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CRYBaBY:

An Analysis of the CRY-LANGUAGE OF BABIES

Mark B. McKinley



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All babies cry! And every parent wonders what that cry means: Is he hungry? Is he in pain? Is he overtired? Until now, most parents could only guess at what their baby's crying meant.

Recent scientific evidence has revealed some startling information about a baby's cry:

- Crying is truly a universal language. An infant's cry patterns are essentially the same, whether the baby is Japanese, French, German, Spanish, or American.
- Crying is not related to racial or sexual differences of the baby.
- Crying is the baby's first form of communication.
- Crying may indicate certain physical problems of the baby.
- With practice a person can learn to understand the basic vocabulary of crying.

The purpose of this record is to give persons an opportunity to learn four distinct and representative cries common to the newborn.

Side one:

Birth Cry
Introduction
Hunger Cry
Pain cry

Side two:

Fatigue Cry
Fretful Cry
Self-test
Answers

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An Analysis of the Cry-Language of Infants

by Mark B. McKinley

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Side One

You have just heard 15 seconds of a baby's cry. What would you do?: feed him, rock him, change his diapers? - it could make a difference. When an adult cries and someone asks "why," he or she is told. But when a baby cries and we ask "why," he cannot tell us. So it is up to us to make a greater effort at understanding.

Just about the very first thing a baby does upon being born is cry. A cynic once proposed (tongue-in-cheek) that this first cry is a protest against the generally sad state of society. Another more seriously held belief was that the baby's first cry was a response to the pain of the birth trauma. However, while not as romantic, the fact is that the "birth cry" is a reflex activity initiated by air being passed over the vocal cords causing them to vibrate. The birth cry actually serves two very important functions: one, to inflate the lungs, enabling the breathing process to begin; and two, to provide a supply of oxygen to the blood.

Not all babies experience a "birth cry"; cases have been reported of interuterine crying. At one time, it was believed that an interuterine cry foretold the birth of great men (Napoleon was supposed to have uttered a pre-natal sound). Today, an interuterine cry is generally explained by two conditions: one, an air bubble in the amniotic fluid surrounding the fetus; and two, a long and difficult delivery experience. Further, not all infants give forth with a spontaneous birth cry. In these cases a "birth spunk" is usually given, startling the system into action. Formerly, it was thought that the "pain" of the spunk produced the cry. Not so! Pain is actually one of the least developed senses of the newborn.

From the birth cry, it is possible to judge the type of birth experience, as well as the general physical condition of the infant. The birth cry of a baby born "normally" is loud and robust. Premature babies generally cry in a "moaning" fashion, while a prolonged delivery will result in a "weak, tired, short cry." Compare the difference:

1. normal, full-term birth cry
2. premature birth cry

Unquestionably, the newborn infant is a person,

a unique one-of-a-kind individual! And one would do well to consider the infant's individual needs. And for the most part, these needs make themselves known through the medium of the cry. Of course, this implies that one understand the special cry-language of the baby.

It was formerly thought by many experts in the field of child development that a baby's crying was "non-expressive," "random," "diffused," and "completely devoid of meaning" - a point that experienced mothers were never quite willing to accept. As is sometimes the case, it took science a time to catch up with the "facts." More recently, investigators have revised and experimentally demonstrated the opposite case. Indeed, it is now widely accepted that it is possible to distinguish a baby's different types of cries, as different bodily conditions produce (reflexively) different crying states. Not only have mothers known this fact for years, but so too have many nurses and doctors. Doctors consider these early cries so revealing that they comment on their nature in birth records and mention them in their accounts of the first post-natal examinations. Typically, the physician notes whether the baby's cry is strong, shrill, piercing, whining, rasping, weak, or interrupted. Each adjective indicates a particular state of health to the trained observer. Additionally, some doctors are so trained as to use the baby's cry as a diagnostic aid in determining different kinds of brain damage and disease processes of the newborn. So skilled are some observers that they can tell the age of a baby from his cry.

The infant's cry-language is rather extensive, though no one has yet come up with a complete and precise interpretation of each type of cry. There are catalogued some twenty different non-normal cries and fifteen to twenty different normal-need cries. In a moment you will hear 4 different normal-need cries.

