# Understanding Tears and Tantrums Aletha Solter

rying can be a problem area for teachers of young children. On one hand, much of the advice given to them is based on the assumption that crying and tantrums are behaviors that should be discouraged. Some people assume that these are indications of a spoiled child who is used to getting her way, while others think of them more as immature behaviors that children must learn to control. It is generally believed that as soon as children are old enough to talk, the job of parents and teachers is to help them express their wants and feelings using words rather than tears.

A pattern of excessive crying is usually considered a sign of stress (Honig, 1986; Greenberg, 1991), and early childhood educators are trained to recognize such symptoms. However, crying is often considered an unnecessary by-product of stress, and many people are under the impression that children would feel better if they would stop crying. This belief may lead to efforts to distract children from their crying.

On the other hand, there is an increasing tendency in human growth movements and therapies to regard crying as a beneficial

Aletha Solter, Ph.D., is a developmental psychologist living in Goleta, California, who studied with Piaget. She conducts workshops for parents and professionals and is the author of The Aware Baby and Helping Young Children Flourish, two books that deal with crying and feelings.



People of all ages cry because they need to, and not because they are spoiled or immature.

expression of feelings that has therapeutic value. Many therapists encourage children to cry, especially in situations involving loss. Therapists assume that crying is an important and necessary part of the grieving and recovery process (Jewett, 1982; Weizman & Kamm, 1985).

Parents and educators tend to accept some crying in children for specific, justifiable reasons, but consider loud, unprovoked outbursts immature and to be discouraged. While it is generally agreed that extensive, frequent crying should be investigated as a symptom of something serious going on in the child's life, there is conflicting advice on how to deal with crying.

This article proposes a more accepting attitude toward *all* crying in young children than is often the case. Considerable evidence, accumulated from several different sources, indicates that crying is an important and beneficial physiological process that helps children cope with stress.

#### What does research tell us about crying?

Dr. William Frey, a biochemist at the St. Paul-Ramsey Medical Center in Minnesota, has researched the chemical content of human tears and has found that tears shed for emotional reasons are chemically different from tears shed because of an irritant, such as a cut onion. This means that something unique happens when we cry. Dr. Frey has suggested that the purpose of emotional crying is to remove waste products from the body. Chemical toxins build up during stress and are then released in tears. Frey's conclusion is that "we may increase our susceptibility to a variety of physical and psychological problems when we suppress our tears" (Frey & Langseth, 1985).

Crying not only removes toxins from the body but also reduces tension. Studies on adults in psychotherapy have found lower blood pressure, pulse rate, and body temperature in patients immediately following therapy sessions during which they cried and raged (Karle, Corriere, & Hart, 1973; Woldenberg et al., 1976). Similar changes were not observed in a control group of people who exercised for an equivalent period of time.

Other studies have shown that therapy involving high levels of crying leads to significant psychological improvement. Those patients who did not express their feelings in this manner during therapy tended not to improve, while those patients who did frequently cry in the rapy experienced changes for the better (Pierce, Nichols, & DuBrin, 1983).

Researchers have also looked at the relationship between crying and physical health. Studies have found that healthy people cry more and have a more positive attitude about crying than do people who suffer from ulcers or colitis (Crepeau, 1980).

A rare hereditary disease, the Riley-Day Syndrome, makes children unable to shed tears. These children typically sweat profusely and salivate to the point of drooling. Some are prone to vomiting (Riley, Day, Greeley, & Langford, 1949). It is as if their bodies have to compensate for the lack of tears by excreting toxins in other ways.

Work with autistic children provides additional evidence that crying is beneficial. Several therapists have noted profound and rapid improvements with autistic children after they were allowed and encouraged to cry and rage during therapy sessions (Waal, 1955; Zaslow & Breger, 1969).

There even appears to be a relationship between crying and learning ability. Educators have discovered that children become more enthusiastic and successful learners when the need for emotional release is recognized and accepted (Weissglass & Weissglass, 1987).

