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From coping to carrying on: A pragmatic laughter between life and death

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This paper explores the relational geographies of laughter, life and death within nursing care homes. Death is often seen as the ultimate Other: sitting in opposition to life, at the limits of what is knowable, and therefore as something that is impossible to fully engage with. In nursing care homes, however, death remains a relatively banal element of ordinary life, and like many other aspects of nursing care home life, is often accompanied by bursts of laughter. Where most scholars position the relation between laughter and death in terms of coping – laughter as a means of pushing away emotions during encounters with death – this paper offers an alternative and more affirmative account of laughter and death. Through drawing on seven months of ethnographic engagement with two nursing care homes in the UK, the paper argues that laughter occurs, not as a means of coping, but rather as a "carrying on": a taking of our emotions forward with us and folding them into our sense of self rather than pushing them away. Further to this, I argue that this mode of enfolding affectivities is suggestive of a wider form of pragmatic micropolitics in care homes, whereby carers often work towards an "as well as possible" rather than grand, idealistic political visions. In concluding, I therefore propose pragmatics as a new framework through which geographers might further engage with the politics of care.

KEYWORDS
care, death, laughter, non-representational theories, nursing care homes, pragmatics

1 | INTRODUCTION

This paper begins in the lounge of a nursing care home:

> The lounge was quiet, except for the sound of daytime TV coming from the corner just above me. All the other residents of the Care Home were in the dining room and the carers were either with them or upstairs. It was Thursday and for the third day in a row, I was charged with feeding Mrs B[1] her lunch. At that time, I was the only reason she could eat. I raised my hand to her mouth, letting her bite a jam sandwich weakly. She chewed, sucked, slurped. And then it happened. The same thing that had happened every day since I arrived . . . I recoiled my hand quickly as moist bread, jam and saliva propelled across my wrist and rolled along the floor. 'No more!' she said, with a force that I would have been surprised by if I hadn't heard it many times

before. I sat there, the useless and unwanted appendage of an ageing woman, contemplating the mostly full plate of jam sandwiches that sat on my lap. Then I looked at her, staring into space through eyes that hadn't seen for an eternity, and watched her slowly dying. 'No more', she said again, with a renewed frailty. I don't think she knew what she was saying. She had hardly eaten for weeks. I let out a little laugh. Stifling it I looked around. We were still alone and the laughter bubbled through again. It seemed as though we laughed together although she didn't make a sound. I don't know if I knew it before, but in that moment, it was overly apparent. She was going to die. I knew it, I think she did too. There was nothing I or anyone else could do. It was only a matter of time. I picked up another jam sandwich and lifted it to her mouth. She bit it weakly...

Everyday understandings of the relationship between laughter and death, such as this one, generally position laughter as an emotional release, through which negative feelings can be "pushed aside" and replaced by positive ones. Academic work also largely confirms this line of thinking, through engaging with nurses (Harris, 2013), social workers (Sullivan, 2000) and the terminally ill (De Moor, 2005) for example, to argue that laughter acts as a means of distancing or detaching oneself from the emotional or affective consequences of dealing with death. This way of thinking is one based on a conception of death as negative, abject or taboo and thus something *needing* to be pushed to the margins of "life" itself (Romanillos, 2015). Yet this mode of removing death is neither available to, nor enacted by all those who encounter death (Mbembe, 2001) and therefore at certain times and in certain spaces, people generate other ways of laughing with death – ones that enliven (Stevenson et al., 2016) and affirm death (Harrison, 2015; Romanillos, 2011), folding it into practised, material and affective modes of living.

Following Madge's (2016, 2017) call for more visceral and emotional accounts of death and dying, this paper looks to explore the ways in which experiences of laughter, life and death – such as the one described above – can be understood in more affirmative terms. Drawing on seven months of "non-representational" ethnographic engagements with two nursing care homes (Vannini, 2015), it argues that for care workers, in particular, the relationship between laughter, life and death often remains experientially separate from governance theories such as bio/necropolitics (Mbembe, 2003) and therefore needs to be apprehended in terms of more pragmatic politico-ethical projects, similar to those found in vitalist philosophies of life. I exemplify this argument through offering a new understanding of the relationship between laughter and death as a form of *carrying on* rather than *coping*. Although a subtle shift in language, this move is significant in reconceptualising laughter as a means of reshaping affective relations and rendering them productive rather than simply as pushing other emotions away. This move towards pragmatics is in turn crucial for thinking about laughter, life and death within the spaces of care, where the politico-ethical impetus is often realistic rather than idealistic: paraphrasing Tronto (1993, p. 103), "simply" about the maintenance, continuation and repair of (life)worlds so that they can be lived in *as well as possible*.

The paper thus responds to recent debates around the geographies of laughter and death and dying, questioning the way key concepts are deployed and offering three key ways through which these research agendas might be advanced. First, I suggest laughter as an exemplary means through which we can empirically engage with the paradoxical nature of death and dying (Romanillos, 2015). Second, an alternative reading of the function of laughter around death: as carrying on rather than coping. Third, I propose pragmatics as a key framework through which to think about caring for life and/or death – albeit drawing on a form of pragmatics implicit within the vitalist philosophies of Bergson and those who follow him, rather than American pragmatists such as Dewey or James. Together this highlights a politico-ethic of "as well as possible" (Tronto, 1993) within caring for life and death through which different people's practices, affections and ethical positions can be better understood and assessed.

