

Therapeutic Use of Humor in Psychiatric Care Psikiyatrik Bakımda Terapötik Mizah Kullanımı

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Abstract

Humor is defined as a situation in which emotions are strongly affected. It can be funny, cheerful, entertaining, and even satirical. In other words, the skill of humor is a kind of art of life and the source of inspiration with which an individual can deal with problems brought by daily life. This feature of humor intersects with psychiatric care that will be offered to the individual with a mental problem, we mean, therapeutic humor. The aim of this article is to provide positive behavioral and emotional changes in the individual by relying on therapeutic humor in nursing interventions. In this article, the definition of the therapeutic use of humor and its application to psychiatric care are discussed.

Keywords: Humor, nursing, psychiatric care

Öz

Mizah; duyguları güçlü bir şekilde etkileyen, komik, neşeli, eğlenceli ve hatta hicivsel olabilen durum olarak tanımlanır. Başka bir anlatımla mizah beceri, bir tür yaşam sanatı ve günlük yaşamın beraberinde getirdiği sorunlara yönelik bireyin baş vurabileceği kaynaktır. Mizahın bu özelliği ruhsal sorunlu bireye sunulacak psikiyatrik bakım hizmetleriyle kesişir. Burada söz konusu olan terapötik mizahtır. Amaç, hemşirelik girişimindeki terapötik mizahla bireyde olumlu yönde davranışsal ve duygusal değişikliklerin sağlanmasıdır. Bu makalede terapötik mizahi tanımı ve psikiyatrik bakım uygulamalarına taşınması tartışılmıştır.

Anahtar sözcükler: Mizah, hemşirelik, psikiyatrik bakım

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THE SENSE of humor in human beings is the pleasure of listening and telling jokes or exploring the funny aspects of a situation, enjoying laughing/smiling, mutual confirmation of interpersonal relationships, and indicating joy of life. In general, humor is considered a personality trait posed by all people to some degree. Nobody wants to be described as someone who "does not understand humor". It is assumed that all individuals have a more or less sense of humor since not understanding a joke means disdain or humiliation (Hirsch ve Ruch 2010). Although this humor does not find the desired use in nursing and medicine in our country, in the reflections of the media extreme examples are always presented, and it is considered a restricted area. Humor, however, especially therapeutic humor, plays an essential role in nursing education since the 80's, for example, in the USA. In 1982, nurses established the "Association for Laughing Nurses", which publishes its journal and organizes regular conferences, and brought the American Association for Therapeutic Humor journal to 2010 (Titz ve Erschenröder 2011). In psychiatric care, "humor" is associated with optimism and a positive perspective that affects an essential nursing attitude. A sense of humor in health care services contributes to caring practices. Because "humor" is the first initiator of a relationship. This relationship occurs between the nurse and patient with a mental problem (Struthers 1999). For the therapeutic use of humor in psychiatric care, it is vital to understand the role of mental health and psychiatric nursing here.

The concept and content of mental health and psychiatric nursing appear to have changed today. Mental health and psychiatric nurse organization examined this change in Turkey, regulations, and studies related to nursing (Ministry of Health 2016), hospitals and other medical facilities, mentally ill people in their daily and professional life facing the social order, to cope with difficulties, helping their health by activating physical and psychological resources. It is defined as an individual providing psychiatric care to improve well-being of the patient. Based on this definition, the nurse, informs and supports colleagues, who are working outside of their field with the mental problems they may experience. In humor, when used in conjunction with psychiatric illnesses and mental health, the slightest sign of laughter and smiling in individuals with mental illness functions as a parameter for nursing interventions. A smile of an individual with depressive disorder can mean a desire to initiate communication for the nurse or to be left alone. An individual who experiences intense symptoms of schizophrenia is probably related to their delusions or hallucinations. The laughter of an individual with bipolar disorder is perhaps desired to hurt the other.

For this reason, the nurse who provides psychiatric care should be able to understand and explain the individual's behavior by including sensitivity and insight about the patient while evaluating the individual's smile (Müller 2016). Also, nurses working in community mental health often observe that humor is a powerful communication tool (Struthers 1999). Introduction and therapeutic use of therapeutic humor from this perspective necessitates changing and expanding psychiatric care to increase the quality of the services offered. In this article, a general definition of humor is made, and the use of therapeutic humor in psychiatric care practices is discussed.

Definition of humor

"Humor" is an Arabic origin word, derived from mezh root and means "making jokes" (Durmus 2005). In Turkish Language Institution, humor is defined as humorous in

Turkish, although it is not common in everyday language. The word "Gülmece" is in the dictionary. It corresponds to entertaining means laughing and aiming to tease someone's behavior without hurting it (TDK 2009).

