

Sarah Chavez helps us understand grief

What is grief?
Grief is the feeling we have after someone dies. Many different emotions are part of grieving. Some people think that there are different stages of grief everyone goes through, but because everyone grieves differently, there's no right way to do it! Being happy or laughing while grieving doesn't mean you aren't grieving 'properly', or that you don't love or miss your person. The truth is that grief is hard, and sometimes it can feel unbearable. Most of all, grief is an expression of our love.

Saying the wrong things
Because people don't talk about death very much, it can be hard to know what to say or do to support someone who is grieving. As a result, people who are trying to be kind sometimes say things that hurt instead of help. In the speech bubbles are a few things you should avoid saying to someone who is grieving.

“YOU NEED TO GET BACK TO NORMAL”

“DON'T CRY, YOU NEED TO BE STRONG”

“YOU SHOULD BE OVER IT BY NOW”

What's 'normal' in your life will always be changing – where you live, who your friends are, and your likes and dislikes. So when someone dies, things change. There's no 'normal' to return to.

Not true: crying is good for you! It's our body's way of helping us release emotions that we may be struggling to get out. That's why we often feel better after crying.

Some amount of grief will always stay with us, just as the love we have for someone always stays with us, too.

How to help
When someone you care about is sad, the first thing you probably think about doing is cheering them up. It may seem strange, but the thing that will help a grieving person the most is letting them be sad. When we do this, we're acknowledging that their pain is real. As grief expert Megan Devine says, “some things cannot be fixed; they can only be carried”. We can't fix grief, but we can help the people we care about carry their grief by listening to them. Sometimes the best thing we can say is something that acknowledges the truth, such as: “I know you're hurting, but I am here for you.” ●

Edited extract from *We Need to Talk About Death: An Important Book About Grief, Celebrations, and Love* by Sarah Chavez, illustrated by Annika Le Large, published by Neon Squid



Sarah Chavez has worked as a historian and a museum curator. Her current work at Order of the Good Death and the anti-racist non-profit she co-founded, the Collective for Radical Death Studies, focuses on ways to help people live and die better. As a founder of the Death Positive movement, she hopes to encourage honest and compassionate conversations about death. When she dies she wants to be composted.



Colic

Crystal Miles looks at the impact of this little-understood condition, and how infant massage can support the nervous system of babies and parents

What is colic?
If there is one thing that can be agreed on regarding colic, it's that there is no consensus among researchers about its cause. What we do know is that it is often labelled as 'normal' by well-meaning medical professionals or those offering advice, but it doesn't always feel normal to the parents and babies living with it. As the saying goes, what's normal for the spider is chaos for the fly.
Let's start with the dictionary definition of colic: "severe paroxysmal griping pains in the belly, due to various affections of the bowels or other parts".¹
So, colic is a gastrointestinal issue?
The "rule of three" theory suggests that colic involves episodes of crying for more than three hours a day, for more than three days a week, for three weeks, in an otherwise healthy child.² Often crying occurs in the evening and typically does not result in long-term problems. It is most common at six weeks of age and typically goes away by six months of age.
So, colic is a crying issue? Six months is a long time to deal with a 'normal' difficult condition.

It's interesting to note here that developing babies have been shown to naturally increase the amount they cry over their first six weeks of life. Wolke et al., 2017, reviewed studies conducted around the world and concluded that babies everywhere tended to cry a lot during the first six weeks of life, and that 25% of babies cried for three hours a day or more.³ At 6 weeks old, the average amount of crying was around two hours a day, with 25% of babies crying for more than three hours a day, yet by 10 to 12 weeks, this dropped significantly to 0.6% of infants, with the average baby crying for less than 70 minutes a day.
A theory by paediatrician Dr Brazelton, proposed in the early 90s, suggests that colic is a normal part of the 24-hour sleep/wake cycle of an immature nervous system, and that episodes of colic are a way to reorganise an overloaded nervous system for the next 24-hour period.⁴ Parents understanding of this, the theory offers, can help by avoiding adding extra anxious stimulation to an already overloaded nervous system. There are questions over which comes first, the stress or the colic.

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When we look at the physiology of tears, it might make sense that crying is a cathartic exercise, as emotional tears have special health benefits. Biochemist Dr William Frey discovered that reflex tears are 98% water, whereas emotional tears also contain stress hormones and toxins, which the body excretes through crying.⁵ Crying is also shown to stimulate the production of endorphins, the body’s natural painkiller, and feel-good hormones. There is a hormonal release for parents too. An infant’s cry can initiate a release of prolactin, an important hormone for bonding, which creates an urge in parents to pick up their baby and see to their needs. Prolactin promotes caregiving behaviours.

