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HUMOR IN HOSPICE, PALLIATIVE AND END OF LIFE TERMINAL CARE: A SYSTEMATIC REVIEW

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ABSTRACT There are many different sorts, hues, intensities, styles, applications, or contexts of humor. The use of humor in end-of-life, hospice, palliative, or terminal care is a taboo topic seldom studied in scientific literature. Beginning in the 1940s, designated as a form of dark or black humor, they have been used as cost-effective and innovative means for coping with tension by rephrasing end-of-life difficulties or challenges by creating identities, expressing resentment, or promoting dignity and a sense of worth during interpersonal interactions between patients, caregivers, and healthcare professionals. This narrative review uses Socratic questioning or the W-Question format (what-where-which-whom-when-how and why sequence) to analyze enlisted studies on this theme along with their applicability, results, and limitations. Harvest plots are used to highlight thematic concerns and types of research interests by timelines in the past to raise potential areas of inquiry that should occupy those interested in the future.

KEYWORDS : Socratic questioning, respite care,

There are many different sorts, hues, intensities, styles, applications, situations, or contexts of humor adaptable to various age groups and life circumstances. There are aspects like what, where, who, when, how, and how much humor is used. The interaction between the individual who employs humor and the recipient who is at the end of life, facing death, terminally ill, or in palliative care is the theme of this review. Typically a hospice concept seeks to affirm life-not to hurry or delay death. In hospice and palliative care, there are potential risks associated with the inappropriate use of humor to mock, denigrate, or patronize someone. It is not to be utilized in a racist or sexist manner. When used judiciously, such humor can serve as a useful survival mechanism (Jiang, Li, & Hou, 2019). Although humor and death seem like strange bedfellows, they create a comedy recognized as dark, black, morbid, graveyard, or gallows humor that makes light of an issue that is considered painful, taboo, or sinister. Slapstick, surreal, witty, based on wordplay, bodily, spontaneous, offensive, entertaining, tension-relieving, and self-deprecating types of comedy can be used to convey death and dying among friends and family (Menekll & Dogan, 2021). Death is in no way funny. But, humor can be used to make fun of death or to make people laugh at their fears of dying. There is a code of conduct that states that if a patient is in a coma or shows clear signs of death, comedy should not be performed (Showalter & Skobel, 1996).

Andre Breton coined the term "Black Humor" in the 1940s. Based on careful observations of dying patients by an interdisciplinary team to alleviate total pain, Dr. Cicely Saunders articulated ideas about modern hospice care in the 1950s. In the 1960s, the genre became popular in the United States. The psychiatrist Dr. Elisabeth Kubler Ross encountered opposition when she tried to treat people at the end of their lives with dignity, openness, and open communication. In this field, the ground-breaking book on Death and Dying is a landmark. To avoid giving the term "hospice" negative connotations, Dr. Balfour Mont, a surgical oncologist, came up with the term "palliative care" in 1974. By 2006, the United States recognized hospice and palliative medicine as a sub-specialty (Loscalzo, 2008).

Cynicism, irony, and sarcasm are traits of black comedy. This type of comedy seeks to make depressing subjects more accessible and assist individuals in coping harsh facts of life. In addition to death, black comedy may address topics like human sexuality, criminality, brutality, pain, and incest. Patients are more prone than carers to use black humor as a therapeutic strategy in hospice and palliative care settings to deal with problems, build connections, contend with situations, and express sensitivity (Dean, 2021; Spradley, 2021; Dean & Gregory, 2005). The American Journal of Hospice and Palliative Medicine is being published eight times a year for forty years (Monahan, 2015). Since its founding in 1994, the Indian Association of Palliative Care (IAPC) is fighting against the prevailing taboo surrounding the use of humor about dying and death. Since 2010, the association has published its open-access, peer-reviewed Indian Journal of Palliative Care (Dy et al. 2015).

WHAT?

The use of humor during palliation is a type of medical care that concentrates on comforting such patients (Kessler et al. 2010). Examples of such diseases include Parkinson's, drug-resistant TB, dementia, cancer, chronic liver disease, renal failure, and dementia (Sattinger, 2006; Morris, 2004; Erdman, 1993). Especially when they display end-of-life signs including respiratory issues, a drop in body temperature or blood pressure, appetite loss, disturbed sleep patterns, increased restlessness, and dementia, the majority of hospice patients do not survive past six months. No one contests the importance of humor in the nurse-patient relationship as demonstrated by studies using ethnographic techniques, participant observation, fieldwork, and informal interviews (Tanay et al. 2014). Other than older/elderly patients, neonates, babies, young children, and adolescents with life-limiting illnesses may also benefit from palliative care. More than the affected kids, their carers, who experience shock, fear, numbness, confusion, anger, guilt, hopelessness, helplessness, denial, or other intense feelings in the face of such conditions, need supportive care to reduce stress and anxiety, increase distress tolerance, and decrease pain (Connor et al. 2017).