The sense of humor, on the other hand, is described as a kind of seeing the world through the filter of flexibility, fun and funniness and communicating from this point of view (Thorson and Powell 1993). This can be either positive or negative. When moving humor to nurse practice, its positive aspect is preferred. However, it should not be underestimated the positive effect of black humor when used in intense, stressful environments—this kind of humor functions as a protective mechanism in such environments (Siegel 2005). Martin et al. (2003) mention four types of humor. Knowing the humor styles is vital in terms of effectiveness. These are:

1. Spontaneous humor: The individual uses it to make themselves superior to others. The aim is not to harm others. Individuals with this kind of humor use this style to deal with the difficulties in everyday life. They generally have a positive attitude. Besides, these individuals have a realistic perspective and often use them to organize their humorous feelings.
2. Social humor: Both individuals use it to improve their relationship with themselves and with others. Individuals who use this kind of humor like to tell jokes. Generally, it aims to relax and create a pleasant atmosphere under challenging situations. For them, humor functions as a social operator, and they use it in a non-hostile way. Besides, these individuals do not take themselves too seriously.
3. Offensive humor: It is used to belittle other people. It can be sexist and racist, as well as sarcastic. Individuals who use this kind of humor apply jokes impulsively without thinking that they can harm others. The aim is threats, harassment, or intimidation.
4. Humiliating self-humor: In this humor style, the individual comic and misrepresents the information about himself. The aim is to be accepted by others. An individual is often referred to as a lack of self-confidence (Martin et al. 2003).

Therapeutic humor

Therapeutic humor is also essential if it is not taken seriously in healthcare practices in shaping a meaningful and carefree life. In psychiatric care, the nurse has to awaken the sense of humor of the person with mental problems, to support and direct the individual to its correct use. Aydın (2005) suggests that nurses should use humorous patient care in education and work environments. According to her, the humor used in these environments should be therapeutic. Nursing interventions in psychiatric care may not reach its purpose unless the patient's joy and creativity increased. The prerequisite for these interventions is that the nurse has also learned to laugh at home with others as humor requires functional interaction between people.

The five steps in Table 1 show that the ability to laugh is closely related to personality development and includes psychological elements. Hirsch (2001) proposes a gradual humor development model that includes the insight of individuals working in psychiatric wards. In the model, the therapeutic humor process is also a journey that accompanies the process of recovering from the disease. The inability to laugh in the first step in Table 1 is related to the lack of humor. The reason for this may be related to the real relationship of the individual. In the second step, the situations that make people say that "it

would not be this" happened to others in almost everybody's environment are explained. The only condition in the realization of this step is the existence of another interesting perspective on the situation. Here, problems can arise, where the sense of superiority is aimed.

Table 1. Hirsch's the process of humor (2001)

The process of humor			
1. Step	Not laughing	Due to individual situation, environment, value, and event	Isolation
2. Step	Laughs at others	Perception of superiority	Perception of the environment
3. Step	Laughs at oneself	Personal information and development process	Reflection /self-reflection
4. Step	Others can laugh at me	Improving self-confidence	Individual's self-positioning to the environment
5. Step	I can laugh at myself with others	Social competence and experience	Integration

What distinguishes the third step, from other steps, is the insight of the individual about themselves. The insight developed about their behavior has turned into self-confidence. According to Bischofberger (2004, 2008), laughing at yourself means "an important step in personal development". For example, the individual is not taking it too seriously is to allow his narcissism to take in the back seat.

The third step in Hirsch's (2001) humor process model is to emphasize the benefits that nurses working in psychiatric institutions will bring with the use of therapeutic humor in practice. For example, the possible effects of the psychiatric nurse at team meetings when they experience conflict situations with other team members or intense situations that may occur with patients and their relatives in psychiatric care interventions. In the fourth and fifth steps, "others can laugh at me" and "I can laugh at myself with others" correspond to the fields of work of individuals working as clowns and comedians. If we exemplify this with psychiatric care, every nurse working in the psychiatric service encountered schizophrenia, who considered himself Messiah or Napoleon

When the patient asks the nurse about the nonsense, she tells about her illness after the passing of attacks and gaining insight; it is an event that every nurse experience when the nurse laughs with the patient instead of answering. The fourth and fifth steps in the model are signs of personal integrity, characterized by joy, peace, and joy of life. The therapeutic humor process not only guides through the path from the concept of illness to a healthy thinking process but is also an indicator of the ability to deal with tense and stressful situations, albeit not fully completed. Salameh, has described the useful techniques for therapeutic use. (Titze ve Eschenröder 1998). These are:

1. Surprise effect: The messages desired to be given with therapeutic humor are brought to the agenda with unrelated events.
2. Extremism: Defining the quality of the defined behaviors and emotions by exaggerating the emotional styles, time, intensity, size, etc.
3. Nonsense: Stupid, illogical, silly, crazy, everything that defines the opposite of something.

4. The condition of humanity: Here, it is desired to explain the life situations that most people face. The nurse has a humorous perspective in making sense of these general life events.
5. Inconsistency (paradox): Linking two inconsistent phenomena (ideas, emotions, situations, objects, etc.).
6. Confrontation, affirmation: This kind of humor confronts the patient individually with incompatible or self-harming behavior patterns. On the other hand, it provides strengthening of personal self-esteem, assuming that confrontational-provocative humor should be effective only if it contains an encouraging element.
7. Word game: Here, uncertainties, popular lyrics, hints, common quotes, and proverbs are defined to be used to deliver therapeutically relevant messages.
8. Imitation and reflection: The imitation of humor from the problematic behavior patterns and stereotypical expressions of the mentally problematic individual.
9. Relativize Up: Certain events are characterized by being placed in an expanded reference frame. Thus, these events lose their intense effects at first.
10. Tragic-funny "bending": This is a humor technique that requires almost surgical precision to turn self-harming tragic energy into a healing comic.
11. Body humor: The body as a whole or only part of the body is used to reflect how particular discordant behavior affects the environment nonverbally. The technique encourages the elimination of such pattern behavior.

