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

Paige Johnson, MSN, RN, CS-ANP

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 relieve 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.

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.

At the time this article was written, Paige Johnson, MSN, RN, CS-ANP, was a nurse practitioner in the Department of Breast Medical Oncology at the University of Texas M.D. Anderson Cancer Center in Houston. (Submitted December 2000. Accepted for publication April 12, 2001.)

Digital Object Identifier: 10.1188/02.ONF.691-695