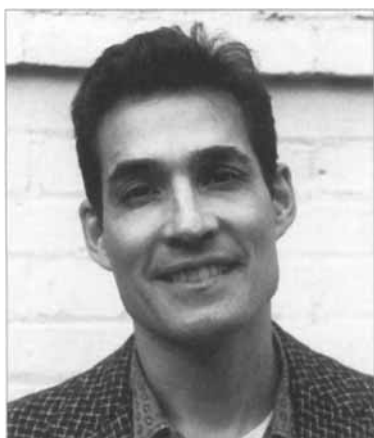


Laughter during bereavement



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Is laughter during bereavement a form of denial, or does it help people cope with the pain of loss? Traditional bereavement theory suggests that laughter impedes the true 'work' of mourning and therefore interferes with recovery. A competing view, grounded in more recent studies, emphasises the enhancing effect of laughter on personal relationships and its fostering of emotional control and, thus, predicts that laughter during bereavement will promote recovery.

The question of the possible role played by laughter during mourning is an important one, and how we might answer it will depend to a large extent upon our more general views on coping during bereavement. Here I contrast the two competing perspectives, and then describe findings from several recent studies of the social and functional aspects of emotion. These clearly demonstrate the salutary influence of laughter in bereavement and, therefore, support the more recent social-functional perspective.

THE TRADITIONAL 'GRIEF WORK' PERSPECTIVE

Much of the scholarly literature on bereavement over the past half-century has been dominated by the assumption that successful recovery from loss requires a concerted effort, a period of 'grief work', in which the thoughts, emotions, and memories associated with the loss are gradually reviewed and expressed until the attachment to the deceased can be relinquished. This perspective has, for the most part, ignored the possible role in the recovery process played by positive emotional experiences, such as laughter. Indeed, there are surprisingly few references to them in the whole of the bereavement literature. When bereavement theorists have mentioned positive emotions they have tended to view them as a form of denial and, therefore, as potentially interfering with the proper work of mourning. For instance, Bowlby¹ described a form of 'disordered mourning' in which

there is a prolonged absence of grieving despite 'tell-tale signs that the bereaved person has in fact been affected and that his mental equilibrium is disturbed'. Among the 'tell-tale signs' indexed were the positive emotions of pride and cheerfulness, as well as optimism and the appearance of being 'in good spirits'.

THE SOCIAL AND FUNCTIONAL PERSPECTIVE

A very different view of the role of positive emotions during bereavement is suggested, however, by more recent research and theorising on the social and functional aspects of emotion. From this perspective, positive emotions, and in particular laughter, serve important interpersonal and intrapersonal functions that help people

EDITOR'S NOTE

In his classic study of 78 societies, Rosenblatt *et al*² found only one in which tearfulness was reported as absent after bereavement: this was in the Balinese. Interviews with Balinese men indicated that smiling and laughing may be an alternative way of expressing grief in that society.

New light is shed on this finding by Bonanno's fascinating study of laughter among newly-widowed people in the western USA. It seems that laughter is an under-researched aspect of bereavement which may have important implications for both the theory and practice of bereavement counselling.

regulate well-being and their relationships with other people^{2,3,4}.

Laughter enhances social relations

Laughter occurs almost exclusively in a social context⁵. Research has also shown that laughter serves a number of important social functions: it tends to induce positive emotions in other people through contagion^{6,7}, it fosters group cohesiveness⁸, and it enhances solutions to interpersonal conflict⁹. Finally, laughter has been found to be more common among people who score high on a measure of agreeableness, a trait associated with such positive interpersonal qualities as being good-natured, trusting, forgiving, and helpful¹⁰.

Laughter fosters regulation of emotion

Laughter also appears to play an important role in helping people regulate negative emotions, a function that may be particularly important during emotionally tumultuous periods such as bereavement.

Although we might think of laughter as the most positive of emotions, it often occurs in contexts that are not necessarily positive. Indeed, a number of investigators have noted that laughter often arises in negative contexts, accompanying shifts toward more positive states. In general, positive emotions are thought of as 'undoers' of negative emotion^{11,12}. Laughter, in particular, has been associated with the adoption of a novel perspective, and with the gaining of insight into an undesirable, unexpected, or dangerous situation, and so seems to be linked with a move toward more positive states^{13,14}.

