Palliative and Supportive Care (2004), **2**, 139–148. Printed in the USA.

DOI: 10.1017/S1478951504040192

Humor and laughter in palliative care: An ethnographic investigation

RUTH ANNE KINSMAN DEAN, R.N., PH.D., AND DAVID M. GREGORY, R.N., PH.D.
Faculty of Nursing, University of Manitoba, Winnipeg, Manitoba, Canada

(RECEIVED January 30, 2004; ACCEPTED May 2, 2004)

ABSTRACT

Objective: Humor and laughter are present in most of human interaction. Interactions in health care settings are no exception. Palliative care practitioners know from experience that humor and laughter are common in palliative care despite the seriousness of the care context. Research establishing the significance of humor in care of the dying is limited.

Methods: Clinical ethnography conducted in a 30-bed inpatient palliative care unit served as the means of exploring the functions of humor in care of the dying. Clinical ethnography is intended for examination of the human experience of illness or of caregiving in an interpersonal context (Kleinman, 1992). The method emphasizes the subjective experience and the realm of communication and interaction for both patients and caregivers. Data were collected through participant observation, informal interviews with patients and families, and semistructured interviews with members of the health care team.

Results: Humor and laughter were widespread and important in the research setting. An overall attitude of good humor prevailed. Within that atmosphere, humor served myriad functions. Functions were identified in three overarching themes; building relationships, contending with circumstances, and expressing sensibility. Humor among patients, families, and staff most commonly served to build therapeutic relationships, relieve tension, and protect dignity and a sense of worth. Humor was particularly significant in maintaining collegial relationships, managing stressful situations, and maintaining a sense of perspective.

Significance of results: Findings established the significance of humor and laughter as humanizing dimensions of care of the dying and contributes to the volume of research supporting evidence-based practice.

KEYWORDS: Humor, Laughter, Palliative care, Relationships, Respect, Caring

INTRODUCTION

There has been great progress in palliative care in recent years. Clinical expertise has evolved through the learning of experience and an ever-growing body of research that has provided evidence for best practice. Humor and laughter are ubiquitous in palliative care, as in all human interaction. Research evidence supporting the significance of humor in care of the dying, however, is limited. This study was an ethnographic investigation of humor and laughter in an inpatient palliative care unit. In particular, the functions of humor were explored. These functions establish the use of humor as an important and valuable component of communication and compassionate care.

BACKGROUND

Humor "pervades all aspects of human behavior, thinking, and sociocultural reality (Apte, 1985, p. 7). An "anthropological constant" (Berger, 1997, p. xv),

Corresponding author: Dr. Ruth Dean, Faculty of Nursing, University of Manitoba, Winnipeg, MB, R3T 2N2, Canada. E-mail: Ruth_Dean@ UManitoba.ca

no culture has been found without it. Humor has been an object of intrigue for scholars throughout history. There is widespread agreement on its value in maintaining a sense of proportion and enhancing human relationships. Proponents advocating humor for its physiological benefits are increasingly popular despite a recent review which suggests that "attempts to promote the therapeutic use of humor for purposes of improving physical health are premature and unwarranted by the current research evidence" (Martin, 2001, p. 516).

Although the positive effects of humor on physical health may not yet be firmly established, there is a wealth of evidence about the significance of humor in health care relationships. Research ranges from general studies of the social functions of humor in various settings (Coser, 1959; Fox, 1959; Emerson, 1973; Rosenberg, 1991; Yoels & Clair, 1995), to caregiver attitudes about humor (Astedt-Kurki & Isola, 2001; Sumners, 1990; Beck, 1997), and to more focused studies of humor in specific settings such as psychiatry (Dunn, 1993; Gelkopf et al., 1993; Griffiths, 1998), critical care (Major, 1998; Thornton & White, 1999), and medical education (Smith & Kleinman, 1989; Burston-Tolphin, 1993).

Despite variability in settings and approaches, findings consistently identify the importance of humor as a means of enabling communication, fostering relationships, easing tension, and managing emotions. Although there is consistency in reporting humor's positive attributes, many studies suggest that humor appreciation is subjective and that the context in which humor occurs is critical. Research frequently indicates that there are times when humor may be misunderstood or inappropriate. Chief among such circumstances are those involving crisis, serious discussion, and heights of anxiety.

