Humor and grief

Shelia D. Behrens

University of Northern Iowa

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Abstract
Humor is more than just laughter. It is a device that is rarely acknowledged as an important coping tool (Klein, 1989). Humor has been used successfully to diminish discomfort, manage sensitive situations, reduce anxiety, and enhance communication (DeSpelder & Strickland, 1992; Johnson, 1990). Humor is a key element in the human repertoire (Nahemow, 1986). It can be an important means of coping that gives a new perspective to situations. Grief is also a part of the human repertoire. There are numerous emotional reactions (heartbreak, anguish, anger, disgust, etc.) involved in the grief process. Each person has his or her own unique individual way of facing a loss. Although grief and humor are “normal” human responses (DeSpelder & Strickland, 1992; Rodgers & Cowles, 1991; Safford, 1991; Vickio, Cavanaugh, & Attig, 1990), there has not been much research conducted combining these two topics.
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Shelia D. Behrens

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Date Approved

Jeffrey S. Ashby
Advisor/Director of Research Paper

11-2-95
Date Approved

Terry Kottman
Second Reader of Research Paper

11-6-95
Date Approved

Michael D. Waggoner
Head, Department of Educational Administration and Counseling
Humor is more than just laughter. It is a device that is rarely acknowledged as an important coping tool (Klein, 1989). Humor has been used successfully to diminish discomfort, manage sensitive situations, reduce anxiety, and enhance communication (DeSpelder & Strickland, 1992; Johnson, 1990). Humor is a key element in the human repertoire (Nahemow, 1986). It can be an important means of coping that gives a new perspective to situations.

Grief is also a part of the human repertoire. There are numerous emotional reactions (heartbreak, anguish, anger, disgust, etc.) involved in the grief process. Each person has his or her own unique individual way of facing a loss. Although grief and humor are "normal" human responses (DeSpelder & Strickland, 1992; Rodgers & Cowles, 1991; Safford, 1991; Vickio, Cavanaugh, & Attig, 1990), there has not been much research conducted combining these two topics.

Those who write about humor have little to say about grief, and those who write about loss have even less to say about
humor (Thorson, 1985). There is little that can be done to stop the negative circumstances of life from occurring, however humor can help in the coping process by directing individuals toward a place of healing when mending a loss.

"Humor in the darkest of places is a sign of emergence from grief and loss. It is an indication that healing is taking place giving a person power and a new perspective in coping with a loss" (Klein, 1989, p. xxi). How can the understanding of the grief experience and the coping strategy of humor come together to provide better insight and a more powerful personal direction in life? The purpose of this paper is to examine how humor can facilitate the client’s ability to cope and heal during the grief process. Before this purpose can be addressed, a brief definition of grief and humor needs to be given to help the reader understand the general concept of how these two ideas function separately, as well as together.

The Concept of Grief

There have been many attempts to address the definition of
grief. For instance, Bowlby (1973) viewed grief as an "adaptational response," whereas Lindemann (1944) and Parkes (1972) both suggested that grief may be defined as a syndrome. Barnes (1990) went on to define grief as a process, not a state, consisting of working through the "tasks" of mourning.

Doka (1995) asserted that the process of grief is a non-linear progression with no clear-cut stopping and starting points of grieving, but rather a free-flowing process that an individual moves through in overlapping phases. In looking at the process of grieving, it is important to remember that it is highly individualized (Hannaford & Popkin, 1992; Lagrand, 1991), with various stages experienced as a result of the loss. Hannaford and Popkin (1992) acknowledged that not all stages are experienced by everyone nor do they occur in a certain order. Although models of grief can be very helpful in understanding the grief process, they should not be rigidly superimposed on the actual grief experience of survivors.
(DeSpelder & Strickland, 1992). Doka (1995) pointed out a general pattern of stages experienced when grieving that consist of: (a) shock, (b) awareness of loss, (c) conservation/withdrawal, (d) healing, and (e) renewal.

