Sadness and Agony

It is a parent's worse nightmare. Your son suddenly disappears, with no apparent explanation. Months later you hear that the police have uncovered a homosexual mass murder ring that abducted, tortured, and killed young boys. Then you learn that your son's body has been uncovered and identified at the mass burial site.

The police were led there by seventeen-year-old Elmer Wayne Henley. The police had arrested Henley for shooting his friend Dean Corll, thirty-three, after an all-night paint-sniffing party. Henley claimed to be part of a mass murder ring procuring young boys for Dean Corll. When Corll said Henley was to be his next victim, Henley shot him. In custody for Corll's death, Henley told the police about the murder of the boys as "a service to them [the parents] of sorts." He felt the parents should know what had happened to their sons. In all, the bodies of twenty-seven young boys were recovered.

Bettye Shirley is the mother of one of the dead boys. Her grief is stunning, her suffering so intense that looking at her expression can be overwhelming. One can almost hear the sobs that are bursting forth from her deeply unhappy face. The messages conveyed by the face and voice repeat each other when no attempt is made to regulate expression.

The death of one's child is a universal cause for sadness and agony.* There may not be any other event that can call forth such intense, recurrent, and enduring unhappiness. In 1967, when I was conducting my research in Papua New Guinea, I asked the Fore to show me what their faces would look like if they learned their child had died. The videotapes of their performances show the same facial expressions as Bettye Shirley, although less intense, as they were imagining rather than experiencing the loss.

Many types of loss can trigger sadness: rejection by a friend or lover; a loss of self-esteem from failure to achieve a goal at work; the loss of admiration or praise from a superior; the loss of health; the loss of some body part or function through accident or illness; and, for some, the loss of a treasured object. There are many words to describe sad feelings: distraught, disappointed, dejected, blue,

*An exception would be if the child has been suffering from an incurable illness, or, in some societies, if the child is a very young infant for whom the family cannot care.
depressed, discouraged, despairing, grieved, helpless, miserable, and sorrowful.

None of these words seems strong enough for the emotion shown by Bettye Shirley. Wally Friesen and I suggested that this emotion has two distinctive sides—sadness and agony.¹ In the moments of agony there is protest; in sadness there is more resignation and hopelessness. Agony attempts to deal actively with the source of the loss. Sadness is more passive. Often agony appears to have no purpose when there is nothing that can be done to recover what has been lost. We cannot tell from the facial expression in this photograph whether Bettye is feeling sadness or agony. It would be more apparent if we could see her expressions for a few seconds, hear what she said, and see her body movements. Indeed, it would be painful to hear Bettye’s cries of despair or pain. We can look away from a face, but we cannot escape the sound of an emotion. We teach our children to inhibit the unpleasant sounds associated with some emotions, especially the terrible cries of despair and agony.

Sadness is one of the longer-lasting emotions. After a period of protesting agony, there is usually a period of resigned sadness, in which the person feels totally helpless; and then, again, the protesting agony returns in an attempt to recover the loss, followed by sadness, then agony, again and again. When emotions are mild or even moderate, they may be as brief as a few seconds, or they can last a few minutes before another emotion (or no specific emotion) is felt. Bettye Shirley’s intense emotion would come in waves, again and again, rather than being sustained continuously at this high pitch. In such an intense loss there may always be a background sad or dysphoric mood until, over time, that mood begins to fade as the mourning process ends.

Even in such intense grief, there are moments when other emotions may be felt. A grieving person may have moments of anger at life; at God; at the person or thing that caused the loss; at the person who died for dying, especially if the deceased put himself or herself at risk in some way. Anger may be directed inward for not having done something, for not having expressed some important sentiment, for not having prevented the death. Even if rationally there was nothing that could have been done that would have prevented the loved one’s death, people who are mourning may feel guilty and angry with themselves for not having had the power to prevent it.

Bettye Shirley almost certainly would have felt anger toward the two men who killed her son, but the photograph catches her at a different moment, at the moment when she feels sadness and agony. We feel angry toward the person responsible for a loss, while we feel sadness and agony about the loss itself. Anger is all that may be felt if the loss is not permanent, as in death, but is due to rejection. Even then there may be sadness when the loss itself is felt. There are no hard-and-fast rules, for it is not unusual for the mourner who feels abandoned to have moments of anger toward the person who died.

There may be moments when the grieving person is afraid of how she will be able to live without the deceased, afraid also that she will never be able to recover. Such fear may alternate with feeling unable to resume life after such a loss. If the loss has not yet occurred, fear may be the predominant emotion rather than sadness or agony.

Even positive emotions may be felt briefly during an otherwise intensely sad experience. There may be moments of amusement when recalling some shared funny moment with the deceased. Often friends and relatives at a memorial service or when visiting the home of the mourning person will bring up such positive memories and there may even be some laughter. There may also be pleasure for a moment in greeting a close family member who has come to share the grief and provide comfort.

