

Blog Watch

Dangers of “Crying It Out”: Damaging Children and Their Relationships for the Long-term¹

Darcia Narvaez, Ph.D. 

Letting babies “cry it out” is an idea that has been around since at least the 1880s, when the field of medicine was in a hullabaloo about germs and transmitting infection, and so took to the notion that babies should rarely be touched (see [Blum, 2002](#), for a great review of this time period and attitudes towards childrearing).

In the 20th century, behaviorist John Watson (1928), interested in making psychology a hard science, took up the crusade against affection as president of the American Psychological Association. He applied the mechanistic paradigm of behaviorism to childrearing, warning about the dangers of too much mother love. The 20th century was the time when “men of science” were assumed to know better than mothers, grandmothers, and families about how to raise a child. Too much kindness to a baby would result in a whiney, dependent, failed human being. Funny how “the experts” got away with this with no evidence to back it up! Instead there is evidence all around (then and now) showing the opposite to be true.

A government pamphlet from the time recommended that “mothering meant holding the baby quietly, in tranquility-inducing positions,” and that “the mother should stop immediately if her arms feel tired” because “the baby is never to inconvenience the adult.” Babies older than six months “should be taught to sit silently in the crib; otherwise, he might need to be constantly watched and entertained by the mother, a serious waste of time.” (See [Blum, 2002](#).)

Don’t these attitudes sound familiar? A parent reported to me recently that he was encouraged to let his baby cry herself to sleep so he “could get his life back.”

With neuroscience, we can confirm what our ancestors took for granted: that letting babies get distressed is a practice that can damage children and their relational capacities in many ways for the long term. We know now that leaving babies to cry is a good way to make a less

intelligent, less healthy but more anxious, uncooperative and alienated person who can pass the same-or worse-traits on to the next generation.

 The discredited behaviorist view sees the baby as an interloper into the life of the parents, an intrusion who must be controlled by various means so the adults can live their lives without too much bother. Perhaps we can excuse this attitude and ignorance because at the time extended families were being broken up, and new parents had to figure out how to deal with babies on their own, an unnatural condition for humanity: we have heretofore raised children in extended families. The parents always shared care with multiple adult relatives.

 According to a behaviorist view completely ignorant of human development, the child “has to be taught to be independent.” We can confirm now that forcing “independence” on a baby leads to greater dependence. Instead, giving babies what they need leads to greater independence later. In anthropological reports of small-band hunter-gatherers, parents took care of every need of babies and young children. Toddlers felt confident enough (and so did their parents) to walk into the bush on their own (see *Hunter-Gatherer Childhoods*, edited by [Hewlett & Lamb, 2005](#)).

 Ignorant behaviorists then-and now-encourage parents to condition the baby to expect needs NOT to be met on demand, whether feeding or comforting. It’s assumed that the adults should “be in charge” of the relationship. Certainly this might foster a child that doesn’t ask for as much help and attention (withdrawing into depression and going into stasis or even wasting away), but it is more likely to foster a whiney, unhappy, aggressive and/or demanding child: one who has learned that one must scream to get needs met. A deep sense of insecurity is likely to stay with them for the rest of their lives.

The fact is that caregivers who habitually respond to the needs of the baby before the baby gets distressed, preventing crying, are more likely to have children who are independent than the opposite (e.g., [Stein & Newcomb, 1994](#)). Soothing care is best from the outset. Once pat-

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terns get established, it's much harder to change them.

Rats are often used to study how mammalian brains work, and many effects are similar in human brains. In studies of rats with high- or low-nurturing mothers, there is a critical period for turning on genes that control anxiety for the rest of life. If in the first 10 days of life you have low-nurturing rat mother (the equivalent of the first six months of life in a human), the gene never gets turned on. The rat is anxious towards new situations for the rest of its life, unless drugs are administered to alleviate the anxiety. These researchers say that there are hundreds of genes affected by nurturance. Similar mechanisms are found in human brains—caregiver behavior matters for turning genes on and off. (e.g., Meaney, 2001).

We should understand the mother and child as a mutually responsive dyad. They are a symbiotic unit that make each other healthier and happier in mutual responsiveness. This expands to other caregivers too.

One strangely popular notion still around today is to let babies “cry it out” when they are left alone, isolated in cribs or other devices. This comes from a misunderstanding of child and brain development.

- Babies grow from being held. Their bodies get dysregulated when they are physically separated from caregivers.
- Babies indicate a need through gesture and eventually, if necessary, through crying. Just as adults reach for liquid when thirsty, children search for what they need in the moment. Just as adults become calm once the need is met, so do babies.
- There are many long-term effects of under care or need-neglect in babies (e.g., Dawson et al., 2000).

What does “crying it out” actually do to the baby and to the dyad?

Neurons die. When the baby is distressed, the toxic hormone cortisol is released. It's a neuron killer. A full-term baby (40 to 42 weeks), with only 25% of its brain developed, is undergoing rapid brain growth. The brain grows, on average, three times as large by the end of the first year (and head size growth in the first year is a sign of intelligence, e.g., Gale et al., 2006). Who knows what neurons are not being connected or being wiped

out during times of extreme stress? What deficits might show up years later from such regular distressful experience? (See my addendum below.)

Disordered stress reactivity

Can be established as a pattern for life not only in the brain with the stress-response system, but also in the body through the vagus nerve, a nerve that affects functioning in multiple systems (e.g., digestion). For example, prolonged distress in early life, resulting in a poorly functioning vagus nerve, is related to disorders, such as irritable bowel syndrome (Stam et al, 1997). (See more about how early stress is toxic for lifelong health from the recent Harvard report, *The Foundations of Lifelong Health are Built in Early Childhood*).

