Humour in forensic services: Enabling connections between patients and students

Abstract

Shared laughter, a joke or banter can be an essential element to positive relationships between patients and nurses. Students represent the present and future of mental health nursing, often having greater patient contact than registered nurses, and this is appreciated by patients. Despite the many benefits of the experience of humour, there are some considerations that are important with regards to risk, particularly in forensic services. Interest in humour and such related interventions began to increase in mental health settings over a decade ago, yet there remains a paucity of consideration of the risks and benefits for students and patients in forensic services, hence exploration in this discussion paper of the wider literature in the context of the time patients and student nurses share in forensic settings, exploring the benefits and risks present. Everyday humour can be influential with regards to building connections and relationships. Hence, exploration of education for students, and promotion of open conversations between patients and mental health nursing students around use of humour is called for.

Keywords

Humour, laughter, forensic services, student nurses, mental health, therapeutic relationship

Plain language summary

Shared laughter is an important element present in the time patients and student nurses share together in all mental health settings including forensic settings. Though there can be risks, humour can be a means for supporting a person's sense of humanness and can enable student nurses and patients to connect, bond and build relationships.

Key points

1. Shared laughter, a joke or banter is an important element present in the time patients and student nurses share together in all mental health settings including forensic settings.
2. Despite recent interest in humour and such related interventions in mental health healthcare, there remains a paucity of consideration of its use in forensic settings or between students and patients.
3. Though there can be risks, humour can be a means for supporting a person's sense of humanness and selfhood and can enable student mental health nurses and patients to connect, bond, and build therapeutic relationships.
4. Use of humour can enable students to manage the challenges facing them in their mental health nursing career.
5. Education for mental health nursing students and open discussions between patients and students around use of humour is called for.

Reflective questions

1. What did you notice the last time you experienced a humorous exchange with someone?
2. Reflect on an occasion when you were sharing laughter with someone, what stands out to you? How did the experience impact on your relationship?
3. Can you think of any risks present in a recent encounter involving humour and why would you describe these as risks? What do you think may have been the consequences and how could you manage these to reduce potential risk?
4. How might you promote the use of humour within mental health care? What would you need to support you to do this?
5. How would you approach a discussion about the use of humour with patients?

Introduction

Positive relationships in healthcare, particularly between patients and nurses, are enhanced through shared laughter or humorous exchanges. Students, the future faces of mental health nursing, play an integral role in forensic settings, often spending greater direct time with patients than registered nurses (Jones & Black, 2008; Mukumbang & Adejumo, 2014). Patients, in turn, express appreciation for this time (Andersson, Ekebergh, & Hörberg, 2020; Speers & Lathlean, 2015). While the benefits of humour are manifold, in forensic settings certain risks also warrant consideration. Over the past decade within mental health contexts, interest in therapeutic applications of humour has grown (Gildberg, Bradley, Paaske, & Hounsgaard, 2014; Gildberg et al., 2016), yet academic scrutiny regarding students sharing laughter with forensic patients remains scarce. This discussion paper aims to help fill that gap by reviewing salient strands of the humour literature as they pertain to student nurse-forensic patient dynamics. We examine potential gains and risks of humorous exchanges in such settings. Ultimately, we hope to encourage wider scholarly conversation and research concerning this understudied area with practical implications for enhancing mutually enriching interactions.

Background

Shared laughter, a joke or banter can be of great value to patients and students in forensic settings despite the often dehumanising setting (Reavey, Brown, Kanyeredzi, McGrath, & Tucker, 2019). Humour is an integral part of everyday communication (Astedt-Kurki, Isola, Tammentie, & Kervinen, 2001; Gildberg et al., 2014) and plays a special role in human interactions (Sousa & Jose, 2016). The use of humour and its benefits for mental health, has been widely written about (Jiang, Lu, Jiang, & Jia, 2020; Schneider, Voracek, & Tran, 2018; Tagalidou, Loderer, Distlberger, & Laireiter, 2018). Patient memoirs (see O'Hagan) and cartoons (see Asylum magazine) use humour while conveying seriously distressing experiences.

Laughter therapy, a popular contemporary intervention using humour, has increasingly shown physical and psychological benefits (Tremayne & Sharma, 2019) particularly for depression (Bressington, Yu, Wong, Ng, & Chien, 2018; van der Wal & Kok, 2019), anxiety (Morgan, Smith, & Singh, 2019) and for older adults (Hickman, Clarke, & Wolverson, 2020). Furthermore, there is interest in the neurological impacts of humour, as found in brain scans (Wu *et al*., 2020) or other physiological effects with regards to relaxation (Emmerson, 2017).

