

Risus Sardonicus: Neurotic and pathological laughter

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Abstract

Taking two moments from literature as a starting point and touchstone, this paper examines the kind of human laughter that is not associated with mirth, or even with humor. There are a number of medical cases in which pathological laughter has been identified as a side effect or symptom of neurological disorder; this paper considers these and other cases, where unexplained pathological laughter seems to be not a symptom of the disease, but the disease itself. Most theorists of laughter inevitably associate it with mirth, joy, moments of rebellion or of "sudden glory." The paper considers the work of those philosophers and psychoanalysts who believe laughter to be more troublesome than many of us tend to assume, concluding that most human laughter may be as much about neurosis as catharsis, partaking less of the carnival than the apocalypse.

"I laugh, so that I may not cry"
Beaumarchais, *The Barber of Seville*

Most modern theories of human laughter relate it to health, vitality, happiness and survival instincts. John Morreal proposes the universal formula that "laughter results from a pleasant psychological shift" (Morreall 1982: 39). Dana Sutton argues that laughter is a "purgative," relieving the spectator of various "bad feelings" and encouraging an attitude of "disdain" towards its "targets," thereby generating "a kind of antitoxin that inhibits the target's capacity to induce bad feelings in the future" (Sutton 1994: 29). In psychology, laughter is generally regarded as a sign of mental well-being, and a positive affirmation of the capacity for play. Most modern theorists tend to insist that human

laughter is somehow “fundamentally” transgressive and liberating. Its transforming force is invariably regarded as having great therapeutic value; focused “laughter therapy” has been applied as a curative treatment with apparently salutary physiological effects in the management of chronic pain, the encouragement of social cohesion, the reduction of stress and the relief of suffering. Historical and cultural studies of the role of laughter tend to regard it as a creative affirmation of the spirit of comedy and carnival, an iconoclastic and demystifying sign of what seventeenth-century philosopher Thomas Hobbes describes as “sudden glory.”¹

Mirthful laughter is widely acclaimed for its positive contributions in human life, but this is only one kind of laughter amongst many. Taking two moments from literature as my starting point and touchstone, my aim in this essay is to suggest that human laughter is perhaps as much about neurosis as catharsis, and to remind us of Nietzsche’s claim in *The Will to Power* that “man alone suffers so excruciatingly in the world that he was compelled to invent laughter.”

Neurotic laughter: Two literary cases

Toward the end of Thomas Mann’s *Death in Venice*, Gustav von Aschenbach, sitting in his chair on the hotel terrace, bears witness to the terrifying presence of a traveling minstrel — “the Neapolitan comic type, half pimp, half actor, brutal and bold-faced, dangerous and entertaining” (Mann 1988 [1928]: 249). Aschenbach finds the troubadour “indecent” and “offensive,” and is particularly disturbed by “his grimaces and bodily movements,” and “his way of winking suggestively and lasciviously licking the corner of his mouth” (249). Significantly, the singer smells strongly of the carbolic antiseptic being used to disinfect the city and conceal the deathly stench of the plague that has been borne in on the sirocco, and of which Aschenbach has already, albeit unknowingly, fallen victim. The minstrel’s performance is terrifying because it consists of nothing but hollow, raucous laughter:

It was a song that Aschenbach could not remember ever having heard before; a bold hit in an unintelligible dialect, and having a laughing refrain ... a burst of laughter, to some extent rhythmically ordered but treated with a high degree of naturalism, the soloist in particular showing great talent in his lifelike rendering of it. With artistic distance restored between himself and the spectators, he had recovered all his impudence, and the simulated laughter which he shamelessly

directed at the terrace was a laughter of mockery ... He would pretend to be struggling with an irresistible impulse of hilarity. He would sob, his voice would waver, he would press his hand against his mouth and hunch his shoulders, till ... the laughter would burst out of him, exploding in a wild howl, with such authenticity that it was infectious and communicated itself to the audience, so that a wave of objectless and merely self-propagating merriment swept over the terrace as well ... He bent his knees, slapped his thighs, held his sides, he nearly burst with what was no longer laughing but shrieking; he pointed his finger up at the guests, as if that laughing company above him were itself the most comical thing in the world, and in the end they were all laughing, everyone in the garden and on the verandah, the waiters and the lift boys and the house servants in the doorways ... Aschenbach reclined in his chair no longer, he was sitting bolt upright as if trying to fend off an attack or flee from it. (251)

