety over threatened object loss which defend against underlying guilt which is in turn a response to a basic anxiety over early object loss. A woman might cry because of fear that her husband's inattention meant she was losing him. These tears would represent a return of the repressed anxiety over helplessness in the face of earlier object loss such as abandonment by her father in childhood. The guilt, the intermediate unconscious level, would represent the super-

ego response to abandonment. "I am not worthy of attachment," or "I am responsible for my loss."[1] Numerous combinations are possible within this framework.

Affects may be either simple (singular) or compound. Compound affects are of two types: mixed or fused. Simple affects may relate to affects of different valences (positive or negative) which Kernberg noted may be split off from consciousness when the individual has not learned to tolerate their presence in an integrated state. Compound affects occur with integration as illustrated in Caston's case. Crying may reflect many different affects in various combinations. Marjorie Brierly in her 1936 article on affects, draws attention to the complexity of affect states:

> Almost all the affects we meet clinically are highly differentiated end-products. In as far as we are able to unravel the tangled skein of a composite affect, we lay bare a fragment of developmental history. We can not only trace history, we can see history in the making. We can watch the process of affect modification going on under our eyes.[2]

Affect modification with respect to crying during the treatment process will be discussed in a later section. Here, however, it is crucial to emphasize that crying is a "highly differentiated end-product" related to the individual's present and

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[1]When guilt is expressed over crying, it may be a displacement of the unconscious guilt due to the superego response to object loss rather than simply a direct guilt over the production of tears.

[2]Marjorie Brierley, "Affects in Theory and Practice," International Journal of Psychoanalysis, XVIII (1937), p. 2.

past. Crying can also be symbolic, and, as with other symbols, condensation is an important factor.

The preverbal nature of many affects has been emphasized by a number of theoreticians. Brierly wrote:

> This is, doubtless, one reason why some affects are so inaccessible and their associated phantasies so difficult to verbalize. They are, genetically pre-verbal. Affect language is older than speech. The infant uses its voice to convey its feelings long before it has any words . . . by such feeling-speech as crying . . . . Regression to feeling-speech is not infrequent in analysis of early infantile situations.[1]

The work of Max Schur sheds some light on the process of crying as regression. With maturation, he notes, there are parallel developments of secondary process, the motor apparatus, and the central nervous system which results in "desomatization" of reactions to stimuli. While this mastery process is progressive, somatic reactions never come under complete control. Physiological regression, or "resomatization," always remains as a threat to the ego. "Resomatization," is defined as the ". . . reappearance of discharge phenomena which were prevalent in infancy."[2] Crying is one of those phenomena.

Crying as Defense and Defenses Against Crying

Otto Fenichel, as did both Sigmund Freud and Anna

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[1]Brierly, "Affects in Theory and Practice," p. 265.

[2]Max Schur, "The Ego in Anxiety," in Drives, Affects, Behavior, ed. by Rudolph Loewenstein (New York: International Universities Press, 1953), p. 79.

Fenichel refers to examples of general emotional blocking which are usually related to character structure. Crying is rare in such individuals. Due to the rigidity of the ego, when affect does occur, it often takes the form of an "affect storm." One such patient, an obsessive-compulsive character I saw in therapy, seldom displayed affect. However, on several occasions early in treatment, while speaking in a very composed manner, she "burst" into violent crying without warning and without apparent precipitant. After a very short time, she regained complete composure and finished her sentence.

Crying may also be in the service of repression, as in the case described earlier, where the woman cried every time she was angry at her husband and then felt better without her anger becoming conscious. Crying may also function as a return of the repressed, disguising the unconscious idea in the present stimuli so that the ego does not recognize it. The woman Freud mentioned who cried over a broken trinket is an example, presuming that the trinket was linked to some unconscious loss from the past.

Displacement of affects.--Affects may be displaced in time, in object or both. Freud wrote that "wolf-man" did not show any reaction when his sister died, but burst into tears at Pushkin's grave. Here displacement in time and object occured in the same event. Crying at the happy ending is an example of displacement in time only. Crying at movies, plays and books is an example of displacement of object only.

Freud, divided defense mechanisms into defenses against instinct, against idea, and against affect. Fenichel, however, observed that even when drives and their ideational expressions are being warded off, it is in deference to the affective response of the ego. Therefore, he concluded, ". . . in the last analysis, any defense is a defense against affects."[1]

The following list of defenses against affect compiled by Fenichel, will be examined for their applicability to crying as a defense and for their use to defend against crying.

Blocking (repression) of affects.--The ego, having once been overwhelmed by affects, can react in similar situations to ward off consciousness of the affect. Feelings associated with crying or which might lead to crying might be warded off through repression. If crying is experienced as unpleasant or shameful, avoidance of crying may motivate repression of affect. (It is not correct to speak of "repressed" crying, although this does occasionally occur in the literature; it is like saying "repressed" kicking associated with anger.) The motor discharge can be warded off, but it is done through warding off the trigger affect. Suppression and avoidance of crying, however, do occur. Most adults are conscious of means whereby they suppress crying when it seems inevitable but not desirable. Others feel the urge to cry, but never actually shed tears.

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[1]Otto Fenichel, The Psychoanalytic Theory of Neurosis (New York: W. W. Norton and Co., Inc., 1945), p. 161.

