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Efficacious crying: Theory and research

Tomasso, Patricia J., Ph.D.
City University of New York, 1992

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EFFICACIOUS CRYING: THEORY AND RESEARCH

by

Patricia J. Tomasso

A dissertation submitted to the Graduate Faculty
in Psychology in partial fulfillment of the require-
ments for the degree of Doctor of Philosophy, The
City University of New York.

1992

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This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

EFFICACIOUS CRYING: THEORY AND RESEARCH

by

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Adviser: Professor I.H. Paul

In this study, I introduce the concept of Efficacious Crying, a form of crying which is done willingly by persons who value its effectiveness in helping them to feel better. This concept is based on a dual model of crying as adaptive regression (an ego model), and as self-soothing (a superego model) -- a model which assumes, but goes beyond, the traditional view of crying as catharsis (an id or drive-discharge model). Efficacious Crying is thus viewed as both an ego and a superego function in the service of restoring emotional equilibrium.

My hypotheses concern the process of Efficacious Crying: In the period preceding a crying episode, the person feels bombarded by negative, self-referential thoughts and feelings, and a regressive process ensues in which normal ego functioning temporarily declines and the crying episode is allowed to take place. While crying, the person has an inner experience of acting benevolently towards herself by way of soothing thoughts, images and behavior, and she is aware of experiencing herself as both the soother and the one soothed. After crying, the person derives re-integrative,

restorative benefits from the adaptive regressive and self-soothing experiences of crying.

Using a case study approach, I undertook extensive individual interviews with eight women who cry with some frequency and value their crying as beneficial. Through interview questions, follow-up questionnaires and journals of subsequent crying episodes, I explored the thoughts, feelings, images, and behavior which typically precede, accompany and follow their crying episodes. The data generally supported the hypothesized process of Efficacious Crying.

While Efficacious Crying is a specific type of crying episode, it is not necessarily exclusive to a specific type of crier. Most likely, it is a fairly universal, if less frequent, experience for many criers. Topics for further research could include comparing Efficacious Crying with other forms of crying, for example, "tears of joy", "movie crying", and "communicative crying".

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I am indebted to my wonderful little boys, Gideon and Tobias, for their patience with me, and their resilience in adjusting to the unrelenting demands of my schedule. I am especially thankful for the ways in which

they deepened my appreciation of the child in me -- an experience which was invaluable in the development of my ideas about crying.

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For My Father

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Chapter One

Introduction and Hypotheses

A newborn's first cry is an index of her physical health and vitality. But it is also her primary means of coping with aversive stimuli. For many months to come, her primary vocalization will consist of the cry. At first, she may cry for want of something she needs. After a few months, assuming that her needs have generally been met, she will cry not only as a reaction to aversive stimuli, but also as an action through which she can anticipate her needs and elicit an empathic response from another. Whether her crying is understood as her primary means of communicating and bonding with her caretakers, as Bowlby (1969) and Emde (1976) emphasized, or more simply her need to exercise her lungs and "let off steam", as Brazelton (1962) suggested, the infant's cry is generally accepted as a normal, necessary behavior.

Crying in adults is not so easily understood or accepted. With the acquisition of language, and the gradual achievement of emotional maturity, one's need to cry is generally expected to diminish with age. While numerous infant crying studies in recent years have investigated psychological aspects of infant crying, little attention has been paid to adult crying. Most often, those who have studied adult crying have focussed on atypical, so-called pathological crying. Some have discussed adult crying from a single theoretical perspective; others have applied a variety of perspectives in their attempts to tackle the complexities of crying. While many of the ideas put forth are compelling and shed new light on adult crying, few have undertaken a systematic investigation.

While my general aim in this dissertation is to further our understanding of adult crying, my primary interest is in a specific type of crying which I call "Efficacious Crying". Efficacious Crying is crying that is done willingly by persons who know from experience that it will be efficacious in that they will feel better afterwards. The focus of my investigation is the subjective experience of Efficacious Crying, that is, the thoughts, feelings and images that precede, accompany and follow the typical episode of Efficacious Crying.

In order to explore these phenomena most fully, I have chosen to interview women who would be most likely to provide ample data on Efficacious Crying, i.e., women who value crying as beneficial and who cry at least once a month. I further stipulated that they be women who typically a) welcome crying; b) cry fully, placing no limits on the duration or intensity of the crying episode; c) have no regrets about having cried after the fact; d) cry about themselves, and e) cry alone. Through their retrospective accounts of such crying episodes, and journals and/or questionnaires completed following subsequent crying episodes, I explored with them their thoughts, feelings, and images before, during and after crying.

Two notes about my use of terminology. First, Greenacre (1945b) drew a distinction among the terms "weeping", "crying" and "sobbing", in which weeping refers to tears, crying to vocalizations, and sobbing to muscular movements of the mouth and chest. For the sake of simplicity, I decided to use the term "crying" throughout to refer to any or all of these phenomena. I consider a full-fledged crying episode to be one which typically includes tears, vocalizations and muscular movements. Second, since this study focusses exclusively on crying in women, I decided to use

female pronouns throughout the dissertation when referring to people who cry.

My overview of the literature on adult crying is organized chiefly around three theoretical models. The first, crying as catharsis, is the traditional, widely accepted model of crying. The second, crying as adaptive regression, and the third, crying as self-soothing, are additional models which I am proposing as essential to the process of Efficacious Crying.

Throughout the literature review, I incorporate ideas about infant crying when it seems relevant and useful to do so. I try to avoid assumptions regarding a direct relationship between infant and adult crying behavior and experience. Nevertheless, developmental considerations are presented and discussed.

My interest in Efficacious Crying stems chiefly from my first-hand knowledge of it. To introduce the concept more vividly, I offer the following "prototype" of an episode as I might experience it:

I feel downcast, tired and anxious. I am overwrought, preoccupied with internal and external pressures and incapable of maintaining my equilibrium in the face of them. If I look back over the last several hours, I recall that I've been particularly hard on myself about a variety of matters. This seems to have had a cumulative effect: now I feel utterly incompetent and immobilized. I'm aware of the "adult" in me scolding the "child" in me. I feel overwhelmed by my negative thoughts and feelings about myself, and I start to 'regress'. No longer able to maintain a sense of myself as a competent adult, I feel increasingly helpless and child-like -- and I feel on the verge of crying. I'm aware of this regression as it's occurring and I give myself permission to 'indulge' in it as I know from experience where it will lead. I put myself in a situation where I can be alone for an extended period of time. If I'm at home, I might take the phone off the hook or turn on the answering machine. I might choose certain music which I know from experience will help me to cry. If I'm away from home, I

will head for a semi-secluded setting, such as a park, or my car. For a period of time, it's as if the clock stops, the world comes to a halt, and I am on a journey inward.

As I cry, I feel more like myself-as-a-little-girl than myself-as-an-adult, and I enjoy that. My thoughts begin to shift; I'm more empathic towards myself. For example, I might think, 'How can I expect so much of myself? I'm just a little kid.' The experience can be quite vivid and enveloping, rich with childhood memories, images, and feelings. I might list all the 'good' reasons I have for feeling the way I feel, re-playing old and new misfortunes for myself. And in the process, I feel taken care of, soothed. I will actually have images of myself-as-an-adult comforting myself-as-a-child, a 'good mother' soothing a sweet, helpless little girl. These thoughts and feelings, in turn, fuel my crying. It's a cycle that continues until I begin to feel more at peace, more accepting of myself, and more like the capable adult of a few hours ago.

My hypotheses concern the process of the typical episode of Efficacious Crying. First, while most crying is preceded by negative or painful thoughts and feelings, I propose that in the period preceding an episode of Efficacious Crying, a person feels bombarded by negative, self-referential thoughts and feelings. This process, which can occur gradually, over the course of hours or even days, typically occurs when frustrations, irritations, conflicts, regrets, and the like begin to accumulate and loom larger than usual, feeling increasingly like an unyielding burden. At first, the person may not be aware of this process, as her experience of distress may feel no different from the daily expectable distress she feels in the course of a typical day. Once a tolerance level for distress is exceeded, however, she begins to feel as if her troubles are "ganging up" on her and she feels increasingly unable to cope with them.

The question immediately arises: What is doing the bombarding? Is the person merely a passive player, a victim of her environment, perhaps overly sensitive and responsive to it, and, therefore, easily overwhelmed by events and the affects they engender? Or is the bombardier unconsciously none other than the person herself? To assume the latter need not imply a pathological process in which a crier is overly harsh, even cruel with herself, for an alternative explanation exists. Tomkins (1962) argued in favor of a process in which a person exposes herself to stimuli *just aversive enough* to bring on crying. Particularly for the person who experiences Efficacious Crying, it would make sense that she have some mechanism for bringing herself to the point of crying in order to experience the beneficial effects which crying typically affords her.

In his ground-breaking study of adult crying, Borgquist (1906) observed in the introspective accounts of his subjects' crying episodes a similar, albeit more extreme, process:

The state of mind...is extremely autosuggestive; the stream of consciousness...is likely to take the form of imaginative inference, to an almost paranoid degree. The subject imagines unfortunate situations and disasters that have little relation to reality and these in turn add to the depression. (p. 163)

Wood and Wood (1984) also discussed a similar phenomenon in the period before crying: that the precipitant to crying always triggers associations to a variety of intrapsychic conflicts. Just as Boyer (1955) identified a loss of superego support as an important factor in depression, I propose that the period preceding an episode of Efficacious Crying involves a temporary loss of superego support.

I further propose the following: In the course of being bombarded with negative, self-referential thoughts and feelings, a regressive process is set in motion in which the person's capacity for normal ego functioning temporarily declines, and this process culminates in crying. That is, preoccupied with troubling thoughts and feelings, the person is less able to remain focussed, objective and, at times, even rational. More inwardly focussed than usual, she finds it increasingly difficult to maintain her perspective vis a vis the world. She feels more sensitive than usual to frustrations, slights and the like. More generally, she feels less able to deal with the external world *and less desirous of doing so*. During this temporary breakdown of normal functioning, the person feels less defended, more vulnerable, less like herself as a competent adult, more like herself as a helpless child in distress. This regressive, disintegrative process culminates in a regressive act where language is reduced to inarticulate sounds, where the body feels weakened, and there is a need to lie down. Thoughts and actions give way to feelings; one is "reduced to tears".

