

# Cancer survivors' experiences of humour while navigating through challenging landscapes – a socio-narrative approach

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## Cancer survivors' experiences of humour while navigating through challenging landscapes – a socio-narrative approach

**Aim:** Humour is seen as a health-promoting coping strategy when dealing with life stress. The aim is to elucidate how adult cancer survivors experience and evaluate the significance of humour in daily life, from diagnosis through their entire illness trajectory, and to gain a broader understanding of humour as part of stress-coping processes during the experience of cancer as a life-threatening illness.

**Method:** A socio-narrative approach was chosen to study the humorous stories and their use in everyday contexts. Fourteen participants aged 23–83 with a variety of experiences across diagnoses, times since diagnosis, prognoses and life situations were interviewed.

**Findings:** Participants described humour as helpful and utilised its capacity to deal with difficult situations or related distress, although fluctuations in the course of the

illness coincided with two extremes: humour that disappeared and humour that returned. Their use of humour was related to three key themes: *facing a life-threatening situation, togetherness and communication, and living with the situation.*

**Conclusion:** Depending on the aim, humour contributes variously through the stress-coping process within the distinctions of emotion-, problem- and meaning-focused coping. Humour served to relieve the anxiety burden, enhance problem-solving ability, safeguard important relationships, communicate difficult topics, regain identity and help significant others to cope, even enabling the richness of life to help living with the risk. Humour should be considered as a significant engaging coping strategy by which the cancer survivors seek to manage their situation throughout the illness trajectory.

**Keywords:** humour, oncology, adults, illness trajectory, survivorship, coping, interviews, caring science.

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## Introduction

More people surviving cancer present healthcare personnel with new challenges in understanding how they handle everyday life, thus creating a need to better understand factors that promote health and well-being (1). Survival does not end the illness story, but often introduces a new life stage where people have to live with the stresses and strains following the disease. Therefore, the need for research into cancer survivors' lives all the way from diagnosis, and beyond treatment is

recognised (2, 3). Even years after treatment, many grapple with fear of recurrence and have psychosocial, physical or practical concerns in the reestablishment of daily living (4–6).

Coping with such stress is a process requiring sensitivity to cancer survivors' inherent and social resources (7–9). In particular, positive emotions (10), self-efficacy (11) and meaning making (12) are considered important internal resources affecting how people appraise life events and cope. Similarly important are the external resources within the survivor's social network, including healthcare professionals, which may provide emotional, informational and instrumental support (13). Family become a vital buffer against stressful feelings (14), allowing for the processing and expression of feelings as fundamental factors in coping with a life-threatening situation (15).

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Several qualitative studies from adult cancer survivors' daily lives underline the diverse and broad impact of humour, influencing both one's internal and external resources enhancing coping in stressful situations. Humour can affect spiritual, cognitive and social well-being (16), is associated with positive emotions and reveals positive thinking (17). It alleviates tensions (18–20), creates a distance to the illness and maintains normality (21–23). Humour helps in dealing with sensitive topics and challenges assumptions about cancer (24–26). It can also build social rapport and facilitate communication (27–30). Literature from various disciplines suggests that humour enhances coping ability and benefits health indirectly in moderating the adverse effect of psychosocial stress and in enriching social skills and support (31–33).

Having inadequate coping resources can be described as a painful perception of loneliness, meaninglessness and even an existential crisis (15). To avoid being conquered by such circumstances, people seek different strategies, often categorised as problem-focused when the person aims at resolving the cause of stress, while emotion-focused strategies aim at minimising the distress triggered by the cause (7, 9). Literature suggests the latter to be more prominent after a cancer diagnosis and includes humour in this distinction (34). Meaning-focused strategies use cognitive approaches or draw on values and beliefs to create new meaning (35).

Several studies underline the broad impact of humour. However, as humour is often described as an emotion-focused coping strategy (34), its potential transfer value as a problem-focused strategy has received limited attention. Is the notion of humour as an emotion-focused coping strategy too limiting, requiring further examination?

### *Aim*

The aim is to elucidate how adult cancer survivors experience and evaluate the significance of humour in everyday life, from diagnosis through their entire illness trajectory, and to gain a broader understanding of humour as part of stress-coping processes during the experience of cancer as a life-threatening illness.

