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WHY DO YOU PICK UP A BABY WHO IS CRYING?

Why do you pick up a baby who is crying?

The baby is in distress over discomfort, hunger, being startled, and so forth. Babies in distress who are not attended to, slide into despair. You can hear the difference in their cry.

Why do you pick up a baby who is crying?

Because babies do not know how to self-soothe. You pick up the baby to soothe him or her so that he/she doesn't go into despair, which ignites a whole set of other emotional and psychological issues potentially.

Why do you pick up a baby who is crying?

Because as you soothe the baby, the baby learns how to self-soothe. He/she eventually learns to rock him/herself gently the way you rock him/her. He/she eventually learns to caress him/herself around his/her face and body, the way you caress him/her. He/she eventually learns to murmur in the same tone (but in baby language) the gentle nurturing sounds that he/she has heard from you. Babies learn how to self-soothe by being soothed by loving caretakers.

Babies that are soothed learn and are modeled behaviors that they eventually use to soothe others as they grow older.

Babies that learn how to self-soothe become children, teenagers, and adults who know how to self-soothe and know how to soothe others.

Babies that DO NOT learn how to self-soothe become children, teenagers, and adults who DO NOT know how to self-soothe or soothe others.

Children who do not know how to self-soothe, will act out to gain the fourth cousin twice removed of nurturing- that is, negative attention. They take the negative attention because that is all they feel they can get. And you need to celebrate their acting out, because their acting out is a cry for help. The cry for help although the baby or child may not know it, is also a cry of hope. Babies that stop crying have lost hope. This can result in the failure to thrive syndrome. Children who stop acting out have also lost hope and may slide deeply into depression.

Teenagers and adults who do not know how to self-soothe, will use alcohol, drugs, sex, food, self-injury, and any number of other dysfunctional behaviors in order to self-soothe. If they lose hope, they may also fall into patterns of short-term gratuitous or hedonistic behaviors that can be self-destructive. Long-term goals or dreams become irrelevant with life experiences and views of hopelessness and helplessness.

Teenagers and adults who do not know how to self-soothe, will get into a relationship with you, and demand that you always perfectly soothe them when they are in need. And, if for some reason, you fail to soothe them when their distress spirals immediately into despair, they will lash out and punish you for your betrayal. This can be borderline personality disorder tendencies in action. This type of behavior can become endemic in problematic couples relationships. Or, they may not know how to soothe YOU or others effectively or appropriately. Other personality disorders may arise from the same issues.

Parents who do not know how to self-soothe will overcompensate soothing for their children as they seek to prevent their children suffering the despair they experienced- often despite their children not feeling despair. The consequence of this may be narcissistic and entitled (spoiled) children who proceed with problems into second (their own intimacy relationships) and third generations (their children).

Why do you pick up a baby who is crying?

Because this is how they learn that in the big wide world, there is someone who cares that he/she is in distress.



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Why do you pick up a baby who is crying?

Because this is the fundamental behavior of all those wonderful attachment theories!

Why do some people advocate letting them "cry it out?" On a humorous note, I recall research that came out a few years ago, that the tone and pitch of a baby's cry is designed to bug the heck out of us! Duh! That makes us want to get the baby not to cry of course. Some people advocate letting babies "cry it out" because they are focusing on a practical problem and focusing on the behavior itself. It's a legitimate problem to be handled in any number of ways. But it needs to be handled so that babies can have secure attachment.

Why do you pick up a baby who is crying?

Because a cry of discomfort also is a cry of need. If adults don't respond to the cry, the "cry it out" advocates are correct... the baby will stop crying. The baby will stop crying because beyond the cry being a cry of discomfort, it also becomes a cry of hope. When babies, children, teens, and adults lose hope, they don't cry out anymore. Crying out, acting out, and other behaviors are the cries to caregivers (personal and professional) that need to be responded to.

This is how I explain this issue to parents, teachers, and other human services professionals. They get it. At the core, it's still about attachment.

Ainsworth's Patterns of Attachment Theory*

Secure Attachment (66%):

Attachment style in which an infant separates readily from the primary caregiver and actively seeks out the caregiver when she or he returns.

Characteristics of caregivers of **securely attached** babies:

- most sensitive to babies demands in first year of life;
- observed "demand" feeding;
- responsive to cues to stop, slow down, or speed up feeding;
- more likely to soothe babies when they cried- to answer babies sounds;
- more likely to talk to babies when they looked into caregiver's face;
- tend to hold them closer to their bodies;
- more responsive and skilled in caretaking;
- had positive feelings about themselves.

Avoidant Attachment (20%):

Attachment style in which an infant rarely cries when the primary caregiver leaves and avoids contact on his or her return.

Characteristics of caregivers of **avoidant attached** babies:

- angriest of all caregivers;
- tense;
- irritable;
- lacking in confidence;
- seemed uninterested in their babies;
- trouble expressing their feelings;
- shied away from close physical contact with their babies.

Ambivalent (resistant) Attachment (12%):

Attachment style in which an infant becomes anxious before the primary caregiver leaves but both seeks and resists contact on the caregiver's return.

Characteristics of caregivers of **ambivalently attached** babies:

- well meaning but less capable;
- tended to score lower on IQ tests;
- understand less how to meet their babies' needs.

Disorganized-Disoriented Attachment:

Attachment style in which an infant shows contradictory behaviors, and seems confused and afraid.

*A Child's World, Infancy Through Adolescence, Papalia and Olds, McGraw-Hill, Inc. New York, 1993.