

The Use of Humor and Its Influences on Spirituality and Coping in Breast Cancer Survivors

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Purpose/Objectives: To describe patients' perspectives concerning the use of humor in their care and recovery.

Design: Descriptive.

Setting: Community-based.

Sample: Nine women with a diagnosis of breast cancer.

Methods: Open-ended interviews were conducted with participants to identify their use of humor, its influence on spirituality, and their perceptions of how nurses use humor in caring for them during their treatment for breast cancer.

Main Research Variable: The use of humor as a coping skill.

Findings: The narrative data revealed three major categories, each with five to six themes illuminating humor as a coping factor, the relationship between humor and nursing, and the relationship between humor and spirituality.

Conclusions: Participants identified humor as an important coping factor. They also believed it played a role in their spirituality and their perception of the meaning and purpose of life. Nurses' use of humor is important to foster deeper, more trusting relationships with patients.

Implications for Nursing: Humor must be recognized as an element of spiritual coping in patients with breast cancer. A need exists for further education for nurses concerning the importance of humor in the care of patients to promote recovery and improve the nurse-patient relationship. Research is needed to explore the use of cultural influences on humor, family perspectives of humor, and the influences of the overall environment.

Humor is a component of the human experience. It enables some patients with cancer to adapt to difficult or stressful experiences regarding their disease. So often, nurses hear patients say, "If I don't laugh, I'll cry." Most of us recognize that the ability to laugh in the face of adversity is an important strategy for survival and healing. Many patients with cancer feel that laughter helps them to cope with the diagnosis, treatment, and prognosis of disease (Canfield, Henson, Aubery, & Mitchell, 1996; Johnson, 1998; Smith, 1996). Medical research has shown that humor has positive effects on the immune system and stress levels and also may have a spiritual significance for patients with cancer (Berk et al., 1989; Fry, 1992; Irwin, Daniels, Bloom, Smith, & Weiner, 1987).

Humor not only is important for patients but also helps nurses cope and care for patients. Nursing and medical programs are incorporating humor into patient care and encouraging clinicians to laugh with their patients to help them re-

Key Points . . .

- ▶ Humor is a universal emotion used to adapt to difficult or stressful experiences.
- ▶ Breast cancer survivors use humor as an effective coping strategy when they begin to adjust to their diagnosis.
- ▶ Breast cancer survivors believe that humor is a part of their spirituality, and it helps them to find meaning and purpose in their lives.
- ▶ Breast cancer survivors find that the use of humor by their nurses helps to build a more trustworthy relationship.

lieve stress and spiritually uplift them. Some research describes how nurses can incorporate humor in their patient care through ideas such as a "laughter room" or a humor assessment (Bellert, 1989; Erdman, 1991; Simon, 1989). Some nursing research reflects nurses' desire to use humor and recognize the importance of humor as a coping mechanism; however, nurses often are cautious about approaching patients with humor because they fear they will appear inappropriate or unprofessional (Astedt-Kurie & Liukkonen, 1994). Tatano-Beck (1997) described five themes concerning humor and nursing.

- Humor plays a significant role in helping nurses deal effectively with difficult situations and difficult patients.
- Humor creates a sense of cohesiveness between nurses and patients and among nurses themselves.
- Humor can be used as an effective therapeutic technique between nurses and patients.
- Humor can be planned and part of the routine or can be unexpected and spontaneous.
- Sharing a humorous experience may create effects beyond the immediate moment for both nurses and patients.

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Humor also appears to have an effect on the spiritual aspect of healing. Many patients find laughing to be “spiritually uplifting” when they experience stress or pain related to their cancer. Carson (1989) said that humor is the core of one’s being that has an incredible capacity to heal body, mind, and spirit. She stated that humor is an element of spirituality and a coping method for spiritual growth and healing. She described how humor can be an element of spirituality, stating, “Humor is transcendent—it momentarily removes one from an isolated personal state to join in surprise at the ludicrous situations of human beings . . . perhaps strength and inner resources can be measured by one’s appreciation of the humor in life” (p. 198).

Johnson (1998) described four spiritual needs of patients with cancer: love, meaning, hope, and dignity. The need for dignity emphasizes the need to regain control of life roles that have been removed because of a diagnosis of a chronic illness like cancer. Humor can be used in this instance to help patients with cancer regain a sense of control and fulfill their spiritual need.