Affect equivalents.--In this mechanism, affects are reduced to bodily sensations. The discharge innervations occur, wholly or partially, but the content remains unconscious. The individual reports, "I have no idea what I am crying about." Crying without known precipitant can be an upsetting experience. Some individuals are angered and embarrassed. Others, rather than admit to themselves that they are crying about "nothing," attempt to attach it to any convenient external precipitant.

Diagnostically, it should be noted, that crying without cause is a symptom of several central nervous system disorders and is linked with hormonal imbalance. In a thorough study of uncontrollable weeping related to central nervous system lesions and disorders, Davison and Kelman found that most people considered this a very embarrassing and distressing symptom. Whenever possible, precipitants were sought, but often none could be found. Observers noted that at no time before, during, or after the crying was the mood or stimuli appropriate. When attempts were made to control the crying, the face would redden and copious tears would appear anyway. Sometimes these individuals would awaken from sleep crying. Others would report to them that they had been weeping while asleep. One forty-nine year old man with a brain tumor suffered from spontaneous crying. He said to the nurse:

> I feel foolish when I do that; I don't feel right doing it. I can't help myself. I don't know why I cry like that. Maybe I do

it because I'm nervous.[1]

Crying may be attributed to insignificant stimuli when there is a physiological cause because the threat of "irrational" behavior is of more immediate concern to the ego. The study of post-partum crying illustrated this. Pre-menstral crying, "I can cry at any little thing," may also be an example. Erma Bombeck, in a humorous column on menopause wrote: "I cry when they pick up the garbage . . . fall apart when I find the date on my yeast has expired." The "stimuli" may be sought after the fact. In crying without apparent stimuli or with disproportionate response to insignificant stimuli, physiological disorders should be ruled out.

Reaction formation against affects.--Fenichel described this mechanism as a "compulsive adherence to the opposite emotional attitude."[2] Counterphobic reactions are an example. Some of the current implosive techniques described in a recent book, Emotional Flooding, are illustrative.[3] According to the editor, these techniques have grown up in response to the over-rationality and emotional control emphasized in our culture. Embracing tears, instead of avoiding them has a counterphobic quality in some individuals.

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[1]Charles Davison and Harold Kelman, "Pathologic Laughing and Crying," Archives of Neurology and Psychiatry, XLII (1939), p. 605.

[2]Fenichel, The Psychoanalytic Theory of Neurosis, p. 163.

[3]Paul Olsen, ed., Emotional Flooding (New York: Penguin Books, 1977), p. 21.

Some hysterical crying where the observer notes that the individual is "acting helpless," might also be seen as reaction formation to infantile, narcissistic feelings of grandiosity and omnipotence.

Change of quality of affect.--The earlier discussion of layering of affects describes this defense. (p. 112, 3rd paragraph)

Isolation of affect.--This is a special type of repression where affects are cut off from their psychic connections by an expenditure of countercathexis. The affects, in therapeutic work, may be re-connected with the stimuli. Crying, linked with affect only but not the idea, would be an example of isolation. Brierly's comments about preverbal affects point to the difficulty in attaching verbalized idea to affect. (p. 114, 2nd paragraph quote)

Projection and introjection of affect.--When affect is perceived in someone else to avoid perceiving it in oneself, the projective mechanism is at work. With crying, this might occur as with the person who reported to me: "I rarely cry, but other people do my crying for me." What she meant was that her empathic response to tears in others helped to express the tears she herself was unable to shed. Seldom, however, is this mechanism made conscious. It might be, that in intimate relationships, this is often operative, even to the point of a depressed individual provoking another to tears because he or she is unable to cry.

Another form of projection which occurs in con-

nection with a denial of the urge to cry by non-criers is the tendency to denounce those who do cry. Tears may make the non-crier feel threatened. The frequently described "angry" spouse who reacts negatively when crying begins might be experiencing such a struggle. One woman told me that her husband becomes very angry when she starts to cry during an argument, but very shortly he begins to cry too. Perhaps the more usual way is to short-circuit this process by expressing only the anger, or by leaving the room.

Introjection was linked by Fenichel to the expression, "to swallow one's emotion," which is often used directly with tears. Since swallowing hard is one of the means people use to control incipient crying, the expression does appear to be linked with introjection.

The issue of contagious crying is an interesting one in this regard. The frequency of this dynamic is unknown, but it is widely held to be commonplace. In situation comedies, it is a familiar routine. The first person will start to cry. The second will say, "Don't cry," and be in tears before the phrase is completed. (The following New Yorker cartoon is another humorous expression of contagious tears.) Since it is well-known that children introject their parents' emotions, it is possible that contagion is really a form of introjection. The Question Man in the San Francisco Chronicle stopped people on the street and asked what made them cry. One woman replied: "When I see other people cry, I cry. I

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"Wait. Wait. There's an epilogue."

don't even have to know them. I cry right along with them.[1] A male patient in his thirties recalled, during treatment, that as a child, whenever his mother cried, he would also cry. Recently, a teenaged daughter had been crying over a broken romance when the same introjective phenomena emerged.