Regression occurs in most forms of crying. But I propose that in Efficacious Crying, the person is not just a passive player, a victim to the vagaries of mood. Rather, she actively declares a brief "moratorium" on ordinary functioning, and allows the crying episode to take place so that she can reap the benefits she has come to expect from crying. Therefore, in Efficacious Crying the regression is willed and controlled. It is an adaptive regression in the service of the ego, in the sense that Kris (1936) and Bellak et al (1958) described. I further propose that in Efficacious Crying a crucial aspect of the regression is a resonance with oneself-as-a-child, i.e., a temporary reactivation of childhood feelings and memories, and that it is

this regressive experience which softens the punitive stance and makes way for a more sympathetic attitude towards oneself.

My chief interest lies in the self-soothing function of crying. My primary hypothesis is that in Efficacious Crying a person has an inner experience of acting benevolently towards herself while she is crying, i.e., of soothing herself by way of thoughts, images, or behavior. A person who "says yes" to crying when she feels like crying gives herself something she knows from experience will help her to feel better. In that sense, the very act of allowing herself to cry is a deliberate attempt at self-soothing. It implies that the person has assumed a benevolent stance towards herself in the face of negative, self-referential thoughts and feelings and the temporary regression to a child-like state of vulnerability and helplessness which, I propose, ensues.

If we consider infant crying, we can see how crying develops as an adaptive behavior, specifically how it comes to serve a self-soothing function. The older infant cries to communicate some need, having an expectation that an adult caregiver will respond to her cry. This response will generally consist of some form of need-fulfilling, e.g., food, clean diaper, sleep, or simply holding. Once this pattern of distress and relief-of-distress has been established, the infant is actively involved in her own soothing. Whether this involves an internalization of a "good enough mother" (Winnicott, 1960a), or a compensation for an inadequate one, the model of crying as self-soothing is closely associated with Winnicott's concept of the "holding environment" (1960b), and, as such, with the early mother-child relationship. In Efficacious Crying, the crier creates a holding environment for herself.

This benevolent attitude is in sharp contrast to her attitude towards herself in the period preceding crying, in which, as I have proposed, she feels bombarded, or unconsciously bombards herself, with negative, self-referential thoughts and feelings. The role of the superego in crying thus emerges as a complex one in which both punitive and benevolent attitudes and behavior are involved, with the benevolent or comforting superego taking over from the punitive or critical superego as the Efficacious Crying episode proceeds.

More specifically, I propose that Efficacious Crying typically involves internal images of soother and soothed, i.e., of caregiver and child, and that an important aspect of self-soothing through crying is the experience of feeling oneself to be both the soother and the soothed. There may be actual memories of parent-as-soother and oneself as child-in-need-of-soothing, or idealized, fantasy images of the same, or a combination of both. In any event, I propose that in Efficacious Crying the person comes to feel soothed *by the very experience of* acting as a benevolent caregiver towards herself.

After an episode of Efficacious Crying, there is typically a marked decrease in the overstimulation and dysphoric affect characteristic of the period preceding crying. But in addition to these cathartic effects of crying (which I assume apply to all or most forms of crying), I propose that in Efficacious Crying there are re-integrative and restorative benefits derived from the adaptive regressive and self-soothing experiences of the crying episode. These benefits typically include renewed feelings of cohesiveness, a more optimistic and/or realistic perspective with regard to one's situation, and heightened feelings of calm, balance and control over one's life.

Chapter Two

Review of the Literature

The literature on adult crying can be divided into three categories: empirical studies, theoretical essays, and clinical case studies. Of the empirical studies, a handful have to do with why people cry; most have to do with sex differences or other physiological aspects of crying. A large number of case studies take up the question of ego-dystonic crying within the context of the analytic session. Among the theoretical essays, many focus specifically on the notion of "tears of joy".

For the most part, I have limited my literature review to those works which have some relevance to the concept of Efficacious Crying (including a few articles on infant crying). These are presented in three sections: Crying as Catharsis, Crying as Adaptive Regression, and Crying as Self-soothing. In addition, I have included a section on Sex Differences in Crying to provide the rationale for my decision to focus the study on crying in women.

Crying as Catharsis

The concept of catharsis dates back at least as far as Aristotle. As he defined it, a catharsis is a purging of emotions through identification with the emotions of others, e.g., the characters in a play.

Freud and Breuer (1893) used the term catharsis to refer to a discharge (or "abreaction") of dammed up feelings related to repressed traumatic memories which occurs when those memories are recalled and worked through in treatment. They stipulated that some form of "energetic

reaction" to the trauma was required in order to achieve a catharsis. In the following statement, they included tears as an example of such a reaction:

The fading of a memory or the losing of its affect depends on various factors. The most important of these is whether there has been an energetic reaction to the event that provokes an affect. By "reaction" we here understand the whole class of voluntary and involuntary reflexes - from tears to acts of revenge - in which, as experience shows us, the affects are discharged. If this reaction takes place to a sufficient amount, a large part of the affect disappears as a result. Linguistic usage bears witness to this fact of daily observation by such phrases as "to cry oneself out" and to "blow off steam"...If there is no such reaction, whether in deeds or words, or in the mildest cases in tears, any recollection of the even retains its affective tone. (p. 42)

In a departure from Freud, Reich (Nichols, 1977) dismissed the importance of retrieving repressed memories and focussed exclusively on relieving muscular tension. Moreno (1971), highly critical of what he termed the spectator catharsis of Aristotle and the passive catharsis of Freud, proposed actional catharsis, i.e., a discharge of emotions through a deliberate acting out of one's feelings.

Crying is widely viewed as cathartic, i.e., as a way in which an unpleasant inner state is discharged or expunged from the organism. In terms of the crier's subjective experience, the cathartic model of crying goes like this: Before crying, a person feels overwrought, in a heightened state of distress. As the person cries, she has the sensation, and gives the appearance, of ridding herself of something. Afterwards, the person feels calmer, relieved; she has "gotten it all out". The unpleasant inner state has been discharged or diminished by crying behavior, i.e., tears, a heaving of the

chest, and inarticulate sounds of suffering (occurring alone or in any combination).

But what is catharted during crying? While most crying theorists view crying as cathartic, they do not agree on what it is that is discharged. The terms most often used are "energy", "tension", "affect" and "drive". Yet it is unclear whether there is a true lack of agreement about what is discharged, or if a general vagueness exists with regard to the use of these terms. Given the frequency with which they are used, at times interchangeably, by the same authors, the latter explanation seems more plausible.

Koestler (1964) shed some light on this vagueness by suggesting a way to understand the relationship between "affect" and "tension". A person feels an emotion but has no immediate outlet for its expression. The intensity of the emotion thus increases, and this leads to tension, frustration and helplessness. When tension accumulates beyond a certain point, the person gives way to weeping, which Koestler described both as an "overflow channel for the disposal of emotions" (p. 271) and as a mechanism for the gradual draining of tension.

From a psychoanalytic perspective, terms such as affect, tension, drive and energy have all been used to refer to theoretical constructs or experience-distant phenomena. However, as this study is concerned with the experience-near phenomena of crying, I limit my use of such terms to refer descriptively to the sorts of things people report when asked about their experience of crying. For example, some might focus on a specific emotion; others may describe a more global feeling of tenseness, or, stated another way, the degree of affect felt; some might mention the unrequited longings or frustrated strivings (i.e., drive derivatives) which led them to

cry, and still others may focus on the expenditure of energy involved in crying.

While most crying researchers and theorists assume that crying is cathartic, only a handful of studies focus on the cathartic effects of crying. Borgquist (1906) was, perhaps, the first to undertake an extensive study of the subjective experience of crying in adults. From his data base of 200 questionnaires, he found that adults typically view their own crying as the result of an accumulation of tension associated with feelings of frustration, helplessness or incompetence. While Borgquist argued that there was no adaptive purpose in the physical manifestations of crying, Lund (1928) believed that both tears and sobbing have cathartic value, as both serve as an outlet for pent-up energy. A recent study similar in scope to the Borgquist study was done by Frey (1985), who found that people generally regard crying as a desirable and healthy release of tension.

Brazelton (1962) studied neonate crying and identified it as a cathartic mechanism. He found that mothers typically described daily crying periods where their babies cried not out of hunger, thirst, or other basic needs but simply to "let off steam". He explained this type of crying as a discharge of tension which has accumulated from the continual bombardment of internal and external stimuli. While I agree with Brazelton, I think he failed to consider a second, equally important, explanation: that such crying is also an attempt to solicit help in diminishing the stimulus overload.

Searl (1932) discussed a particular form of infant crying, the scream of rage, as a mechanism for discharging tension. He outlined two stages of the unsuccessful scream (i.e., intense crying that does not elicit an empathic response from the parent). In the first stage, the infant does not

secure the sought-after attention to her needs but still derives some satisfaction from screaming, namely, a reduction in tension, or a catharsis. In the second stage, when her screams have fallen on deaf ears for an intolerably long time, the infant becomes increasingly hopeless of eliciting the desired response. At this point, her screaming has an aggressive intent: to project her pain into her bad parent. That is, the infant ceases to achieve a reduction in tension (via catharsis alone) and can only hope to rid herself of pain or tension by projecting it into another person. According to Searl, this second, more desperate stage of screaming is not only an act of aggression towards the environment: it becomes an act of self-aggression, as the enraged infant works herself into a literally frenzied state - the ultimate in "unsoothing" crying. Searl did not allow for a more benign and positive outcome of this second stage, i.e., that the infant experiences a more intensified catharsis via a more intensified scream and, thus, a greater discharge of aggression. In other words, there is a limit to the cathartic benefit of crying, a notion which runs counter to Darwin (1890), who had proposed a uniformly positive relationship between the intensity of crying and the level of relief.

Peto (1946), who, like Searl, limited his discussion to infant crying, viewed crying primarily as the infant's attempt to rid herself of pain by projecting it into the environment. His formulation was derived from the biological function of tears, which is to rid the eye of a foreign body. While neither Peto nor Searl specifically referred to a cathartic process, it seems clear that both employed the term "projection" to refer to a discharge of negative affect.

Bindra (1972) was interested in why people cry and identified three sorts of causal factors: predisposing organismic conditions (e.g., hormonal

fluctuations or level of stress); prevailing emotional states, and triggering stimulus events. The organismic condition renders the person likely to cry, and the stimulus event (the "last straw") precipitates the bout of crying. But it is the prevailing emotional state, heightened beyond the person's tolerance level by the triggering event, which is the central motive for the episode. Thus, while he did not describe crying specifically as a cathartic process, Bindra considered crying as an overflow or discharge of emotion.

Finally, Lofgren (1966) theorized that crying ("weeping"), with its origins in the childhood tantrum, is a neutralization of pent-up aggression. Greenacre (1965) expanded on Lofgren's idea by suggesting that crying occurs when there is an internal shift from an aggressive attitude to a more positive, nondestructive one. Their ideas are relevant to Efficacious Crying, specifically to the process which I believe occurs just prior to crying. In that process, as the person feels overwhelmed with negative, self-referential thoughts and feelings, a regressive experience begins in which the person temporarily loses a sense of herself as a competent adult and feels increasingly like a helpless child. This regressive experience enables the person to feel sorry for herself and thereby shift from a blaming, self-critical stance to a more accepting, more sympathetic stance -- a situation which, I propose, sets the stage for self-soothing.

