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Effects of Humor to Relieve Stress in Nurses

Erin Golger

DePaul University
Abstract

**Background:** Research shows that humor is commonly used by health care workers as a coping mechanism to help relieve stress. However, there are limited studies in identifying the type of humor most commonly used by nurses, and which type of humor is most effective at relieving their stress.

**Objective:** The purpose of this integrative literature review was to identify the different types of humor used by nurses and to explore which type of humor was most effective at relieving stress.

**Method:** An integrative literature review was used using articles from four different databases (PubMed, CINAHL, Ovid, and ProQuest). The search terms used were: humor, nursing care, wit, humor, nursing, nurse patient relations, communication, qualitative study, gallows humor, dark humor, coping, and stress. The data collected from the chosen research articles were ordered, coded, and categorized into unified and integrated results.

**Results:** Positive and negative humor were identified as the most common types of humor utilized by nurses. Positive humor was considered playful, optimistic, and self-enhancing. Negative humor was categorized as gallows, sarcastic, and malicious. Positive humor was determined to be more effective at relieving stress, enhancing personal relationships, and contributed to a more productive working environment.

**Conclusion:** Although humor is considered a universal experience, more research is necessary to expand on the use of humor as a coping mechanism for nurses and the effects it can have on reducing stress.
Introduction

Background & Significance

Nurses regularly encounter distressing and difficult situations with exposure to disease, tragedy, and death. As a result, nurses commonly use humor as a coping mechanism to survive stressful situations in the workplace (Ghaffari, Dehghan-Nayeri, & Shali, 2015; Sayre, 2001). The literature frequently defines humor as a form of communication that contains incongruous ideas that make people laugh (Scott, 2007, Astedt-Kurki & Isola, 2001; Buxman, 2000; Olsson, Koch, Back, & Sorenson, 2000). Furthermore, humor is most often associated with positive feelings, joy, and amusement (Buxman, 2000). Although commonly used by healthcare workers, research also suggests that patients might benefit from humorous interactions with nurses as a means of recognizing and facing their own concerns surrounding disease and death (Aultman, 2009). Studies have also shown that nurses acknowledge the benefits of using humor as a nursing intervention during the caregiving process (Astedt-Kurki & Isola, 2001).

Previous studies have defined different types of humor used by nurses in the patient care setting. Overall, humor can be categorized as negative or positive. Regardless of humor type, humor was consistently identified throughout the literature as an effective coping mechanism for nurses (Kinsman & Gregory, 2004, Wanzer, 2005; Scott, 2001; Buxman, 2000). According to Wanzer (2005), nurses who engage in humorous interactions cope more effectively than nurses who do not use humor. Research by Kinsman & Gregory (2004) emphasizes the use of humor as a stress-relief strategy for nurses working in chaotic environments. Furthermore, higher stress levels often contributed to an increase in the use of humor between nurses thereby providing greater relief (Kinsman & Gregory, 2004). Humor-oriented nurses also experienced greater job satisfaction than their non-humorous counterparts (Kinsman & Gregory, 2004). In addition to
providing stress-relief, humor was also used as a means of strengthening relationships with colleagues and establishing trust with patients. (Buxman, 2001; Maunder, 2008).

Consequentially, humor helped nurses to create a sense of community through mutual support and understanding (Kinsman & Gregory 2004). Research shows that humor is commonly used by health care workers as a coping mechanism to help relieve stress. However, there are limited studies in identifying the type of humor most commonly used by nurses, and which type of humor is most effective at relieving their stress.

**Purpose**

The purpose of this integrative literature review was to identify the types of humor commonly used by nurses and evaluate the most effective humor that can improve or reduce stress experienced by nurses.

**Research Questions**

The following research questions guided this study:

1) What type of humor is most commonly used by nurses in the patient care setting?

2) Which type of humor is most effective at relieving stress in nurses?

