

THE  
OTHER  
SIDE OF  
SADNESS

What the New Science of Bereavement  
Tells Us About Life After Loss

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this case might help her develop a sense that she will be able to survive on her own.

### **LAUGHING IN THE FACE OF DEATH**

Probably the biggest insight into emotion and bereavement comes from positive emotions. There is something counterintuitive about putting positive emotion and grief in the same sentence. Historically, positive emotions received almost no attention in the bereavement literature, and when they were mentioned it was almost always in the context of denial. It was assumed that a joyous emotion during grieving could only interfere with or suppress the normal process of working through the loss.<sup>37</sup> As it turns out, this is more folk wisdom than science. Positive emotions do more than simply indicate that we are feeling good, and they occur in almost every kind of situation, even in situations as difficult as bereavement.<sup>38</sup>

Our key to recognizing positive emotions is facial expression. The face can tell us when people are genuinely happy through a set of crescent-shaped muscles, nestled above and below the eyes, known as the orbicularis oculi. These muscles are involved in eyeblinks, so they are well developed and contract automatically. Much to the chagrin of beauty-conscious people everywhere, these are also the muscles that cause those branch-like wrinkles in the corners of the eyes commonly known as crow's-feet. In the mid-nineteenth century, French anatomist Guillaume-Benjamin Duchenne discovered something remarkable about the orbicularis oculi muscles: They tend to contract when we experience good feelings. These muscles help the eyes smile.

However, there are different kinds of smiles. Most of the time, when we smile we are not *really* feeling happy.<sup>39</sup> The most common smiles are intentional or voluntary smiles. We deliberately smile in situations that require a polite gesture, a cordial assent, a grin for the camera. Sometimes these smiles serve other purposes. For example, they may cover up feelings that we want to hide from others. When we smile without an internal feeling of happiness, we make the familiar smile shape with our mouths, but there is usually not a visible contraction of the muscles around the eyes. In fact, it's quite difficult to fully contract the eye muscles intentionally. But when we experience a spontaneous burst of genuine happiness, when we make a true smile or laugh, the orbicularis oculi muscles contract involuntarily and visibly. Although this response is quick and most of the time we are only vaguely aware of it, research clearly shows that people respond differently to positive expressions when they involve the orbicularis muscles and when they do not. There is evidence also that different brain networks are involved when we involuntarily smile or laugh compared to when our smiles are deliberate. The deliberate intention to smile typically originates in premotor and frontal areas of the cerebral cortex, which are involved in the planning of muscular activity, then makes its way to the ventral brain stem and finally to the facial nerves and lower facial muscles around the mouth. By contrast, genuine smiles tend to involve subcortical brain regions, such as the amygdala, thalamus, and hypothalamus, more typically implicated in emotional networks and self-regulation, then move to the dorsal brain stem and, via a different set of facial nerves, to the muscles around the

eyes.<sup>40</sup> Recent research has also suggested the intriguing possibility that the contraction around the eyes, seen in involuntary laughs and smiles, may be characteristic of other emotions as well and may in general signal greater sincerity and intensity of expression.<sup>41</sup>

In honor of the discoverer, emotion researchers have come to refer to genuine laughs and smiles, those that involve the contraction of the orbicularis oculi muscles, as *Duchenne* laughs and smiles. Research has shown that Duchenne expressions serve a variety of purposes.<sup>42</sup> One is that our happy feeling spreads to the people around us. Sincere laughing and smiling are contagious.<sup>43</sup> (Think of all that canned laughter that accompanies situation comedies on television. It's not there by accident; even when we know it's fake, it still works and it makes us feel more like laughing ourselves.) Duchenne expressions make people feel more valued, more like a part of the group, and therefore more inclined to be helpful and cooperative.<sup>44</sup> In one study, for example, people taking part in an economics game that used actual monetary payoffs were more cooperative with their partners if, before the game, they were shown photos of the partners smiling.<sup>45</sup>