In health care settings such as palliative care where terminal illness is the norm, circumstances of crisis, serious discussion, and heightened anxiety are commonplace. Although several studies (Fox, 1959; Emerson, 1973; Langley-Evans & Payne, 1997) indicate that patients in diverse circumstances used humor to introduce their concerns about death, there has been a paucity of research that specifically examines humor in the context of death and dying.

METHODS

The purpose of the research was to examine the phenomena of humor and laughter in the context of palliative care, developing an extensive description of circumstances where humor and laughter occurred, determining functions served by humor and laughter, and identifying circumstances where humor and laughter were experienced or observed as inappropriate or offensive. The focus of this article is limited to the functions of humor and laughter in the setting.

The research method was clinical ethnography. Clinical ethnography relies heavily on fieldwork and observation in the cultural context of a health care setting, with the goal of examining the human experience of illness or of caregiving in an interpersonal context (Kleinman, 1992). Emphasis is placed on the subjective experience and communication and interaction for both patients and caregivers. Clinical ethnography was selected because of its emphasis on fieldwork and observation. Extended periods of observation were necessary to capture humor's individualistic, variable, and often elusive nature. Observational data were supported by informal interviews with patients and families, and semistructured interviews with members of the health care team. Ethical approval for the study was granted through the Ethical Review Board and the Institutional Access committee. Fieldwork involved over 200 h spent accompanying six nurses for all of their daily activities on a 30-bed inpatient palliative care unit. Informal interviews occurred in the context of interactions with staff, patients, and families over the course of the fieldwork. Detailed fieldnotes were developed with the help of cryptic pocket notes following each observational period. Interviews with representatives from nursing, medicine, social work, and physiotherapy (n = 15) were conducted outside of the research setting in the latter weeks of the study. Interviews were tape recorded and transcribed verbatim. Analysis of the data generated categories that were later collapsed into overarching themes that gave meaning to the findings.

RESEARCH FINDINGS

Humor and laughter were pervasive and persistent in the palliative care setting. Ranging in intensity from warm subtleties to uproarious hilarity, they varied in expression from gentle remarks, witty expressions of incongruity, playfulness, dark humor, and the sharp edge of humor with a bite. In each circumstance, humor generated an outcome, ranging from a momentary flicker of a smile, to a small chuckle, or to uproarious laughter that energized and lightened the atmosphere. Humor served myriad functions. Among these multiple functions, three primary categories emerged: building relationships, contending with circumstances, and expressing sensibility (Table 1).

Table 1. *Functions of humor in palliative care*

Building relationships	Contending with circumstances	Expressing sensibility
Making connections.	Humor as respite.	Preserving dignity.
Humor as attraction.	Humor as survival.	Acknowledging personhood.
Listening for the hidden message.	Humor as tension relief/	
Energizing.	lightening the heaviness.	
Nurturing community.	Maintaining perspective/ providing support.	
Neutralizing status differences.		

Building Relationships

> "… [I]t's all about connectedness and relationship and you never know which relationship and which moment of connectedness is going to make a difference, but … it's the humor that is the glue that helps you put the connection together."

As this participant identified, palliative care is "all about" relationships. Expertise in symptom management is incomplete without the significance of the human contact and caring that comprises the whole-person philosophy of palliative care.

Humor was significant in establishing, enhancing, and maintaining supportive relationships. It served therapeutic functions, allowing for development of communication that went beyond mere pleasantries to meaningful support in the crises of death and dying. Among the team, humor contributed to a sense of community, helped to energize the team, and was a means of mutual support.

Making Connections

Many staff noted the significance of humor as a way to "break the ice" at the beginning of new relationships, especially with patients and families. Admission to palliative care is usually a distressing event. Patients and families have heard that active treatment is no longer an option yet they are often in varying degrees of acceptance or denial of the seriousness of their situation. Admission to the inpatient unit is usually provoked by a crisis of symptom intensification or deterioration in health status. As these fieldnotes describe, stress is almost inevitably high.

