

Dealing with life changes: humour in painful self-disclosures by elderly Japanese women

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ABSTRACT

This paper examines the ways in which older people depict verbally the life changes that accompany old age. It reports a study of Japanese elderly women's casual conversations with their friends, during which they talked about their husbands' deaths and illnesses. A frequently observed discourse practice among old people is 'painful self-disclosure' (PSD), in which unhappy personal information on one's ill health, immobility or bereavement is revealed and speakers describe themselves using negative stereotypes of old age. During the observed conversations, however, the PSD accounts were frequently accompanied by humour and laughter. This paper examines the complex structure of the PSDs. To exemplify, a simple statement of death and illness given early in a conversation is later elaborated with descriptions of unremarkable domestic events, *e.g.* complaints about the husband's behaviour. Through shifting the frame of the narrative to quotidian normality, the elderly speakers convert painful life events to everyday matters that they can laugh about. Furthermore, it was found that the humour is sustained through interactions during which the hearers often laughed with the speaker. The study suggests that the disclosure of age-related negative experiences is not necessarily uniformly gloomy, but rather is combined with expressions of personal and social identities and nuanced and modulated through a complex resolution of the speaker's intentions and social expectations.

KEY WORDS – humour, narrative, conversation, self-disclosure, interaction, Japanese women, frames, death.

Introduction

The physical and social changes that accompany old age are potentially a source of discouragement. This paper looks at how elderly Japanese women depict such changes in their verbal interactions with their friends, and examines how such changes are expressed. One interesting finding is that, unlike the reports from most previous work on older people's

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communication, the studied conversational narratives about significant and problematic life changes – of a kind that one might expect to be discussed in a serious key – were often told humorously and accompanied with laughter. In focusing on such narratives (*see* also Norrick 2009), this study addresses an aspect of verbal communication among older people that has received little attention but which illustrates complex negotiations between the speaker's intentions, social expectations and expressions of his or her personal and social identities.

Notable previous work on issues of language and older people has been carried out by Nikolas and Justine Coupland and their colleagues (*e.g.* Coupland, Coupland and Giles 1991). From a study of 40 ten-minute conversations between dyads of women aged 70–87 years and women aged in their thirties who were first-time acquaintances, they identified 'painful self-disclosure' (PSD) as a characteristic of elderly discourse.¹ In PSD, unhappy personal information on one's ill health, immobility or bereavement is revealed,² and older people more often than not characterise themselves negatively in talk that appears to accord with stereotypes of the age group as 'disengaged', 'egocentric' or 'grumbling'. The participants in the cited study were told that they would have a conversation with 'people of different ages' in order to 'get to know one another'. Twenty of the ten-minute dyads were intergenerational, ten were peer-young, and ten peer-elderly. Of the 40 encounters, PSD occurred in 33, and it was far more frequent when at least one of the participants was elderly. Further, among the intergenerational conversations, the fact of old age and the associated hardships were in the forefront of the interactions.

One of Coupland, Coupland and Giles's (1991) findings was that PSD among older people is often engendered by younger conversational partners who 'over-accommodate' the older person, partly by employing social stereotypes of ageing and old age. For example, there was a recognisable pattern of young speakers directly or indirectly eliciting troubles-related information from elderly speakers by asking, for example, 'do you sleep alright when you get to bed?', or 'is your husband still alive?' (*cf.* Jefferson 1984). This conversational device suggests that young speakers expect that 'painful self-disclosure is available to them as a resource to first-acquaintance conversation' (Coupland, Coupland and Giles 1991: 127). These studies showed that aspects of the older person's identity are imagined by younger interlocutors, most likely on the basis of stereotypes.³ The situation in which the data were gathered, *i.e.* conversations between first-time acquaintances of different ages or interviews designed to elicit illness stories, may have brought to the fore the facts of old age and the associated hardships, and may have had

the unintended effect of reinforcing the younger interlocutors' common stereotypes of older people, such as their association with illness or self-pity.

In the spontaneous and casual conversations of Japanese elderly women with their friends of the same age and with a younger researcher/acquaintance that I gathered, there were also instances of PSD in conversations on topics such as travel, shopping, food, sports and books. Interestingly, however, many such instances of painful self-disclosure were accompanied by humour and laughter. This contrasts with the findings of Coupland, Coupland and Giles (1991) and other previous studies, and is not what would be expected from the seriousness of the topic or from stereotypical images of older people as 'grumbling' and 'disengaged'. The seemingly paradoxical – painful but humorous – self-disclosure by elderly Japanese women is the main topic of this paper. It is not my intention to make general observations about Japanese elderly women's verbal interaction, but rather hope that a qualitative investigation of the conversations will shed light on an aspect of elderly communication that has not been previously investigated, and demonstrate that PSDs go beyond the stereotypical images of complaint and unhappiness by embracing humorous depictions of 'painful' events and changes experienced by older people themselves.

To understand the structure and the function of accounts about age-related changes, I focus on conversational narratives of the illnesses and deaths of the speakers' husbands. In these accounts, one finds that humour and laughter were common when relating the details of specific scenes or the circumstances of the illnesses or deaths, but were *not* present when the illness or death was first disclosed through a simple statement of fact. In the extended conversations, the speakers reframed extraordinary and painful events as prosaic occurrences that they could laugh about. Employing humour and laughter is risky, at least at first sight, in a face-threatening speech context such as a conversation about the death of a spouse, during which a sensitive personal matter is disclosed and few feasible response strategies are available to the recipients especially if they are first-time acquaintances.⁴ In more familiar interactional contexts, however, the speakers had opportunities to tell a story of the extraordinary (once in a life-time) experience under the guise of recounting more ordinary humorous events, and then could laugh with their interlocutors and reclaim some normality in their lives. I also suggest that by recounting 'painful self-disclosure' humorously with laughter, the elderly female speakers in effect subverted negative images of themselves, in a similar way that women often defy social images associated with femininity (Boxer and Cortes-Conde 1997; Kotthoff 2006).