In the sections below, I present the literature on two aspects of crying, crying as adaptive regression, and crying as self-soothing, which together form the basis for my concept of Efficacious Crying.

Crying as Adaptive Regression

Fenichel used the terms "emotional spell" and "emotional regression" (1954b) to refer to a heightened affective state caused by overstimulation.

But he viewed this as a failure of ego functioning, not an adaptation. The concept of regression as an adaptive ego function was introduced by Kris (1936) in the context of discussing humor and the creative process. He described a "regression in the service of the ego" in which the ego temporarily enlists the primary process without being overwhelmed by it. Bellak (1958) proposed the term "adaptive regression in the service of the ego" (or "ARISE") as a refinement of Kris' original definition. While he did not discuss crying per se, some of his ideas and those of his collaborators (Bellak, Hurvich and Gediman, 1973) are relevant to Efficacious Crying. They distinguished between a maladaptive regression in which the ego is overwhelmed and paralyzed (as in the case of psychosis), and an adaptive regression, willed and regulated by the ego, whereby a temporary reduction of certain ego functions occurs which ultimately leads to improved ego functioning. Searles (1960) focussed on a specific aspect of adaptive regression which is especially relevant to Efficacious Crying. He emphasized that an adaptive regression is an attempt to relive an early mode of relatedness in order to derive a greater sense of security and psychological strength than one is currently experiencing.

Crying has been viewed as a temporary regression. Yet this aspect of crying has been minimized in the literature, usually referred to only in passing. For example, Borgquist (1906) reported that his subjects typically described a breakdown of their ability to adapt to environmental conditions. Koestler (1964) noted the posture of the weeper, whose limp musculature and slumped shoulders reflect a "breaking down" or "letting go" of bodily control. Dorn (1967) viewed crying as a failure of ego defenses. Both Meerloo (1964) and Sadoff (1966) saw weeping as regressive in the sense that it recaptures childhood feelings. Menninger (1963) considered crying a

normal coping device which relieves not only tension but a feeling of threatened "ego disintegration", thus suggesting that a regressive experience occurs prior to crying. For the most part, however, the notion of crying as an adaptive regression has been overlooked.

One exception is the work of Wood and Wood (1984), who discussed "tearfulness" in the therapy hour as an adaptive regression. They observed that a patient on the verge of crying typically becomes preoccupied with old memories and overwhelmed by conflictual feelings. This leaves the patient unable to speak and she withdraws temporarily from the therapist as she wells up with tears. The patient uses this brief regression as a working-through process during which she gains a new perspective, as well as some distance from, and control over, her conflicts. Through this reorganization, she regains a sense of cohesiveness. Whereas others have asserted that the loss of an object is usually at the heart of the crying episode, Wood and Wood proposed that it is a loss of equilibrium which precipitates crying, specifically a loss of balance among id, ego and superego functions.

While their observations about crying (tearfulness) were restricted to the context of the therapy hour, Wood and Wood underscored two aspects of the adaptive regressive process in crying which are particularly relevant to Efficacious Crying: the person's choosing, or at least allowing, a controlled regression to occur, and the reactivation of childhood memories and feelings during the cry. Finally, during the crying episode proper (as distinguished from the tearful brink of crying they describe), a form of regression occurs which Wood and Wood do not discuss. Freud (1965; A. Freud, 1963) used the term formal regression to refer to a regression to primitive methods of expression. In the case of crying, the crier's vocalizations could be said to represent such a regression.

Crying as Self-soothing

I have proposed self-soothing as the primary function of Efficacious Crying. Yet very little has been written about crying as a form of self-soothing, and, like the regressive aspect of crying, it has typically been addressed only indirectly or superficially. For example, Wundt (cited in Ribot, 1897) viewed the lacrimal glands as pain-assuaging organs which symbolically drive away sad feelings. Borgquist (1906) and Montagu (1942) asserted that crying has a soothing effect upon the mind. Tomkins (1962) regarded the rhythmic sounds of crying as soothing, while Greenacre (1965) considered tears themselves to be soothing to the face. Hellbrunn (1955), noting the similarities between lacrimal and amniotic fluids, discussed weeping as soothing by way of a symbolic regression to the womb.

Two theorists developed ideas which come closest to my model of crying as self-soothing: Koestler (1964), with his emphasis on self-pity in crying, and Tomkins (1962), with his concept of self-sympathy in crying.

Koestler (1964) described the experience of self-pity in crying as "a mild dissociation of the personality in which the self is experienced almost as an alien object of loving commiseration" (p. 280). That is, in commiserating with herself, the crier feels towards herself in a particular way, as if there were two people involved: herself and the one who is commiserating with her. Or, cast in terms of the roles played by the crier, there is the child in need of caring/soothing and the parental caregiver/soother. This model of crying assumes a benevolent introject which allows the person to recognize her need to be soothed and to give herself that soothing by allowing herself to cry.

According to Tomkins, crying is a means by which a person alerts others that she is suffering, specifically that she is overstimulated by internal or external stimuli. Through crying, he proposed, the person also amplifies the overstimulation for herself in order to reduce it. In other words, the crier motivates herself to reduce distress by the very act of temporarily intensifying it. In this sense, Tomkins viewed crying as "self-punishing" since it insures that the crier will experience the intensity of her own suffering.

Still, the ultimate aim is the relief of suffering, and Tomkins argued that crying is also a form of self-sympathy. He proposed that self-sympathy is learned, under conditions of sufficient parent responsivity, through a cyclical process in which the child's distress elicits sympathetic distress in the parent. The parent, in turn, communicates this distress to the child and comforts the child in an attempt to reduce the child's distress. Then, through identification with the parent, the child is taught to feel sorry for herself and, via generalization, to sympathize with others as well. Tomkins argued that self-sympathy is both an appropriate response to distress and a necessary condition for the reduction of distress. In other words, self-sympathy is a pre-condition for self-soothing.

Tomkins implicitly suggested that there are two aspects of superego functioning involved in crying, a punitive aspect and a benevolent one. Freud (1928) had entertained the possibility of a comforting superego that protects the ego from suffering. Schafer (1960) went further by asserting that one's ego strength depends on a benevolent superego. At any rate, Efficacious Crying does.

Sex Differences in Crying

In our culture, it is a commonly held belief that crying is more the domain of the female than the male. Tomkins (1962) suggested that women may cry more than men because there is a greater tolerance for pain by women in our culture as a result of a less punitive socialization of the distress cry. The plausibility of his explanation aside, studies of sex differences in crying have generally had to rely on self-reports of crying, and there may well be sex differences in the willingness to report crying based on differences in socialization practices. With this caveat in mind, I review below the relevant studies on sex differences in crying.

Young (1936) studied frequency of weeping (and laughing) in males and females. He found that 25% reported weeping at least once in an 18 day period, and that women reported weeping three times as often as men. However, as his N was small (14 out of 56 subjects reported weeping), Young himself was cautious in claiming a significant sex difference.

Lombardo, Cretser, Lombardo and Mathis (1983) studied self-reported crying in males and females and found that females reported crying significantly more frequently and intensely. Seventy-one percent of the males in their study reported that they rarely or never cried, compared with 83% of the females who indicated that they cried either occasionally, frequently or very frequently. Only 16.6% of the males reported that their crying intensity was greater than "red eyes and a tear or two", whereas more than half of the females reported "slight sobbing and shaking", and 13% reported "real sobbing and bawling".

In the same study, females were also significantly more likely to cry than males regardless of either the presence of others or the level of intimacy between the crier and any others present. However, both sexes

indicated the greatest likelihood of crying when alone. Finally, males and females were found to have similar priorities in terms of interpersonal situations viewed as appropriate for crying.

Bindra (1972) looked at the duration of crying episodes in males and females and the types of crying experienced. He found that crying episodes lasted for only two minutes or less in males, whereas in females, they were between two and fifteen minutes. As for the type of crying, men tended to experience watery eyes rather than full-blown crying, while women were more likely to have flowing tears and sobbing. Citing a 1970 study by Milder, Bindra suggested that, cultural and developmental differences aside, this finding may be due to greater amounts of lacrimal fluid found in young women.

Bindra also looked at the precipitants to crying. He claimed that organismic-state factors were considered important only by women because it was female subjects who reported a tendency to cry when feeling under stress or when menstruating, and nearly 50% of his female subjects reported an increase of weeping during pre-menstrual or early menstrual time periods. However, he failed to consider differences in the ways men and women might perceive the precipitants to a crying episode, based on socialization practices. Particularly in the case of weeping during menstruation, women have been socialized to attribute a variety of "negative" feelings or behavior to the menstrual cycle.

Bindra also proposed three broad but distinct prevailing emotional states: anguish, dejection and elation. Men, he claimed, were more likely to cry when the emotional state was elation or dejection. Women, on the other hand, were more likely to cry when their emotional state was one of anguish. However, he defined "anguish" too broadly, lumping together

anxiety, sickness, anger, humiliation, rejection in love, and other "unpleasant feeling states" as sources of anguish. Dejection, on the other hand, was defined as a qualitatively different, "not unpleasant" state of loneliness vis a vis a loved one.

Williams (1982) studied sixteen precipitants to crying in terms of the frequency and intensity of crying they elicited. He found that while males and females produced similar rankings of those precipitants, women reported weeping more frequently and with more intensity than did the men to all sixteen precipitants. In other words, sex differences were reportedly more a matter of overall amount of crying rather than of any great difference in patterns of susceptibility to crying. Only 13% of the females reported never crying or feeling like crying, compared with 41% of the men. It should be noted that this study was executed in Great Britain, where overall expression of emotion may well differ as a function of cultural factors specific to that population.

Interestingly, Williams also found that for both sexes, weeping reactivity was significantly correlated with empathy and femininity scores, and that men who did not reduce their crying behavior until after the age of eleven had significantly higher empathy scores than those who did. Overall, emotional empathy was the most important of the personality variables associated with crying for both sexes. Citing a study by Mehrabian (1977), Williams suggested that empathic people are less able to screen stimuli selectively and, thus, are more easily arousable. Therefore, they are less able to avoid the kind of intense emotional states which precede or trigger episodes of crying.

In a study which bears indirectly on crying, Allen and Haccoun (1976) looked at differences in emotionality between males and females. Males

reported that they were more likely to express joy and sadness to members of the opposite sex, but were more apt to express fear and anger to members of their own sex. Females reported that they tended to express more emotion overall, and were more likely to express emotion of any kind to members of the opposite sex than to members of their own sex.