I begin by outlining some of the ways that human geographers have discussed the concepts of life and death, before turning to laughter in a similar vein. The emphasis is on the different political modes through which these three phenomena have been engaged and on promoting more ordinary experiential accounts of them. The bulk of the paper develops this approach through examples of laughter in nursing care homes, thinking about the various ways in which laughter, life and death fold together. Specifically, I outline the move from thinking about coping to carrying on as exemplary of an underlying pragmatic politico-ethic. I conclude by proposing these more pragmatic accounts of laughter, life and death as forming a new direction through which we might frame the politico-ethical stances surrounding the ways in which many ordinary people care for theirs and others' lifeworlds.

2 | CONCEPTUALISING LIFE AND DEATH

The concept of "life" is arguably a focal point around which most of Human Geography has circulated, yet through "preceding" adjectives such as biological, social, political, public, private, and more specialised terms such as "bare life", life is

apprehended in multiple ways. Within discussions of life's politics, however, it sometimes feels as though there is a lack of plurality. As Anderson notes, for example, the concepts of "affect" and "biopower" have become "increasingly popular placeholders for a broad concern with life, albeit in ways that might initially appear to be quite different" (2012, p. 28). Biopower describes the ways in which life has become the "object-target" of political intervention – a taking control of "life" both at the individual bodily scale and at the scale of whole populations. Affect contrasts this somewhat, providing a "sense of push" to life, through which new ways of living continuously emerge. Despite this difference, Anderson brings these two together to argue that affect has also become the object-target of state-level political interventions.

That said, non-representational, new materialist and other vitalist theories have offered a different vision, where life can be seen as a more-than-human entity with a more pragmatic political impetus. Grosz (2004), for instance, traces the concept through the work of Darwin, Nietzsche and Bergson, arguing that "life" here is marked by an incessant vitality that "propels" bodies through time and space. Indeed, as Bennet notes, Bergson's use of "life" in particular, "names a certain propensity for "the utmost possible" activeness, a bias in favour of mobile and morphing states" (2010, p. 76) and thus relies on a distinction between fixity in the present and a more dynamic reach for the future (Braidotti, 2011). In framing this as pragmatic, therefore, I am exploiting the fact that much of Bergson's work on vitalism, and of those that follow him, holds within it pragmatic force – the sense of doing what's necessary rather than following a specific ideology.[2]

Complementing this interest in life, a growing literature has also emerged which addresses the geographies of death and dying (for excellent overviews see Romanillos, 2015; Stevenson et al., 2016). These engagements with death have similarly traversed different modes and scales: mapping projects (Dorling & Gunnell, 2003); discussions of mortality rates and governance strategies (Tyner, 2015, 2016) including bio/necropolitical frameworks (Jassal, 2014; Mbembe, 2003); social/cultural geographies of different deathscapes and places (Brown & Colton, 2001; Maddrell & Sidaway, 2010); and philosophical discussions of finitude (Harrison, 2008, 2015; Romanillos, 2011, 2015). In part, this scholarship is about recognising that the ways in which relations with death are influenced by the cultural settings in which they occur, including factors such as faith- and generational-based differences (Maddrell, 2016). As Dunn et al. (2016) argue for instance, emotional, material and practised engagements with death differ between European, North American and urban Asian settings in comparison with more rural areas of the Global South and therefore require engagements with different styles and scales of political theory.

Closer to the specific themes of this paper, there have recently been calls for "enlivened" geographical accounts of death and dying (Stevenson et al., 2016). These kinds of accounts have largely focused on personal, embodied accounts of survival, grief and remembrance (Maddrell, 2013, 2016; Madge, 2016, 2017; Stevenson, 2016). Maddrell (2016), for instance, has looked to revitalise the ways in which we might "map" the geographies of mourning and remembrance in ways that account for emotional/affective spatialities alongside wider social relations that help to formulate senses of place. Similarly, through discussing "suicidal journeys", Stevenson (2016, p. 191) argues that death and dying are "vibrant and vital" and that we need a more relational understanding of death in terms of the ways it is folded into the practices of life. Elsewhere Tyner (2016) suggests a need for political engagements with death "on the ground", particularly in terms of survivability, with Clare Madge (2016, 2017) advancing this through arguing for a more compassionate and caring politico-ethic that places the visceral and emotional aspects of encountering death, dying and surviving at its core.

Much of this recent work is informed by a theoretical turn away from the "broken bonds" model based on "putting aside" or "moving on" and towards the "continuing bonds" model "which recognises the importance of people's continuing attachment to their dead loved ones" (Young & Light, 2013, p. 136). Continuing bonds are perhaps most explicit in Maddrell's (2013) work on absence and presence. She challenges the notion of death as absence, instead developing the idea of "absence-presence" as a means of exploring the dynamic relationality and experiential tensions between physical absence and emotional presence. Specifically, Maddrell argues that material forms, embodied practices and emotional performances form a "conduit" between the bodies of the living and deceased and through which the deceased can continue to act within the present. As such, memorials are places that "need to be recognised as moored in the embodied past life, present memorial and ongoing emotional journey of the bereaved" (2013, p. 504) but crucially also can take on a "life of their own" through their capacities to engender actions and affections in other bodies – once again echoing vitalist pragmatic thinking.