Doka (1995) offered a conceptual description of the general pattern of grief, which is described here in a condensed version. Stage I--shock--is a general term used to describe the disbelief, confusion, and helplessness felt. This produces a kind of anesthetized response that protects one from the impact of the loss. The second stage of grief is one of intense emotional disorganization. This is a stage when volatile emotions such as anger, guilt, frustration, and shame can be experienced. This stage is exhaustive emotionally and physically. The third stage, conservation and withdrawal, is a time of pulling back, ruminating, and trying to come to grips with the awful tragedy. Feelings of hopelessness, despair, and yearning set in during this phase. The fourth stage, healing, represents the turning point of grief. Healing comes slowly.
This stage is one of searching for meaning in the loss. During this stage, Doka (1995) noted that healing is a time of forgiving as well as forgetting. Forgetting means letting go of the past and looking toward the future. The final stage, renewal, refers to the process of developing emotional stability. This is a process of replacing energy and becoming "whole" again. Hannaford and Popkin (1992) emphasized that the length of grief varies from one person to another, just as degrees of severity vary.

Grief is a "normal" human response that is unwelcome but must somehow be endured and overcome (Lagrand, 1991; Rodgers & Cowles, 1991). Grieving is a process of recovery that at best brings the bereaved back to his or her original healthy state (Attig, 1991). By using humor during the healing process, a person is directed toward a more positive renewal of himself or herself.

Definition of Humor

Humor is a complex, contextual, multifaceted human
phenomenon that is difficult to define conceptually (Furman & Ahola, 1988; Mishkinsky, 1977; Saper, 1987). A number of definitions for humor have been offered. Bloomfield (1980) stated that “humor is a direct expression of unconscious processes that brings together opposites by highlighting contradictions and showing up the absurdity of irreconcilable wishes” (p. 135). Olson (1976) referred to humor as something positive that brings mutually shared enjoyment and pleasure. Saper (1988) more specifically defined humor as, “an affective, cognitive, or aesthetic aspect of a person, stimulus, or event that evokes such indications of amusement, joy, or mirth as the laughing, smiling, or giggling response” (p. 364). Furman and Ahola (1988) similarly described humor as “anything that will provoke people to smile, laugh or giggle with a joyous or funny feeling” (p. 4). As is evident from these definitions, authors have had difficulty agreeing about the exact nature of humor and the effects it produces.

One of the main characteristics of humor is that it offers a
possibility of seeing things in a new and unexpected way (Furman & Ahola, 1988). Another function of humor is to enlarge reality by using imagination, and instead of seeing things as they are, to imagine how they might be (Klein, 1976). When the client can bring himself or herself to laugh, he or she vividly demonstrates that he or she, not the symptoms or moods, are in control of his or her life when facing the various emotions that accompany grief (Olson, 1976).

Benefits of Humor

Johnson (1994) notes that people need to laugh for physical, emotional, and spiritual health. The short-term effects of humor are signaled by the tension-reduction, mirth, and other emotional responses that are the immediate consequences of effective humor. The long-term effects of humor are to shape, define, and change the relationship of those who participate in the humor (Saper, 1987).

It is important to remember that the therapist must establish a safe and secure environment by creating a place
where people are free to both cry and laugh (Green, 1993). When crying, people may feel more vulnerable or "stupid" for shedding tears in the first place. In truth, crying is an important part of pain, loss, and grief. It is one of the primary ways the body relieves tension when under pressure (Johnson, 1994). Green (1993) maintains that people must give themselves permission to cry, for crying is an important part of coping that should not be suppressed. Grief can be alleviated with humor, for humor can lift a person's spirit by providing a more positive focus on the situation, the lost relationship, or on life in general.

Laughter and tears are natural medicines that provide a powerful cathartic cleansing (Johnson, 1994). The tears that result from sadness play an important part in removing harmful chemicals in the body that are produced by the stress of grief (Green, 1993). They discharge the tension that accompanies sadness. Tears of laughter serve the same function as tears of grief (Klein, 1989). Tears of sadness
coupled with laughter (humor) direct the focus outward expanding a person's vision thus providing a new perspective on the situation (Prerost, 1989).