With all this infectious happiness, it should not be surprising that people who show a lot of Duchenne expressions tend to be healthier and better adjusted. One study showed, for example, that in cognitive tasks people who expressed Duchenne smiles processed information more holistically (that is, they were more perceptive of global details) and more flexibly (that is, they were able to detect a visual target quickly even when misled by inaccurate cues).<sup>46</sup> An even more striking example

comes from one of Dacher Keltner's studies. He and his colleagues found that women who had genuine smiles in their college yearbook photos had better relationships with other people, were more satisfied in their marriages, and were generally more successful in their lives over the next thirty years than those who had not shown Duchenne smiles.<sup>47</sup>

In a related study, Anthony Papa and I examined Duchenne smiles in college students who had been exposed to the 9/11 terrorist attacks in New York City. The students who responded with Duchenne smiles when we asked them to talk about their life since 9/11 were better adjusted and had larger networks of friends and acquaintances over the next several years of college compared to similar students who had not spontaneously smiled.<sup>48</sup> But there was more: We added a slight experimental twist to this study. Before we measured the smiles, we made some of students sad by showing them an extremely sad film clip. The other students watched a segment of an amusing comedy. It turned out that whether the students smiled or not after the comedy didn't matter much; the link between smiling and long-term health was evident only after the sad film. In other words, being able to smile at something funny is well and good, but it doesn't tell us much about how healthy a person is. What really matters, in terms of our long-term health, is the ability to crack a grin when the chips are down.

If genuine laughter and smiling are adaptive in everyday situations and especially adaptive when people are feeling down, then we should see a similar benefit during bereavement. In fact, Duchenne laughing and smiling are common during bereavement.<sup>49</sup> Most bereaved people can show at least one

genuine laugh or smile as they talk about their loss, even in the early months after the loss. When we actually observe bereaved people, the prevalence of these joyful expressions is striking. In a typical example, a bereaved person is talking, with a somber expression, about the past or what the loss has been like. He may be crying, and then suddenly he shows a sincere smile. Just as often it's a robust laugh. In my experience, these expressions rarely seem odd or out of place. Quite the contrary. They punctuate the ebb and flow of a conversation, rendering it more natural.

But these expressions don't just *seem* right; they are adaptive. In the research I did with Dacher Keltner, we found that the more widows and widowers laughed and smiled during the early months after their spouse's death, the better their mental health was over the first two years of bereavement.<sup>50</sup> In other words, people who showed genuine smiling or laughter when they talked about their loss coped better over time. One reason for this health bonus is that laughing and smiling give us a break, a temporary respite from the pain of loss; they allow us to come up for air, to breathe.<sup>51</sup> Another reason is the comforting effect these expressions of joy have on other people. It is not easy to be around someone who is grieving. But it is less taxing when that person is able to experience or express a genuine positive emotion.

This brings us back again to sadness. When we are with someone who feels terribly sad, we are also likely to feel sad. When a person's heart aches, that pain fills the room and seeps into our hearts. It's much less taxing and much more rewarding to spend time with someone else's pain when that person can

let it go, even if only for a few brief moments, giving everyone a chance to breathe. Our research shows, in fact, that bereaved people who are able to laugh or smile while discussing their loss evoke more positive emotion and less frustration in others than do bereaved people who cannot laugh or smile.<sup>52</sup>

## OSCILLATION

How can grief be dominated by sadness and longing, on the one hand, and include frequent smiles and laughter, on the other? If we think of grief only as work, then the back-and-forth pattern is unexpected. Indeed, many bereaved people who experience the coming and going of intense grief for the first time find it confusing.

Robert Ewing was stunned by the level of anguish he felt at his sister's death, but he was equally surprised by how suddenly the pain often vanished: "One moment, I felt so sad I thought it was going to crush me; then a moment later, I was talking with someone about some silly little thing, laughing as if nothing had happened. It was odd."

