

# chapter five

## SHARING THE LIGHTER SIDE OF LIFE

*A merry heart doeth good like a medicine;  
but a broken spirit drieth the bones.<sup>107</sup>*

This chapter focuses on the third theme in the trilogy, sharing the lighter side of life. A lighthearted attitude is common among the exemplary nurses. Despite tragic circumstances in their work lives, most times these nurses deliberately choose to see the positive and humorous side of situations. Importantly, they are able to share this orientation to life effectively and appropriately with their colleagues and patients.

The literature often refers to this approach in a narrow sense, labeling it the deliberate therapeutic use of humour. Intentional attempts to introduce humour into patient care using comic videos, cartoons, jokes, and clowns are recommended by several writers.<sup>108-111</sup> Although excerpts from the literature are included in this discussion, this theme goes well beyond the staged use of humour in nursing care. As Thomas says, using humour is more than the presence of a nurse who is a stand-up comedian or an entertainer.<sup>112</sup>



The fifth chapter has four major sections: a definition of this

lighthearted attitude, the functions of humour (the communication, social, psychological, and therapeutic purposes); different forms of humour (surprise, word play, black, situational, and divergent); and a comment on developing a lighthearted attitude.

Poems are incorporated into the text of the chapter. The nurses' words and my field notes illustrate the theme. In this chapter, the narratives are especially detailed because, as Benner and Wrubel caution, "Humor is not easily understood out of context.... It is specific to the situation and easily misunderstood."<sup>113</sup>

#### THE LIGHTHEARTED ATTITUDE DEFINED

Defining an attitude is difficult. Robinson pointed out that it is as difficult to find a universal definition of the term *humour* as it is to achieve a universal language.<sup>114</sup> In my attempt to describe what is meant by a lighthearted attitude I address four topics in this section: the part that humour and laughter play in this orientation, what such an attitude may look like, the element of choice, and the role of this orientation to life when circumstances are tragic.

#### *Humour and laughter*

Thomas contends that defining humour is like "tacking jelly to the wall."<sup>115</sup> Humour is an elusive concept. Originally, the term meant a liquid that flowed within the body controlling one's health and disposition. Physicians attempted to keep people in "good humour." Humour continues to be considered in part as an internal condition, as in one's sense of humour.

Astedt-Kurki and Liukkonen define humour as *joie de vivre*, which is manifested in human interaction in the form of fun, jocularly and laughter.<sup>116</sup> They acknowledge that humour is a complex cognitive and emotional process. Hunt establishes that humour can be "many things to many people," that it must be interpreted, and that it is "whatever people think is funny."<sup>117</sup> Baughman identifies humour as our sixth sense, as important as any of the other five. He writes,

Much more should be said and written about humor, for so many think it means no more than the ability to tell a funny story or to respond to one. Actually, a sense of humor refers to a complete philosophy of life. It includes the ability to take it as well as to hand it out. It includes poise, the capacity to bend without breaking, taking life's responsibilities seriously but oneself not too seriously. Other less obvious components of humor are these: the ability to relax, to escape from tension, to get pleasure out of the joys of others, to live unselfishly, laughing with people.<sup>118</sup>

This broad definition of humour is congruent with the attitude displayed by the nurses in the study. However, laughter, though often the result of humour, is viewed in the literature as different from humour. Thomas defines laughter as a bodily response to things that are both humorous and not so.<sup>119</sup> Lefcourt and Martin suggest it is "a reflex-like physiologic-behavioral response."<sup>120</sup>

Many of the exceptional nurses commented that laughter does not necessarily follow a humorous incident. As Julie explained, "Sometimes when a situation is really awful, all you can do is laugh. We had a family member who giggled as a reaction to tense situations. He just couldn't deal with what was happening. Especially when it wasn't funny, he would laugh."

Humour and laughter are a part of sharing the lighter side of life, but this attitude goes further. It is an all-encompassing disposition, an ability to see the lighter side of situations and encounters as they occur. It is a daily, moment by moment alertness to the possibility of seeing the funny, the humorous, and the laughable — even in the most unhappy and desperate moments. This spirit of lightness served as a lens through which the exemplary nurses viewed their worlds, and through which they helped others to see their own worlds differently.

What does it mean to see the lighter side of life? It is a state of

mind in which the humorous, the bizarre, and the less traumatic are seen in the events of life and responded to in a lighthearted way. A sensitivity to life's lighter side involves spontaneity, lightheartedness, and an ability to play — all of which are needed for humour to occur. As Leacock said, it is “seeing the fun of the thing.”<sup>121</sup>

### *Qualities of a lighthearted attitude*

How does one recognize a lighthearted attitude in another person? The nurses I observed and talked to displayed this orientation to life in a variety of ways. Part of it was non-verbal. Their physical appearance, the way they dressed, moved, and used gestures, signaled that they were positive, energetic people, open to sharing their vitality. These descriptions of some of the nurses from my field notes illustrate this attitude:

- She is bubbly, full of energy and lustrous smiles. Today she is wearing a bright peach uniform and a name tag that is far from ordinary.
- This morning she greeted me with a big, genuine smile. The multi-colored smock that she wore over her whiter-than-white uniform made me notice her.
- Her arms move in time with her words; her steps are never hesitant. She is open, uses direct eye contact, laughs easily, and proclaims, “I can’t be phony.”
- His approach is playful and full of fun — yet very respectful. Looking into his eyes, you see life.
- She smiles a lot. I am at once attracted by her energy and vitality. She is someone I want to be around. It’s hard to put into words, but she is somewhat like a magnet — attracting me, pulling me to her.