A STUDY OF LAUGHTER AND DISSOCIATION DURING BEREAVEMENT

The role of laughter in enhancing social relations and in helping people regulate or shift away from negative states suggests that laughter may serve a potentially salutary function in the early months after a loss. This suggestion is particularly intriguing when considered in the context of the relatively minor or dysfunctional role attributed to positive emotions in traditional conceptions of coping with bereavement. To examine this question further, Dacher Keltner and I recently designed a set of studies in which we measured the correlates and consequences of laughter among recently widowed individuals.

Coding laughter during bereavement

In an earlier study, my colleagues and I had

asked widows and widowers to talk about their relationship with their deceased spouses, and how they reacted to the loss of that relationship six months after the death¹⁵. We videotaped the bereaved participants' responses to the interview and assessed their psychological health using questionnaires and structured clinical interviews over the ensuing two years. Keltner and his students then coded the videotapes of the interviews using well-established methods for identifying facial expressions of emotion, including laughter¹⁶.

Distinguishing genuine laughter from polite or social laughter

A particularly important feature of this coding system was that it was possible to examine the difference between heartfelt laughter as it arose spontaneously during the interview and the type of intentional or polite laughter that often serves social functions. Genuine or 'Duchenne' laughter (named after Duchenne de Bologne¹⁷ who first identified it) is distinguished by movement of the *orbicularis oculi* muscles around the eyes and has been associated with genuine positive emotion, both as reported by the laughers and as judged by other people, whereas polite or non-Duchenne laughter does not involve the eye muscles and is not associated with genuine positive emotion^{18, 19}.

OUR FINDINGS

The social benefits of laughter during bereavement

The results of these studies were straightforward and compelling^{20, 21}. First, in contrast to the traditional assumption that laughter is not an important part of the grieving process, genuine or Duchenne laughter was surprisingly common. Of the bereaved participants, 58% had at least one genuine laugh as they talked about their recent loss. Second, consistent with the distinction between genuine and social laughter, Duchenne laughter during the bereavement interview was associated with the experience of positive emotion while non-Duchenne laughter was not. Third, in line with previous evidence for the social benefits of laughter, Duchenne laughter was associated with greater adjustment to the loss of the conjugal relationship, and with less ambivalence toward people important at that time in the bereaved participants' lives.

We also asked a group of untrained students to watch the videotapes of the bereaved participants with the sound turned off. We told the students that the videotapes showed widowed individuals

talking about their recent loss, and we asked them to rate their honest responses to each participant using several different scaled questions.

As might be expected, the bereaved laughers were seen as suffering less and as better adjusted. More importantly, and further confirming the social benefits of laughter, the bereaved laughers evoked more positive emotion and less frustration in the observers. None of these findings were observed in relation to non-Duchenne or polite laughter²¹. Indeed, non-Duchenne laughter was actually inversely correlated with the observers' reports of willingness to offer comfort to the participants. So, in contrast to the social benefits of genuine laughter, attempts to force a laugh in accord with social norms may actually isolate the bereaved person from the support of others.



These results provide strong support for the salutary role of genuine laughter during bereavement. However, the possibility cannot be ruled out that the data reviewed thus far may be simply a consequence of early recovery from the pain of loss. In other words, it may be that those bereaved individuals who managed to laugh while they talked about their loss after six months had already more or less recovered by that point. Thus, laughter may be something bereaved individuals engage in after they have already endured the worst of their grief. If this were the case, these findings would contribute relatively little to our understanding of the ways in which people cope with grief. There were, however, two additional findings from this study that more directly demonstrate the active role played by laughter in the bereavement coping process.

Laughter and the dissociation of distress

The first of these findings relates to the role we presume laughter plays, that of fostering the shift from negative to positive emotional states. Bereaved laughers experienced less negative emotion when they talked about their loss than did non-laughers. More importantly, there was also evidence suggesting that laughers achieved relatively low levels of negative emotion by shifting the focus of their thoughts and emotions, a process we have referred to as emotional dissociation.