Reversal of affect.--Ferenczi describes the interchange of laughter for tears in the dream of an elderly man. What had been so comical in the deram was, upon interpretation, anything but funny. The manifest dream material included a visit from an acquaintance (who symbolized death). The laughter occured when the man was unable to turn up the light for his visitor. Ferenczi wrote:

> The old gentleman, who suffers from arteriosclerosis, had on the previous day had occasion to think of dying. The unrestrained laughter takes the place of weeping and sobbing at the idea that he must die. It is the light of life that he can no longer turn up.[2]

Not only might laughter take the place of crying, but the opposite could also be the case. For instance, a person with hateful feelings towards a deceased object might cry all the harder, fending off the unacceptable glee at the demise.

Emotionality as a hysterical character defense.--Alfred Siegman described dramatic, histrionic and exhibitionistic displays of affect which appear "put-on" to the observer. He points out that they are powerful and compelling and not subject to conscious influence. The person may de-

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[1] Column, by O'Hara, San Francisco Chronicle, March 11, 1978.

[2] Sandor Ferenczi, Theory and Technique of Psychoanalysis (New York: Basic Books, 1926), p. 345.

scribe their "carried away," with a decrease in external and internal awareness. I have noted that such patients often describe their crying as "becoming hysterical." Siegman noted that evocative stimuli may be sought out and dwelled on as if there were some gratification in the emotionality. He suggested that there was a erotization of the defense which was of a different quality than secondary gain. It is similar to the gratification in masochism, but also has narcissistic exhibitionistic qualities. Specific to crying, Siegman wrote:

> Hysterical behavior is strongly reminiscent of the child's dramatic and exhibitionistic efforts to win the parent's love and approval and avoid rejection and punishment by showing the expected emotions and behavior after having done or thought something 'bad'. It is in fact a more complex internalized continuation of these efforts. Some emotional outbursts also remind one of the child who slyly peeks out between its fingers to see how its parents are reacting to the tantrum, crying spell, or similar outburst.[1]

This may also be reminiscent of the child who falls down outside but does not cry until he reaches the parent's presence.

Crying as Symptom

Two female patients described by Greenacre presented different types of symptomatic weeping, both related to urination. The first, Greenacre called "shower weeping." This type is characterized by copious tears with little provocation and associated indiscriminately with varying emotions. Shower

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[1]Alfred J. Siegman, "Emotionality--A Hysterical Character Defense," Psychoanalytic Quarterly, Vol 23 (1954), pp. 339-354.

weeping is ". . . in anger and in partial resignation because she cannot approximate male urination."[1] The second type, "stream weeping," occurs with little emotion. Tears roll down the cheeks in a trickle when certain repressed subjects are touched on. Stream weeping ". . . is a substitute for male urination," accompanied by fantasies of possession of a penis.[2] In both types, she noted elements of exhibitionism, penis envy and visual fascination with urination.

The relationship between urination and weeping has been noted by several writers. Most noted the displacement upwards to the eye of urethral eroticism. Ferenczi notes that the eyes have specific properties which render them especially suitable for displacement from the genital region: ". . . their shape and changeable size, their moveability, their high value and their sensitiveness."[3]

Fenichel pointed out the phallic significance of urination as an active, aggressive fantasy of penetration, damage or destruction. Urination, he said, may also be seen as a passive "letting flow," giving up and foregoing control. It was the latter function which he said is frequently displaced from urine to tears.[4] In keeping with the distinction be-

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[1]Phyllis Greenacre, "Pathological Weeping," Psychiatric Quarterly, XV (1945), p. 64.

[2]Ibid.

[3]Sandor Ferenzci, Sex in Psychoanalysis (New York: Dover Publications, 1956), p. 232.

[4]Fenichel, The Psychoanalytic Theory of Neurosis, p. 69.

tween angry (protest) crying and sad (mourning) crying made earlier, the former function might also be displaced. A colleague noted that weeping may at times be like bedwetting, a message of "piss on you."

Greenacre traced the differences in urinary control in male and female development, by way of explaining why females weep more than males in adulthood. In boys, control develops later and the frequency of accidents is greater. She speculated that more urinary accidents may occur in boys when there is a special prohibition of weeping before mastery of urination. Later on, male urination offers the expression of power and aggression which, for males, ". . . renders it a better outlet for tension, and may be one reason why weeping is less necessary to the male than to the female."[1] This last statement would apply only to angry (protest) weeping. The association of enuresis and weeping symptoms in the case material, and the frequency with which weeping takes place in bathrooms lends support to the link between crying and urination.

The cases in the literature which illustrate the links between urination and weeping also contain elements of regression to earlier developmental conflicts revived in the transference. Fenichel noted that urethral-erotic elements ". . . may be condensed with trends derived from older oral

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[1]Greenacre, "Pathological Weeping," p. 63.

sources."[1]

Greenacre's patient, the shower weeper, was a woman near fifty who was diagnosed as a hysterical neurotic. She cried almost non-stop during the analytic hours, although she did not weep when she was alone. The crying in the transference seemed to represent, ". . . an exhibitionistic demand for a tender ministering. . . ."[2] While this was only mentioned in passing by Greenacre, and while it is not in support of her thesis of displaced urination, it is a familiar dynamic with weeping in the transference.