But he is, of course, unable to escape, since the combination of the minstrel's abominable laughter and the hospital smell of the carbolic hold him in an "immobilizing nightmare," (251) an "unbreakable and inescapable spell that held his mind and senses captive" (251).

This evil trickster is clearly descended from the posturing fools and acrobats of the Italian *Commedia de l'Arte*, which, like most proto-theatrical forms, was a significant area of homosexual activity. Historians of comedy have pointed out how "circus clowns and carnival entertainers have largely been homosexual or pre-psychotic (or both) since very remote times" (Legman 1975: 935). A repellent and semi-criminal outcast, the street clown is at the same time our familiar, able to charm and entertain us with his unexpected wit, sometimes even regarded as the God-touched vessel through whom the sacred powers could transmit messages, the Holy Fool of the Middle Ages about whom it was often said *nobis est et speculum* ("he is our mirror").

In *Death in Venice*, the mocking laughter of the debauched troubadour combines ridicule with sexual menace (Hutchinson 1974: 32), and, at least for Aschenbach, bodies forth the trauma of an apocalyptic revelation. The minstrel's carbolic stink reveals that the plague has finally penetrated the grounds of the hotel, infecting its inhabitants, and his sexual scuttle and cackling impel in Aschenbach an attack of homosexual panic, heightened by the close presence of "the beautiful boy," Tadzio. In the foul stench of the troubadour, and in the decadent abandon of his laughter, Aschenbach comes face to face with the vision of his own decaying soul.

Here, laughter is a form of revelation, expressive of corruption, malady and dissolution, and closely allied with physical pathology and illness

(Bertellini 1997: 13). The “infectious” laughter of the troubadour seems to provide an aural correlative for the plague that is currently sweeping Venice; his sobs, shrieks and “wild howls” represent the virulent eruption of Aschenbach’s destiny. In this scene, through the assault of the minstrel’s laughter, Aschenbach comes to personally grasp the reality of his artistic failure, his homosexual compulsions, his bodily decay, and his imminent death.

A similar scene of terrifying laughter takes place in Nathanael West’s dark fantasy, *Day of the Locust*. Failed circus clown Harry Greener has “a variety of laughs, all of them theatrical” — including “a victim’s laugh” — which he practices “like a musician tuning up before a concert” (West 1983 [1939]: 70). In this scene, Harry uses his repertoire of laughter to assault his daughter, Faye:

He didn’t want to laugh, but a short bark escaped before he could stop it. He waited anxiously to see what would happen. When it didn’t hurt he laughed again. He kept on, timidly at first, then with growing assurance. He laughed with his eyes closed and the sweat pouring down his brow ... This new laugh was not critical; it was horrible. When she was a child, he used to punish her with it. It was his masterpiece. There was a director who always called on him to give it when he was shooting a scene in an insane asylum or a haunted castle ... It began with a sharp, metallic crackle, like burning sticks, then gradually increased in volume until it became a rapid bark, then fell away again to an obscene chuckle. After a slight pause, it climbed until it was the nicker of a horse, then still higher to become a machinelike screech ... Faye listened helplessly with her head on one side. Suddenly she too laughed, not willingly, but fighting the sound. (76–77)

Harry’s laughter is empty and apocalyptic, and exposes the essential sterility of his consciousness. The revelation it brings is the rejection of every form of consoling fantasy; as an expression of *taedium vitae comicus*, it embodies the dreary pointlessness of Harry’s failed life, and exposes his status as a victim of absurd and spiritless illusions. In particular, it reveals the misery and loneliness at the heart of Harry’s compulsive clowning, and functions as a symptom of the unnamed illness that is soon to claim his life. This is sordid, petty laughter, the laughter of failure, exposing the pervasiveness of human misery and suffering, stripping us of all our traditional ideals and all the illusions we have about ourselves. In Nathanael West, as Walter Poznar puts it, “man stands as a being bereft of every consoling grace, a cipher, maudlin beyond imagining, pathetic beyond description, trapped like Sartre’s dramatic protagonists in a hell from which there is no exit” (Poznar 1983: 115–116).

