The Use of Humor in Patients With Recurrent Ovarian Cancer

A Phenomenological Study

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Objective: Humor has been shown to decrease the use of pain medicine, improve mood, and decrease stress. However, the timing and setting for using humor can be perceived differently depending on the patient and the context. Our objective was to better understand how patients with recurrent ovarian cancer experience humor to gain insight into the feasibility of using humor as a therapeutic adjunct.

Methods: We conducted structured patient interviews with women being treated for recurrent ovarian cancer. The phenomenological method of Colaizzi was used to gain an in-depth understanding of how women with recurrent ovarian cancer use and view humor in relation to their diagnosis.

Results: Most patients used humor to cope with cancer and felt that humor alleviated their anxiety. The use of humor by physicians and nurses was perceived as appropriate and positive. A previous relationship with a physician was often felt necessary before the use of humor. Humor was often perceived not only in traditional jokes but was also found in humorous anecdotes from the caregiver’s life outside of medicine.

Conclusions: This study revealed that humor is an often used coping mechanism for women with recurrent ovarian cancer and subjectively helps alleviate anxiety. The use of humor by physicians was found to be universally perceived as appropriate and positive. The waiting area seems to be a place where humorous experiences would be welcomed. These findings provide additional insight into the role that humor plays in the lives of patients with recurrent ovarian cancer.

Key Words: Humor, Ovarian cancer, Anxiety, Coping mechanisms, Qualitative research

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radiographic imaging, and physician visits that inundate a pa-
tient with recurrent ovarian cancer lend to increased stress in this
population.

Patients cope with the stress of such a serious illness in
many ways. Humor is one of the oldest forms of coping with
stress but also one of the least understood. Whereas it is of-
ten hard for caregivers to find an opportunity to use humor
while interacting with cancer patients, it is clear from the lay
literature and Internet sites devoted to humor in cancer that
patients commonly find humor in these interactions. Norman
Cousins was one of the first to tout the health benefits of
humor in his writing about dealing with ankylosing spond-
dylitis. Laughter has often been said to be “the best medicine,”
but the physiological effect of humor has not been fully

**Preamble:** As you are aware, a diagnosis of recurrent ovarian cancer can be physically
and emotionally difficult to cope with. Individuals use different methods to cope with
these feelings, and in some cases, use methods they have never used in the past. In
this regard, I would like to ask you some questions related to the use of humor in coping
with your diagnosis and treatment.

**Questions:**

1. How has humor been used as a coping mechanism during your diagnosis and
treatment? Do you make humorous comments about your diagnosis? Do your
family or friends? Have humorous comments been helpful to alleviate anxiety or
improve your mood?

2. Have your doctors used humor during your hospitalization or treatment? Please
give specific examples of how, when and where humor was used. How did you
feel about your doctor’s use of humor? Did you feel it was appropriate or
inappropriate? Did you feel that it trivialized your illness? Did you find it to be
humorous? Do you feel it contributed to your relationship in either a positive or
negative way?

3. Have your nurses used humor during your hospitalization or treatment? Please
give specific examples of how, when and where humor was used. How did you
feel about your nurse’s use of humor? Did you feel it was appropriate or
inappropriate? Did you feel it trivialized your illness? Did you find it to be
humorous? Do you feel it contributed to your relationship in either a positive or
negative way?

4. If you feel that humor improved your relationship with your doctor, in what
settings do you feel that it is most appropriate? In what settings do you feel that
it is inappropriate? At what time and in what setting do you feel that the use of
humor did or could have improved your experience with your cancer diagnosis or
treatment?

**FIGURE 1.** Interview guide. This served as our preamble and question guide for the interviews. We ensured that
patients answered each question and allowed time for extra discussion.
explored. However, research has begun to show quantifiable health benefits of humor, including decreased use of pain medicine, improved mood, and decreased stress.\(^3\)\(^-\)\(^5\)

Although humor use has been associated with improved mood and decreased stress and pain, the prospect of using humor in a terminally ill cancer population is daunting. The Association for Applied and Therapeutic Humor defines therapeutic humor as “any intervention that promotes health and wellness by stimulating a playful discovery, expression or appreciation of the absurdity or incongruity of life’s situations. This intervention may enhance health or be used as a complementary treatment of illness to facilitate healing or coping, whether physical, emotional, cognitive, social or spiritual.”\(^6\) However, using humor with terminally ill patients may also have negative consequences. Humor can also be perceived as degrading, deprecative, or uncaring to women with such an illness.