Robert's isn't an unusual case. Bereavement is essentially a stress reaction, an attempt by our minds and bodies to deal with the perception of a threat to our well-being. And like any stress reaction, it is not uniform or static. Relentless grief would be overwhelming. Grief is tolerable, actually, only because it comes and goes in a kind of oscillation. We move back and forth emotionally. We focus on the pain of the loss, its implications, and its meanings, and then our minds swing back toward the immediate world, other people, and what is going on in the present. We temporarily lighten up and reconnect with those

around us. Then we dive back down to continue the process of mourning.

That grief reactions work this way should not be startling. The same kind of back-and-forth fluctuation is apparent in just about every other mind and body function we know. Everything inside us oscillates, literally. We breathe in; we breathe out. Muscle fibers tighten; muscle fibers relax. We fall asleep; we become alert. Our body temperature rises and falls. Fluctuation is adaptive because it allows us to engage in contrasting activities. We can't inhale and exhale at the same time, so we breathe in cycles. We can't rest and be alert at the same time, so we sleep in cycles. Even as we sleep, we cycle through deeper and shallower sleep phases. It is the same with grief. We can't reflect on the reality of a loss and engage with the world around us at the same time, so we do that in cycles, too.

Probably the most striking implication of the oscillation of mourning is that it bears so little resemblance to the conventional idea that grief unfolds in a predictable sequence of stages. Inherent in stage models is the idea that each phase of mourning runs to completion before the next stage can begin. According to Kübler-Ross, bereaved people are initially immersed in nearly complete denial. Then, once denial is no longer possible, they move on to the anger phase. This, too, must run its course fully before the next phase, bargaining, can begin, and so on down the line through depression and, finally, acceptance.

Not everyone needs to go through the stages in exactly the same way, of course. But for most people, the pattern is thought to be uniform. And that uniformity makes it difficult to see

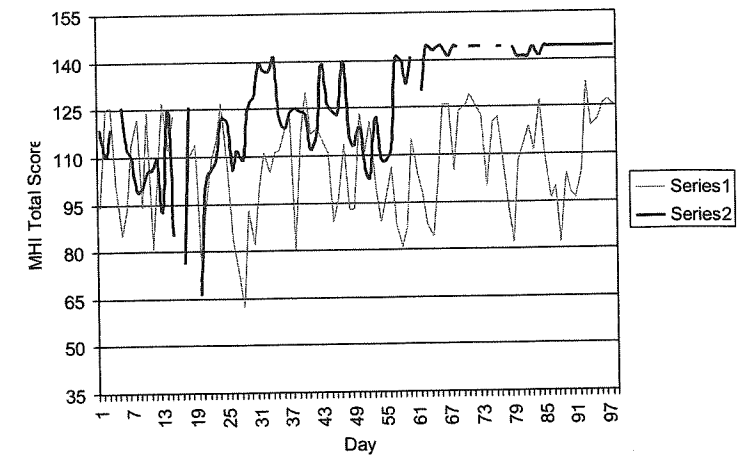


where laughter and smiling would fit in. Kübler-Ross occasionally wrote about memorable episodes of laughter in her patients. But these stood out because they were rare. There is no stage for positive emotions, which is perhaps why, traditionally, positive emotion has been equated with denial. But in our research we have seen positive emotion at all points in bereavement, not just in the early months when denial is thought to occur.

Other theorists have observed that grief comes about in waves rather than in sequential stages. Robert Kastenbaum, one of the first social scientists to consider how humans adapt to death and loss, wrote in 1977 that "distress does not end with the first wave of shock and grief. After the realization that a loved one is dead often comes the realization that life is supposed to go on."<sup>53</sup> More recently, Margaret Stroebe and Henk Schut from the Netherlands have developed a highly influential theory, aptly named the dual process model of coping with bereavement, in which they argued that to cope with loss effectively, we must oscillate between two separate processes.<sup>54</sup> Similar to what we've observed in sadness, one of these processes is "loss-oriented" and involves focusing on "some aspect of the loss experience itself, most particularly, with respect to the deceased person."<sup>55</sup> The other process, however, is "restoration-oriented" and goes beyond the loss to focus on the tasks and demands of life without the deceased and on what needs to be done to restore normal functioning. The key, again, is that grieving is not static but involves a regular oscillation.