In other areas, laughter yoga uses a combination of laughing exercises and yoga principles of breathing, relaxation and movement (Yazdani, Esmaeilzadeh, Pahlavanzadeh, & Khaledi, 2014). Medical clowns/ clowning in mental health, child and cancer services has also received attention for its positive effect on mental health (Gelkopf, 2011; Graham, 2015; Roy, 2009). Importantly humour can alleviate stress and help people cope (Astedt-Kurki *et al*., 2001; Haydon & Riet, 2014; Sarris, 2018; Sousa & Jose, 2016). According to Griffin (1969) Florence Nightingale was the first nurse to document the need for laughter in nursing and spoke of it as fundamental in nursing education.

Increasing interest in humour and such related interventions in mental health nursing mostly spans the last decade (Gelkopf, 2011), though earlier studies go back to the last millennium (Struthers, 1999). Despite this, there is a paucity of rigorous contemporary studies completed (McCreaddie & Nasser, 2020; van der Wal & Kok, 2019) and the available research fails to recognise the complexity of laughter and humour (Emmerson, 2017). Nevertheless, there is some evidence to say that humour is an important communication tool for nurses and therefore student nurses (Haydon & Riet, 2014; McCreaddie & Nasser, 2020; Sousa *et al*., 2019). The use of humour for students has been explored in America with adult students (Stein & Reeder, 2009), in the UK with adult nurses (Flynn, 2020), and in Korean community mental health services (Seo & Na, 2015), but none in forensic settings with students and patients, hence review of the wider evidence base applied to forensic settings and use between students and patients.

Humour supports coping (Sousa & Jose, 2016) and is also noted as particularly beneficial in mental health nursing education (Chiarello, 2010). However, this view has been contested by Lyttle (2010) with an argument for deeper acknowledgement of the potential harms of humour. This critique is accompanied with calls for more robust research comparing '*humour'* to other approaches, and sensitivity to '*side effects'* and the perspectives of those who deem a person's humour ineffective (van der Wal & Kok, 2019). Such complexities have to be acknowledged when discussing the use of humour and its holistic consideration (Tremayne, 2014).

Other critical considerations focus upon terminological and conceptual precision. It is firstly important to note there has been criticism that humour and laughter are terms used interchangeably (Emmerson, 2017) and definitions vary (Sarris, 2018). There are differences between humour as a tool and a sense of humour as a personality characteristic (Sarris, 2018). Parvulescu (2010) argues that most writings on laughter are confused with humour, and they are different. Emmerson (2017) writes that there can be laughter without humour, for example when people start laughing because others are. However, is laughter not in itself humorous? Dittmer (2013) also states that humour and laughter cannot be separated, they are doing the same thing (Brigstocke, 2014). Dynel (2009) posits that there is overlap in categories of conversational humour, for example spontaneous and interactional humour are different to jokes. Banter is classified as when people engage willingly in humorous exchange, framed around teasing, a reciprocal exchange, as compared with putdowns, which can be abusive and disparaging (Dynel, 2009). Main theories categorise motivations for humour: superiority, relief and incongruity (McDonald, 2012). Essentially, underlying intentions define the appropriateness in nursing.

History

What little contemporary philosophical writing there is about humour tends to have been critical of it; noting, for example, issues of compromised rational self-control and potential for offence (Bergson, 2019; Morreall, 2020). Conversely, other philosophers including Aristotle, Plato, Descartes, Kant and Darwin have considered humour and laughter to be a positive phenomenon, attesting to its importance for well-being (Gelkopf, 2011). According to McGhee (1983) theories of humour date back to Aristotle. The famous Dr Hunter 'Patch' Adams (1998) stated that humour and laughter have been promoted as enhancing health throughout medical history from Hippocrates to Sir William Oster. He believed that humour was vital in healing. Freud (1928) also spoke of humour as a specialist relational and expressive skill resulting in enjoyment and self-affirmation (Amici, 2019). Hence the importance of exploring the use of humour for patients and students, whom they spend the most amount of time with.