**Conceptual Framework**

Lazarus and Folkman’s (1984) Stress and Coping Theory guided this study. According to Lazarus and Folkman, stress is viewed as an exchange between the individual and their environment. Psychological stress occurs when environmental demands exceed the individual’s ability to cope (Lazarus & Folkman, 1984). For example, higher patient-nurse ratios or long work hours can produce a stress-filled environment that puts nurses at risk for burnout and stress-related illness (Ghaffari, et al., 2015; Buxman, 2000). Coping strategies are often used as way of managing these external demands (Lazarus & Folkman, 1984). Furthermore, the Stress
Coping Theory (1984) can help identify why some nurses are able to cope better during stressful situations. Humor is often seen as an effective coping mechanism for nurses working in stressful environments. It can help relieve tension, act as a distraction, and facilitate emotional bonds (Astedt-Kurki & Isola (2001; Dean & Gregory, 2005; Wanzer, 2001). Studies have also shown the physiological benefits of humor including its ability to lower blood pressure and reduce the heart rate thus making it a useful tool in coping with external stressors (Wanzer, 2001).

For the purposes of this review, Lazarus and Folkman’s (1984) Stress and Coping theory was chosen to identify how nurses use positive or negative humor as a way of managing stressful external forces. Furthermore, this theoretical framework will further demonstrate which type of humor is the most effective in relieving stress in nurses.

**Method**

**Design**

An integrative literature review was conducted to explore the different types of humor in the patient care setting as well as identify which type of humor is most effective in relieving stress in nurses. The integrative research design allows for a comprehensive review of literature based on chosen search criteria. Furthermore, this integrative literature review will provide valuable insight regarding the powerful therapeutic effects of humor when utilized by nurses.

**Literature Search Strategies**

The literature used to analyze this concept was implemented using ProQuest Nursing, PubMed, CINHAL, and Ovid. Primary sources were also pulled from secondary sources regrading this topic. Search terms used included: humor, nursing care, wit, humor, nursing, nurse patient relations, communication, qualitative study, gallows humor, dark humor, coping, and
stress. Specific research articles were analyzed to address the previously stated research questions.

**Literature Search Limitations and Inclusion/Exclusion Criteria**

Articles reviewed include all the previously listed keywords. Additional inclusive criteria required that all articles be written in English, peer-reviewed, published in scholarly journals, and written within the past ten years. The timeframe was later expanded to articles written within the past eighteen years due to limited search criteria. Full text versions of the article also had to be available through the search engines. Exclusion criteria included duplicate articles. Articles that did not focus on the use of humor within a patient care setting were also excluded from the review (Figure 1).

**Data Synthesis & Analysis**

The data collected from the chosen research articles will be ordered, coded, and categorized into unified and integrated results as seen in Table 1. To answer the research questions, data reduction was used to divide the selected studies into subgroups to facilitate analysis. Relevant data regarding the most commonly used humor by nurses in the patient care setting were extracted and used from each study. The data was assembled and displayed in a data matrix. The title, author, year, journal source, purpose, method, sample size, and themes reported in each study were shown in the display. Finally, the articles procured will be examined to determine which type of humor is most effective at relieving stress in nurses.
Figure 1. Diagram of Study Selection and Review Process

Results

Upon review of ten articles, two different types of humor were identified as the most common types of humor used by nurses. These categories included negative and positive humor. Negative and positive humor was defined according to what constitutes this type of humor.
Additionally, a relationship was found between the use of positive and negative humor as an effective stress-reliever in nurses.