Titze and Eschenröder (1998) state that therapeutic humor is very suitable for psychiatric practices. To use the humor techniques correctly, he again refers to Salameh, who separates "therapeutic" and "destructive" humor. With "destructive humor", the psychiatric nurse only temporarily removes individual dissatisfaction. Individual dissatisfaction causes the patient to be hurt and develop distrust. It is also a condition that disrupts the therapeutic process. Güven (2013) found that in the study of nurses about humor styles, that the desensitization increases and personal achievements decrease in nurses who use aggressive and self-destructive humor styles. The same results were achieved in a study conducted with 135 nurses working in pediatric clinics (Ünal 2018).

Theories about humor

Each of the theories discussed below covers one aspect of humor. Each theory related to cultural, philosophical, anthropological, biological, and instinct is briefly summarized here.

Superiority theory / Disrespect theory

This theory is based on the assumption that the individual wants to prove his superiority by laughing at the stupidity or bad luck of others. The theory takes its roots from ancient Greek. Plato and Aristotle argue that others' pain and sorrow are a source of joy for some. The individual, everything that the other has done, failed, lousy luck, clumsiness, etc. he expresses his superiority by laughing. It may be present in this kind of humor style, with a bit of aggression, sarcastic words, and cynicism (Siegel 2005). Here, humor does not just contain mockery or pure aggression. The aim is the sense of controlling the situation that is exposed in different forms in the individual. This functions as the main component of humor and laughing, coping, or survival (Robinson 1999).

Inconsistency theory

In the inconsistency theory, the difference between the expected and the perceived situation is defined as the reaction caused by the ambiance, shock state experienced as a result of inconsistency. In this way, an absurd situation that causes a smile is created. Kant (1790) describes laughing as an emotion that suddenly resolves a nervous situation or anticipation and moves towards nothing. For Schopenhauer, laughing is the perception of a sudden inconsistency between the object and the concept. Here, astonishment or surprise can easily replace laughing because the intersection of two things that do not fit together is inevitable at first to seem strange (Robinson 1999 and Siegel 2005).

Game theory

According to this theory, humor has a playful content. Humor is a form of play used here in interpersonal communication. This game can be played spontaneously without any external influence or can be planned (Siege 2005). Sully (1902) argues that refusing to take the game seriously in fun games increases the fun of the game. William Fry (1963) discusses the relationship between humor, play, smile, and laughter; these concepts are a form of communication that includes interpersonal interaction. In this communication, he talks about the existence of a balance between spontaneity and planning in mind (Titze 1993).

Psychoanalytic theory

In the early 20th century, Sigmund Freud published the books "The Joke and Unconscious Relationship" (1905) and "Humor" (1927). The aim here is to return to the happiness of childhood (Robinson 1999). According to Freud, humor does not only liberate the individual, such as being humorous or funny but also gives the individual a great feeling. This beautiful thing cannot be gained from other intellectual activities. "A wonderful thing" is the narcissist's victory. Because I / ego came out of the situation that was experienced or perceived without any injuries, in other words, it triumphed with the help of humor. The ego denies reality, as it will cause inconvenience and suffering. It resists the trauma from the outside world, so it would not affect the person. It shows that what happened and experienced can turn into a state of pleasure and entertainment with humor. According to this theory, humor functions as a kind of relaxation mechanism (Freud 1927, Siege 2005).

Contemporary psychological theories

The contemporary approach focuses on humor, activation conditions, and cognitive factors. It argues that humor depends not only on current situational stimuli but also on past experiences and prospects. According to this theory, humor is an essential coping mechanism. It relieves tensions and fears. It serves as an outlet for anger, providing a healing escape from reality. It also reduces the fear of becoming a permanently handicapped and dying from a severe illness or severe injury by removing it from reality for a short time (Robinson 1999).

Sociological theories

Henri Bergson combined the theory of sociological humor with the social existence of

man in 1900. According to Bergson, comedy is closely tied to human existence, and laughter always takes place in a group or requires contact or engagement with others. Ultimately, it causes the individual to socialize into a group and groups to society (Martin 2006). Humor has a socially unifying function in individuals and groups. This situation increases the sense of solidarity and integrity among individuals in the group where humor is applied (Siege 2005).

Humor and communication

The use of therapeutic humor to develop individual relationships relates to the individual's role in interpersonal relationships. Humor is used by individuals to facilitate interpersonal communication to make others feel good. It supports group norms when used with the role of reducing conflict in interpersonal relations and strengthening personal ties by increasing trust among individuals (Martin et al. 2003).