WHERE?

Palliative humor is used during end-of-life care by patients, carers, and medical professionals when making a speech at home, in a hospital, or in outpatient, inpatient, emergency, or respite care settings. Caregivers are always looking for new ways to inject comedy into difficult situations (Strickland, 1999; Schultes, 1997; Weishaus, 1997; Davidhizar & Shearer, 1996). Observational research has demonstrated that among many other essential qualities of hospice nurses, humor is both economical and creative (Hui, Reddy, & Bruera, 2018; Wright, 2002).

HOW

Planning is the first step of palliative care, which progresses through initial and last or terminal supporting in the face of a degenerative illness. It ends in bereavement, when attention turns to the carers after a client's death. Treating a disease's symptoms rather than the sickness itself is palliation. In the early stages, palliative treatments include the use of medications, a healthy diet, relaxation methods, active monitoring of the patient's condition, symptom management, control of disease progression, end-of-life preparations, and handling sorrow.

At this stage, humor is utilized as a coping tool to re-frame end-of-life obstacles or challenges, create identities, vent resentment, diffuse conflict, and retain dignity and a sense of value by preserving perspective or encouraging interpersonal relationships (Hutchinson, 2017; Dean, 1997). Providing comfort care, in the face of a decision to forego all curative treatments, to improve their quality of life in the last few months, weeks, or days before passing away appears to be priority (Wright, 2017).

Affiliative, assertive, self-enhancing, or self-defeating comedy are examples of palliative humor. Affiliative comedy entails telling jokes that the entire group finds amusing. The use of personal jabs or slurs is aggressive humor. Possessing a sense of humor that makes one laugh at oneself is self-defeating comedy, sometimes known as "exit laughing." It is about making jokes about oneself before others make fun of them (Zackheim, 2012). Giving the patient the space or permission to laugh is one way to encourage hospice humor among terminally ill patients. not to be overly serious about oneself. There may be a smile-to-smile interchange. This is simpler for certain cultures than for others. Clowns, play, puns, jokes, comments about palliative care, sayings, cartoons, and comics may all be used while maintaining the respect and decency for the dying. Research have improvised on the comedic strategies employed by the performers using song, dancing, and musical accompaniments (Lambert South, Elton, & Lietzenmayer, 2022; Killeen, 1991; Graham & Cates, 1989; Klein, 1986).

The patient, carer, hospice or palliative procedure can be possible sources of comedy. None disputes that comedy exists at this period of life. Research suggest that hospice patients engaged in frequent and spontaneous humor approximately 70% of the time when making ordinary observations (Adamle & Ludwick, 2005). Moreover, vignette-based qualitative studies of patient-nurse dialogues have demonstrated that verbal rather than non-verbal communication factors were most important in the exchange of humor (Adamle et al. 2008). In a different research, more than half of the volunteers thought humor was "very important" for enhancing "overall quality of life" during palliative care (Claxton-Oldfield & Bhatt, 2017; Kile, 2012). The acceptance of humor during terminal illness by the patient, nurses, carers, and doctors helped improve longevity ((Ridley, Dance, & Pare, 2014; Klein, 1994; Herth, 1990).

WHY?

The foundation of happiness, communication, morale, and quality of life is laughter. Laughter has healing properties in addition to being a potent stress reliever that prevents burnout. Apart from enhancing a person's sense of well being even in the face of a terrible terminal sickness, it helps reduce pain, cope with survival and loss, encourages relaxation, and energises their immune and circulatory systems (Wanzer, Booth-Butterfield, & Booth-Butterfield, 2005). It eases their minds, encourages relaxation, and strengthens their immunological and circulatory systems. Laughing lowers the levels of stress chemicals like cortisol and adrenaline and raises the levels of feel-good hormones like endorphin. Humor may be slapstick, weird, clever, self-deprecating, wordplay-based, physical, spontaneous, or even insulting. In a communal setting, palliative humor may effectively connect the hereafter and the present. For palliative care patients, humor has physiological, psychological, and social advantages. The experience of dying doesn't have to be depressing, tense, or overpowering. Even when you're mourning, having a sense of humor is crucial. In a communal setting, palliative humor may effectively connect the hereafter and the present. Humor has positive physiological, psychological, and social effects for palliative care patients (Olver & Eliott, 2014; Wright, 2017).