The politics of life and death in Geography can thus be seen to emerge from a tension between two positions: a macro-politics in which life is "made productive through techniques of intervention" (Anderson, 2012, p. 28) and a more micro-political engagement in which life's politics emerge at an experiential and embodied level (Madge, 2016). As Stewart reminds us, these modes and scales of life are not completely separate, yet often "[t]he notion of a totalised system, of which everything is already a part, is not helpful (to say the least) in the effort to approach a weighted and reeling present" (2007, p. 1). It is within the spirit of this embodied, visceral and emotional micro-political engagement that I situate my own discussions in this paper, thinking about how life and death become entangled within care home spaces. In doing this,

I turn to laughter as one specific emotional/visceral response to death, arguing that it forms not only a means of "enlivening" death but also allows insights into a more pragmatic politico-ethical engagement with a distinct emotionality at its core (Madge, 2016).

3 | LAUGHTER

Laughter is acquiring increasing purchase within geographical thought, particularly in addressing different forms of (micro) political life (see Brigstocke, 2014; Dittmer, 2013; Emmerson, 2016, 2017; Macpherson, 2008; Nixon, 2017; Ridanpää, 2014; Sharpe & Hynes, 2016; Sharpe et al., 2014). Laughter, for instance, is often positioned as a disciplinary mechanism, both for individual bodies who may be laughed at for breaking social norms or conventions (Bergson, 1980; Douglas, 2015) and for whole populations, through engendering a sense of "banal nationalism", often couched within a politics of stereotype and racist humour (Billig, 2001; Dodds & Kirby, 2012; Ridanpää, 2007). Laughter can also challenge these disciplinary mechanisms: through disruption of power (Hughes, 2016), providing alternative narratives (Brigstocke, 2014) and creating "sensuous solidarities" (Routledge, 2012) – all of which can engender bodies with a capacity to exceed the control of structural powers. These conceptions of laughter also touch on its position as affective, that is to say, its capacities to prompt actions and affections within and between bodies through generating different rhythmic engagements with space (Emmerson, 2017; Sharpe et al., 2014) and the sense of (often atmospheric) push through which "liveliness" can emerge within and between different (collective) bodies (Bissell et al., 2012; Brigstocke, 2014; Dittmer, 2013).

In a similar manner to "biopower" and "affect" (Anderson, 2012), laughter itself can, however, also be a "placeholder" for life. "As Vladimir Propp tells us laughter is par excellence the sign of life" (Parvulescu, 2005, p. 495). Although emerging from multiple philosophical orientations, this claim is perhaps most overt again within Bergson's work (Brigstocke, 2014) in which he positions laughter as a "vital impulse" through which a sense of life (or liveliness) can be (re)introduced into bodies that have been rendered static or mechanic (see also Goldberg, 1999; Parvulescu, 2010). It is, however, worth remaining critical of Bergson's accounts, which often hide the effects of (bodily) difference, despite "well documented effects of culture, gender, race and ability on the ways in which bodies laugh and are affected by humour/laughter" (Emmerson, 2017, p. 2086).

Laughter has also been brought into geographic dialogue with death: recognising the different ways in which each are perceived and embodied across different socio-cultural settings (Mbembe, 2001; Parvulescu, 2005). Galvany, for instance, notes the ways in which laughter for the Chinese Zhuangzi can serve to "neutralize the usual political exploitation of the emotions by means of methodically channelling them" (2009, p. 58), thus enabling forms of friendship to endure beyond death. In Europe and the USA, the relationship between laughter and death is most often understood in terms of coping, highlighted by frequent reference to "gallows" or "black" humour in spaces where people are emotionally exposed to pain, death and grief (Dean & Major, 2008). Laughter in these instances is seen as "a survival tactic, a defence mechanism, a way of lessening the horror, and a method to attain a certain amount of control" and therefore to remove the individual from the "pain" of death and dying (De Moor, 2005, p. 739). In these conceptions, laughter is depicted as a means to "move beyond" or "put aside" death and so risks returning to the "broken bonds" model described above.

In this sense, we might see "coping laughter" as an affirmation of life, although an affirmation that runs the risk of what Harrison derides as "forgetting dying, or of forgetting finitude, and forgetting the give and take of living" (2015, p. 286). Romanillos (2011) attempts to mitigate this "forgetting of finitude" through turning to Heidegger, Foucault and Bataille, arguing that all three reveal the ways in which finitude does not mark absence but instead is made indicatively present within "experiences" of life (cf. Maddrell, 2013). Bataille in particular folds laughter into his understandings of death and finitude, noting that it forms a non-positive affirmation – "a yes saying or rather yes-laughing negativity ... a moment of joy and laughter in the face of death" (Parvulescu, 2010, p. 80).

For Bataille (2001), encounters with death fall into the realms of "inner experience" – sitting at the margins of what is "liveable" and "can be felt". Inner experience, like affect, exceeds both representation and "conscious experience" (Lawtoo, 2011) and therefore again has an affinity with many of the vitalist theories already discussed. Laughter offers a means of *dramatising* this inner experience, "punctuat[ing] the 'experience' of death with a burst of laughter" (Parvulescu, 2010, p. 82) and generating other relationships with the past and future. It is an ontogenetic becoming of "life" itself (Dewsbury, 2012). The affirmation of Bataille's "laughter in the face of death" therefore marks a very different political project from that of laughter as a means of "coping" or forgetting death, instead providing a means of exploring the multiple possibilities that encounters with death afford and suggesting that different outcomes and futures might well be possible (Romanillos, 2011).