Assuming that interpersonal communication and continuity is the real tool of psychiatric care, it is inevitable to use humor in practice. Because humor creates an environment for communication (Struthers 1999). The nurse working in psychiatric services contributes to shaping the relationship with the sick individual or by carrying it to humorous nursing initiatives. The use of humor in practice involves understanding, acceptance, and respect for the other individual. In order to use humor in communication, the targeted function in psychiatric care must be explained beforehand. Together with the communication function, the joyful mood of individuals creates an atmosphere of trust. A cheerful / smiling facial expression creates a relationship, creating a field of strength. This situation has been shown as an acceptable situation, especially in acute psychiatry (Meyer 2005).

Relationship between salutogenesis and sense of coherence

Humor plays an important role in promoting health, as it supports the pleasure and creativity of life, thus making a significant contribution to health protection (Gutmann 2016). According to Bischofberger (2008), laughter has a relaxing effect and relieves stressful situations. To him, laughing helps you to see daily business life from a different perspective. Humor can create an environment of benevolence and trust in the workplace. With the model of salutogenesis that he developed, Aaron Antonosky opposed the treatment of the disease only according to drug treatment or pathological view. Antonosky, who sees illness and health as a two-pronged pole, also argues that people are constantly moving between these poles. It states that it is not enough to eliminate only the factors that make patients, but it should be supported in health-promoting elements (Bag 2017).

If the sense of coherence, which is an essential element of the model, is explained here briefly: the sense of coherence is understandable (overcoming the existential fear and creating an ontological security) and manageability (in the structuring of the self) in a wide range of options. (Wydler ve ark. 2006). Humor is an approach that fits the salutogenic theory. It shows the resistance of the individual to chronic diseases or stressful environments. Lorenz and Petzold (2016) say that the model protecting the individual brings potential and individual resources to the center of health promotion in health institutions where psychiatric care services are provided, especially in the areas of public mental health. Disease means moving away from norm conditions that are now defined

as health. People define their health according to their social environment or occupational environment. (Bag 2017). Antonovsky and Frank (1997) see in their reviews the concept of salutogenesis as a possible strategy for dealing with the stress brought by humor and laughter in everyday life. The Salutogenesis model does not ignore the nurses working with this group, as well as to explain the individuals who are offered psychiatric care. With psychiatric care, the nurse helps her patient to move towards health by asking the right questions with good communication with the mentally problematic person.

In the salutogenesis model, humor can be a powerful tool for determining the position within a health-disease continuity. As a result, in the sense of integrity; in the shaping of understandable, manageable and meaningful living conditions and life-related events, health promotion is directed not only to the sick individual, but also to the conditions of health and illness, and, for example, "regaining the hospital as a living space for people ". Understandability, manageability and significance are health promoters for employees and clients / patients within the hierarchical hospital system, and this goal can be achieved with humor (Gardemann 1999).

Methods and tools to measurements of humor

In his book "Sense of Humor ", Ruch (2007) divides the methods used to determine the conditions and characteristics of humor into four. These are:

1. Unstructured questionnaire studies, humor telling techniques, and methods used in accordance with the settings.☒
2. Tests with humor and funny cartoons.
3. Structured surveys and self-report scales
4. Peer reports

"The Journal of Nursing Jocularly" magazine published by nurses in the USA was founded in 1991. The interest in humor in nursing is increasing day by day. With this increased interest, the increase in the number of research articles has brought with it (Titze and Erschenröder 2011). Some of the journals in which these articles are published the most are Studying Humor-International Journal, The Pragmatics Humor, The Israel Journal of Humor Research, Studies in American Humor, Humor-International Journal of Human Research andThe European Journal of Humor Research.

However, the number of studies on the use of humor approach in nursing interventions is insufficient. In the psychiatry care in our country, no research was found in the literature review. For this reason, it would be useful to briefly introduce the measurement tools frequently used in this field in order to be beneficial in carrying humor to nursing practices.

1. Humor Styles Questionnaire (Mizah Tarzları Ölçeği (MTÖ)). The scale adapted to Turkish by Yerlikaya (2003) is a self-assessment scale developed to measure different dimensions of individual differences in daily use of humor (Martin et al. 2003).
2. Humorous Behavior Q-Sort Deck-HBQD (Mizah Davranışlarında Q Sıralama Destesi): Traits to be measured (Humor styles): Hot and cold humorous style in social understanding, sensitive or vulgar humorous style, pleasant or incompetent

- humorous style, logical or suppressed humorous style, well-purpose or mean-spirited humorous style (Ruch 2007).
3. Humor Use in Multiple Ongoing Relationships-HUMOR (Gündelik İlişkilerde Mizah Kullanımı): Traits to be measured: Behaviors that the individual frequently uses (Manke, Dunn & Plomin 1997).
 4. Multidimensional Sense of Humor Scale- MSHS (Çok Boyutlu Mizah Duygusu Ölçeği): Traits to be measured: sense of humor (humorous creativity, coping and appreciation by others) (Thorson & Powell 1993). The scale was adapted to Turkish by Özdogru (2018).
 5. Sense of Humor Scale-SHQ-6 (Mizah Duygusu Ölçeği): Measures the sense of humor (Svebak 1996).
 6. Situational Humor Response Questionnaire-SHRQ (Durumsal Mizah Girişimleri Anketi): Property to measure: Property to be measured: sense of humor (defined as humor, smile and laugh tendency in many different situations) (Lefcourt and Martin 1986).