**Positive Humor**

Overall, positive humor was considered a constructive form of humor that reduced tension, energized staff, promoted a sense of community, and was considered all-inclusive (Kinsman & David, 2004; Astedt-Kurki & Isola 2001; Buxman, 2000). Positive humor can be categorized as optimistic, playful, and self-enhancing (Table 1) (Kinsman & David, 2004; Astedt-Kurki & Isola 2001; Buxman, 2000). Positive humor was generally considered light-hearted, elicited feelings of warmth and incited laughter (Dean & Gregory, 2005). Optimistic humor often allowed nurses to look at a more serious situation in a more hopeful light (Astedt-Kurki & Isola, 2001; Buxman, 2000). Playful humor included child-like banter which included the use of props, cartoons and, and nonverbal expressions. A study conducted on nurses’ uses of humor in critical care settings found that benign, spontaneous remarks centered around daily nursing duties were also commonly used (Buxman, 2000). Furthermore, analysis of the diaries of seventeen nurses from different fields found that self-enhancing humor allowed for nurses to laugh at oneself for simple mishaps that occurred while providing care (Asted-Kurki & Isola, 2001). Buxman (2000) emphasized that an emotional bond between nurses often influenced positive humor. Keeping humor constructive, and therefore positive, also meant considering the audience and timing of when the humor was used (Buxman, 2000; Dean & Gregory, 2005). If the audience did not appreciate or understand the joke, then it would not be considered appropriate or positive (Scott, 2017). Furthermore, if nurses were to joke around during an inappropriate time, this could also lead to a negative outcome. For example, a study conducted on nurses use of humor in critical care settings showed that using humor during times of crisis
would be considered more distracting than beneficial (Buxman, 2000). Furthermore, using humor during times when maximum concentration was required would also be deemed unacceptable (Buxman, 2000). A study by Ghaffari et al. (2015) that interviewed seventeen nurses from different fields also found that not considering appropriate timing could lead to aggression and the breakdown of relationships between colleagues.

**Negative Humor**

The literature described negative humor as a destructive form of humor that was condescending, incited laughter at other people, and perpetuated stereotypes (Buxman, 2000; Sayre, 2001; Aultman, 2009). Common types of negative humor included: gallows humor, sarcasm, and maliciousness (Sayre, 2001) as seen in table 2. Negative humor also contained cynical and derogatory elements (Aultman, 2009). Of the articles reviewed, it was evident that gallows humor was a predominant means of joking between nursing staff (Sayre, 2001; Dean & Gregory, 2005; Aultman, 2009). Gallows humor deals with macabre topics that make fun of traumatic or frightening situations (Sayre 2001) Sarcastic humor was another common form of negative humor in that use irony as a way to discredit and mock the individual that it targeted (Sayre, 2001; Aultman, 2009). In addition to its disparaging nature, sarcasm had a tendency to escalate from harmless to hurtful (Sayre, 2001). Malicious humor was considered a type of negative humor that criticized a specific individual (Ghaffari et al., 2015). Moreover, malicious humor allowed for nurses to ridicule and insult with complete disregard of their impact on others (Ghaffari et al., 2015).

**Effects of Humor as a Stress-Reliever in Nurses**

Overall, positive humor was viewed as the most effective stress-reliever in nurses. Astedt-Kurki and Isola (2001) noted that positive humor appeared to relieve tension in nurses
and helped nurses to cope with difficult situations which improved the working climate. Furthermore, nurses who introduced humor in a kind manner tended to cope better and had higher rates of job satisfaction (Wanzer, 2001; Kinsman & Gregory, 2004). Positive humor was found to be an advantageous coping strategy, even for nurses who didn’t typical use humor to cope. Moreover, nurses who actively engaged in humor benefited significantly more than nurses who passively listened (Buxman, 2000; Wanzer, 2001). Positive humor also created strong social bonds and enhanced interpersonal relationships (Buxman 2000; Sayre, 2001; Dean & Gregory, 2004). As a result, positive humor allowed for enhanced, therapeutic communication which contributed to stronger sense of community (Dean & Gregory, 2004). However, using positive humor in a constructive manner meant considering the timing, context, and receptiveness. Without taking these elements into consideration, humor could have a destructive impact (Scott, 2007; Dean & Gregory, 2005; Buxman, 2000). For example, during a major crisis, humor was considered to be more of a distraction rather than consoling (Buxman, 2000; Dean & Gregory, 2005).