These two fictional scenes give us a brief glimpse into the abyss of emotions that can underlie human laughter. The minstrel's laughter in *Death in Venice* is cruel, bitter and degrading — an attempt to gain ascendancy over all that is vile in humanity by relishing it gleefully; in *Day of the Locust*, Harry Greener's laughter is full of malice, loneliness and fear. Both scenes use laughter to evoke the specter of madness and the decay of the human body; both expose the agony and suffering of the human consciousness. In these scenes, both writers use laughter to evoke a mood of violent despair.

Colin Turnbull and the laughing tribe

Between 1964 and 1967, anthropologist Colin Turnbull went to live among the Ik people, a Ugandan mountain tribe whose society was disintegrating after years of drought and starvation. Turnbull's account of his life with the Ik, *The Mountain People*, chronicles a society in such a desperate state of existence that all "human" qualities — family, co-operative society, love, hope and faith — have collapsed, since in the context of a people dying of starvation, such qualities mitigate against survival. According to Turnbull's account, the degeneration of society amongst the Ik was so complete that mothers left their children to die, neighbors defecated on one another's doorsteps, children took food out of one another's mouths, and the stronger people vomited so as to have room in their stomachs to eat what belonged to the weak.

And yet what disturbed Turnbull most of all about the Ik was their laughter, and "an indefinable absence of something that should have been there, perhaps in its place" (Turnbull 1972: 112). Laughter was the Ik's most common reaction to the horrors surrounding them; it was considered a perfectly appropriate reaction to suffering and desperation, and not condemned as particularly rude and callous. According to Turnbull's account, the Ik howled with laughter on occasions that would normally evoke horror or great anxiety: when young children accidentally plunged their hands in the fire (112); when babies fell out of their slings to the ground (135); when family members died of starvation (153); when a man convicted of adultery was burned to death (180), and any similar occasion of others' misfortune. Bereft of love, hope or any belief in the future, the Ik had nothing left but laughter, which quickly became the most appropriate reaction to the pain and misery surrounding them.

When all faith and friendship had died, laughter remained, expressive only of corruption, malady and dissolution. The derisive laughter of the Ik seemed to express a sense of simultaneous identification and alienation — the sense that the horrors that provoked this terrifying laughter could happen to any member of the tribe, at any time. In other words, it could have been them, but this time it wasn't. This is a form of violent derision that — at least for a moment — makes the heart stronger. When an old man is knocked to the ground, onlookers respond with “shrieks of delighted laughter” (206). When a child is fatally ill with an intestinal blockage, his father calls people over to laugh at the boy's distended belly (218). When people get so hungry they are able only to crawl, others laugh at the crawlers and push them “so that they teetered and then toppled” (224). When a blind, elderly widow falls down a mountainside and lies at the bottom on her back, her legs and arms thrashing feebly, “a little crowd standing on the edge above looked down at her and laughed at the spectacle” (226). Interestingly, this last incident begins to convince Turnbull that laughter is perhaps the most rational reaction to so bleak and hopeless a situation, since any other response would point to the vestigial remains of those human fantasies and illusions of faith and fraternity which, among the Ik, had long ago disintegrated:

In the end, I had a greater respect for the Ik, and I wonder if their way was not right, if I too should not have stood with the little crowd at the top of the *oror* and laughed as *Lo'ono* flopped about like a withered old tortoise on its back, then left her to die, perhaps laughing at herself, instead of crying. (228)