The background and the conversational data

The chosen methodology was that of case studies with in-depth qualitative analyses informed by pragmatics and interactional sociolinguistics. While case studies do not enable generalisation, they allow close examination of the inter-relationships among various observed factors. What is sought is not a description of the general circumstances of elderly Japanese women, let alone of older people in general, but to throw new light on how better to understand the voices of people who are old, rather than simply imposing the interpretations made by people who are younger and more socially powerful.

Most of the analysed data are from approximately 33 hours of audio-recorded casual conversations with four relatively healthy Japanese women (aged in their seventies and early eighties) that were collected between 2001 and 2006. Two types of informal conversations were recorded. One was the conversations between Japanese women peers who were aged 65 or more years and to a varying degree shared a common background.⁵ In contrast to the verbal data used in Coupland, Coupland and Giles (1991), the occasions for these 'peer conversations' were not 'manipulated' solely for research, but were customary exchanges, as at gatherings of friends or during volunteer work. The other type of recorded data is 'natural' conversations between some of the elderly female speakers who participated in the peer conversations and the younger researcher (on the distinction between manipulated and natural conversations, *see* Chafe 1994). During a visit to Japan about one-and-a-half years after the recorded peer conversations, I met the participants individually. The elderly informants took the initiative in the later conversations, and the researcher mostly listened. In this sense, the context of the interaction was not that of an interview with a set of prepared questions, but that of conversation.

As mentioned, a recurrent feature in the recorded conversations was that the participants often laughed (Matsumoto 2005, 2007). Ervin-Tripp and Lampert's (1992) study of the informal conversations of younger people also noted that they included humorous disclosures about themselves. In my conversation data, the participants often laughed even when depicting painful changes and times, including those of their husbands' illnesses and even deaths, health problems, or the prospect of their own death (Matsumoto 2005, 2007). A speaker aged in their seventies, in response to her twin sister's remark about her plans extending over 20 years, gave a one-line deflating retort: 'We'll be dead by then!' This generated bursts of laughter from all six people present (Matsumoto 2005). The recorded conversations with the researcher also contain many instances of laughter, and illustrate the speakers' stances towards past and present

events, including ones that brought difficult changes in their lives, such as a husband's death and their own physical or mental disability. Although such conversations describe hardship and painful events, the recordings reveal that the stories were told humorously and never became overly serious.

The instances of laughter and humour described above clearly deserve further investigation. They suggest that elderly speakers' disclosure of unwelcome changes are not necessarily presented through a 'grumbling' or 'disengaged' 'key' – in Goffman's (1974: 43–4) sense. One can hypothesise various functions or causes for the laughter in these contexts. Laughter that accompanies the speaker's assertions may be used to mitigate the force of the statements; or listeners may laugh to lighten the seriousness of the topic and to indicate empathy with the speaker (*e.g.* Chafe 2007; Keltner and Bonanno 1997). Humour may break the polite taboo that surrounds uncomfortable topics and thereby defy and subvert the socially-given image of older people being weak and depressed (Matsumoto 2007).

The specific concern of this paper is on the uses of humour and laughter in extended narratives of negative events such as a husband's illness or death. When describing such serious topics, humour is unexpected and could easily be misunderstood. Yet, a careful examination of the discourse structure of the relevant excerpts, and consideration of the relationship among the interlocutors and the potential psychological effects of such verbal interaction, suggest that humorous narratives are an effective strategy for living through negative events that are intrinsic to being a great age. The paper discusses in detail specific excerpts of the conversational narratives.

Humour and laughter in 'painful self-disclosure' narratives of illness and death

In the collected conversations, all three women who spoke about the death of their husbands included humorous comments. Two enunciated a relatively long narrative that illustrated the moment of their husband's death and that was told with humour and laughter, which apparently invited the listeners' laughter – in notable contrast to Jefferson's (1984) observations. In discussing the organisation of laughter in talks about troubles, Jefferson observed that the recipients 'declined to laugh' even when the trouble-teller laughed. She argued that a trouble-teller's laugh, exhibiting resistance to the trouble, does not mean that 'a recipient is invited to join in the merriment, to also find the thing laughable, to affiliate with a prior

speaker's exhibited position on it. ... It appears to be a recipient's job to be taking the trouble seriously' (1984: 351). I will return to this point later.

The two extended narratives on the moment of the husband's death shared several other features. For example, both exhibited some linguistic devices, such as repetition, 'constructed dialogues' and details, which reflected and created interactional involvement among the talk participants (*e.g.* Tannen 1989). Both also expressed surprise as the event unfolded differently from how the speakers had expected. This 'incongruity' between the expected and the unexpected and the associated disappointment has long been recognised as a source of humour. Norrick (2003: 1333) discussed the development of the theory that links humour to incongruity, which Kant initiated and Schopenhauer elaborated, describing the perception of incongruity as the basis of laughter. The 'incongruity theory' of humour has been developed and expanded by many scholars, including Bergson (1911 [1899]), Bateson (1953, 1972), Koestler (1964), Raskin and Attardo (1994), Giora (1991) and Norrick (1993, 2003). Although most of these analyses (excepting Norrick's) were proposed at a more abstract level or for non-spontaneous humour, such as retold jokes (or 'canned jokes'), it is interesting that the basic concept was manifest and exploited in the studied conversational narratives.