Conceptual Framework

The focus of nursing concerns all aspects of the human being: physical, emotional, interpersonal, and spiritual. By recognizing and incorporating all modes of human functioning, nurses can provide more comprehensive care and respond to of the patient’s needs. Watson’s theory of human caring (1985b) expanded the basic care given to patients with cancer to include the spiritual self. Watson (1985a) recognized the person as a part of the total world who has “the need to be loved and cared for and about; the need for positive regard; and the need to be accepted, understood, and valued” (p. 57). Watson outlined ten curative factors to serve as the foundation of her philosophy and science of caring. Application of these factors expands the holistic realm to include humor and spirituality as coping strategies.

Methods

This pilot study used a qualitative, descriptive, exploratory method. This method yields information based on conversations and observations (Parse, Coyne, & Smith, 1985). Descriptive and exploratory designs search for information useful to improve healthcare characteristics of a defined group, particularly when little is known (LoBiondo-Wood & Smith, 1998).

Sample

Participants were recruited from breast cancer support groups in the southeast Texas area. Nine female breast cancer survivors volunteered. All were one year or more post-treatment from a first-time diagnosis. One woman was undergoing treatment for a recurrence.

Data Collection

The study used a semistructured interview-guided methodology. The interview guide was written by the investigator and derived from the research questions. It was used to gather information regarding the participants’ use of humor as a coping method; if nursing humor interventions occurred while receiving therapy and if so, their effectiveness; and how humor played a part in their spirituality (see Figure 1). The interview guide included prompts and field notes to support the semistructured

interview approach. The setting was in participants’ homes or a neutral place of their choice, and confidentiality was observed in all settings. The interviews lasted 30–90 minutes.

Data Analysis

Data were analyzed by descriptive analysis (Parse et al., 1985). The investigator audiotaped the interviews and transcribed them with the field notes. She reviewed the audiotapes and compared them with the transcription. The investigator then read the transcriptions four to six additional times to ensure that she fully understood the meaning of the comments made. She analyzed the responses for the type of information obtained and its relevance to the study questions. The investigator extracted themes from the data pertaining to the use of humor in coping, the use of humor by nurses, and the use of humor in spirituality. An expert in qualitative analysis reviewed the data to verify the themes and remove any interviewer bias. Two breast cancer survivors, not participating in the study, also reviewed the themes to preserve the participants’ wording, as these women also had experienced breast cancer and understood the statements more accurately than the investigator could. Finally, the investigator grouped themes by the research question topics. This process of deriving themes enabled the investigator to identify the use of humor by breast cancer survivors and determine how it affected their coping strategies and spirituality.

Findings

Nine women from local breast cancer support groups volunteered to participate. The sample consisted of eight Caucasians and one African American (see Table 1). Themes were grouped into three categories derived from the research questions: humor and coping, humor and nurses, and humor and spirituality. Three to six themes were found per category.

Humor and Coping

Many participants noted experiencing the desire to **laugh or cry**. By doing so, they found that through laughter they

Preamble: After a diagnosis of breast cancer, many people’s perspectives and feelings change as you are aware of. People often use methods of coping that they never had used in the past. Knowing this, I would like to talk to you about your use of humor and how it influenced your ability to cope with your diagnosis, treatment, and life after cancer and if it had any effects on your spirituality.

1. How would you describe the way humor was used as a coping method since your diagnosis of cancer?
 - **Prompt:** How did humor influence your responses to your illness? How did you feel about using humor to cope with your diagnosis?
2. How did nurses use humor when they were taking care of you?
 - **Prompt:** How did it influence your responses to your care? Tell me about how you felt about your nurses who laughed with you, if any.
3. How would you describe the way humor influences your spirituality?
 - **Prompt:** How has the use of humor helped you better understand yourself? How has the use of humor influenced your view of your meaning and purpose in life?

Figure 1. Interview Guide

were able to cope better and not take their situations so seriously. One woman said, “. . . you have to laugh at some of the things . . . just to get through them . . . because there is a lot of things that are funny.” Another woman stated, “. . . if you can laugh and take away from the seriousness of it, you really are a survivor at that point.” Finally, one woman felt that if patients did not laugh, they would get depressed.