> The first thing I notice when people are admitted is they're scared. They have been through hell already, the person that we see is not the person that once was . . . You get everything from the person who is ready to put their dukes up and fight you, to the one who's totally resigned and just do whatever you want with me. So I like to start lightening it up there, right off the bat . . .

At the time of admission, nurses typically respond first to symptom distress, acting quickly to administer appropriate interventions to address the most urgent needs. Once the most immediate demands have been addressed, humor is often introduced in an attempt to put people at ease.

> Moving through the admission process, Sebastian reaches the psychosocial details: "Are you married?" Mrs. D: "How do you think I got 5 kids?" Sebastian, smiling: "There are several ways these days." Mrs. D: "I was a good girl, I did it the usual way!" They both chuckle. The atmosphere becomes less tense.

This warm interaction altered the situation. The patient relaxed, tension began to fall, the ice had been broken. Once the ice is broken, there is a foundation upon which to build a relationship. When relationships moved to a different level, there was more trust, patients and families felt safer, more likely to be receptive to the environment and whatever help it might offer. For some, humor was a way "in," a vehicle that allowed them to establish a connection. For other participants, it was important that there first be some connection before there was freedom to introduce humor.

> If they're not in tune then you can't use it, you know, you've got to be on the same wavelength.

The human connection was vital for building relationships. Whether as an introduction to the relationship or a factor that strengthened an earlier rapport, humor found a place.

Humor as Attraction

Persons who used lighthearted humor seemed to attract others. Staff who used humor were popular and tended to be the ones others were pleased to

https://doi.org/10.1017/S1478951504040192 Published online by Cambridge University Press

work with. Patients and families spoke well of them and looked forward to the shifts when they would be working.

It was the same for patients who favored humor. These patients tended to have a greater number and variety of visitors. Staff tended to linger longer in their rooms. Their lightness and laughter drew others like a magnet. One patient provided an outstanding example. Her sunny disposition attracted others in what her son described as a lifelong pattern. Commenting on this, the son noted the warm and personal quality of the attention and care she received in her illness. He described his father as totally lacking in humor and contrasted the more detached and impersonal manner of caregivers in his situation.

The Hidden Message

Humor was a way for some patients to communicate their deeper concerns to staff in an oblique fashion. Others found safety in humor as a means of communicating that they understood that they were going to die. Astute families and staff learned to hear the message that was unspoken and caregiving relationships deepened as a result.

One participant shared a story about admiring an expensive recliner chair with a lift feature that a patient had brought with her upon admission. When she commented on the chair, the lady responded that it had come from Harry's Furniture Store, famous for "Don't pay a cent for 2 years' financing." With a twinkle in her eye and a mischievous smile, she quipped: "I'll never have to pay for this chair!" The message could not be missed, she knew she would not live that long, and she was prepared to be lighthearted in the face of the inevitable.

Aside from expressing understanding about the seriousness of a situation, humor was also a way of expressing reconciliation in families in a lighthearted, nonthreatening manner. A visitor told a story about reconciliation with her mother concerning events left over from adolescence.

> Her mother died on palliative care eight years ago and the daughter remembers it as one of the most precious times in their relationship. Her mother tended to hallucinate while on heavy doses of drugs. One night after a particularly entertaining hallucination, she said to her daughter, "If I had known you were having such a great time when you were taking drugs, I would have been more understanding."

For this mother and daughter, joking about their experiences with drugs was a healing of the past, an opportunity to laugh together about what had been a stressful and difficult time in their life together. The hidden message that all was past and forgiven offered great comfort.

Energizing

Humor and laughter were often followed by greater animation and a sense of engagement. One nurse spoke of humor as "an exchange of energy" for those who shared in the episode. The idea of an exchange or change in energy was supported in numerous observations throughout the fieldwork. After a warm and satisfying conversation with a staff member, the following notation was logged in the fieldnotes: "We bonded doing this conversation, we laughed a lot, I could feel both of our energies rising."

Nurturing Community

> It brings you closer to the people you're working with, it's that we can share that something and laugh about it, that things just aren't that bad even for a very short time.

For staff, a supportive framework upon which they could rely for support and nurture was important. Laughing together created cohesiveness that made the team both tighter as a group and better able to thrive in difficult circumstances. This experience was identified as a sense of community.