For instance, a woman in her early 30s, with two children, was grieving the death of her husband. She would sit around crying in the dark, not answering the phone or the door if someone knocked. One day, someone came to the door, and she went around quickly and shut off the television and all the lights, believing that this person would then go away thinking that no one was home. While sitting on the stairs with her children in the dark, her five-year-old daughter looked up at her and said, "Mom, do you think this is going to work?" The woman suddenly burst out laughing because the daughter was questioning the effectiveness of this strategy. The woman was able to step back and laugh at herself and the situation by focusing outside her sadness, thus perceiving her behavior in a different way. The woman's ability to see humor in her situation helped her to cope with her grieving and begin the
healing process.

As seen in the example above, grief places a person in a highly emotional state. Some common emotional reactions in the grief process include: guilt, anger, shock and disbelief, fear and anxiety, and of course, sadness and depression (Vickio, Cavanaugh, & Attig, 1990). Various physical reactions frequently observed are crying, headaches, loss of sleep, fatigue and exhaustion, loss of appetite or other digestive disturbances, and general decreased health (Vickio, Cavanaugh, & Attig, 1990).

Humor can turn these negative reactions around to create a healthier physical and emotional state (Johnston, 1990; Rodgers & Cowles, 1991; Safford, 1991; Vickio, Cavanaugh, & Attig, 1990). In fact, laughter has been prescribed to help heal the negative reactions of grief when a person is trying to recover from an illness (Klein, 1989). Recently discovered pituitary secretions known as endorphins, which act on the endocrine system to reduce physical stress and produce
euphoria, have been hypothesized as being related to the beneficial effects of laughter (Johnston, 1990). Johnston declared that humor can activate the secretion of endorphins. As a result the endorphins elevate a persons metabolism and other bodily functions thus increasing his or her immunity giving a person the ability to fight off an illness more easily. This inevitably stimulates the coping process to deal with the negative physical reactions more effectively (Johnston, 1990).

Laboratory studies have shown that mirthful laughter affects most, if not all, of the major physiologic systems of the human body (Klein, 1989). The cardiovascular system, for example, is being exercised as the heart rate and blood pressure rise and then falls again. Heavy breathing creates a vigorous air exchange in the lungs and a healthy workout for the respiratory system. White and Wenzelberg (1992) noted that, when laughing, the sympathetic nervous system gets activated, causing muscles to release tension as they tighten and loosen, causing a state of relaxation.
Finally, opiates may be released into the blood system, creating the same feelings associated with exercises like swimming and jogging (Johnson, 1994). Researchers have found that laughter appears to be as effective as relaxation exercises in reducing stress (White & Winzelberg, 1992). Humor and laughter can physically help keep the immune system in balance and psychologically help people cope and communicate at a time when coping is, at best, difficult and communication often at a stand still (Klein, 1989). Humor can offer numerous benefits on an individual basis but, grief and humor together can function collectively to facilitate the coping process.

Relationship Between Humor and Grief

Little is known about the use of humor in professions that deal with death/loss (Johnson, 1990). The examination of humor associated with death has not been a popular undertaking (Thorson, 1985). Similarly, little has been written about the systematic and strategic use of humor within
therapy (Johnston, 1990; Murgatroyd, 1987). Few counselor training programs use humor as a viable counseling technique in treatment (Banmen, 1982; Johnston, 1990). One reason for this conspicuous absence may be because therapy is considered serious business and humor may serve to discredit it (Banmen, 1982).

