

Why crying improves our well-being

Hendriks, M.C.P.; Nelson, J.K.; Cornelius, R.R.; Vingerhoets, A.J.J.M.

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Chapter 6

Why Crying Improves Our Well-being: An Attachment-Theory Perspective on the Functions of Adult Crying

Michelle C.P. Hendriks, Judith K. Nelson, Randolph R. Cornelius,
and Ad J.J.M. Vingerhoets

Introduction

Crying is a common and apparently universal form of human emotional expression. Whereas no other species has the ability to shed emotional tears, people of all ages and from all cultures cry on certain occasions to express their emotions. Despite the widespread occurrence of crying, no truly comprehensive theory of the origins and functions of adult crying has been established. In this chapter, an attachment-theory perspective on crying is presented in which crying is hypothesized to serve a variety of interpersonal functions, foremost among these being to communicate distress to others and to facilitate social bonding. It is argued that by way of these interpersonal benefits, crying improves the physiologic and psychological well-being of the crying person. Empirical studies of adult crying are reviewed with an eye toward what they reveal about the role of crying as an attachment behavior.

A Model of Adult Crying

Vingerhoets, Cornelius, Van Heck, & Becht (2000) were the first to present a comprehensive, albeit preliminary, model of adult crying. This model mainly focused on the antecedents of crying and considered crying to be the result of the interaction between several psychobiological, cognitive, and social processes. Crying was further seen as having an impact both on psychobiological processes in the crying individual himself or herself (*intrapersonal effects*) and on the crying person's social environment (*interpersonal effects*). In other words, the act of crying may lead to tension relief and may facilitate the physiologic and psychological recovery after distress via psychobiological mechanisms. At the same time, crying may communicate the need for help and may stimulate others to offer this help and support, which may indirectly have an effect on the well-being of the crying individual.

Crying and Health

The belief that crying brings tension relief and helps to regain emotional and physical balance is an old one. Cornelius (1986) reviewed how popular American and British magazines described crying from 1848 until 1985. It appears that people have always been convinced that crying is good for one's health. In current literature and popular psychology, it is still often stated that crying is healthy or at least that it makes people feel better.

Empirical studies on the effects of crying on mood and physiologic functioning have yielded mixed results, apparently depending on the design of the study. Quasi-experimental laboratory studies exposing subjects to sad films have mostly found a negative effect of the shedding of emotional tears; people who cried while watching a sad film felt sadder and more depressed afterward than people who did not cry (Cornelius, 1997). Physical functions such as heart rate and blood pressure also did not recover more rapidly after a crying spell (for a review, see Cornelius [2001]; Vingerhoets & Scheirs [2001]). Only Rottenberg, Wilhelm, Gross, & Gotlib (2003) and Hendriks, Rottenberg, and Vingerhoets (2007) found that crying might be associated with a parasympathetic rebound mechanism that facilitates the recovery of homeostasis. However, the source of parasympathetic activation was ambiguous, and although heart rate decreased rapidly after the onset of crying, it did not decrease to below baseline levels (Hendriks et al., 2007). Nevertheless, if you ask people how they generally feel after a crying episode, they most often report feeling better (Cornelius, 1997).

Research has also been done on the relationship between general crying frequency and subjective well-being, thereby focusing on the long-term effects of crying. These studies again yielded little evidence in support of the hypothesis that crying is healthy. Rather, the few studies that have been conducted suggest that crying is negatively related to one's physical well-being (for a review, see Vingerhoets & Scheirs [2001]).

In short, crying does not seem to have immediately observable or direct beneficial effects on the crying person. Perhaps, as suggested by Cornelius (2001) and by Hendriks (2005), crying may only have a positive effect on well-being when the shedding of tears leads to a positive change in the situation. Nelson (2005) also noted that the benefits may come not so much from actually shedding tears but rather because tears bring us physical contact and solace from others. It is well-known that social support has positive benefits on psychological and physical well-being (Uchino, 2004). This implies that crying does not automatically (e.g., via biopsychological pathways) lead to tension and/or emotional relief. Rather, the social context in which crying occurs, in particular the reactions of others, may predominately determine its intrapersonal effects. For example, a crying individual might only feel better afterward if his or her tears result in emotional support and understanding rather than when he or she meets disapproval and negative reactions. The first question that should be answered then is how people from the social environment react to tears. This chapter aims to provide an answer to this question based on attachment theory.

Attachment-Theory Perspective on Adult Crying

Attachment behaviors are designed to elicit caregiving responses from significant others (Bowlby, 1969). Repeated experience of the interlocking attachment and caregiving systems serve to establish and maintain the parent-child bond (Ainsworth, Blehar, Waters, & Wall, 1978) and romantic adult bonds as well (Hazan & Zeifman, 1999). Attachment theory and research have shown that crying is an inborn behavior that functions to call for and ensure the protective and nurturing presence of caregivers (Bell & Ainsworth, 1972; Bowlby, 1969; Cassidy, 1999; Zeifman, 2001). As suggested by Bowlby (1969), crying continues to be an attachment behavior throughout life.