> I think that's part of what makes this unit a community, is being able to laugh together . . . [T]his is a sad place, but it's also a funny place, and it's a place where I think we do have community and I think the laughter is really a part of what draws us together.

Neutralizing Hierarchical Differences

The interdisciplinary team is a hallmark of palliative care. The work of one discipline is complemented and accentuated by the work of another. Working as a team was both a source of support and a flash point for misunderstandings. Physicians characteristically carried more status and assumed leadership roles among the team. A joke that one of the nurses shared reflected some tension in this regard.

> Once upon a time a patient died and went to heaven. He was not certain where he was. Puzzled, he asked the nurse who was standing by his bedside, "Nurse, am I dead?" to which she replied, "Have you asked your doctor?"

https://doi.org/10.1017/S1478951504040192 Published online by Cambridge University Press

Despite the cooperative spirit and mutual respect between medicine and the other disciplines, there remained a power differential. Physician participants voiced concerns about respecting other members of the team and made a concerted effort to use humor as a means of putting other team members at ease. One physician engaging in exaggerated role play with the nurses.

> I'll sort of play the game and bring in the formality of thank you nurse, thank you, and they'll play up to that role, yes, doctor, so on and so forth.

Nurses responded well to exaggerated role play around nurse/physician relationships. Lighthearted repartee acknowledged and affirmed their respective roles in a way that built team work and diminished the potential for hierarchical tension.

Contending with Circumstances

Humor and laughter were significant for both patients and staff as a means of contending with the circumstances of tension and sadness that often emerged in the setting. Humor could not change the facts of the situation. All of the patients ultimately died, regardless of the quality of care they received or the devotion of the family. Although the realities of terminal illness could not be altered, the experience of the final days and weeks was profoundly influenced by the use of humor.

Humor as Respite: Transforming the Moment

When something is transformed, there is a change in form, expression, or character. Humor often provided a respite that changed the expression or character of the situation. For patients and families, laughter offered a moment's pause from the burden of illness, suffering, or grief. For staff, it offered a break in the intensity of caregiving and the pressures of demanding situations and workplace pressures.

Not only was there a discernible change in the atmosphere, the transformation was often visible. There would be a physical change in the countenance of the participants. Eyes would twinkle, and furrowed brows would momentarily relax. As one nurse described sharing a joke with a patient, "she threw back her head and laughed, she just transformed."

Transcending the Moment

Combined with kindness and sensitivity, gentle humor had the capacity to transcend an individual moment into something meaningful that extended well beyond that moment. Two nurses recounted a story of taking a patient outside in his bed for a contraband cigarette in the middle of the night. Joined by a second patient as passenger on the same bed, the quartet shared delight in escaping the confines of the institution and shared what proved to be a last cigarette for a dying man. Just telling the story brought tears to their eyes. No single detail makes the story funny. Yet the compassion and good humor with which it occurred lingered long past the event.

Humor as Survival

Humor can be profound, an essential quality of how one approached the world in sickness or in health. Several participants spoke of humor as an integral part of their survival despite the ravages of illness.

> Physician: "So you've had pain for 3 years? How have you survived and still maintained such a good sense of humor?" HP: It's because of the sense of humor that I've survived. Without that I wouldn't still be here."

One team member told a moving story of serious illness in her youth.

> As consciousness returned, she was aware of intense pain, feeling foggy, drifting in and out, and terrible depression, nearing despair. Each time she struggled to consciousness, her roommate would speak with her and offer good-natured humorous anecdotes and encouragement. She came to see those moments as her lifeline, something to draw her back to consciousness and the world of the living. She now believes that they were what gave her the strength to endure the pain and depression and to fight back to recovery. She has remained ever grateful to that man and to the profound effect she had on her life.

Humor so profound as to contribute to survival is a deeply personal experience. There was a qualitative difference to these stories. The palpable sense of meaning and intensity with which they were told spoke to their authenticity.

Tension Relief/Lightening the Heaviness

In an environment where the heaviness of death, the demands of a fast-paced workplace, and bureaucratic pressures sometimes collided at a crossroads of tension, humor helped to offset the heaviness and lighten the burden. Laughter, sometimes in the company of tears, sometimes as an alternative to tears, served as a means of relief from accumulated tension.