The dynamic which was being reenacted in the transference was reconstructed as penis envy by Greenacre. As a little girl, this patient had been displaced in her mother's affections by the birth of a younger brother. Greenacre uses very descriptive language in describing this event which ". . . wrenched the child prematurely from the mother's care . . ." and which was ". . . bewildering and shocking . . ." to the little girl. Greenacre noted that the little girl's developmental struggles at that point in her life made her more susceptible to insecurities about what she possessed and what she did not possess and therefore reenforced the no-penis problem.

Linking the developmental experiences with the clue in the transference that the weeping represented a wish for tender ministering, indicates that the weeping has more to do with the loss of the mother and the attempt to reestablish

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[1]Fenichel, The Psychoanalytic Theory of Neurosis, p. 492.

[2]Greenacre, "Pathological Weeping," p. 65.

the early mothering period in the transference. Particularly noteworthy is the fact that she did not cry outside the treatment hours.

Fenichel describes a somewhat different transference situation with weeping in a male patient. This man had been enuretic past his tenth year, but had then gained bladder control and thereafter allowed himself "no outlet." In treatment, the analyst encouraged him to yield to the impulse to cry. Soon, it became clear that crying in the transference was providing masochistic pleasure to the patient. He saw the analyst's understanding as a sort of "stroking" which permitted him to cry and cry. Fenichel interpreted this as a passive-phallic fixation, expressing the desire to be stroked on his penis until it "wet." Suffering was pleasurable because it had become a means of transforming aggression which grew out of his prolonged bed-ridden dependence as a child and the burden which he felt himself to be to the family. It would appear, although Fenichel does not say it, that this patient was crying angrily in protest of his enforced passivity and the resultant blow to his independence. At the same time, the dependency was gratifying and he sought to reestablish it in the transference. The erotic element was present, but the earlier material is basic to the reconstruction of the symbolic crying behavior.[1]

Greenacre's second patient, the stream weeper, pre-

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[1]Fenichel, The Psychoanalytic Theory of Neurosis, pp. 492-493.

sented symptoms of anxiety hysteria and was considered borderline. She presented three outstanding symptoms: bland emotionlessness, urinary frequency, and the unusual type of weeping. Frequency of urination and weeping appeared alternately. She also complained of dryness around the mouth of the vagina during intercourse. On occasion, she would leave during the analytic hour to urinate. When topics relating to envy emerged a thin ... trickle of tears came quietly down her cheek. When she wept during the hour, tears came only from the eye which the analyst could see, while outside analysis, she wept from both eyes.

This patient recalled that in childhood she had a stoical determination not to cry. Even when in pain, she did not cry in order to gain praise and to feel superior over other children.

> A superiority and an equivocal illusion of the possession of the penis was maintained through the repression of crying. It seems probable that the peculiar type of tearfulness dates from this time (in childhood)--a kind of defiant compromise.[1]

Furthermore, Greenacre noted that the woman called her crying, "tear-ing," which according to Greenacre is a slang term for male urination.

Symbolism, condensation, and the crying in the transference are of great interest in this case. The symbolism fits with Greenacre's thesis; the relationship with urination is well founded, but the question of condensation is not adequately cov-

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[1]Greenacre, "Pathological Weeping," p. 72.

ered. She alludes to it when she notes that the patient's dream material confused the vagina with the urethra which "...was her more important mouth, and that she was continually in search of the missing breast (penis)."[1] The question is whether the displacement was oral or phallic or a condensation.

This woman had two younger brothers. Greenacre wrote, "She envied them more their babyhood and their possession of the mother and was prematurely pushed into pride in being older."[2] This sentence contains the clue to the condensation and to the displacement. It was the babyhood of brothers (with penises) that was, to the young child's mind, responsible for the loss of her mother. Her non-crying as a child was a defensive pride (superiority) in being older. When the crying appeared in the treatment, it was of a urinary type, an expression of the wish for a penis and for baby-hood, both of which belonged to her brothers. (Babies also "wet" it should be noted). That the transference crying was an exhibit for the analyst is without doubt, since the tears only appeared on the side visible to the analyst. For her, the nurturance wishes and the penis wishes were combined and expressed as one in the transference.

Sandor Feldman, in a paper on "chronic criers," agreed with the association between urination and weeping.[3] However, regressive aspects of crying, such as equating tears with

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[1] Greenacre, "Pathological Weeping," p. 70.

[2] Ibid., p. 71.

[3] Sandor Feldman, "Chronic Criers," pp. 227-229.

the wish for the breast and for intrauterine existence, were also noted. A male patient, a chronic crier, was enueretic late in his forties. The crying, like the bedwetting, was associated with a return to a womb-like existence which was represented symbolically by the rainy mornings he spent in bed with his mother. The warm liquids, tears and urine, along with the rain, all were an attempt to recreate that warmth and closeness with his mother.

A second chronic crier, a woman, was also enuretic until adolesence when she began crying. Suppression of masturbatory activities was related to her bedwetting. She later protested her innocence through the childhood habit of crying. The tears also provided cleansing properties which would wash away her guilt.

A third case of symptomatic crying which Feldman mentions, represents a different set of dynamics. A female patient cried floods all over herself, often neglecting to use tissues. Her complaint was always the same; others were inconsiderate of her. This woman had, in fact, been a neglected child. Crying was the one means she had of attracting the attention of her family, even though the attention thus received was negative. Crying in adulthood repeated this early deficit. As Feldman concluded, the tears neither comforted nor discharged her longing.