A closer look at the structure of the narratives in the extended discourse reveals additional and crucial conditions for a PSD that is delivered humorously. The humorous excerpts at issue were not where the topic of death or illness of the speaker's husband was first introduced to the conversation. When the 'painful' topic was first mentioned, it was stated straightforwardly without humour or laughter, and the listeners did not laugh. The humorous narratives occurred later, and detailed specific scenes of the previously introduced topic. The progression of a narrative in this manner, *i.e.* from a more general topic (summary) to a more detailed description, has been noted in previous studies of conversational narratives (*e.g.* Labov and Waletzky 1967; Norrick 2003). It is especially notable, however, that although an introductory disclosure of the illness or death of one's husband and an expanded narrative of a related scene are both PSDs, only the latter occasioned humour and laughter in the studied conversations. Accompanying this contrast, one can detect a shift in conceptualisation of the verbal interaction, or a shift in the ways in which the narratives were framed (*e.g.* Goffman 1974; Tannen 1979), from the serious life event (*i.e.* death of husband) to that of minor quotidian events that allow for humour and laughter, *e.g.* complaints about the husband's behaviour. As mentioned before, the humour was sustained interactionally, *i.e.* the hearers laughed with the speaker, even though the content of the narratives was not 'time-out' for pleasantries (in the sense of Jefferson

1984). These features of the narratives suggest that detailed and interpersonally involved narratives of a quotidian event allowed and created the context for humour to enter the accounts of PSDs. I will examine these humorous PSDs in the following section through a discussion of one speaker's narratives about the moment of her husband's death, supported by reference to other conversational excerpts.

Textual and structural properties of humorous PSD

In the following extract, 75-year-old Akiko recounted to the researcher the moment of her husband's death only seven months before. Akiko had assisted the study 18 months earlier by recording conversations with her peer friends. In this segment, she says that, unlike comparable scenes in television dramas that she had seen, there were neither sweet words of thanks by her husband nor a clear sign of the exact moment of his death. His last word was telling her to shush while he tried to fall asleep. Earlier in the conversation, she mentioned that his death came after about ten years of battle against various illnesses including liver cancer. The same story could have been told as a bitter tale, but Akiko described the moment of death with humour and laughter.

In the transcript below, Akiko's utterances are transcribed in the A lines in bold face, and those that were accompanied with laughter are indicated in small capitals bracketed with '\$'. Laughter is indicated with 'H' in '< >' and light laughter (or aspiration) is marked by 'h'. The researcher's responses are indicated in the Y lines. The temporal positions of back-channelling and laughs indicated in the translation in this and other excerpts are approximations necessitated by word order differences between Japanese and English.

Excerpt 1. The moment of Akiko's husband's death

Akiko had just mentioned that her husband passed away in his sleep in a hospital room while she and a doctor were watching a monitor tracking his heartbeat. She started to recount how that happened.

Japanese

A1: sooide atasi ga nee nanka o yuu to ne saisyo no uti ne

A2: netenda kara urusai yo tte yu <hh>

Y2: < H H H H >

A3: urusai koto yuu na toka ne. sore gurai de

Y3: < H H H h h > ee ee

A4: soo yutte kara atasi ni dakara ariga \$TOO TOKA NAN NIMO YU\$

A5: urusai kara damattero tte yuu

Y5: < h h h H h > damattero < h h >

A6: sore ga saigo \$NO KOTOBA DATTA TO OMOU KEDO NE\$, **honto yo**

Y6: < h h h >

A7: soide ne, neteta no

A8: un, yuu

Y8: sore de neru yooni tteyuu no wa hontoni nanka sonna kanzi

Omitted lines

A9: de yoku, gaku toka nanka yoku terebi a:nna no mo nai no

Y9: ee: arimasita yo koyuhuuni ne, un

A10: na::ni are (sounding dumbfounded) \$DAKARA ATASI\$

Y10: < H h h >

English translation

A1: and, y'know, when I said something, y'know, early on

A2: he said – 'I am sleeping, you are noisy' < h h >

Y2: < H H H H >

A3: and like 'don't be noisy' or something like that, y'know

Y3: < H H H h h > uhuh

A4: after all these words, then, \$HE DIDN'T SAY A WORD OF THANK-YOU TO ME\$

A5: 'don't be noisy and shush up' he said

Y5: < h h h H h > shush up < h h >

A6: I \$THINK THAT WAS HIS LAST WORD\$, really

Y6: < h h h >

A7: then, he was sleeping

A8: yes they say

Y8: that was, then, when people talk about passing away as if falling asleep, it was really like that

Omitted lines

A9: and often, you see on TV the special motion of the head when someone dies, but there wasn't anything like that either

Y9: Oh yes, I know what you mean, like this, right.

A10: what was tha: t? (sounding dumbfounded) \$SO, I\$

Y10: < H h h >

The humour and laughter in this excerpt here do not necessarily imply happiness with her husband's death, but as indicated in the transcript, both Akiko and the researcher were laughing uninhibitedly throughout. Several factors may have made the matters being discussed amusing. First, there was significant incongruity (Koestler 1964; Norrick 1993) between the general expectation about the end of one's life and what actually happened at the moment of Akiko's husband's death. Her surprise and disappointment were expressed in Line A10 when she said 'What was that?' in a dumbfounded tone. The contrast between the solemn and possibly dramatic moment one imagines to accompany the demise, on the one hand, and the actual exchange, on the other – using words that could have been said at any time between the couple – is unexpected and humorous. The listener laughed in response, and Akiko continued her narrative while laughing. Akiko's tone in this extract was reminiscent of the complaints commonly heard in female friends' small talk about the imperfect behaviour of their husbands, their disappointments and unfulfilled expectations. The manner of her disclosure was reminiscent of everyday chatter, not of talk about a serious life-event. This mismatch between the manner of presentation and subject matter contributes to the humour of the narrative. Its use in this circumstance could also indirectly indicate the speaker's intimacy with the deceased: by contrast, by polite convention a friend or neighbour would not have the 'right' either to describe the death of Akiko's husband in the same way, or indeed to be told his rude words. Only the most intimate could experience and describe the last moment of the husband in the way related in Akiko's narrative.