### **Method**

Humour is a complex phenomenon often occurring spontaneously in social situations and thus difficult to describe (33). The turn towards narrative approaches in medicine and health sciences focuses on the participant's stories. A socio-narrative approach assumes that stories not only give privileged access to people's illness experiences, but also insight into social interaction and altered self-understanding (36, 37). This study has a socio-narrative, cross-sectional design, being based on narrative interviews aiming at exploring stories. Stories are suitable to get participants

to articulate their experiences and evaluation of situations (36) and are especially useful when people want to recount details of major life disruptions (38). The interaction during the interview is vital to how participants relate their experiences and develop narratives. Open-ended questions allow participants to formulate stories in meaningful ways and to explore them in dialogue (38). The flexibility of this narrative approach helped to grasp the complexity and meaning of humour.

### *Recruitment procedure and participants*

Participants were recruited from the register of the University Hospital of North Norway oncology outpatient clinic. A research coordinator from the hospitals' research support unit, without any clinical responsibility or other role in the current project, first made an oral request and then distributed a written information- and invitation letter to sixteen interested, potential participants. They were selected from the weekly patient list after medical journals, doctors and nurses had been consulted, especially concerning the exclusion criteria newly diagnosed cancer (<3 months) or an estimated lifespan below 3 months. Those who chose to participate returned their consent form directly to the first author. Fifteen of the sixteen invited gave their approval; one staying abroad was excluded, giving seven women and seven men aged 23–83 years. The sample did not aim at a representative overview, but at analytical richness and the description of widely varying experiences of cancer across diagnosis, time since diagnosis, age, gender, medical treatments, prognosis and life situation. One participant underwent active and five palliative treatment, time since diagnosis was >5 years in three, 2–5 years in five and <2 years in six participants, while ten had experienced spreading cancer or recurrence (Table 1).

### *Data collection*

The interviews were conducted during 2010–2011 by the first author, a nurse with broad clinical and professional communication competence allowing for rapport and further development of the participants' stories. She established the setting in a clarifying dialogue around the participants' consent. The stories were then encouraged through an open, narrative-inducing question that gave room for the entire cancer story, where participants could choose how to contextualise the role of humour, for example 'Can you tell me about your thoughts when being invited to join a study about humour and cancer?' The stories concerned episodes and complex events where the nature and function of humour were subject to follow-up questions and clarifications in an improvised dialogue more than preliminary questions from the interview guide (36, 39). The interviews aimed to include both rich

**Table 1** Characteristics of participants (n = 14)

Gender	
Female/Male	7/7
Age (year)	
Range	23–83
Mean female/male	45/58
Civil status	
Cohabiting/single	10/4
Children (<18 year)	5
Occupational status	
Working as before cancer/retired	5/3
Social-economic support wholly or partially due to cancer	6
Diagnosis	
Breast cancer	4
Gastrointestinal cancer	2
Gynaecological/Genito-urinary cancer	4
Lymphoma/Origin unknown	2/2
Years since initial diagnosis (year)	
3/4–2	6
3–5	5
>5	3
Treatment status	
Active	1
Palliative	5
Follow-up	8

descriptions of the humorous expressions in context and the coping-related implications of their use. Participants' reactions could also be explored through their eyes, face, gestures and bodily expressions. Field notes after each interview supplemented the transcripts and analysis of the stories themselves. According to participants' wishes, the interviews took place in their workplace (n = 4), homes (n = 3) or neighbourhood (n = 7). The interviews lasted 2–4 hours (mean 130 minutes) and were audio-recorded and transcribed verbatim. On request, two participants read and approved their transcripts.

### Analysis

The data were analysed thematically using a socio-narrative approach and an analytical process characterised by openness rather than predetermined theoretical perspectives (38). First, to gain an overall understanding, the transcripts were carefully read, with reflection notes about content and possible interpretations. Then, for each interview, personal stories, humorous metaphors and *in vivo* expressions were identified. The participants' evaluation, context descriptions and explanations regarding these stories enabled descriptions of their humour and understanding of participants' perception of the significance of these expressions. To identify patterns, similarities and variations in the data, meaningful information was compared across the interviews. The authors discussed the findings and interpretations, including their

own pre-understanding, until consensus was achieved. The third stage involved constructing overall themes to interpret the entire material through alternating reflections between empirical data and theory, and other studies helped to integrate new explanations of the participants' experiences (38).