Pierre Lacombe described in the case of "Laura," a severe borderline, his clinical observations of the meaning of her pathological weeping:

> Laura's pathological weeping was another expression of her longing for return into her mother's skin, and it had a hidden connection with the emotional function of the skin. This is how she described her weeping: 'I wept and wept and wept cupfuls. Tears came from all sides of my eyes, not tear by tear, but by streams. They ran on all sides of my face, nose, jaws. I wept rivers.'[1]

Laura's tears appeared spontaneously, without provocation and were emotionless. Lacombe quoted Elizabeth Barrett Browning's line, "I tell you hopeless grief is passionless." The hopeless grief which Laura was expressing was her own symbolic death: separation from her mother when she married.

As Laura, in the course of treatment, began to recognize her intense longing for her mother, the interpretation was made linking her neurodermatitis (skin ailment) with tears. The weeping stopped; so did menstruation and urination. In Laura's words, "I just cannot go. No tears, no menstruation, no going to the bathroom. I am like the Dead Sea with no outlet."[2] (She associated the Dead Sea with the Red Sea.) Accompanying the strong urge to return to mother was guilt and murderous aggression towards a brother. When this interpretation was made, all began flowing again. The tears were of a different quality, however, as they now provided a tremendous amount of emotional relief. They contributed to the working through process rather than endlessly repeating her unconscious conflicts.

Laura herself used an interesting word to describe

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[1] Pierre Lacombe, "A Special Mechanism of Pathological Weeping," The Psychoanalytic Quarterly, XXVII (1958), p. 247.

[2] Ibid., p. 249.

her experiences with weeping. As she became conscious of her longing for her mother, the danger of giving in to the longing became conscious as well. She said she feared a melting process whereby she would become "liquefied." She said, "I would weep a river, and disappear down a drain." This is an important dimension of a resistance to tears, the fear of reengulfment by the mother. Several women have made adamant remarks to me about refusing to cry in front of their mothers. As one of them put it, "Then she would think she had me." Even without the literal presence of the mother, the fear might well exist symbolically in being overcome by tears.

The connection of tears in Lacombe's article with skin and blood is one which is consistent with other findings. For example, the skin in certain ailments (eczema) is said "to weep." It is a folk expression that menstrual bleeding is the womb "weeping" because there is no child.

A case of psychogenic purpura (a bleeding disorder with spontaneous bruising) in a 20-year old woman was reported by Mary Lindahl. In treatment, there was weeping which was ". . . profuse and unremitting . . . throughout each of the twice weekly interviews for more than a year."[1] When it was interpreted to the young woman that she was "bleeding for her mother," both as an expression of her wish for attachment to her and as attonement for her wishes to separate, the purpura symptoms abated and the weeping stopped. Lindahl points to

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[1]Mary Lindahl, "Psychogenic Purpura," Psychosomatic Medicine, XXXIX (Sept.-Oct., 1977), p. 361.

the religious symbolism of Eucharist where blood represents both union and attonement and to the combined flow of blood and water from the crucified Christ and in the legend of the Sacred Heart.

Gert Heilbrun has written about a 34-year old woman who came to treatment because of anxiety. Her most outstanding symptom during analysis was weeping, which was constant in two-thirds of the hours. Both analyst and patient noted its being unrelated to content. Heilbrunn correctly understood the weeping to be a transference manifestation of her gratification that the analyst understood her, or her pain when he did not. This was of particular developmental significance in that the patient's mother had refused supplemental feedings when the child was obviously hungry after nursing. Her father would then rock and comfort her until she slept. The weeping in the transference was a repetition of the entire dynamic.

Heilbrun described the function of the patient's crying in infancy:

> She cried for milk to assuage the painful disappointment of separation from the breast. Forced to accept substitutes in spite of her inner awareness that her needs were real, she cried herself to sleep. The weeping assumed the composite function of protest, call for help, and discharge of disturbing stimuli in preparation for sleep, which brought desirable freedom from tension.[1]

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[1]Gert Heilbrun, "On Weeping," Psychoanalytic Quarterly, XXIV (1955), p. 251.

Interpretation initially brought further tears. For a time, the weeping became more regressed and was accompanied by infantile rocking, writhing and chewing on her fist. It was not until the narcissistic wounds were confronted emotionally that the weeping abated. Heilbrun commented that the father's attempts to substitute for food could not make up for the narcissistic injury. The same was true in the transference. It was only when she could express her hatred, spite and aggression toward the analyst for his meanness and "cold-bloodedness," that the working through was successful.

In the literature on psychophysiological respiratory disorders, crying and non-crying are frequently mentioned as associated factors. Many clinicians have noted the relationship between crying and bronchial asthma.

Eduardo Weiss described asthmatic attacks as similar to the "shrieking, helplessly squalling newborn with the blood-red swollen face." He concluded that asthma attacks represent a suppressed cry for the mother.[1] Alexander and others noted that asthma patients often report that it is difficult for them to cry and that many have observed that their attacks subsided when they learned to cry.

Alexander wrote.

