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Laughing at cancer: Humour, empowerment, solidarity and coping online

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Abstract

In the context of cancer, humour and joking can still be seen as socially unacceptable. Yet people with cancer can find relief in making light of their often life-threatening situations. How and why they do this has received little systematic attention to date. This paper begins to address this gap by exploring 530,055 words of online patient–patient interactions on a thread explicitly dedicated to humour within a UK-based cancer forum.

A corpus informed analysis reveals that characteristic forms of humour make fun of cancer and its consequences (e.g. embarrassing bodily functions and paraphernalia required as part of treatment), sometimes via co-constructed fantasy scenarios developed over several posts. Facilitated by the affordances of the online environment, the main functions of these humorous utterances and exchanges include enabling contributors to talk about frightening, sensitive, embarrassing and/or taboo experiences; potentially reducing the psychological impact of their experiences; facilitating a sense of individual and collective empowerment in a context where people can feel powerless; and building a sense of a cohesive, supportive community, thereby reducing potential feelings of isolation. In these ways, humour helps contributors cope with their illness.

Keywords: Conversational humour; Cancer; Online interactions; Health communication; Empowerment

1. Introduction

The title of this paper may make some uncomfortable: cancer, after all, is no laughing matter. Except that it is. In fact, for contributors to the online forum thread entitled 'For those with a warped sense of humour WARNING- no punches pulled here' (henceforth 'Warped') it has to be. They ''cope by being irreverent and silly and able to laugh at all the bad stuff'', and they are not alone. At the 2015 Edinburgh Festival Fringe Beth Vyse, Alastair Barrie and Adam Hills were among those who based their comedy routines on their own or their partner's cancer experiences. Shortly thereafter, BBC Radio Scotland ran a two-part programme called A Funny Kind of Life and Death, interviewing Vyse and Barrie along with six others who all used humour and comedy to come to terms with death or cope with life-threatening illnesses.

Despite this emerging trend, as the disclaimer in the title of the thread indicates, humour in the context of illness and cancer can be seen as inappropriate, even maladaptive (Watson, 2011), hurtful (Chapple and Ziebland, 2004) or

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otherwise detrimental (Kuiper et al., 2004). On the other hand, numerous studies also discuss the potential benefits of humour in illness (Chapple and Ziebland, 2004; Heath and Blonder, 2003; Kuiper, 2012; McCreaddie and Wiggins, 2008). These conflicting points of view are not surprising: existing studies use different methods of investigation, and focus on different types of humour (e.g. jokes vs. conversational, but also humour as trait vs. behaviour), different constellations of participants (doctors–patients, nurses–nurses, etc.), and different types of speech situations (consultations, interviews, etc.). Even within individual studies, there is often little discussion of exactly how humour might help people cope with illness (or not), which may be related to the fact that spontaneous interactions amongst patients or carers without obvious or visible observers present are largely unexamined (undoubtedly because of the difficulties in obtaining such data). By looking at online interactions among patients, I hope to begin to address the latter gap, albeit acknowledging that what happens online is not necessarily something that could or would happen offline in the same way (cf. Giles et al., 2015). In focusing on how humour may contribute to coping, my aim is to expand on the ongoing discussions of the role of humour in illness experiences, and for this purpose, I restrict myself to examining the discourse, interpersonal and possible psychological functions of humour rather than the specific linguistic mechanisms involved.

Broadly speaking, online environments offer relative anonymity, reduced inhibition (Suler, 2004), round the clock availability and accessibility, irrespective of geographical or physical constraints, and the opportunity to offer and access not just information but also ''emotional support and advice based on personal experience'' (Harvey and Koteyko, 2013:166; also Radin, 2006). These characteristics (see also Herring, 2007; Seale et al., 2006) have the potential to reduce a sense of isolation which can come with being ill, especially in the case of longer-term conditions such as HIV (e.g. Mo and Coulson, 2009) and cancer (e.g. Pitts, 2004). The same characteristics also foster verbal play (Daisley, 1994; Georgakopoulou, 2011; Vandergriff, 2010) and facilitate discussions of sensitive or taboo subjects (Seale et al., 2010). This makes online forum data particularly appropriate for an investigation of humour in the context of illness.

This paper therefore investigates the ways in which patients use humour on Warped, a single thread within the online forum of a UK-based cancer charity, and how these uses might help them cope with their illness. After a necessarily brief overview of the literature on humour in the context of illness, I discuss the characteristic humour of Warped, identified through a corpus comparison of the Warped thread with other threads on the same forum using Wmatrix (Rayson, 2009). Among the humorous utterances and exchanges most typical of Warped, this paper will concentrate on examples that make fun of cancer or its consequences (e.g. embarrassing bodily functions and paraphernalia required as part of cancer treatment), sometimes through co-created fantasy scenarios. Throughout, I discuss the potential, often overlapping, discursive and interpersonal functions and possible psychological effects of these examples of humour, including tension release, solidarity, community building and empowerment in a situation where people can otherwise feel powerless. I argue that it is these functions/effects which ultimately help contributors cope with their experiences.

1.1. Humour, illness and coping

Generally, humour can be seen as ''a type of mental play involving a light-hearted, non-serious attitude toward ideas and events'' (Martin, 2007:1). There are numerous theories about what humour is, and how and why people do it, falling into three broadly recognised groups: cognitive, social and psychoanalytical (see summaries in Attardo, 1994 and Morreall, 1986). Often cited examples of each are Incongruity, Superiority (also known as Aggression or Disparagement) and Release (or Relief) Theory, respectively and, although numerous scholars and studies exist in each of these traditions, Incongruity Theory is associated with Kant (1951 [1790]), Superiority Theory with Hobbes (1840) and Release Theory with Freud (1905). Alongside the main theories of humour, there are also a set of 'primary' social (or interpersonal) functions (Attardo, 1994), of which the most relevant for current purposes are: social management, 'decommitment' and mediation.

The social management function of humour allows speakers to exert some form of social or discourse control, convey some social norm, establish common ground, garner ingratiation, demonstrate cleverness, or repair or defuse unpleasant situations. All of these contribute to the interpersonal, but also psychological, effects of in-group bonding, as does simply 'laughing together' (Attardo, 1994; Hübler and Bell, 2003; Fraley and Aron, 2004). The decommitment function of humour facilitates deniability, i.e. the ambiguity involved in humour gives the speaker the opportunity to retract the force of their utterance. For this reason, it is also used as a mediation tool ''to introduce or carry out potentially embarrassing or aggressive interactions'' (Attardo, 1994:327) making it particularly relevant to healthcare settings when discussing sensitive topics such as death (Mulkay, 1988, cited in Attardo, 1994). An interesting 'secondary' function of humour (i.e. it is not the speaker's *direct* intention) is indirect information communication. From instances of humour (e.g. jokes), hearers can indirectly extract information about real life, including taboo information (Attardo, 1994, citing Sacks, 1978), such as the embarrassing bodily functions associated with cancer treatment.

The specific type of humour I deal with here is 'conversational' (Dynel, 2009) or 'humour in interaction' (Norrick and Chiaro, 2009), even though the data at hand is computer-mediated writing (cf. Hübler and Bell, 2003; Dynel, 2011a). This type of humour consists of utterances ''relevantly interwoven into conversations'' (Dynel, 2011b:4), making it highly