Humor centered around death is called gallows or graveyard humor. Research has suggested that gallows humor can be seen as helping one cope with death, but the danger of using this device with someone who is grieving is that this type of humor could be seen as threatening (offensive), uncaring, or grotesque (Thorson & Powell, 1993). Thorson and Powell (1993) indicated that gallows humor could be viewed as being made at the expense of others thus expressing an aggressive form of humor. With this in mind, it is the therapist’s responsibility to use sound judgement in making this discrimination, for “humor is not always a laughing matter” (Banmen, 1982, p. 84).
While gallows humor can be viewed as an aggressive form of wit, not all humor is offensive and callous when dealing with the emotions of grief. Humor does not change the seriousness of the situation although it can decrease the tension between individuals or groups when interacting (Johnson, 1990). As a result, humor is one of the most useful defenses in the human repertoire of coping mechanisms (Safford, 1991). Humor and comedy may serve as an escape or safety-valve for those experiencing grief (Palmer, 1983). Thorson and Powell (1993) referred to humor as a survival skill and felt that in some ways it might help people deal with problems associated with grief and loss. This is illustrated in the example of Viktor Frankl and other prisoner's use of humor as a coping mechanism in the Nazi concentration death camps.

Viktor Frankl, a Nazi camp survivor, stated that humor served an important role in his and other's survival during their imprisonment (cited in Cronstrom-Beskow, 1991). Frankl saw humor as the product of the human capacity of self-
distancing, seeing oneself from the outside, which made his miserable condition bearable. All the while men were being murdered, Frankl noted that they would write humorous plays for the theater to survive, "because life, any kind of life, has to be lived, and to live is not to just survive but to laugh in order to maintain courage" (cited in Cronstrom-Beskow, 1991, p. 92).

Humor can thus help in the coping process because it distances people from the pain (Klein, 1989). The pain may not cease, but humor can minimize the suffering by helping people cope in several ways. First, it instantly draws a person's attention away from his or her grief. Second, humor plays a facilitative role in a person's mental health and his or her physical well-being and ability to recover from an illness. Third, humor can diffuse a person's stress by releasing built-up tension. Lastly, humor acts to relieve fear, hostility, rage, and anger (Klein, 1989; White & Winzelberg, 1992).

Humor in any form is considered inappropriate during a
crisis because attention should be focused on resolving the immediate circumstances (Johnson, 1990). Humor can help lead a person through the coping process toward healing and health, but the person must work through the first few stages of shock, awareness, and withdrawal before the adjustment to grief, via humor, can be effectively utilized (DeSpelder & Strickland, 1992; Doka, 1995; Hannaford & Popkin, 1992).

When a person can see humor in the midst of the grief process, the loss no longer seems as large as it once did. Humor will not retrieve that which was lost, but it will help in getting over the loss (Klein, 1989). Klein (1989) stated that "humor is not the only answer nor will all of your problems vanish if you laugh; they will not. What will result, however, when you learn to spot some humor in your difficulties, is a new perspective that will help you deal with them. Humor will help you see your misfortune a little differently" (p. xxii). Ellis (1979) notes that during grief the focus is often on oneself and the existing problems and a person may forget to
step back and look at the larger picture. He goes on to give the example of a grieving woman who would sit in the dark hoping everyone would go away thinking she was not home. When she started to laugh, she was able to step back and look at the whole situation she was creating for she and her family's life. Ellis notes that when using humor to cope, people are shown the absurdity, realism, hilarity, and enjoyability of life.

Therapeutic Techniques

Prerost (1988) stated that when a therapist can elicit appropriate laughter from a client, it is usually a signal of therapeutic progress. If a therapist decides to use humor as part of therapy, attention must be paid to timing, receptiveness, and content (Johnson, 1990). Although it is important to intuitively assess when to make a humorous remark, the best technique for the therapist to use is to provide a role model for the client to imitate, letting the good humor spill over, as it were, into the therapeutic transaction (Bloomfield, 1980; Johnson, 1990; Klein, 1976; Saper, 1987). A
prerequisite for using humor in therapy is good rapport between the client and therapist. The client must feel that the therapist is not acting out of malevolence. The effect of producing a positive use of humor is most often done by nonverbal behavior such as eye contact, a warm tone of voice, and other signs of playfulness and honesty (Furman & Ahola, 1988).

