

The use of dark humour in Diagnostic Radiography.

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Introduction.

This paper looks at the way in which dark humour is used within the profession of diagnostic radiography to express emotion and to deal with situations within the workplace. The ideas from this paper come from the results of a doctoral study of the culture within one Diagnostic Imaging Department (DID) in the East of England.

The doctoral study was an ethnographic study which involved participant observation for four months and semi-structured interviews with key informants from the DID (Strudwick, 2011). During the study it was evident to the researchers that dark humour was an acceptable part of the culture within the DID and was used by the radiographers on many occasions.

Dark, black or gallows humour is a genre of humour in which laughter comes from cynicism, often about people's misfortunes or death. Dark humour often mocks the victim and their suffering is made to be trivial. Taboo subjects like death are brought out in the open and treated in an unusually humorous manner. Dark humour can be both amusing and uncomfortable. Popular themes for such humour include; murder, suicide, death, depression, abuse, terminal illness, violence, disease and disability. All of which are experienced by health and social care professionals.

Literature review.

There is very little in the literature about the use of dark humour in diagnostic radiography. Decker and Iphofen (2005) mention the use of humour in their paper about the use of oral history to investigate the development of diagnostic radiography as a profession. They observe that radiographers use dark humour in the workplace as a coping mechanism.

Other authors speak about the use of humour in health and social care professions. Griffiths (1998), writing about community mental health teams says that humour can be used to challenge other staff about their behaviour during difficult situations. He says that humour can also become a group norm and accepted group behaviour in certain circumstances.

Wolf (1988), in her ethnography of a ward in an acute hospital observed nurses using humour in their interpersonal interactions with one another to deal with different situations. She saw this use of humour as a coping strategy by staff and noted that humour was used when the situation was stressful or after an emergency.

Becker et al. (1961) in their study of the culture amongst medical students remark on the use of dark humour. They discuss the use of dark humour between medical students when joking about patients and their misfortunes. They observed several

incidents where the medical students joked with one another about emergencies and serious situations when patients were very ill.

Kinsman-Dean and Major (2008) in their ethnographies of critical care and palliative care settings suggest that humour is valuable for teamwork, emotion management and maintaining human connections. They state that from their studies humour served to enable co-operation, relieve tensions, develop emotional flexibility and to 'humanise' the experience for both patients and staff. They felt that the use of humour could be positive in this respect.

Van Wormer and Boes (1997) give a social work perspective of the emergency room and the use of dark humour by staff members. They comment that survival as an employee in this environment requires a dark sense of humour and cynicism. They believe these to be appropriate examples of responses from medical staff to stress and trauma, and see the use of dark humour as psychological survival and comic relief in an atmosphere fraught with tension.

In summary, from the literature dark humour is seen to be used amongst health and social care professionals to cope with the difficult situations which they encounter. This humour tends to be shared amongst colleagues as a way to 'let off steam' and to bring out into the open how they are feeling.

Results.

The use of dark humour amongst diagnostic radiographers was considered to be a key theme from the data gathered in this study. During the observations and interviews it was evident that like many other professions working in public services, diagnostic radiographers use dark humour as part of their conversations about service users.

The first example observed was a particularly stressful situation which occurred and the radiographers were 'letting off steam' after the event. A patient had suffered a cardiac arrest in the DID.

"The radiographers joke about a patient having a cardiac arrest in the DID. The radiographers laugh about what the patient looked like, what colour his face was and also how stressed everyone was."

Observation 11/8/08.

This incident was challenging for all of those involved and the patient subsequently died. It seemed that joking about the incident was used as a means to relieve stress.

There was another occasion in the computed tomography (CT) control room.

"The staff make derogatory comments and joke about the size of an obese patient who was so large that he only just fit through the CT scanner."

Observation 29/8/08.

This occurred when the radiographers had been having some trouble with the patient, and in order to let out their frustration they had a joke about it all, at the expense of the patient.

Dark humour was encountered in the staff room;

“Comments were made about an overweight patient who had attended the department that morning. There was also a conversation about vomit and barium studies going wrong.”

Observation 13/8/08.