In addition, it is possible to reach humor related educational activities and related professional organizations at <http://www.humoursummerschool.org/index.shtml>.

Bringing humor theory into practice

It would not be wrong to say that humor is a frequently used tool in every field of nursing. Many nurses, however, do not want to talk about the role of the humorous perspective in care. Because the humor used is situation-specific and can easily lead to misunderstanding. Humor can help relax a tense situation, albeit a bit. Effective use of humor brings respect to the background of the situation in question and mutual trust with it (Müller 2005). According to Gardemann (1999), humor brings new perspectives for healthcare professionals working in city hospitals. He points out that by using therapeutic humor, nurses alleviate anxiety and help increase their health, leading to increased job satisfaction.

When Florence Nightingale created the first vocational course for nurses in 1860, she wrote that nursing should be patient, cheerful and friendly among the professional characteristics (Robinson 2002). It is said to be very popular among patients due to its sense of humor. In many countries, humor has been integrated into the healthcare system as an integral part of communication and therapy in both medical and daily life. Health insurance companies in the UK have begun financing humor therapy from May 1999 to 2000, since 2000, in Italy. Belgium, France and the Netherlands have joined these countries since 2001 (Titze 2018).

In German-speaking countries, in the 1990s, "high-techno" and high-touch, in other words, humor became more important by bringing high technology and high touch to the fore in medical institutions. The transfer of therapeutic humor to nursing practices starts in 1995 with a short place in humor in Juchli's design of time and space. Here, although the concept of humor seems to have been moved theoretically to clinical domains, uncertainty about the subject continues. Uncertainties cover more topics such as the definition of humor in clinical fields, what to consider when moving to applications. These uncertainties are also evident in the definitions which are listed below and are not uniform in any way (Bischofberger 2004). Bischofberger (2002) talks about the research status that is still in its infancy regarding "evidence-based interventions" in nursing. In

our country, no such study has been encountered in the field of mental health and psychiatric nursing. In contrast, Öz and Kaçdurmaz (2009) emphasized that the use of humor in psychiatric care services can be effective in protecting mental health in coping with stress. Even though it is quite inadequate in other nursing fields, a few studies are encountered. In the majority of these studies, the humor styles of nurses were researched (Bahçıvan et al. 2016, Ünal 2018). For example, the relationship between the humor styles and burnout states of 250 nurses in the surgical clinics was examined. Emotional exhaustion and depersonalization were lower in nurses who saw humor as an effective method to prevent burnout (Güven 2013). In both studies, the use of clown in children's services is related to the pre-operative anxiety levels in children (Koç 2006, Çiftçi 2019).

Humor also guides the psychiatric nurse in environmental design. A positive effect on the development of mental disorders is aimed at by environmental design, that is, by consciously designing the environment "(Sauter et al. 2004). Classical humor works should be clearly stated here. For example, rather than landscape photographs, hanging funny cartoons on the walls of the service corridor (Struthers 1999).

Humor creates a sense of trust. Some people believe that humorless chats harm the body. Humor also offers a logical concept as it simplifies things with jokes. Yıldırım (2019) investigated the relationship between humor and alexithymia and anxiety levels in the group of 254 university students. As a result of the research, they found that they were negatively affected against the positive use of humor and positively in the case of negative use. On the other hand, it was shown that anxiety levels decreased with the use of humor.

Speaking of nursing interventions in psychiatric care, the aim is generally compliance with daily life. Nurses working in psychiatry support sick individuals and help them cope with the stresses of daily life. Humor can be used by adding to nursing interventions applied in psychiatric care. (Müller 2005). Anyone who uses it in humorous communication conveys the message that pays special attention to the other person. The nurse should also be aware of this in her relationship with the patient. Anyone who considers psychiatric experience to be admired inevitably meets those who call it absurd and bizarre. Therefore, it is not that the nurse that is meant to be described here offers a fun/cheerful care.

On the contrary, the importance of the individual's adaptation to the society is emphasized with a humorous perspective on the individual with a mental problem (Müller 2005). On the other hand, nurses working in Community Mental Health Centers usually work with intense, stressful individuals in their lives. Whether the nurse decides to use humor here or react to a clause described to her is related to the coping mechanism rather than the therapeutic use (Struthers 1999). Burnard (1990) states that the mental health nurse uses the humorous therapeutic community more consciously in mental health practices.

In the regulation of daily life of humor, it is associated with the special discussion/learning of humor techniques. In this arrangement, group case studies can also be done. Bischofberger (2002) listed the possibilities for the humor attempt as follows:

- a. Defining humor.
- b. Discussion of patients' impressions and experiences.
- c. Work on word games, words, spelling mistakes.
- d. Create a humor journal (health personnel or patient humor journal).

- e. Discussion of patients' impressions and experiences.
- f. Funny gifts and souvenirs from their relatives are joyful content videos, movies, games, etc. deals with. Placing in humorous nursing interventions on special occasions (eg. April 1, New Year, etc.).
- g. Developing a language for humor
- h. Humor / homework at the clinic
- i. Create a humor field or a laughing suitcase

The purpose of the day of humor organization may be to promote humor knowledge and its involvement with it. In addition, on a day of humor, each participant should have the opportunity to experience the positive aspects of humor first hand. A day of humor can also add unexpected or unusual things to participants, e.g. theater and sketches. With the support of the staff working in the child psychiatric wards, a humor corridor (funny jokes, pictures, cartoons) can be prepared within the scope of the humor day organization. A clown can also be invited to accompany residents and employees in a humorous way (Siegel 2005).