Benefits

Humour has many relational benefits for both patients and student nurses. It can help them *settle in* to their new environments, feel comfortable and build connections, and simply reduce boredom (Sarris, 2018). Humour is fundamentally a social phenomenon (Buxman, 2008), supporting the connection of people human-to-human (Dean & Major, 2008; Flynn, 2020; Gildberg *et al*., 2014; Gildberg *et al*., 2016; Sarris, 2018). It gives a sense of togetherness (Gildberg *et al.*, 2014; Tremayne, 2014) and shared laughter can nurture a sense of community, camaraderie and belongingness between people (Old, 2012; Pryor, 2010).

Laughter has atmospheric qualities, it can disrupt the emotional ambience (Emmerson, 2017) and encourage a relaxed atmosphere (Pryor, 2010). This may be especially helpful for those new to an environment, either as a patient as a new admission or a student mental health nurse on a new placement that may feel nervous. However as stated by Emmerson (2017) and Gildberg *et al*. (2014), laughter can lead to feelings of exclusion and isolation for people not resonating with the atmosphere, though they each do note it can also unite people.

Nevertheless, humour can be freeing by breaking down barriers and tensions being in an institution. It can make the experiences of mental health problems easier to convey, such as when attempting to dismantle stigma (Qasim, McKeown, Kunda, Wainwright, & Khan, 2020). As found by Tremayne (2014) it can lead to a more holistic and personal approach that is comforting to patients. Of course, an important consideration is that people are individual, just as the use of humour is complex since it is individual, multifaceted and situational in nature (Haydon & Riet, 2014; Sousa *et al.*, 2019), and so there is a need to be sensitive to another person's sense of humour, which is something found over time shared together.

In previous studies in such institutions as forensic services, humour has been noted as a frequent occurrence (Gildberg *et al.*, 2014; Gildberg *et al*., 2016) that enables a relaxed atmosphere (Inglis, 2010) and reduction in conflict (Gildberg *et al*., 2016). Patients appreciate nurses' sense of humour, in the context of their recovery (Borg & Kristiansen, 2004; Stevenson & Taylor, 2020), and it has contributed to patients' positive evaluation of staff and enhanced engagement (Lord, Priest, & McGowan, 2016). Positive effects on social, physical and spiritual dimensions of health have been observed (Minden, 2002). Gildberg *et al*. (2016) review exploring forensic services, found that humour was a personal quality linked to the establishment of relationships, trust and of positive significance, mirroring findings in the wider nursing literature (Tremayne, 2014), hence the importance of engaging in conversations about humour in such settings.

Understanding risks

Despite the many benefits of the experience of humour, there are some important considerations, particularly in mental health care settings such as forensic hospitals (Gildberg *et al.*, 2014; McCreaddie & Wiggins, 2008; Sousa *et a*l., 2019). On one hand, the use of humour to maintain superficial relationships can protect patients from difficulties in ending relationships. For instance, when building attachments only for these to be lost when students inevitably finish their placement (Peplau, 1988). On the other hand, a degree of superficiality

could prevent deeper connections, which can result in a sense of value for both the patient and student. A smile or laugh makes you feel you have done something good (Dean & Major, 2008) or communicate recognition and value, and in the aggregate can build foundations for more enduring or therapeutic relationships (Gildberg *et al.*, 2014).

Haydon and Riet (2014) and Seo and Na (2015) found complications if nurses are '*too busy*' to be humorous due to time constraints, highlighting a temporal aspect to humour. A further element of time in humour found by Haydon and Riet (2014) was how patients can assess a nurses' sense of humour in the first few minutes. A potentially preferable scenario is when the patient initiates humour (Buxman, 2008). There can be reduced risks for the nurse this way if humour is patient lead. As widely accepted, the element of timing is important in engaging in humour and delivering jokes (Dean & Major, 2008), in addition to the situation (Sousa *et al*., 2019). Of course, patient-led or nurse-led humour could on occasion be exclusionary rather than inclusionary. For instance, banter that invites complicity in gender or racial prejudice. Nurses can be alert to such possibilities, prompting helpful anti-discriminatory dialogue. Particularly not engaging in putdowns, where a person becomes the butt of jokes (Dynel, 2009). Gallows humour, for example, pervasive in healthcare, can be a way for healthcare professionals to deal with stressful environments (Smith & Pringle, 2021), such as forensic services. However, its pervasiveness can risk normalising a detrimental culture of callousness (Smith & Pringle, 2021).