> It's definitely a morale booster, sometimes when you have the most stressful day and you're ready to cry, sometimes it's easier to bring out a sense of humor and take it the other direction instead of bawling on somebody's shoulder for half an hour.

On a particularly busy and stressful morning, tension was in the air. There had been three deaths within an hour, call bells were incessant, and phones kept ringing. Reaching to answer a second phone while holding the line on another, one nurse broke into a pantomime of a two-headed Sesame Street character. With neither patients nor family members present, laughter erupted, dispelling the tension, and creating an unexpected and welcome sense of relief.

Maintaining Perspective / Providing Support

Patient care conferences were an important aspect of team work and were also a forum where humor enjoyed a heyday. Fieldnotes included this illustration.

> The conference today is remarkable for the witticisms that are flying around the table. The patient who is being discussed does not want to be discharged, she feels safe here. Dr. GL: "Danger, danger [imitating a siren light turning] patient feels safe on palliative care." "There's a joke if I ever heard one." The whole room fills with laughter.

Anyone entering the room was immediately drawn into the good humor and kibitzing that prevailed. Team members went away feeling supported and renewed. Humor enhanced the sense of team spirit and community.

During the course of the fieldwork there was a story in the local newspaper that shed an inaccurate and unfavorable light on the unit. Staff were dismayed and subdued. Several days later, the team began to regain a sense of perspective about what had happened. The next team conference was punctuated with outrageous suggestions for possible headlines, "Patient forced to return to home without provision for groceries" and others. Distress was diffused as staff regained the ability to laugh about their situation.

Expressing Sensibility

> The essence of humor is sensibility, warm, tender, fellow-feeling with all forms of existence (Carlyle, in Shibles, 2002).

Sensibility refers to the ability to appreciate and respond to complex emotional or aesthetic influences. This function refers to humor that conveys esteem for fellow human beings.

Preserving Dignity

Terminal illness often results in circumstances where patients become dependent on others for care of a sensitive or personal nature. Humor sometimes played a role in maintaining a sense of dignity in these situations.

> As he deteriorated he really didn't like to ask for help to be transferred from the commode to the bed . . . I went in there one day and I said "May I have this dance, let's see how you waltz?" . . . I got him up off the commode and over to the bed with a nice little waltz and I said "Thank you, you know that's the best dance I ever had." He had a big grin, and then the daughter started using that, "Can I have a dance Dad?" When he died they remembered it as having dances with dad. . . . The whole thing became a dance just from lightening up just that little bit. . . .

Losing the ability to toilet oneself independently robs an individual of his or her sense of dignity. Humor served to soften this situation. The sense of life ending as a dance provided a warm and sweet metaphor that transformed the indignity of dependence into the beauty of the last dance.

Acknowledging Personhood

> Humor allows you to be a person to be able to connect, and that allows you then to move into those places and be genuinely caring . . . [I]t's the joking that I use to connect with everybody, and at a person-to-person level.

One family member reported that when staff took time to share humor with her husband and herself, she felt that meant they were seeing them as persons and not just part of the job to be done. Humor was a means of communicating regard for their human uniqueness. Similarly, several staff participants indicated that they used humor as a means of communicating to patients and families that they were also human beings and were open to relate at a more personal level.

> I don't want them to see me as being somebody so straightlaced and prim and proper and prudish, I want them to see me as a human being.

Patients who responded in kind entered the "two way street" that acknowledged personhood, both of the caregiver and the cared-for.

Acknowledging personhood is critical in palliative care, where the needs of the whole person are important and quality of life is the goal. The therapeutic relationship is predicated on communication that conveys regard for the individual. The significance of humor as a means of conveying that regard established its importance as a vital aspect of wholistic care.

Many staff were skilled at using humor and had developed perceptive strategies for assessing whether or not it was appropriate. Several participants identified the importance of relying on intuition but also articulated the importance of being attentive to cues such as expressions in the eyes, timing, and responses to gentle or innocuous lightheartedness. Peaks of emotion involving anger, fear, anxiety, and grief were identified as circumstances inappropriate for humor, as were situations where pain was intense. Circumstances where language barriers impeded communication inhibited humor. At the deathbed, staff did not use humor but noted that families often used gentle, loving humor focused on reminiscences of the loved one.