> That suppression of crying leads to respiratory difficulties can be observed in the case of the child who tries to control his urge to cry or tries, after a prolonged period of futile attempts to stop crying. The character-

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[1]Eduardo Weiss, as cited by Marvin Stein and Raul Schiavi, "Psychophysiological Respiratory Disorders," in Freedman and Kaplan, Comprehensive Textbook of Psychiatry, Vol. 2, p. 322.

> istic dyspnea and wheezing which appears strongly resembles an attack of asthma.[1]

Most of the interpretations of the relationship between crying and asthma have been based on asthma as suppressed crying due to fear of separation from the mother. The wish for the symbiotic partner has been emphasized. Some recent work, however, has emphasized the suppressed anger in asthma. The suppression, then, would be of the angry cries of protest, against the "smothering" mother who does not permit independence (or protest). Of course, the wish for the union is also present, but the wish for separateness, which has been denied, is a crucial factor.

An open and self revealing account of her own asthma, written by a psychiatric nurse is a very helpful study of the dynamics of asthma. She wrote:

> During my childhood, my mother allowed me to be very dependent on her. My first attack of asthma occurred when I was four and one-half years old and followed a slight fall. After this I was subject to frequent attacks, during which I would not accept attention from anyone but my mother. . . . I remember that at the age of six I had never dressed myself. . . . When I spent a night away from home I would almost always have an attack of asthma during the night which would subside when I returned home.[2]

The child's wishes for closeness with her mother were overly gratified with the result that she was dependent on her mother. Asthma threatens survival and summons the mother, but it is a call of protest as well as a call for help.

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[1]Franz Alexander, Psychosomatic Medicine (New York: W. W. Norton and Company, Inc., 1950), p. 140.

[2]Selma Lane, "Psychological Factors in Asthma," Bulletin of Menninger Clinic, VIII (1944), p. 79.

When this nurse reached high school age, her attacks subsided, but were replaced by crying which was symptomatic.

> . . . during my last two years of high school I did not have any attacks of asthma . . . but I became tearful frequently. If a subject was difficult for me I would cry and decide I would have to have help from the teacher . . . . These attacks of crying caused me great embarrassment and despair.[1]

She noted that the crying attacks were precipitated by events similar to those which precipitated asthma attacks. She expressed the wish that a less distressing form of expression might still be substituted for the crying.

The wish for fusion with the mother and the anger at the inability to be separate are demonstrated in the following statement about the attacks themselves:

> At times there are fears of death and at other times you wish you could die. And there is always a constant fear of having an attack. I recall many times during an attack striking my mother and saying, 'Why don't you do something for me?'[2]

The growing body of literature on the "common cold," has pointed to the link between colds and suppressed crying. When crying is suppressed, according to one theory, the nose membranes may become swollen as if there were tears flowing. Another theory points to the cold as a respiratory introjection of the lost object. Studies in which psychotherapy was the treatment for persons chronically suffering from colds, reveal clinical evidence to support the association. Similar

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[1] Lane, "Factors in Asthma," p. 80.

[2] Ibid., p. 81.

to asthma, but less severe, suppressed crying is linked to expressions of anger and grief which were closer to consciousness in the cold sufferer. When these feelings could be acknowledged and expressed, colds and crying both subsided.

Lucy Freeman, author of the book Your Mind Can Stop the Common Cold, wrote that she was a chronic cold sufferer who in desperation began analysis.

> During my third psychoanalytic session, as I was talking about how much I thought my mother hated me, tears flooded my eyes. I started to sob. I seized a kleenex and blew my nose. When twenty minutes later I walked out of the psychoanalyst's office, to my astonishment I found that I could breathe deeply, as I had not done in years. . . . After a few more sessions, during which I shed many tears, the sinus trouble disappeared completely. It was never to return.[1]

With asthma sufferers, it appears that the separation process is barely underway. There is not yet a loss to mourn. The cold sufferers, on the other hand, are experiencing difficulty with the separation process, but are closer to object constancy and the conflicts are less firmly repressed. The difference in the degree of separation accomplished can be noted in the life-threatening nature of asthma and the relatively benign inconvenience of colds.

M. N. Searl, writes that childhood screaming is an aggressive attack. When this dynamic is converted later in life, asthma, tonsellitis and ear problems may appear as sumptoms of suppressed screams. Screaming and crying overlap

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[1]Lucy Freeman, Your Mind Can Stop the Common Cold (New York: Peter H. Wyden, Inc., 1973), pp. viii-ix.

in relationship to crying as protest. In childhood, they often co-exist. Searl describes the case of a five-year old boy who developed a "bad throat," diagnosed as tonsillitis. The focus, in therapy, on the importance of screaming his hates, as he had been left alone to do in darkness as an infant, resulted in relief of the throat problem.

Individual complaints about crying behavior range from quantitative to qualitative to impersonal. Quantitatively, complaints include suffering from too much crying or from inhibited crying. Qualitative complaints focus on crying which feels inappropriate or which is unrelated to thought processes. Fear or discomfort about crying may be expressed as fear of loss of control or going crazy. Interpersonal complaints about crying in relationships are expressed by both the crying and the non-crying partner. Other types of complaints relate to superego responses to crying (or to the affect being expressed by crying) such as shame, guilt or humiliation.

