

'Tears were and still are crucial for our functioning'

Ad Vingerhoets speaks to Gail Kinman

You have gained an international reputation for your research on crying. What first got you interested?

It was by accident really. I had just completed my PhD on stress and became involved in an international study on emotions. At a party, somebody asked me whether I thought crying was healthy. I had no idea, but thought it was a very interesting question. In spite of crying being a universal expression of human emotion, I found that very few studies had been conducted on the topic. Some of my students overheard me talking about the lack of research on crying and were keen to help me fill the gap. I started doing several small studies on crying alongside the other research I was working on, but my subsequent move to Tilburg University allowed me more freedom to follow my own research interests. My research on crying started nearly 30 years ago, but the topic still intrigues me and there are still many questions that remain unanswered.

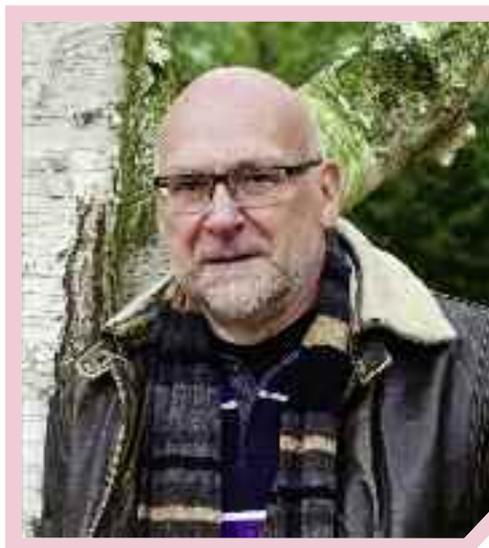
Your early research aimed to identify the antecedents and outcomes of crying and develop measures. How did you do this?

At the time we started our research, no measures of crying were in existence. I got frustrated by the enormous number of measures of psychological concepts that are available – for example, almost everybody seems to have their own measure of stress and coping! Using scales that have been translated into different languages and validated with different cultural groups is much more powerful. An important aim of my initial study therefore was to develop measures that could be used by researchers from different countries with an interest in crying. We obtained data from more than 5500 participants in 37 countries. We asked participants a series of questions about the last time they cried – What happened? Where were you? What time of day was it? Who were you

with? Who was responsible for making you cry? Which emotions did you feel? How did other people react? We differentiated between crying frequency (how often people cry) and proneness (the type of events and emotions that are likely to induce crying). We gained a great deal of valuable information that informed our subsequent research.

Why was it so important to make the distinction between crying proneness and the frequency of crying?

Crying frequency is highly dependent on environmental factors, as people may consciously avoid or seek out situations that are likely to make them cry, such as



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sentimental movies or listening to music that engenders feelings of sadness. On the other hand, crying proneness appears to be a more stable characteristic. Our research with monozygotic and dizygotic twins indicates that this is more strongly determined by genetic factors than crying frequency. Crying proneness is also more

complex: we have found that it has four dimensions – attachment tears, societal tears, sentimental/moral tears, and compassionate tears.

You found that people cry in response to a wide range of emotional triggers – what are the most common reasons?

We are most likely to cry in response to feelings of helplessness and hopelessness. Crying is a social trigger for empathy – a communication system that signals to others 'I need your help and support'. There may be an element of sadness along with the feelings of helplessness – indeed the loss of or separation from loved ones, such as through death and divorce or in homesickness, are among the strongest triggers of crying. Interestingly, our research has found major differences in the situations that people *think* are most likely to make them cry and the actual reason for their last crying episode. The circumstances that people typically associate with crying are related to loss, physical pain and watching sad movies, but people also commonly said that they were likely to cry in response to more positive factors such as weddings, reunions and music. Our findings indicated, however, that the most frequent elicitors of tears are related to conflict, rejection, criticism and minor failure. There are also some gender and age differences. Women often cry as a reaction to feelings of frustration or anger that they may not consider appropriate to express publicly, so they react with helplessness ... and then the tears come. We found that women also cry in response to minor, everyday problems such as a broken-down car, a computer crash and, in particular, interpersonal conflicts (during which they experience a powerless anger). These are all situations that tend to make males swear. Feelings of loss and powerlessness remain important causes of tearfulness throughout the lifespan, and older adults additionally cry relatively often in relation to experiences that give their lives depth and meaning.