But even these wavelike models seem to underestimate the degree of fluctuation involved in bereavement. Indeed, when we look more closely at the emotional experiences of bereaved

people over time, the level of fluctuation is nothing short of spectacular. In one study, bereaved people rated their emotional well-being on a daily basis over the course of the first several months after their spouses died.<sup>56</sup> Daily ratings over a long period of time produce a lot of information, so the researchers plotted the ratings from each participant across time. If grieving occurred in distinct stages, the resulting graphs should have revealed a clustering of flat lines at different points in time, something like a set of connected plateaus. Each plateau would represent a different stage of bereavement. As you can see in Figure 2, the ratings actually look quite random, more like the rapidly etched back-and-forth lines of an electrocardiogram or



**FIGURE 2**—Daily ratings of emotional well-being reported by two widows across the first several months of bereavement. Higher scores indicate better well-being. The figure is reproduced from T. L. Bisconti, C. S. Bergman, and S. M. Boker, "Social Support as a Predictor of Variability: An Examination of the Adjustment Trajectories of Recent Widows," *Psychology and Aging* 21, no. 3 (2006): 590–599.

a seismograph. The lines zip up and down and begin to level out only after several months. This pattern was true even for resilient people (Widow 1 in the figure) and again suggests that oscillation is a normal part of grieving.

IN HIS FAMOUS memoir, *A Grief Observed*, C. S. Lewis wrote, "The mind always has some power of evasion. At worst, the unbearable thought only comes back and back."<sup>57</sup> As his wife was dying of cancer, Lewis found it "incredible how much happiness, even how much gaiety" they "sometimes had together after all hope was gone." When his wife died, Lewis's grief felt relentless. Yet he reminded himself that it was not as constant, not as demanding, as he imagined his wife's physical pain must have been. "Physical pain," he said, "can be absolutely continuous . . . like the steady barrage on a trench in World War One, hours of it with no let-up for a moment," but "grief is like a bomber circling round and dropping its bombs each time the circle brings it overhead." It is that respite from the trench of sadness that makes grief bearable. It is the marvelous human capacity to squeeze in brief moments of happiness and joy that allows us to see that we may once again begin moving forward.

severe grief reactions. But that is another story that I'll get to in Chapter 7. The crucial point here is that there was no general rule about the kinds of relationships that promoted the healthiest forms of grieving.

There were also no rules about the resilient people themselves. Everyone had been interviewed at the onset of the study, years before any spouses died. The people who eventually lost a spouse but coped well, the resilient group, were on average rated by the interviewers about the same as everyone else. They were not seen as cold and unsympathetic, as had long been predicted by traditional bereavement theorists, nor were they exceptionally warm and sociable.

These were important findings. They showed that the relationships we have with others will not necessarily determine whether we will cope well if they die, and that one doesn't have to be an exceptional person to deal well with loss.<sup>3</sup>

### **FINDING COMFORT IN MEMORY**

The quality of the relationship is less important than expected in a grief reaction because we don't grieve the facts. We don't grieve the actual details of the relationship. We grieve only what we remember of the relationship. And the accuracy of our memories does not determine how we grieve; that is determined by what we do with our memories, how we experience them, and what we take from them during bereavement.

After Janet's death, Daniel Levy came to appreciate how much she had helped him find an inner calm. This realization helped him cope with his grief over her loss. "Often," Daniel told me, "especially in that first year after her death, I would

seek out quiet moments when I could conjure her up, when I could be with her. I wrapped her memory around me. It reminded me of the warmth and love she gave me.”