Acting out in the transference may take the form of crying which symbolizes a range of unresolved conflicts usually relating to attachment and loss. Masochistic, manipulative and erotic factors may also be involved in the dynamics of crying in the transference. Understanding the nature of crying behavior in the therapeutic situation provides important information regarding defenses against affect and characteristic patterns of affective expression.

The therapist's internal affective reactions to crying

in the treatment hours are valuable in diagnosis and in the treatment process. Internal reactions may range from a strong wish to comfort or nurture, to feeling completely unmoved, to feelings of impatience or disgust. As with all such reactions, the therapist must be keenly aware of his own conflicts about crying in order to be able to make conscious use of counter-transference reactions clinically and diagnostically.

The division of crying behavior into three categories, angry cries of protest, sad cries of mourning and depressed non-crying, provides a framework for understanding crying disturbances. Angry cries of protest originate in the helplessness of infancy. If chronic or extreme crying in adults is linked with anger or protest, it may represent fixation at an infantile level of affective expression. It may also indicate unresolved grief reactions when a bereaved individual remains in the first phase of protest of the loss and demand that the object be restored. Depressed non-crying corresponds to the infant's hopeless dejection following loss of the mother and may be indicative of a lack of object constancy when it appears in the adult. It may also represent the characteristic manner in which the ego deals with affect by warding it off, unable to tolerate regression and feelings of helplessness which are necessary for mourning to take place. Sorrowful cries of mourning, on the other hand, are linked to a functional use of crying where tears gradually bring comfort and solace and the motor release contributes to a freeing of libidinal, as well as aggressive energy.

Such crying is seldom cause for complaint and it is almost universally received with sympathy by observers.

CHAPTER V

SUMMARY AND CONCLUSIONS

Crying, even at birth, is not a simple behavior. As the infant becomes a child and then an adult, the complexities multiply. Crying is attachment behavior. It communicates pain, discomfort, unpleasure. It is an appeal for caretaking and love. It is a discharge of tension. It is an expression of many different feelings from many different sources.

Crying is also paradoxical. It aids repression but it is also a return of the repressed. It is social behavior and yet it is intensely private. It is an active behavior which is experienced passively because it is beyond conscious control. It is sometimes defensive and sometimes defended against. It may bring relief or it may intensify pain. It is one of the means of maintaining psychic health but it may also be a symptom.

Crying is both physical and emotional. Linguistic useage indicates that crying behavior is an indication of being victimized by the body as when one speaks of being reduced to tears or overwhelmed by tears. Philosophical mind-body dualism has lead to a split of the self which is profound and troubling. Crying contradicts that split. There is no view of crying but a monistic one. Psychogenic crying

is an emotionally triggered physiological response. How can this be understood? Crying is an inborn behavior but it does not exist in isolation from present experience nor from memory. The relationship of mind and body in crying is a crucial question which goes to the heart of the philosophical issue.

Seeking answers to questions about crying can only be treated as a journey towards truth. The destination is not clear and, given the intricacies of our nervous systems and the multitude of unanswered questions about emotional expression, the journey is going to be incomplete. This is an affront to the human mind only if the goal is absolute truth. But if the goal is the search for truth, then it is an affront not to undertake the journey whatever detours and false starts and dead-ends it may include. When there is no map, the explorer is challenged.

I have undertaken an exploration of crying. For some reason, in spite of the creativity and courage of many explorers of the human psyche before me, the journey has been embarked upon by few. I began by consulting the literature of emotion. It is vast, confusing, contradictory and mysterious. Emotion is well known experientially, but theoretically it suffers many gaps and inconsistencies. There are so many factors to be taken into consideration that it is difficult to encompass all of them. The limitations of what is known about the nervous system and the brain profoundly affect the theories, and each advance in knowledge in that area must be

reflected in the theories.

A theory of crying to be comprehensive, likewise must include a wide spectrum of elements. It must account for at least four major areas. First is the physiological component including how tears are produced and the changes in cardiovascular, respiratory and digestive systems which accompany tear production. Crying inhibition must also be understood physiologically. Second is the maturational component which includes individual differences in crying present at birth and the changes which occur as the infant grows and matures biologically. Third is the developmental or psychosocial component which deals with the interaction of the infant with the environment and how this influences crying behavior. The role of learning relates to both maturation and development as experience and memory accumulate and reward and punishment come into play. Fourth are the normal and pathological components of crying behavior in adults, the characteristics which render it symptomatic, defensive or healthy. The stimuli which evoke crying, both internal and external, must be considered and classified and analyzed. Likewise, the frequency of crying and adult attitudes towards crying are relevant. The following paragraphs deal with each of these four areas in detail.

The physiological component.--The lacrimal apparatus and its anatomical functioning is well understood, as is reflex tearing. When it comes to psychogenic crying, however, there are many gaps. The gaps are largely due to the limita-

tions of neurological knowledge. Psychogenic crying is an area where some of the great riddles of the physiology of emotion come into profound focus. There is no question that crying is a physiological expression of emotion. With other conversion and psychophysiological expressions, there is always the possibility that physiological influences predominate over emotional ones. With crying, the two are one. However, crying does increase and decrease with physiological disturbances. If base line data were available as to crying behavior throughout life, then the deviations might offer some rich clues as to the interplay of the physical and the emotional. For example, the development of tear deficiencies in women ages fifty to sixty apparently related to estrogen deficiency, points to a relationship between crying and hormonal functioning. The development of uncontrollable weeping with certain central nervous system disorders suggests that the inhibitors are affected, leading to excessive crying which is unrelated to psychic stimuli. Accumulating data as to incidence of crying is necessary in order to build a base of information so that further study can be undertaken with some basis for comparison.