In making the 'painful self-disclosure', Akiko used linguistic devices that drew the attention of her listener. In Line A1, she spoke in short spurts segmented by the particle *ne(e)*, which is often used to involve the listener into the content of the conversation. The original pragmatic function of the particle *ne* is to invite empathic acknowledgement and agreement on the part of the listener. In this sense, it is similar to the English *y'know* (Schiffrin 1987), which may be used to invite more involvement from the listener. There was also repetition of the expression *urusai* [noisy or pesky] in A2, 3 and 5, complemented by multiple uses of constructed dialogues (reported speech) (A2, 3, 5), giving a more animated sense to the scene and making the narrative more vivid, all of which indicated the way in which Akiko remembered the moment. Using these rhetorical devices, the speaker indicated and enabled the greater involvement of the interlocutors (Tannen 1989), and made the excerpt prominent in the exchange.

The story is also highly 'tellable' since such 'a narrative of personal experience relates events of great interest or import to interlocutors' and involves 'events that impinge on the well-being of the tellers or those about

whom they care' (Ochs and Capps 2001: 34). Ochs and Capps also point out that 'conversational narratives of personal experience generally depict unexpected events that are unsettling in one way or another' (2001: 146). The humorous aspects of the situation, as framed by the teller, plausibly make this personal experience even more tellable and attractive to listeners. It is significant that the excerpt was not the first occasion in which Akiko talked about her husband's death. As can be seen in the next excerpt, she first mentioned his death about ten minutes earlier, almost as an aside when talking about her favourite novels and the popular romantic television drama series that she began to watch soon after her husband's death. Although this first mention of the death was embedded in discussion of much lighter topics, neither Akiko nor the researcher laughed or made humorous comments when the death of Akiko's husband was first disclosed. It was simply stated and received without further embellishment.

Excerpt 2. The first mention of the death of Akiko's husband

Akiko had just confessed that she was captivated by *Winter Sonata*, a Korean television love story which was extremely popular among viewers of all ages in Japan – especially middle-aged women. She appeared to feel a little embarrassed about this, and started to explain how she began to watch the series.

Japanese

A1: attasi nee, syuzin ga nakunatte, mada ne

Y1: ee

A2: kyonen no zyuunigatu muika de

Y2: itu onakunarini ohanasi

A3: ma ga nai hito ga nanto hasitanai to yuuka

A4: soide ne sonooo ne koro ni yattetan desu yo

English translation

A1: I, y'know, it was still, my husband passed away,

Y1: uh huh

A2: the sixth of December last year

Y2: when did he pass away? I heard (a little about it)

A3: it was shortly after that, so it might have been quite an improper behaviour

A4: but, around tha--t time, (*Winter Sonata*, a popular drama) was on TV.⁶

Excerpts 1 and 2 suggest that a performance of PSD can have a complex structure, and that a single PSD is not necessarily completed at its first mention. Once a topic is introduced, the same general topic can be revisited with more detailed accounts of scenes central to or related to the event, and it can be elaborated in several ways during a conversation. Introducing a hardship event, such as the death of a husband, therefore does not necessarily communicate that the event was negative and painful. The topic can be developed to include different aspects and scenes of the event in general, which can be humorous and can invite laughter, as illustrated in Excerpt 1.

I now examine further the implications of the conversational narratives' complex structures. What we have observed can be understood as composed of different *frames* of the same general topic – in the senses of among others Goffman (1974) and Tannen (1979). One frame in Excerpt 1 is a quotidian complaint about a husband's imperfect behaviour toward his wife, presented as a disappointing aspect of a significant event, and is apparently shared by the discloser and the recipient of the PSD. This narrative is a detailed illustration of a scene of the event, which can be told in a humorous 'key' with laughter. In this sense, we can say that the speaker switched from the general frame of a serious life event, the death of the speaker's husband, to that of an everyday event. This was achieved through a detailed description of an element of the event that was compatible with humour and laughter, namely the speaker's complaints about the husband's everyday behaviour. Although mentioning death is typically interpreted as an act of communicating 'sadness' or 'pain', there can be other aspects, some of which need not be presented as grim and painful.

It has been recognised that one of the functions of humour in conversations is to help people cope with difficulties (*e.g.* Ervin-Tripp and Lampert 1992; Hay 2000; Ziv 1984).⁷ This may explain the conversational narrative of interest in Excerpt 1, since a humorous conversation with laughter would presumably help cope with the bereavement. Use of this coping strategy is not straightforward, however, in that humour and laughter were not employed to make light of the death itself. Rather, the death was reframed into a laughable situation. Jefferson noted that in troubles-talk, a troubles-teller can laugh and exhibit 'troubles-resistance', *i.e.* the teller shows that 'he is in good spirits and in a position to take the trouble lightly' (1984: 351), but the strategy of troubles-resistance is not employed in some troubles-talk. The example in Excerpt 2 suggests that when a troubling event, such as one's husband's death, is related for the first time, a display of 'troubles-resistance' with laughter does not always occur. When the theme of bereavement is

developed and elaborated in the course of an extended verbal exchange, various aspects of the theme can be explored, including the humorous. This may be why there are humorous narratives about serious PSDs in my data, but the short exchanges with strangers examined by Coupland, Coupland and Giles (1991) apparently had no such interactions. Excerpt 3 is a similarly humorous narrative. It was told by Naoko, another widow, during interactions with her peers and with the researcher present (Matsumoto 2005).