It is important to note the distinction between emotional dissociation, which is a relatively benign mechanism almost any person may utilise in the course of a normal day, and the more extreme type of dissociation associated with psychopathology. When clinicians describe dissociation, they are typically referring to severe or pathological splits in consciousness and identity^{22, 23, 24}. The emotional dissociation that accompanies laughter is more like the transient, relatively mild shift in awareness that occurs when we daydream, or lose ourselves temporarily by becoming absorbed in a film or novel²⁵.

For the purposes of our research, we defined emotional dissociation in terms of the discrepancy between participants' subjective experience of negative emotion and changes in the level of heart rate response they displayed while talking about their loss. More specifically, we defined emotional dissociation as occurring when participants reported having experienced relatively little negative emotion while at the same time they showed an increased heart rate (relative to a baseline). Evidence for the validity of this way of measuring emotional dissociation has come from studies which have shown that dissociation is consistently observed among individuals who score high on a personality measure of repressiveness and who have shown a propensity to avoid emotionally threatening material in other situations^{26, 27, 28, 29}. In addition, we also found that emotional dissociation among bereaved individuals correlated meaningfully with clinical ratings of the avoidance of emotional awareness¹⁵.

Would bereaved individuals showing Duchenne laughter also show these propensities? This is in fact what we found²¹. Bereaved individuals who laughed at least once while they talked about their loss were significantly more likely to show emotion dissociation. Further, bereaved individuals who did not show a genuine laugh at any point during the interview actually showed the opposite of emotional

dissociation. That is, non-laughers tended to experience even more subjective distress than would be suggested by their heart rate response.

The salutary impact of laughter on long-term outcome

A second finding from this study associated laughter even more closely with active coping. To assess whether genuine laughter while describing one's personal thoughts and feelings about a loss exerted any meaningful impact on the course of bereavement, we compared the extent that the bereaved participants laughed during the six-month interviews with their scores from the structured clinical grief interview, six months, 14 months, and 25 months after bereavement²⁰. Genuine laughter while talking about the loss at six months correlated with reduced grief at each of the later assessments. Of course, these findings by themselves still cannot determine whether laughter influenced later grief, or whether healthier bereaved individuals had simply laughed more.

To address this concern we re-analysed these data, but this time statistically controlled for the initial level of grief and for the initial self-reported experience of negative emotions, through a process called partialling. In effect, partialling evened out the sample for initial differences in severity of grief and negative emotion. This allowed us to examine whether laughter would still predict the level of grief experienced during interviews at 14 and 25 months when initial grief and negative emotion were not a factor. Although the partialling procedure reduced the observed positive effects of laughter to some extent, we still found that the degree a bereaved individual had laughed during the six-month interview predicted reduced grief at later assessments. Thus, regardless of the initial level of grief a participant may have exhibited, and regardless of the pain a participant may have experienced while talking about the loss, genuine laughter appeared to foster coping and to result in improved psychological functioning over the course of the 25 months covered by the study.

CONCLUSIONS AND IMPLICATIONS

Although somewhat unexpected from the vantage point of traditional bereavement theory, the findings reviewed here are consistent with recent evidence for the social and functional aspects of emotion, and provide compelling support for the salutary role of laughter in the early months after a loss. The credence of these findings is strengthened further by their

having been garnered using relatively sophisticated measurements of facial and physiological variables. It should be noted, of course, that these data may also be limited in several regards. For instance, they were obtained from a single sample of middle-aged, widowed adults living in the western United States. Until similar findings can be demonstrated using different populations suffering from different types of losses, any generalisations


Many well-intentioned people, including counsellors or therapists, may feel that they have a duty to honour the deceased and the pain of loss with sombre reassurances. Our findings suggest that warm support coupled with the encouragement to laugh now and then may be equally as important, if not imperative

must be considered with caution. Nonetheless, given their consistency with previous studies of laughter, these findings suggest a number of implications for the care of the bereaved.