When I was working in the New Guinea highlands, I learned about another feature of grief. One day I left the village in which I was living and hiked into the regional center in Okapa, where there was an Australian hospital, so I could take a shower and recharge the batteries for my movie camera. A woman from a village some miles away had come to the hospital with a very sick baby, who unfortunately had died. The Australian doctor was about to take the woman, with her dead child, back to her village, and he invited me to come along. The woman sat in the Land Rover quietly, unexpressive, holding her baby in her arms during the long trip. When we arrived and she saw her relatives and friends, she began to weep, showing intense agony. The doctor thought she was insincere, turning on a ritual display of emotion to impress her fellow villagers. He
thought that if she had truly felt despair she would have shown it while traveling with us. The doctor failed to recognize that we may not truly experience agony unless we are in the presence of others who can and do share our loss. We know what has happened, but its meaning to us becomes enriched when we tell others about it or see their reactions to our loss. This was a very extreme example of that phenomenon, for this woman was living in a Stone Age culture, with no matches, no running water, no mirrors, and no clothes other than grass skirts. Her baby had died in a context that had no meaning for her. The Western hospital with all its facilities made the experience unreal, as though she had been on Mars and then returned to Earth. Another possibility was that she was holding in her grief in the presence of these two strange men—the doctor and me. She may also have been in shock, and it took time for her to get past that state for the grief to be displayed. If more time had passed, no matter where she was, her grief might have emerged.

There was a period when mental health professionals believed that mourners who did not show intense grief were engaging in denial and would, consequently, be vulnerable to serious psychiatric problems later. More recent research suggests that is not always the case, especially when the person who dies has had a slow decline, and there has been ample time to adjust to the oncoming death. In such cases the mourner experiences little agony, and just occasional sadness, when the death finally happens. If the attachment has been a difficult one, with many stormy periods or considerable dissatisfaction, then death may bring a release, with feelings of relief rather than despair.

When the death of a loved one is sudden or unexpected, with little time to prepare, it is not infrequent for mourners to believe the dead person is still alive. Dr. Ted Rynearson, who has studied how people react to the sudden death of a loved one, found that many such mourners converse with the deceased, believing in a sense that the dead person can hear and is responding to them. When the death occurs by accident, homicide, or suicide, it may take years for these conversations to end and for the mourner to accept completely that the loved one is dead.

An intense expression of grief like Bettye Shirley's may even appear when someone who was anticipating a devastating loss gets the good news that the loved one is all right. In that first moment of relief, all the agony that was being held in bursts forth. The grief anticipated, but contained, is now expressed. At that moment the person feels both grief and relief. Postponed emotions, suppressed for one reason or another, emerge when it is safe to feel them, even if the emotion is no longer relevant to the immediate situation.

There is another possible, but unresearched, explanation for why we sometimes see the signs of agony, complete with tears, when a person hears wonderful news. It is conceivable that the most intense joy overwhelms the emotion system, and that extraordinarily strong emotion of any kind produces moments of agony.

Anger can be a defense against agony, a substitute, and sometimes even the cure. When the rejected lover can become angry at being jilted, the despair subsides. In a moment of intense loneliness, the sadness will return and may again be driven away by anger. In some people anger is maintained in reserve, ready to appear at the least sign of loss, to prevent the experience of agony.

Some psychotherapists have held that prolonged sadness and agony in response to loss is the result of anger turned inward. If the suffering person could direct the anger outward, at the deceased, for leaving, at the rejecting lover, spouse, teacher, or boss, then the sadness and agony would be "cured." While this can occur, I doubt it is the usual reaction. It is not uncommon to have feelings of anger toward the person who is lost, but anger is by no means the only feeling, nor is it expression a necessary or certain cure for the sadness and agony that is felt.

These days it is common for people to take medications to alleviate intense sadness or agony, to attenuate the depth of mourning. I have no reservations about the use of medications for dealing with depression, an emotional disorder described later in this chapter. I am much less certain that it benefits a person not to feel sadness or agony about the normal losses we all experience in life if the person is not clinically depressed. Sadness and agony may help heal the loss,
and without those feelings the suffering from the loss could endure longer.

If sufficiently medicated, a person won’t seem to be suffering, and that can be a drawback. The sadness and agony in facial and vocal expressions call for help from others. That social support, the caring of friends and family members, is healing. A person who is medicated so as not to display sadness and agony might receive less of that healing attention. I don’t mean to suggest that the expressions of sadness and agony are in any sense deliberately made to cause others to help. These expressions are involuntary, not deliberate, but one of their evolutionary functions is to cause others who see the expressions to feel concern and want to offer comfort.

Another function of the sadness and agony expressions is to enrich one’s experience of what the loss has meant. We are keenly aware of what it feels like to cry, of the suffering we feel in our face after many expressions of agony and sadness. It is not that we would not know what the loss meant if there was no expression; we would know, but we wouldn’t feel it fully if medications soothe our despair. Still another function of sadness is to allow the person to rebuild his resources and conserve his energy. Of course, that won’t happen when the sadness is alternating with agony, which dissipates resources.

I want to caution the reader. There is no firm evidence, one way or the other, on medicating people to deal with the normal reactions of sadness and loss in mourning, or when suffering another type of loss. We don’t know yet what to advise, and I can only raise these issues for the reader to consider. Again, I emphasize that I have been discussing nonpathological reactions to loss, not clinical depression. Later in this chapter I will explain how clinical depression differs from sadness and agony.