Birth Cry

The cry you have just heard is the birth cry and it marks the beginning of all babies' attempts at vocalization. From this first cry, until the infant's first actual words, additional kinds of cries will emerge. Each type of cry indicates the baby's different needs. An understanding of the cry-language

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will enable one to better meet the baby's needs with less chance of error and less worry.

The cries illustrated are hunger, pain, fatigue, fretfulness. At the end of the record a brief self-test will be presented to check your recognition skills.

Hunger is the most common cause of crying during the first 3 months. General characteristics include: loud, short bursts with accompanying sucking sounds. In addition, the hunger cry conforms readily to the established pattern of feeding times.

A representative excerpt of the hunger cry.

Hunger Cry

The pain cry is not very common but its recognition is extremely important in assuring the infant's well-being. General characteristics of the pain cry include: loud, long cry bursts that are shrill and high in pitch.

The pain cry.

Pain Cry

The fatigue cry is usually the result of a long period of wakefulness or overstimulation. Often a baby has to cry to get rid of tension before he can fall asleep. Some babies cry frantically and loudly, then gradually or suddenly the crying stops and they are asleep.

A typical fatigue cry.

Fatigue Cry

Next, the fretful cry. Most babies have a few fretful times during the first few months. The cause is not readily known, so the ways to eliminate or reduce it are varied. Some successful techniques include: music, a rocking motion, a pacifier.

An example of the fretful cry.

Fretful Cry

It should be pointed out that the infant has a second language other than crying - body language! Crying in babies is always accompanied by bodily action. In vigorous crying, a baby literally cries with not only his face and limbs, but his whole body. For example, the hunger cry has related bodily movements including sucking motions, and quivering of the chin and cheeks. With the anger cry, the kicking is more vigorous and abrupt than during other states, and the feet are generally thrust out together instead of alternately. Crying caused by fatigue is often accompanied by yawning and rubbing the eyes. As the infant grows older, less and less body activity accompanies crying, until by about two years old, crying produces no more bodily activity than any other emotional outburst.

Side Two

Many babies have a period of crying once or twice a day - "period criers." A study of a cross-section of period-criers indicated that the fussy time commonly occurred in the evening between six and ten o'clock. Indeed, physicians receive most of the calls from concerned parents between these hours. There seems to be a difference of opinion as to how to explain the period-crier. One view (most com-

mon) holds that the cause is colic - gas in the intestines which produces pain and therefore crying.

However, some recent evidence seems to cast doubt on this well-accepted explanation. The alternative: when a baby cries he swallows air, which he later passes through the intestine, and the more the baby cries, the more air he swallows, hence the more gas he develops. This has been substantiated by examining the baby during the first hours after birth. An x-ray, at the moment of birth, shows no air, but within 5 minutes an air bubble forms in the upper part of the stomach, and within 8 hours the small intestine has an abundance of air. So then, according to this view, colic does not cause crying - crying causes gas (or colic).

If this view is accurate and colic doesn't cause crying, how does one explain the everyday crying period? Exercise! It has been proposed that every baby needs to cry (exercise) in order to develop properly. And for a baby under three months, there are not many exercise possibilities available other than crying. As he matures, he is able to engage in other exercise activities and the amount of crying decreases.

Not all babies cry the same amount of time - there are wide variations. Some babies are described as being "good as gold" (cries little). Others are described as "chronic criers"; they cry most of the day and/or night. One study of newborn babies revealed that the amount of crying varied from as little as 48 minutes per day to as much as 4 hours per day. An average for the group was nearly 2 hours per day. The study also indicated that as the nurses individualized a baby's care, the amount of crying was reduced by 50 percent! Let us re-emphasize this latter point.