THEORIES OF HUMOR

Among the many general theories of humor, few directly address palliative humor. The stress-moderator model, which focuses on the cognitive-perceptual components as being more essential than simple laughing, is specific to hospice. In contrast to, say, self-deprecating humor, the capacity to keep a sense of humor in the face of difficulty can be more adaptable and healthy. Patients receiving palliative care had greater assessed pain thresholds and tolerance, showed the analgesic effects of such humor. Phenomenological theories using clinical ethnography approaches have shown how the subjective human experience of terminal illness and care-giving within an interpersonal setting is a reciprocal engagement. According to Plato's antiquated notion of superiority, comedy arises from watching others' misery, failure, or inferiority in relation to their superior position. The abrupt abnormalities and inconsistencies are supposed to amuse people and cause them to chuckle, according to the consistency hypothesis. The game theory views comedy has a fun component that appears during interpersonal contact (Cheatham, 2015; Nyatanga, 2014). We generally refrain from enjoying such jokes because they are painful, twisted, and morally wrong. Freud's Relief or Relaxation Theory views laughter as a coping mechanism and a sign of release from taboo topics, even if it is temporary. They help cope with anxiety, stress, and anger using laughter. Therapeutic humor theories emphasize the adaptive functions of people in their final stages of life. Organic theories view bright and dark humor as rooted in the brain, with prefrontal-posterior regions gradually losing control as the humor becomes negative (Venkatesan, 2022; Bag, 2021; Papousek et al., 2017; Willinger et al., 2017). The frustration-aggression theory describes how hospice comedy serves as a covert release for emotions that have been stored up in the face of impending death. Social theories affirm that using humor may strengthen social cohesion and unity (Coser, 1959). According to the Benign Violation Theory (McGraw & Warren, 2010), black comedy violates norms. Dark humor's goal is to temporarily bring matters to light that are often suppressed, not to minimise a victim or make light of a catastrophe. Dark humor jokes are skilled at conveying forbidden meanings and take a little longer to understand than regular jokes. As a rule, we avoid laughing at such jokes since they are cruel, depraved, and immoral.

AIMS & OBJECTIVES

The purpose of this narrative systematic review of the literature is to investigate the context of humor in hospice and palliative care, as well as its importance, usage, appropriateness, benefits, and drawbacks. It also examines its relevance in these contexts.

METHOD

The Socratic Questioning or W-Question format (what-where-which-whom-when-how and why sequence) of asking queries is used in this review to analyze the enlisted studies for keywords such as humor in hospice, terminal, death, dying, and end-of-life palliative care. Data sources included online/offline searches covering ISSN/ISBN-marked publications that were compiled, coded, categorized, and classified by title, theme, year, and names of author/s or journals. Search engines included Google Scholar, JSTOR, MEDLINE, PUBMED, PsycINFO, Pub Psych, ERIC, and the Web of Science until December 31, 2022. Descriptive essays on the theme in periodicals, newsletters, magazines, proceedings of seminars, webinars, or conferences, mimeographs, video or audio materials, and unpublished pre-doctoral doctoral or post-doctoral dissertations were excluded. Incomplete, misleading, repeated, and unverified cross references from available full text articles and books were also excluded. Critical reading of the chosen articles helped identify their timelines and themes through codification, categorization, and classification after inter-observer reliability checks by involving two more mutually blinded independent coders for at least a quarter of the entries from the overall sample. The ethical issues as enshrined in the official mandate of accredited investigating institution was scrupulously followed (Venkatesan, 2009). A descriptive and interpretative statistical analysis was carried out using SPSS/PC (Pallant, 2020). Effect sizes were analyzed using Cohen's guidelines (Cohen, 1992).

RESULTS

The structure, deadlines, and themes covered in the publications were all subject to examination. The titles with the keywords in their names were covered by the core entries, whilst the allied entries were only loosely related to the topic of this search. As there were so few publications in these categories, analysis based on study design (anecdotal, mixed techniques, qualitative, or RCT) and journal names was not possible. Using the keyword searches in the selected search engines, this literature search ultimately turned up 56 English-language articles that were located in indexed peer-reviewed journals and textbooks. As shown in the harvest plot (Table 1), based on format, more than half of the research titles in this compilation are descriptive essays on the chosen subject (N: 29; 51.79%), followed by fewer data-based empirical papers (N: 11; 19.64%), books (N: 5; 8.93%), chapters in books (N: 3; 5.36%), and reviews (N: 2; 3.57%). A decade-by-decade stratification was used for timelines. According to the findings, the majority of publications occurred between 2011 and 2020 (N: 22; 39.29%), followed by the time before 2000 (N: 13; 23.21%) and less often between 2001 and 2010 (N: 10; 17.86%). The term "humor in palliative care" (N: 16; 28.57%) is favoured above "hospice" (N: 11; 19.64%) when it comes to the study's themes. Few titles (N: 6; 10.71%) deal with "humor in death" or "dark/black comedy". Seldom are studies on the therapeutic applications of palliative humor, the

dynamics of humor in nurse-patient interactions, humor in contexts of end-of-life, and patient-initiated and carer-mediated departure comedy conducted.