It was the summer of 1995 in a Bosnian refuge camp in Tuzla. The Europeans and Americans had declared certain areas safe from Serbian attack, to be protected by NATO troops. But the Serbs disregarded the declaration, and the safe area of Srebrenica fell. The Serbs brutally murdered many of the men. The refugees traveling to Tuzla saw civilian corpses along the road; they passed blackened houses still smoldering after the Serbs had set them on fire, in some instances while people hid inside them. They also saw hanging from trees the bodies of men who had tried to escape. The people shown here are Bosnian Muslims, in Tuzla, another supposedly safe area. They have just read a list of those who survived, learning that many—most of their fathers, brothers, or husbands—had not.

It is hard not to want to comfort a child who shows such agony. That impulse to reach out and help is fundamental to any sense of community. It is motivated, in part at least, by the suffering we feel when we see another person suffer, especially when we see a child who is helpless and miserable. This is one of the functions or purposes of this expression: to call out for help, to impose one’s suffering on others so they will help. And it does feel good to comfort another person; comforting another, reducing his misery, gives the caregiver a positive feeling.
Those same feelings of wanting to help and comfort may have been aroused when you saw Bettye Shirley’s expression, but probably not as strongly. Most of us are less inhibited about comforting a strange child than an adult, even when suffering is intensely manifest. The sociologist Erving Goffman observed that there are few barriers to touching children we do not know: comforting them if they are in distress, touching them in a playful fashion when passing them. (He wrote in the 1960s before there was heightened concern about pederasty.)

I myself am perhaps too vulnerable to feeling the suffering of others. A television news account of suffering, even if it is about an event that was satisfactorily remedied, instantly brings tears to my eyes and feelings of suffering. Even rather crass television commercials that show someone in a state of loss start my tears flowing! I was not always that way. I believe it is the result of an extraordinarily painful experience following back surgery thirty years ago. Because of a medical mistake, I was not given any pain medication, and the suffering I experienced was so severe and unrelenting for five days that I would have taken my life if I had had the means. This terrible, traumatic suffering unhinged my own sadness/suffering emotion system. I am like a shell-shocked soldier who over responds to the least sound of something resembling gunfire. Very intense, dense (repeated again and again) emotional experiences can reset the thresholds for experiencing any emotion.

It is worth noting that not everyone wants to be helped when he is experiencing sadness or agony. Some people wish to withdraw, to be alone, not to be seen in such a state. Such people may be ashamed of being weak and helpless, ashamed of having been so dependent upon a person, so attached, that sadness and agony are experienced when that person is lost. Some people take pride in never showing an unpleasant emotion, instead showing a “stiff upper lip.” But the fact that someone does not want to show his feelings does not mean that he will succeed completely; it also does not mean that he isn’t feeling the emotions just because he’s suppressing (insofar as he can) his expression. As I explained in chapter 4, emotional expressions are involuntary; they begin to appear even when we don’t want them to. We can suppress them but not always completely. If we could completely eliminate emotional expressions—so there was no trace in face, voice, or body—then we would have to regard these expressions as being as unreliable as the words we speak.

(I purposely used the masculine pronoun in the previous paragraph because this is more common among males, although it is by no means unknown in females and certainly not evident in all males. Cultural traditions and upbringing within a culture, and perhaps also temperament, play a role in shaping one’s attitude about feeling or displaying sadness and agony.)

Each expression conveys a set of related messages. The messages for sadness and agony revolve around “I am suffering; comfort and help me.” Our reaction to seeing these expressions is not typically a detached, intellectual matter, even when they are manifest in such an abstract fashion as a still photograph on the page of a book. We are constructed to respond with emotion to emotion; we usually feel the message. That does not always mean we feel the emotion that is being signaled to us.

Not everyone feels the suffering of others; not everyone is drawn to help and comfort a miserable person. Some people become angry in response to another person’s misery. They may feel that an unwanted, improper demand is being made upon them for help: “Why can’t he take care of himself? Why is he being such a crybaby?” Silvan Tomkins believed that a fundamental difference among people was how they respond to the suffering of others. Do we feel that suffering ourselves and want to help them, or do we blame the person who is suffering for being in such a predicament and making a demand on us?

Sometimes a person or group of people—the Bosnian Muslims, the Jews, the American Indians, the African slaves, the Gypsies—may be regarded as not being really human, not like the rest of us. They may be called animals, to show how little they matter. Although the suffering of animals moves many people, it does not move everyone, and not everyone is moved by the suffering of those they regard as less than human. Their suffering may seem deserved, or at least not discomforting to witness. There are also people who enjoy the suffering of others. They torment, physically or psychologically, because it feels good to exert their power and to witness the
pain and suffering it produces. An expression such as the one this young boy is showing may only whet their appetite to induce more suffering in their victims. (Such people are discussed at the end of chapter 6.)

Tears are apparent streaking the Tuzla boy’s agonized face. Tears are acceptable in children and adult women in Western cultures, but until very recently tears of sadness or agony were considered a sign of weakness in adult men. Presidential candidate Edmund Muskie’s tears when he described his reactions to a newspaper’s attack on his wife were said to have cost him the 1972 primary elections. Today, matters seem to have changed. Bob Dole and Bill Clinton both showed tears in the 1996 election campaign and were not criticized for doing so. The mass media and many teachers emphasize the acceptability of emotions in general and sadness and anguish, in particular, in men. I doubt that this has permeated all segments of American society, but we have no benchmarks to compare what was usual thirty years ago with now.