And in the main viewing area;

“Discussion in the viewing area about a few patients with unusual conditions who had visited the department over the past week. The radiographers joked about these patients and jokes were made about them regarding what they looked like, how they behaved and also about their images.”

Observation 9/9/08.

Sometimes the comments turned from humour to being derogatory comments;

“Derogatory comments made about a patient from yesterday.”

Observation 2/10/08.

“Radiographers comment on what a patient is wearing and laugh about it.”

Observation 17/11/08.

So, where should the line be drawn and is this acceptable behaviour? In the interviews this issue was explored to find out why the radiographers thought that

dark humour and joking about patients was an acceptable part of their workplace culture.

One of the radiographers expressed why they thought that dark humour was used in their interview.

“It’s never nice to see patients in pain and I think to an extent we laugh about it to keep it light.”

Interview with radiographer 1.

It seems here that this radiographer is trying to justify laughing about patients, implying that it is okay to do this in order to lighten the atmosphere and make it less serious.

Other radiographers saw the use of dark humour as a coping strategy, and a way of dealing with the difficult situations a radiographer has to face.

“I think it’s a coping strategy you know ... I guess you turn it into humour to keep you going, it’s just a coping mechanism... well you can’t cry, you can’t well you can’t show any emotion so the only way you can show it is by joking about it and turning it into something light hearted.”

Interview with radiographer 4.

Saying that the use of dark humour is a coping strategy is a fairly standard explanation and one that was expected. However, there is more to this than just providing an explanation for the behaviour. In saying this radiographer 4 is reflecting on their own use of dark humour and taking up a position to justify their actions. The

radiographer is taking up a subject position which says 'I am not a bad person' and I can justify my behaviour.

It also seems that radiographer 4 feels that they is not able to cry or to show any emotion at work even if the incident upsets them. So the next best thing is to show some emotion through humour and laughter to relieve the tension. This sentiment was shared by one of the imaging assistants in their interview. Although not a radiographer, the imaging assistant appears to be socialised into the culture of the DID, and thinks in a similar way.

"I think it helps you to cope, to make a joke, otherwise you can get quite depressed I suppose. Oh yes, definitely, it is about how we cope. It is you know how you get through it and otherwise you know you'd just get so depressed and so stressed you well you wouldn't cope. You have to not take it into heart too much ... but it's good that you can you know well even if something starts off as a joke it brings it to the fore and you can you can then discuss it you know ... there's no point in trying to hide things up and pretend it didn't happen. If you take it on board it's not healthy no no."

Interview with imaging assistant.

This imaging assistant also feels that the use of humour gives the staff members a way of discussing something that has happened and bringing it out in the open in a non-threatening and less serious way. Taking on the burden of what is seen in the DID is not seen to be healthy for staff members either.

The manager has a slightly different take on this and talks about how uncomfortable he feels as a radiographer, and therefore he thinks other radiographers feel about discussing life and death matters.

“You’re actually dealing with things that are well if they happen to you would be the stuff of your worst nightmares but because you’re in a front line hospital, you’ve got people coming well if you’ve just had a severe road traffic accident or have got the worst forms of cancer, the things that you absolutely dread and it’s not actually you know even as I’m sitting here talking to you about it on that level well it almost feels uncomfortable but you’d normally cope with it by saying or by treating it a little bit more lightly.”

Interview with Manager.

And so, he concludes that radiographers like to treat things a little more lightly, using humour, in order to cope with what they might have just dealt with.

“It’s almost like a you’ve got to laugh or you’ll cry kind of reaction.”

Interview with Manager.

Another one of the radiographers saw this as a coping mechanism too.

“Joking about patients and their misfortunes is a coping mechanism um it’s a way of coping, trying to cope with what they’ve seen and what they’ve had to do.”

Interview with Radiographer 2.

Radiographer 7 also thought that it was not good for the radiographer to take things to heart.

“I think it’s the way that that we deal with it because I think if we took everything to heart I think that seriousness um we would never cope... We do see some very horrible, pretty horrendous things and you know then you can see some of the radiographers are shaken up over it and the only way to probably deal with it is make a joke about something you know and they’ve sort of used it to see the smile come back.”

Interview with Radiographer 7.