Excerpt 3. Naoko's husband's death

Naoko was talking about how grateful she was for the doctor, who gave treatment during her husband's illness. Naoko went on to tell how her husband passed away. T is N's elderly acquaintance, Y is the researcher. Open (left) square brackets indicate simultaneous utterances.

Japanese

N1: [tyanto sensei ga [moo teha [tehai-site kudasatte [
 Y1: [a [a, mo, oisyyasan mo [tyanto site, [aa
 T1: [haa

N2: de sensei ga sugu tonndekite kudasutte [kangohu-san to [
 Y2: [a [aa
 T2: [aa

N3: sorede nee, nakunatte ne, nizikan hodo site odenwa ga [kakatte
 Y3: [aa
 T3: [aa

N4: de dodesuka tte sensei mo nizikan mae ni nak

N5: sore mo hontoni ne, sobani itemo wakan nai gurai

N6: un to mo \$SUN TO MO KYUN \$to mo iwanaide ne
 Y6: < h h h >

N7: \$ANO\$ \$WATASI MO SIROOTO DESU KARA NE\$,
 Y7: < h h h h >

N8: iki ga tomatteru nante.

N9: yome ga ne, soba ni ite, ootosama ne, ikisiterassyaranai mitai desuyotte kara

N10: EEEE (ANIMATED) \$NANTEYUTTE NE, SOIDES\$
 Y10: < h h h h >

N11: koosite, nn sinzooni naan tomo wakannai n desu ne.

N12: soide raihu puranningu sentaa ni sugu denwa simasita no.

N13: \$SOSITARA NE\$

**N14: nanka anoo are \$TISSYUPEEPAA O NE\$ hana no sita ni nokkete [kuda
Y14: [ee**

N15: nokketemo ne ugoiteru ka ugoitenai ka wakan nain desu.

English translation

N1: Dr (Hinohara) had already made arrangements (for another doctor to be sent on emergency calls while he was away)

Y1: mm mm already a doctor was already arranged to be sent, hmm

T1: I see

N2: and the doctor rushed to my house with a nurse

Y2: ah hmm

T2: ah

N3 and y'know, about two hours after my husband passed away, I got a phone call

Y3: mmm mm

T3: mmm mm

N4: and, Dr Hinohara asked me 'how is he?', (so I said) 'two hours ago'

N5: and it was really, you wouldn't have noticed even if you were right next to him

N6: (my husband) didn't say '\$AH' OR DIDN'T EVEN GO 'PEEP'\$

Y6: < h h h >

N7: \$WELL\$ \$SINCE I AM A LAY PERSON, YOU KNOW\$,

Y7: < h h h h >

N8: I couldn't imagine that he stopped breathing.

N9: my daughter-in-law was beside us and said 'Father (in-law) doesn't seem to be breathing', so

N10: 'Gee, really?' (ANIMATED VOICE) \$I SAID AND\$,

Y10: < h h h h >

N11: like this, um, (I touched) his heart, but I couldn't tell anything.

N12: so, I called the Life Planning Center right away.

N13: \$THEN Y' KNOW\$

N14: they told me that I should put \$A TISSUE PAPER\$ under my husband's nose

Y14:

mm

N15: even when I put the tissue paper on him, I couldn't tell if it was moving.

The topic of Naoko's husband's death had been introduced five minutes earlier when she stated that he passed away ten years before. She began her narrative calmly with expressions of gratitude to Dr Hinohara, an eminent doctor who was in charge of her husband's treatment. As evident in the excerpt, when she described the details of her experience when present at her husband's death and that she did not notice exactly when he died, the narrative became animated and comical and there were humorous expressions and laughter. Most striking perhaps is her utterance at Line N6. After saying *un tomo sun to mo iwanai* ['[he] didn't say anything (didn't say 'yeah' or 'ah')'], she continued by adding *kyun tomo iwanai* [didn't go 'peep']. The association of a small creature's squeak with one's husband's last moment, that we might expect to be described with dignity, is unexpected and humorous, especially when it is embedded in Naoko's otherwise polite and careful, old-fashioned, upper-middle class speech.⁸ The use of onomatopoeia in this utterance, along with the constructed dialogue of her daughter-in-law (at line Ng), of herself (N10), and of someone at the Life Planning Centre (N14), is similar to expressions in Excerpt 1 and have the effect of making Naoko's narrative more involving – one might say making the 'tellable' story also 'hearable'. As with Akiko's account, Naoko focused on a detail of the scene and reframed the serious life event (the death of her husband) into a frame of everyday happenings that make one feel silly or not in control, an episode that can be disclosed humorously.

A similar structure and function of humorous PSD are also found in accounts of serious illnesses. Excerpt 4 is from a conversation among four women in their seventies. The topic, that the husband of one of the participants (Tamako) had been seriously ill, was introduced earlier without laughter. In the excerpt, during a narrative about the various treatments that her husband needed, Tamako talked about a medical procedure that had to be administered within three minutes of the occurrence of a particular symptom. Thanks to the speed of the ambulance service, her husband was still alive. Explaining how the ambulance always arrived so quickly, Tamako reconstructed the crew's words: 'we know well where your house is', implying that they had often been called to assist Tamako's husband, as if they were a delivery service. Tamako described with animation that, on these frequent emergency

occasions, she would take down the sliding doors so that the stretcher with her husband could be carried quickly into the ambulance. In spite of the serious life or death situation, everyone's tone was jocular. One observed again that the details of Tamako's routine were told with humour and laughter, despite the seriousness of the condition that caused it.

