

Laughing at cancer: Humour, empowerment, solidarity and coping online

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Abstract

In the context of cancer, humour and joking can still be seen as socially unacceptable. Yet people with cancer can find relief in making light of their often life-threatening situations. How and why they do this has received little systematic attention to date. This paper begins to address this gap by exploring 530,055 words of online patient–patient interactions on a thread explicitly dedicated to humour within a UK-based cancer forum.

A corpus informed analysis reveals that characteristic forms of humour make fun of cancer and its consequences (e.g. embarrassing bodily functions and paraphernalia required as part of treatment), sometimes via co-constructed fantasy scenarios developed over several posts. Facilitated by the affordances of the online environment, the main functions of these humorous utterances and exchanges include enabling contributors to talk about frightening, sensitive, embarrassing and/or taboo experiences; potentially reducing the psychological impact of their experiences; facilitating a sense of individual and collective empowerment in a context where people can feel powerless; and building a sense of a cohesive, supportive community, thereby reducing potential feelings of isolation. In these ways, humour helps contributors cope with their illness.

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1. Introduction

The title of this paper may make some uncomfortable: cancer, after all, is no laughing matter. Except that it is. In fact, for contributors to the online forum thread entitled ‘For those with a warped sense of humour WARNING- no punches pulled here’ (henceforth ‘Warped’) it has to be. They “cope by being irreverent and silly and able to laugh at all the bad stuff”, and they are not alone. At the 2015 Edinburgh Festival Fringe Beth Vyse, Alastair Barrie and Adam Hills were among those who based their comedy routines on their own or their partner’s cancer experiences. Shortly thereafter, BBC Radio Scotland ran a two-part programme called *A Funny Kind of Life and Death*, interviewing Vyse and Barrie along with six others who all used humour and comedy to come to terms with death or cope with life-threatening illnesses.

Despite this emerging trend, as the disclaimer in the title of the thread indicates, humour in the context of illness and cancer can be seen as inappropriate, even maladaptive (Watson, 2011), hurtful (Chapple and Ziebland, 2004) or

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otherwise detrimental (Kuiper et al., 2004). On the other hand, numerous studies also discuss the potential benefits of humour in illness (Chapple and Ziebland, 2004; Heath and Blonder, 2003; Kuiper, 2012; McCreadie and Wiggins, 2008). These conflicting points of view are not surprising: existing studies use different methods of investigation, and focus on different types of humour (e.g. jokes vs. conversational, but also humour as trait vs. behaviour), different constellations of participants (doctors–patients, nurses–nurses, etc.), and different types of speech situations (consultations, interviews, etc.). Even within individual studies, there is often little discussion of exactly how humour might help people cope with illness (or not), which may be related to the fact that spontaneous interactions amongst patients or carers without obvious or visible observers present are largely unexamined (undoubtedly because of the difficulties in obtaining such data). By looking at online interactions among patients, I hope to begin to address the latter gap, albeit acknowledging that what happens online is not necessarily something that could or would happen offline in the same way (cf. Giles et al., 2015). In focusing on how humour may contribute to coping, my aim is to expand on the ongoing discussions of the role of humour in illness experiences, and for this purpose, I restrict myself to examining the discourse, interpersonal and possible psychological functions of humour rather than the specific linguistic mechanisms involved.

Broadly speaking, online environments offer relative anonymity, reduced inhibition (Suler, 2004), round the clock availability and accessibility, irrespective of geographical or physical constraints, and the opportunity to offer and access not just information but also “emotional support and advice based on personal experience” (Harvey and Koteyko, 2013:166; also Radin, 2006). These characteristics (see also Herring, 2007; Seale et al., 2006) have the potential to reduce a sense of isolation which can come with being ill, especially in the case of longer-term conditions such as HIV (e.g. Mo and Coulson, 2009) and cancer (e.g. Pitts, 2004). The same characteristics also foster verbal play (Daisley, 1994; Georgakopoulou, 2011; Vandergriff, 2010) and facilitate discussions of sensitive or taboo subjects (Seale et al., 2010). This makes online forum data particularly appropriate for an investigation of humour in the context of illness.

