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Tears as Tools: How to learn from crying

Crying is a signal

Sometimes a baby's cry is a signal: "Hey, who's in charge around here? Take care of me! I need a diaper change; a change of view; to burp; I'm hungry!" But sometimes a baby's cry is just a sign, an indication of being, or presence in the world. The infant's cry at birth is a healthy indicator of reflex and breathing, and all who are around sigh in relief when he or she makes that first sound. Knowing the difference between cries is a talent, an intuitive knowledge that some attentive caregivers develop over time - or is it a skill, a formal observation strategy learned through explicit instruction? However the knowledge is first acquired, the ability to learn and develop a greater awareness through observation will result in seasons of practical help for young children.

FATT DRIP strategy

Many observational strategies are available, some sold for profit (e.g. Why Cry® by Lentek©, a $100 device which claims it can decode an infant's cry). Other methods require much instruction and demonstration (e.g. The Baby Whisperer®, Tracy Hogg, (2002) can teach you her techniques including S.L.O.W. ©; E.A.S.Y. ©; H.E.L.P. © and T.L.C. © through her books or private consultation). However, one new mnemonic device offers a practical way for caregivers to quickly assess the nature of an infant's cry. The FATT DRIP (Table 1) is a mnemonic appropriately named for the big tears accompanying so many children's earliest expressions, their cry. The factors of FATT DRIP help the caregiver quickly evaluate the elements of an infant's cry and promptly provide an appropriate intervention strategy.

A caregiver using the FATT DRIP method for assessing an infant's cries would first question how FREQUENTLY this child is crying? She can keep a finite count of distinct crying bouts within a discrete period of time, such as "Mary cried three times this hour." An occasional cry or whimper requires a different response than a cry that is more frequent.

The second factor in the FATT DRIP method analyzes the AGE of the child in relation to the normal crying curve. The normal crying curve (Figure 1) (Barr, 1990; Brazelton, 1992) indicates that the age of the infant matters greatly in determining how to respond to his or her cries. The normal neonate progressively cries more frequently, and for longer periods of time, up until about six weeks of age. Sometime in the second month, along with many other behavioral shifts, the baby normally learns to self-soothe, or to receive a blanket or teddy, or adapts to the soothing techniques of the caregiver. The TIME of day matters – most infants increase their crying, both frequency and duration, throughout a normal day. During the early evening hours, around 6:00 p.m., the infant reaches a peak, and cries more than at any other time of day. This is generally attributed to an overload of the infant's sensory systems. Crying is a useful way of resetting the clock, helping the child process input and establish a base point for the night, and prepare for the next day. The TONE of the cry, the difference between a wail and a whimper, and all the variation in between, will give the responsive caregiver plenty of feedback on what to do next, what all this crying is about.

DURATION is the length of time for each crying bout. This information does not lead to definitive intervention, but alerts the caregiver to regular, normal patterns of this infant's development. Familiarity with the normal duration helps the caregiver respond appropriately. The RHYTHM of a cry is the pattern of noises and rests, breath marks that the child takes during a crying bout, as well as the space of quiet between crying bouts. This information, when

collected over time, helps the caregiver understand what is normal for this child, and what is not. The INTENSITY of the cry, like the tone, has to do with the nature of the sound of the cry, and helps the caregiver distinguish between extremes. Intensity describes the energy the infant uses to produce the cry. The PITCH of the infant's cry distinguishes certain cries from others, establishing a voice, or vocal range for each infant, within which she makes her wishes known. Using the information gathered through this mnemonic tool, the caregiver can make informed decisions about the next step in responsive caregiving.

Conclusion

The mnemonic FATT DRIP is not a prescriptive diagnosis of what each cry means. Instead, it is an observation tool for attentive caregivers to use, carried around in their heads, to quickly gather relevant, pertinent data about the cries an infant will make – woops! She's crying again! I wonder what it could be this time?

FREQUENCY From 1 to infinity.	**DURATION** Clock time (ex. 1:03AM to 1:20AM)
AGE of the child Number of days, weeks, months, or years since birth.	**RHYTHM** From waltz to hiphop.
TIME of day Morning, afternoon, evening, night.	**INTENSITY** Relaxed (yoga) to vigorous (Taebo©)
TONE From whimper to wail.	**PITCH** Low (purr) to high (screech)

Table 1. FATT DRIP: A Mnemonic Device

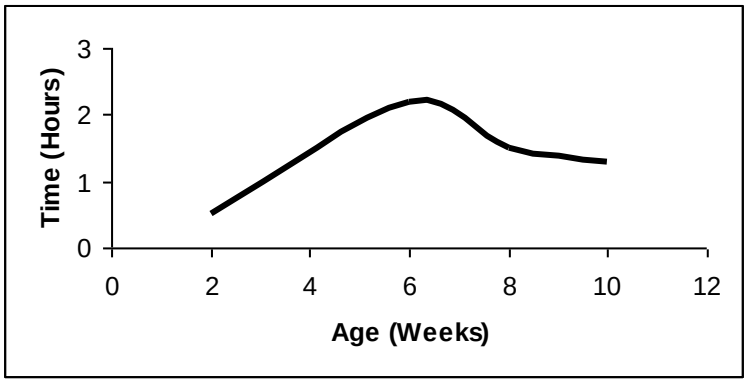

Figure 1. The normal crying curve (Barr, 1990)

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