The phylogenetics of human laughter

This strange phenomenon that human beings have come to call “laughter” is a mechanical or quasi-mechanical series of brief, uncontrollable paroxysms of the diaphragm and thorax, accompanied by short intakes of breath and a succession of vocal intonations ranging from a gentle gasp to a clamorous yelp. An efferent reaction of the autonomic nervous system, this bizarre series of motor spasms is often, though not always, accompanied by the twisting and contorting of the mouth and baring of the teeth in a grim rictus, which in any other species would seem to signify aggression. Moreover, the fact that laughter causes “a consistent and complete disruption of the usual physiological

respiratory cycle” means that it “disturbs one of life’s most basic ... activities in human life” (Fry 1977: 23–24). And as the examples above illustrate, laughter is also infectious. In other words, it has its effect only on those who believe in it. Like the dybbuk, wandering soul or “outhouse demon” of Jewish mythology, laughter enters unwanted into the body of the person thus “possessed,” who can rid themselves of this undesirable gift only by passing it on to another, like a hex.

The taboos surrounding human laughter are similar to those concerning other physiological motor impulses, such as sneezing, vomiting and ejaculation, and are surrounded by similarly enormous structures of social gesture. Unlike many similar bodily impulses, however, laughter is seldom associated with a sense of revulsion or religious taboo. Moreover, laughter is essentially species-specific: animals don’t laugh. Phylogenetically, human laughter can be seen as a modification of the primate “open mouth” display, used to signal aggression and fear. This display is used to counter threats to survival or other strong aversive stimulation, often indicating a preparedness to bite — as opposed to the smile, which emerged from the silent, bared-teeth display in primates, and conveys social affinity, reassurance, sympathy or greeting (Van Hoof 1972: 211–213). Both smiling and laughter, however, appear to have evolved out of signals that are a part of predatory attack, protective responses, defensiveness, and fear.

Neurotic laughter in therapeutic contexts

In human beings, laughter is commonly regarded one-dimensionally, as taking only one form, which is consistently positive and life affirming. The “laughter therapy” movement, which developed in the wake of Norman Cousins’s successful therapeutic program of laughter (recounted in *Anatomy of an Illness as Perceived by the Patient*, 1979), has grown out of the fact that human laughter is almost always believed to be a manifestation, or an accompaniment, of health and humor. There is a Laughter Therapy organization in Studio City, and another in Santa Barbara. Similar groups include the Health and Humor Association in Norfolk, Virginia, and the Laughter Remedy institution in New Jersey². Most disturbing of all, perhaps, are the sinister goings-on at the Gesundheit Institute in West Virginia, the famous “silly hospital” trumpeted obnoxiously in the gut-churning Robin Williams vehicle, *Patch Adams*.

There are those, however, who believe that much of the humor initiated by the analyst is usually more than “bantering in the dark,” and humor engaged in by the patient can often be a defense against accepting the importance of their own illness. Patients may sometimes mock even their own symptoms in their efforts to evade the acceptance of help. To join in the patient’s laughter, or to encourage it, may perhaps be to advocate humor at the patient’s own expense, falling into the trap unconsciously set by their own neurosis. In an article published in the *American Journal of Psychiatry* entitled “The Destructive Potential of Humor in Psychotherapy,” Lawrence S. Kubie claims that despite long years of experience in private and hospital psychiatric practices, he was unable to point to a single patient in whose treatment humor proved to be a safe, valuable, and necessary aid. He *does*, however, report that he often picked up traces of patients’ delayed, bitter responses to the lighthearted or bantering approach of the therapist, and dealt with one patient who had actually been traumatized by “two painful experiences with humorous therapists” (Kubie 1971: 39).