Tears are not unique to sadness or grief. They can also occur during intense joy, and in bouts of laughter, although a recent review of the literature found more reports, in adults, of crying when people feel helpless. People report feeling better after crying, and although there are differences in what triggers a cry, which may be due to the management of expression, crying appears to be a universal emotional expression. There is a claim that crying is unique to humans; however, there are scattered reports of crying in anguishing situations in other primates.

As discussed earlier, not only do emotions have a role in moods, but most emotions are also central to a specific personality trait and a specific emotional disorder. Considering the duration of each phenomenon is the easiest way to distinguish among emotions (which can be as short as a few seconds or as long as many minutes; moods (which can last hours, or sometimes a day or two); and personality traits (which can color a major section of a person’s life, such as adolescence, young adulthood, and sometimes a person’s life).*

*What causes them and how they affect our lives are other ways in which emotions, moods, emotional traits, and emotional disorders differ, but those matters need not concern us now.

emotional disorders can be either episodic, lasting only weeks or months, or pervasive, enduring for years or decades, it is not how long they last but how they impair our ability to live our lives that distinguishes them from emotional personality traits. In a disorder, emotions are out of control, and they may interfere with our capacity to live with others, to work, to eat, and to sleep.

When we have a blue mood, we feel sadness for many hours; a melancholic personality is prone to feeling sad or having blue moods; and depression is the mental disorder in which sadness and agony are central. Of course, people commonly use these words interchangeably, saying, for example, that one felt depressed that a grade on an exam was not very high. But mental disorders have distinctive markers that place them beyond the range of normal emotional responses.

For one thing, they last a lot longer. That “depression” about the grade will dissipate quickly if some other emotional event comes along. True depression lasts for days, months, even sometimes for years. In an emotional disorder, particular emotions dominate life, monopolizing matters, so that few other emotions can be felt. The emotions are felt very intensely, again and again. Emotions are out of control; the person cannot regulate them or escape them. They interfere with the person’s ability to carry out the fundamental life tasks of eating, sleeping, cohabiting, and working. It is severe; one could say, metaphorically, that the emotions are flooded.

If sadness dominates the depression, we speak of a retarded depression; if agony is more prominent, it is an agitated depression. People who are depressed not only feel helpless to change their lives, they feel hopeless. They do not believe it will ever get better. In addition to sadness and agony, guilt and shame are strongly felt, for depressed people believe they are worthless, which is why they think they feel the way they do. Depression may be a reaction to some life event, an excessive reaction, or it may appear seemingly without reason or cause, when no event can be identified to have set it off.

Sadness and agony are not the only emotions felt; anger, directed inward or out, and fear are often manifest. If there are swings between depression and extreme elation and excitement, then it is
called a bipolar depression or, in the old terminology, manic depression. There seems little doubt that there is an important genetic contribution that makes one vulnerable to depression, and that medications are helpful in most cases. Psychotherapy with or without medications can be helpful, although there is still argument in the literature about whether psychotherapy alone can be as helpful as medications alone when the depression is severe.

We found no unique facial expressions in our study of people suffering from depression, nothing that one would not see in normal people experiencing sadness and agony. Any thirty-second observational period could show only that the person was miserable, not that he or she was in a clinical depression. It was the repetitive-ness and strength of the emotions, shown again and again over an hour, that made it obvious the face expressed depression, not simply sadness and agony over an important loss.

The amount of sadness was related to the patient’s diagnosis. There was less sadness shown by those suffering from what is called minor (less severe) depression and more sadness by those diagnosed with major depression. In addition to some sad expressions, manic patients showed much more smiling, but not the smiles of enjoyment. (The distinction between smiles of enjoyment and other kinds of smiling is explained in chapter 9.)

In a study of patients at my own hospital, we found that differences in the type of emotions shown at the time the patients were admitted to the hospital predicted how well they responded to subsequent treatment; that is, how much improvement would be shown three months later.

Recognizing Sadness in Ourselves

Now I want to shift attention to how we experience sadness internally. You may have begun to feel some sadness or agony when you looked at Bettie Shirley’s or the Tuzla boy’s face. If that happened, look again, and, if you start to feel the emotion, let the feeling grow so you can consider how your body responds. If you did not feel any sadness when you looked at the pictures, try looking again and permit those feelings to occur. If they do begin, let them grow as strongly as possible.

When you look at the pictures, you may have remembered a time when you yourself felt very sad over a loss, and that memory triggered feelings of sadness. For some people a sad event has been so important in their life that they are primed to reexperience easily and to remember that event, to be flooded by those sad feelings. Their sadness story is waiting for an opportunity to be reenacted again. Such people are highly susceptible to sadness; they need to feel it again because the sadness they felt is not completely over. Some experiences are so devastating—such as the death of a loved child—that the sadness may never completely fade away. A person who has endured such trauma may be very easily moved to tears, vulnerable to any hint of suffering in others.

