

Is this funny? Shared conversational laughter in schizophrenia

Christine Howes, Mary Lavelle, Patrick G.T. Healey, Rosemarie McCabe

Schizophrenia patients have difficulty interacting with others and are one of the most socially excluded groups in society (Huxley & Thornicroft, 2003). Although some of patients' social exclusion may be due to stigma, patients' interactional difficulties further compound this problem, but the nature of patients' social deficits remains unclear. Evidence from social cognition studies suggests that patients with schizophrenia have difficulty perceiving and interpreting social cues from others such as those conveyed through verbal and nonverbal communication (Green, 2016). However, this evidence has been gathered from off-line tests, completed in isolation. Such tests are far removed from the social context they represent and it is unclear if patients' performance reflects their social cognitive skills during actual dialogues with others. Furthermore, we know little about the impact patients' social deficits may have on others' perception of the interaction, their ability to engage in social interaction and develop relationships with them.

In this context, laughter is a particularly interesting case as it is known to have many different forms and social functions, including as a marker of discomfort or awkwardness in social interaction (Haakana et al., 2002). In multiparty interaction, shared laughter may also indicate coalition between the laughing parties (Bryant, 2012), and be a signal of increased rapport.

This talk addresses the themes of forms and affects of laughter as a marker of discomfort or coalition in patients' interactions, through analysis of a corpus of patients' triadic interactions involving patients with schizophrenia and unfamiliar healthy controls, who are unaware of patients' diagnoses (Lavelle et al., 2012). Patient interactions did not differ from controls in terms of laughter production. However, a significant positive relationship between all forms of laughter (shared and individual) and interpersonal rapport was identified in control interactions. Although this relationship was not apparent in patients' interactions, shared laughter was associated with better rapport scores in patients' partners. Additionally, patients who were more symptomatic laughed less frequently, while their partners showed a trend for displaying more shared laughter, potentially indicating coalition formation, which excluded the patient.

References

- Bryant G. (2012) Shared laughter in conversation as a coalition signaling Paper presented at: XXI Biennial International Conference on Human Ethology 2012; Vienna, Austria.
- Green MF. (2016). Impact of cognitive and social cognitive impairment on functional outcomes in patients with schizophrenia. *The Journal of clinical psychiatry*. 77: 8-11.
- Haakana M. (2002). Laughter in medical interaction: From quantification to analysis, and back. *Journal of Sociolinguistics*. 6(2):207-235.
- Huxley P, and Thornicroft G. (2003). Social inclusion, social quality and mental illness. *British Journal of Psychiatry*. 182: 289-290.
- Lavelle M, Healey PGT, McCabe R. (2012). Is non-verbal communication disrupted in interactions involving patients with schizophrenia? *Schizophrenia Bulletin*. 39 (5):1150-1158.