Ross and Mirowsky (1984) were interested in the correlation between sadness and crying, and in differences in crying in men as a function of socioeconomic status and sex-role attitudes. First, as they had expected, they found a much higher correlation between sadness and crying in women (.570) than in men (.217). Second, they found that if a man is sad but has traditional sex-role attitudes, he is less likely to cry than if he is non-traditional in his sex-role attitudes, and that men in higher socioeconomic positions tend to have non-traditional sex-role attitudes. Third, they found that men in higher socioeconomic positions were more likely to cry if sad, but less likely to be sad than men in lower socioeconomic positions, who were more likely to be sad but less likely to cry if sad. Unfortunately, as they themselves acknowledged, self reports of sadness and crying may very well differ as a function of socioeconomic status, given differences in education and exposure to non-traditional sex-role attitudes.

Frey (Frey & Langseth, 1985) focussed on sex differences in crying as a function of hormonal factors. He found that tears contain the hormone prolactin, and he found evidence to suggest that prolactin stimulates tear production and excretion. He cited one study which showed that adult females have serum prolactin levels at least 50% higher than adult males, and another which found that Levodopa, a drug which reduces the secretion of prolactin by the pituitary gland, was effective in controlling pathological

crying. These findings led him to suggest that the higher level of prolactin in women may lower the threshold of crying.

Finally, in an essay on crying and urination as tension-discharging activities, Greenacre (1945a) suggested that sex differences in crying are related to sex differences in the urination process. Weeping, Greenacre argued, is not as crucial for males as it is for females because the male mode of urination, unlike the female mode, provides an adequate outlet for tension and aggression. However, as Greenacre's interest in crying was almost exclusively in the symbolic relationship between crying and urination, she did not focus on sex differences in crying per se.

Chapter Three

Method

The research method consisted in a series of eight case studies. It can be regarded as an "N of one" study repeated eight times. I chose the case study approach because it promised the most favorable conditions under which to explore the highly intimate, subjective and qualitative information sought in this study. Each case study involved a clinical interview focussed on typical crying experiences. In addition, subjects were asked to keep a journal about one or two subsequent crying episode(s) and to fill out a questionnaire following the episode(s). In several cases, the interview was followed by the administration of six cards selected from the Thematic Apperception Test (TAT).

In light of the method, I decided that the number of subjects should be relatively small. First, the type and depth of information sought required a specific population, namely, persons who cry with some frequency and who value the crying experience as beneficial. This placed some limitation on the number of subjects available for study. Second, as the study involves an intensive exploration of highly subjective phenomena and, thus, the interpretation of qualitative data, it lends itself better to an "analytical" than a "statistical" mode of inference, a distinction drawn by Znaniecki (1934, cited in Mitchell, 1983) and elaborated by Honess and Edwards (1987). Given an analytical approach, I decided that a relatively small N would be not only adequate but preferable in order to avoid generating an unwieldy amount of data.

As mentioned above, I have conceptualized this study as an "N of one" study repeated eight times. This raises the question: Why repeat the study

eight times? Dukes (1965) argued for the usefulness of restricting one's study to a single case. While he acknowledged the limited usefulness of an N of one in generalizing from positive evidence, he argued that when the evidence is negative, an N of one is adequate in rejecting assumed universalities of experience. Indeed, given the nature of this study, were it possible to execute the perfect interview in all of its parts, and to receive the fullest corroborative information hoped for in both the journal entries and the follow-up questionnaire, there would be sufficient reason to proceed with a single case. The decision to execute an "N of one times eight" study is grounded in the notion proposed by Honess and Edwards (1967) that it offers the advantage of enhancing the explanatory power of the data gathered through a single case study approach.

The Subjects

Given the "N of one times eight" case study approach, the subjects were selected according to specific criteria designed both to minimize individual differences and maximize data on the subjective experiences of crying. First, I limited the population to single women between the ages of thirty and forty. Second, I limited the population further to women who cry with some frequency, and who value crying as beneficial in some way to their emotional well-being. That is, I stipulated that subjects typically a) welcome crying; b) are able to let go and cry freely, without any need or desire to limit the duration or intensity of the crying episode; c) do not regret having cried after the fact; d) cry about themselves, and e) cry alone.

The question of how to define frequent crying was a difficult one, as researchers do not agree on a normal range of frequency. In my own informal survey, I had found that even among women who viewed themselves

as frequent criers, the frequency of crying varied widely. In light of these facts, I decided that women who cry a minimum of once a month, on average, would satisfy the frequency criterion.

Initially, I had decided that women who had experienced a serious emotional trauma within the last year (e.g., the death or catastrophic illness of a family member or close friend; a divorce, the loss of a job, etc.) would not be appropriate subjects due the probability of externally-induced changes in the frequency and tone of their crying episodes. In addition, potential subjects were to be screened for chronic psychiatric illness in order to minimize the incidence of depressive or other forms of abnormal crying. However, I later decided to eliminate screening for emotional trauma after initial attempts to recruit subjects proved futile, due to the fact that nearly everyone considered for recruitment had experienced some form of recent emotional trauma (e.g., death of parent; mugging; unplanned pregnancy and subsequent abortion; diagnosis of life-threatening illness, later reversed; divorce; crisis in relationship; unemployment). Instead, I decided that a subtle, informal screening for chronic psychiatric illness would be sufficient for weeding out those women whose crying seemed abnormal in any way.

Recruitment of Subjects

Subjects were recruited by word of mouth. Referrals were solicited from colleagues, friends, and relatives, who generated a total of thirty-four names. Out of those referrals, thirteen were eliminated after screening by telephone as follows: five met the criteria for Efficacious Crying but did not meet the age criterion; one met all of the criteria but lived out of state; two reported that their typical crying episodes consisted of slight

tearing up as opposed to more full-fledged crying; one was recruited but eliminated due to scheduling difficulties; two were recently married; and one met all the criteria but was very reluctant to participate in research. Finally, one recruitee was eliminated when it was determined that her frequent crying was limited to her psychotherapy hour. Another eight referrals were screened over the telephone or in person and eliminated themselves as follows: five felt that they did not cry frequently enough to meet the criteria; two who appeared to meet all the criteria were too busy; and one, a personal friend who met all the criteria, felt that the topic was too intimate. Five other women referred and screened by colleagues fell short of the criteria.

The subjects finally selected were screened formally by telephone and met the criteria. Eight single women from the New York metropolitan area between the ages of 32 and 36 were interviewed.

Procedures for Data Gathering

The data-gathering began with an open-ended interview. First, I gave the subject a brief review of the criteria for participation, in order to have a formal record of her responses to the list of criteria. This "criteria check" also served to "break the ice".

Second, I asked the subject to tell me about her crying experiences. She was asked clarifying questions, but otherwise was left to speak freely, saying everything and anything that came to mind about her crying experiences. If this approach proved too difficult for a subject, she was assisted with general questions.

Then the subject was asked to imagine herself in a typical situation where she begins to feel like crying and where this feeling ultimately leads

to an episode of crying, and to describe this experience in as much detail as possible. This question was designed to encourage the subject to think about the total crying experience, and to do this in a way that would stimulate awareness of her inner processes while crying. Again, clarifying questions were asked but the subject was free to speak with minimal risk of experimenter bias.

A series of questions followed (see Appendix A) which was designed to address the specific aspects of crying germane to the study. A question was omitted if the subject had already addressed it sufficiently in her spontaneous accounts of crying.

Next, all subjects were to be presented with a small selection of cards from the Thematic Apperception Test (see Appendix B). The rationale for this was to provide the subject with another modality for expressing thoughts and feelings about crying. Following the pilot interview, however, I decided to administer the TAT selectively. This revision seemed necessary as the TAT proved too unsettling for the pilot interview subject, who became unduly self-conscious during the test and, after the fact, was alarmed by her own responses and inhibited from full participation in the follow-up journal and questionnaire. As a result of this revision, four out of eight subjects were not given the TAT, two because of their familiarity with the test, and two because they cried often during the interview and I felt that the test might place an undue emotional burden on them.

Finally, the subject was asked to participate further in two ways: to maintain a journal of at least one subsequent crying episode, preferably two, and to fill out a questionnaire about the episode(s). The instructions for the journal entry were given informally, roughly as follows:

Please write down every thought, feeling, and internal image that you are aware of having, from the moment that you begin to feel like crying until the period which follows crying. Feel free to do this in the way that feels most comfortable, i.e., either during the actual crying episode, or once the episode is over.

The Crying Episode Questionnaire (see Appendix C) was intended to serve as an aid to the journal entry(ies). Similar in form to the Interview Questions, it addressed the phenomena specific to the subjects' subsequent crying episodes. The subjects were free to omit any questions which clearly duplicated information imparted in the journal entry.

The Data Collection

The interviews were held in the subjects' homes, with the exception of one subject who preferred to be interviewed in her office. The interviews were recorded on cassette tape and transcribed verbatim on a word processor. Each interview was approximately two hours in length. The average length of the printed transcripts was twenty single-spaced pages.

Of the eight subjects, five returned at least one questionnaire, and three kept journals as well. A sixth subject completed a questionnaire and journal that were subsequently lost in the mail. A total of eight questionnaires and four journal entries were received.

The remaining two subjects reported that they had not had a crying episode during the three months between the time of the interview and the final follow-up call. While they did not report any residual negative feelings about the interview, both subjects acknowledged that they had been very aware of the obligation to return the questionnaire. In each case, there

was some indication that this sense of obligation had had an inhibiting effect on her crying.

Procedures for Data Analysis

The data was analysed according to the following criteria. First, any specific examples given by subjects in response to questions were deemed appropriate as positive or negative support for the hypotheses, provided the subject specified that the example was typical of her experience. During the interview, great pains were taken to differentiate crying experiences which were typical from those which were not. Second, all data which clearly related to a given hypothesis or stage of crying was considered, regardless of the specific sequence of questions which elicited it. Third, special care was taken to identify certain key words or phrases as "signposts" of certain phenomena. For example, in considering the period preceding an episode of Efficacious Crying, (wherein, I have proposed, a person is bombarded by negative self-referential thoughts and feelings), a search was made for words or phrases which were clearly synonymous with "bombarded", "overwhelmed", and "negative". Also, any obvious exaggeration of negative thoughts or feelings, e.g., "The whole world was against me", was construed as evidence of feeling bombarded or overwhelmed. Likewise, each transcript was carefully combed for words, phrases or statements pertinent to the respective hypotheses. An informal coding system was devised to identify data with their corresponding hypotheses as well as to identify supportive vs. non-supportive data.