According to Kubie, the use of humor in therapeutic situations is often simply a form of arrogant self-display, exhibitionism or “wooing” on the part of the therapist. And when the therapist insists on displaying how witty, charming and delightful he or she can be, the patient is suddenly trapped in a horrible “laugh-in,” afraid to anger the therapist by not joining in with the joke (40). “The secret devastation that goes on inside comes to light only much later,” claims Kubie. His article concludes with a piece of advice — a warning to investigate the personal insecurities of those who like to broadcast the benefits of “humor therapy”:

Those who are most violent in their defense of humor in psychotherapy often have faces that are distorted with anger even when they think they are at peace and unobserved. Any lecturer on this topic, particularly if the group is not too large, can spot them in the audience by their chronic expressions of tense resentment. These men do not want to be deprived of their right to use and misuse something that they misterm “humor” ... Humor has its place in life. Let us keep it there by acknowledging that one place where it has a very limited role, if any, is in psychotherapy. (42)

Pathological laughter and neurological damage

In a number of medical cases, laughter is not a *cure* for the malady, but the malady itself. Psychiatric studies of patients suffering from pathological

laughter have proved that mirth (that is, the subjective feeling of merriment or amusement) and laughter (that is, the facial respiratory and other related motor acts associated with mirth) are separate functions that can be neurologically disassociated (Arlazaroff et al. 1988: 184). Pathological laughter, usually associated with paroxysmal alterations and epileptiform manifestations, is often linked to congenital syndromes, neurological damage, acquired diseases and metabolic defects. Uncontrollable attacks of mirthless laughter often precede the onset of apoplectic attacks, and are also sometimes experienced after front temporal lobe stroke and subdural hematoma. Pathological laughter is sometimes a condition of sclerosis, and always associated with Sturge Weber and Angelman syndromes. This kind of laughter takes on a variety of forms, including *enuresis risoria* or “giggle incontinence,” the *fou rire prodromique* (a sudden display of mad laughter), and the *risus sardonicus*, or “devil’s smile.”³

Psychiatric literature includes some interesting examples of pathological laughter. One case study tells of a sixty-one year old woman who presented a six month history of abrupt and continuous spells of loud, inappropriate laughter not associated with joy or humor. While speaking, she would burst into sudden loud and monotonous laughter lasting for several minutes, stopping as abruptly as she started, devoid of emotional expression and with “an atmosphere of emptiness” (Arlazaroff et al. 1998: 185). A similar case study tells of a sixty-five year old male who would suddenly and unexpectedly grin, and would then proceed with a long spell of laughter, during which his facial expression was “devoid of mirth” (185). Both patients were found to be suffering from neurological abnormalities.

Most disturbing of all is a case study reported by psychiatrists Mendez, Nakawatase and Brown of a sixty-seven year old man who suffered from involuntary and unremitting laughter for *twenty years*. As a side effect of complicated neurological operations, the patient suffered from continuous involuntary laughter and inappropriate hilarity:

To the utter annoyance of family and friends, the patient spent most of the day laughing, even when he felt sad. His laughter intruded in all of his conversations and was triggered by the most trivial and inconsequential stimuli. Only sleep provided respite from laughing. In recent months, his laughter had become even more disturbing to his family. Furthermore, because of his inability to stop laughing, the patient had not been able to work. (Mendez et al. 1999: 254)

Pathological laughter without neurological damage

Other cases exist in which no neurological damage exists, and the only manifestation of illness is outbursts of inappropriate laughter. One case involved a forty-two year old woman who suffered from spells of inappropriate and uncontrollable laughter almost every day, and sometimes more than once a day, accompanied not by a sense of joy or any other pleasurable feeling, but rather by distress and anxiety. According to the case report, these laughing spells occurred “mainly in stressful or delicate situations, e.g. during marital disputes and on a visit to bereaved friends, causing extreme embarrassment” (Arlazaroff et al. 1998: 186). Another case study describes an epidemic of involuntary laughter in East Africa, which started in a convent school and affected at least a thousand girls, then spread to fourteen other schools, forcing them to close. When the laughing girls were sent home, their mothers and other female relatives also became affected. In the end, “the epidemic spread to neighboring villages. Some patients required hospitalization from exhaustion. No organic process could explain this process [*sic*]. Eventually, it was attributed to ‘repression’” (Shaibani et al. 1994: 248).