Self-regulation is undermined. The baby is absolutely dependent on caregivers for learning how to self-regulate. Responsive care—meeting the baby's needs before he gets distressed—tunes the body and brain up for calmness. When a baby gets scared, and a parent holds and comforts him, the baby builds expectations for soothing, which get integrated into the ability to self-comfort. Babies don't self-comfort in isolation. If they are left to cry alone, they learn to shut down in face of extensive distress—stop growing, stop feeling, stop trusting (Henry & Wang, 1998).

Trust is undermined. As Erik Erikson pointed out, the first year of life is a sensitive period for establishing a sense of trust in the world, the world of caregiver, and the world of self. When a baby's needs are met without distress, the child learns that the world is a trustworthy place, that relationships are supportive, and that the self is a positive entity that can get its needs met. When a baby's needs are dismissed or ignored, the child develops a sense of mistrust of relationships and the world. And self-confidence is undermined. The child may spend a lifetime trying to fill the inner emptiness.

Caregiver sensitivity may be harmed. A caregiver who learns to ignore baby crying will likely learn to ignore the more subtle signaling of the child's needs. Second-guessing intuitions to stop child distress, the adult who ignores baby needs practices and increasingly learns to “harden the heart.” The reciprocity between caregiver and baby is broken by the adult, but cannot be repaired by

the young child. The baby is helpless.

Caregiver responsiveness to the needs of the baby is related to most-if not all-positive child outcomes. In our work, caregiver responsiveness is related to intelligence, empathy, lack of aggression or depression, self-regulation, and social competence. Because responsiveness is so powerful, we have to control for it in our studies of other parenting practices and child outcomes. The importance of caregiver responsiveness is common knowledge in developmental psychology. Lack of responsiveness, which “crying it out” represents, can result in the opposite of the aforementioned positive outcomes.

The “cry it out” approach seems to have arisen as a solution to the dissolution of extended family life in the 20th century. The vast wisdom of grandmothers was lost in the distance between households with children, and those with the experience and expertise about how to raise them well. The wisdom of keeping babies happy was lost between generations.



But isn't it normal for babies to cry?

No. A crying baby in our ancestral environment would have signaled predators to tasty morsels. So our evolved parenting practices alleviated baby distress and precluded crying except in emergencies. Babies are built to expect the equivalent of an “external womb” after birth (see [Allan Schore](#), specific references below). What is the external womb? ~being held constantly, breastfed on demand, needs met quickly (I have numerous posts on these things). These practices are known to facilitate good brain and body development (discussed with references in other posts, some links below). When babies display discomfort, it signals that a need is not getting met, a need of their rapidly growing systems.



What does extensive baby crying signal?

It shows the lack of experience, knowledge and/or support of the baby's caregivers. To remedy a lack of information in us all, below is a good set of articles about all the things that a baby's cry can signal. We can all educate ourselves about what babies need and the practices that alleviate baby crying. We can help one another to keep it from happening as much as possible.

Check these out:

How to soothe babies: http://www.babycenter.com/0_12-reasons-babies-cry-and-how-to-soothe-them_9790.bc?page=2

Soothing babies crying “for no reason”: http://www.babycenter.com/0_what-to-do-when-your-baby-cries-for-no-reason_10320516.bc

Soothing babies who have “colic”: http://www.babycenter.com/0_colic-how-to-cope_1369745.bc

[Science of Parenting](#), an inexpensive, photo-filled, easy-to-read book for parents by Margot Sunderland, has much more detail and references on these matters. I keep copies on hand to give to new parents.

[Here is a terrific post on co-sleeping](#) (the abandoned practice that is behind notions of leaving babies to cry it out) by my esteemed colleague, Peter Gray. [Much more about co-sleeping research is here](#) at the website of my colleague, James McKenna.

More on babies' and children's needs [here](#), [here](#), [here](#).



Giving babies what they need is really a basic right of babies.



See [1](#) for more rights I think babies should expect. And see here for a new book by Eileen Johnson on the emotional rights of babies.



ADDENDUM: I was raised in a middle-class family with a depressed mother, harsh father, and overall emotionally unsupportive environment-not unlike others raised in the U.S. I have only recently realized from extensive reading about the effects of early parenting on body and brain development that I show the signs of under care-poor memory (cortisol released during distress harms hippocampus development), irritable bowel and other poor vagal tone issues, and high social anxiety. The U.S. has epidemics of poor physical and mental health (e.g., UNICEF, 2007; USDHSS, 1999; WHO/WONCA, 2008). The connection between the lack of ancestral parenting practices and poor health outcomes has been documented for touch, responsiveness, breastfeeding, and more (Narvaez et al., in press). If we want a strong country and people, we've got to pay attention to what children need for optimal development.

For Further Reading

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Darcia Narvaez, Ph.D. is an Associate Professor of Psychology, and Director of the Collaborative for Ethical Education at the University of Notre Dame. Her research explores questions of moral cognition, moral development, and moral character education. She has developed several integrative theories: Adaptive Ethical Expertise, Integrative Ethical Education, and Triune Ethics Theory. She spoke at the White House's conference on Character and Community. She is author or editor of three award-winning books: *Postconventional Moral Thinking*; *Moral Development, Self and Identity*; and *The Handbook of Moral and Character Education*.