If you still have not had any feeling of sadness, if the photograph did not provoke any empathic feelings, and if no memory spontaneously emerged, try this path: Was there ever a time in your life when someone died to whom you were very attached and for whom you felt sadness? If so, visualize that scene, and let the feelings begin to re-institute themselves. When this begins to happen, let the feelings grow, paying attention to how your face and body feel.

If you still have not felt any sadness, then try the following exercise:

- Imitate the facial movements of sadness, such as those Bettie Shirley is showing. (You may need to use a mirror to check on whether you are making the correct movements.)
  - Drop your mouth open.
  - Pull the corners of your lips down.
  - While you hold those lip corners down, try now to raise your cheeks, as if you are squinting. This pulls against the lip corners.
  - Maintain this tension between the raised cheeks and the lip corners pulling down.
  - Let your eyes look downward and your upper eyelids droop.

If you still have not begun to feel any sadness, then try imitating the eyebrows that Bettie Shirley is showing. This is a much harder movement for most people to make voluntarily.
Pull the inner corners of your eyebrows up in the middle only, not the entire brow.
- It may help if you also pull your brows together and up in the middle.
- Let your eyes look downward and your upper eyelids droop.

Our research shows that if you make these movements on your face, you will trigger changes in your physiology, both in your body and in your brain. If this happens to you, let the feelings grow as strongly as you can.

If you have been able to feel sadness or agony by looking at Bettye’s picture, by the memory exercise, or by following the instructions to make the facial movements, try doing it again. Concentrate on what those feelings feel like. Pay attention to what happens as those feelings first begin, how they register, what changes in your body and in your consciousness. Let the feelings grow and become as strong as you can allow. While that happens notice what you feel in your head, neck, or face, in your throat, in your back and shoulders, in your arms, in your stomach, and in your legs. These are the sensations you feel with sadness; they are very unpleasant feelings. They may verge on being painful if they are very strong and last for long.

Your eyelids may become heavier. Your cheeks may start to rise. The back of your throat may begin to feel sore. Your eyes might have moistened with the beginning of tears. These are normal reactions during sadness, and they are also normal when looking at the face of someone who is feeling intense sadness. Empathic reactions are common, and they are a means by which we establish bonds with others, even with total strangers. These feelings make you care about Bettye’s or the boy’s suffering, and they make you want to help them. Bettye Shirley is experiencing every parent’s worst tragedy; the boy is experiencing every child’s worst fear.

When looking at Bettye’s picture, or following the memory or facial muscle movement exercises, most people will experience sadness, not agony. If the feeling grows extremely strong or is held for long, it may convert into agony. By becoming more familiar with these feelings, by reflecting on what they feel like, you have a better chance of recognizing those feelings when they first begin, of realizing when you are beginning to experience a loss.

I have described the most common sensations experienced during sadness, the theme, if you like, but each individual has his or her own variations on how sadness, or any other emotion, feels. Most of us presume that everyone else feels an emotion the way we do, or that our way is the only correct way. People differ in how readily sadness can be called forth, how rapidly sadness switches to agony and back to sadness, and how long sad feelings usually endure. Knowing your own way and how it differs from those you care about may help you better understand the miscommunications and misunderstandings that might occur in your life involving this emotion.

Some people can enjoy the experience of sadness, although not sadness that is as intense as Bettye’s. Such people read novels known as tearjerkers; they go to movies they hear will bring on sadness; they watch such television programs. And there are some people who have an extreme aversion to sadness and agony, who go out of their way to avoid situations in which they might feel these emotions. They may avoid attachment or commitment, since caring about others leaves them vulnerable to loss and sadness.

Recognizing Sadness in Others

Now let’s shift our focus to how the emotion of sadness is registered in the faces we have seen. We begin by analyzing what this emotion looks like when it is extreme, and then turn to the more subtle signs of sadness and agony. Look again at Bettye’s expression. Her intense sadness or agony is displayed across her entire face. One very strong and reliable sign is the angling upward of the inner corners of her eyebrows. It is reliable because few people can make this movement voluntarily, so it could rarely be deliberately fabricated. (That is not so for some of the other facial movements described later.) Even when people are attempting not to show how they are feeling, these obliquely positioned eyebrows will often leak their sadness. Look at the space between her eyebrows. In most people a vertical wrinkle between the brows will appear, as it does here, when the eyebrows
are drawn up and together. In some people that wrinkle is permanently etched in the face, and if that is so it will deepen and darken when the inner corners of the eyebrows are pulled up and together.

To see how powerful the eyebrows are, cover the rest of her face below the eyebrows with your hand. She still looks anguish, even when you can see only her eyebrows. Her eyebrow movement has triangulated her upper eyelids. Sometimes this may be the only sign of sadness.

Her intense sadness is also clearly registered in her lower face. Her lips are stretched horizontally, her lower lip is pushed up, and, I expect, her lower lip was trembling. Her wide-open mouth adds to the intensity of this display. Another crucial registration of her agony is in the raised cheeks, which are another part of the full display of this intense feeling. The lip corners probably are being pulled down, but this action is too weak to see when the lips are so strongly stretched horizontally and the cheeks are pulled strongly upward. Look at the skin between the tip of her chin and her lower lip, what the anatomists call the chin boss. It is wrinkled and pushed upward by the action of the chin muscle, the muscle that, when it acts alone, produces a pout. Here the lower lip is not pushed up in a pout because it is being stretched so intensely.