There are only a few studies on the physiology and psychology of laughter, most of which deal with pathological laughter in brain and mental diseases. Generally, pathological laughter tends to be “flat, expressionless, monotonous” and “mechanical” (Sacks 1997: 189), appears disturbing to most patients, and demands medical intervention. Pathological laughter is generally a symptom of physiological dysfunction, and is not causally mediated by sensations, perceptions, memories, cogitations, or other mental or psychological states (Pfeifer 1994: 163). Nevertheless, if pathological laughter can exist on its own — that is, separate from any neurological or physiological dysfunction — it remains unclear to what extent such laughter can ever be *purely* physiogenic.

As Colin Turnbull’s analysis of the Ik society makes clear, pathological laughter without neurological damage can occur in the absence of humor, or even of pleasure. Philosopher James Sully draws attention to the fact that outbursts of neurotic laughter often follow a shock of fear. He also gives examples of nervous and embarrassed laughter, laughter as a result of feelings of “apprehensiveness, constraint and insecurity,” and “the tendency to laugh upon solemn occasions,” especially during funerals, or upon receiving painful, shocking or horrifying news, such as news of the death of a loved one (Sully 1902: 78). Most people are familiar with the

phenomenon of laughter as a reaction to sudden physical pain, as well as dry, acerbic, hollow, bitter and mocking laughter. The lack of a sustained and coherent relationship between laughter and feelings of “mirth” has been well testified. One study reported that survivors of the San Francisco earthquake laughed at the slightest provocation; another study observed that soldiers on the verge of going into battle laugh at almost any cue (Thorson and Powell 1991: 700).

Philosophical and psychoanalytic studies of laughter

In his book *Laughter*, Henri Bergson asserts that laughing is “social ragging.” According to Bergson, laughter “always implies a secret or unconscious ... unavowed intention to humiliate and consequently to correct our neighbour, if not in his will, at least in his deed” (Bergson 1928). For Bergson, the social significance of human laughter is always inextricably associated with its aggressive intent. The laugh, according to Bergson, “always implies a secret or unconscious intent, if not against each one of us, against all events of society as a whole” (1928: 18). Bergson and Freud both agree that laughter has an aggressive function, although Bergson expresses a reluctance to investigate the point too closely, afraid of finding some elements of laughter that are unflattering to humanity. Moreover, despite their often conflicting views on the subject, both Freud and Bergson agree that humor resembles mental disturbance in that, in both cases, a distressful or offensive idea leads to logical peculiarities (see Elitzur 1990: 29).

According to Freudian psychoanalysis, human laughter serves a variety of functions dependent on situation, circumstance, and the psychological state of the subject, although Freud considers the activity of laughter to be mainly a cathartic, pleasure-giving release. However, in *Civilization and its Discontents*, he examines the very wide series of methods the human mind has constructed in order to evade the compulsion to suffer — “a series which begins in neurosis and culminates in madness, and which includes intoxication, self-absorption, and ecstasy”⁴ (Freud 1930: 163). One of these methods, according to Freud, is laughter.

While Freud writes mainly about *humor* rather than *laughter*, his analysis suggests that most forms of such pleasure come from the gratification of a forbidden, often aggressive desire. “Humor is not resigned,” he observes of its energy; “it is rebellious.” Particularly hostile

is what Freud refers to as “tendentious humor” — that is, the veiled attack that satisfies an aggressive motive in the form of the socially acceptable “assault by joke.” As Gershon Legman illustrates with a comprehensive series of examples, the penalties for social aggression are diminished when that hostility is expressed through humor. Consequently, humor is often utilized as an acceptable social outlet for those frustrations, tensions and hostilities that have no other means of release in a society that seeks to exercise control over the aggressive drives of its members.