A second part of their positive view of life was shared through the verbal components of their nursing care. The delivery of their comments, including the timing of presentation, was important in communicating this attitude. In one field note I wrote, “The quality of her voice, the cadence and rhythm of her speech — all communicate this sense of zest for life.”

Peter was especially effective at incorporating playful comments into his patient care activities. As he was helping a patient put on his pants without success, he would say, “Maybe we should try to get one leg in each hole.” While handing out menus on which the patients would mark their meal choices, he would smile and remark, “Here’s your homework for today.” These little side comments and the buoyant way they were delivered always made the patients smile.

### *Choosing to see humour in difficult situations*

Looking on the bright side of life is a conscious decision that, in time, becomes a habit. Julie modeled this belief. She felt that every person has a choice about how they view the events of life. One story she wrote ended this way: “Every day is a mixture of good and bad. No day is 100 percent good or bad. But you will have good or bad days depending on your focus.” When I asked her about the origin of this attitude, she told me about a statue that she had seen in New York city. It was a cage, and inside was a pregnant woman with several children clinging to her skirts. The caption read, “We build our own cages.” Julie elaborated, saying,

We are empowered to make choices and, unfortunately, we get into situations where our horizons are the edges of the ruts that we dig for ourselves. When that happens, we can’t see to either side or the light at the end of the tunnel. It takes the fun out of things. If we just realize we have alternatives as to how we see life, we can breathe.

Jane wrote, “One’s perspective makes all the difference in whether or not any experience is transcending, transforming, depressing, or devastating to the people involved.”

Marie said, “When I was thinking of stories to write for you, I found that many of the most significant made me chuckle.” This humour affected the way the nurses perceived and performed their work. The following stories are examples of how the nurses chose to see the humour in unusual patient encounters.

There was this male patient — he was in isolation so no one could go into his room unless it was really necessary. Often, I would just stop by the door of his room to say “Hi” and see how he was doing.

On one visit, he mentioned he was cold. I said I would try to get help, but it was unlikely a repair man could go in to fix his radiator. He smiled and said, “Not a problem — I happen to be a repair man myself.” I jokingly said, “Do what you can,” and left.

The next time I walked by his room, I peeked in and he had the whole radiator panel off. Parts of the radiator were on the floor. I said, “What are you doing?” He answered, “I’ve got it under control.” What could I do? He was so happy, passing the time; his hands were full of grease and he was smiling. So I just said, “That’s great — but we won’t be paying you.” By the time he was discharged, it was all cleaned up and until now it has been our secret.

Mrs. Ling really helped me appreciate cultural differences and to see how some cultures clash with the hospital culture in a funny way. I don’t know why, but Mrs. Ling really liked me. I didn’t even speak Chinese or anything.

To show her appreciation to me, one day when I went into her room she pulled out these long, slimy, red ginseng roots. She said, “Is good. You eat it.” I took it and smiled, and slipped it into my cheek as I stepped out of the room. I didn’t eat it. I just kept hoping that she was right — that it was ginseng. When I think of it, even at the time I saw the humour in it. What a funny sight we must have been — this tiny elderly woman giving me this great “gift” and me trying to stuff this “worm” into my cheek without gagging, all the while maintaining a look of sincere gratitude. I just had to do it because I thought it was probably really important to her. She probably loves the stuff, and she had it saved for me. It was a symbol of her gratitude. It still makes me laugh when I think of it.

I was calling this “gentleman” patient for seven consecutive days at home. He was on a research protocol, and as part of the procedure, I had to phone him and find out how he was doing with his medication and what his pain level was. He was just a really coarse sort of guy — you know, he had frayed edges. When I’d call he’d say, “How the hell do you think I am? I’m not taking this damn stuff anymore.” When I’d ask about his pain level, it would always be ten out of ten.

One night when I had to call him, I was not at the hospital; I was at the local fair and exhibition. The only phone I could find was in a saloon. Phoning him was the last thing I wanted to do. When I called, he characteristically said, “Where the hell are you — at a bar or something?” I said, “You are right; I’m at a saloon.” At the time, he was shocked, but we laughed about it

together even a day later. I heard that he died, but I was happy that I had this wonderful memory of him. It wasn't tender. We were never close, and we certainly never touched each other — but maybe I touched him with my humour, and he did touch me with his.

Sarah was a Native woman from the reserve. She hadn't been to the city many times, and now she had to be hospitalized and was totally overwhelmed by the whole thing. She was my patient, and she had to go for a diagnostic test. I had to get her ready to go. She didn't know English, and I didn't know Cree, but I did my best to demonstrate what would be happening to her. She finally understood that she had to take her clothes off and go to the procedure wearing just a hospital gown. I just smiled every time I went to her room. She was just a joy to me. No teeth, beaded moccasins, skin of leather — she had really lived the tipi life.

The vision I have is of me trying to coax this woman onto a stretcher to go for the procedure. Here I am — a white woman — coming into her room, demanding her clothes, and trying to give her an injection in her buttocks. It was just against her whole tradition, her whole culture; it was just too much for her.