Chapter Four

Results

The results are presented in the form of composite "paragraphs" comprised of actual and paraphrased excerpts from the interview transcripts, the episode questionnaires and the episode journals. I took this approach in order to present the data succinctly yet thoroughly and to insure subject anonymity.

For the three subjects who did not return follow-up materials, there is no data on crying episodes subsequent to the interview. However, their interviews were conducted following recent crying episodes. For example, one subject had cried earlier that day and cried again during the interview; another had cried within the week prior to the interview; the third subject had cried three weeks before the interview.

Part One: Leading Up to the Crying Episode

The self-bombardment hypothesis

Seven out of eight subjects described a pre-crying stage in which an accumulation of negative self-referential thoughts or feelings leads to a state of feeling overwhelmed with dysphoric affect. Their statements below represent either general themes that typically occur prior to crying, or specific themes that recur periodically, or a combination of both:

1) I'm alone. I'll never be with anybody. This is so sad. Everyone else's lives are changing and mine's not. I see no end in sight. I see myself as being alone, other people as being together.

Returning to a place forces you to think about what's gone on the last year, what you have to look forward to or what you don't. Any time of renewal or rebirth or something connected with that is the most conducive to crying because that's when I do most of my thinking that's probably the hardest on myself.

2) Sometimes I can make myself think about things that will really make me upset.

(Preceding a recent crying episode): Spontaneously called my ex-husband. Going through all the feelings I had when we parted. I wonder about his life. I feel ugly and awkward. He's probably with someone really beautiful. I think it's my own fault for ever fantasizing that it could be different. In a way we were never together. Everything's a big mess. Wish I didn't wear my heart on my sleeve. (Her negative thoughts continued while she cried:) I thought about my ex-husband sitting at his desk and how unemotional he was. I thought about the fact that I should never have phoned him. I thought about Lillian Hellman saying you should never let anyone know how you feel. I had a real sense of being alone.

3) Restlessness and depression. Emotions that are welling, bubbling up and can't be contained. Confusion, being overwhelmed and not understanding why. Could be something I regret, can't change, like the past, and being unable to change or control it is overwhelming. It could be over some hurt or injustice that's just very clearly wrong or unfair. The feelings of despair are overwhelming.

Sometimes when I'm crying I feel overwhelmed and frightened. The emotions are so strong that it's a feeling of, 'I don't know if I can bear it.' All the stops have been pulled and, at the same time, I'm wondering, 'Am I ever gonna stop crying or ever feel okay?'

(Regarding a recurring, more specific precipitant to crying): A chain but also a clump of childhood feelings: competitiveness, inadequacy in comparing to siblings, anger, sadness and resentment. All the feelings that would go with that, e.g., despair of things changing.

4) Loneliness, a sense of loss, lacking a focus, sense of direction, a weakness: 'Why can't I this, this or this?' My sense of purpose, my ability to get on the stick and take risks

evaporated and I don't know why. Being without, not knowing how to get what I want, not even being sure of what I want. Am I not ready to be with someone? When will I grow up? Still here with the same questions, sometimes feeling like I'm doing no better than I was ten years ago. Feeling like I have real emotional difficulties and degrading myself: 'Does this happen to other people? How many other people get into this state? What's the matter that I get so upset over this? I can't just let these things pass. Why can't I be more secure?'

5) I think my head is so full with thoughts. Maybe I'll come back to that jealousy issue. I hate her, I could kill her, and she's not even very attractive. It's just that I think he had a better time with her. I look at pictures, then I start to fantasize. How they met or how they went on vacation. I can't stop thinking about it. I get into it so much, I make a whole story out of it. I make myself crazy. It comes to a point where I just can't take it anymore. It's kind of an explosion. I start to cry. And I think it's the same with everything. If I think about my parents, about my dad's heart attack, I think, 'How did it happen, how did it go?' I see the worst things and I see things that hurt me and I make up those things. I think it's like this always.

6) Frustration, anger, sorry for myself, the whole world is against me, nothing's going right. Feeling extremely depressed. If someone laid down a million dollars in front of me it wouldn't change my mood.

(Her thoughts typically continue as she cries:) Poor me. Poor, poor me. Everything's against me, nothing ever goes right, the world is against me, God's against me, my child hates me, so and so doesn't understand me, or that situation should never have happened. I wasn't smart enough to get out of it. It's against me.

7) Thinking about myself and some part of my life that's missing or gone, a loss, or something about myself that's not quite where I want it to be. A nebulous anxiety that something is amiss about me, about what I'm doing or not doing.

(Regarding a recent, recurring theme): The thought of never having a baby can trigger a crying episode. There is a sense of: 'How can I not? This is what I've always wanted and what if the wish can't be realized?' And there's a sense of

aloneness and failure, rational or not, if I don't, if I can't, and a sense of regret. 'Why didn't I do it earlier?' A sense of aging to the point of dying, and aloneness, and connections, and 'What does it all mean?' Major anxiety about the self.

In an apparent contradiction, the same subject also reported that her tears are usually triggered by something pleasant. However, as the following example shows, her thoughts both preceding and during a crying episode are predominantly negative:

Either a positive memory of a person, or something aesthetic, for example, when the natural environment is just so beautiful, so gorgeous, so unbelievable. I mean, a bright, sunny, cloudless day often makes me cry. It's almost as if it's too beautiful to bear. Like a late summer day, after the humidity's gone, when it's clear and cool and you know that fall is coming. Maybe it's the transition that's implicit in that, the seasonality. I think that that's tied to thoughts of death. There's something about the changeability of everything, the fact that nothing stays the same, the summer doesn't last, the spring doesn't last, lives don't last. There's something about the life cycle and birth and death and nature. How we're all sort of temporary. That relationships are all temporary, that my connectedness to other people is temporary or threatened in some way.

Seven out of eight subjects reported unpleasant physical feelings that typically precede crying and clue them in that a crying episode is imminent. Said one subject: "I know before I start. I feel a little wave come up in my chest. My eyes squint, my mouth gets that little down turn of a frown, I get a little hot and the breathing gets a little irregular. And then it will come." Other examples were: "heaviness in chest and face"; "a knot in my throat and a tightness in my chest"; "pressure in chest"; "feeling shaky"; "nervous - can feel my heart beat real loud". In an unexpected

finding, all eight subjects also reported feelings of fatigue preceding crying.

The adaptive regression hypothesis

Five out of eight subjects offered typical examples of a regression in ego functioning, experienced in the hours or moments preceding a crying episode. Of these, four described a regression which culminates in a conscious "decision" to cry:

1) I feel like I'm gonna break. I just don't want to cope. Sometimes it feels like everything is going wild. My mind is going in thousands of directions and I just want to blank it all out. But I know I can't and the only release is to take half an hour out and cry. I'm gonna cry and I know I'm gonna cry and I wanna cry. And it's almost like I build myself psychologically up for that. (Decision): I allow it to break out. It's like a treat to me. Okay, so I can go and cry and feel sorry for myself. I usually cry at night in a darkened room. I go into my room, lie down on my bed, grab a pillow, hug it tightly to me and bite it. And then I start. I feel totally incapable of dealing with anything except the crying. No one can talk to me, or touch me, or reason with me. I don't want to talk, or see people, or see light, or hear anything, or be around anybody.

2) Sometimes I have to be very tired, feeling weak, vulnerable. There has to be a feeling of 'I can't fight it.' Sometimes I'm feeling like I'm tied in a knot. I can't even articulate it. I doubt a lot of what I feel. (Decision): When the feelings become visceral, in my chest and face, I know I need to cry. It has to be. It feels like a giving in that is totally acceptable to me.

It might happen at work. Say I'm having a conversation with my boyfriend on the phone and he says something that really hurts. Here I am at work. I don't feel like I can resolve the situation and that's frustrating. And I feel like I have to do something to resolve it and that urgency often makes me feel like I have to cry. It's like I don't know what to do with this. A

panic sets in. It's not a concrete problem; it's always inside, or between people, and how I have to solve things now. And so that's when I'll feel the need to cry. In the afternoon I might tear up a couple times alone and feel an expanding pressure in my chest. I'll know that something's building and there's nothing I can do about it. If I go straight from work to home in that kind of state I'll come home, shut the door, take off my coat, feed the cats, and cry.

3) Feelings that precede crying over time can be deadness or going through the motions. Right before, within a half an hour, usually: confusion mixed with being overwhelmed. I can't sort the feelings out and put them in order and reign them in and not be distracted by them. They're just unignorable. The confusion is overwhelming in the sense that it becomes the most urgent thing. I don't think I can always see what's going on in the outside world as well; I'm more clouded by my own problems. It's usually when confusion starts to break open into clearer feelings that the crying starts. (Decision): I'll know that I need to be alone and get back to my bedroom, that I just have to step away from everything for a little while.

4) A crying episode will usually be preceded by a period of feeling kind of shaky, not quite with it that day, like some emotional upheaval is going to occur. I can look back and say, 'I just haven't felt right in the past few days'. My customary defenses have somehow drifted away. Distracted, having to stop what I'm doing, being kind of overwhelmed. A need to sit down. I'm on the verge of not being able to cope. My functioning's different. I'm not as absorbed in tasks. A withdrawal from routine tasks. Sometimes I just can't think and do and write and create. Sometimes a sense of being fragmented, out of control, not grounded for a while.

(As for "deciding" to cry, she related a recent episode which occurred in her car.) I gave into it, putting my head down as I continued to sit in the car and cry.

The fifth subject described regressive phenomena but gave no information about choosing to cry:

Kind of slow and tired. Nervous; sometimes I can feel my heart beat real loud. And I'm not a nervous person; I'm pretty much calm. Restless. Having too many things to do, and feeling like I should do this and this, and I see that I can't do it, I can't do everything. I can hardly concentrate. I'm busy with things on my mind. If I'm walking on the street, I don't look around, I don't look at people, I just look down.

For the remaining three subjects, there is little or no information with regard to a regression of ego functioning. However, all three described a "decision" to cry. For example, one subject did not describe regressive phenomena beyond "feeling really fragile" but had this to say about deciding to cry:

It's knowing that I've been upset and knowing I've got to get to the right place where I can really allow myself to feel what I'm feeling. Sometimes I've waited all day to be alone to be able to let myself cry.

I just really let myself cry. I mean, it's not just tearing up. It's really getting your nose totally stuffed up and really letting go for that period of time.

Another subject made a passing reference to regressive phenomena but did not elaborate: "Almost a total breaking down." However, in the following example, she described conditions under which she decides to cry:

It has to do with how relaxed I am. If I'm under a lot of pressure I tend not to cry because I don't give myself time to actually let things get to me. I think it's when I let myself unwind a little bit, almost like letting yourself get sick.