Within these various conceptualisations of laughter, we can again start to see two dominant political perspectives emerge that somewhat align with Anderson's (2012) discussions of life. On the one hand, laughter serves as a means of disciplining bodies and (re)placing them within a biopolitical system – either through shaming them into conformity (Billig, 2005) or providing a coping mechanism through which negative feelings can be pushed aside. On the other hand, there is the kind of excessive, transgressive laughter evoked by Bataille, which serves to disrupt both the representation and the functioning of biopolitical economies. Again, however, this dichotomy fails to recognise that these ethico-political stances are not open to all who laugh around death (Mbembe, 2001) and do not necessarily map onto the visceral and emotional experiences of laughter with death that Madge (2016) calls for.

Indeed, as the moment that opens this paper demonstrates, in spaces such as nursing care homes these encounters are often complex, messy and entangled with other politico-ethical commitments, orientations and sensibilities that suggest laughter as not sitting neatly within either position of the biopower/transgression dichotomy but rather as something more mobile, vital or pragmatic. The rest of the paper turns to the relationship between laughter and death in nursing care homes in order to exemplify these discussions.

4 | RESEARCHING IN NURSING CARE HOMES

My own understandings of the connections between laughter, life and death have emerged from an engagement with two specific yet similar places – both relatively large care homes ("Winterbourne Care Home" and "Summerview Care Home") for older people who are frail, suffer from cognitive diseases (mostly Alzheimer's, dementia and Parkinson's disease), are undergoing palliative care or, in some cases, multiples of these at the same time. The fieldwork itself occurred as an ethnography, conducted over two periods of three to four months during which I worked voluntarily within the homes, observed, talked to people and kept a research diary. The fieldwork forms part of a wider research project which looks to understand the (more-than-representational) geographies of laughter within nursing care homes, focusing particularly on care providers' engagements with laughter. This focus limits the kinds of research engagements that I had with residents, making it both ethically and empirically more difficult to write about their experiences and perspectives with much certainty. Therefore the data in the paper are oriented towards staff members' (and my own) actions and experiences rather than those of the residents.

Care homes for older people provide a particularly nuanced setting for exploring the concepts of life and death. They are spaces where increasing numbers of people are living towards the ends of their lives, with around 300,000 people aged over 65 living in care homes in the UK in 2014 (Smith, 2016). This however also means that care homes are spaces in which increasing numbers of people are spending the last weeks, days and hours of their lives – around 70% of deaths in the UK occur either in hospitals or in nursing homes (Lloyd, 2004). Care homes are thus quintessentially "deathscapes" (Maddrell & Sidaway, 2010) where a wide variety of people, including nurses, doctors, residents, families, caterers, cleaners, carers, caretakers and undertakers, perform a multitude of practices that serve to govern both life and death.

Yet care homes are always "more-than" just bio-political spaces where life and death are governed. They are also "lively" places in which the same people live social, vital and affective lives. As Andrews et al. (2005, p. 114) note, people in care homes often "live life in the moment: aware of", and I would add here also enacting, "small time-space events", including events of laughter (see McCreadie & Wiggins, 2007). It is in attending to these small space-time events that ethnographic research, and particularly what Chris McMorran (2012) calls becoming a body at work, is most effective. He notes that it allows insights into the "unspoken aspects of work and work-places that are difficult to address in interviews, surveys and other methods that are removed from the workplace context and its practices" (McMorran, 2012, p. 493). Further to this, as Phillip Vannini argues, ethnographies can serve to "animate, rather than deaden, the qualities of the relation among people, objects, organic matter, animals, and their natural and built environments" providing a "mix of taken-for-granted realities, habit, and routine, as well as impulse, novelty, and vivaciousness" (2015, p. 320).

5 | LAUGHTER AND CARE HOME LIFE

The mixing of taken for granted realities with impulse and vivaciousness is a highly effective way to characterise daily life within the two care homes I worked in. In both cases care home life is highly structured, regulated and controlled. The residents are often woken, washed and taken to the toilet at specific times, which, due to needing mobility assistance, is often

beyond their control. They are also subject to a near constant gaze, both medical and social. Biology, cognition, eating and mood patterns are tested, noted, charted and compared with previous days. Movement around the home is watched; whereabouts are shared among staff; and, if needed, people are returned to their "correct" positions. In Winterbourne Care Home movement was further controlled by doors that needed a passcode to be provided to open them. This second gaze is often just as applicable to staff, who have arrival, leaving, break times and position in the home monitored (Summerview Care Home intensifies this process using a "biometric" system which scans workers' eyes at the start and end of each shift) and to visitors, who also have to log in and out. In this way, both care homes could be conceived as gloomy, Foucauldian spaces (cited in Philo, 2012; Thrift, 2007). Yet as many have conceded, analysing in this manner is often to miss what else is happening, to miss the moments that exceed control, to miss the "life" within these otherwise "dead geographies" (Anderson, 2012; Philo, 2012; Thrift & Dewsbury, 2000).