Negative humor was considered a destructive form of joking that led to exhaustion, aggression, negativity towards the workplace, and helplessness (Ghaffari, et al., 2015). According to Aultman (2009), disparaging comments made towards patients could be viewed as derogatory and therefore, unethical and non-therapeutic. Furthermore, derogatory humor could be viewed as culturally insensitive in that it belittles others, perpetuates stereotypes, and simulates laughter at another individual (Buxman, 2000; Aultman; 2009). Sayre’s study (2001) on the use of dark humor between psychiatric nurses also concluded that gallows humor could have a negative impact on the therapeutic process due its openly aggressive and hostile nature. Inappropriate jokes also contributed to an unpleasant work environment that reduced motivation
to provide quality patient care (Ghaffari, et al., 2015). Negative humor was also viewed as a way for nurses as a form of emotional distancing (Aultman, 2009; Scott, 2015).

Although negative humor was viewed as a more destructive way of relieving stress in nurses, it still had therapeutic value. While negative humor was viewed as way of nurses to distance themselves from pain, it acted as a form of protection to prevent emotional vulnerability resulting from tragedy and loss (Olsson et al., 2000; Sayre, 2001; Dean & Gregory, 2005; Scott 2007; Maunder, 2008). According to Sayre (2001), the use of gallows humor between nurses was considered a socially acceptable way of venting out loud to colleagues. Interviews of hospice nurses suggested that satirizing death meant accepting that death was an inevitable part of life. However, it was almost always considered inappropriate to make jokes in front of patients and their families (Cain, 2012).

In summary, this review identified positive and negative humor as the common types of humor used between nurses. Positive humor could be categorized as optimistic, playful, and self-enhancing. Negative humor was categorized as gallows, sarcastic, or malicious. Furthermore, both types of humor play an important role in relieving stress in nurses. Positive humor was viewed as a more constructive stress reducer. Although negative humor was not considered as therapeutic, it was still beneficial in that it provided a safe outlet for nurses to decompress and release negative emotions.
Table 1. Positive Humor

<table>
<thead>
<tr>
<th>Positive Humor</th>
<th>Definition</th>
<th>Effects on Stress Relief</th>
</tr>
</thead>
</table>
| Optimistic     | Allowed nurses to look at a more serious situation in a more hopeful light. | • Relieved tension  
                  |                          | • Improved working climate  
                  |                          | • Higher job satisfaction  
                  |                          | • Strong social bonds  
                  |                          | • Enhanced therapeutic communication  
                  |                          | • Constructive  
                  |                          | • Dependent on timing and situation |
| Playful        | Child-like banter which included the use of props, cartoons and, and nonverbal expressions that created a feeling of warmth and light-heartedness. |                          |
| Self-Enhancing | Allowed for nurses to laugh at oneself for simple mishaps that occurred while providing care. |                          |

Table 2. Negative Humor

<table>
<thead>
<tr>
<th>Negative Humor</th>
<th>Definition</th>
<th>Effects on Stress Relief</th>
</tr>
</thead>
</table>
| Gallows        | Deals with macabre topics that make fun of traumatic or frightening situations. | • Contributed to an openly aggressive and hostile environment  
                  |                          | • Used to create emotional distance  
                  |                          | • Unethical and non-therapeutic  
                  |                          | • Perpetuates stereotypes and belittles others  
                  |                          | • Reduced motivation to provide quality patient care. |
| Sarcastic      | Use of irony that discredited and mocked the individual that it targeted. |                          |
| Malicious      | Criticized and insulted other individuals. |                          |
Discussion

This integrative review of the literature helped to identify two different types of humor commonly used by nurses. These included positive and negative humor. Positive humor was defined as light, kind-hearted humor that reduced tension and enhanced social and psychological well-being (Wanzer, 2001; Buxman, 2000). Positive humor also included highly individualized techniques based on who the nurse was interacting with and the context in which the humor was used. Nurses also engaged in negative humor as a means of coping with stress. Negative humor was defined as a cynical and harmful form of humor that contributed to a hostile environment (Ghaffari, 2015; Aultman, 2009). Nurses who engaged in negative humor often justified their behavior by making the situation the object of the joke rather than the patient himself (Aultman, 2009; Scott, 2017).

This integrative literature review also examined which type of humor was the most effective stress-reliever in nurses. It was evident that that positive humor was a more constructive way for nurses to relieve stress. Positive humor allowed nurses to notice the amusing aspects of their daily activities and provided a creative outlet for coping with difficult situations. However, humor must be used within the appropriate context for it to be considered constructive. If humor was used in a malicious, or harmful manner, it could erode relationships and create a form of emotional distancing between the patient and the nurse.