Karen Everly thought often about Claire and felt that in many ways Claire was still with her. Karen was able to summon calming and soothing recollections: reminiscences from Claire’s childhood, images of her accomplishments, or simply memories of daily life together, at the dinner table, walking in a park, or caring for their dogs. She seemed to have an endless variety of memories that she could call up to help her feel that Claire was still with her.

Julia Martinez used photos to help remind her of her father. There was something remarkably purposeful, almost precocious, in the way she did this. She would decide on a good time to remember her father, a time when she was unlikely to be interrupted. She would close the door to her room, carefully get out the photos, and let her eyes and her mind roam over them: “It was like visiting him, in a way. You know, it made me sad sometimes, when I remembered him. But usually it made me feel better. It helped me remember how lucky I’d been when he was alive. It was a little bit like he was still there.”

Heather Lindquist made a deliberate effort to keep alive the positive memories of her husband, John. She felt she owed it to her sons. She thought they should have a strong image of their father. She kept photos of John in prominent places around the house. She talked about him often and made sure that John’s friends remained a part of her family’s life. She found that positive memories came to her in private moments, and without much effort: “We had so many good years

together. I couldn't forget that. There is no way those memories were going to fade."

Robert Ewing found that summoning up comforting memories of his sister, Kate, required no special effort. In fact, most of the time he didn't need to search. Kate had been such a big part of his life and his family's life that the reminders were everywhere. And more often than not, the reminders brought back feelings of the warmth and care that was Kate's presence.

We are not accustomed to thinking of grief as a process of finding comfort. The idea seems a bit odd, but this is precisely what resilient people tend to do. Regardless of what the relationship was actually like, resilient people are generally better able to gain a feeling of comfort from remembering the relationship during bereavement. They are also more likely to find comfort in talking about or thinking about the deceased, which, they report, makes them feel happy or at peace.<sup>4</sup>

People confronted with the pain of loss need comfort. We see this same need in just about anyone faced with aversive circumstances. Children who survive poverty or abuse, for example, usually have someone they can talk to, someone to lean on, someone they know will be there even when everything else seems to be falling apart. This person might be a close friend or confidant, or perhaps a positive adult figure.<sup>5</sup> The availability to a disadvantaged child of a caring and supportive helper has such a salubrious effect, in fact, that it may even cancel out a genetic risk for depression.<sup>6</sup> The same is true of adults exposed to potentially devastating events like war, assault, or natural disaster. They consistently fare better when they have other people to turn to.<sup>7</sup>

In this context, it is not surprising that the bereaved people who are able to deal with a loved one's death, and who are able to accept the finality of the loss, are also able to find comfort in memories of that person. They know their loved one is gone, but when they think and talk about the deceased, they find that they haven't lost everything. The *relationship* is not completely gone. They can still call to mind and find joy in the positive shared experiences. It is as if some part of the relationship is still alive.

In contrast, other bereaved people, those who are more debilitated by loss, find it harder to hold onto positive memories, as if they can no longer find the person they lost, as if the memories are hidden from them. The pain of grief, it seems, can block all memories of the good.

C. S. Lewis provided a poignant example of this kind of frustration in *A Grief Observed*. Lewis grieved intensely after the death of his wife, to whom he referred in his memoir as "H." During the time when his grief was most acute, he worried that he was losing her memory. He worried that what he could recall about her was fading and no longer a representation of what they had shared when she was alive. But just as Lewis's grief was beginning to subside, as he was beginning to recover from his wife's death, something "quite unexpected" happened: "Suddenly at the very moment when, so far, I mourned H least, I remembered her best. Indeed it was something (almost) better than memory; an instantaneous, unanswerable impression. To say it was like a meeting would be going too far. Yet there was that in it which tempts one to use those words. It was as if the lifting of the sorrow removed a barrier. . . . And the remarkable

thing is that since I stopped bothering about it, she seems to meet me everywhere.”<sup>8</sup>

There is power in these memories. Even when it seems as if we’ve lost someone forever, we find that there is still something to hold onto, something to nurture us, something that, as C. S. Lewis discovered, is almost better than memory.