Another theme identified was that **humor was evolutionary over time**. Some of the women noted they did not find anything to be funny in the beginning but later would find more and more to make them laugh and see humor in the events going on in their life. One woman stated that she did not feel very good in the beginning about using humor, but “. . . after a while, it got to where I could. Because stuff like that is so ridiculous, you just have to laugh at it because it is so depressing. Sometimes when things get so bad, you have to laugh at them; it is better.” Another woman noted, “. . . in the onset, I made little jokes to myself. But, in the beginning, if other people joked about it, I didn’t see it. Then later on, after the surgery, I found that I could accept jokes about things and reference to ‘no boobs.’”

Humor also was found to be **relaxing**. One woman stated, “It made me more relaxed, made my mind more open to what I was going to face, what some of the challenges were. Every

day has something funny going on; if you just stop and relax and quit focusing on the negative and focus on the positive things, everything lightens up.”

Not surprisingly, because all the women were recruited from support groups, all of them found importance in the **humor from support groups**. Many felt that being around other women who had the same experiences enabled them to be themselves, feel more comfortable, and see the humor in what they were going through. One woman said, “We have certainly used humor in our support group, and it has meant a lot to me. Even though it has been five years, I still go, not only to help myself but to help the other girls. We do use a lot of humor with that. We’ve laughed together and cried together; it has brought us so close.”

A sense of humor helped them to **not to give up**. All of the women had either spouses or children at the time of their diagnosis and felt a need to persevere and keep moving on through life because of them. One said, “I think it helped me get through my illness. I think that once you realize that life goes on, you go back to your normal life . . . and with recovery, there are certain things you are going to learn and humor is one of them.” Another woman said, “. . . with humor, you can fight back in a way that doesn’t hurt anybody else.”

Humor and Nurses

Five women commented that few nurses, if any, they came in contact with used humor in their caregiving. This might have been because of the short time these women spent in the hospital and in contact with nurses. Four did not remember whether their nurses used humor.

When nurses did use humor, the participants **believed it helped them feel better**. Many of these nurses were the ones who administered chemotherapy to the women on an outpatient basis. These nurses conveyed to the women that they were “glad to see them coming” or would “. . . put me in the right mood.” The nurses helped make the situation “more bearable.”

The participants felt that the nurses’ use of humor **helped to develop a deeper relationship with the patients**. They appeared more human, more sensitive, and more trustworthy. One woman noted, “It was like she was a real person, a part of the family.” Another said, “They told me a joke. They really talked naturally, and I thought it was good.” The nurses’ use of humor left a lasting impression on the women who experienced it.

Sensitivity and trustworthiness of the nurse was indicated by one woman who said, “I felt she knew what she was doing; she was sensitive with my feelings and knew what she was doing.” Another said, “They were the ones I felt the most genuine around. It was really a trust-building issue for me.” Four women felt that the nurses were actively involved in their conversations and sensed their feelings of apprehension and fears or that they really heard them.

One comment was made concerning female versus male nurses and sensitivity. One woman questioned whether male nurses can be truly sensitive to an issue that they would not, in all likelihood, have to deal with.

Humor and Spirituality

When discussing this issue with the participants, spirituality was defined individually by each participant. Some could not correlate humor to Christian beliefs, whereas others thought that humor and spirituality influenced each other. However, both issues were instrumental in the women’s coping.

Table 1. Population Demographics and Disease Characteristics of Breast Cancer Survivors

Variable	n
Marital status	
Married	7
Widowed	2
Children	
All nine women had children	–
Ethnicity	
Caucasian	8
African American	1
Education level	
High school diploma	1
Some college	1
College degree	5
Master’s degree	2
Religion	
Protestant	3
Catholic	2
Baptist	2
Episcopalian	2
Menopausal status (at diagnosis)	
Premenopausal	4
Postmenopausal	5
Treatment	
Surgery alone	3
Chemotherapy and surgery	3
Surgery and radiation	1
Chemotherapy, surgery, and radiation	2
Other medical problems	
Hypertension	–
Lymphedema	–
Asthma	–
Secondary cancer	–
Hyperthyroidism	–
Pacemaker placement	–
Age (years)	
\bar{x} = 58	–
Range = 41–48	–

In looking for meaning in their lives through spirituality and humor, some women felt that **humor helped them to laugh at themselves and life**. Many participants felt it helped them take life less seriously, and they changed their outlook on life since the diagnosis of cancer. One woman said, "Things in life that were not that important, that I thought were, now I can turn around and laugh at things I could not before."