According to Freudian psychoanalysis, certain kinds of laughter function as a substitute response for frightening emotions that have no other means of expression. The ordinary substitute response is a common occurrence, as in the carpenter who accidentally hits his thumb and responds with groans, profanity, and facial grimaces (Russell 1996: 48). A less common form of substitute response is the “expression displacement” — a response intended to conceal from consciousness the real character of the emotional state, as in the laughter of the Ik, which came to serve as a displaced expression of hopelessness and despair.

Psychoanalytic studies of laughter focus powerfully on the personal functions and intentions of the one who laughs, revealing precisely how specific if unconscious motivations and satisfactions operate behind the screen of laughter. According to psychoanalysis, only when the motives of the one who laughs are recognized as paramount can laughter be understood at all. In this light, certain displays of human laughter can be seen to function as a somatic displacement of invective and abuse, revealing bitter and hostile despair.

Legman on laughter

Perhaps the most intuitive and perceptive analysis of neurotic and pathological laughter can be found in the work of the eccentric scholar and folklorist Gershon Legman, whose sensitivity to the psychodynamics of laughter is consistently fascinating. In *Rationale of the Dirty Joke*, his monumental collection of tasteless humor, Legman describes the whole disturbing range of human laughter, from “belly laughs and yocks” and “yoiks of wild humor” to the so-called polite Japanese laughter, or laughter of nervousness — “the inane tittering and fishlike sucking-in of the breath of everyone in Japan from geisha girls on up to top-hatted

diplomats at moments of conventional falsity and difficulty” (Legman 1975: 22). He explains how, in certain circumstances, the rictus grin “can sometimes escalate itself into perfectly hysterical laughter, with the teller falling on the wall or floor, and being completely unable to go on” (22). Legman also describes those more dramatic forms of human laughter, in which nervous listeners break up in uncontrollable convulsions “to the point of becoming physically weak, farting loudly, or literally “pissing in their pants” — women especially, as to this last” (812).

Legman regards laughter as a form of denial, a way of attempting to exorcise neurosis by passing it along to others in the symbolic form of a gasping paroxysm. According to this reading, the mask of laughter is a social disguise, a way of evading other, more painful emotions, such as shock, offense, anger or terror. Legman regards laughter as a magic spell cast in a futile attempt to drive away, deny and cast out the demons of horror by “rollicking in its details” (302) — as in the phrase “to laugh something off.” In other words, the neurotic laugher “is only attempting to reassure himself on the subject of his most desperate fears, whistling under his rictus mask in the darkened parts of his own soul that nauseate and frighten him the most” (19). This is particularly true, according to Legman, of those who feel compelled to provoke laughter in others — the joke teller whose jokes are essentially both a compulsive confession and an evasion of the moral judgment that the joke-teller deserves, and yet so desperately fears:

The whole tragedy of the comedian or teller-of-jokes is this — that he can never really be shriven at all, since his true guilt is inevitably concealed from the audience by the very mechanism which excites the audience’s laughter. The cycle of telling and listening, listening and telling must be endlessly and compulsively repeated for a lifetime, the teller visibly taking the least pleasure of all in the humor at which he struggles so hard, and in which, at the end, he stands like the hungry child he is, darkly famished at their feasting while the audience laughs. (47)

Apocalyptic laughter

Neurotic and pathological laughter is at the same time both a denial and a confession. The laughter of the failed clown Harry Greener in *The Day of the Locust*, like the laughter of the Ik, is a betrayal, a personal revelation, its rhythmic spasms impelled by a drive towards momentary release and relief. This kind of neurotic laughter is a shocking and instinctive kind of autobiographical unveiling (compare Freud’s

description of the compulsive and often hysterical telling of anti-Jewish jokes — the tellers themselves being Jewish — during the dangerous anti-Semitic period of the Dreyfus trial just preceding the First World War in Europe). Psychoanalysis explains that what makes us laugh carries a powerful clue to our own psychological bent and leading neurosis which we are struggling both to unveil and deny at the same time (or, as Legman succinctly puts it, “the ‘only’ joke you know how to tell, is you”) (16).