This paper therefore investigates the ways in which patients use humour on Warped, a single thread within the online forum of a UK-based cancer charity, and how these uses might help them cope with their illness. After a necessarily brief overview of the literature on humour in the context of illness, I discuss the characteristic humour of Warped, identified through a corpus comparison of the Warped thread with other threads on the same forum using Wmatrix (Rayson, 2009). Among the humorous utterances and exchanges most typical of Warped, this paper will concentrate on examples that make fun of cancer or its consequences (e.g. embarrassing bodily functions and paraphernalia required as part of cancer treatment), sometimes through co-created fantasy scenarios. Throughout, I discuss the potential, often overlapping, discursive and interpersonal functions and possible psychological effects of these examples of humour, including tension release, solidarity, community building and empowerment in a situation where people can otherwise feel powerless. I argue that it is these functions/effects which ultimately help contributors cope with their experiences.

1.1. Humour, illness and coping

Generally, humour can be seen as “a type of mental play involving a light-hearted, non-serious attitude toward ideas and events” (Martin, 2007:1). There are numerous theories about what humour is, and how and why people do it, falling into three broadly recognised groups: cognitive, social and psychoanalytical (see summaries in Attardo, 1994 and Morreall, 1986). Often cited examples of each are Incongruity, Superiority (also known as Aggression or Disparagement) and Release (or Relief) Theory, respectively and, although numerous scholars and studies exist in each of these traditions, Incongruity Theory is associated with Kant (1951 [1790]), Superiority Theory with Hobbes (1840) and Release Theory with Freud (1905). Alongside the main theories of humour, there are also a set of ‘primary’ social (or interpersonal) functions (Attardo, 1994), of which the most relevant for current purposes are: social management, ‘decommitment’ and mediation.

The social management function of humour allows speakers to exert some form of social or discourse control, convey some social norm, establish common ground, garner ingratiation, demonstrate cleverness, or repair or defuse unpleasant situations. All of these contribute to the interpersonal, but also psychological, effects of in-group bonding, as does simply ‘laughing together’ (Attardo, 1994; Hübler and Bell, 2003; Fraley and Aron, 2004). The decommitment function of humour facilitates deniability, i.e. the ambiguity involved in humour gives the speaker the opportunity to retract the force of their utterance. For this reason, it is also used as a mediation tool “to introduce or carry out potentially embarrassing or aggressive interactions” (Attardo, 1994:327) making it particularly relevant to healthcare settings when discussing sensitive topics such as death (Mulkay, 1988, cited in Attardo, 1994). An interesting ‘secondary’ function of humour (i.e. it is not the speaker’s *direct* intention) is indirect information communication. From instances of humour (e.g. jokes), hearers can indirectly extract information about real life, including taboo information (Attardo, 1994, citing Sacks, 1978), such as the embarrassing bodily functions associated with cancer treatment.

The specific type of humour I deal with here is ‘conversational’ (Dynel, 2009) or ‘humour in interaction’ (Norrick and Chiaro, 2009), even though the data at hand is computer-mediated writing (cf. Hübler and Bell, 2003; Dynel, 2011a). This type of humour consists of utterances “relevantly interwoven into conversations” (Dynel, 2011b:4), making it highly

context dependent. It can take many (not mutually exclusive) forms – lexemes, phrasemes, witticisms, retorts, teasing, banter, putdowns, self-denigrating humour and anecdotes (Dynel, 2009) – but is always co-constructed (Chovanec, 2011; Coates, 2007). Conversational humour, just like humour generally, has multiple functions, potentially contributing to (as well as signalling) interpersonal and psychological effects such as group bonding, solidarity (Boxer and Cortés-Conde, 1997; Coates, 2007; Hampes, 1992; Martin, 2007), but also resistance to power (Schnurr, 2010) and attaining relational goals (Vandergriff, 2010). In addition, because of its potential for psychological ‘release’, it is also recognised as helpful in coping with adversity (Martin, 2007) and life situations that might cause distress, such as ageing (Andrew, 2012; Matsumoto, 2009; Thorson and Powell, 1996).