Social-psychological theories have likewise asserted that crying is an expressive display whose primary function is to communicate to others in an unambiguous way that one is vulnerable, suffering, and/or in need of aid (Cornelius & Labott, 2001; Fridlund, 1992; Frijda, 1997; Yik & Russell, 1999). Crying is a powerful elicitor of sympathy and empathy that is difficult for others to ignore, especially for those who share a close relationship with the crying person. The main function of crying may be to beckon others to help remove a given source of discomfort, to elicit attention, empathy, and support, and to facilitate social bonding (Frijda, 1997; Kottler & Montgomery, 2001; Vingerhoets et al., 2000).

When observing the behaviors of infants separated from their caregivers, Bowlby (1960) noted that babies first responded with protest that included loud crying and active thrashing about. If there was no reunion, protest eventually gave way to the more prolonged distress of grief characterized by despair and quiet crying. If there was still no reunion with a caregiver, then the infants entered a silent state referred to as detachment. When Bowlby (1961) later studied bereaved adults, he noted that in reaction to the loss of a close loved one, adults went through similar stages of protest and despair. The symptomatic absence of crying in adults when it would be an appropriate and expected reaction to loss might be considered a form of detachment (Nelson, 2005). Bereaved adults, unlike infants, are optimally able to work through their grief to a stage Bowlby called reorganization. Each type of (non)crying (i.e., protest crying, crying of despair, and detached inhibited crying) is hypothesized to represent a different internal grief response on the part of the crier and, subsequently, to trigger different caregiving responses from others.

Protest Crying

The purpose of protest crying, whether for the baby left alone in the crib or the adult first hearing of the unexpected loss of a loved one, is to undo the loss and bring about a reunion (Bowlby, 1960). As Bowlby pointed out, the vast majority of separations from loved ones are temporary: protest crying after separation is typically followed by reunion. Protest crying in infancy is loud and active, and in suddenly bereaved adults, it is often accompanied by vocalized crying, as opposed to silent weeping

(Nelson, 2000). If words are spoken, they are often plaintive denials of the news such as “No! No!” or in the case of a bereaved man quoted in the newspaper, “I want my mother back!” (Newsham, 2000). There is a lot of energy behind these cries, and it is directed at reestablishing the threatened connection and at fighting any sign that the loss is permanent.

Protest crying, according to Nelson (2005), causes the most interpersonal difficulties. In the presence of protesting infants or traumatically bereaved loved ones, caregivers usually feel sympathy and a parallel wish to undo the loss. However, protest crying over everyday losses often has a hostile, negative, accusatory edge that can result in alienating potential caregivers, particularly when the protest is aimed at the caregiver. Protest crying in adults can leave potential caregivers feeling manipulated, guilty, or apathetic instead of sympathetic and caring and may evoke negative reactions from others such as anger, frustration, and irritation (Frijda, 1986, 1997; Hill & Martin, 1997; Vingerhoets et al., 2000). Moreover, even if sympathy is felt or offered, Nelson (2005) has observed clinically that protest criers often reject sympathy outright because accepting comfort of any kind implies acceptance of the loss. Protest criers want action rather than comfort; they want caregivers to do something to undo their loss. Unless their demands are satisfactorily met, protest criers typically do not feel better after their crying spell.

Sad Crying of Despair

Crying in despair has more of a sad, quiet energy in both children and adults. The hope for a reunion, reconciliation, or restoration is abandoned, which leads to a deep, heavy sadness (Nelson, 2005). Bowlby (1960) noted that infants’ cries at this stage were a quiet, low wail. Sad crying in adulthood signifies surrender to or acceptance of the loss (Nelson, 2005): the boyfriend loves another woman or the tumor is indeed a malignancy. Nelson (2005) has postulated that it is this type of crying that promotes healing and the working through of grief as the bereaved person acknowledges the painful permanence of the loss and reestablishes a symbolic connection with the lost attachment figure, object, or quality (for instance, by establishing an award in honor of the deceased or by forming a support group for others going through a similar loss). Through this process, the grieving person is eventually able to connect with new attachment figures, reconfigure relationships with surviving ones, and reorganize life anew.

Unlike crying in protest, sad crying in despair evokes positive caregiving feelings and a desire to comfort in even the most distant observer (Nelson, 2005). It exerts a sympathetic pull toward the sufferer that transcends words and crosses cultures. Touching, hugs, words of sympathy, and offers of help are among the caregiving behaviors of adults. However, feelings of needing or giving care can also evoke feelings of awkwardness in some people. Then, caregiving may take the form of false reassurance, distraction, or even deciding the crier prefers to be “left alone.” People who are uncomfortable with intimacy may pull away when comfort is needed or, in extreme cases, react to sad crying with hostility.