Excerpt 4. Tamako's husband's illness and the ambulance arrivals

Tamako is talking about her husband's symptoms, which are critical if not treated within three minutes. K, H and R are her elderly friends.

Japanese

- T1:** **so.**
 K1: sonomama ni sitoku to moo, anoyo ittyau wake?
 H2: nee, sositara san pun inai ni kyuukyusya konai zya nai.
- T3: demone \$DAITAI\$, < h >, \$MAIKAI KITERU KARA IKITERU NO\$.**
 K3: < H H H H H H >
 R3: < H H H H H H >
- T4:** **[su,**
 H4: [kiteru no?
 R4: < H H H H H H >
- T5: eee? < H H H H h h > moo, o,**
 H5: < H H H H H H H H H H >
 K5: < H H H H H H >
 R5: iya iya < H H H H H H H H >
- T6: otaku wa yoku wakatte masu nante kyuukyusya no [hito yuu mono.**
 H6: [un, [un,
 K6: [an an,
- T7: dakara uti wa moo sugu mon akete,**
 H7: he,
- T8: anoo, husu, [husuma made zenbu hazusite ne, [#####\$,**
 H8: [a, [un,
 K8: aa tanka ga ne.
 R8: < h h h >
- T9: nee, sosite moo, anoo,**
 K9: uun hairu yoo ni,
- T10: kyuukyusya ni ireru [to sooyuu,**
 H10: [sorede kyuukyusya no kata ga kuru to naoru wake?

T11: *iya sore [ni noseru de syo? [son toki wa mada wakaranai no [ne.*
 H11: [un un un, [un un,
 K11: [\$IYA SOO ZYA NAI\$, [< h h h >
 R11: [< H H H H H H H >

English translation

T1: **yes.**
 K1: If you leave him without the treatment, will he go to Heaven?
 H2: Well, then, an ambulance usually doesn't come within three minutes, right?
T3: **But \$MOST OF THE TIME\$ < h > \$EVERY TIME IT DID ARRIVE, SO THAT'S WHY HE IS STILL ALIVE\$.**

K3: < H H H H H H >
 R3: < H H H H H H >

T4: **qui-**,
 H4: does it ?
 R4: < H H H H H H >

T5: **Well, < H H H H h h > already, w--**

H5: < H H H H H H H H H H >

K5: < H H H H H H >

R5: Oh my < H H H H H H H H >

T6: **'we already know well where your house is', ambulance crews tell me.**

H6: hmm hmm
 K6: uh huh

T7: **So, I open the gate right away,**

H7: ah,

T8: **and, take down everything including slide-, sliding doors**
#####⁹

H8: uh huh,

K8: I see, so a stretcher,

R8: < h h h >

T9: **right, and then,**

K9: ahh, can enter

T10: **once they carry him into an ambulance, they have that kind of (equipment),**

H10: and will he recover once ambulance crews arrive?

T11: **No, get him into it, right? At that time we still don't know yet.**

H11: uh huh uh huh

K11: \$NO, I DON'T THINK SO\$, < h h h >

R11: < H H H H H H H >

The teller and the hearers laughed despite the fact that the related events were not exactly 'time-outs' for pleasantries, or 'buffer topics' in Jefferson's sense (1984: 351*ff.*). Buffer topics, according to Jefferson, 'can consist of jokes and anecdotes associated with the trouble, or quite unrelated matters' (1984: 352). Each of the excerpts that we have considered can be considered as an independent PSD that is directly related to death or illness and that can be told with humour and mutual laughter. This is possible, I argue, because although the event is serious and painful, it is told in a different frame that allows for humour and laughter.

Humour as achieved interactionally in PSD

I have already discussed some structural and textual factors that make laughter possible in narratives of 'painful' events, *i.e.* shifting frames within a complex structure of self-disclosing narrative, the unexpectedness of events and the manner of presentation. The presented instances of humorous PSDs related by the elderly Japanese women also show that the humour was sustained interactionally. The importance of this aspect of verbal performance has been recognised by linguists in their studies of natural communicative events – the most relevant to the present study are those by Coupland, Coupland and Giles (1991) and Coupland, Coupland and Grainger (1991). As mentioned earlier, these studies called attention to the fact that elderly speakers' PSDs were engendered by younger speakers' leading the older person to the topics of old-age-related changes and hardship. The characterisation of speech by elders as PSD derives partly from the younger speaker's conversational role.

The current study confirms the importance of interactional signalling. The examples that we have examined all exhibited linguistic expressions and laughter that signalled to the listeners that the teller was recounting the scene humorously and that it was potentially amusing. These linguistic signals, known as 'contextualisation cues' (Gumperz 1982), provide the interlocutors with the context in which PSDs can be humorous. Without an understanding by both parties that they are engaging in a humorous interaction, the humour could not be sustained. Such contextual understanding can be provided linguistically by contextualisation cues and by background knowledge that goes beyond the immediate linguistic and situational contexts of the talk (Duranti and Goodwin 1992).