Now take a look at the expression on the younger woman standing behind Bettye Shirley. We see only part of her face, but enough to notice that the inner corner of one eyebrow has been pulled upward and toward the center, and that the cheek has been raised. These two signs repeat what we see in Bettye Shirley’s face. The lips in the younger woman’s face are not open but might be pressed slightly together, perhaps in an attempt to keep from weeping aloud.

Now look again at the boy from Tuzla. His eyebrows are not angled upward. This is because when crying, the brows may sometimes be pulled down and together, especially during the peak of a crying bout. His raised cheeks and wrinkled chin were also apparent in Bettye’s face. The pulling up of the cheeks sometimes causes the lip corners to be slightly raised, as if there is a grin.

Use your hand to cover the boy’s upper face so you can just see from the bottom of his lower eyelids down. It is still obvious that the smile is not one of enjoyment, and that the lower part of the face is showing sadness. Some scientists have been confused by such smilelike appearances, asserting that smiles have nothing to do with enjoyment because they appear—as they do here—when someone clearly is in anguish. The key is realizing that the lip corners are being pulled upward by the strong action of the cheek muscle, not by the muscle that underlies smiling. Note that the boy’s chin boss is very much like Bettye’s. There is a remote possibility that this boy might be trying to mask his agony with a smile to show that he can cope with the grief (perhaps so he will not be a burden to his family).

In the Tuzla picture there are two other women showing despair or grief: The woman on the right shows the archetypal oblique eyebrows, the stretched mouth, slightly lowered lip corners, and raised cheeks. The woman behind the boy mirrors his expression.
The young boy pictured on page 99 was walking along a trail in the New Guinea highlands when he came across a stranger, me. To the best of my knowledge, he had not seen any other Caucasian; at least another scientist, or, even more likely, a missionary might have passed by. He and most of the other people in his culture were visually isolated, which is precisely why I was there studying them. He had never seen a photograph, a magazine, a film, or a video, and so he could not have learned his expressions from such sources.

I was an object of great interest to these people, for nearly everything I did was novel. Even doing such a simple thing as lighting my pipe with a match was a source of wonder, since they had no matches. I was surrounded each night when I would type my experiences into my diary. They thought my portable typewriter was a music machine, emitting but one tone every few seconds. I did not have to worry that he might be camera-shy, for he did not know what a camera was.

I have no idea what this boy was thinking or why he showed this sad expression, for I did not speak his language and the translator who was helping me was not there at this moment. In some people, the muscle that is contracted to raise the inner corners of the eyebrows does not cause the brows to move, but instead produces this characteristic wrinkle pattern. In his book *The Expression of the Emotions in Man and Animals*, Charles Darwin wrote of this pattern: It “may be called, for the sake of brevity, the grief muscle. . . . [It] produces a mark on the forehead which has been compared to a horseshoe.”

This same muscular action, albeit weaker, is responsible for the appearance of Bettye Shirley's forehead, but in the New Guinea boy only the skin and not the eyebrows moved upward in the center of the forehead. For some people this is always the way this involuntary expression shows on their faces, presumably because of an anatomical peculiarity. While some people may think the boy is perplexed rather than sad since his eyebrows are drawn together, the horseshoe pattern would not occur unless he was sad. For contrast, look at the fellow behind the boy, whose eyebrows are just drawn together, showing perplexity or concentration.

There is no hint of sadness in either the boy's mouth or checks.

This is an example of a partial expression. The signal is in just one part of the face, unlike the full expressions shown in the two earlier pictures. This could happen if he were trying to control the display of his emotion, for, as I mentioned earlier, the eyebrows are more difficult to manage than the lower face. Or perhaps the feeling is too weak to be shown yet across his entire face.

Now let us examine some of the components of the sadness expression and its more subtle signs. I am using photographs of my daughter Eve that I took four years ago. I didn't tell her to pose an emotion; instead I showed her on my face the specific muscle movement I wanted her to make. I took thousands of photographs in order to obtain the ones I needed to explain how subtle changes occur in expression. I have used only one person as the model (except for a few pictures of me that appear in other chapters), so you won't be distracted by the specific features of the person you
see, and so you will be able to focus on how the expressions change. I'll begin with the eyes—both the eyelids and the eyebrows. Picture B shows a neutral nonemotional pose so you can compare what her face looks like when she shows no emotion with the isolated, and sometimes very slight, changes I describe. Photo A shows the drooping of the upper eyelids, while photo C shows just the hint of the inner corners of the eyebrows raising. When even slight changes like this occur, they seem to change the entire face.

To help you see that it is only the upper eyelid on the left and the brow on the right that is providing the message, I created composite photographs, pasting just those features on the picture in the middle. Picture D shows the upper eyelids from picture A pasted onto the neutral B picture. Photo E shows the brows from C pasted onto the neutral B picture. This should convince you that even a very subtle change seems to affect the appearance of the entire face. Incidentally, E looks a bit less sad than C above it. That is because in C, there is a very slight hint of upper eyelid droop. It would not be apparent without comparing C to E, the picture where just the brows O E have been pasted onto the neutral face.