In the context of illness, although empirical evidence is weak (Martin, 2004), numerous studies suggest that humour is psychologically beneficial (e.g. Chapple and Ziebland, 2004; Heath and Blonder, 2003; Sullivan et al., 2003; see also Tanay et al., 2014 and references therein). Kuiper et al. (1993) for example show that humour contributes to the regulation of negative affect by facilitating cognitive re-appraisals and emotional distancing from stressful situations. Similarly, McCreaddie and Wiggins (2008:589), reviewing 88 separate studies, argue that for healthcare professionals it acts as a stress moderator by providing a more ‘palatable’ outlet for frustration and because “if something is ridiculous then it cannot be serious or threatening”. Specifically in the context of cancer, humour contributes to closeness and bonding (Chapple and Ziebland, 2004; Pitts, 2004; Tanay et al., 2014), it can help patients and their carers when they receive a cancer diagnosis (Tanay et al., 2014), and in dealing with post surgical physical changes (Pitts, 2004). On the interpersonal side, humour can help manage difficult or embarrassing healthcare interactions (Chapple and Ziebland, 2004; Lewis, 2015). Generally, speaking joking and laughing about cancer helps turn serious, threatening and unpredictable life circumstances into objects of non-serious play, thereby reducing their psychological impact (Martin, 2007). This is, of course, consistent with the Release Theory of humour.

Overall, most studies of humour in illness focus on interactions between patients, carers and healthcare professionals or interviewers, but there seems to be little on how and why patients (or carers) might use humour amongst themselves, without a researcher present. To begin to address this gap in one particular online context, I now turn to the Warped thread where patients (and some carers) interact in a manner of their choosing around topics that they have selected, with humour an explicit part of these interactions.

2. Data – the ‘Warped’ thread

The Warped thread came to my attention, while working with the team of the Metaphor in End-of-Life Care (MELC) project at Lancaster University. The project drew its data in part from the openly accessible (i.e. not password protected) forum of a UK-based charity dedicated to cancer. Following Seale et al. (2010), the forum was therefore considered to be within the public domain, and its study not requiring informed consent from individual contributors. Nevertheless, the MELC team informed the host organisation of the plans to use the data and met with no objections. The team also decided to anonymise the data, so all names and electronic handles have also been changed in the examples discussed here.

On this forum, the top 15 threads (by number of posts) out of over 30,000, included two explicitly dedicated to humour, each over 400,000 words long. The primary function of these humorous threads was to provide a designated space for verbal play, as described in their respective first posts. In this paper, I focus on the longer of these, Warped, which is dominated by patients. On Warped, 68 unique participants, many of whom have or have had colorectal cancer, contribute 530,055 words in 2544 posts over 13 months between 2011 and 2012. Of these contributors 39 self-identify as patients and they provide over 90% of the content of the thread. The first post sets out the thread’s raison d’être²:

I set up this thread as explained below with a lovely dear lady called Sunshine May. We had a lot of chat on here and the silliness got me and her and lots of others through some hard times. Sunshine left the site when there was some criticism of warped and she deleted all her posts when she left. [. . .] If you are feeling sensitive please don't read this thread as you may feel offended.... and we need a place to say what we need to say without worrying about offending people so you have been warned!!!! This is for those of us who cope by being irreverent and silly and able to laugh at all the bad stuff. (HoneyBee)

The discussions on Warped often revolve around everyday topics like pets, Jehovah’s witnesses at the door, gardening, the need to buy new clothes, jobs and annoying colleagues. Contributors also discuss aspects of their illness