Traditional bereavement theories tend to look askance at this sort of remembering. Grief has to be painful, these theories hold; resilience is an illusion and the comfort people claim to find in memories of lost loved ones is just another barrier to dealing with the reality of the loss. From this traditional perspective, comforting memories are probably nothing more than a kind of fantasy substitution that masks the more painful facts of the loved one’s death. They may be useful in the short term, but beyond that, they are unhealthy.

The science of bereavement strongly counters this idea. Resilient people are actually less likely than others to use avoidance and distraction as coping strategies. They are less inclined to evade thinking about the loss or to deliberately occupy their minds to avoid confronting the pain.<sup>9</sup> It is important to remember that even those bereaved people who cope with loss the most effectively suffer at least some distress and confusion and that most bereaved people continue to experience occasional intensely painful waves of longing for the lost loved one. So if comforting memories act as denial, it must not be a very effective denial.

I prefer to view the use of positive memories during bereavement as evidence of the flexibility of the human brain. We use positive memories and positive emotions to keep ourselves



on an even keel, so that we can confront the pain of the loss at times when it is most tolerable, as in moments of quiet reflection. As time passes, we are able to go back and forth between positive memories and negative memories, and on our own terms. This kind of flexibility evolves from oscillation, the back-and-forth process, discussed in Chapter 3, that occurs naturally soon after the loss.<sup>10</sup> Shortly after a loss, most bereaved people experience intense sadness, along with periodic bursts of positive emotion. These brief swings provide a temporary respite from the pain and keep us connected to other people around us, and by doing so, they help us gradually adapt to the loss.

As time goes by, grief further subsides and the bereaved person moves closer to normality. The oscillating pattern evolves into a broader flexibility and a more stable balance as the pull of painful emotions and the yearning for the lost loved one gradually decrease. They may still be there, but the bereaved survivor gains some control over the grieving and is able to choose when to mourn, when to talk about the loss with close family or friends. By the same token, the relieving swing toward positive emotions is enhanced, so that the comfort and solace they provide becomes a more established part of daily life.

Karen Everly gives us a compelling example of this kind of evolving balance. She had no shortage of painful memories. The relentless media coverage of the attacks that took her daughter's life on 9/11 provided a storehouse of searing thoughts and images. When Karen talked to me about Claire's death, several months after 9/11, it was obvious that the wound was still sore. But she was also able to pull back from the pain. Even when talking about that fateful day, her eyes still wet from tears,

Karen was able to shift to more positive memories and beam with pride over her daughter's accomplishments or smile with contentment at the memory of a family gathering.

### **IS THERE A RESILIENT TYPE?**

Not every bereaved person can muster comforting memories. Not every bereaved person copes so well with the pain of loss. Then can we say there is actually a resilient type, a kind of person who by disposition is especially good at dealing with extreme stress? Although the CLOC study did not reveal such a type, other studies I've conducted have confirmed, at least in part, the existence of resilient traits. There is more to it, of course. People who cope well usually have a number of positive factors going for them. For example, they tend to have better financial resources, better education, and fewer ongoing life stressors to worry about; they are also likely to be in better physical health and to have a broader network of friends and relatives on whom they can rely, both for emotional support and for help with the details and demands of daily life.<sup>11</sup>

But even taking these factors into account, we can safely say that some people are, in fact, more resilient than others. A growing body of evidence even suggests a genetic underpinning to a resilient type. But this is not quite as simple as it may sound. Advances in genetic research have shown us that genes do not create behavior in a simple one-to-one correspondence, like a blueprint. Rather, they seem to function more like a recipe or game plan that predisposes us to behave a certain way.<sup>12</sup> These effects are commonly described as "gene-by-environment interactions." Many genes do their work only when turned on,