These different areas of research all indicate that crying is a healing mechanism that allows people to cope with stress. Crying can be considered a natural repair kit with which every person is born. People of all ages cry because they need to, not because they are spoiled or immature.

#### Why do young children need to cry?

There are many sources of stress in young children's lives, all of which create a need for crying. Physical, sexual, and verbal abuse, as well as neglect, are huge sources of stress in many children's lives. Illnesses, injuries, and hospitalization are cause for pain, confusion, and anxiety. Parental substance abuse causes great stress on children. Quarreling, separation, or divorce of a child's parents can be confusing and terrifying, as can the presence of a parent's new partner or a stepparent. Children's growing awareness of violence, death, and war can be sources of fear and confusion. Stress can result from a move to a new home or the birth of a sibling. Finally, some types of neurological damage predispose children to rapid rage.

Added to these major life stresses are the daily separations, accidents, frustrations, disappointments, and anxieties. In a single morning at nursery school, a child may have a toy grabbed from him by another child, fall from a swing, be served a snack that he dislikes, spill paint on his new shoes, and have to wait for a late parent after all the other children have left.

Children cry spontaneously after having experienced a hurt, whether it is physical or emotional. The more stress there is in a child's life, the greater will be the need to cry.

#### The "broken cookie" phenomenon

Crying is like going to the toilet. The need to cry gradually builds up until the urge for release is felt. At that point almost anything will trigger tears. Because of this, there are times when the reason for the child's crying is not immediately evident, and the outburst appears to be unjustified by the current

## Tears shed for emotional reasons are chemically different from tears shed because of an irritant, such as a cut onion. Possibly, emotional tears remove toxins from the body.

situation (Solter, 1989). For example, a little girl's cookie breaks at snack time and she throws herself into a crying fit. Moments like these can be extremely exasperating for adults, but is the child really spoiled and manipulative, as some adults would claim? There is another way of looking at the situation. When a child acts in this manner, she may be using the pretext of the broken cookie to release pent-up feelings of grief or anger resulting from an accumulation of stress and anxiety. Children do not cry indefinitely. They stop of their own accord when they are finished. After crying, there is usually a feeltempted to heal our childhood hurts by crying (Solter, 1984, 1989). Some of us were stopped kindly: "There, there, don't cry"-while others were stopped less kindly-"If you don't stop crying, I'll give you something to cry about!" Many people were praised for not crying. However it may have been communicated, most of us received the message that crying was unacceptable. Because of this early conditioning, many adults have learned to suppress their tears. This makes it hard for them to empathize with a crying child and results in a strong urge to stop children from crying, just as their parents did with them. heard expression. The consequence of this is that some men have not shed a tear in years. This suppression of crying in men has been proposed to explain why men are more prone than women to stress-related illnesses and die at an earlier age (Frey & Langseth, 1985).

Another reason that makes listening to children cry painful is that adults want children to be happy. Teachers feel more confident when the young children they tend are calm and content. While this is an understandable attitude, it is important to remember that when children cry, the hurt has usually already happened. Crying is not the hurt, but the process of becoming unhurt. A child who cries does not imply that the teacher is incompetent.

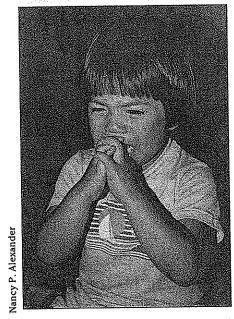
## Crying seems to be a healing mechanism, a natural repair kit that every person has. It allows people to cope with stress.

ing of relief and well-being. The incident that triggered the crying is no longer an issue, and children become happy and cooperative.

Children need to be taught that loud crying is unacceptable at certain times and in certain places, just as they must learn toilet etiquette. However, all children, no matter what age, need at least one adult in their lives who can provide a safe time and place to listen to their expression of grief and anger. If this kind of acceptance is provided in the home, it will be easier for children to refrain from crying in school or in public situations.