For the final subject, there is no data on regressive phenomena. However, she described steps she takes at times to make herself cry:

There's certain music that I can put on that's guaranteed to make me cry. In fact, I have several records that I have put

aside just for that purpose. Sad songs. I have very nostalgic connections to a lot of music that I listen to, and I have to be careful not to put the wrong record on when I don't want to invoke various nostalgic feelings. I also look at old photographs. That's a sure-fire way.

In sum, seven out of eight subjects described a moment or situation in which they allow themselves to give in to crying.

As for the regression involving a resonance with oneself as a child by way of childhood feelings or memories, four out of eight subjects provided supportive data.

For example, when asked how she feels about herself while crying, one subject, who had reported holding a pillow tightly as she prepares to cry, said:

I'm in the fetal position and I'm still hanging onto that pillow. I feel like a little child in a tiny shell. I'm going back to my infancy and I feel totally incapable of dealing with anything except the crying. I feel very fragile and vulnerable. I usually go to sleep like that afterwards.

When asked about similarities between her crying now and her crying as a child, a second subject reported:

When I'm upset with someone in my family, or I've had a fight with somebody, and I'm crying alone knowing that someone else is around, or I'm completely alone and crying over a very specific event, I think I cry very similarly to the way I cried when I was little. I'll cry so hard and powerful, I'll just sort of knock myself out. I think sometimes I wanted to be heard. I wanted to upset somebody. I wanted to sound hurt, bad, sad, in trouble.

In response to the same question, a third subject replied:

There's a feeling of helplessness or hopelessness that I remember clearly as a child and even sometimes the way of crying. It even sort of sounds the same. I suppose some of the same things are making me cry, especially if I'm around my family. Then it's rubbing the old wounds. And I sort of regress at those times, when I'm crying or leading up to the cry, back to the child that I was who had no protection. It's almost like my brain can flip back to that time and the feelings of helplessness and seeing the world in that same way.

And when asked what she thinks about when she's actually crying, the same subject replied with an example specific to "crying over the relationship that I have with my mother":

I can remember things from age two quite vividly. I remember feelings that I had, and places I was, and I feel like I can provide a lot of visuals while I'm feeling sad about it. I can hook onto specific feelings and scenes that I went through as a child: the feeling of helplessness, rejection by my mother, a feeling that she just preferred my other two siblings.

A fourth subject saw both similarities and differences between her crying now and her crying as a child:

I think that crying was a more negative experience when I was a child. I think then it was tied to a specific event. Now, it's much more linked to global things. Both then and now, there's the feeling of being more in touch with myself or what's important. Of being able to see or feel what the nitty gritty is and having the mundane stuff stripped away.

Finally, a fifth subject stated that there were more differences than similarities between her crying now and in her childhood. However, when asked about the conditions most favorable for facilitating crying, she said: "I prefer being in a familiar environment. My apartment, places that bring back memories."

Part Two: During the Cry

The self-soothing hypothesis

Every subject described some phenomenon (or phenomena) which addressed either directly or indirectly the notion of self-soothing. To begin, six out of eight subjects reported a pre-condition for self-soothing through crying, namely, "feeling sorry for myself".

Six of the eight subjects described an internal image or presence that they experience as taking care of them during some crying episodes. And of those six, four subjects were aware of themselves as both the caretaker and the one being cared for. For example, one subject reported:

I think I feel like somebody or something else is taking care of me when I cry. I'm reassured that it's there, whatever IT is. It's just some self-preservation, some defense mechanism. The same quality about me that makes me somewhat reliable and dependable. I have this feeling that somebody set my parameters and they're fairly stable.

As this subject makes clear, she recognizes the "it" as a positive aspect of herself. In other words, she experiences herself as taking care of herself. At the same time, in describing the "it" as "somebody or something else" taking care of her, she is relating an experience of feeling taken care of by someone or something other than herself, i.e., a benevolent introject. In other words, she experiences herself as both the soother and the one soothed.

A second subject, who described a history of feeling rejected by her mother, often envisions her sister when crying about family matters:

Sometimes I find myself thinking about one of my sisters who has been so understanding about all the things that I've been thinking about our family and our childhood. I have her there in my mind and knowing that I could talk to her about whatever it is I'm thinking when I'm crying is helpful. I feel like I can say anything to her and she can understand anything I tell her.

In identifying aspects of crying that she likes, a third subject said, "Being more in tune with myself or more connected to what really matters; more in tune with other people in my own head." Later, she elaborated, as she discussed envisioning one or more parental figures during crying episodes:

I think always, at some point in the episode, I will be thinking about a particular person. There's always some intimate relationship component.

(When asked about mental images that may accompany these thoughts, she continued:) Sometimes there are images of people when they were much younger, I was much younger, in earlier times, where I can really imagine the face of my father as a young guy, or my grandmother as a relatively young woman. (And when asked if there were any images of them interacting with her in any way, she said:) Yeah, positive scenes. Of opening Christmas presents. Of them teaching me something. Doing things together, positive interactions. Nurturing activities usually.

A fourth and fifth subject harbor strong ambivalent feelings towards themselves while crying. Nonetheless, they ascribe caretaking functions to imagined figures whom they conjure up during some crying episodes.

For example, one reported:

I pick a person in my life. I'll imagine that I'm talking to that person - a therapist type, a very close friend. Sometimes they respond; for long periods of time they just listen. But sometimes I speak as if there were a response - little

paragraphs based on possible things that they've said. I think it comes from a desire to be understood and to be close to somebody and to feel accepted. A carte blanche. I'm not afraid that I'm overwhelming someone, not afraid of what I'm gonna be thought of. This imaginary situation is allowing me to say anything I want and be anything I want without the fear of, 'Oh, no, now I'm gonna lose this person.' It becomes a fantastic situation in which I am allowed by these people who might not be able to take me and they take me, they embrace me aurally. It's an ideal situation that may never really occur. And I obviously wish it would. I make me feel better. It helps me to focus on the issues. It's like giving myself a therapy session.

As her statement makes clear, this subject is aware of experiencing herself as both the soother and the soothed ("I make me feel better...").

The other subject's experience represents an interesting, vivid departure in terms of the nature of her introject(s). While crying, she often imagines herself as "a lonely, ugly waif", sitting alone in an empty train station, whom "nobody comes to meet". She identifies two opposing inner "voices", a "stern" and a "lenient" one, who respond accordingly to her: Stern voice: 'Okay, get it together. Enough.' Lenient voice: 'But I haven't...' Stern voice: 'Nope, it's been enough. Just stop it.' She acknowledged that the stern voice is the one she values, the one who "gets me through things":

'Look, you're not an ugly waif sitting at the train station. If you want somebody to pick you up, put a dime in the machine and call, or take a taxi, or get it together. You'll be fine.' (She continued:) I get really impatient with myself. It's like, 'Enough. I don't want to hear about it, I don't want you to feel it.' I don't always feel like it's just okay.

Interestingly, this subject identifies the stern voice as "herself at her best". In so doing, she shows that she is aware of experiencing herself as the caregiver. The difference, of course, is that her internal caregiver is

not the sort of tender, soothing type described by most of the other subjects. Not surprisingly, this subject struggled throughout the interview with the concept of "valuing" crying (See Chapter Five: Discussion). Yet during the interview itself, she cried frequently and seemed to feel empathic towards herself.

Another commonality existed between these two subjects: they both described soothing things that they do for themselves once their crying episodes have ended (See section on After the Cry).

In referring specifically to crying about her father's illness and death, a sixth subject remarked, "Sometimes I see people comfort me: a brother, a cousin who is really close to me." This subject also demonstrated an interesting twist to the self-soothing hypothesis: she cried as a result of feeling comforted by an internal image, in this case, an idealized image of the interviewer as caregiver. She was crying as she recalled her feelings in anticipation of the interview:

I think I knew I was gonna cry today because of you. Just thinking about the things that make me cry, and thinking that I'm gonna talk to you and that you're gonna understand me, made me almost cry.

The seventh and eighth subjects described crying experiences which, while self-soothing in nature, fall short of supporting the self-soothing hypothesis. For example, one subject reported "feeling tenderness" towards herself when she cries and spoke of the tears themselves as soothing: "I like the feeling of hot liquid on my face. It feels very real, soothing. I mean, sometimes I won't wipe it off so that later I can get the salt off. I like it being there." She also described a typical experience of "watching herself" as if observing another person when she cries: "It's like I just step

outside. There's someone out here saying, 'Look, you're really crying!'" Unfortunately, she did not elaborate on the experience as she was uncomfortable pursuing it further.

The other subject spoke of "a very good friend" who comes to mind after, but not during, some crying episodes: "She cries a lot, too; she's the one person in the entire world who would understand what I'm feeling, why I'm crying. She would agree with me and say, 'It's okay'."

In an unexpected finding, there was a striking difference between subjects' feelings towards themselves and towards others while crying. While all eight subjects reported feeling empathic towards certain others when they witness them crying, six out of eight would not want to see themselves cry, believing that they would feel either inhibited or unempathic towards themselves. Some of the examples given were:

Red eyes, sobbing, contorted face - not such a great image. I might not feel great about myself. It's not attractive.

I'm sure I would wonder, 'Am I indulging myself?' I'm good at whipping myself for things: 'There are other people with much worse problems, how can you be crying? Am I just wallowing?'

I almost feel ugly, like I almost don't know myself. A tortured soul.

I think it would scare me to death. I'd see a person that was totally out of control, letting loose and not suitable for society. I don't think I'd feel sympathy for it. I think I'd feel, 'Come on, get your act together, what's the matter with you? Let's go.'

One exception was provided by a subject in her questionnaire response to the question, "Did you see yourself crying? If so, how did it affect you?":

Yes, as a mental image. It probably prolonged the crying as if for a few moments there was nothing but me crying. The experience was total -- visual, visceral, and from my thoughts and emotions.

Part Three: After the Cry

The cathartic benefits

As expected, all of the eight subjects reported that they usually feel at least somewhat better after crying. Four out of eight described the cathartic effects of crying typically experienced:

- 1) Usually feel instant relief. A lot of sighing - I'm just relaxing. Heaviness in chest gone.
- 2) Always feel a little better. I've gotten past the bottom. I'm going back up (i.e., decrease in dysphoric feelings).
- 3) General feeling is relief. Cathartic effect: feel cleansed, more alive (although) sometimes feel tired, drained.
- 4) Usually feel enormous relief; release feels good. Like this turgid, stuffed rain cloud that releases a lot of pressure - it doesn't necessarily move on but it is lighter.