² This post, in addition to the title of the thread, highlights the potential risks of joking about cancer in general and specifically in the way that Warped contributors do so. Warped is dedicated to what the contributors themselves describe as ‘warped’, ‘sick’, ‘gallows’, ‘dark’, ‘toilet’ and ‘bum’ humour. While all types of humour carry risks due to an inherent ambiguity (Chapple and Ziebland, 2004), toilet and gallows humour (making light of serious, frightening, painful subjects, or life-threatening, terrifying situations) can be particularly risky (Watson, 2011), at the same time as particularly rewarding in line with Release Theory.

experience, such as people's reactions to their cancer and the physical consequences of cancer and treatment. All of this is done in a 'humorous frame' (Coates, 2007; Goffman, 1974; Kotthoff, 2006) established through the 'contextualisation cue' (Gumperz, 1982) of the title and the first post of the thread. While first-time contributors to the larger forum often establish their right to participate by providing details about their own cancer, new-comers to Warped tend to begin by expressing an appreciation of, or 'doing', the type of humour they believe is expected: "so I hope I've passed the warped test and can join you haha". Contributors also often manage their contributions by orienting to the group 'rules' directly: "don't say we didn't warn you about the warped humour". These explicit acknowledgements of the group's ethos are the first steps towards bringing into existence a cohesive social group, in this case around humour (cf. Hübler and Bell, 2003).

Although most individuals on Warped contribute regularly, there is one particular participant, a patient with colorectal cancer, whose posts play a defining role on the thread: HoneyBee. HoneyBee sets up the thread, explains the purpose in the first post (above), and remains the most frequent and prolific contributor throughout the data collection period. She also initiates a number of the humorous phenomena discussed in this paper, whether within the thread or in one of her blog posts hosted on the same charity website. Her dominant role is evidenced by the fact that another contributor refers to the group as 'HoneyBee clan'. That said, the examples I discuss are not only from HoneyBee. Other contributors take up the communicative style of HoneyBee, recycle her lexical choices and initiate humour themselves in the interconnected and intertextual manner typical of conversational humour.

3. Method

Pinning down individual instances of conversational humour is generally recognised as problematic, as this type of humour will often require a certain amount of insider knowledge to appreciate and hence identify (Schnurr, 2010). On Warped the identification of humour is simultaneously easier and more difficult. It is made easier by the title and the first post, which make explicit that everything on the thread should be understood as humorous: it establishes a play frame (Bateson, 1953, cited in Coates, 2007). Therefore, to an extent, any utterance on Warped is subject to, what Brock (2009) calls, the Humour Maxim ('Regard the ongoing communication as funny'). However, it is well-documented that humorous and non-humorous/serious discourse are often interwoven and even the same utterance can sometimes be read as both. In fact, given the subject matter of Warped (having cancer), the whole thread is perhaps better seen as 'double-framed': "being serious in its content and yet suffused with humour in its form" (Dyner, 2011a:227). In this context, utterances and exchanges are considered examples of humour if they are either explicitly indicated as humorous by a particular contributor (e.g. through markers of laughter with and/or after the utterance, exaggeration using polarised expressions or overstatement, incongruity in allusions or presuppositions, or register shift) and/or perceived as such by other contributors, through responses, markers of laughter, explicit accord/agreement, and uptake by repetition, elaboration, or countering (Haugh, 2014; Hay, 2001).

Due to the size of Warped at 530,055 words, it was not possible to manually analyse the whole thread for examples of humour. I therefore began with a corpus comparison, using Wmatrix (Rayson, 2009),³ comparing Warped to 950,000 words of patient and carer interactions from the same online forum (a subset of MELC corpus) and ascertaining how it is different from other threads. Of course, humour does not have a set of forms that are identifiable through corpus methods. However, I concordanced and manually explored parts-of-speech and semantic categories that were statistically significantly overused in Warped ($p < 0.001$) and found that a number of these key categories contained lexical items used in humorous utterances and exchanges. Because these items were both involved in the production of humour and overused statistically significantly, they arguably capture humour that is most characteristic of Warped. I therefore narrowed my focus to the analysis of utterances and exchanges identified in this way, including all examples discussed below.