Table 2. Initiative types Bischofberger (2002)

Initiative types	Description / Examples	Initiatives goals
Indirect Humor	The humor and laughing event consist of funny magazines, comedy movies, cartoons, books and CDs used for this. Therefore, the initiative does not depend directly on a person.	In materials that create humor and humor, various materials are used based on individual needs.
Direct humor	Humor works through direct and conscious verbal or non-verbal communication, e.g., such as word games, jokes, or blink.	In individual communication, humor must be experienced and expressed.
Planned (often associated with indirect humor)	Humor is planned as an intervention, i.e., such as a humor journal, a clown image, or a story reading.	Planned intervention should make humor more important in daily nursing care and not just leave it to chance.

Therapeutic humor intended for use in psychiatric care is associated with the experience. Here, it is recommended that the inexperienced nurse concentrates on the treatment and care practices developed for the patient rather than bringing humor into her practice. Or it will make the nurses working in psychiatric wards to be more humorous to be used in practicing this issue in cooperation (Bischofberger 2004,2008) (Table 2). Especially for intensive care units, the first step for patients' relatives is understanding and experiencing their own life. Nurses stop at an indispensable point so that their relatives can learn to deal with the situation. Patients' relatives, who perceive hospitals and clinics as a foreign environment as an anxious environment, will be comforting for nurses to smile and approach them with humorous communication. On the other hand, although it seems unusual, the nurse acts as a catalyst in returning the humorous patient relatives and family to life in cases of chronic illness or death. Here, using humor as a communication starter will be supportive for them to start talking about their current feelings (Kanninen 2013). Bahçivan et al. (2016) could not find any difference in nurses working in internal medicine and surgical clinics in their studies on 259 nurses. In this study, no statistics were made for nurses working in psychiatric wards.

Despite the therapeutic humor used in practice, the patient should always feel that he is taken seriously. This means that the nurse must be aware of the severity of the condi-

tion, such as the disease, which service the hospital is in, in order to be sensitive when a humorous intervention is unsuitable using the correct intervention and the correct form of humor. Despite the sense of humor, the severity (e.g., concerns, problems) of a situation should not be underestimated and neglected. The better you know a patient with his preferences and sense of humor, it will be easy to capture and use the right humor in communication (Siegel 2005). Table 2 summarizes humor interventions to be used in possible nursing interventions.☒

The critical condition for working with humor is the knowledge and awareness that each person has a different humor style and understanding. Empathy based on the theoretical knowledge of the concept of humor and valuing the other individual; his posture puts him in a favorable position in communication (Urech and Bill 2002). The inevitable emerging with a good history to be taken from the patient and real failures should be reevaluated. Whether humor interventions to be used in clinical practices are carefully adapted to individual differences and individual situations should be carefully evaluated.

In evaluating humor in nursing practices, questions can be taken from the following questions:

1. Did it help reduce tension in the situation? ☒
2. What was the joke, and with whom?☒
3. Did it help strengthen communication?
4. What were the reactions caused by the intervention?
5. Is humor adapted to the situation?
6. Would the use or non-verbal humor be recognized and felt?☒
7. Was it able to provide distraction and relief?
8. Has the humor applied to the individual in question been effective?
9. Do patients in nursing interventions increasingly perceive the use of humor?☒
10. Has the created humor diary been started?
11. Are different materials used in humor applications?
12. Are there other humor materials?
13. What can be planned for humor with patients and relatives? (Robinson 1999)

Answers should be recorded in the nursing plan for later use. Individuals-specific questions can also be created by making changes in nursing interventions when necessary. In this way, it creates a continuous interaction between patient anamnesis, nursing intervention, and evaluation. The ability to transition smoothly between these three levels is necessary for a dynamic phenomenon such as humor. Because this effect occurs individually and therefore, situations that occur regularly are evaluated (Bischofberger 2002). If necessary, the nursing plan can be created again.

In general, it should be noted whether every nurse or every patient is suitable for the said practices in the use of humor in nursing practices. Otherwise, the use of non-therapeutic humor in unsuitable individuals and environments in nursing interventions causes the nurse to be perceived as a fake actor trying to make someone laugh by force. Therefore, such humor practices should be avoided.

Conclusion

Although humor is considered to have strong therapeutic properties in nursing interventions, it also brings the potential to harm the individual depending on how it is used. In

the psychiatric care discussed in the article, it can contribute to the improvement of the quality of nursing services by bringing therapeutic humor to practices in psychiatric services and its social extension services. Humor is a form of communication that is paradoxical. For nurses, the potential problem is to decide when humor use can be beneficial in general, since humorous interaction is the background of the individual, who is in the recipient position that initiates communication, individual experiences, will be relevant, and the individual will be communicated with a nervous anamnesis at the beginning. It is clear here that consciously therapeutic humor for nursing intervention would be useful in establishing a good start in communicating with the patient in the use of psychiatric or other general care services in the delivery of practice. In our country, no studies on humor have been found in psychiatric care services. In other groups of nursing, the researches that are encountered indicate that there is an increasing interest in humor-related researches that define the humor styles of nurses; humor styles of working nurses (Güven 2013, Bahçivan et al. 2016, Aslan 2017, Turgut and Kay 2017, Ünal 2018), humor styles of midwifery students (Bulut et al. 2017). In order for humor to take its desired place in psychiatric care practices, research in this area is needed.