These moments that exceed control in care homes arguably revolve around two different kinds of event. The first form of vivaciousness event emerges through moments of laughter:

> The home seemed quiet this morning; people were working together but not really chatting. The nurse was courteously handing out medications to the residents, room by room, one by one. I did my usual: walking up the floors of the home and saying good morning to the residents who were awake; getting a series of muted responses; their eyes flicking to me and then back to the TV or just off into space. On the top floor, Mr F gave me a little more, so I sat with him for a moment talking about the weather and then cricket. It was cordial and pleasant. Suddenly there is a shriek as one of the carers squealed and ran past the door, the cleaner following her and squirting water from a bottle. Both laughed and playfully wrestled in the corridor. Mr F and I chuckled together as we watched them. The cleaner entered the room greeting us both cheerily; a bustle of movement, noise and laughter that brightened the mood. (Field diary, 1/8/2016, Summerview Care Home)

This simple example is just one of perhaps thousands that I have witnessed, where a moment of laughter cuts through, overflows or escapes the rhythms and routines of the care homes (see Emmerson, 2017). In many ways, these instances reflect Bergson's (1980) claims that laughter is an antidote to mechanised bodies. Yet rather than universalise laughter in this way, we might simply note here that the example shows some of laughter's potential to affect people, practices and spaces (Brigstocke, 2014) and in turn to re-shape individual and collective bodies into different forms of relationality (or indeed non-relationality – see Emmerson, 2017).

Although these moments differed significantly in content and form, this example is not uncommon in terms of the involvement of different bodies, with the staff members often forming the key initiators of laughter and residents usually taking the roles of spectator, suggesting that this instigation of liveliness through laughter is not equally weighted within care home life. It is worth noting however that there were times (albeit fewer) where residents themselves were much more "involved" in the laughter: through initiating it themselves (Emmerson, 2017) and in one notable example through two residents laughing directly *at* staff members without sharing that laughter with them at all.

The second kind of vivacious event centres around unexpected situations such as the breaking down of equipment; the sudden arrival of families or new residents; staff members being off sick, causing short staffing; or perhaps most commonly through the actions of the residents themselves, who often do or say unexpected things. In these cases, ordinary procedures become inappropriate for the provision of care in the moment and so staff members alter and improvise prescribed procedures and routines: improvised lifting techniques, alternative activities or reordering tasks for example. These examples thus relay an ethic of care that is driven by a pragmatic desire to "maintain, continue and repair our 'world' so that we can live in it *as well as possible*" (Tronto, 1993, p. 103, my emphasis), even if that as well as possible does not quite match the ideal.

These two kinds of event – laughter and pragmatic improvisation – are not necessarily mutually exclusive, but rather become entangled within care home life in various ways. Often laughter would emerge during moments in which carers were being forced to adapt. Although not always the case, I repeatedly noticed more laughter in both care homes on days when we were short staffed and postulated at one point that "perhaps this laughter becomes a way of re-centring the world – of facing two incongruous realities" (Field diary, 27/6/2016, Summerview Care Home). In this sense, if care is about generating a world that can be lived in as well as possible (Tronto, 1993), laughter can be seen as a means of both recognising the difference between the ideal scenario and the limits of possibility, and therefore as a way of enabling the continuation of life "as well as possible". Although this idea is visible throughout care home life, it is perhaps most pertinent through encounters with death specifically.

6 | LAUGHING WITH DEATH

Death is a relatively frequent occurrence in care home spaces and therefore becomes folded into the matters, practices and affects of ordinary life. Indeed, many of the observation strategies outlined previously are designed to manage/delay the event of death, but other practices also emerge around it: attending funerals, telephoning coroners, thank you cards from families, packing up belongings, deep cleaning rooms, moments of sadness, moments of quietness and moments of tears. Despite these emotional aspects of death, however, ordinary life in care homes cannot cease to continue.

> We don't hide from death here. We can't. It's sometimes really emotional and that shows. We don't hide that from the service users either, sometimes we are sad and we explain to them why, the same way we would if we were happy. But at the end of the day, I can't sit in here and talk my staff through each death either, wrap them up and make them feel better because in the end they will just have to go out there again and it will all be the same. You sometimes just have to have a laugh and get on with it. (Manager of Summerview Care Home, 2/6/2016)

Through her recognition of death as an unavoidable feature of care home life, the manager here is pointing towards a need for staff members to confront it head-on rather than try to hide from it, and that the emotions surrounding death do not necessarily need to be pushed away but can be maintained alongside the provision of care. In doing this, she seems to echo much of the literature on death and dying discussed above which has sought to recognise that "death is implacable in its presence and immanent to every human life" (Braidotti, 2011, p. 343), rather than something that is "beyond" life.

Interestingly her openness with the residents is in stark contrasts with Winterbourne Care Home, where there was an unofficial rule about not mentioning death in front of the residents, and whenever bodies were removed from the home, the curtains were drawn so the ambulance could not be seen. This attempt to hide death from the residents sits somewhat incongruously with many of their own actions, however. They would often provide recognition of their own mortality, often alongside a moment of laughter.

> 'I will be 105 in December,' said Mr W with a slight wheeze, 'I will get a second card from the Queen!' he pauses for a second, carefully adding, 'If I make it that far.' He laughed playfully. (Field diary, 12/10/2015, Winterbourne Care Home)

> I'm ready to die. I feel useless attached to all these machines and unable to get out of bed, I just want it to be over really … [chuckling] … I mean, if I was a dog they would just put me down, wouldn't they? (Field diary, 3/8/2016, Summerview Care Home)

Drawing on theories of humour here, we might read both events of laughter as moments of release through which the individual can let go of their fears of death and replace them with moments of joy and opening oneself up to the possibility of death (Parvulescu, 2010). There is a necessity to remain critical of these readings, however; particularly given the "assumptions that old people 'know how to die'", which can perpetuate ageist attitudes and social injustices (Lloyd, 2004, p. 237). It therefore becomes important to pay attention to the capacities of laughter itself in these instances, rather than *assuming* their workings based on humour or stereotypical ideas about the meanings of different people's laughter, such as evoking a "Dunkirk Spirit" (see Emmerson, 2017).[3] We might return instead to the idea above: that these moments of laughter do not *necessarily* push away emotions such as fear of death, but rework them so that life can be lived as well as possible – where this possibility is constrained within the particular emotional/affective, practical and ethical circumstance of each person in question.