Humour can be an authentic expression of self and thus, consequently, it may open vulnerability and risk which necessitate a level of confidence and self-esteem, which McCreaddie and Payne (2014) state some nurses may lack. By its very nature humour is always on the edge of going too far, particularly banter as it involves reciprocal teasing (Dynel, 2009), and the challenge is to express humour in a socially respectful manner, not causing harm to others (Dynel, 2009; Gildberg et al., 2014; Sayre, 2001). The use of humour needs balancing alongside professionalism, a vital element of the Nursing and Midwifery Council

(2018) code, particularly as certain elements of humour can include banter. Jones and Tanay (2016) question the appropriateness of humour in relation to professionalism. However, Lee and Jang (2019) argue that humour can enhance professionalism and, as found by Dean and Major (2008) humour is often wrongly considered unprofessional or at odds with the NMC Code (Tremayne, 2014). Additionally, as questioned by Flynn (2020), are *we* professionalising humour out of students? Due to the focus on professionalism in nursing because of various high profile investigations (Darzi, 2018; Department of Health, 2012; Fallon, 1999; Francis, 2013), Flynn (2020) writes of the balance between use of self and professionalism and emotional tension due to such a '*tug-of-war'* (pg 276).

Nurses can use humour as part of their use of self (Rogers, 1951; Travelbee, 1969). The use of self, through the vehicle of humour, expresses a nurses' personality, enabling them to connect with patients comfortably (Dean & Major, 2008). However, this can expose vulnerability, and is balanced alongside the management of boundaries, risk and appropriate relationships within their role, hierarchy and power dynamics (Mann, Matias, & Allen, 2014; Pieranunzi, 1997; Simms-Sawyers, Miles, & Harvey, 2020). Power dynamics are of particular importance in forensic settings where staff-patient relationships are inherently imbalanced due to lack of patient autonomy and enforced treatment (Peternelj-Taylor, 2004). Shared laughter can temporarily provide respite from power divides, however fundamental inequalities persist in such settings.

There certainly needs to be careful considerations for using humour, particularly in relation to the potential for negative effects and risks associated with its use (Amici, 2019; Jones & Tanay, 2016), principally around the possibility of perceived humiliation (Sayre, 2001) and putdowns (Dynel, 2009). It may not always be appropriate due to the nature of forensic services (Gildberg et al., 2014; Lord et *al.,* 2016), due to the vulnerability of patients (Gelkopf, 2011) or potential risks of humour being misinterpreted and subsequent responses (Gildberg *et al.*, 2014). Particularly considering that research has shown people can fear humour

(gelotophobia) (Bruck, Derstroff, & Wildgruber, 2018; Weiss *et al.*, 2012). McCreaddie and Wiggins (2008) additionally advises that humour can be inappropriate in psychological crises, which may include for example people experiencing psychosis or distress related to dementia. However, humour can also be of comfort for people in distress, and may help people cope with social interactions and difficult situations (Sarris, 2018; Sayre, 2001). It can also assist in promoting health to groups who may experience complexities with engagement (Foster, 2012).

Just as humour can support the building of relationships, inappropriate use of humour can be detrimental to the therapeutic relationship (Gelkopf, 2011; Gildberg *et al*., 2014; Struthers, 1999). Especially if nurses do not have the interpersonal skills necessary to rectify the situation (Jones & Tanay, 2016). Hence the importance of knowing the patient, and gauging their sense of humour. In order to find a balance between using humour therapeutically and managing potential risks, nurses and students should ask patients about their views, experiences and preferences of the use of humour. In addition to considering neurodiversity. As there is no one way to *do* humour it should be led by conversations between patient and student or nurse, as certainly there is no expectation that all mental health nurses *must* share humour with patients. Certainly, as use of effective humour is an understated and intuitive skill (Gildberg *et al.,* 2014; Scanlon, 2006*)*, gained through experience in practice (Dean & Major, 2008), hence the importance of student nurse placements and the observation and/ or engagement in shared laughter with patients. Although Cleary, Hunt, Horsfall, and Deacon (2012) argue that humour is a characteristic not enhanced through mental health nursing education, other evidence suggests education can develop nurses understanding and use of appropriate humour (Choi, Hwang, & Park, 2012; Hwang et al., 2018; McCreaddie & Nasser, 2020; Seo & Na, 2015; Sousa et al., 2019; Stein & Reeder, 2009). Therefore, such education should be explored, particularly considering finding the balance between positive experiences of humour and experiences of exclusion.