4. Findings and discussion

4.1. Typical humour on Warped

Among the key characteristics of Warped was the category of 'Titles' (NNB in Wmatrix), including use of: *Mr*, *Mrs*, *Uncle*, *Dr*. These titles are used in reference to people the contributors know (and often find annoying), to the contributors themselves and to cancer (e.g. *Mr Crab*). The majority of these uses (with the exception of *Dr*) are incongruous, i.e. they do

³ Wmatrix automatically annotates texts for parts of speech (POS) and for semantic category (SEM), so in addition to identifying key features at the word level, this allows the identification of key grammatical categories and areas of meaning. The measure of statistical significance is Log Likelihood (LL) and for this study, a log likelihood value of 10.83 was taken as a cut-off point ($p < 0.001$) for statistical significance, combined with a minimum effect size of 0.5 LogRatio (Hardie, 2014 <http://cass.lancs.ac.uk/?p=1133>).

not adhere to the normal way of referring to each other or cancer, and this already makes them humorous (Norrick and Babel, 2009). Participants' references to each other are covered elsewhere (Semino et al., in preparation), so below I focus on references to cancer (Section 4.2.1).

Other key linguistic features of Warped included the semantic categories 'Clothes and personal belongings' (B5), 'Cleaning and personal care' (B4), 'Sensory: Smell' (X3.5) and 'Sound: Loud' (X3.2+). These semantic categories included humorous references to bodily functions and paraphernalia required as part of cancer treatment. Additional lexical items related to the same topics were found under the semantic categories 'Shape' (*baggy*, *baggie* used in reference to colostomy or stoma bags), 'In power' (*invincible* used in reference to special underwear suitable for those post colostomy operation) and 'Unmatched' (*pube*, *rolos* in reference to pubic hair and something that could be hidden in the rectum before a rectal exam for the doctor to find, respectively). The full humorous thrust of some of these linguistic features, especially those belonging to the semantic categories of 'In Power' and 'Unmatched', resides in their co-creation, reuse, adaptation, and incorporation into fantasy scenarios (cf. Hay, 2001; Kotthoff, 2007) by Warped contributors. These are discussed in Sections 4.2.2 and 4.2.3.

4.2. Laughing at cancer and its consequences

I begin the discussion of humour on Warped with references to cancer using 'Mr'. This is followed by a discussion of contributors' descriptions of the consequences of having cancer, including bodily functions like breaking wind, and paraphernalia, such as stoma bags. Throughout, I discuss the potential discursive, interpersonal and psychological functions of these examples, including discussing taboo topics in a socially acceptable manner, empowerment, community building, and tension release.

4.2.1. Mr Crab...

When Warped contributors talk about their cancer they often personify the illness as *Mr Crab*, *Mr Cancer*, *Mr C* and in one case as *Hefty* (with a capital H). While personification with the title 'Mr' (never Mrs, Ms or Miss) is used to refer to many people's cancers and to cancer generally, *Hefty* is the given name of HoneyBee's cancer specifically. Warped contributors also take this personification further by ascribing mental states, specifically mischievous or malicious intent to cancer:

Example 1⁴

It's just one of the evil Mr Crab's funny little jokes that we now have to spend our lives thinking not just "What shall I have for tea?" but "What shall I have for this random nameless meal - that I am having at an odd time because I couldn't face food till now - that won't kill me?" I am pretty sure that my own evil Mr Crab has taken control of my stomach-to-brain signals. He gets hungry in the night, and demands steak and chips. I don't eat meat!! Bastard. (Valerie)

Example 2

we all know how Mr crab likes to fuck with you head and your body. (emerald22)