The four remaining subjects also described the cathartic effects of their crying. However, they qualified their enthusiasm by citing mixed experiences as well:

- 5) It's like a cleaning. I feel washed off and inside I feel so released. Sometimes I feel better just in the moment.
- 6) I feel release; I feel tension leaving and relaxation building in. I'm getting rid of something I don't want there. Usually

deep sighs. Don't always feel better afterwards, depending on the reason for the crying.

7) Sometimes feel really relieved. Getting rid of the bone-dry, water-tight sadness; letting it out. Sometimes feel so horrible, wish I hadn't cried; a little bit like Pandora's box. But it's a way of opening things up even when I feel bad afterwards.

8) Decrease in tension, insistent feeling. Some episodes are very conclusive, some are not; sometimes feel a complete catharsis and come out of it renewed and stronger; sometimes still feel weak and just get up and do what I have to do.

The adaptive regressive benefits

All eight subjects reported benefits of crying beyond a cathartic effect.

Seven out of eight offered examples of restored ego functioning:

1) Feel like I can take a little more now. Sometimes I realize it isn't so hopeless and there are things I can do and ways I can think about it. It's rejuvenating.

2) Nothing seems so bad. It's a rather fortifying experience. I generally have a resolve to keep on.

3) There's usually some kind of cognitive solution; a process where I develop an action mode, a set of rationalizations in order to get on with it again, to go back to whatever I was doing. There's a way to manage the emotional experience, a way to put it in perspective. I feel hopeful. I feel more connected to myself, others.

4) It helps to handle the feelings and release the blind grip that they have. I'm usually more able to focus on things outside myself. I have more energy and a feeling of strength. I'm more in tune with myself.

5) I can certainly function more clearly. My thoughts start getting organized. I'm figuring out some of the things that I'm so upset about. I'm not as obsessive and compulsive as I was preceding the cry. I have fewer preoccupying thoughts. I can go about my business in a slower mode.

6) I'm more upbeat. I always have a really good night's sleep after a good cry; I wake up feeling brilliant, refreshed. I have a lot more energy. My health, a feeling within myself, is better.

7) My thinking slows down. I see things as they are, for example, I see the trees and everything; before, I didn't. I was busy with all those things on my mind and nervous.

The self-soothing benefits

Six out of eight subjects described self-soothing feelings, attitudes or behaviors which they typically experience after crying:

1) I get calm. I can make myself all okay inside again, can do something that makes myself feel not usually altogether better but a little better. A little voice says, 'All right, it's over, move on. Now let's take care of ourself'. I wanna tuck myself in, be all comfy and cozy and go to sleep, or drink a cup of tea, or try and make myself think about something that isn't going to make me sad.

2) It's like a tranquilizer or a sedative - it quiets me. I can breathe deeper. I feel more comfortable. I might not love myself but I am more in the here and now. I usually take care of myself. If I'm feeling good, I might have a glass of wine, treat myself to a decent dinner, make something nice if I have the energy. I really tend to sort of 'be' and accept myself a little more.

3) I love to look outside and see the sun or just the trees and the birds. I feel so calm inside. My stomach is released and my heart beats normal. My eyes feel so good.

4) I encapsulate and preserve the episode. It keeps the experience alive but less consuming and overwhelming. I find some comforting or soothing part of the episode to keep. For example, if it were about my grandmother, it might be something she actually said that will make it okay to go on. Like, it's okay to always feel sad that this loss is permanent, this loss is forever, but that you can take something, I don't know, a memory, an image of a relationship; that you can't lose somebody's spirit. I want to preserve (the episode) because it seems important - the relationship part, the feeling of connectedness - even though this is all happening in my head.

5) It's very soothing afterwards. It's like having a month's rest in a resort. I usually put on lots of makeup, do my hair, get dressed up; I have a better outlook. (And, as mentioned earlier): I think, 'My friend K would understand.' And maybe even I would think, 'Wow, K would have done that and it's okay.'

6) A feeling of calm, that's the best. Just being relaxed. Maybe I'd be thinking about things that I want to do or things that I like, whereas preceding the cry there's really no room for that because of that tension that builds. I guess I can start thinking about good things again. It's therapeutic.

Frequency of Crying

Among the eight subjects, the range of frequency of crying was reported to be between one and four episodes a month. Yet, four subjects did not subsequently cry, or did not report having cried, with the frequency they had initially reported. Of those four, two had misgivings about further participation and took a long time to respond with questionnaires, far beyond the time of their subsequent crying episodes. The question of inhibition of crying as a reaction to participation in the study will be taken up in Chapter Five.

Results of the Abbreviated TAT

The abbreviated TAT, administered to four out of eight subjects, provided very little data relevant to this study. Out of 24 stories, only three included an incident of crying.

I believe that the failure of the TAT to stimulate thoughts or feelings about crying was due to at least two factors. First, as an obvious "projective" test, the TAT represented a jarring shift away from the open, conversational style of the interview proper. Second, despite the sense of vulnerability that most subjects seemed to feel during the interview proper, the interview had afforded subjects some control over their self-revelations. The TAT, on the other hand, signaled that the stakes had changed; subjects were no longer in control. This left subjects feeling more vulnerable, and, I believe, somewhat resentful, and this, in turn, inhibited their ability to "project". It is my feeling that these feelings persisted during the follow-up period and may have interfered in some cases with a subject's further participation in the study.

For example, one subject seemed to bristle at the introduction of the TAT and briefly toyed with refusing to do it. For three months following the interview, she reported an absence of crying; consequently, she did not return a questionnaire or journal.

Another subject was acutely aware of the projective nature of the test and felt uncomfortable about what it may have revealed about her. While she eventually returned a questionnaire, it took several months and two telephone discussions to win her response.

A third subject minimized the theme of dysphoria in each card, repeatedly asserting that the characters were merely "tired". She, too, seemed highly self-conscious of her responses. As for her further

participation, she reported an absence of crying for over three months after the interview and returned no follow-up materials.

While overtly at ease with the interview and the TAT, a fourth subject was slow to respond with a questionnaire, despite a reported crying frequency of three to four times a month. After two follow-up calls, she reportedly completed and mailed her questionnaire and journal. However, I never received them.

Finally, it is also possible that the TAT cards I used were not as effective as I had hoped for eliciting thoughts and feelings about crying. However, one card elicited an account of a crying episode that included several aspects of Efficacious Crying. That is, a man who was dysphoric and overly hard on himself before crying becomes more nurturing towards himself afterwards, gains a new perspective, and feels better equipped to cope with his situation:

This is a man who has just lost his lover. He's sitting in his rooftop apartment...in the city somewhere. And he's looking over the city,...feeling very let down, rejected and very lost. He's thinking of ways that he can win this woman back. And he's sitting there thinking, 'What a beautiful city. If only I could offer her as much as this city. Then she'd be mine.' And because of that he's feeling very helpless, very frustrated....And maybe he's even screaming out the window, 'Come back, Leslie, come back.' And he's hurting. He might even be crying. Eventually he's going to watch the sunset over the city, and see all the lights come on. He might take a long stroll around through a garden or a park...and think about the relationship and why it didn't work. And then he might come back and think, 'Okay, well, it wasn't so bad and maybe she's right...Maybe I'll...call her and see if we can't work things out.

Chapter Five

Discussion

Support for the Hypothesized Process of Efficacious Crying

The data exceeded my expectations in terms of its richness and the extent of support for the basic process of Efficacious Crying I proposed. With surprising similarity at times, the subjects described a pre-crying stage characterized by a preponderance of negative thoughts and feelings about themselves and diminished ego functioning, culminating in a moment where they acknowledge to themselves, "I need to cry; I am going to let myself cry". While crying, they tend to think about a sympathetic person, either real or imagined, who soothes them in some way. However, contrary to what I had hypothesized, most are not aware that they are actually nurturing or soothing themselves by calling to mind such a person. After crying, they usually feel less dysphoric, less tense, and better able to cope in a variety of ways.

In a surprise finding, which adds further support to the self-soothing hypothesis, subjects typically engage in self-nurturing activities after they've had a good cry. In other words, self-soothing can occur both during the crying episode by way of the crying itself and the nurturing internal imagery that is conjured up, and also once the episode is over, by way of self-nurturing behavior.

As for the adaptive regression involving an actual resonance with one's childhood feelings or memories, the data was least supportive; still, half of the subjects reported this phenomenon. I suspect that I might have received stronger data for this hypothesis had I posed different questions. The question, "Are you aware of similarities or differences in your crying

now and your crying as a child...?", proved useful for exploring other phenomena, most notably, differences in precipitants to crying. But the kind of resonance I sought was a childlike feeling of incompetence and helplessness accompanying the regression in ego functioning which culminates in crying. As subjects described their regressive experiences, it might have been more fruitful to ask them how they typically feel at such a time.

As reported in Chapter Four, six out of eight subjects felt that they would not feel empathic if they actually saw themselves cry. This finding is particularly striking, given that benevolent feelings prevail for most subjects while they're crying. One way to understand this dichotomy is to consider what people actually look like during a full fledged crying episode. I have observed that while criers typically appear "pained", the facial expression which predominates is often one of anger, not sadness. This is interesting in light of the fact that when asked about their childhood crying, five out of eight subjects cited anger as a key precipitant. Perhaps, then, this is one way in which criers unwittingly experience a resonance with childhood, i.e., by way of their angry facial expressions. If we consider that such expressions were not likely to win them sympathy as children, we can well imagine how the subjects' gaps in self-empathy may have originated: in the sort of comments that parents are renowned for making to their bawling children, e.g., "If you're going to cry, go to your room; no one wants to see your long face".

At any rate, the essential theoretical point was supported. Just as Tomkins had argued in favor of both a self-punishing and a self-sympathetic component to crying, the data supported the notion of a shift in superego functioning occurring in the Efficacious Crying episode. Prior to crying, the

person is hard on herself as she unwittingly overwhelms herself with negative stimuli. This temporary loss of superego support serves to facilitate the regressive process which culminates in crying. While crying, the person has self-soothing experiences (i.e., thoughts, feelings, images), beginning with the very decision to cry and ending with self-nurturing activities or attitudes following the crying episode. Thus, according to this dual model of crying as adaptive regression and self-soothing, Efficacious Crying is both an ego and superego function in the service of restoring emotional equilibrium. This formulation is closely related to Wood and Wood's assertion that crying is precipitated by a loss of balance among id, ego and superego functions.