In a swift decisive move, Sarah jumped off the stretcher and ran in her moccasin slippers down the hall. Most of the staff were running after her. I was trying to stay calm, saying to myself, "You can handle this," but another part of me was just so tickled by her spunk. I was cheering, "Way to go Sarah!"

In these and similar situations, the nurses' inclination might have been to react in a negative way — becoming upset or angry. However, the nurses in the stories were open to seeing the humour in the incidents. At the moment the event occurred, and later as they recalled the situations, they chose to see the lighter side.

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**MAINTAINING THE ATTITUDE**

When things are going well,  
it's easy to keep the rhythm in your step,  
the enthusiasm on your face,  
and the shine in your eyes.

But when life gets challenging,  
ordinary people lose it.  
You don't.

—

*Appropriateness of humour in a tragic environment*

The sage Epictetus says it is not the things that happen that distresses people, it is their opinion about the things that happen. Olson, Backe, Sorensen, and Kock agreed saying that, in most tragic conditions and adverse environments, being sad and heavy yourself adds to the unhappiness.<sup>122</sup>

If a lighthearted attitude is a method for survival, it is not surprising that humour and laughter were present on the cancer unit. Nurses who work in stressful environments may need to joke and laugh to cope with the seriousness found there. Feelings that are too painful to deal with can be put on hold or eased by humour. Benner and Wrubel share this view and add, "Humor is used to establish rapport and alter situations of grave seriousness and despair."<sup>123</sup> Recent research by Dean and Major also found that life-threatening circumstances and high anxiety are times when humour may be appropriate.<sup>124</sup> They conclude that humour in these situations enables co-operation, relieves tensions, develops emotional flexibility

and “humanizes” the healthcare experience for both caregivers and recipients of care.<sup>125</sup>

In the same vein, McDougall writes, “Humor was devised so that we would not be overwhelmed by the misfortunes of life. We are inclined to sympathize too much, and we would be devastated if we did not have an antidote. Laughter is that antidote.”<sup>126</sup>

If we accept Baughman’s views on humour, it is understandable why humour is appropriate and important in an oncology setting. Baughman proclaims, “Humor is that soothing and compensating piece of mind which prevents us from being overcome by life’s adversities. It can dissipate the fog and make life more enjoyable and far less threatening.”<sup>127</sup> Agreeing with this view, Yura and Walsh note that humour can create a warm climate, promote good interpersonal relationships, and relieve feelings of frustration, anxiety, or hostility while helping nurses and patients achieve a broader perspective on life.<sup>128</sup> Some humour may actually arise out of turmoil and anguish. Humour is a means of addressing all that is imperfect in the human condition.

In one of my first field notes I wrote,

I am surprised by the amount of teasing, joking, and laughter here — not just among the nurses, but with the patients, too. I just didn’t expect it in an environment that has so much potential to be dark and depressing. Somehow humour and laughter decrease the gloom and replace it with a sense of merriment.

Cindy told me, “There is always laughter on this unit. It’s important for all of us. Some patients say hearing the laughter makes it human here.”

As I continued to collect data, my first impression was confirmed. Three nurses explained why it is important to their success to see and share the lighter side of life.

I enjoy sharing laughter and do it a lot. I'll see a situation and then inject the absurd into it, just to get a laugh. It's especially important here because people can be stressed and depressed. Laughter sets people at ease. It gives them permission to be spontaneous — to be themselves. It tells suffering people that it's okay to smile.

It's normal and natural to laugh.... It's abnormal not to, even in a place like this.

Laughing is important in our situation because it can be so sad. In my experience, there is a close relationship between tears and laughter.

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**INTERSECTING LINES**

Looking into the woman's face  
I could see the lines intersecting,  
lines of laughter and lines of despair,  
criss-crossing to form a pattern on her skin.

The way they came together so naturally,  
it was apparent they had met often before.

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Sharing the lighter side of life on a cancer unit requires impeccable sensitivity and tact on the part of the nurse. Julie commented,

We use humour delicately. It requires a careful matching of types of humour with specific patients and situations. I consider it carefully. I think, "What kind of humour would this patient like — or would they be open to it at all?" When you use humour is important too. Timing is critical.

As Hunt cautions, “Individuals have differences in what they experience as humor. Individuals also have religious preferences, cultural experiences, and unique values that make certain kinds of humor unacceptable.”<sup>129</sup> He continues by saying, “Careful nursing assessment [should] be done prior to utilizing humor ... like any other intervention strategy, there are indications for, limits to, and contraindications for the use of humor.”<sup>130</sup> Pasquali warns that humour is inappropriate when it ignores client humour styles, ridicules, or is racist or sarcastic.<sup>131</sup>

Jane observed, “When using humour it is important to determine what is appropriate and what is not. I am very careful when the patient is in pain, suffering, confused, or depressed. At these times, it might not be helpful to laugh or be playful.” Blondis and Jackson agree and caution, “When using humor, use not only what is comfortable for you, but what is acceptable to the other person.”<sup>132</sup> To be effective, humour must be appropriate to the audience and the situation.