Some general suggestions for incorporating humor into therapy are: establish an atmosphere of humor; keep a humor diary; share humorous items, funny stories, cartoons; or retell humorous life events that were experienced with the deceased (Furman & Ahola, 1988; Johnson, 1990, 1994; Klein, 1989; Shaughnessy, 1984). These ideas are aimed at decreasing a person's anxiety and helping him or her gain a new perspective on the situation. By using any one of these techniques, a person can recall and focus on the past positive memories experienced, rather than on the sorrow of the present loss. Humor will let the good memories fill the mind leading a
person to heal his or her loss. Humor is laughter made from pain, not pain inflicted by laughter (Goodman, 1983).

The good humorous memories brought about by the recalling and repetition of story-telling can facilitate the grief process, making it easier to work through the various stages that accompany grief (Klein, 1989). For instance, many family stories are funny, even if they were not funny when they happened. At the funeral of the author’s Grandmother a funny family story was given during the eulogy. The story was told of the deceased Grandmother’s infamous chicken dinners prepared every Sunday at noon. The comment made during the eulogy was: “Though Grandma is not with us anymore, the smoke from her burnt chicken will forever linger in our noises and burn in our eyes.” The room changed from sadness of grief to people laughing, chuckling, or smiling with joy in remembering their Grandma/friend/mother’s Sunday dinners rather than the pain of the loss. Where shared laughter had been a part of the relationship, it should be a part of the final farewell process.
as well (Green, 1993) as evidenced in the eulogy example above.

Celebrating the warm memories of happier times with a loved one or a friend is very cathartic. Humor is healing, because of the recalling and retelling of joyous/humorous memories that was once shared with the loved one. These memories can be remembered alone or be shared with others. This type of remembrance can help lead one through the grief process toward healing by holding on to the positive memories.

Other ways of using humor as a coping process are to read a joke book or fix the mind and memory on the funniest thing that ever happened to oneself or someone else. Another way to promote humor and to allow a person to laugh, is to watch a humorous movie or read a funny book in order to relieve the tension and anxiety built up from the stress of grieving (Simon, 1988).

Prerost (1988; 1989) developed the Humorous Imagery Situation Technique (HIST) to promote a sense of humor in
clients while allowing for the release of personal conflicts and anxieties. This creates a framework for humor in therapy by using the directed daydream technique. The technique permits persons with conflicts to confront them in a safe and non-threatening fashion and to learn to use humor as a coping device. The HIST procedure involves the therapist inducing a state of relaxation through deep breathing. Once this relaxed state is achieved, the client imagines scenes reflecting on areas of grief-related stress. As the imagined scenes are vividly formulated, the client receives suggestions from the therapist that direct his or her attention toward humorous outcomes. A major premise of the HIST is that once humor can be reenforced at the imagery level, the coping process can begin to heal the various negative emotions accompanied by grief.

Encouraging someone grieving to look for humor in what may appear to be a humorless situation does not imply that humor needs be the main focus during these times. Expressions
of less joyous emotion are also important (Klein, 1989). Using humor does not mean that one is not grieving or experiencing pain. Humor is a coping mechanism for relief from the stress and discomfort that one may be experiencing during a loss. Humor is an indication that healing is taking place and that one is beginning to embrace life by emerging from grief (Johnson, 1994). By using humor to cope with grief, a person can better face reality by adjusting to the loss more effectively, thus creating a healthier mental and emotional state that is essential to sanity.

This paper concludes that humor can serve to facilitate a person's ability to cope and heal when grieving. Although humor can be used as a coping device when grieving, it is important to remember to exercise caution about the use of humor when counseling a grieving client (Murgatroyd, 1987). Another equally important aspect to consider when using humor, is being cognizant of the application and ethical considerations of humor in counseling (Banmen, 1982;
Johnston, 1990; Saper, 1987; Young, 1988). In the end, to better understand this subject, more extensive research is needed to expand and stimulate the knowledge base on how humor can be used as a coping device when grieving.
References