The questions arise: Why do we need an additional model of crying? What does this model offer that the cathartic or drive/discharge model of crying does not? The cathartic model would seem to be adaptive enough, supposing as it does that an accumulation of negative "stuff", i.e., tension, affect, or whatever, is released through crying. However, the cathartic model implies that crying is a passive experience - that the accumulated tension and the subsequent release of tension through crying happens to us. It seems reasonable to assume that this is the subjective experience of persons for whom crying is not perceived as desirable or valuable, for persons who do not experience crying as efficacious beyond the immediate sensation of ventilating or "blowing off steam". As useful as the cathartic model is for explaining that effect of crying, it is incomplete in accounting for the experiences of persons who welcome crying, who allow the regressive process to occur, who consciously "say yes" to crying, that is, persons for whom crying is an active, willed experience done in order to soothe oneself. In contrast to the passive nature of cathartic crying,

Efficacious Crying is crying that a person does for herself. However, the dual model of crying as adaptive regression and self-soothing is not at odds with the cathartic model of crying. Rather, it offers a more complete explanation of what is involved in the process of Efficacious Crying.

Problems in the Study

There are a number of problems inherent in this type of study. First, people are very unaccustomed to reflecting upon and discussing their crying. Particularly with regard to internal imagery, subjects were not always aware of experiencing such phenomena, and often found the notion odd. Also, at times it seemed that subjects' responses were intellectualized, i.e., they were not necessarily responding with actual experiences during crying but with what they thought they might experience. In any case, it was difficult to differentiate typical crying episodes from memorable ones.

Another problem was that subjects differed in their definitions of a crying episode. For example, one of the two who did not return a questionnaire due to a lack of full-blown crying episodes did report having teared up occasionally. And yet, of the seven questionnaires received, three were of episodes which were said to consist primarily of tears. The problem of how subjects chose to define, and therefore respond to, their crying episodes seems at least a two-fold one. First, subjects may not have been drilled sufficiently in the criteria for defining a full blown crying episode. Second, subjects may have responded differently to very similar types of crying, based on their reaction to the interview and their level of commitment to participate further in the study.

Two subjects voiced misgivings about having participated in the study. As it turned out, both harbored highly conflictual feelings about their

crying. For example, during her interview one subject began to fear that her frequent crying was a sign of depression. The other subject struggled from the outset with the notion of "valuing" crying. While she eagerly agreed to participate in the study, announcing, "I'm what you're looking for", she vacillated repeatedly during the interview between viewing her frequent crying as something positive ("It's who I am!") and asserting that she values "being sensitive and feeling things" but not necessarily crying. As their interviews progressed, each woman seemed to feel increasingly self-conscious of her responses. Yet, each had been screened according to the criteria and agreed to participate. And, despite some reluctance, each returned follow-up material.

Considering their ambivalence towards crying, the question arises: Were these two women appropriate subjects for the study? The answer is not a simple one. But their reactions underscore a fundamental problem with this type of study, i.e., the problem of self-exposure. There was no effective way to screen subjects for their vulnerability to self-exposure, except to monitor their reactions to being approached for the study. Perhaps one should just assume that all subjects in this type of study will be somewhat uncomfortable with the role of the self-revealing one. In a number of instances throughout the interviews, I found myself revealing personal information in an attempt to put a subject at ease. In many if not most cases, I suspect that subjects revealed more about themselves than they meant to, caught up, as they were, in the moment.

The case study method has its own hazards. One is in hearing only that data which confirms the hypotheses, as noted by Zelditch (1962, cited in Becker, 1968). This was, indeed, a hazard for me, as there were only a few instances where a subject's response was clearly contradictory of a

given hypothesis. Instead, subjects provided either supportive data, ambiguous data, or no data. In the absence of contradictory data, one can be falsely led to believe that stronger support for an hypothesis would emerge, if only the ambiguities were clarified or the gaps in the data were filled.

Honess and Edwards (1987) cited an additional problem with the case study approach: interpretation of the data is dependent on the coherence of subjects' responses. Clearly, in a study which focusses on intimate inner experiences rarely analyzed or shared with another, subjects could not be absolutely equal in their abilities to express thoughts and feelings accurately and coherently, or, for that matter, to discern their inner experiences. Therefore, it is difficult to assess how similar their experiences really are.

Further Research on Efficacious Crying

Problems aside, the basic process of Efficacious Crying was supported by the data. However, this did not preclude other less positive types and outcomes of crying occurring among the same subjects. In other words, the concept of Efficacious Crying may apply to a specific type of crying episode, but it does not necessarily define a specific type of crier. Conversely, I suspect that Efficacious Crying may be a more universal, if less frequent, experience for other types of criers. This study was designed as an initial step in exploring the plausibility of the process which I proposed occurs in Efficacious Crying. For that reason, I focussed exclusively on criers who would be most likely to provide ample data on Efficacious Crying, given the frequency of their crying and their positive attitude towards crying. The next step might be to interview a random

sampling of women and compare their responses to the subjects in this study.

Another approach would involve identifying other "types" of crying, and comparing them to the type of crying in this study. For example, a key criterion for participation in this study was that a person typically cries about herself. But what of the person who more typically cries out of sympathy for another, as in the case of crying at a movie? In reviewing Aristotle's ideas on catharsis, Nichols (1977) asserted that such sympathy always has a self-directed component: "The audience is able to identify with the tragic hero to the extent that his pain has relevance and meaning to them" (p. 2). Plessner (1970) concurred: "Crying is...about ourselves... 'It hurts' must hold for us before we can feel sorry" (p. 119). Withlm (1973) went a step further by asserting that the ego chooses to see the emotions of others in the fictional situation as if they were its own. By doing this, he argued, the ego can safely practice experiencing anxiety-inducing events and thereby strengthen itself against real anxiety. In any event, I agree with Nichols and Plessner that, in the final analysis, we always cry about ourselves. I think it would be illuminating to interview "movie" criers and compare their results with those of this study.

Theorists have discussed another "type" of crying, so-called "tears of joy". Flescher (1955) argued that when a person cries during a pleasant experience it is because he compares the moment with a previous period of deprivation, and it is the disparateness which instigates the crying. Dorn (1967) also believed that "tears of joy" - for example, the crying one might do at a wedding - are unrelated to happy feelings. Rather, he proposed that another's milestone event stimulates us to reassess our own lives, and brings us face to face with our limited achievements and non-fulfilled

wishes. I agree that "tears of joy" are not what they seem, and I suspect that this type of crying may share much common ground with Efficacious Crying, including dysphoria and negative, self-referential ideas prior to crying. Said one subject, "I have never cried because I'm happy. Sometimes I can be very sad somebody's getting married...I am not crying because I'm so happy for them. No, no...It's something much more selfish."

Still another form of crying is that which is done to communicate distress to another. Reynolds (1924) traced this social function of tears to animal herd life, citing the wolf who sheds tears as a signal to the pack that he is tired and in need of forbearance. As different as they may seem, I maintain that a comparison of "communicative" crying and Efficacious Crying would show that these two forms of crying ultimately have a common aim: to win sympathy, to be soothed. In Efficacious Crying, a person cries to soothe herself; in "communicative" crying, she cries to gain the attention of another who, she hopes, will soothe her in some way.

Some Final Thoughts

It is my belief that this study has heuristic value for clinical work. On the one hand, it can enhance our understanding of a patient's crying as a restorative ego and superego function. On the other hand, it can help us to work with a symptom that might otherwise go unaddressed, i.e., an ego-alien inability to cry.

Caution must be taken in equating the type of crying episode I have studied with crying in the context of the therapy hour, as they are very different experiences. Efficacious Crying, as I have defined it, occurs when a person is alone. Obviously, this is not the case when a person cries in the therapy hour, where the crying is likely to have transference and other

meanings. Having made this disclaimer, however, I believe that crying in the therapy hour may often serve much the same function as Efficacious Crying.

In a broader vein, it is my hope that this study will help to re-orient those who minimize the value of adult crying or who relegate crying to the status of a depressive symptom.

Appendix A
Interview Questions

In addition to the first question ("Can you imagine yourself in a typical situation...?"), the following group of questions was designed to elicit data primarily about the period preceding crying:

Do you typically know beforehand when you're going to cry?
Please describe in as much detail as possible.

What kinds of things typically make you cry?

Do you ever cry for no apparent reason?

How do you feel before you cry? Please be as specific as you can.

What conditions are most favorable for facilitating crying?

Do you ever do anything to facilitate crying?

Are there special thoughts, experiences, images that typically lead to crying?

The next series of questions was intended to elicit data about the crying episode proper:

How do you cry?

What do you think about while you're crying?

Are there aspects to crying you particularly like or dread?

How do you feel about yourself while you're crying?

If you could see yourself crying, how do you think it would affect you?

Describe any mental images you have while crying.

Is there anyone you most identify with when you're crying?

Can you identify any similarities between your crying now and your crying as a child; similarities in the way you feel now and felt then, think now and thought then while crying?

How do you feel when you see someone close to you cry?

The last two questions were intended to elicit data about the aftermath of crying:

What are the first signs that the crying episode is ending?

How do you feel afterwards? Please describe in as much detail as you can.

Appendix B

The Abbreviated Thematic Apperception Test

The following TAT cards were selected as those most likely to elicit thoughts and feelings about crying. The card descriptions are those used by Bellak (1954).

Picture 1: "A young boy is contemplating a violin which rests on a table in front of him."

According to Bellak, "the single most valuable picture in the T.A.T.", (Bellak, 1954, p. 48), this picture was an obvious choice. The stimulus of a child sitting alone, in a contemplative pose, seems likely to evoke the sort of introspective mood that might prevail in the period preceding a crying episode. In addition, the fact that the character is a child is an advantage insofar as it may facilitate identification with, or regression to, childhood affective memories, and, thus, provide valuable data with respect to the adaptive regression hypothesis.

Picture 3BM: "On the floor against a couch is the huddled form of a boy with his head bowed on his right arm. Beside him on the floor is a revolver."

Picture 3GE: "A young woman is standing with downcast head, her face covered with her right hand. Her left arm is stretched forward against a wooden door."

Two obvious choices, these pictures seem highly likely to elicit feelings about crying. They may also serve as an additional screening for depression.

Picture 76F: "An older woman is sitting on a sofa close beside a girl, speaking or reading to her. The girl, who holds a doll on her lap, is looking away."

This picture seems likely to stimulate thoughts and feelings about mother and child as soother and soothed.

Picture 138: A little boy is sitting on the doorstep of a log cabin.

This picture shares some of the advantages of Picture 1 in its value to induce an introspective mood as well as regressive affective childhood experiences.

Picture 14: The silhouette of a man (or woman) against a bright window. The rest of the picture is totally black.

This picture seems likely to induce feelings about solitude and sadness, and, as such, to stimulate thoughts and feelings about crying. It may also serve as an additional aid in screening for depression.

11. How did you feel afterwards? Please provide as much detail as you can.

Date: _____

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