In summary, a definition of this approach to life reveals that, although humour and laughter are part of a lighthearted attitude, this attitude goes beyond these elements and is more complex and comprehensive in nature. It includes both verbal and non-verbal components, enactment is a deliberate choice, and it can be appropriate in difficult circumstances if it is used with sensitivity.

#### THE VALUE OF SHARING LIGHTNESS

It appears a lighthearted attitude serves at least three therapeutic purposes: communication is enhanced, a social purpose is achieved, and it has psychological value.

#### *Communication*

Leacock concluded, “But most of all, we laugh.”<sup>133</sup> Humour, laughter, and a lighthearted attitude were used by the nurses to communicate important messages to the patients. Lana said, “When you have this kind of approach to life — where you see the positive in things — you

laugh easily, and smile a lot; it tells patients you are a person who is willing to share their lives, their troubles, their joys.”

Maureen shared a memory as an example of such a message:

Jerry had been diagnosed with acute leukemia for over a year. As with most patients who receive many courses of chemotherapy, we had developed a strong relationship with Jerry and his wife. Jerry was originally from Scotland and spoke with a thick Scottish accent. He referred to all the nurses as “sweetheart,” and that was fine with us. His sense of humour was always present and he was quick to share a joke with a receptive person.

Jerry was in remission and was supposed to have a potentially life-saving bone marrow transplant in Toronto. However, his brother, who was expected to be the donor, was found to have incompatible marrow. The transplant, his last hope for a long and healthy life, was cancelled.

This was his first admission since his disappointing trip to Toronto, and the nursing staff were unsure of how to approach him. I was no different, and walking down the hall to his room was one of the most difficult walks I have made. I took a deep breath and entered his room. He was the first to acknowledge my presence. “Hi, sweetheart,” he said. “I’m back.” I looked at him, smiled, and said, “Don’t tell me, Jerry — the nurses in Toronto didn’t laugh at your jokes so you had to come home.”

With that Jerry started to laugh. “You’re right,” he said. “I missed you girls.” That was all it took to break the tension. At that point, I sat next to him on his bed and listened as he told me of his trip, his disappointment, and his hopes for the future.

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**ENTERING YOUR EXPERIENCE**

Shared laughter  
is a conduit into your experience.  
It rivets us together,  
so for an instant  
we understand.

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Maureen said about laughing with a patient,

I think it signals to the patients that you have time for them — time for more than the nursing procedures I mean. If you joke around with them, it means you value them. They are worthy of your time and attention.

Humour was sometimes used by the nurses when the messages to be communicated were very serious and emotion-laden. In these situations, the direct expression would have been uncomfortable for both the nurse and patient. In the following scenario, taken from my field notes, the lighthearted approach was used to communicate information indirectly. Though the meaning was concealed, the patient understood.

It was late at night and a distraught patient rang her bell and asked the nurse I was observing for an anti-anxiety medication. After assessing the situation, the nurse determined that such a medication would not be appropriate in this patient's circumstances because it could hasten death. To communicate this message to the patient, the nurse gently said, "Mrs. James, I'm afraid to give you the pill you asked for because it would make you sleep — sleep too long." For a moment there was silence, and then the patient understood this delicately worded message and they both smiled knowingly.

Outside the room Julie offered this analysis of the situation.

I believe in always telling patients the truth, but sometimes it's just too brutal to say it outright. What was I supposed to say to her — "If I give you the pill you want, it will probably kill you?" I just couldn't put it that way. The lighthearted approach is better — especially when the topic is such a heavy one.

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**THE MOURNFUL LAUGH**

Sometimes  
the topics that are the most  
laughable  
are those that are so somber and sad  
that ordinary words can't do them justice.

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"Laughter," Moria said, "almost always precedes the tears. It somehow opens the gateway, allowing for meaningful communication of the real issues." Moody puts it this way: "Humour is an important pass key into an environment in which the locks are always changing."<sup>134</sup> Clearly, a lighthearted approach can enhance the communication function.

*Social Purpose*

Sharing the lighter moments is part of creating a bond between the nurse and patient. As Jane said,

When you spend time with your patients laughing and joking together, it tells them that you want to share something of yourself with them — and you get to know another part of them, too. This makes you friends in a way. It gives a sense of solidarity.

Dean and Major support this belief as they emphasize that humour helps establish relationships.<sup>135</sup> The value of humour resides, not in its capacity to alter physical reality, but in its capacity for affective or psychological change which enhances the humanity of an experience. In particular, they point to the value of humour for teamwork, emotion management, and maintaining human connections. Julie commented, “You are acknowledging a person when you laugh appropriately. You are saying, ‘Yes, I understand what you are saying.’”

Julie shared the following story, which illustrates the social bonding that can occur between nurse and patient and the patient’s family members through humour.

I enjoy laughing with my patients, but one of my unforgettable moments began by being laughed at. The patient was newly admitted. He did not want to be here; he wanted to die at home. After all, he owned a funeral home and he knew about dying. He seemed to have a dozen children. They really didn’t want him here either. Each was dealing with their guilt and hurt in their own way. The room was always packed with people, but it was not necessarily a friendly place to be.

When I walked in, the hostility was acrid, but my name tag said “nurse” and that gave me license to be there. Besides, the man was definitely end stage, and it would have been totally wrong for him to die without even having his blood pressure recorded! So in a feeble attempt to give him care, that’s what I did; I took his pressure.