### Ethical considerations

The study was approved by the Regional Committee for Medical and Health Research Ethics, the Norwegian Social Science Data Services and the University Hospital privacy ombudsman.

Participating in the interview involved personal and sensitive experiences. The researcher consistently sought to respect participants' boundaries and concluded with time to reflect on and deal with potential problems emerging during the interview. She emphasised the anonymity policy and that withdrawal would have no impact on their relationship with the hospital. The researcher had no medical or caring-related responsibilities.

### Findings

The humour-related stories dealt with every phase in the cancer process from diagnosis, through treatment and beyond. Three main themes emerged from the analysis. Humour was related to '*facing a life-threatening situation*', '*togetherness and communication*' and '*living with the situation*'.

Participants describe how their coping resources are frequently put to the test. They are therefore aware of their coping strategies and particularly underline the importance of humour in creating a liveable situation, to prevent the threat of the disease overshadowing their whole existence. However, life with cancer still showed fluctuations following the disease course and coinciding with the two extremes: humour that disappeared and humour that returned. The humour that disappeared was related to an unresolved life situation with great mental and physical strain involving anxiety and uncertainty about the disease development, treatment, inadequate information, waiting time and insufficient continuity in the medical follow-up. With a more clarified situation, humour could return but altered, typically allows humour and irony directed at the cancer experience, used more frequently and more consciously. When humour returned, we found it related to the three main themes (Fig. 1).

#### *Facing a life-threatening situation*

Cancer was described as a severe experience involving physical and psychosocial problems that may persist long after treatment. In periods of despair and chaos, humour was emphasised as particularly important for managing

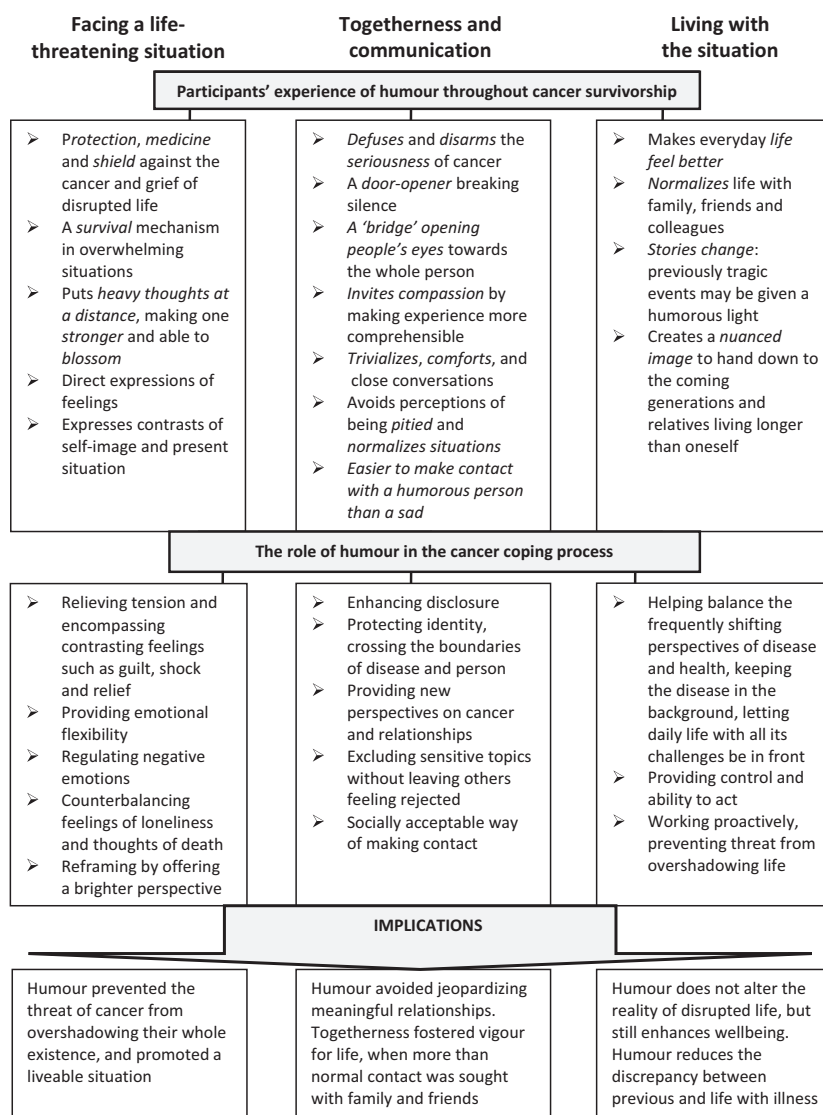


Figure 1 Main themes and findings overview.