For some, it appeared that **God has a sense of humor**. One said ". . . God is funny when you are dealing with certain things in your life. But, I do believe that God has a sense of humor. It is like my sense of humor is deeper."

The women also mentioned a sense of trying to **understand yourself better**. One woman said, "It makes you feel better and respond better to treatment. I think everything goes better when you laugh." Another said, "It has made me feel that I need purpose in my life to keep going, to keep me alive, to keep me living. Each day is like a new day." Finally, another said, "It helped me find out that I didn't want to be negative, be gloomy. I wanted to be as happy as possible. I wanted to feel jolly, find as many humorous, happy-go-lucky things in my life."

A consensus occurred regarding how the use of **humor is a step to recovery**. Women reported that humor heals and gives hope to survive through the moment. One woman said, "I just feel anytime you can laugh, it can help, even your spirituality. It is better than crying or hurting and it keeps you from hurting as much." Two women commented that humor "lifted the load" that the cancer caused and helped them to cope.

Most of the women felt that their use of humor made them **want to help others**. Many of the women felt it necessary to help their families cope with the diagnosis, which helped the women cope as well. Many joked about their hair loss with their kids to put them at ease, or they wore different wigs or no wigs at all. The women had a strong sense of wanting to protect their families from the fear of cancer and dying, especially their children and grandchildren. One woman said, "I know they were worried about me dying, but if I could joke with them on things, it would make them think I was more confident about the things I had done."

Conclusions and Implications for Nursing

This study demonstrated how the use of humor is powerful in coping with a breast cancer diagnosis and its influences on spirituality. These women felt a strong need to laugh to survive low moments, find humor with others through support groups, and use humor to help them relax. The use of humor also evolved over time after the diagnosis. Many women did not see any humor at first but later found humor in situations where they would have not seen humor before. Finding humor through their support groups was very important. Most felt more at ease in telling their stories and humorous experiences to those who had the same issues.

Most interestingly, the study also revealed how women with breast cancer perceive humor used by their nurses. However, many of the women did not or could not remember them doing so. When nurses used humor, a stronger nurse-patient relationship developed, built on trust and sensitivity. Through these nurses, many of the women found their diagnosis easier to bear. No one had negative comments concerning nurses' use of humor; the women welcomed all efforts of humor.

Regarding spirituality, research could not determine whether the women's humor or their cancer diagnosis influenced their spirituality. They came to a consensus that their humor changed over time because of the diagnosis, in that they could look at life and themselves differently and not take things so seriously. The women also had a feeling that God had a sense of humor, which could be seen via what they were going through, such as losing their hair, receiving chemotherapy, and undergoing surgery. They found a great need to help others, either through their families or the support groups in which they participated. By helping others, they found a greater meaning and purpose in their own lives.

The results of this study add to the body of knowledge concerning the importance of the use of humor by breast cancer survivors. The use of a theoretical framework that supports humor and spirituality in coping, such as Watson's (1985a) theory of human caring, encourages nurses to look for ways other than traditional methods to help patients with cancer cope. Actively helping patients cope enables nurses to see the many ways that patients strive to overcome the emotional overload from the diagnosis of a life-threatening illness. Open communication between nurses and patients is necessary and enables nurses to become enlightened as to how patients cope with illness. The results indicate the importance of nursing education concerning patients' use of humor. This need for education is reinforced further by the reported lack of nursing participation in humor and laughter with patients with breast cancer under their care.

Additional education is needed for nurses to recognize spirituality as an integral part of coping by breast cancer survivors. As shown by Schmitt (1990) and as indicated through patient perspectives in this study, nurses may have a difficult time identifying humor and spirituality in the patients for whom they care. This may be influenced by the decreased time that nurses have to interact with patients in treatment for breast cancer, which is a result of the reduced frequency and length of hospitalizations and the increased use of the outpatient setting for treatment. Because of the limited time at the bedside, education should emphasize how nurses can make the best of this time through the use of humor. Education should begin in the undergraduate level of education and continue through the advanced practice level and continuing education.

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