The imminence of death is also made materially present in care homes through the presence of corpses which become "normalised" in a variety of ways. At the point of death, it is customary for care staff to wash and dress the body before it is removed. In some instances, new members of staff or those undertaking work experience were taken to see a corpse as an unofficial part of their training. Possibly because of this normalising effect, corpses too sometimes become the locus for moments of laughter.

> The four of us sat chatting over a cup of tea. The conversation eventually settling on a resident who had passed away a day or two before I had arrived. 'Mike played a trick on me that day,' said Karen, 'he asked

me to go and give Mr J his morning tea, I didn't know he had passed away so I went in and tried to wake him up. When I came out, Mike was just stood there laughing at me.'

'He's very naughty', said another of the carers.

Karen replied 'Yeah . . . but it's fine, I got him back. I rang the emergency alarm in the room later on and then hid in the next room and he came running.' (Field diary, 28/6/2016, Summerview Care Home)

We might well question the tastefulness of this enactment of laughter, yet it displays an interesting moment where the corpse becomes entangled within a playfully vital moment of life. Most people would probably conceive of it in terms of transgression (Foucault, 1998) – moving past what is traditionally seen as "acceptable" behaviour around the dead. Yet this moment might equally be understood in terms of non-positive affirmation: "making present" death within the life of the care home (Harrison, 2015) and thus of exploring the "limits" of living with and through death (Foucault, 1998).

My sense is that neither of these positions quite captures the banality of this particular encounter, in which the deceased body features within the laughter, rather than necessarily being its target. Indeed, this kind of practical joke is in many ways not that different from the other kinds of pranks played by care home staff, such as the water fight described above.[4] It again prompts questions about the agencies involved in the various forms of relationality/non-relationality between bodies (living and deceased) and thus about *whose* life is enlivened by it – although, in this instance, these questions are very difficult to answer with certainty. That said, the example is again suggestive of a capacity for care workers to adopt pragmatic (if crude) strategies for continuing with their work and lives in as ordinary a way as possible, and thus reflects the manager's sentiment about life needing to *carry on* in care homes regardless of death.

7 | FROM COPING TO CARRYING ON

As noted already, most literature on laughter and death focuses on coping through "gallows humour": a means of "making light" of situations that are potentially serious/life-threatening, or of death itself. As Watson (2011) notes, this kind of laughter is neither light-hearted per se nor necessarily cruel, but is instead often self-derogatory.

'Mr K's family wrote such a nice card to us,' said Laura, 'it made me well up reading it . . .' she sat up a little straighter 'just what I needed today, to feel more depressed in this place' and she let out a short laugh. 'Here you go Rach,' she said handing it over, 'I haven't seen you cry for a while.' She laughs again. (Field diary, 13/6/2016, Summerview Care Home)

Crawley argues that through moments of laughter, such as this one, "emotional experiences which are hard to express verbally are made collective, and communicative; cognitive and emotional dissonances are lifted, and reality is restored" (2004, p. 419). Although I agree with the thrust of this assessment, I remain critical of the idea of "restoring reality", which both suggests that there is an underlying reality that is somehow separate from "hard to express" emotional or affective experiences – an idea that feminist and non-representational geographies have resolutely disavowed (see notably Anderson & Smith, 2001; McCormack, 2003) – and that these experiences can be easily pushed aside. Indeed, as we have seen already, care homes are places in which emotional experiences are not easily pushed aside and so must be folded into the ongoing constitution of life.

Following the previous sections, we might again understand this laughter as bringing together two incongruous realities and thus enacting *different* futures in which life can be *lived as well as possible*. The laughter in the example above becomes exemplary of times where the emotional relations between bodies are affirmed and then re-worked, rather than removed. Through this laughter, they are therefore rendered productive, forming a means through which workers can continue living on *and* crucially continue to care. As such I would argue for a subtle move in language away from understanding laughter as "coping" towards understanding it in terms of "carrying on" – in turn shifting the emphasis away from "restoring reality" towards enacting a *different* reality (see Mol, 1999).

'Where is Mrs M?' I asked. 'She is in room 21', said Anna. In the background, Rhoda's mouth dropped open. 'Mrs M passed away on Friday', she said. Neither Anna nor I knew quite how to react; there was a moment

of tense silence as we were forced to contemplate the recent death. I felt uncomfortable. I looked at my hands where I was holding the tray of Weetabix that I had been sent to give to Mrs M. I looked up again and said with a cautious laughter in my voice 'I guess she won't want her breakfast then'. Rhoda's face creased and she bent slightly at the waist letting out a wheeze of a laugh. 'Probably not', she said chuckling, 'Why don't you give it to Mrs T instead.' I smiled, letting out a low chuckle and walked off towards Mrs T's room. (Field diary, 30/11/2015, Winterbourne Care Home)

Examples such as this one clearly invoke a sense of laughter as "carrying on" rather than as "coping" through showing the ways in which it enables people to continue acting without negating the emotionality/affectivity of an uncomfortable encounter with death. Indeed, thinking about "carrying on" provides a metaphor that suggests carers taking their emotions with them and folding them into their sense of self, which reconfigures the future towards something different. The laughter in these instances also foregrounds the ways in which these emotional encounters take place as modes of relationality and non-relationality between bodies (Ahmed, 2004): an affective circulation between the bodies of the two care staff, me, as well as the tray of food and perhaps most pressingly the *absence* of Mrs M's body from her room.