If crying is mainly a reaction to feelings of loss and helplessness, why do we cry when we are happy?

Initially, this was a very difficult question to answer. We now think that people cry in response to positive emotional events, but the experience will simultaneously invoke more negative emotions. For example, somebody may cry during a reunion with a loved one; on the surface it is a happy event, but they may also remember how much they missed the other person. This effect is well illustrated by the case of a famous Dutch

horsewoman who won a gold medal at the Olympic Games in Athens. She cried inconsolably during the award ceremony and later explained that she felt sad that her recently deceased father was not there to witness her success.

An alternative explanation for 'happy tears' is that people may feel overwhelmed by positive emotions and don't know how to express themselves appropriately; so they cry. Neither of these explanations supports the notion that people cry because they are happy.

People may also cry in response to the pain or distress of others. What is known about the links between empathy and crying?

It is common for people to feel emotionally moved by the tears of others. People who score more highly on measures of empathy are particularly likely to cry in response to other people's tears. More empathic people tend to be drawn to the helping professions and are exposed to human distress more frequently than in most other types of work, but very little attention has been given to their own experiences of crying. I am currently researching crying among doctors, nurses and psychotherapists, with a particular focus on crying in the presence of a patient or client. How often does it happen? Is it considered ethical? How do others respond to them if and when they cry? There is evidence that nurses are less likely to see crying at work as unprofessional, but we are also interested in attitudes towards crying among doctors, as displays of emotion in front of patients may be considered particularly unprofessional and may be perceived by others to increase the risk of burnout in the future. We found that doctors and the general public do not differ greatly in their attitudes towards shedding tears in the presence of a patient. A considerable proportion of both groups is very positive about doctors crying, because it reflects empathy and a feeling of connectedness with the patient, a significant minority saw it as unprofessional. However, they do not go so far as to consider a crying doctor as not fit for the job.

People often say they feel better after a good cry. To what extent is crying cathartic and healthy?

It is a common lay belief, also shared by mental health professionals, that suppressing tears can damage the mind and the body. My research shows that most people see crying as beneficial in

general but, when asked to reflect on their most recent crying episode, they are far less likely to report a positive change in mood – some may even experience deterioration in mood. First, you need to be in a good emotional shape to benefit from crying. Second, negative outcomes are particularly likely if a person is crying in response to an uncontrollable situation, such as the loss of a loved one, whereas a conflict situation, which can be manipulated or controlled, may have more positive effects.

Another determining factor is how others react to a crying person. In general, people feel sympathetic towards somebody who is in tears and may

respond with understanding and support. On the other hand, if people react with disapproval or if they ignore the crying person, an improvement in mood is unlikely. Wherever

possible, people prefer to cry in the presence of an attachment figure, such as their mother or their romantic partner, and will often try to hold back the tears until they are in their presence. Crying has been described as an 'acoustical umbilical cord' – an attachment behaviour designed to guarantee the proximity of the caregiver, and this behaviour is reinforced and maintained over the lifespan.

You have mentioned the impact of genetic factors on crying proneness. What about the role of conditioning? How might this predict the propensity to cry in certain situations?

Crying should not be seen as a reflex, but as a behaviour in its own right and, as such, it will obey the laws of operant and classical conditioning. Frequent crying in children is often a response to adult attention, and such behaviour can be hard to extinguish. Although there is evidence that crying proneness is to some extent genetically determined, we have more control over our tears than we may be aware of. Attitudes towards the expression and suppression of tears vary according to culture: some Indian tribes use crying as a greeting ritual instead of shaking hands, and ritual weeping can stimulate feelings of mutual connectedness during times of adversity and conflict.

Attitudes to crying have also changed over time; in medieval Europe, public weeping was the norm for the lower social strata and, during the age of sentimentalism, philosophers such as Voltaire and Rousseau also cried openly.