As my stethoscope was plugging my ears, I only picked up pieces of a conversation that was occurring in the

room around me. “I don’t think she could walk this far.” “Maybe they have visiting hours.” “She’s old, you know — and so fat.”

Having finally found his blood pressure and wanting to make a significant contribution to the overheard puzzle pieces, I very innocently said, “I couldn’t help overhearing. If there’s anything we can do to help with the visit, we would be glad to. We have wheelchairs. Feel free to borrow one.”

Whereupon the room was filled to overflowing with gales of laughter. One fellow even fell weak-kneed into a chair. Tissues that once held tears of sadness were now wiping away drops of hilarity. It turned out the elderly, crippled, maiden aunt that I had envisioned was an old arthritic, overweight English bulldog who probably wouldn’t have even fit in the wheelchair!!

Yes, the dog did visit. In fact, she monopolized the patient’s bed, by this time far outweighing her cachexic master. There were many more smiles and yes, many more tears — both happy and sad — but the bond created by the original faux pas remained strong.

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**SOCIAL CLIMATE CHANGE**

Laughing together  
makes the social climate,  
summer or winter,  
ideal.

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I watched the exemplary nurses use humour and playfulness in their actions and voices to help them build relationships almost instantly with patients. On one occasion, as we entered the room of a new patient carrying a bag of intravenous solution, the nurse said, “Hi, I’m your nurse — the bag lady.” The patient and visitors laughed because this well-dressed, poised, carefully groomed woman was obviously not a bag lady. My field note reads, “They laughed together at the absurdity of the comment and, as they laughed, the tension in the room eased and the door was opened for important serious exchanges.”

The literature also suggests that sharing humour helps establish relationships and aids in creating rapport.<sup>136</sup> Julie talked about this outcome when she said,

There is a sense of cohesion that develops when you share inside jokes with someone. I do this with my patients and also with the other staff members. For example, we have certain abbreviations that we use that no one else knows the meaning of, like FOS and PON. When we say these code words in report, it makes us laugh — it makes us a team, special somehow because only we know the meaning.

Both the caregivers and the patients are initiators of humour, especially for social purposes. Jane told me she gives her patients permission to joke and laugh by her example. She remembered with delight one patient who followed her lead.

He rang his bell, and when I asked him how I could help, he said, “Well, I just washed my hair and I can’t do a thing with it.” It was really funny because he only had one or two hairs left; he had lost almost all of his hair from chemotherapy. We both laughed. At that moment I felt very close to him, and I am sure he could tell that I cared.

Julie said, “The patients really seem to enjoy the atmosphere around here. They tell us jokes sometimes. The other day, one man told me the rankest joke; it was so bad I really didn’t understand it — but it made us laugh.”

Baughman describes humour as a “social lubricant.”<sup>137</sup> It eases social situations and promotes smooth and comfortable social interaction. Humour helps to establish relationships, decrease fears, encourage trust, increase the feeling of friendship, and decrease the social distance as it invites others to come close.

In observing embarrassing moments and errors made, I noticed that humour was often used to “lubricate” these situations. For example, one day in the unit Cindy discovered that a patient had not been assigned a nurse and had gone through part of the day without care. The nurse who had made the error was remorseful. Instead of becoming angry or agitated, Cindy just said, “I guess God had him this morning.” The situation was resolved; no harm had come to the patient, and a lesson was learned while the light atmosphere was maintained. Dean and Major suggest that humour helps resolve potentially disastrous social interactions by trivializing potentially serious incidents and helping one save face.<sup>138</sup>

I observed nurses using humour when carrying out procedures that were potentially embarrassing or humiliating for the patient. In one instance, Julie had just given a very small, fragile, shy man an enema which had been very effective. The patient was uncomfortable with the process until Julie lightened the scene when she exclaimed, “Why, Mr. Godfree, I didn’t know you weighed that much.” On a similar occasion, she said to the patient with a smile, “You done good, buddy.”

Nurses who exhibit this sense of lightheartedness convey to others a warmth, friendliness, and acceptance. This probably affects how others perceive them. It makes them seem real, human, and approachable — the kind of people you chose to trust with your problems and feelings.

Dean and Major describe qualities of humour that make it important in effective caregiver-patient interaction.<sup>139</sup> Humour allows the nurse to probe, to find out more about the patient's feelings and fears without taking real risk. In this way, humour has an unmasking quality. According to these authors, humour moves people toward intimacy; it is an invitation to interact on a more personal level.<sup>140</sup>

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**FUNNY THING ABOUT LAUGHTER**

When we laugh together,  
it somehow shortens the distance between us,  
it reduces the space we occupy,  
but doesn't make it  
any more crowded.

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*Psychological Value*

Baughman quipped, "Humour is like a diaper change. It doesn't solve any problems permanently. It just makes life a bit more comfortable for awhile."<sup>141</sup> Humour itself is one of the good things of life. Humour in relationships can release tension and create a moment of positivity. To dispense laughter to someone would be to increase the quality of this life.<sup>142</sup> Humour animates and provides a change of pace. For these reasons, and others, sharing the lighter side of life offers a psychological value for patients and staff.