We can start to see the importance of movements not only between bodies that are present, but also those that are absent (Maddrell, 2013), as well as modes of relationality/non-relationality (Harrison, 2007) in the taking place of emotions around death. Following the death of a resident in a care home, for instance, their body and belongings are removed from their room; the room is made empty, inscribed with "absence". As Maddrell (2013) notes however, this absence does not mean that residents cease to be present within the social, vital, affective and political life of the home and instead they often enact an absence-presence – "haunting" the home at moments through often highly tangible memories such as "voices which seem to be engrained in my head" (Field diary, 10/10/2015, Winterbourne Care Home). Similarly, material objects serve as markers and reminders of the shifting forms of relationality/non-relationality. In one instance, it was an encounter with a big TV in an otherwise empty room that became the locus for this changing relation between me and the (now deceased) resident, which manifested as a highly visceral emotional/affective response: "I held back the tears, biting my lip as my throat tightened up with a sickly feeling. It still makes me feel sick now" (Field diary, 26/10/2015, Winterbourne Care Home).

Moments of absence-presence generated by death in care homes can emerge in many ways. This can be feelings and emotions such as sadness, loss, anger, sickness and tears; but it also can generate moments of joy which manifest through a shared laughter. Perhaps the most prevalent way that this laughter emerges is through the telling of stories about residents who have died, which serve to animate and dramatise the deceased person's life in much the same way as other forms of memorial might do (Maddrell, 2013). These stories and the laughter within and around them have the potential to enable the deceased person's life to continue, albeit in a different form, through their ability to invoke actions and affections in bodies (Grosz, 2004). As one of the care workers in Winterbourne Care Home told me:

> Yeah, it's sometimes hard thinking about residents who have died ... Though it's often the funny things they did that I remember. Like each resident has their good days and bad days, they are sometimes horrible to you and sometimes you laugh loads with them. It seems to be those funny moments you remember though ... and it helps you with new residents; it's part of your experience of working in care for a long time. (Field diary, 19/11/2015, Winterbourne Care Home)

This statement foregrounds the relationship between laughter, life and death as one that is spatiotemporally dynamic (Braidotti, 2011). Laughter (real or remembered) can be seen to transcend the boundary between life and death and forms a "conduit" through which the deceased can be made immanent to, and thus continue to act in, the present (Maddrell, 2013). The concept of "carrying on" can once again be utilised here, whereby through laughter the dead can be seen to carry on acting, and therefore carry on "living", potentially ad infinitum (Grosz, 2004). The temptation is perhaps to frame this example as a form of continuing rather than broken bonds here, in much the same way as Maddrell (2013). However, I would argue that the idea of continuing bonds perhaps does not quite capture what is actually happening within this statement.

Indeed, the care worker highlights a nostalgic (and pragmatic) form of remembrance in which some bonds get broken while others are maintained, continued and repaired: a "forgetting" of the horrible moments and remembering instead moments of laughter.[5] In other words, he is pointing here towards an active re-composition of relationality/non-relationality between himself and the residents, which in turn shapes his capacities to provide future care. Drawing inspiration from

Grosz's (2004) vitalist reading of Darwin and Bergson here, we might thus argue that relationships between living and dead do not occur through bonds that are *either* broken *or* continuous, but rather as a kind of evolution: a *re-composition* of these bonds to generate a relationship that is qualitatively different from that which existed before.

My claim about moving from understanding encounters with death in terms of coping towards carrying on thus hinges on two facets. First, it involves recognising that emotional encounters with death are constructed as a *composition* of various entities, absence-presences and forms of relationality occurring at differing intensities (Stewart, 2007). Second, it involves examining the ways in which these compositions are folded into the production, generation and emergence of ongoing life so that it can be lived *as well as possible* (Tronto, 1993). The "as well as possible" therefore not only frames laughter's dual role within this process both as a means through which these compositions can be reworked and as a means of exploring and negotiating the limits of possibility and the constraints of circumstance (McCormack, 2017), but also frames this movement within a wider and more pragmatic understanding of care.

8 | CONCLUSIONS

The idea of laughter as a form of coping is well established, epitomised by references to relief theory, gallows humour and emotional distancing. Although it may be appropriate for some situations, "coping" is neither the way that all cultures engage with death (Galvany, 2009) nor indeed a politico-ethical possibility for all (Mbembe, 2001) and so people also generate other ways of laughing around death. Indeed, for care workers, encounters with death are relatively banal and so become entangled with the practices, matters and affections of ordinary life and work. This sets up a specific mandate for encounters with death. To paraphrase the manager quoted above: there is no hiding from it or pushing it away, so you just have to get on with it in the best way possible.