During the Victorian era, however, crying was seen as a sign of womanly weakness and subject to social disapproval, but attitudes are changing and a recent study showed that the majority of men in the UK today are comfortable showing their emotions. It is now extremely common for athletes to cry publicly – whether they have won or lost

In my own research on women's experiences of crying at work I found that most interviewees had experiences of working with people who they believed had used tears for manipulation or gain. You have written about 'crocodile tears'. How easy is it for people to fake them?

If you challenged me to cry now I could probably do so, but I would do it by remembering a sad situation I had experienced. This means that my tears are real, but the emotional response is not appropriate for the context. Actors have told me that they consciously store emotional responses to real-life situations in their memory and draw on them when they need to portray specific emotions. Some personality variables such as neuroticism and narcissism have been associated with the use of tears as a way of manipulating other people to achieve an objective. Also, people with psychopathic and sociopathic tendencies tend to be particularly adept at producing crocodile tears.

What are you working on at the moment?

My team and I are working on several exciting studies. Research we conducted a few years ago used pictures of crying individuals where their tears had been digitally removed or added. We found that tears elicit strong social bonding reactions, and people feel much more inclined to help those who are visibly producing them. Crying faces without tears led to confusion about the emotional state of the individual, whereas visible tears typically engendered feelings of empathy and connectedness and enhanced participants' willingness to provide support.

We then extended this research by including some contextual information about why people were crying. Participants were told that the photographs were of people who had been found guilty of a crime – murder, drug trafficking, a crime of passion and drunk-driving. In conditions where tears were present in the photographs, convicts were rated as being more reliable, trustworthy and remorseful. We also asked participants how they wanted to

"the majority of men in the UK today are comfortable showing their emotions"

interview

punish these hypothetical people; to our surprise we found few significant differences in the severity of punishment recommended, but in the drink-driving condition people who were visibly crying would be treated less harshly. It is difficult to interpret these findings, but perhaps if people see no bad intention in the crime, tears are more powerful, whereas in the other situations they are maybe more likely considered as crocodile tears to manipulate the judge. We are working on a new study that examines the impact of tears on attitudes towards less serious transgressions that vary in intentionality, such as minor fraud, borrowing money without paying it back and breaking other people's valuable possessions accidentally.

I am also collaborating with researchers from Croatia on research exploring the extent to which crying brings relief. We exposed participants to a sad movie and compared the mood of those who cried and those who did not at several time points. Supporting previous findings, people who cried immediately after the movie felt worse than those who did not. The novel aspect of the research, however, was that we found support for the longer-term benefits of crying, as mood was significantly more positive 90

minutes after the film than at baseline (before the film).

Another intriguing study that is under way is an examination of the neurobiological mechanisms that underpin relief after crying: possibly by stimulation of the parasympathetic nervous system that facilitates relaxation, or the release of neurochemicals such as endorphins and oxytocin which also facilitate bonding. In order to explore whether crying has an impact on pain tolerance, we are exposing people to sad movies to make them cry, while measuring their pain tolerance as well as their mood. We also conducted three studies with nearly 300 participants in an attempt to replicate and extend an Israeli study which suggested that fresh female tears might contain a substance that has a dampening effect on the sexual arousal of men. However, we were not able to find any such effects.

You have recently called for multidisciplinary research in order to provide further insight into crying. Where do your priorities lie?

I recognise my own limitations and multidisciplinary research can help us understand more about what crying tells

us about human nature. I wish to collaborate not only with social, cultural and developmental psychologists, but also with psychiatrists, neurobiologists, evolutionary biologists and anthropologists. The developmental aspects of crying are particularly intriguing as, to some extent, it follows normal social and emotional maturational patterns. For example, when a child develops fear of strangers, encounters with unfamiliar people will make them cry; and when a child develops the ability to experience guilt and empathy, then these emotions can make them cry. There are, however, some areas of development where a cognitive-emotional explanation is less persuasive, especially in relation to sentimental types of tears. Insight into the association between crying related to self-sacrifice and other altruistic acts and the intensification of social bonds is likely to tell us a great deal about how empathy, morality and altruism develop. Much of my future research will aim to further understand the social functions of crying. Darwin described emotional tears literally as purposeless – it is my challenge to prove that Darwin was wrong in this respect and that tears were and still are crucial for our social and moral functioning.



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