This radiographer obviously feels that it is important to keep going and to keep smiling, which raises the issue of emotional involvement once more. It appears from these comments that in order to keep working in the face of challenging situations the radiographer will distance themselves from the patient and their circumstances and they can use humour to achieve this distance.

So why is it that diagnostic radiographers do not feel that they should become upset with their patients? Where do they learn that they need to maintain a professional demeanour and not become upset when with the patient? It appears that this is learnt behaviour which Goleman (2004) calls 'display rules'. So from experience and by observing others Goleman says that how we show our emotions and to what extent is governed by the social situation in which we find ourselves, and this is learnt very early on in a new situation. So radiographers perceive it to be unacceptable for a radiographer to cry with a patient who is upset because they have learnt that this is not appropriate from others. This is an example of learnt behaviour. The radiographers feel that they should be there to provide a service for the patient and that the crying should come afterwards, away from the patient. To some extent this learnt behaviour comes from role modelling the behaviour of others in the culture, and so such behaviour continues without question. Goffman (1959) also talks about behaviour in different situations and how we present ourselves to other people. He talks about 'playing a part' and that we have different roles or parts that we play in front of different people.

The manager also felt that dark humour and joking about a situation could be used to gauge if a colleague was okay and that they weren't too upset after dealing with a traumatic situation.

“there was a patient who was very ill and had a brain tumour, I can't really remember any of the sort of light hearted remarks that were made ...but it was just a way of dealing with it and almost well these sort of things happen or something like that. I can't remember exactly the throw away line that she used to say, yeah I'm okay about it. I mean what you're actually communicating is ... I know that it was horrible and I've been through it and I'm actually okay and don't worry too much. You're actually giving that kind of message to somebody yep that I've coped with it and you can unload. An awful lot of that kind of emotional stress that people experience is dealt with in that almost subliminal sort of humorous way ... that was horrible you know and are you okay? I heard you had a really really difficult experience, it's oh I'm sorry to hear that happened or something like that. And they will come back with a flippant remark which is actually saying I'm okay you know and I've dealt with it and if they promote the conversation then you know they want to talk about it. Then you are banging around for a few minutes and then you're gonna throw off a couple of jokes and that's the end of it so it's a coping strategy that often I think is actually a very effective one.”

Interview with Manager.

Goleman says that “being able to pick up on emotional clues is particularly important in situations where people have reason to conceal their true feelings” (2004, p135), so in behaving as the manager describes we are giving our colleague a way of talking about what they have been through without engaging our emotions and speaking to them on the level that they have chosen to use, which is often humour. This can be a useful strategy in an emotional situation and can be used to support a colleague in a non-threatening way. It could be seen as peer support in trying to assist a colleague to deal with something difficult. Dean and Major (2008) agree with this assertion and say that dark humour serves to relieve tension. They discuss the use of dark humour between staff on ITU and how it is used to support peers and

relieve the tension created by life and death situations. Dean and Gregory (2005) also found that humour was used to relieve tension within a palliative care setting. Higher stress levels amongst staff elicited greater use of humour.

Two of the participants talked about detachment and its link with the use of dark humour.

“Joking about patients and their misfortunes which is a coping mechanism um it’s a way of coping trying to cope with what what they’ve seen and what they’ve had to do. I think it’s like a detachment you know it’s a way of coping with what we’ve just seen and what we’ve just done.”

Interview with Radiographer 12.

“I think the only reason that we can so easily joke about it is that we’re detached from that person we don’t know that person.”

Interview with student radiographer.

Some staff also felt that it was human nature for people to joke about their customers and this was not unique to a healthcare environment. They expressed this idea in their interviews.

“I just think when groups of people get together that’s the way conversations tend to go.”

Interview with Radiographer 3.

One of the radiographers felt that joking about service users was common to every job when you deal with the public.

“I think the thing is though that I think you do that in every job, every job I’ve ever had we’ve always had a joke about the people or the customers it just seems like it’s human nature make a joke of it.”

Interview with Radiographer 1.