#### Why is it so hard to accept children's tears?

It is difficult to allow children the freedom of tears because most of us were stopped from crying when we were young. Our wellmeaning but misinformed parents may have distracted, scolded, punished, or ignored us when we atIn our culture, crying is even less acceptable for boys than for girls. Parents tend to be less tolerant of crying in boys because of a fear that their sons will be unmasculine. "Big boys don't cry" is a commonly



A child may cry over what seems trivial, releasing a flood of pent-up stressful feelings. The release is healing.

### How can teachers respond helpfully to children's tears?

If a child cries when her mother leaves, a helpful response is to show loving sympathy and say, "You really miss your mother, don't you?" Although this may temporarily make the crying louder, it will help the child feel understood and will give her the necessary permission to express her feeling of loss. A child who has been allowed to cry as long as needed will feel happier and more secure at school, in the long run, than a child who has been repeatedly distracted from her feelings.

When a child is physically hurt, it is important to acknowledge the pain ("I bet that scraped knee really hurts") rather than deny it or distract the child's attention away from it. Teachers can also recognize emotions such as fear or anger that often accompany an accident: "Was it scary falling off the swing?"

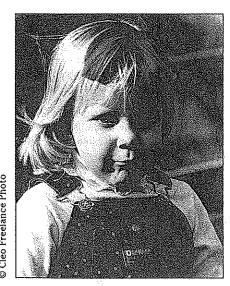
Some children like the reassurance of being held and cuddled while crying. Physical contact can help children feel safe enough to have a full-blown cry, and they

### Very frequent crying indicates high levels of stress. Look for the causes rather than the symptoms of stress.

may then calm down more quickly. (The crying may be more intense, but may not last as long.) Caregivers can take cues from the child and provide holding, if desired. Children who tend to reject closeness while crying may be afraid of adult anger or punishment. Such children will benefit from adult acceptance, even at a distance, which provides reassurance that it is all right to cry.

Even when crying or raging seems to be out of proportion to the incident that triggered it, the child benefits when he is allowed to express himself. Perhaps the spilled juice is a pretext for him to release an entire morning of accumulated frustrations or feelings resulting from a stressful home situation. The most helpful response is to allow the crying to occur, even though this may require a tremendous amount of patience. If the crying is disruptive to the other children's activities, the child can be taken to another room, ideally with an adult who will stay there with her to offer loving support. This may not always be possible, but whatever the course of action taken, it is important that children never feel they are being punished for crying.

Caregivers may try having a follow-up dialogue with children after their crying is finished, possibly exploring the source of the outburst and making use of the opportunity to mention feeling words, such as "frustrated," "disappointed," or "impatient." It is useful and reassuring for children to know the words to describe the intense feelings they experience. Teachers can also help provide children with a "dignified" transition back to social activity, while ensuring that they are not teased for crying.



Accepting children's pain and sorrow helps them work through it.

If raging is accompanied by violence toward others, the hurtful behavior must be stopped. Children can be told that they must not hit another person, but they may hit a pillow. At times, gentle but firm restraint may be necessary if verbal instructions to stop hitting are not effective. The goal is to stop the violence and encourage the expression of feelings. Children who are acting out in ways that are hurtful to others are often close to tears but do not feel safe enough to cry. Firm but loving interruption of violent behavior can allow the child to begin crying, which is precisely what he needed to do in the first place (Heron, 1977). A child who has been allowed to cry loudly and freely will be less prone to violent or destructive behavior.

Teachers can take preventive measures by attempting to reduce possible frustrations and anxiety in the classroom situation. It is a well-known fact that a tired or hungry child has a lower tolerance level for frustration, and that some children are easily upset by surprises or changes in routine. A safe and predictable environment with gentle transitions can be reassuring to children who become easily overwhelmed.

Repeated and excessive crying, day after day, that cannot be attributed to a stressful classroom environment should be taken as a signal that something is wrong. The child may be living with an alcoholic parent or experiencing physical or sexual abuse. It is the reponsibility of caregivers not only to accept and respond to children's tears but also to check into underlying causes of crying when severe stress is suspected.