emotions. It helped prevent the disease from overpowering and taking up all available space. Humour and laughter were called 'medicine', 'protection' and 'a shield' against the grief over the intrusions in life caused by the diagnosis: infertility, mutilation, marital problems, cancelled future family plans, education and work. Ina said:

Humour is medicine for my grief, it protects me against the cancer (...) A little shield that's out there parrying.

Mette's laughter was a reaction after a prolonged period of tension regarding the lump in her breast she had felt but denied. Her 'survival mechanism' was her ability to see 'the funny side', making her laugh when after her mammography, without a word being spoken; she could read her 'death sentence' in the nurse's deadpan face:

Talk about serious! The nurse looked like she had one foot in the grave. I thought: my God, will I die tomorrow? I found it so funny, she looked like

she was the one who'd got the death sentence (...) Maybe my survival mechanism, it's always been like that, I can see the funny side of most things.

Mette's source of 'survival' was her ability to keep her sense of humour despite considerable stress. Interestingly, she interpreted her laughter as inappropriate to the nurse's expectations. Mette said:

You mustn't laugh, because then they'll think you're crazy, 'cause people are supposed to cry.

The nurse's perception of humour was vital to whether Mette's needs were captured. Her laughter relieved the tension and encompassed such contrasts as 'guilt', 'shock' and 'relief'. Being powerless to control the circumstances, Mette's humour still provided an emotional flexibility to face new challenges such as driving home and telling her children.

Situations of great uncertainty involved a particular struggle to control negative emotions and avoid being

devoured by 'heavy thoughts'. Keeping those thoughts at bay provided more strength to face the circumstances. Humour could help create a 'distance'. Ola said:

That's how you blossom. It [Humour] keeps away those heavy thoughts, yes; it gets more like gallows humour (...) You use it, quite obviously, to put things at a distance.

When thoughts of the disease could not be repressed, one could provide a counterbalance. Conscious selection of TV comedies and amusing YouTube videos allowed some to slip away from loneliness and thoughts of death.

One's body could be experienced as both a threat and a support. Powerful metaphors and self-irony were expressed directly, often as a shield against one's own vulnerability and when words failed. The changed body could alter one's relationship to oneself and others. The worst thing for Elin was when her hair disappeared. She felt 'hideous' in her own and others' eyes and reinforced the hideousness with gallows-humorous animal metaphors:

Naked Rat was my name for myself when I was completely hairless (...) My god, what big ears I had when I was bald, it was a real Dumbo.

During her story, she realised the contradiction between what she expressed and what she really felt. The 'cover' of gallows humour protected her by putting the cancer in the background, preventing her life from being engulfed by 'a very dark time':

It (gallows humour) is quite simply just a cover for what I've felt inside, really, how bloody awful it's been, so it's just to protect myself (...) But if I couldn't have laughed and had fun with it, well I think I'd have had to go through a very dark time, I mean, I don't think I'd have managed to be so strong.

Humour could also reframe a difficult situation by offering a brighter perspective. By transforming a tragic event into amusing words, despair, anger and grief could be supplemented with laughter. Hanna described life with incurable cancer as having 'lost her sense of humour' in the breakdown of everyday life. Yet her constant subtle turns of phrase and many small humorous stories testified to the presence of both humour and positive thinking, such as:

Lost: laughter in the operating theatre. Reward to the finder.

### *Togetherness and communication*

Humour was important in building meaningful relations with relatives, friends and acquaintances, as more than normal contact was sought in a vulnerable situation where togetherness fosters vigour for life and aids recovery. Ole said:

It's important to keep in contact, then you don't lose your vigour for life, (...) you lose it more easily if you get isolated.

A supportive social network was vital for coping. Many had experienced their illness as a burden to others, making them sometimes retreat, and they tried hard to make others feel more at ease. Humour was especially important to avoid jeopardising a meaningful relationship. Ina intentionally played the socially acceptable role of 'clown' to help friends dare to make contact:

You want people to feel comfortable, and bring out the clown (...) It's much easier to contact a humorous person than a sad one.