Table 1. Harvest plot showing the frequency distribution of compiled literature on humor in palliative care

Variable	N	%
Format		
Essays Core Allied	 29 4	 51.79 7.14
Data-based Empirical	 11	 19.64
Books: Core Allied	 5 2	 8.93 3.57
Reviews	2	3.57
Chapters Core	 3	 5.36
Timelines		
<2000 Core Allied	 13 1	 23.21 1.79
2001-2010 Core Allied	 10 2	 17.86 3.57
2011-2020 Core Allied	 22 2	 39.29 3.57
202 Core Allied	 5 1	 8.93 1.79
Topics		
Palliative Care	16	28.57
Hospice	11	19.64
Death	6	10.71
Dark/Black Humor	6	10.71
Terminal Ill/Care	4	7.14
Nurse-patient relation	2	3.57
Introduction	2	3.57
Therapy	2	3.57
Others	7	12.50
Total	56	100.00

DISCUSSION

Humor in end-of-life care has not received research attention. Pinna et al. (2018) investigated the use of humor in palliative care and its appropriateness, pertinence, and application. 34 publications covering topics like (1) the definition of humor, (2) the use and functions of humor in palliative care, (3) how to use humor, (4) when not to use humor, and (5) humor before and after the diagnosis of a terminal illness were found in their narrative systematic review of 156 studies from various internet search engines across several languages that was completed by the end of December 2015. 13 articles, the bulk of which were patient views, were included in another systematic review on humor assessment and therapies in palliative care from our databases solely in English. The findings revealed that humor has a beneficial, appropriate, and positive effect on patients, their relatives, and professional caregivers, although research was limited (Linge-Dahl, Heintz, Ruch, & Radbruch, 2018).

There is an opinion that both patients as well as professionals under hospice, like any other individuals, have identities and presentations of their selves in social life with a front and a hidden backside. Front-stage behaviors of hospice humor express compassion, concern, and care from the professionals for the terminally ill. Many qualitative studies, descriptive essays, a few empirical surveys, and correlational observations make up the majority of the research publications on humor in palliative care in this review (Nunes, José, & Capelas, 2018). In this discipline, there are no higher-order evidence-based longitudinal studies with real experimental designs, intervention-focused research, or randomized control trials. There are also few specifically created, validated, and psychometrically evaluated measures to measure hospice humor. Research s required both pm the front as well as rear side of hospice humor as demonstrated by practitioners' empathy, care, and concern for the terminally sick and their dark or morbid humor about detachment, death, or disease (Cain, 2012). End-of-life patients who enjoy black humor tend to have certain personality traits that are related with these traits: they are sociable, calm, and not strict or rigorous (Gramling & Gramling, 2012).

SUMMARY

In sum, this systematic review highlights that there are different sorts, hues, intensities, styles, applications, or contexts of humor. The use of humor in end-of-life, hospice, palliative, or terminal care is the chosen area for this narrative. A not well-researched topic, available scientific literature on this form of humor is found to have more essays than studies based on ground empirical data or experimental designs. The thematic concerns and types of research interests undertaken in the past are explained by timelines of the past before raising potential areas of inquiry that should occupy those interested in the future.

CONCLUSION

In conclusion, utilizing humor to cope with uncertainty or the potential consequences of an unknown sickness is a skill for living while facing mortality. This study aims to serve as an invitation for more research in the next years because there is so little empirical data available. The study of hospice humor has to overcome its reluctance to explore these subjects and advance from brief descriptive essays to more extensive data-based empirical investigations. To address the inevitable and reality of death in a good way, it is necessary to develop well-founded theories on comedy connected to death. There is a need for more grounded data-based empirical research on topics like prevailing misconceptions or superstitions, the therapeutic efficacy of palliative humor, professional-patient relationships in extending such forms of therapy, use of humor in concerns about death in the dying, and extension of humor studies to other terminal conditions outside cancer or oncology.

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