Exemplary nurses believe that sharing moments of lightness helps to comfort patients. Both the nurses and the patients commonly exchanged old jokes that had long since ceased being funny. The patients would say, "I suppose you are going to wake me up to give me a sleeping pill," or the nurse would jest, "You must be feeling like a pin cushion," and both the patients and nurses would laugh. There is some comfort in laughing at these tired jokes. It is analogous to putting on well-worn slippers; it just feels good. If one is still

laughing at the same routine, this signals that things are fine, that nothing has changed. Perhaps it is important that they are old jokes and their familiarity is a comfort.

Lightheartedness can also act as a safety valve — a mechanism used to release stress. Baughman explains how this happens: “Laughter eases aggression, anger, and distress by taking one’s mind off the situation at hand by casting a different interpretation of life.”<sup>143</sup>

Lana, in describing how laughter eased the tension in a situation she encountered said, “Somehow, even a little titter decreases the intensity of the moment and makes it so we can carry on.” This effect of humour was demonstrated by a nurse-patient encounter I witnessed and recorded.

I was watching as the nurse was trying to talk a patient into having a bath she was refusing to take. The nurse had used a variety of approaches aimed at persuading the patient that a bath was in her best interest. At the precise moment when the scene could have become uncomfortable for the patient, nurse, and visitors, the nurse said, “That’s the problem with nurses. If all else fails, we wash it.” Everyone laughed, the tension eased, and the woman consented to the bath.

During another conversation, Julie told me this story about laughter easing tension.

Sometimes the responses I get are more expressions of shock from the patients, but it really relieves the tension when you can get a laugh. Yesterday I was looking around for some tube sites on this fellow. The records hadn’t been updated, so I didn’t know for sure where on his body the tubes could be found. As I fumbled around peeking inside his pajama tops and bottoms I said, “I

think you should put me up for sexual harassment.” The patient laughed and I enjoyed it. It put a lightness into the situation. It covered my incompetence and I think — no, I know — it made the patient more comfortable with what I was doing.

A lighthearted attitude also helps to develop an environment that is warm and nurturing, which is a psychological benefit. It also inspires hope. Moria indicated, “I think the patients like it when we laugh with them. I think they believe that, if we are still laughing, everything is still okay. It is reassuring; it gives them hope.” As Lana said, “A sense of playfulness opens up discussion, breaks the cycle of despair, and fosters hope — because if you can laugh, you are still alive.”

A classic humorist, Bradford, wrote,

Humor not only brightens, it cleanses the common life. It is always on the side of hope, high hope. It is always on the side of promise. It asserts that the sun still shines, however dismal the weather of the moment, that the morning birds still sing, and what is more, that there is something to sing about.<sup>144</sup>

A lighthearted attitude helps to relieve anxiety and tension. It is a positive outlet for frustration and lightens the heaviness of critical situations. Jane commented, “When we laugh, it lightens the moment; it provides balance and hope.” She called her attitude her “survival kit.”

Humour can be an important part of caring for clients, caring for other nurses, and caring for ourselves. On one occasion in the field, the nurse I was observing, Julie, had encountered a novice nurse performing a procedure incorrectly. She had intervened to prevent danger to the patient and, in doing so, had caused the other nurse

some personal embarrassment and distress. Later that shift, Julie used humour to re-establish connections with her young colleague. My field note reads,

For the second time tonight, we come across a novice having trouble with technology. This time, she can't get an infusion pump to start. As we approach her, apprehension is apparent. She doesn't want to make another mistake and her anxiety makes her fumble inappropriately with the machine. Julie gently gives guidance saying, "Press A, then B — and it helps if you say the right prayer." She follows the directions, and the machine starts running. Julie smiles and says, "See, you must have said just the right prayer." They both laugh and the young nurse is able to carry on.

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**THE FORGIVING LAUGH**

It is hard for you to laugh with me  
and still carry your anger.  
Your smile tells me in such a clear way  
that I have been reinstated,  
that I am once again your friend.

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On another occasion, a nurse that Julie was supervising reported an error she had made. Julie just smiled and said, "That's okay. We try harder than most. But who can we blame? At times like this, it is nice to have someone to blame. It must have been the wandering nurse." During that shift the "wandering nurse" became the scapegoat for a variety of problems, including noxious odours and misplaced coffee cups.

I asked Julie about this situation in a conversation. She explained,

You have to know which things to deal with seriously, and which situations you can let go. That wasn't an error worth making a big deal about...so I made a joke out of it. It made her feel much better, and I know she learned more than she would have if I'd given her the big lecture.

A lighthearted attitude helps one meet unexpected events in the course of life. It can be a tonic that invigorates and stimulates those who share laughter. The nurses provided examples of this effect of humour and laughter; they argued that it provides refreshment and restoration for them as well as for the patients. Marie said, "Laughter in a room just fills the room with energy." Jane commented, "Laughter makes the world less drab somehow, and more human — much more human." Gruner agrees, "Human societies treasure laughter and whatever can produce it. Without laughter, everyday living becomes drab and lifeless; life would seem hardly human at all without it."<sup>145</sup>

In summary, Baughman explains the therapeutic function of humour in this way: "It creates happiness, fosters friendship, cheers the discouraged, and dissolves tensions. And as a bonus, it frees the mind, oils the squeaks, and enables us to carry on with fewer dark hours."<sup>146</sup>

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**THE VALUE OF A LAUGH**

Laughter turns on the lights.