To explore the feasibility of using therapeutic humor in this population, our objective was to gain a better understanding of how patients with recurrent ovarian cancer experience humor.

**MATERIALS AND METHODS**

**Sample**

All women 18 years or older who were being treated with chemotherapy for recurrent ovarian cancer at the University of Wisconsin Carbone Cancer Center were eligible.

**Method**

After institutional review board approval, eligible patients were approached and written informed consent was obtained. The study was designed as a phenomenological study using the method previously described by Colaizzi.\(^7\) A phenomenological study describes the meaning for several individuals of their experiences of a concept or phenomenon. The focus is on describing what all participants have in common as they experience a certain phenomenon. In this study, we were attempting to clarify the experience of humor in daily life and also in relation to the health care of women with recurrent ovarian cancer.

After consent, interviews were conducted using a pre-planned open-ended questionnaire, which allowed for additional patient discussion. We developed an interview guide that was used to gather information concerning the participants’ use of humor in their life as well as their perceptions regarding the use of humor as a communication tool by the health care staff (Fig. 1). The interviews were conducted in the chemotherapy bays of the hospital or a private room in the gynecologic oncology clinic. Confidentiality was observed in all settings. The interviews were complete when all of the questions were answered and the subjects felt that they had no additional information to offer. The interviews were audiotaped and transcribed. We continued to accrue patients to the study until the saturation point (the point at which no new information was being discovered from further interviews) was reached.\(^8\)

**Data Analysis**

Transcripts of the interviews were then analyzed using the phenomenological method.\(^7\) This method uses review of each transcript to extract significant statements. Significant statements were defined as any statements in the narrative that relate directly to the phenomenon of humor. We then formulated meanings from these significant statements that could be clustered into themes common to all participants in the study. This was done by assigning or organizing the formulated meanings into theme clusters, such as the use of humor to cope with their illness. These themes were then integrated into an in-depth description of the phenomenon.

**RESULTS**

Seventeen patients were accrued before reaching saturation. Overall, 14 patients (82%) reported using humor to cope with their diagnosis of recurrent ovarian cancer, and 13 patients (76%) felt that humor helped to alleviate anxiety (Fig. 2). The use of humor by physicians and nurses was perceived as appropriate and positive by all 17 patients but was dependent on context. Most women used humor to help with coping, and many of them made humorous comments about their diagnosis. Approximately half of the patients’ families and friends made humorous comments regarding them being sick. Most of the patients enjoyed a physician’s or nurse’s use of humor during their hospitalization or treatment. All of the patients felt that the use of humor was an appropriate and positive part of their relationship with their health care team. Most did not feel that it trivialized their illness, although 2 patients noted that caregiver use of humor during visits when bad news was conveyed would be perceived negatively and could be hurtful. For example, one of the patients stated, “today was not a super good report from the doctor so putting humor in a not so good report is not going to make it better.” Some patients felt that inappropriate humor use by a physician could undermine the confidence they had in their physician. Many also noted that a physician would need to be able to assess verbal cues from the patient to know when humor was acceptable, with one patient noting that “it’s hard to judge because if you’re having a bad day and somebody comes in and is jovial, it could all just be topsy-turvy then.” Most patients welcomed the use of humor that is perceived as being positive and meaningful to the patient.

**FIGURE 2.** Percent of ‘yes’ patients’ responses. Questions correspond as follows: A, Have you used humor to help you cope with your illness? B, Has the use of humor helped to alleviate anxiety about your illness? C, Would you consider the use of humor by a physician or caregiver to be appropriate and positive? D, Do you feel that humor would be welcome during your wait at the chemotherapy visit?
once a relationship had been established with a physician but noted that humor use during the early stages of an initial visit could seem forced. All of the patients felt that humor was not necessarily a joke, but that a humorous personal anecdote was just as powerful. One patient remarked, “I think it’s more than just a humorous comment or observation or something like that.”

After a thorough review of the transcripts, significant statements were identified. Significant statements included suggestions that a previously established relationship is necessary for humor use: “It [doctor’s use of humor] depends on the context. It would have to be somebody who I already knew pretty well and how they used it [humor] . . . might make me feel uncomfortable, but I think it also depends on how well you know somebody.” There were also statements suggesting that humor is not always a joke but can be an anecdote: “There was a humorous story about a dog. She [a nurse] had a dog…” “I have cats and so we’ve talked about cat anecdotes, and those can be funny…” “it seems like that whole chemo setting is really depressing and if there were some way to lighten it up it would be really good” “the whole waiting room in the chemo area...it is very hard to be there”

FIGURE 3. Examples of significant statements that were used to identify 4 common themes.