Dr Barry Lester has researched colic extensively, and concludes in a 2005 publication: *despite what many well-meaning paediatricians tell their patients, colic is not a harmless condition. Our research – as well as plenty of others’ – has shown that these babies are more likely to have difficult temperaments and to experience feeding and sleeping problems. Their cries and their heart rates are different. How the family functions can be impaired. Their parents perceive them as more vulnerable. They can go on to have behaviour issues in preschool and problems later on in school with attention/hyperactivity, sensory integration, and emotional reactivity.*⁶

More recent theories, such as this, are questioning how ‘harmless’ colic really is. Dr Lester suggests that if we equate colic with excessive crying, we run the risk of normalising it, and missing a lot of other cry characteristics that colicky babies have. He states that not all babies show the same signs or symptoms of colic, but that most will show some of the four characteristics of colic, which



he defines as sudden onset, cry quality, physical signs, and inconsolability. Dr Lester puts forward two criteria to be met in order to diagnose colic:

- 1) a significant complaint of a persistent pattern of crying that is more frequent and more severe than is typical for babies at this age. This can be a disturbance in the amount, frequency, or quality of crying. There may be excessive crying (rule of three) as well as symptoms such as sudden onset, high pitch, physical signs, and inconsolability.
- 2) clear evidence of impairment in other areas of function. This could mean that the behaviour is affecting the baby's development or other behaviours, the two most common being sleeping or feeding. Or the behaviour could be causing stress in the parents, affecting family function and the marital relationship. It could be affecting the parent–infant relationship. There may be attachment or bonding problems. The parents may feel inadequate, suffer loss of self-esteem, and feel ineffective as parents. They may feel angry and disappointed that their baby is acting this way.

Several studies agree that colic can be a risk factor for poor parental mental health and depression, and can impact family relationships as well as disrupting healthy bonding and attachment.⁷

So what can we do to help?

It is important to help regulate both the parent and the baby in the first instance while they seek further support (please see the resources suggested in the inset box). A simple colic routine can help to soothe and regulate the nervous system, release beneficial hormones to reduce stress, improve mood, promote deeper sleep and enhance bonding and attachment. These benefits are recorded in both parents and babies. It can also offer some relief and stimulation for the digestive system. As an infant massage trainer and instructor, I have seen thousands of parents and babies benefit from the power of nurturing touch, infant massage and a routine to support colic. Infant massage is an evidenced-based practice with far-reaching benefits.

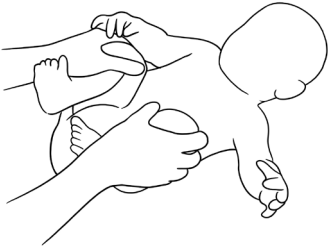
A simple colic routine

When your baby is awake and alert, begin by connecting with them by placing relaxed resting hands on their abdomen, and taking three long, slow, deep breaths. In through the nose and out through the mouth.

Begin by moulding one hand horizontally on the tummy below the rib cage. Stroke down the tummy, alternating hands. Do this for a slow count of 6 seconds.

When you reach 6, supporting your baby’s ankles, take the knees right into the tummy and hold them there for another 6 seconds.

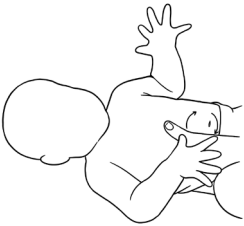
Now relax the legs allowing them to stretch out while gently bouncing them. You can use your voice here. Try saying ‘Relax’ for example, in a



sing-song tone.

Next, picture a clock face on your baby’s tummy. Using your finger pads, make a clockwise circle on your baby’s tummy around the belly button. It’s really important to move clockwise to follow the tract of the digestive system.

Again, relax the legs, allowing them to stretch out while gently bouncing them. You can try



saying ‘Relax’ again in the same tone. Repeat this series of strokes and movement for 5 to 10 minutes, or for as long as your baby allows, several times a day. It will benefit you both. ●

Where to seek further support

- Speak to friends and family or other parents for reassurance.
- Speak to a health professional, such as your health visitor, GP or NHS 111.
- Contact the Cry-sis helpline. Call free on 0800 448 0737 (9am to 10pm, 7 days a week).
- Contact a local IBCLC lactation consultant or infant feeding specialist, [icgb.org/find-an-ibclc](https://www.icgb.org/find-an-ibclc).
- Contact a local IAIM-trained certified infant massage instructor through [iaim.org.uk](https://www.iaim.org.uk).

References

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4. H. Als et al., ‘The behavior of the full-term yet underweight newborn’, *Developmental Medicine and Child Neurology*, 18 (1976), 590.
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6. Barry Lester and Catherine O’Neill Grace, *Why Is My Baby Crying?: The Parent's Survival Guide for Coping with Crying Problems and Colic* (HarperCollins Publishers, 2005).
7. Available on request.

Crystal Miles lives in Hertfordshire with her husband and two children who enjoy an alternative education lifestyle. Crystal has dedicated her career and education to the perinatal period, supporting families and respecting babies. She is the founder of Connection Cards for Parents: Fun Activities for Bonding and an International Trainer for the International Association of Infant Massage. When not training, she enjoys travel in her camper-van, long dog walks and paddleboarding. connectedbabies.co.uk and on Instagram [@connectedbabies](https://www.instagram.com/connectedbabies)