There may also be implications of the use of humour to assert power and hierarchy (Griffiths, 1998), however Buxman (2008) and Inglis (2010) argues that humour lessens the hierarchy through cementing of relationships. Humour can balance power by reducing social distance between people and enhancing communication (Sarris, 2018; Sayre, 2001). Similarly as stated by Gildberg *et al.* (2016), everyday humour demonstrates a human side of forensic staff and enables human to human relations outside of power constructs. It can diffuse unhelpful power dynamics by equalising power within relationships (Inglis, 2010). Such considerations are important in forensic services laden with power constructs (Peternelj-Taylor, 1999). Patients in forensic services often experience the most stigmatisation, hence the importance of reflective practice to consider the appropriate use of humour in such settings.

A risk worth taking

Importantly, despite potential issues with use of humour, it is often taken for granted and viewed as trivial (Dean & Major, 2008; Tremayne, 2014), everyday humour can be significant for a person's sense of humanness and sense of self (Amici, 2019). Humour is a normalising behaviour (Lord *et al.*, 2016) that shows elements of a person's personality (Dean & Major, 2008). Shared laughter can enable student mental health nurses and patients to connect. Such experiences can give hope. In addition to enabling a connection to the world and sense of humanness (Benjamin, 2003). This sense of humanness is a common theme across the literature on use of humour in healthcare (de Sousa *et al*., 2018). Minden (2002) study in a forensic service, found that humour acknowledged patients' humanity and encouraged the patients to relate to their surroundings in a positive way, which is not a common experience in such settings (Reavey et al., 2019). Similarly, as found by Dean and Major (2008) it can be used by patients to reduce feelings of dehumanisation and support patients in expressing their emotions (Haydon & Riet, 2014). Humour humanises nurses and creates a bond between patients and nurses (Haydon & Riet, 2014; Olver & Eliott, 2014; Tremayne, 2014). Humour

can lead to a more compassionate[1], individualised and personal approach (Tremayne, 2014), ultimately enhancing the quality of life for patients (Haydon & Riet, 2014).

Such powerful effects of humour, alongside the low cost of any humour related intervention (Gelkopf, 2011) and the potential to change the hospital experience for patients (Haydon & Riet, 2014) makes it surprising that it has not been widely researched or applied in mental health settings or forensic services (Gildberg *et al*., 2016; van der Wal & Kok, 2019), or considered in the connections made between students and patients, who share the most amount of time together (Andersson, Ekebergh, & Hörberg, 2020; Jones & Black, 2008; Mukumbang & Adejumo, 2014). The humanising dimension of humour is too valuable to be overlooked (Dean & Major, 2008).

According to Astedt-Kurki *et al.* (2001) humour is a difficult practice to investigate. They propose that the phenomenon disappears when one attempts to investigate it, humour is spontaneous and dependant on the situation, often impossible to describe to others and, additionally, humour can be difficult to remember post use. Perhaps this explains the limited robust research exploring humour experienced between patients and nurses or student nurses in forensic services or wider mental health services and its benefits or considerations. Hence, further research around ways to capture such experiences is needed. Despite the somewhat limited evidence base, there is nevertheless some evidence of the potentially powerful effects of using humour in forensic services, which deserves attention, conversation and reflection.

Implications for practice

Although this discussion paper is limited as there is a paucity of robust evidence, there are some implications for practice that can be taken. Open discussions between patients and staff, including students, to reflect on the use of humour would be beneficial. Exploration of

[1] See Jo Brand's 'Getting on' for a deeply humane and compassionate popular culture comedian.

education, using reflective practice in open discussions, around recognising cues, opportunities and risks for professionals may help mitigate negative impacts and support enhanced therapeutic connections.

Conclusion

Here we have explored evidence surrounding the use of humour in forensic settings, specifically between patients and students, drawing on wider literature. There can be powerful effects of humour including the potential to improve the hospital experience for patients, though despite some evidence of the connections humour can foster, it has not widely been explored in forensic settings or between patients and students, who often share the most amount of time together. Hence the need for further research. However, the humanising dimension of humour, in often dehumanising settings, is too valuable to be overlooked, and is therefore '*a risk worth taking'* (McCreaddie & Payne, 2014, p. 332). There is some evidence that education can develop the use of humour and hence should be explored. In addition to supporting open dialogue between patients and students around their experience and preferences with regards to use of humour in forensic settings, which may mitigate potential risks and enhance patient centred approaches to building connections.

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