Thus, in the examples cited here, pathological laughter is apocalyptic because it signifies a momentary revelation. Legman regards neurotic laughter as temporarily lifting the veil of social pantomime and parade, allowing the man who laughs to embark upon a “moral vacation” of uncontrolled hostility, in which “all the pretenses can be dropped, and the faked shibboleths and pretended idols can be spat upon, shat upon, derided and destroyed” (743). Moreover, as in the example from *Death in Venice*, neurotic laughter can be a form of aggression, especially when it causes its listener-victim to laugh too, perhaps — as in the case of Faye Greener — despite themselves. Neurotic laughter often involves a significant element of nervous and guilty enjoyment in the listener’s unease. Perhaps part of the function of laughter — as Freud says of the function of the joke — is to “pass on the blow,” with the laugher sloughing off some of their anxiety, in the process, on to their listener-victim.

The ancients were the first to comment on the neurotic and pathological nature of certain kinds of human laughter. Plato considered laughter to be a rational reaction, hiding a lack of self-knowledge. Cicero remarked that “laughter has its spring in some kind of meanness and deformity.” Later philosophers came to a similar conclusion. According to Descartes, “the joy that comes from what is good is serious, while that which comes from evil is accompanied by laughter.” Spinoza made the point that “a man hates what he laughs at;” Baudelaire called human laughter “satanic” and regarded it as a sign of “fallen humanity.” “Did they laugh compulsively while pushing the switches at Auschwitz?” wonders Legman, a speculation that leads him to a warning: “whether with poison gas, phoney electric-chair switches, or jokes, don’t let the hysterical laughter fool you. Under the mask of humor, all men are enemies” (10). In other words, some kinds of human laughter partake less of catharsis than neurosis; less of the carnival than the apocalypse.

Notes

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1. See, for example, Barry Sanders, 1995. *Sudden Glory — Laughter as Subversive History*, Boston, Beacon Press.; Ronald Scott Jenkins, 1994. *Subversive Laughter — The Liberating Power of Comedy*. New York and Toronto: Free Press.; Laurence J. Peter and Bill Dana, 1982. *The Laughter Prescription — the Tools of Humor and How to Use Them*, New York: Ballantine Books and David Wickberg, 1998. *The Senses of Humor: Self and Laughter in Modern America*, Ithaca, New York: Cornell University Press.
2. For an appropriately sardonic account of the goings-on at these and similar “laughter therapy” workshops, see Jacobson 1997: 24–30.
3. It should be noted that, according to Mendez et al. (1999), “[D]isorders of laughter are distinct from disorders of mirth or humor, such as *moria* or *witzelsucht*. *Moria* (foolish or silly euphoria) and *witzelsucht* (a tendency to inappropriate jokes) occur with frontal lobe disorders such as neurosyphilis ... Patients with these disorders have a habitual routine of jokes and witticisms, but they are paradoxically insensitive to humor” (64). See also Pfeifer (1994).
4. See also *Jokes and their Relation to the Unconscious* for a further discussion of the defensive function of humor according to Freud. Also of interest in relation to Freud’s analysis of the functions of humor is Edmund Bergler and Ludwig Jekels, 1034. *Transference and Love. Imago*, Vienne, XX, 5–31. This study was translated in the *Psychoanalytic Quarterly*, 8, 325–350; 1949, and later elaborated on in the following articles by Bergler: 1937. A Clinical Contribution to the Psychogenesis of Humor. *Psychoanalytic Review*, 24, 34–53; 1949. Anxiety, ‘Feet of Clay’ and Comedy. *American Imago*, 6, 97–109; 1952. The Dislike for Satire at Length, *Psychiatric Quarterly Supplement*, 26, 190–201; 1952. *The Superego*, New York: Grune and Stratton. See also Martin Grotjahn, 1957. *Beyond Laughter*. New York: Blakiston, and 1972 *Sexuality and Humor — Don’t Laugh! Psychology Today* 51.

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