Photo C is a definite sign of sadness; it may be slight sadness, sadness being controlled, or sadness that is beginning to ebb. Not everyone will recognize it without practice, especially if it is brief. Photo A is more ambiguous. It could be a sign of slight or controlled sadness, but it may also just be a sign that the person is getting sleepy or bored, since the drooping eyelid is the only signal.

Notice, however, what happens when the drooping eyelid is combined with the raising of the eyebrows. Picture F shows a composite in which the eyebrows of C and the eyelids of A have been pasted onto the neutral face. The same combination of drooping eyelids and raised inner corners of the eyebrows is shown in G, but in this natural, not computer-created, picture the movement of the eyebrows is stronger. Now there is no doubt. This is very clear sadness, hard to miss or misinterpret unless it was very brief.

The next row of pictures shows other changes in the eyes. In picture H on the left, the eyebrows are strong but the gaze is straight ahead, with no upper eyelid droop. In picture I the eyebrows are strong; there is a slight droop of the upper eyelid and a slight tensing of the lower eyelid. Compare the lower eyelids in photo I with the neutral photo B. In picture J we see a typical feature in sadness, in which the gaze is directed down. You saw this as part of the sad display in Bettee Shirley's photograph. Of course, people do look downward when they read, or when they are tired, but when it is added to the sad eyebrows, the message is unambiguous.

The eyebrows are very important, highly reliable signs of sadness. They rarely are shown in this configuration unless sadness is felt, for few people can voluntarily make this movement. There are exceptions; both Woody Allen and Jim Carrey show this movement often. While most people emphasize speech by raising or lowering their eyebrows, these two actors often use the sad brow to emphasize a
word. It makes them seem empathetic, warm, and kind, but that may or may not be a true reflection of what they are feeling. For those who do use the raised inner corners of the eyebrows to accent their speech, it has little significance, but for nearly everyone else it is an important sadness signal.

Now let’s focus on what happens to the mouth in sadness. Photo K shows the lip corners pulled downward very slightly. This action is stronger in picture L, and even stronger in the picture M. This is another sign of very slight sadness, or it can happen when people try to limit how much sadness they reveal. Picture M is so strong that when it is shown alone, without sadness shown in the eyebrows or the eyes, it probably isn’t sadness. Instead it more likely is a movement some people make as a symbol of disbelief or negation.

The next photos show the expression that occurs when just the lower lip is pushed up. Photo N is a pout, which can occur alone when the person is just beginning to feel sad, as a precursor to a cry. It also may occur when the person is feeling sulky. In picture O, the movement is too strong to be a sign of sadness when it occurs alone, without the sad eyebrows, eyelids, or downward gaze. Instead, this is more likely to be a symbol of uncertainty, like a shrug with the hands. Photo P combines pushing up the lower lip, as in N and O, with lip pressing. It is often a sign of determination or concentration, and it is a frequent mannerism in some people, such as President Clinton. Some people also throw a bit of a smile into this configuration, and it becomes a grin-and-bear-it symbol.

The next pictures show blends of two emotions. Photo Q is the combination of sadness in the eyebrows with quite a full smile. Cover the mouth with your hand and you will see that she looks sad, and by covering the eyes and eyebrows she looks happy. This expression occurs with bittersweet experiences, such as the recollection of a happy moment, which is tinged with sadness because it is in the past, over, no longer in the person’s life. It can also occur when a person is using the smile to try to conceal or mask sadness. Picture R shows the combination of fear and sadness expressed by sadness in the eyebrows and fear in the wide-open eyes. Use your hand to cover first the eyebrows, and note the fear in the eyes; then cover the eyes, and you will see that the brows are clearly the sad ones we have seen before. Picture S could be a blend of sadness and surprise because the lips are parted and the eyes are open, though not as much as in the fear-sadness blend in the middle photo.
The last picture, T, shows the combination of all the sadness signs we have seen with one new one. The inner corners of the brows are raised, the upper eyelids are slightly drooped, and the lip corners are pulled down. The new feature is the raising of the cheeks that has produced the wrinkles running down from Eve’s nostrils outward beyond the corners of her lips. This is called the *nasolabial furrow*. The muscle that has raised her cheeks produces this furrow and pushes upward the skin below her eyes, narrowing her eyes.

Looking at these photographs repeatedly, and looking back at the news photographs earlier in this chapter, will help to sensitise you to how people are feeling without their telling you. You can increase your skill in recognizing the subtle signs of sadness (and the emotions shown in the other chapters) by checking the Web site emotionsrevealed.com.

Using the Information from Expressions

I want to consider next what you should do now that you will be better able to receive emotional information from people's faces and from your own automatic responses. It is obvious what you should do when sadness is very clearly shown on someone’s face, as it was in the boy from Tuzla, in Bettye Shirley, and in some of the pictures shown here of Eve (photos H, I, J, and T). There is no avoiding the sadness expressed; the person showing it is not trying to hide it. When expressions are that extreme, the person showing the expression can feel it on his or her face and would expect that others can see how he or she feels. The expression signals a need for comfort, whether it be an arm placed around the person’s shoulder, or simply an offer of comfort in words.