The maturational component.--Understanding biological changes in crying as they unfold throughout life is linked to physiological studies. It must begin with research into differences in crying behavior at birth. The range of crying behavior in infants has been noted, but is only documented in studies. It is clear that some children cry louder and

longer than others at birth. Some studies have been focused on how biological givens affect parent-child relationships. In the reports of this research, however, little note has been made of crying. Crying is a specific, measurable difference from child to child, which, if isolated, could provide valuable clues as to the interplay between infant temperment at birth and parental response. The type of longitudinal study which Gesell undertook is needed to complement the physiological research. Crying gradually decreases from infancy onward. As more avenues of expression are open to the child, the somatic expressions decrease. Measuring the rate at which this happens and the individual differences would offer much needed information about emotional development in both children and adults. Cultural and sexual differences could also be highlighted in this way.

The developmental component.--Judging from the differences in crying behavior in adults, psychosocial interaction with early objects is crucial in determining the direction of emotional expression. Since earliest perception is affective, and since self-object-affect units are being built up from birth onward, it is necessary continually in psychotherapy with adults to untangle complex end-products. Even though isolating crying as a variable in this process is difficult, it could provide much valuable information about how the interaction takes place. Clinical research in this area is being undertaken every day by therapists in their work with individual patients. Longitudinal child development studies also

offer valuable resources for data related to crying in adults. The bulk of the work which has been done on crying has to do with loss of the object in infancy. There is also a body of research growing around crying associated with stranger anxiety. There is even some cross-cultural research in this area. Much further work is needed, however.

The normal-pathological components.--In adulthood, it is necessary to define the range of crying behavior in order to understand the role of crying and non-crying in functional and dysfunctional emotional experience. Crying is regressive behavior which is tolerated by some, warded off by others, and sought by still others. All three may also occur under different circumstances in the same individuals. It is important to begin to define what crying is, what it means, and what it does in order to make sense out of the complexities of its manifestations in adults.

Informally, I have begun research into crying in adults by collecting newspaper accounts which report crying, by observing myself and my family, by receiving reports brought to me by friends and colleagues, and by observing patients and even strangers in the street. Emotional pain associated with loss is the common thread. The loss may be real, threatened, imagined, remembered, repressed, symbolic, impersonal or fictional. When I took this paper to be duplicated, the woman in the print shop, upon seeing the title, began to discuss her feelings about crying. She said, "My husband cried at his mother's funeral, but he apologized for

it. I said to him, 'If you can't cry when you mother dies, when can you cry?'" Intuitively, she hit the nail on the head. Crying radiates out from loss: loss of object, loss of self, loss of self esteem, loss of life, even loss repudiated by gain.

Newspaper accounts cover a wide range of crying behavior. One front page picture showed a college senior on the football team crying in the locker room after the loss of the championship game, his last at the school, a coming together of loss and endings. Another report told of a Polish Cardinal weeping when he received word of the appointment of the Polish Pope, a reminder of all the past suffering in the moment of joy. Betty Ford wrote of intense sobbing at the moment when she confronted her alcoholism and lost her self esteem. A McGovern campaign worker was reported to be crying at a McGovern speech in a college gym several years after the defeat because to her it was symbolized by a trite sign from a person too young to have known the depth of the disappointment: "Libby Strauss says hi to George McGovern." A friend recently told me of his experiences at a large rally of protest on the day of the Rosenberg's execution. A directive came out from the leaders that there was to be no crying at the announcement of the deaths. The message was to be that the loss of the two individuals was not a total defeat, that the cause, as it were, was not "lost."

As Bowlby first observed in infants, there are different stages of reactions to loss: protest, despair, and de-

tachment. Derivatives of these behaviors are found in the crying of adults. There is angry crying, sad crying and depressed non-crying in response to loss. Angry crying and depressed non-crying are most frequently complained about by adults. One woman said to me recently, "If only I could learn not to cry when I am angry." Others, who do not cry at all, express the wish that they could learn to do so. Both of these states also cause difficulties in interpersonal relationships. Sad crying, however remains a profoundly potent form of attachment behavior, even in adults. One man said to me, "I am sentimental and I cry easily when I am touched by something. The thing I don't understand is why people always come and put their arms around me."

The question, "What is crying?" cannot be answered in a sentence. It is really many questions because crying is many things. One cross-cultural study I came across despaired of understanding the meaning of crying when it came to adults hiring mourners to do their weeping for them. The meaning of crying at that point, they decided, was "anybody's guess." They had at least gone far enough to ask the question and had at least been honest in their attitude toward seeking the answer. My goal in this study has been to bring together the observations and known facts in order to identify the variables which appear to be involved in crying behavior in order to map out the territory for further research and exploration and to move beyond the vantage point of "anybody's guess."

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