From the observations it appeared that the radiographers used humour in difficult or uncomfortable situations. They appeared to use humour as a way of talking about these situations and to bring things out in the open. Radiographer 12 confirmed this in their interview;

“yes we joke and then funny things that happen it makes people laugh at um and sometimes it’s a bit it’s intense isn’t it in a meeting or somewhere or you X-ray somebody who’s got a great big tumour or something and I think it’s a way of relieving I don’t know stress I suppose and sharing things with people and sometimes although you make fun of something to cope.”

Interview with Radiographer 12.

This fits with the idea that dark humour is used to relieve tension in difficult situations.

Discussion.

We do, however need to explore the ethics of joking about patients’ misfortunes. It appears to be human nature in any job when dealing with members of the public to joke about the customers. However, is it ethical to joke about a patient behind their back, and to laugh about a patient’s situation as long as they don’t find out that we are doing it? As a so called ‘caring’ professional is this acceptable? Dharamsi et al. (2010) consider the use of derogatory and cynical humour directed towards patients to be unprofessional, disrespectful and dehumanising. However, they acknowledge that this behaviour stems from the culture in which the professionals work. The

evidence from this study seems to support the idea that joking about patients and their misfortunes was part of the culture and acceptable behaviour within the DID.

It is important to be aware of the context in which this dark humour is used. The majority of the time in this study the radiographers used humour as a coping strategy, and this was not in front of the patient. If it were to be expressed in the presence of a patient this would not be acceptable and would be poor professional judgement. This behaviour, however was confined to the staff only parts of the DID. This fits with Goffman and his idea of front and back stage (Goffman, 1959). Dharamsi et al. (2010) also suggest that physical or social distance somehow makes it more acceptable to joke about patients. However, they still assert that medical professionals need to be equipped with integrity, respect and compassion along with reflective skills to examine their own behaviour and prevent inappropriate responses. So radiographers need to be aware of where certain behaviours are appropriate and where they are not acceptable. The use of dark humour is an example of a behaviour that is acceptable back stage (away from patients), but not front stage (in the presence of patients).

Dean and Gregory (2005) see this use of humour outside of patient areas in a slightly different light. In their study within a palliative care ward they observed dark humour in staff meetings and say that although staff used dark humour extensively amongst themselves, they instinctively recognised the need for sensitivity amongst patients and relatives. They felt that staff were able to make the distinction between appropriate and inappropriate use of humour. Dean and Gregory (2005) agree that

humour is shaped by cultural code and what is deemed to be acceptable behaviour. Both sets of writers see this use of humour to be acceptable and appropriate in some settings.

The use of humour is clearly linked to diagnostic radiographers' involvement with patients and how they deal with this. This could also be linked to their emotional intelligence. The radiographers choose not to become involved with patients and use humour to deal with difficult situations in order to protect themselves. Cherniss (2000) says that the ability to manage feelings and handle stress is an important aspect of emotional intelligence. It seems that humour is the way that these radiographers have learnt to do this, and all of the radiographers interviewed acknowledged that this was true for their department. Humour somehow removes that connectedness to the patient.

Goleman (2004) talks about empathy distress; where one person catches another's distress and joins them in it, and the person who catches the distress does not have the self-regulation skills to deal with it. He goes on to say that "Medical residents 'toughen themselves' to handle empathy distress; their joking about patients near death... is part of this emotional shell, a way to deal with their own sensitivities" (Goleman 2004, p144). So it seems from this study that radiographers guard themselves against empathy distress by developing an emotional shell. They use humour to deal with this emotion and harden themselves against involvement with their patients in order to protect themselves emotionally.

Conclusion.

From this study it appears that dark humour is used by diagnostic radiographers when talking with colleagues. This humour is generally used as a coping strategy to deal with some of the more stressful situations that they have to deal with in practice. It is also used as a mechanism to 'let off steam' and to encourage dialogue about what has happened.

Diagnostic radiographers may find it easier to use humour than to talk on a more serious level about taboo subjects such as death and suffering. Dark humour is used behind the scenes rather than in front of service users and diagnostic radiographers see this as acceptable behaviour in certain circumstances. The use of dark humour may be seen by some to be disrespectful and inappropriate for a caring professional. However, it appears that the radiographers involved in this study were aware of the situations they were in and only shared this level of humour with their colleagues.

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