Let children cry

Better to be good at feelings than to feel good

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Our society is intolerant and disrespectful of young people's distress. We seem to dislike it when young people are angry, ashamed, frightened, sad or disappointed. There is strong encouragement to consider such distress as being a precursor of disease,[1] so that parents, doctors and teachers are prone to label and intervene rather than sit with ordinary, healthy, but distressing feelings.

Distressed children are already inclined to numb themselves, whether with drugs, porn or screen time. Prescribing medication to lessen mental pain potentially adds to this numbing,[2] creating a reduced state in which children are not fully themselves, and are less able to get on with the task of growing up.

We would do better to trust children's capacity to survive and benefit from strong uncomfortable feelings; be more respectful of the time and space that is required to do so; and tolerate and manage the anxiety we experience through not intervening.

This less interventionist approach presents a substantial challenge because the distress that young people experience is a big deal. Adolescent suffering should not be dismissed as *just* adolescent turmoil; this turmoil can lead to a kind of madness. But it is most often an ordinary madness that requires support and containment, not diagnosis and treatment. (The term "madness" is used in keeping with the preference of many people with lived experience.[3])

That somebody is distraught doesn't mean that they are sick.[4] Giving priority to catching psychiatric illness early risks disrespecting an adolescent's need to go through hard times in order to emerge as a mature functioning adult, as occurs in situations such as these:

> Janice's parents underestimate the intensity of grief she experienced at her grandmother's death and the space needed to deal with it.
>
> Robert is quietly and bitterly preoccupied with the disappointment of always falling short of his father's expectations, and it will be some time before he can come to terms with this.
>
> Anh's quiet, compliant and apparently positive adjustment to the violence of his childhood comes unstuck as he becomes more cognitively mature. Those around him misinterpret the change as a deterioration in his mental health.

All of these scenarios are consistent with *developmental* breakdown.[5] As bad as the experience might be for adolescents and those around them, staying with and passing through significant dysfunction can be required to reach positive outcomes.

Confronted with potentially fatal behaviours ("she is cutting, will she kill herself?" or "he smokes dope every night, will he end up being a junkie?"), a parent might easily confuse the imperative to take these things seriously with a need to intervene on behalf of the child. It is desirable to understand and explain a young person's distress,[6] but this is not always possible, and even when it is, suffering often continues. Sometimes there is a need to take distress seriously without trying to take it away.

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Of course, confronted with a distressed young person (our own or someone else's), we need to make sure that they are adequately *protected* from those dangers that we can and should remove (such as domestic violence) and adequately *informed* about their choices; and we need to *confront* them when we think they are making bad choices. But going too far in any of these areas creates problems: if we *over*protect, if we stray from informing to berating, if we confront in a way that is humiliating, then these apparently positive parental activities can do more harm than good.

So having done our best to make meaning from the child's distress, and instituted sensible safety measures, we will still often feel powerless and frightened; the task for parents, carers and professionals is to "face off" that fear, acknowledging and trusting in those capacities that were apparent before the young person became distressed.

We also need to tolerate this fear and uncertainty for more than a couple of days, making space and time to stay with feelings and experiences through to *completion*, possibly over many months. While a sensitive well trained therapist can be helpful, engaging with the mental health system risks interrupting this completion; diagnoses and treatments (especially but not only medication) aim to put an end to distress, rather than see it through.

Another challenge to completing emotional experience is the high level of distraction through social media and multiple screens. Those old enough to have had a boring childhood might remember how boredom facilitates reverie, in turn generating creativity.[7] That world cannot be recreated, but young people can be helped to accept that they need not fill every empty moment with relatively meaningless activities, and encouraged to make the time required for resolution of their strong feelings. Respecting and making space for them requires parents to tolerate unpleasant fears and anxiety. Parental duties include sleepless nights; not just with a restless toddler, but lying awake wondering what an adolescent is up to.

Distressed young people need empathy ("ability to understand and appreciate another person's feelings, experience")[8] rather than sympathy ("a feeling or frame of mind evoked by and responsive to some external influence").[8] A sympathetic father experiences his own pain in response to his daughter's predicament and desires to remove that pain; an empathic father also feels his own pain but gives higher priority to the child's experience, and to understanding and/or containing her pain rather than removing his own.

So we must trust kids' ability to survive strong feelings; make and protect the space for them to do that; and manage our own resultant anxiety. We need to give them the gift of *being good at feelings*, of being able to make sense of uncomfortable but healthy sadness, anger, fear and shame, rather than the gift of *feeling good*, which is shallow and evaporates in the face of adversity.

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