To conclude, crying is an indication of pain and stress—not to be confused with the pain itself. It is more appropriate to think of tears and tantrums as built-in healing mechanisms that help children overcomestress. Therefore, children need an environment that permits them to crywithout being distracted, ridiculed, or punished. In this manner they can help free themselves from the effects of frustrating, frightening, or confusing experiences.

#### For further reading

Clewett, A.S. (1988). Guidance and discipline: Teaching young children appropriate behavior. *Young Children*, 43(4), 26–31.

Gartrell, D. (1987). Punishment or guidance? *Young Children*, 42(3), 55–61.

Greenberg, P. (1988). Ideas that work with young children. Discipline: Are tantrums normal? Young Children, 43(6), 35-40.

#### References

- Crepeau, M.T. (1980). A comparison of the behavior patterns and meanings of weeping among adult men and women across three health conditions. Unpublished doctoral dissertation, University of Pittsburgh.
- Frey , W.H., II., & Langseth, M. (1985). Crying: The mystery of tears. Minneapolis: Winston Press (Distributed by Harper & Row).
- Greenberg, P. (1991). Character development: Encouraging self-esteem & self-discipline in infants, toddlers, & two-year-olds. Washington, DC: NAEYC.
- Heron, J. (1977). Catharsis in human development (Human Potential Research Project).
   Guildford, Surrey, United Kingdom: University of Surrey, Department of Adult Education.
- Honig, A.S. (1986). Stress and coping in children. In J.B. McCracken (Ed.), Reducing stress in young children's lives (pp. 142–167). Washington, DC: NAEYC.

- Jewett, C. (1982). Helping children cope with separation and loss. Boston: The Harvard Common Press.
- Karle, W., Corriere, R., & Hart, J. (1973). Psychophysiological changes in abreaction therapy. Study I: Primal therapy. Psychotherapy: Theory, Research and Practice, 10, 117–122.
- Pierce, R.A., Nichols, M.P., & DuBrin, J.R. (1983). Emotional expression in psychotherapy. New York: Gardner Press.
- Riley, C.M., Day, R.L., Greeley, D.M., & Langford, W.S. (1949). Central autonomic dysfunction with defective lacrimation. I. Report of five cases. *Pediatrics*, 3, 468–478.
- Solter, A. (1984). The aware baby: A new approach to parenting. Goleta, CA: Shining Star Press.
- Solter, A. (1989). Helping young children flourish. Goleta, CA: Shining Star Press.
- Waal, N. (1955). A special technique of psychotherapy with an autistic child. In F. Caplan

- (Ed.), Emotional problems of early child-hood (pp. 431-449). New York: Basic Books.
- Weissglass, J., & Weissglass, T. (1987). Learning, feelings and educational change. Part I: Overcoming learning distress. Santa Barbara, CA: Kimberly Press.
- Weizman, S.G., & Kamm, P. (1985). About mourning: Support and guidance for the be-reaved. New York: Human Sciences Press.
- Woldenberg, L., Karle, W., Gold, S., Corriere, R., Hart, J., & Hopper, M. (1976). Psychophysiological changes in feeling therapy. Psychological Reports, 39, 1059–1062.
- Zaslow, R.W., & Breger, L. (1969). A theory and treatment of autism. In L. Breger (Ed.), Clinical-cognitive psychology: Models and integrations. New York: Prentice-Hall.

Copyright © 1992 by Aletha Solter, Ph.D., The Aware Parenting Institute, P.O. Box 206, Goleta, CA 93116. Contact author for reprint information. [Volume 47, Number 4] Copyright © 1992 by Aletha Solter, Ph.D. Originally published in *Young Children*, Volume 47, Number 4. Contact author for reprint permission (solter@awareparenting.com).

Aletha Solter, Ph.D. is a developmental psychologist and the author of four books: *The Aware Baby*, *Helping Young Children Flourish*, *Tears and Tantrums*, and *Raising Drug-Free Kids*. She is also the founder and director of the Aware Parenting Institute (<a href="https://www.awareparenting.com">www.awareparenting.com</a>).