The fact that the humour in PSDs was produced through interaction is evident in Excerpt 1. Things might have taken a different turn if the recipient had responded to Akiko in a serious manner instead of with laughter. In Line Y2, which was simply a laugh, an alternative response

could have been a serious and sympathetic comment such as, ‘Oh, that’s terrible!’ That would have focused the conversation on the potentially negative import of Akiko’s husband’s behaviour, and might have changed the course of the narrative. Instead, the laughter in Lines Y2 and Y3 made light of Akiko’s assertions, so that the seemingly blunt and unkind words of her husband would not be taken too seriously. Responding with laughter to the narrative was also supported by the cultural background, for complaining about the annoying behaviour of one’s husband is well accepted among friends in Japan.¹⁰ To have offered sympathy in response to Akiko’s complaint about her husband would have implied that the recipient evaluated him negatively. In Jefferson’s (1984) term, that would have been a display of ‘troubles-receptiveness’, which would have acknowledged the husband’s behaviour as the trouble, rather than as something silly or inconsequential (*cf.* Chafe 2007). By laughing, the recipient avoided taking such a risky position, thereby allowing the speaker to continue the narrative in a humorous vein.

Laughing in response to the speaker’s self-disclosure is, of course, itself risky (*e.g.* Ervin-Tripp and Lampert 1992; Jefferson 1984), especially when the topic is related to serious events and changes in life such as death, bereavement and illness. In the case of Akiko’s self-disclosure, by the start of Excerpt 1 the researcher had already learned from hearing Akiko’s self-description as well as from her manner with peers in earlier recordings that Akiko presents herself as an outgoing and cheerful person. A few minutes prior to Excerpt 1, she told with laughter that her friends telephoned to offer their condolences in a more serious and grave voice than she used in her responses. It is not that Akiko was unaffected by her husband’s death. When reminiscing about her husband, her eyes became teary a few times but generally she was predisposed to humour and cheeriness, and acknowledged a long-lasting influence of the story *Pollyanna*, which she had read as a child in Japanese translation. In this context, it was not odd for the recipient to have started laughing a split second earlier than the speaker, although that would generally be anomalous behaviour in troubles-talk.¹¹

The judgement of whether or not to laugh varies among hearers. Not all trouble-talk recipients would laugh, and laughter can misfire. The decision about whether to laugh appears to be grounded in the interlocutors’ expectation that their verbal interaction should be mutually beneficial and enjoyable. This is not the sort of expectation that one would expect among first-time acquaintances who have had only a brief conversation, especially in such seemingly face-threatening exchanges as PSD. Thus, it is not surprising that there were no reports of humorously framed PSDs in the study by Coupland, Coupland and Giles (1991).

Conclusions

This paper has reported a qualitative examination of representative extracts of PSD that were related in a humorous key during elderly Japanese women's conversations. It has revealed the structural, textual and interpersonal properties of 'painful self-disclosure' (PSD), and illustrated how changes associated with age are expressed and treated in conversational narratives. We have observed: (a) that the structure of 'painful' disclosure is complex – after a topic of illness or death of husband is disclosed as a simple statement, it can be elaborated upon with an illustration of a specific scene, *e.g.* what happened exactly at the moment of husband's death; (b) that the initial instance of the disclosure can evoke a serious life event frame, but that later during the detailed illustration of a relevant scene, the topic can be reframed as a more light-hearted or everyday event, *e.g.* with customary complaints about the husband's behaviour; (c) that there can be elements of unexpectedness in the events in the specific scene and in the manner of presentation by the speaker that make a narrated PSD tellable and humorous (Norrick 1993, 2000); and (d) that such humour is sustained interactionally, *i.e.* the hearers laugh with the speaker even though the content does not prompt 'time-outs' for pleasantries in Jefferson's (1984) sense.

I have suggested that the success of disclosing grave changes in life with humour is precarious because it depends on various factors among the interlocutors, including a commonality of life experience, cultural expectations and personalities. When successful, however, by focusing on almost prosaic events that happened in connection with an extraordinary event of illness or death, the elderly speakers could reframe painful life events as everyday matters that they laugh about, arguably helping to regain their normal lives. This analysis is supported by research in psychology that has suggested that laughter in bereavement facilitates an adaptive response to stress and positive emotion (*e.g.* Keltner and Bonanno 1997).

The humorous instances of PSD indicate that the speakers were able to subvert stereotypes about old age just as female speakers often challenge social images associated with femininity (Boxer and Cortes-Conde 1997; Kotthoff 2006). Elderly speakers can make the serious and unbearable seem bearable and even amusing through conversational framing and reframing. The instances of PSD handled in a humorous key also indicate that the elderly women were able to defy in their verbal interactions what I call the 'ideology of wellness',¹² that it is normal to be in perfect health and that infirmity and death are deviant. This view is held by many young and healthy people, but illness and death are commonplace when we are

old, and the wellness standard set at a younger age need not be and indeed cannot be the expectation for older people. These important perspectives should not be overlooked in understanding elderly people's verbal interactions.

The reported findings have a number of methodological and theoretical implications for future studies of verbal communication among older people. First, there is a need for more examination of elders' naturally occurring conversations in everyday situations. The findings from such examinations will provide new perspectives as to how older people's verbal communication is shaped and the complex talk-management means to various ends. Such research would complement previous more experimental and large-scale studies, by enabling more nuanced interpretations of their findings (see also Nikander 2009).

Another lesson from the analysed excerpts is that researchers and the general public alike need to be cautious about accepting without question widely held perceptions about the lives of older people. It is perhaps inevitable for younger adults to assume that physical and social conditions in late life are depressing and are seen as such by older people themselves, and to consider any mention of such conditions by an elderly person as an expression of unhappiness or lament. Contrary to these commonly held assumptions, however, the observed conversations showed that the topics of illness and death can be related through humour, laughter and emotionally positive interactions. One cannot, therefore, assume that all talk about age-related life changes is infused with negative attitudes and therefore conversationally problematic (Matsumoto 2008). A related point is that there are multiple dimensions and meanings to certain speech acts. A PSD, such as a description of the moment of death or of an emergency related to illness, can be a manifestation of the difficulties that one experienced, but the act of disclosure also can be a chance to relate a compelling story at a social occasion, and a vehicle by which to regain normal life. To assume any one of these as the sole or a typical function of a PSD is to overlook the richness of conversational interaction.