Being perceived as different could create challenges in communication. A typical example is the awkward silence that ensued when others did not know what to say. Torbjørn called it 'a door opener to other people' when he tried to use humour to forestall such situations, and Viktoria explained how humour can 'defuse' and 'disarm' the cancer threat, making it easier to communicate:

It can help me defuse the illness situation, especially in the beginning it was like that. People take cancer pretty seriously and may have trouble talking about it, but I noticed that if I spoke in a light-hearted and humorous way, it became less serious, and it wasn't so hard communicating with people when you could disarm it.

Putting experiences into words could be difficult, but the humorous expressions could indirectly communicate in ways comprehensible to others. The term 'Naked Rat' had an empathetic power that helped those close to Elin to understand the experience of being a stranger in one's own body and life. She said:

They felt more compassion for me, when I said it like that.

Participants used humorous images and metaphors with various intentions, such as closing sensitive topics without leaving others feeling rejected. To assert normality, witticisms were often used to soothe over or trivialise the seriousness as with young children and also to avoid burdensome perceptions of pity from acquaintances. The participants realised that some people reacted negatively to self-disparaging humour such as 'Naked Rat' and talk of death.

Needing help threatened one's own self-understanding; in a secure setting, a humorous approach could facilitate receiving help with dignity. Humour could introduce an oblique view as 'a bridge' to aid togetherness in a difficult situation and provide new perspectives on the diagnosis, relationship and especially the person, as when Peter directed a comic stunt towards himself and his long hair:

I thought, "Well, sooner or later I'll have to shave my head." So, I took the shaver and whooshed it over my hair and gave myself a big bald patch. Then

I just took off my cap [in front of parents, Ed.]. They just fell about laughing (...) Because I was a bit desperate, I could see they felt sorry for me (...) I think the humour was quite simply a bridge that opened people's eyes so they didn't only see what was wrong, but they could see the whole person.

### *Living with the situation*

As the participants had experienced how cancer could affect the vital physical, psychosocial, spiritual and financial aspects of life, the illness stories often involved dealing with uncertainty where life was at stake in different ways. The ability to accept and endure was linked to a humorous life view that gave the experience meaning, being part of the participant's way of being in the world. This formed an attitude to oneself and the environment encompassing both the illness and life in general. It meant having to deal with adversity and accepting the illness as a fact which one could have wished differently, but which could not be altered. The experience, however, could be changed. Important in this context was finding a meaningful balance where the disease did not dominate. Four years ago, Torbjørn was treated for spreading cancer with an uncertain outcome. He chose 'to live for the moment' trying not to worry about the recurrence risk. Yet he experienced, like the other participants, great turmoil before medical examinations. With a pointed, humorous remark, he illustrates how his inner dialogue cheered him up and renewed his vigour for life, reframing cancer as a challenge to be overcome, here some hours before the examination:

Then I sat for a long time thinking: what if I die? The kids, what about them? My wife, the money, the house? But suddenly I thought: No, bloody hell! There is another alternative, and that's that everything's fine! You can't bury yourself in seriousness, then you might as well just close the lid (...) The coffin, that's your lot, man! (...) Whether [humour] helps you to survive, I don't know, but it helps you anyway, to a better life in the middle of all this. Yes, it feels better.

Some interviews reveal the illness as less of a break with future plans and more of a continuation of one's previous life. Cancer is interpreted in terms of beliefs that have made meaning in other challenging situations. For Anna, life with 6 years of incurable disease was 'destined by God'. God decided the time and created continuity into the future, to life after death and the joyful reunion. With a subtle, humorous metaphor, she expressed her relationship to her own death and longing for her lost loved ones:

I've lost many, but I've had to stand tall anyway. I was at the graveyard yesterday and looked around, and I just know that's the way we're all going to go

(...) I like to say I possess an estate out there, rather than having a grave site, next to my husband. We usually meet at the estate in the spring, when I tend his grave.

The cancer experience had taught several to appreciate how life was intertwined with past and future, and to become more aware of the present. Knowing that life was short and death was approaching, one needed to hand down good memories of oneself to the coming generations and create a more nuanced image than merely a patient with cancer. In this situation, but also in an improved life situation, the stories could change; previously, tragic events could later get a touch of humour in photo albums and stories.