Detached Inhibited Crying

In infancy, the final stage of response to separation from the caregiver is silence. For babies, this may be life-threatening, because helpless children will die if they fail to connect with a caregiver. Bowlby called this stage detachment and noted the eerie absence of crying. Detached inhibited crying, as Nelson (2005) describes it in adults, is typically associated with withdrawal, blocked or denied grief, and depression. There is no hope of resolution or healing after a significant loss. Detachment in adults may also be life-threatening if it involves excessive consumption of alcohol or drugs, refusal of food, or suicidal behavior. Interpersonally, detached inhibited crying is problematic because it defies connection and deflects support and caring while isolating the griever. Potential caregivers become frustrated and may even feel rejected. However, not all inhibited adult crying represents detachment. Some inhibited criers are able to show their sadness in alternative ways (e.g., by verbalizing their feelings) and to receive caregiving when they experience a loss even though they do not cry.

Review of Empirical Studies Concerning Adult Crying as an Attachment Behavior

Antecedents of Crying

Evidence for the perspective that crying is an attachment behavior can be found by examining the situations that most likely induce crying in adults. According to Nelson (2005), most adult crying is triggered by situations analogous to the separations and vulnerabilities of infancy, and the common denominator of crying throughout life is grief over separation or loss. For example, funerals or memorials for family members or other intimates, situations involving the dissolution of romantic relationships or conflicts within such relationships, and sad films or television programs that have loss as a main theme are the situations in which people most often report crying (Nelson, 1998; 2000; Vingerhoets et al., 2000; Vingerhoets, Van Geleuken, Van Tilburg, & Van Heck, 1997). Among positive situations, weddings, music, and reunions occupy the top positions. These so-called tears of joy (Avery, 1983; Feldman, 1956; Weiss, 1952) that are associated with accomplishments, victories, and happy endings also touch intimately on themes of loss and grief. Victory instead of loss at an athletic competition, reunion instead of permanent separation after a child is kidnapped, and the end of childhood or the separation between child and parent at a wedding all represent happy outcomes combined with losses that have been averted, outlived, or overcome.

Although adult crying may be an expression of different emotions such as sadness, anger, joy, or fear, these emotions are typically accompanied by feelings of powerlessness (Vingerhoets, Boelhouwer, Van Tilburg, & Van Heck, 2001; Vingerhoets et al., 2000). Evidence further suggests that we are most likely to cry

in the presence of someone with whom we share a close relationship of some sort (Cornelius, 1981). Vingerhoets and colleagues (Vingerhoets et al., 2000; Vingerhoets et al., 1997) have found that adult crying typically occurs at home where intimates may be expected to be present. In short, the kinds of situations in which adults cry most frequently are those that would be predicted by an attachment approach to crying.

Social Reactions to Crying

Most important to the understanding of how crying enhances well-being through its interpersonal benefits is to review how people respond to the tears of others. In a study by Cornelius (1982), most individuals reported that they stop their ongoing activities to pay attention to the crying person. People reported that they try to physically or verbally comfort the crying individual or start to cry themselves. Wagner, Hexel, Bauer, & Kropiunnigg (1997) demonstrated that, in response to a crying patient, doctors, nurses, and medical students mostly try to soothe the patient with words, hold the hand of the patient, and/or become personally affected. When Wagner et al. (1997) asked the hospital staff how other colleagues responded to their tears at work, it appeared that health professionals were mostly either comforted or left to themselves. However, a fifth of the medical students reported that they were ridiculed, screamed at, or looked at with contempt.

In addition to these real-life observations, some quasi-experimental studies have been carried out. In the study by Hill & Martin (1997), confederates (in this study, only women) acted as if they were crying or not crying in reaction to a film. The results showed that crying confederates elicited more sympathy and more crying from the participants (also only women) than did noncrying confederates. Hendriks, Croon, and Vingerhoets (2007) had participants respond to vignettes describing several situations in which the main character cried or did not cry. It appeared that participants tended to give more emotional support to and express less negative affect toward a crying than a noncrying person.