But what if it is only a subtle sign, such as what you saw in pictures A, C, or K? What are you to do with this information? Remember that emotional expressions never tell you their source—there are many reasons why, for example, someone might be sad. Don’t presume you know why the person is sad. When you see a subtle expression, it is not certain whether the person wants you to know how he or she is feeling, and you should not assume that you should acknowledge that you know how the person is feeling. It is a very different matter when you see a subtle sign as compared to the complete displays shown by Bettye Shirley or the boy from Tuzla; they know how they feel, they know their feelings are showing, and you have an obligation to respond.

If the expression is a subtle one, the first issue is whether the expression is a sign of sadness that might just be beginning, slight sadness, or anticipation of disappointment, or if it is a sign that strongly felt sadness is being controlled. Sometimes you can tell which it is by when it happens. If it occurs right at the start of a conversation, it is unlikely to be just the beginning of sadness, but anticipatory sadness, sadness imported from a memory or from a prior event. If it emerges during the conversation, it might be the beginning of sadness, or a sign of controlled, more intense sadness. That depends upon what you and the other person have been talking about.

Suppose one of these subtle sad expressions is shown when you deliver the news to someone you supervise about whether he or she will get a promotion. It might be anticipatory sadness; or if the news is not good, slight sadness; or if the news is quite bad, controlled, more severe sadness. Knowing how that person is feeling doesn’t mean that you necessarily will want to acknowledge it. It depends on what your relationship is to that person. But it is information you can benefit from in determining how you are going to respond to the person, now or later.

In some situations, with some people, simply acknowledging that you are sorry to have to disappoint them might be helpful. But that might humiliate or even anger some people, and it might be better to say nothing. Would the person think you had a choice, or would the person you are disappointing think you had been unfair? In either case, acknowledging their disappointment or saying you are
sorry might seem insincere, and even elicit anger. Alternatively, if there still is another opportunity for that person to be promoted, then acknowledging the disappointment in the context of offering to help them do better in the next round could strengthen your relationship.

Another matter to consider is just how important is the bad news you are conveying. If it really is a disaster for that person, then the subtle sign of sadness may result from an attempt to diminish signs of much more intense feelings. If that is so, any acknowledgment that you realize how he or she feels might bring on a more intense display of those sad feelings. Do you want that to happen? You are taking from the person’s expression information he or she chose to try to conceal from you. Should you bring it up or comment on it?

Suppose you are the person who receives the bad news, not the supervisor, and an expression of slight sadness appears on the supervisor’s face when she gives you the bad news about not getting the promotion. That probably means the supervisor is sympathetic to you, is sorry about having to give you bad news. Is she sugarcoating the bad news out of sympathy, or might she not agree completely with the decision; or might she be responding empathetically to the hint of sadness she sees on your face? The hint of sadness doesn’t tell you, but it does tell you that she is concerned, and that is worth noting. There is a possibility that it is a fake expression of concern, but most of the muscular movements in sadness are not easy to make deliberately.

If it were a friend, not a supervisor, who showed a subtle expression of sadness when telling you about the bad news he recently got, you might want to go further. You might want to verbally acknowledge your concern, empathize with how he seems to be feeling, and give him a chance to elaborate on his feelings. Again, you must keep in mind that this expression might be the result of an attempt to control and conceal more intense sadness. Do you have the right to invade your friend’s privacy? Has your past relationship been one of disclosure, in which your friend expects to receive reassurance and comfort from you? Might it be better just to offer a noncommittal “Is everything OK?” leaving it to your friend to decide whether he wants to reveal anything more about his feelings?

Suppose it is your twelve-year-old daughter who shows that expression when you ask her how her day went at school. As a parent you have the right, some would say the obligation, to pay attention and acknowledge the feelings of your child. Yet, as kids move into adolescence they increasingly want privacy, the choice as to when they reveal what to whom. Has yours been a close relationship, and can you spend the time, now, if your comment on what she is feeling brings on a flood of tears? I believe it is better to ask, to acknowledge, than to pretend nothing has happened, but that is my style and it may not be yours. There is a fine line between intrusiveness and lack of concern, and you can show concern but not push it. If it is an adolescent, it might be well to give her the chance to regulate what happens by simply saying, “Is everything OK?” or “Need help with anything?”

Sadness is often shown with good-byes, when two people who care about each other anticipate not seeing each other again for an extended period. Most often, in most relationships, acknowledging the regret at the separation is appropriate, but once again, not always. Some people have so little tolerance for sad feelings that it would be difficult for them to have those feelings frankly acknowledged. For others there might be a complete loss of control if the sadness were to be commented on. If you were in a relationship where a separation matters, you would know the person well enough to know how to respond.

These examples are meant to show that having information about how someone feels doesn’t itself tell you what to do about it. It doesn’t confer the right or obligation to tell that person you know how he or she feels. There are alternatives, depending on who that person is and what your relationship to that person is, the circumstances at the moment, and what you yourself are comfortable with. But spotting sadness when it is subtle does tell you that something important is happening or has happened, that it involves loss, and that this person needs comforting. The expression itself doesn’t tell you whether you are the right person to give that comforting, or if this is the right time to offer it.

Brace yourself before turning to the next chapter. It is about the most dangerous emotion—anger. Don’t start it until you are feeling relaxed and able to take on this emotion.