### **Discussion**

The findings reveal that participants found humour important in fostering well-being and relationships. Humour was a valued attribute of participants' self-understanding and a natural part of their coping style and self-efficacy, helping to create and maintain coherence and meaning after cancer (12). They also associated humour with laughter, positive emotions and thoughts (17). Depending on the perceived situational severity and demands, humour played various roles in the coping process.

*Facing a life-threatening situation*, participants repeatedly related how humour protected against being engulfed by anxiety and gloomy thoughts, as others have shown (18–20). In creating a mental distance to the circumstances (21–23), humour directed attention to something more positive and provided space for more balanced perspectives, enabling participants to face and gradually adapt. This echoes research on emotion- and problem-focused coping facilitating each other (10). Emotion-focused coping was revealed as humour altering perceptions of almost being overwhelmed and reducing distress by distancing and regaining a sense of control (7). In this regulation of negative emotions, problem-focused coping was facilitated to enhance the ability to face other problems such as 'telling the children'. Literature also suggests that such distance making may help people gain perspective and enhance well-being when facing adversity (31). We found several such examples, helping participants to reframe a tragic event in a brighter perspective, which adds the role of humour as meaning-focused coping.

*Togetherness and communication* with family and friends fostered vigour for life and recovery when more than normal contact was sought, recognised as a key aid in coping (13, 14). However, cancer stories involve a socio-cultural awareness concerning death and suffering (40), and disclosing could create a distance to persons they usually interacted with. To avoid losing meaningful

relationships, humour was deliberately used like a problem-solving tool (7), serving to safeguard communication in a comforting setting. The capacity of humour in forming relationships is underlined (33) and in challenging people's assumptions about the disease (24–26), in the present study, often approached in subtle ways. Colourful metaphors such as 'Naked Rat' not only expressed the emotional state, but also aroused liberating laughter. Such metaphors still provide glimpses of the subjective pain, since the suffering can hardly be expressed in objective terms (41). Thus, they served as a valuable tool promoting communication and empathy (42), conveying a sense of the situation in a context that enabled others to listen. Like a counter narrative (43), humour was also a strategy to protect self-understanding as a resistance against a sense of dehumanisation, figuratively described by a participant as 'a bridge' crossing the boundaries between disease and person.

Studies often emphasise the advantage to the person using humour to cope, such as easing negative emotions (18–20). However, participants accentuate the burden of illness on significant others where humour was utilised to enhance positive feelings and help them cope. Here, humour was a valued element of togetherness and a significant part of meaning making (12). Literature suggests that humour enhances people's coping ability by increasing interactional skills and social support (31); participants found this worked for all involved.

*Living with the situation* concerns adapting to one's circumstances. Participants emphasised that the importance of humour fluctuated in line with physical, psychological and environmental stress; humour would sometimes disappear and later return. The stories of disappearance are expressions of an unbearable situation, such as an existential crisis (15). Findings reveal the uncertainty and anxiety associated with the illness threat and the burden of the perceived lack of support from medical services, for example problems of information, waiting time, continuity and collaboration across wards and institutions. Others have shown that cancer care settings do not promote humour (16). The humour that returned in a more clarified situation was altered, typically allows humour and self-irony. The therapeutic impact of allows humour in life-limiting circumstances is emphasised, helping to grasp life 1 day at a time and maintain normality (30, 44).

The participants learned that disease and wellness fluctuate, meaning that adaptation need not be final, rather experienced as a frequently shifting process where disease and wellness alternate in taking centre stage (45). Humour is evident in the attempt to find a balance in the fluctuations. Keeping the disease in the background helps living with the risk and enabling life with all its challenges, opportunities and perspectives to come to the fore. This suggests that humour also works proactively to aid coping

(8, 10), as in using humour to prevent the worry regarding medical tests from growing and overshadowing the situation. Expressions such as 'it feels better' indicate that it does not alter the reality of the disrupted life, but still enhances well-being. Humour in this study is also a substantial part of the reappraisal and meaning-making coping process, reducing the discrepancy between previous life and life with illness (35).

Thus, depending on the aim, we found humour manifested as emotion-, problem- and meaning-focused coping. However, none of these concepts fully encompass its considerable flexibility to demands. Coping is a broad concept, with a long history (8). Today, the most important distinctions appear to be engagement vs. disengagement. Engagement coping aims at dealing with both the stressor such as the cancer and the resulting distress emotions (10); therefore, we find this concept also to encompass the capacity for humour. Engagement coping is closely related to meaning-focused coping and includes problem-focused and some aspects of emotion-focused coping: regulating emotions, support seeking, cognitive restructuring and adaptation (10), also in line with this study.