The previous studies showed that nurses primarily use positive and negative humor in the clinical setting. Nurses utilized both types of humor as a means of dealing with external psychological stressors. Although positive humor was considered a more effective stress-reliever in nurses, negative humor held therapeutic value in that it provided a way for nurses to vent frustrations and could thereby help prevent burnout (Sayre, 2001). Negative humor was
almost always considered inappropriate when used in front of patients. However, in some cases, it was considered socially acceptable for staff to utilize negative humor amongst each other (Scott, 2007; Sayer, 2001). Generally, gallows and sarcastic humor were often seen as a measure of self-protection (Olsson et al., 2000; Sayre, 2001). Using negative humor as a defense mechanism prevented psychological stress for nurses which allowed them to cope better during stressful situations.

**Limitations**

Overall, the major limitations of this literature review were the small sample studies. Furthermore, many of the articles included other health care providers in addition to nurses. Larger sample studies that included more nurses would have helped to accurately define which type of humor was more frequently used by nurses, and how effective the humor was as a stress-reliever. While there was sufficient data to complete this literature review, future research could lead to a better understanding of the effects of positive and negative humor as a coping mechanism for nurses.

**Suggestions for Future Research**

While strong evidence exists identifying the most common types of humor used between nurses, further research may be helpful in identifying other types of humor and its effects as a stress-reliever in nurses. Further research considering negative humor’s paradoxical nature as both destructive and therapeutic could also provide valuable insight. Lastly, more regarding the use of humor between nurses in the workplace can also help to identify how these types of humor can impact patient care.
Nursing Implications

Nurses commonly use positive or negative humor as a means of coping with difficult situations. These findings can help discern which type of will be the most beneficial as stress-relief therapy. The research also reveals the importance of timing, context, and audience when engaging in humorous interactions. While there is plenty of research suggesting the positive effects of humor, little research still exits regarding the different methods nurses can used to engage in appropriate and effective humorous interactions.

Conclusion

Nurses are exposed to a variety of stressful situations and can benefit from using humor as a coping strategy. Humor between nurses was categorized as positive or negative. Furthermore, it was evident that the use of humor between nurses had many psychological, physiological, and social implications. Research suggested that positive humor was considered more constructive, although the use of negative humor in the patient care setting was profound. Whether positive or negative, humor should not be underestimated as a valuable cathartic tool. While humor is considered a universal experience, more research is necessary to expand on the use of humor as a coping mechanism for nurses and the effects it can have on reducing stress.
References