First and foremost is that genuine laughter appears to help. Many well-intentioned people in a bereaved person's milieu, including counsellors or therapists, may feel that they have a duty to honour the deceased and the pain of loss with sombre reassurances. Our findings suggest that warm support coupled with the encouragement to laugh now and then may be equally as important, if not imperative.

The lack of findings regarding polite or social laughter shows that it probably would make little sense to try to force a positive emotional reaction. But, surely, there are many ways to produce laughter other than simply trying to will it. For instance, bereaved individuals might be encouraged to go out with friends and 'laugh a little', to read something amusing, or to watch a funny film.

Our findings also suggest, however, that laughter does not require overwhelmingly positive contexts. Indeed, in another recently study³⁰, we found that laughter occurred most often at the very instant when participants were describing negative feelings about the lost relationship. Thus, rather than struggling to create a purely positive atmosphere, it may be most helpful to allow bereaved people to experience and communicate their negative reactions, if they so desire, while at the same time

making it clear that it is permissible, if not desirable, to shift away from that negative content with a good laugh. 

Tom and Harry were playing golf. At the putting green they saw a funeral going past in the distance. Harry put down his club, took off his cap and stood quietly with his head bowed.

'That's very respectful of you, Harry', said Tom, 'to stop your golf and stand so quiet like that for the funeral.'

'Ah well', said Harry, 'she was a good wife'.

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'Inside' grief

Bereavement in a prison environment



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During a period of custody in prison, inmates may well experience the death of someone who is important to them. This loss, coupled with many others resulting from the confinement, presents the prisoner with a

very challenging set of circumstances. Custodial conditions can be unfavourable to the expression of grief and difficulty in coming to terms with bereavement is not uncommon.

There is an increased possibility of a poor outcome to a bereavement in a prison environment because some of the 'at risk' factors classified by Parkes¹ are often present, such as low self-esteem and separation from family, and because the emotional support required by the bereaved individual is not always forthcoming from internal sources. No social workers are employed within prisons, though there are links with social services, particularly on issues concerning children. Probation officers, seconded full-time to the prison service for periods of about three years, may offer support to bereaved prisoners and provide links with the outside world. However, most welfare work is the province of the prison officers, with a 'personal officer scheme' operating in all establishments, intended to foster relationships between officers and the prisoners in their charge

In practice, officers and other support staff may not recognise a bereaved prisoner's needs because they have a limited understanding of the grieving process and its length, or because they may have few counselling skills to help them respond and heavy workloads which limit the time available to do so. When an officer does offer support, role conflict can make it difficult for a bereaved inmate to confide intimate emotions to a custodial figure. Although there will be a chaplaincy team within the prison, prisoners may not use this source of help because it is not compatible with their beliefs and value systems.

In some or all of these circumstances, the services of a bereavement counsellor

may be requested. In this role, I have worked with male prison inmates for almost seven years, and their particular struggles with the expression of grief are the subject of this paper. To illustrate the issues which can often present I have chosen to use the grief model of J. William Worden² which outlines the tasks of grieving to be accomplished by a bereaved person:

- To accept the reality of the death;
- To work through the pain of the grief;
- To adjust to an environment in which the deceased is missing;
- To emotionally relocate the deceased and move on with life.

EDITOR'S NOTE

Prisons are forbidding places which most of us try to avoid, yet they contain some of the most vulnerable members of society. Margaret Potter explains why prisoners who suffer bereavements are often in special need of help and indicates how a counsellor can give that help.

Her paper has been seen and approved by representatives of the UK prison service who welcome the help of bereavement counsellors and representatives of other voluntary agencies. See also the paper by Ken Dolman and Rufus McGinty (*Bereavement Care* 1997; **16**(1): 29-31) which highlights the special problems of prisoners who have killed a member of their own family, and the report on deaths in prisons by Sir David Ramsbotham, Chief Inspector of prisons in the UK, who criticises the treatment of families at such times and makes recommendations for improving their support (*The Guardian* 1999; May 20: p16).