DISCUSSION

Persons familiar with palliative care will recognize that humor has always been integral to the area. This research establishes that humor and laughter are more than something to be taken for granted; they are important components of compassionate care for the dying.

Humor is not unique to this setting. It is everpresent in health care, as in life itself. However, the centrality of human relationships in palliative care and the importance of the tenor of communication and care create a context in which humor flourishes.

Ever since the early days of the modern hospice movement, researchers have been fascinated by the idea that persons who chose to work with the dying were in some way different from those who worked elsewhere in health care. "Everyone knows hospice workers are 'different' but nobody knows quite how" (Amenta, 1984, p. 417). There is evidence to suggest that skillful use of humor is one component of what makes those who work there "different." Rasmussen et al. (1995) found that hospice nurses rated personal qualities including discernment, a positive outlook, and humor as more important than technical skills and medical knowledge. A recent ethnography of hospice nursing echoes the theme. Descriptors of the essence of hospice nursing emphasized the significance of "attending or being humanly present with" (Wright, 2002, p. 210). Accompanying the phenomenon of human presence, nurses introduced humor that was kind, perceived the amusing in everyday life, and was more optimistic than pessimistic.

Families and groups of friends or colleagues typically share a comic culture (Berger, 1997) that defines comic situations, roles, and acceptable contents. The comic culture for this setting was evident in the pervasive sense of good humor, an almost palpable sense of warmth, typified by attitudes of openness and good-natured acceptance. This overarching atmosphere of good humor appears unique. Health care settings are often described as fast-paced and tense. The predominant sense of good humor is related to palliative care philosophy, the significance of quality of life, and the importance of relationships.

Related to the significance of good humor is the importance of the human connection. Humanizing the experience of suffering and loss requires connectedness between caregiver and patient. The significance of humor in establishing and maintaining the human connection is well supported in the literature (Herth, 1990, 1993; Astedt-Kurki & Liukkonnen, 1994; Beck, 1997).

Humor theorist Avner Ziv (1984) identifies the significance of humor as attraction as key to another of humankind's basic needs, the need for affiliation. Making others laugh creates the sense of being liked. The pleasure of laughter is multiplied when shared. Caregivers will benefit from recognizing that the attraction to persons of good humor will often be in juxtaposition to the genuine needs of persons to whom humor and laughter do not come easily. The challenge is to respect and attend to the needs of all, despite the attraction to particular individuals.

The role of humor as a means of communicating otherwise unspoken messages is well supported by other research (Smith & Kleinman, 1989; Langley-Evans & Payne, 1997; Astedt-Kurki et al., 2001). This role is consistent with the idea of humor as a dimension of emotion work. Emotion work refers to a sociological concept that explores emotions as social constructions and considers them strategic for channeling the propriety of expression. Emotions are considered learned behavior and controllable, with "feeling rules" that determine when and where emotions will be displayed (Fine, 1993). Humor that covers painful emotions such as sadness, loss, and anger provided a means for emotion management and honoring "feeling rules" that inhibited open expression.

Among the staff, humor and joking together provided a means of negotiating the tension around hierarchical differences. There is ample support in the literature to substantiate the role of humor for this purpose. Goldberg (1997) notes that the concept of the multidisciplinary team is often idealized. With flexibility of roles and respect for related disciplines as an ideal, acknowledging tensions becomes problematic. Podilchak (1992) notes that social inequalities may be temporarily neutralized by the invocation and action of the humor instigator.

The idea that humor provided a moment of reprieve from the reality of illness was illustrated numerous times throughout the data. There was support in the literature for the idea of humor as respite (Herth, 1990; Astedt-Kurki et al., 2001). There was not, however, support for the idea of humor that transformed or transcended circumstances. This could be related to the heaviness of death and dying. Humor could not alter the reality of terminal illness but it could offer a moment of freedom. The contrast between the heaviness of the situation and the flash of illumination that accompanied humor was enough to radically change things, sometimes briefly, sometimes in more profound ways that persisted.