The present findings support previously published findings on the uses and benefits of humour among adult cancer survivors, but also broaden dimensions by showing the significance of humour permeating the participants' lives throughout the illness trajectory and its purpose of helping both themselves and significant others to cope. Likewise, our findings reveal the need for a more comprehensive definition to capture the broad and various impacts of humour as part of the stress-coping process. To our knowledge, this broad utilisation has not previously been documented in one study sample. The great variability in participants' personal and illness-related characteristics may have contributed to this. Regardless, to persist in defining humour as purely emotion-focused, coping is masking its profound meaning in peoples' lives.

#### *Methodological considerations*

The present study has several strengths. It was conducted in a real-life everyday context. The narratives addressed the participants' experiences with a changing life situation, while providing an evaluation of the effects of humour and other coping strategies. The stories appear well deliberated. The interviews do not aim at a representative overview but at analytical richness. Each participant unfolded thoughts, feelings and behaviours to the context of diagnosis, treatment, returning home, readmission and beyond. The material thus consists of rich and nuanced examples; based on our analysis and literature review, we consider the stories valid representations of how many experience the significance of humour

throughout the illness trajectory. The main findings apply to all participants, while details and examples in the stories vary.

There are also limitations. Although the purpose of the study has been fulfilled, we have been unable to explore humour in its regular social context, as only patients were interviewed. Exploring humour from the stance of others such as partners or using alternative methods such as focus group interviews might have emphasised other elements. The opening question resulted in long and complex stories, and telling triggered the need for more telling. Although the participants wanted to continue, follow-up interviews could also have been appropriate.

The results may have more validity for persons holding humour as a global value. Participants were recruited from one part of Norway, although studies in other cultural contexts reveal similar findings (24, 44). Yet the literature also emphasises distinct cultural differences in the expression of humour (46).

### *Implications*

The stories portray humour as an aid in navigating through challenging landscapes developing in a fine-tuned interplay between the person's inherent resources and the social environment, including the healthcare services. Contact with healthcare services may span over years but often be organised in short encounters, resulting in a lack of continuity where important communicative elements may get lost. Listening to stories can help clinicians comprehend how coping with serious disease is intertwined into people's lives and enhance their knowledge of different approaches to health and well-being, such as sensitivity to the profound meaning of seemingly inappropriate laughter, gallows and subtle humour. Variations in individual perceptions of humour may lead to its significance in others' lives being underestimated. Although responding may compromise the sense of professionalism of healthcare staff, such stories may challenge attitudes and reflections, revealing much to be learned from how everyday humour can inform interaction in adult cancer care.

This study suggests that caring for humour means enhancing care. Further research should focus on survivors' viewpoints and needs to continue to live as normally as possible with family and friends and improve clinicians' knowledge of the significance of all available resources including humour in coping with the diversity of challenges throughout the illness trajectory.

## **Conclusion**

This study describes how survivors living with or beyond cancer experienced life changes and the significance of humour in their coping strategies. Depending on the aim, humour appears as an engaging coping mechanism, including problem-, emotion- and meaning-focused coping. It contributes variously through the stress-coping process and served to relieve the anxiety burden, enhance problem-solving ability, safeguard important relationships, communicate difficult topics, regain identity and help significant others to cope, even enabling the richness of life to help living with the risk. Such humour does not appear on command, but grows in a fine-tuned interplay between the person's inherent resources and the social environment, including the medical services. To develop meaningful support to foster health and wellness throughout the cancer survivorship, it is vital that healthcare personnel and managers also build knowledge from the stories of people's everyday lives, to become more aware of their own practices and enhance their ability to provide care.

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## **Author contributions**

Bente Lisbet Roaldsen and Tore Sørli conceptualized and designed the study. Bente Lisbet Roaldsen collected and analysed the data and drafted the manuscript. Geir F Lorem supervised the methods, and Tore Sørli was in charge of the general supervision of the study. All authors provided critical revisions of important intellectual content and revised the final version.

## **Ethical approval**

The Regional Committee for Medical and Health Research Ethics (REK 155/2007) and the University Hospital privacy ombudsman (0021) approved the study.

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