References

- Antonovsky A, Franke A (1997) Salutogenese: zur Entmystifizierung der Gesundheit (Forum für Verhaltenstherapie und psychosoziale Praxis) (Band 36). Tübingen, Dgvt.
- Aslan N (2017) Hemşirelerin mizah tarzları ile stres düzeyleri arasındaki ilişkinin belirlenmesi (Yüksek lisans tezi). İstanbul, Yeditepe Üniversitesi.
- Aydın A (2005) Hemşirelik ve mizah. Cumhuriyet Üniversitesi Hemşirelik Yüksekokulu Dergisi, 9:1-5.
- Bahçivan G, Ünal M, Akın A, Çınar I F, Özen N (2016) Hemşirelik ve mizah: hemşirelerin çalışma alanları mizah tarzlarını etkiler mi? Hemşirelikte Eğitim ve Araştırma Dergisi, 13:95-100.
- Bag B (2017) Ruh sağlığı ve psikiyatri hemşireliğinde salutogenez modeli. Psikiyatride Güncel Yaklaşımlar, 9:284-300.
- Bischofberger I (2004) Humor. In Pflgekonzepte (Band 3): Phänomene im Erleben von Krankheit und Umfeld (Ed S Käppeli):271-304. Bern, Verlag Hans Huber.
- Bischofberger I (2008) Das kann ja heiter werden: Humor und Lachen in der Pflege(Programmbereich Pflege. Pflegepraxis) (2., vollst. überarb. und erw. Aufl.). Bern, Huber.
- Bulut S, Amanyak K, Say S (2017) Ebelik öğrencilerinin mizah kullanımına ilişkin görüşleri ve mizah tarzlarının incelenmesi. Kadın Sağlığı Hemşireliği Dergisi, 3(2):43-53.
- Burnard P (1990) Learning Human Skills 2nd ed. Oxford, Heinemann Nursing.
- Çiftçi E (2019) Bir mizah girişiminin çocuk ve ebeveyninin ameliyat öncesi ve sonrası anksiyetesini azaltmaya etkisi: Hastane palyaçoluğu (Yüksek lisans tezi). Zonguldak, Zonguldak Bülent Ecevit Üniversitesi.
- Durmuş İ (2005) Mizah. In TDV İslam Ansiklopedisi (Cilt 30, s. 205-206). İstanbul, Türkiye Diyanet Vakfı İslam Araştırmaları Merkezi.
- Freud S (1927) Der humor (1927). In Studienausgabe Bd. IV: Psychologische Schriften (Ed S Freud): 275-282. Frankfurt, S. Fischer Verlag.
- Fry WF (1963) Die Kraft des Humors. gekürzte Fassung eines Vortrags im Hospitalhof Stuttgart, Übersetzung M. Titze, 16.09.1993.
- Gardemann J (1999) Geleitwort des Herausgebers. In Praxishandbuch therapeutischer Humor (Ed M Robinson). Wiesbaden, Ullstein Medical.
- Güven S (2013) Cerrahi kliniklerde çalışan hemşirelerin mizah tarzları ile tükenmişlik düzeyleri arasındaki ilişkinin saptanması (Yüksek lisans Tezi). Ankara, Başkent Üniversitesi.
- Gutmann J (2016) Humor in der psychiatrischen Pflege (1. Auflage.). Bern, Hogrefe.
- Titze M (2018). Wer zuletzt lacht.... die Kunst humorvoller Selbstbehauptung (Wissen & Leben). Stuttgart, Schattauer.