Returning to the story that opens this paper, I wrote in my field diary of that moment that it was a "laugh out of hopelessness" but crucially followed up with "I was enjoying the hopelessness" (Field diary notes, 8/10/2015, Winterbourne Care Home). I have often reflected on that moment, particularly in trying to understand many of the other events that have been presented in this paper. I suspect my vocabulary failed me at that time. On reflection, I would argue that the laughter in that moment was not one of simple hopelessness, but rather something more affirmative – an event through which I could imagine, explore and think a different kind of relationship with both past and future. Significantly, laughing at this moment did not mean the encounter becomes devoid of all emotion (Bergson, 1980); it was a sad time (and still is) and therefore remains a moment of political and ethical attunement that is framed by complex emotional and affective encounters (Madge, 2016). Yet the laughter brings these various incongruous emotional, affective, imaginative, hopeful, hopeless, affirmative and negating modes together to animate or dramatise "the intricacies, intimacies and hesitancies involved in facing finitude" (Madge, 2017, p. 2) in some way. Neither does laughter mark a forgetting of finitude (Harrison, 2015). The imminence of death remains – I know that Mrs B is going to die (and my suspicion is that she does too) – yet the laughter allows the emotional meanings of this death to be reworked and rendered less painful, enabling these emotions to be more productively folded into my ongoing life.

This is clearly only my own, situated, account of the event. There is much we cannot know from it – particularly about Mrs B's, or other residents' experiences, thoughts and feelings of their own encounters with death and the laughter that surrounds it. There is clear need to extend geographical engagements to this constituency also, particularly when thinking about care as a dyadic relational process and moving towards improving the services that care homes provide. Nevertheless, engagements with care workers' laughter provide key insights and advancements into both the geographies of laughter, and of death and dying in three interconnected ways.

The first contribution of the paper is to position laughter as an exemplary means through which geographers can empirically engage with the paradoxical nature of death (Romanillos, 2015) by demonstrating laughter as operating across apparently incongruous conceptual schema. Laughter thus proves a useful methodological prompt through which geographers can engage with the visceral, embodied and emotional aspects of livingdying (Madge, 2016), although it's important to remain aware of falling into pre-existing assumptions of laughter's functions, rather than engaging with its (multiple) emergent meanings in each present moment (Emmerson, 2017).

The second key contribution is a reframing of the function of care workers' laughter around death as one of "carrying on" rather than "coping". This laughter can be seen to both *affirm* emotional experiences of death and *re-compose* their meanings rather than simply negating them or pushing them away (see Harrison, 2015). This reframing and the examples used to explain it also advance existing approaches to thinking about death through forcing a blurring of the boundaries between broken/continuing bonds, relationality/non-relationality and affirmation/negation. Instead of staying within one or

other of these positions, the capacity to carry on relies on emergent and shifting mixtures of broken bonds, continuing bonds, relationality, non-relationality, affirmation and negation, which together shift the kinds of relationships that people have with the future, enabling them to carry on living and working as well as they possibly can.

The third key contribution emerges from attention to this ethos of living *as well as possible* or in the *best way possible* and sets up the wider context for this reframing: the role of (vitalist) pragmatics within care home workers' actions, politics and ethics. Indeed, often the capacities for care workers to act are bounded within the limits of possibility which more often than not fall short of an ideal situation. Here laughter plays another, connected role in dramatising the incongruities between idealised and actually lived circumstances and space-times (Bataille, 2001). Although discussed most explicitly through encounters with death, the section on laughter and care home life serves as a reminder that this function of laughter can also emerge throughout care home life more generally. This recognition is important in paying heed to an implied pragmatics within Tronto's (1993, p. 103) reference to living "as well as possible" or within the realistic bounds of possibility, which sets up a politico-ethic of care as limited in some way by the nature of the spatiotemporal circumstances in which it is enacted.

In moving forwards, therefore, I propose that closer attention to the role of pragmatic vital impulses (such as laughter) can facilitate more generous geographic understandings of the micro-politics of caring for life and death, both within and beyond nursing care homes. Although biopolitical structures clearly have significant influence over how life and death are politically mapped out, these frameworks do not necessarily match the experiences of those *navigating* these spaces on the ground, where life and death are often negotiated through an ethic of "doing the best one can" to ensure life can carry on being lived in the best way possible in each situation – even if that ultimately perpetuates the system itself. Indeed, through drawing on non-representational approaches, as I have done here, we can recognise the plurality of ways in which these minor politico-ethical events emerge and come to matter in these spaces. I would push for geographers to both recognise and engage with this pragmatic force in order to expand the terrain through which we come to understand and assess the multiplicity of ways in which ordinary people care for life and death in complex, messy and imperfect worlds.

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ENDNOTES

[1] All names, including the names of the care homes, are pseudonyms. Following a convention used in writing case studies around elderly care, service users are referred to as "Mr" or "Mrs" followed by a single letter.

[2] There is a similarity here with American pragmatism, although my vitalist pragmatics is perhaps more akin to a Neo-Darwinian "survival of the fittest" – albeit one framed through the specific re-appropriation of Darwin undertaken by Elizabeth Grosz (2004).

[3] Indeed, this is particularly important in this instance given the already noted limitations around representing residents' thoughts and feelings.

[4] Within institutional settings there can be a fine line between pranks and abuse, as recent UK press coverage attests. It however remains important to recognise that although this episode is clearly in "bad taste", I am confident that there was no harm posed to either the resident in question or their families within this incident.

[5] Given that he consciously knows about these horrible moments, they are not forgotten in their entirety – perhaps suggesting a more complex mode of "memory" occurring across multiple levels of consciousness and habit (Dewsbury, 2011).

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