SUGGESTED THEMES

<table>
<thead>
<tr>
<th>Significant Statements</th>
<th>Themes</th>
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<tbody>
<tr>
<td>“Well, I have appreciated it [humor] Because of my personality…”</td>
<td>Humor is perceived positively by all patients</td>
</tr>
<tr>
<td>“I like it [humor]. It helps, I think it helps our relationship.”</td>
<td>A relationship with a physician is often necessary prior to the use of humor</td>
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<tr>
<td>“It would have to be someone that I already knew pretty well…”</td>
<td>Humor is subjective, and not always a joke</td>
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<tr>
<td>“if someone came in that I had never met before and used humor I would maybe be taken aback”</td>
<td>Waiting periods during visits and treatments are difficult and anxiety-provoking</td>
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DISCUSSION

The results of this qualitative study found that women with recurrent ovarian cancer use humor to cope with their diagnosis, to relieve anxiety regarding their diagnosis, and that they welcomed the use of humor from a caregiver well known to them. Because humor is classified as one of Vaillant’s mature defense mechanisms, it should be encouraged in the oncology population. These patients endure great internal and external stressors related to their diagnosis. Humor allows patients to avoid denial, permitting them to maintain an understanding of their condition while psychologically shielding themselves from the untoward psychological consequences of their diagnosis and mortality. Anxiety and anxiety disorder can lead to erosion of the physician-patient relationship as well as worse symptom control in patients with advanced cancer. Understanding how humor may play a role in alleviating patients’ anxiety is paramount, and this study brings to light some of the benefits and areas for possible intervention. Although this is the first attempt to study the phenomenon of humor in women with recurrent ovarian cancer, our findings are consistent with themes seen in the literature with other patient populations.

Whereas all women in this study thought humor to be positive, most felt they needed a prior relationship with the physician for the use of humor to be appropriate. We presume this is due to trust having been established previously between the patient and the physician. Penson et al, during an informal discussion of humor and oncology, described trust as a prerequisite for humor. Conversely, in a study of breast cancer survivors, Johnson found that humor is often used by
health care workers to help build a more trustworthy relationship.13 Perhaps in the tense patient-physician dynamic of terminal cancer, humor becomes helpful only once trust is established. Our findings give credence to the assertion that humor is best introduced by a professional familiar with the patient rather than forced upon patients unintentionally.14

Interestingly, humor was often perceived through amusing anecdotes or stories from a caregiver’s life outside of medicine. Although not traditional “jokes”, these remarks are often found by patients to be humorous; and these comments strengthened the bond patients felt with their caregivers. This reaffirms the concept that humor between a patient and physician need not be preplanned or forced. This finding was also described by Gross et al.15 although not in a cancer population. They found that patients felt less rushed if physicians spend even a short amount of time chatting with them about a subject other than their medical visit. It seems that this holds true for our population of terminally ill patients with ovarian cancer as well.

Perhaps the most unexpected and surprising result of the questionnaire was discovering how stressful patients found waiting to be. Many women stated that it is the period of time spent in waiting areas before, during, and after their visits when they would most enjoy a humorous diversion. They often stated that waiting in rooms with many other cancer patients, some of whom are sicker than they are, dramatically increased their stress levels. This finding holds exciting implications for future research. Patients with recurrent ovarian cancer tend to undergo many different chemotherapy regimens and spend many hours of their lives at hospitals and clinics. The opportunity to intervene and improve patients’ satisfaction and quality of life in this specific care setting could prove very helpful for the quality of life of these women.

Our study does have some limitations, which should be noted. First, there is the possible bias of the interviews affecting the interpretation of participants’ responses. Although every attempt was made to follow the guided interview, interviewee verbal or nonverbal feedback has the potential to bias patients’ answers. In addition, this is a relatively small sample size. Whereas we adhered to the principle of accruing to saturation, there is the possibility that had we conducted further interviews, more or different information may have emerged.

This qualitative study revealed that humor is an often-used coping mechanism for women with recurrent ovarian cancer and subjectively helps alleviate anxiety. The use of humor by physicians and nurses well known to the patient was perceived as appropriate and positive. The effect humor may have on the stress and anxiety of patients with recurrent ovarian cancer is an intriguing area of future research. For example, many patients identified the waiting room as a place where they had increased anxiety. This has led to the development of pilot studies at our institution using humor in this setting. These findings reveal the role that humor plays in the lives of women with recurrent ovarian cancer and serve as a foundation from which to move forward in studying the possible role of therapeutic humor.

REFERENCES