- Hirsch RD (2001) Heiterkeit und Humor im Alter. Kassel, Deutsche Gesellschaft für Geronto psychiatrie und Gerontopsychotherapie.
- Hirsch RD, Ruch W (2010) Heiterkeit und Humor im Alter. *Z Gerontol Geriat*, 43:5–7.
- Kanninen M (1998) Humour in palliative care: a review of the literature. *Int J Palliat Nurs*, 4:110-114.
- Koç S (2006) Terapötik mizahta kullanılan hastane palyaçolarının ameliyat öncesi dönemdeki çocukların anksiyete düzeylerine etkisinin belirlenmesi (Yüksek lisans tezi). İstanbul, Maltepe Üniversitesi.
- Lefcourt HM, Martin RA (1986) *Humor and Life Stress. Antidote to Adversity*. New York, Springer.
- Lorenz RF, Petzold H (2016) *Salutogenese: Grundwissen für Psychologen. Mediziner, Gesundheits- und Pflegewissenschaftler* (3. Auflage.). München, Ernst Reinhardt Verlag.
- Manke B, Dunn J, Plomin R (1996) A social relations model analysis of adolescent family interactions: warmth, conflict, and self-disclosure. Paper presented at the biennial meeting of the Society for Research on Adolescence (March), Boston, MA.
- Martin RA, Puhlik-Doris P, Larsen G, Gray J & Weir K (2003) Individual differences in uses of humor and their relation to psychological well-being: Development of the Humor Styles Questionnaire. *J Res Pers*, 37:48–75.
- Martin RA (2006) *The Psychology of Humor: An Integrative Approach*. London, UK, Elsevier.
- Meyer M (2005) Die Begegnung beginnt mit einem Lächeln: Humor und Lebensfreude in der psychiatrischen Pflege. *Psychiatrische Pflege – Verschiedene Settings, Partner, Populationen. Vorträge und Poster vom 2. Dreiländerkongress in Bern*. Hrsg. Christoph Abderhalden Ian Needham, p 66.
- Müller C (2016) Humor in der Psychiatrischen Pflege. In *Humor in der Psychiatrie und Psychotherapie*, 2n edition (Ed. B Wild):310. Stuttgart, Schattauer
- Öz F, Hiçdurmaz D (2010) Stresle baş etmede önemli bir yol: mizahın kullanımı. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi*, 13:66-68.
- Özdoğan AA (2018) Çok Boyutlu Mizah Duygusu Ölçeği Türkçe formunun güncellenmesi ve yeniden değerlendirilmesi. *Manisa Celal Bayar Üniversitesi Sosyal Bilimler Dergisi*, 16:393-412.
- Robinson, M (1999) *Praxishandbuch therapeutischer Humor. Grundlagen und Anwendungen für Pflege- und Gesundheitsberufe*. Wiesbaden, Ullstein medical.
- Robinson M (2002) Geleitwort oder eine historische Sicht von Humor in der Pflege. In *Das kann ja heiter werden* (Ed I Bischofberger). Bern, Verlag Hans Huber.
- Ruch W (2007) Tools used for diagnosing humor states and traits. In *The Sense of Humor: Explorations of a Personality Characteristic* (Ed W Ruch):405-412. Berlin, De Gruyter.
- Sağlık Bakanlığı (2016) *Hemşirelik Yönetmeliği*. Ankara, TC Sağlık Bakanlığı.
- Sauter D, Abderhalden C, Needham I, Wolff S (2004) *Lehrbuch Psychiatrische Pflege*. Bern, Huber.
- Siegel A (2005) Darf Plege(n) Spaß machen? Humor im Pflege- und Gesundheitswesen: Bedeutung, Möglichkeiten und Grenzen eines außergewöhnlichen Phänomens. *Freiburger Schriften der Katholischen Fachhochschule Freiburg, Schlütersche Verlagsgesellschaft, Hannover* s39.
- Struthers J (1999) An investigation into community psychiatric nurses' use of humour during client interactions. *J Adv Nurs*, 29:1197-1204.
- Svebak S (1996) The development of the Sense of Humor Questionnaire: From SHQ to SHQ-6. *Humor*, 9:341-361.
- Titze M, Eschenröder T (1998) *Therapeutischer Humor. Grundlagen und Anwendungen*. Frankfurt am Main, Fischer Taschenbuch.
- Titze M, Eschenröder CT (2011) *Therapeutischer Humor: Grundlagen und Anwendungen*, 6. Auflage. Frankfurt am Main, Fischer Taschenbuch Verlag.
- Titze M (2018) *Wer zuletzt lacht...: die Kunst humorvoller Selbstbehauptung (Wissen & Leben)*. Stuttgart, Schattauer.
- Thorson JA, Powell FC (1993) development and validation of a multidimensional sense of humor scale. *J Clin Psychol*, 49:13–23.
- Turgut N, Kay D (2017) Hemşirelerin terapötik mizah kullanma durumları ve problem çözme becerileri arasındaki ilişki. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi*, 10:131-136.
- TDK (Türk Dil Kurumu) (2020) *Büyük Türkçe Sözlük*. Ankara, Türk Dil Kurumu Yayınları.
- Urech E, Bill C (2002) Aus dem Alltag eines Lachkoffers – Möglichkeiten für Humorinterventionen im Akutspital. In *Das kann ja heiter werden* (Ed I Bischofberger):85-97. Bern, Verlag Hans Huber.

- Ünal D (2018) Çocuk kliniklerinde çalışan hemşirelerin mizah tarzları ile tükenmişlik düzeyleri arasındaki ilişkinin saptanması (Yüksek lisans tezi). Zonguldak, Zonguldak Bülent Ecevit Üniversitesi.
- Yerlikaya E (2003) Mizah Tarzları Ölçeğinin (The Humor Styles Questionnaire) uyarlama çalışması. (Yüksek lisans tezi). Adana, Çukurova Üniversitesi.
- Yıldırım S (2019) Bir üniversite örneğinde aleksitemi düzeylerinin mizah tarzları ve kaygı düzeyleri ile ilişkisinin incelenmesi (Yüksek lisans tezi). İstanbul, Beykent Üniversitesi.
- Wydler HA, Kolip P, Abel T (2006) Salutogenese und Kohärenzgefühl. Grundlagen, Empirie und Praxis eines gesundheitswissenschaftlichen Konzepts. Weinheim und München, Juventa Verlag.

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