It is a defense against

panic,

sorrow,

and darkness and

it helps tide us over

until dawn.

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## HUMOUR COMES IN MANY FORMS

What is humour? Why do we laugh? There are descriptions of several different forms of humour in the literature. Many of these forms of humour were observed during my field work. Surprise humour, word play, black or gallows humour, humour intrinsic to the situation, and divergent humour were some of the common forms.

As mentioned earlier, the nurses attempt to match their style of humour to what the patient appreciates. Jane said, “I change my style of humour to suit the person. I just push the buttons until I get a genuine response.” In a field note, I wrote, “She takes her humour cues from others as to the type of humour that is suitable, and then improvises.” Julie explained,

I probably read them quite quickly. It depends, but I usually try it out when I am alone with them rather than when their families are there because the families may be shocked if I am too familiar. The families are tense, especially at the beginning. I usually use humour after the patient has been here for a while.

*Surprise humour*

Marie often used surprise in her approach to humour. In this style, surprise, shock, or the unexpected are conditions necessary for humour. This story depicts Marie’s use of a surprise style.

My brand of humour is usually nice and dry, kind of subtle. This patient I am remembering was diagnosed with a head and neck cancer. He had a history of alcohol abuse. He was impossible. I guess I got the short straw at assignment time, and he was all mine. He was gruff, rude, verbally abusive — a real gem. What’s more, he required trach. care, suctioning, and instillations. A perfect nurse-patient bonding activity.

I remember tiptoeing into his room, hoping he'd sleep through my evening shift. Hardly — he was waiting for me in dire need of suctioning, since he probably refused care from the respiratory therapist on days. Using humour was far from my mind at first. There was nothing he was going to find humorous, and I knew it. I was very professional with him, and I scraped by for two shifts. But, I had seven consecutive evening shifts scheduled, and I realized for the sake of patient–nurse continuity he should be mine for all seven evenings.

By the third shift, we had become more familiar with each other. I thought I'd try it. When I entered the room, I said, "Oh no — not you again," and rolled my eyes. I think my approach shocked him. He didn't expect a statement like that from such a "professional" nurse. Soon, he mimicked my actions, rolling his eyes when I entered his room. By the fifth shift, he broke into a smile, and I got a wink of the eye by the sixth. He and I were eager to see each other by my last shift and shared a few jokes. He did, in fact, request my care in future trach. procedures. Ah, this I count as success!

In another incident where surprise was used, a patient called the nurse, Jane, into his room. When she entered his room, his usually bald head was covered in a curly, long, blond woman's wig. The patient looked at the nurse and said, "Notice anything different?" The element of shock and surprise caused them to laugh together for a long time.

Finally, Maureen told me a story in which her own shock response to the patient helped to dissipate the patient's anger.

A patient slipped and fell on the floor. She overheard one of the nurses commenting that it happened at shift

change. The patient got upset thinking that, because of the timing of the fall — at change of shift — the nurses might have ignored her there on the floor until report was over and the replacement nurses were on duty.

Well, I went and talked to her, and basically for half an hour I just listened to what she had to say and acknowledged that it was upsetting to think she might have been left on the floor. Then we started talking about other things, and I leaned over to her and said, “Next time, just make sure you don’t fall at shift change!” She just started really laughing. Over the half hour, I figured out that she was quite a character and I knew she would respond to that kind of humour.

### *Word play humour*

Jane used word play, rhyming words, and lines from songs when providing care. These were a natural additive to her conversations with patients and others. Talking to a patient one day about his diarrhea, she rhymed, “It’s just like the musical fruit, down your leg and into your boot.” Entering a patient’s room to bring him his noon meal, she said, “How would you like a bunch of lunch to munch and crunch?” Her poems and quips did not necessarily fit the context precisely, but the lyrical cadence of her voice was playful and reassuring.

### *Black humour*

Black humour was used often among staff members — usually in places that were isolated from the patients and family members. During team conferences, in the medication room, and during report, nurses and other care providers found a release of tension through humour that was dark and bizarre. Maureen explained, “The staff often use black humour — in the med. room especially. We would never, ever

share what we talk about in there with the patients.” For example, a physician was observed seriously advising the nurse who was caring for a man whose colostomy just would not stop, that he had ordered the same patient two doses of laxative. In another situation, Moria advised her teammates in jest that she was going home early today because “all of her patients were in the morgue.” In fact, two of the four patients assigned to her care had died that day.

A field note provides a further example of the staff using black humour.

A Catholic priest stopped to tell the nurse in charge, Julie, that the patient he had been called to see did not wish to see him because he was Catholic. Julie deadpanned, “I suppose she just swore at you and told you to take your cross and go home!”

Black humour serves many social functions. Julie explained, “It helps to build the atmosphere of teamwork, like we are all in this together. It’s easier to work with people you laugh with.” Jane shared this view saying, “The black humour relieves stress. We laugh so we don’t cry. We laugh so we can cry.”

### *Situational humour*

Situational humour may be rooted in the nurse’s or patient’s actions or discomforts. The bed pan that spills, the water jug that tips over — these situations that could lead to other negative emotions and consequences are turned into positive experiences by finding the humour in the event. One day, as we entered a patient’s room with ice water in hand, Jane tripped and flung the water jug into the patient’s lap. The patient, who could have become upset, just smiled a crooked smile and said, “Well, at least I’m awake now.”