One issue that has not been discussed is the possibility of cultural and gender variability in what is considered humorous (Apte 1985), especially in relation to older people's experiences. One needs to ask whether a topic such as the death of one's husband could be narrated humorously and trigger laughter in other societies. Psychologists' observations in the United States of laughter and positive emotion during interviews about bereavement (*e.g.* Keltner and Bonanno 1997) suggest that more study of cultural variations would be fruitful.¹³ More broadly, the presented findings suggest that occasions for extended conversations with peers or intergenerational friends and acquaintances about life changes afford at

least some elderly people the opportunity to talk about important personal issues in various keys, including the humorous. It goes without saying that it is important for elderly people to have such opportunities, and that family members and friends should not be quick to shy away from conversations about painful topics. Just as teenagers may disclose in their conversations topics of interest and importance, such as the drama of a rapidly developing sexual relationship or the problems and frustrations of adolescence,¹⁴ older people may talk about the social and physical changes that they face, matters of great importance to them. Talking about such issues may not solve the problems, but having an opportunity to present various dimensions of painful life changes humorously and to engage in enjoyable social interaction at least gives older people the power to be in charge of their self-presentation as their circumstances change.

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NOTES

- 1 The elderly women were recruited from two day-care centres in Cardiff, UK, and the younger women responded to newspaper advertisements.
- 2 Coupland, Coupland and Giles (1991) also examined loneliness and other social troubles related to family and finances.
- 3 Incidentally, the negative effect of stereotypes, particularly stereotypical notions of the communicative needs of elderly people, has been identified in psychological studies as a factor that leads to the patronising speech used by younger carers when talking to elderly residents in nursing homes (*e.g.* 'Shall we get our pants on?') (*e.g.* Ryan *et al.* 1986; Ryan, Hummert and Boich 1995). Such studies claim that a decline in physical and mental conditions of older people can be precipitated by such patronising behaviour.
- 4 Coupland, Coupland and Giles (1991) provided insightful discussion of the relationship between PSDs and the face-threatening acts described by Brown and Levinson (1978, 1987). They pointed out, for example, that Brown and Levinson's analysis did not identify the layers of positive and negative face that are at play in instances of PSDs. The interlocutors have a possibility of bonding (therefore enhancing their positive face) on the occasions of PSDs, even while threatening negative face for both the disclosers and recipients.

- 5 Biological age is not necessarily an indication of the person's social age reflected in language (Eckert 1984), but I used 65 years as a cut-off for convenience in the data collection.
- 6 The codes of mourning vary depending on geographical areas and religious backgrounds, but the family members of the deceased customarily abstain from engaging in celebrations and other entertainments for one year (to a varying degree). For example, it is expected that New Year cards should not be exchanged (<http://www.jp-guide.net/manner/sa/soushiki2.html>). Akiko's comment in Excerpt 2 about watching television love stories being improper was probably influenced by the norm that a woman recently widowed should refrain from enjoying entertainments.
- 7 Ziv (1984), according to Ervin-Tripp and Lampert (1992), suggested the following four social functions of self-directed humour: (a) Equalising: redefining the social hierarchy by higher-status individuals in order to create solidarity among group members of differing social status; (b) Defending: protecting the self by identifying a weakness before anyone else does; (c) Sharing: sharing similarities between self and others; and (d) Coping: coping with weaknesses by making light of them. Ervin-Tripp and Lampert (1992) also found that the coping and sharing strategies particularly apply to women's use of humour.
- 8 The uses of the honorific verb form *kudasatte* [do (something) for me] in Lines N1 and N2 describing the doctor's action, the use of the honorific prefix *o* in *o-denwa* [HON – telephone] in Line N3, as well as the honorific verb *site-irassyar-anai* [not doing (it)] and the upper-middle class referential term *otoosama* [father] in the constructed dialogue of Naoko's daughter-in-law in Line N9, are common indicators of the 'old-fashioned upper-middle class' speech style in Japanese.
- 9 '###' indicates a segment that was indecipherable.
- 10 Some doctors and bloggers refer to the psychological benefits of such complaints (*see* <http://www.jsog.or.jp/womenissue/html/kouza20030412/discussion/page3.html> and http://blog.livedoor.jp/apriori_inc/archives/2008-04.html?p=2#20080408).
- 11 In other words, the frame of Akiko's narrative in Excerpt 1 is not that of a troubles-talk on the topic of her husband's behaviour but of a (funny) everyday-event frame that refers to her husband's customary misbehaviour, although an overarching theme of the narratives is bereavement.
- 12 The idea of 'ideology of wellness' is inspired by the 'ideology of able-bodiedness', as proposed by Siebers (2004). The 'ideology of able-bodiedness represses disability by representing the able-body as the baseline in the definition of the human' (2004: 13). For related issues, see also Guggenbühl-Craig (1980).
- 13 Since the focus of the Keltner and Bonanno study was to test whether 'laughter facilitates the adaptive response to stress by increasing the psychological distance from distress and by enhancing social relations' (1997: 687), neither the details of the narratives nor the speakers' interaction with the interviewers were discussed (the speakers were told that the interviewers would seldom speak except for clarification). Jokes associated with death have been reported in other cultures (*e.g.* Thorson 1985), but they are 'canned jokes' (*e.g.* Norrick 2003) rather than individually generated spontaneous PSDs.
- 14 For issues concerning middle age, see Nikander (2009).

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