Humor theorists commonly cite relief from tension as one of the most common functions (Lefcourt & Martin, 1986). This was true of this study, as with others who identify tension relief as significant, a means of letting off steam (Thornton & White, 1999), breaking up tense situations (Beck, 1997), and releasing liberating laughter (Coser, 1959). Related to the ideas of tension relief and emotion management was the idea of maintaining perspective. Perspective-taking is considered a mature defense which allows individuals to cope with difficult circumstances by minimizing negative emotions such as anger and depression (Lefcourt et al., 1997).

Possibly the most significant and profound discoveries of this research were the roles that humor played in expressing sensibilities through preservation of dignity and acknowledgment of personhood. Within this category was humor that, although potentially trivial or insignificant on the surface, achieved profound meaning for those involved.

"An inability to control basic human functions, especially urination and defecation, seriously threaten a patient's dignity and violate one of the most basic foundations of adult personhood" (Waskul & van der Riet, 2002, p. 498). When people are dying, incontinence is an unfortunate and common occurrence. Staff who were able to share gentle humor in such circumstances helped to neutralize the assault on dignity. The focus became not the unpleasant task of dealing with feces or wound drainage but sensitive regard for preservation of the patient's sense of worth.

A related finding in a study of dying cancer patients (Waskul & van der Riet, 2002) reported that humor from patients served a similar function in preserving dignity. By using humor, patients were able to take some distance from the betrayal by their bodies, transforming betrayal into an objective subject that could be taken more lightly.

Incontinence and erosion of the intact body are so unpleasant that they are rarely addressed publicly. The frequency with which such indignities occur in persons who are dying makes such topics difficult to avoid. The regular occurrence of humor that made light of bodily functions was significant. In an exploration of dignity in dying, Chochinov (2002) observes that persons who are terminally ill sometimes perceive that their personhood or worth has been reduced merely to the context of their illness and its encumbrances. He identifies the significance of care tenor, the affective and attitudinal tone of care that conveys respect and affirmation of the patient's continued worth. This study suggests that humor is an important component of care tenor. The role of humor in acknowledging personhood was an especially significant finding. It reflects one of the ideals of palliative care and establishes humor as an important and noble component of compassionate care for the dying.

SIGNIFICANCE

Humor has often been taken for granted, so prevalent that there has been no sense of urgency for research. With the maturing of palliative care as an area with a distinct body of expertise and knowledge, the time has come for acknowledging the significance of humor. The value of humor resides not in its capacity to alter physical reality, but in its capacity for affective or psychological change that enhances the humanity of the experience. This study establishes its importance, not merely as a taken-for-granted appendage, but as an identifiable component of compassionate, person-centered care for the dying.

In health care in general and in nursing in particular there has been ongoing debate about core values and concepts that underpin practice. One suggestion is that respect for human dignity is a moral imperative that guides nursing from both theoretical and practice perspectives (Jacobs, 2001). In making the case for respect for human dignity, Jacobs cites the Social Policy Statement of the American Nurses Association (1995), which identifies four essential features of nursing practice: a caring

relationship, use of scientific knowledge, consideration of both subjective and objective data, and recognition that persons have a wide range of experiences and responses that should not be restricted to a problem-focused approach. Humor cannot address all four of these essentials. However, as this research has demonstrated, humor may be a significant component in the health care relationship. Humor has value as a means of acknowledging recognition of the wide range of experiences and responses that individuals bring with them to the health care setting. Humor has theoretical significance because of its relationship to respect for human dignity.

Caring is commonly debated as a core philosophical concept that underpins health care. Proponents suggest that caring is ubiquitous as an ideal in health care and is central both to nursing and to all professions (Smith, 1999). Opponents of caring as a core concept suggest that caring is too limited and perspectival, nonsubstantive, nongeneralizable, antiintellectual, and sentimental (Smith, 1999). Overplaying the theoretical significance of humor could lead to the same charges. Humor is not a core concept for nursing, palliative care, or for health care at the theoretical level. It is, however, important. Combined with scientific skill and compassion, humor offers a humanizing dimension too valuable to be overlooked. In palliative care where the human dimension of caring is especially significant, it is essential.

ACKNOWLEDGMENTS

This research was supported by a Doctoral Fellowship from the Social Sciences and Humanities Research Council of Canada and a research grant from Riverview Health Centre, Winnipeg, Manitoba, Canada

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