Situational humour humanizes the environment. The nurse and patient involved in such a situation touch each other with humour.

Together they help one another cope with the unexpected. During a conversation Julie said,

Most of the time it is just the situation. Usually, it is just spontaneous because some things that happen are really funny. Like the other day, one of the doctors wrote an order that said, “Keep trying to get the patient to suck on his balls three times per day.” He meant have him use his incentive spirometer machine — but when we read the order, we just totally lost it.

### *Divergent humour*

Spiegel describes the divergent approach to humour as “arising from disjointed, ill-suited pairing of ideas or situations or presentations of ideas or situations that are divergent from habitual customs.”<sup>147</sup> An example of divergent humour is contained in a standing joke in the unit, “Around here, two club sodas equals a party.”

A field note provides another example of divergent humour.

A patient’s daughter had made multiple trips back and forth in front of the nursing station moving in her Mom’s personal belongings. Finally, the daughter said to the nurse I was watching, “That’s the last load, just a couple of cases of beer to go.” Without hesitation, the nurse replied, “Good, let’s put it in the fridge.”

Another field note recalls an equally revealing example of divergent humour.

Coming down the hallway towards us was a tiny elderly lady. Her gait was so unsteady she was at risk for a fall. Maintaining her calm demeanor, the nurse, Julie, approached the woman and taking her securely by the

arm said, "If the police saw you, they would arrest you for impaired driving; let's get you to a wheelchair." They both laughed at the preposterousness of this innocent, angelic grandmother being arrested for anything.

On another occasion, two nurses were discussing possible interventions to assist a very agitated bed-ridden patient. After seriously considering several alternatives without success, Peter lightened the situation by saying, "That man used to be a carpenter — can't we give him a wall to knock down or something?" The image of this very ill man doing something as physical as hospital renovations was very humorous. The laughter stimulated productive discussions focused on solving the problem.

#### DEVELOPING THE ATTITUDE

Gelazis contends that nurses have been taught and socialized to maintain a serious demeanor while caring for patients.<sup>148</sup> Humour calls for genuineness and the ability to be yourself, to shed some of this indoctrination.

Hunt claims that humour is a skill and thus can be learned.<sup>149</sup> The nurses in this study agreed that the lighthearted attitude can be developed and practiced. Lana said, "Developing a sense of the humorous begins by learning to laugh at yourself." Jane commented that, "people who can laugh at themselves will always be amused" and Gelazis adds that, "Laughing at oneself has been associated with maturity.... It is a use of oneself as the primary instrument of healing."<sup>150</sup>

Our sense of humour evolves. As Stephen Leacock, the well-known Canadian humourist, observed over half a century ago, "Both the sense of humour and the expression of it undergoes, in the course of history, an upward and continuous process."<sup>151</sup> The nurses were sensitive to this developmental change. Jane explained, "I can see a real change in myself and in my attitude over the years of nursing. Things I laugh about today, I would have cried about a few years

ago. Now I can see the fun in things while I see the sadness." This attitude can be built, like a muscle is developed, with exercise.

Benner and Wrubel conclude that humour can "reframe a situation; however, effective use of humor requires a deep background of understanding of the situation and at least a modicum of trust and respect."<sup>152</sup> The nurses I observed had these qualities. They understood from their previous experiences how the patient might be feeling; they had developed trusting relationships with their patients; they were respectful of the uniqueness of each individual and each situation; and they had cultivated in themselves a humorous attitude. Consequently, they were able to use humour appropriately and effectively as a nursing intervention.

Adopting a humorous attitude allows us to reassert our invulnerability and refuse to submit to threat or fear. When we laugh at ourselves, we have a healthy perspective and are able to neutralize our shortcomings. By assuring a humorous attitude, we open ourselves to the world and extend ourselves to others.

#### THE TRILOGY REVIEWED

All three of the themes identified — dialogue of silence, mutual touch, and sharing the lighter side of life — share commonalities. Using these approaches involves both the patient and the nurse. Any interpersonal exchanges are experienced by the participants together. Both parties are affected by the action or the attitude. It is not a matter of one doing to the other; it is a shared experience, doing with one another.

Silence, touch, and lightheartedness are avenues of communication. They are means by which the nurses enter their patients' worlds and share their experiences, via messages that are sent and received instantaneously.

Silence, touch, and lightheartedness are all qualities and forces that are felt, that cannot be measured. As Leacock said, "You cannot weigh an argument in a balance, measure social forces with a slide

rule, or resolve humour with a stethoscope.”<sup>153</sup> I believe this is the case for silence and touch as well.

The complexity and universality of each theme is evident. My synopsis of observations and analyses cannot fully capture the intricacy of the myriad of approaches to patient care. However, it is possible that the stories, poems, and narratives leave us with a greater insight than we had previously.

They all expose a basic honesty. Through touch, silence, and laughter, a part of each person comes into view, no longer hidden from the other. This opening of the spirit of the nurse and patient allows care to be given and care to be received.

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**THE CAN OPENERS**

Touch, laughter, silence  
these are can openers  
to your spirit.

They pry off the lid  
to your soul  
and let me peek inside.

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