For babies that are chronic criers beyond the first two weeks, it has been found (after physical causes have been ruled out) that the mother and/or the rest of the family are largely responsible. In some instances, a mother may have allowed a long and longer time to elapse before attending to the baby's cries. In these cases, she has actually taught her baby to cry excessively, as well as create a good deal of insecurity on the baby's part. Further, mothers of chronic criers tend to be insecure, anxious, inconsistent, and tense about performing and fulfilling the "mother-role." A family exists as a unit and a new baby is very much a real part of that unit. Consequently, it has been found that a stable and calm family unit has fewer instances of chronic criers than families that are fraught with insecurity, anxiety, and instability.

Lack of security on the baby's part is a partial explanation of chronic criers. Feelings of security can be improved greatly if the baby receives prompt attention to his needs. (A baby who is ignored when he cries is likely to become somewhat hysterical. Consequently, the baby is unable to stop crying even when his needs are met. Many parents, not knowing this, respond to him with anger or utter frustration by not knowing what to do to stop a cry which can become almost unbearably irritating.) In giving

prompt attention to a baby's cries, some persons may fear "spoiling" the baby. According to most experts in the child development field, it is almost impossible to "spoil" an infant under 2-3 months of age.

Excessive crying may be physically and psychologically damaging to the infant. If a baby is permitted to cry for an exceptionally long period of time, he may fall into a "comalike" sleep. The crying has stopped, not because his needs have been met, but because he doesn't have enough energy left to continue. If the excessive crying extends over a period of days or weeks, it is entirely possible that the baby can suffer an over-all deterioration of his physical condition, i.e., retarded physical growth, vomiting, night wakings, enuresis, and a general nervous tension.

The psychological damage caused by excessive crying has been partially explained earlier: insecurity, tenseness and anxiety on the part of both the baby and the family. However, and in addition, parents may worry excessively about a chronic crier and become overprotective of him. Further, a baby's cry is often very disturbing to many adults. For them, crying may arouse sympathy, annoyance, or it may activate buried hurts of the past. It is difficult for the older person to endure a reminder of these forgotten, unconscious hurts, lonelinesses, or helpless feelings. The harder and longer the crying, the most anxious, tense, frustrated the adult will become. The following is just one minute of a baby crying - listen and try to become aware of the kinds of feelings and thoughts that come to mind.

60 seconds of a baby's cry

As counter measures to the frustrations of a prolonged state of crying, the adult may: plead with the baby, admonish him, or beat (spank) him (many child-abuse cases have been related to a chronic-crying infant). Not only is it just parents who "encourage" the baby not to cry, but brothers, sisters, relatives and baby-sitters as well. A seldom-considered consequence of an absolute "no cry attitude" is that the child may learn to hide and disguise his feelings, only later to express these repressed feelings in rather devious and unsuspecting ways. When the infant's cry is not tolerated (suppressed), he is being asked to deny something of

himself - to suppress rather than express!

How much crying is enough? It is difficult to generalize; however, it can be stated with some confidence that parents can rationally teach their baby to cry less and less. And that while some crying is necessary for the baby's good health, the less crying he does, the better his relationship will be with the rest of the family. Quieter babies produce happier families.

As was mentioned previously, certain instances of brain damage can be detected by the baby's cry pattern. Relatedly, it has been tentatively found that a positive correlation exists between crying and intelligence. The brighter infant was found to pass through the pre-speech (crying, babbling, gestures) stages more quickly than infants who ultimately measured a lower IQ.

In sum, one can conclude that crying is an exceptionally important activity of the baby and to: the family, doctor, nurse, baby-sitter, plus anyone else who has reason to deal with the infant. Important is the cry, from determining basic needs, to brain damage, to child abuse. And, while every newborn is unique, the types of cries he exhibits are consistently similar enough to allow for an understanding of a kind of cry-language.

Lastly, as a check on the listener's one practice session with the four types of cries presented earlier, each cry will be presented again for 10 seconds. If you do not get all four correct, then more practice is suggested - it could make a difference.

Cry Number One:

(10 seconds - hunger cry)

Cry Number Two:

(10 seconds - fretful cry)

Cry Number Three:

(10 seconds - pain cry)

Cry Number Four:

(10 seconds - fatigue cry)

-- 5 seconds pause --

The correct sequence was: hunger, fretfulness, pain, and fatigue.

Sneeze and audible yawn.