Table 1. Summary of Selected Articles

<table>
<thead>
<tr>
<th>Title</th>
<th>Citation</th>
<th>Date</th>
<th>Journal Source</th>
<th>Purpose</th>
<th>Method</th>
<th>Sample</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humour between nurse and patient, and among staff: Analysis of nurse’s diaries</td>
<td>Astedt-Kurki, P. &amp; Isola, A.</td>
<td>2001</td>
<td><em>Issues and Innovations in Nursing Practice</em></td>
<td>Investigate occurrence of humor between staff and patients</td>
<td>Content Analysis</td>
<td>Nursing staff (n=16)</td>
<td>Different categories of humor; humor enable patient and nurse to better cope with unpleasant procedures.</td>
</tr>
<tr>
<td>When humor in the hospital is no laughing matter</td>
<td>Aultman, J.M.</td>
<td>2009</td>
<td><em>The Journal of Clinical Ethics</em></td>
<td>Examine the use of derogatory and cynical humor in clinical setting</td>
<td>Journal Article</td>
<td></td>
<td>Ethics of dark humor in clinical setting</td>
</tr>
<tr>
<td>Humor in critical care: no joke</td>
<td>Buxman, K.</td>
<td>2017</td>
<td><em>American Association of Critical Care Nurses</em></td>
<td>Describe coping mechanisms of critical care nurses</td>
<td>Journal Article</td>
<td></td>
<td>Coping mechanisms, combating stress, how to keep humor constructive</td>
</tr>
<tr>
<td>Integrating dark humor and compassion identities and presentations of self in the front and back regions of hospice</td>
<td>Cain, Cindy</td>
<td>2012</td>
<td><em>Issues in Mental Health Nursing</em></td>
<td>Examine the ways that workers identify and how they use their identities to account for differences in between front and back region behaviors.</td>
<td>Clinical Ethnography</td>
<td></td>
<td>Dark humor; morbid conversations; detachment toward death; enlightenment toward death</td>
</tr>
<tr>
<td>Title</td>
<td>Author(s)</td>
<td>Year</td>
<td>Journal/Publication</td>
<td>Abstract</td>
<td>Location</td>
<td>Notes</td>
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<tr>
<td>Humor and laughter in palliative care: An ethnographic investigation</td>
<td>Dean, R. A. &amp; Gregory, D. M.</td>
<td>2004</td>
<td>Journal of Contemporary Ethnography</td>
<td>Identify humorous interaction between healthcare providers and patients in the palliative care setting.</td>
<td>Nurses (n=6)</td>
<td>Humor, laughter, palliative care, nurses</td>
<td></td>
</tr>
<tr>
<td>More than trivial: Strategies for using humor in palliative care</td>
<td>Dean, R. A., &amp; Gregory, D. M.</td>
<td>2005</td>
<td>Cancer Nursing</td>
<td>Examine the phenomena of humor and laughter in inpatient palliative care setting</td>
<td>Nurses (n=11); physicians (n=2); social worker (n=1); physiotherapist (n=1)</td>
<td>Affected by differences in people, differing circumstances, ethnicity, gender, and degree of stress</td>
<td></td>
</tr>
<tr>
<td>Nurse’s experiences of humour in clinical settings</td>
<td>Ghaffari, F., Dehghan-Nayeri, N., &amp; Shali, M.</td>
<td>2015</td>
<td>Medical Journal of the Islamic Republic of Iran,</td>
<td>Describe nurse’s experiences of and factors affecting humor in clinical settings</td>
<td>Content analysis</td>
<td>nurses (n=17) dynamics of humor, risk making probability, condition enforcement, opportunities and threats</td>
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<tr>
<td>Emotion management in children’s palliative care nursing</td>
<td>Maunder, E.Z.</td>
<td>2008</td>
<td>Indian Journal of Palliative Care</td>
<td>Explores the strategies nurses use to cope while caring for children and adolescents in palliative care</td>
<td>Journal Article</td>
<td>Holistic nursing care, humor, coping mechanisms</td>
<td></td>
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<td>Nursing and humour—an</td>
<td>Olsson, H., Koch,</td>
<td>2000</td>
<td>Vard I Norden</td>
<td>Describes the quantitative survey</td>
<td>802 people (n=220)</td>
<td>Nursing and humor,</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Author</td>
<td>Year</td>
<td>Journal/Source</td>
<td>Methodology</td>
<td>Population</td>
<td>Findings/Conclusion</td>
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<tr>
<td>Exploratory study in Sweden</td>
<td>M., Backe, H., &amp; Soresen, S.</td>
<td></td>
<td></td>
<td>Experiences of humor in nursing. Establishes six common themes in humor between nurses.</td>
<td>Patients; (n=278 staff); (n=304 external group)</td>
<td>Coping, humor as a positive experience,</td>
<td></td>
</tr>
<tr>
<td>The use of aberrant medical humor by psychiatric unit staff</td>
<td>Sayre, J.</td>
<td>2001</td>
<td>Issues in Mental Health Nursing</td>
<td>Develop a grounding theory of joking behaviors of inpatient psychiatric staff</td>
<td>Observation 59 staff (n=23 men; n=36 women); psychiatrists (n=11); social workers (n=5); registered nurses (n=16); occupational therapists (n=5); nurses aides (n=10); medical students (n=12)</td>
<td>Whimsical and sarcastic humor; bravado; self-mocking; discounting; malicious; gallows humor</td>
<td></td>
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</tbody>
</table>