Cornelius and Lubliner (2003) and Hendriks & Vingerhoets (2006) both examined the so-called signal value of crying faces; that is, the social messages they convey to others. Cornelius and Lubliner (2003) found that most participants (60.0%) felt that crying people communicated the message that they want help, comfort, or to be taken care of. A smaller, albeit substantial, percentage (50.0%) of those who viewed the same faces with the tears digitally removed (“nontearful faces”) gave the same answer. Cornelius and Lubliner (2003) additionally asked participants to indicate how they would respond to the person on the photo. The majority of participants who viewed a tearful face (59.0%) indicated that they would comfort the person, whereas the majority of respondents who viewed a nontearful face (52.1%) indicated that they would ask the person what was wrong. A larger percentage of those who saw a nontearful face (26.0%) reported they would leave the person alone compared with those who saw a crying face (19.6%). In the study of Hendriks &

Vingerhoets (2006), the reactions to crying faces were compared with the reactions to neutral, angry, and fearful faces. Respondents tended to give more emotional support to a crying person and to avoid a crying person less than people expressing the other emotions.

Concerning sex differences in reactions to crying, Jesser (1989) demonstrated that most female respondents reported crying along with a crying person, whereas male respondents were more likely to report ignoring a crying person. Respondents were more inclined to comfort and help a crying woman than a crying man (Cretser, Lombardo, Lombardo, & Mathis, 1982; Jesser, 1989). A crying man was more likely to be helped by female than by male respondents and was more looked down on by male than by female respondents (Cretser et al., 1982). In contrast, in the studies of Cornelius and colleagues (Cornelius and Lubliner, 2003; Cornelius, Nussbaum, Warner, & Moeller, 2000) and of Hendriks and colleagues (Hendriks & Vingerhoets, 2006; Hendriks, Croon, et al., in press), the sex of the respondent and of the crying person did not substantially influence the social reactions to crying. In the study by Cornelius and Lubliner (2003), there was some indication that men more likely than women leave a crying person alone, particularly if that person is another man. However, this interaction effect was quite small.

In short, most findings of the studies on social reactions to crying are in accordance with what the attachment perspective on adult crying would predict. As expected, crying mainly elicited sympathy and support, and crying people were perceived as communicating the message that they are in need of help. In addition, however, evidence was found for negative reactions from the social environment in reaction to tears. These negative findings do not necessarily contradict the attachment-theory perspective. Protest crying can evoke feelings of guilt and irritation in others, who subsequently may express their anger or frustration. Also, people who cry out of sadness may evoke feelings of awkwardness in potential caregivers, which may result in their pulling away. The sex of the potential caregiver might partially determine the amount of awkwardness that is experienced in the presence of a crying person. Because women are more comfortable with intimacy and a nurturing role, they may experience fewer feelings of awkwardness in the presence of a crying person than men. This might explain why women reacted with sympathy and support while men tended to feel irritated and confused in the presence of a crying person (Cretser et al., 1982; Jesser, 1989).

Hendriks et al. (in press) demonstrated that reactions from the social environment to crying were partially determined by the situation (i.e., the context) in which the person cried. Whether or not others perceive the crying as appropriate might be especially relevant in this regard. Anecdotal evidence has suggested that tears that are considered as inappropriate or manipulative may evoke strong negative reactions and even may be considered as blackmail (Frijda, 1997; Kottler, 1996). As an example, crying on the job is often considered as inappropriate (Hoover-Dempsey, Plas, & Wallston, 1986), which might explain the findings of Wagner et al. (1997) that crying medical students were sometimes ridiculed, looked at with contempt, or screamed at by their colleagues.

Conclusion

This chapter focused on the question whether adult crying acts as an attachment behavior; that is, whether crying elicits support and facilitates social bonding. It is posited that these caregiving responses may subsequently improve the well-being of the crying person. The research findings here presented support the view that crying is a very compelling communicative signal with a high potential to elicit caregiving responses and to strengthen social bonds. Crying appears to be an important attachment behavior throughout life that is primarily designed to communicate the need for help and to stimulate others to offer this comfort and help.

However, the commonly made assumption that crying is a clear and unambiguous phenomenon generally yielding the same interpersonal functions does not seem to hold. In certain conditions, people also responded negatively to the tears of others. These discrepant reactions confirm the validity of distinguishing between different types of crying (i.e., protest crying and sad crying of despair). Protest crying might lead to interpersonal difficulties, whereas sad crying might primarily elicit positive reactions in others. Unfortunately, until now, researchers have made no distinction between these kinds of crying. Future research should therefore explicitly examine the social reactions to different kinds of crying, for instance, by manipulating the auditory aspects of the crying spell; protest crying could be presented by a loud cry and sad crying could be presented by a quiet wail. Another possibility is to manipulate or analyze the social context of crying.

Future research should also combine the study of the intrapersonal and interpersonal consequences of crying. In this way, it could be determined whether the alleged beneficial health effects of crying depend upon the reactions from people in the social environment. The effects of crying on physiologic and psychological functioning should be investigated both in situations in which crying has positive interpersonal effects and in situations in which crying has no or negative interpersonal effects. Given the social reactions to the different types of crying, it can be expected that protest crying will be less beneficial for one's well-being than sad crying of despair.

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