Example 3

of course all of us may not get there [to a ball] on the night due to a party pooper Mr Cancer who sometimes buggers up one's plans (HoneyBee)

In these instances, humour is generated not just through the use of the incongruous *Mr Crab*, or *Mr Cancer* but also through the use of profanity, the juxtapositioning of two contrasting thoughts reported directly (in Example 1), and the sarcasm of *funny little jokes*. This humour interacts with personification. The examples above all deal with changed behaviours or habits resulting from cancer, like being hungry at strange times, wanting food that one previously did not want, and not being able to have or do what one does want. Such changes can come about rapidly in the context of cancer and are not within patients' control. However, by discussing these in a humorous manner, contributors are able to empower themselves, in the sense that, while they cannot control the physical changes, they can exert some control over the psychological impact these have on them. This form of empowerment is outlined by Semino et al. (2015), as the real or perceived ability of a patient to control or freely react to what is happening to them, where such an ability is desired and not externally imposed. In addition, the personification of cancer allows patients to reify their illness and separate it from themselves. This externalisation is also a potentially empowering strategy in two ways. Firstly, it allows contributors to exert discursive control over their self-image in a healthcare context where they can become equated with their illness.

⁴ Examples quoted verbatim as they appeared in the Warped thread. Only person identifiers have been changed.

Secondly, it allows contributors to blame (with the help of humour) the uncontrollable physical changes on ‘someone’ else. This potentially enables them to maintain a coherent sense of identity in the face of rapid physical change (cf. Pitts, 2004).

Empowerment through minimising the psychological impact of cancer also seems to be the effect humorously using *Hefty* for HoneyBee's cancer. The name itself is prompted by a doctor saying that HoneyBee had had ‘a hefty tumour’:

Example 4

ha ha can you imagine if Hefty came out and said boo! I was hiding ha ha actually (HoneyBee)

Example 5

Got to go and see GC again in 2 weeks time to check Hefty is still missing presumed dead and isn't going to do a little pube and ressurect himself (HoneyBee)

These examples are HoneyBee's reaction to what her doctor says during a check-up: instead of saying that her cancer is no longer there, the doctor opts for the safer formulation that the cancer cannot be seen. Here HoneyBee is making light of this formulation and, in Example 5, a consequence of treatment, both of which are likely to have caused her distress. Humour is evoked by markers of laughter and the attribution of a mischievous personality to cancer within Example 4, and by the interdiscursive frame clash (or ‘register clash’ Dynel, 2009) in *still missing presumed dead* in Example 5. The reference to *little pube* here alludes to an ongoing fantasy scenario (see Section 4.2.3) that HoneyBee initiates when she starts losing all her pubic hair as a result of chemo therapy. In the scenario, *little pube*, is her last remaining pubic hair and is therefore awarded quasi-celebrity status. Its disappearance and then reappearance when HoneyBee's hair starts to grow back, are ‘reported’ in a series of ‘news items’ by various personified bathroom products. By aligning the absence of her cancer with the arguably much less serious absence of a pubic hair, which was previously described in a humorous manner, HoneyBee reduces the potential psychological impact of the situation (cf. McCreddie and Wiggins, 2008). The humorous parallel she draws between cancer recovery and a game of hide and seek (Example 4) also has this effect. In this way, she not only amuses others on Warped, but potentially also reassures herself.

Empowerment resulting from different discursive strategies is the likely consequence of the examples below:

Example 6

With all those songs you listen to, I'm surprised Mr Crab hasn't left screaming NO!NO!NO! holding his fingers in his ears. (Lakedweller)

Example 7

sorry Mr Crab was in a bad mood last night it is hoped the chemo will teach him a lesson he much deserves (Pretzel)

Although the first of these also gently teases the patient who listens to apparently terrible music, both of these examples mock cancer for being fallible and moody. It can be deterred, even by something as simple as music, and it can be taught a lesson, like a child. The former downplays the perceived strength of the illness, while the latter places the patient in a virtual position of authority. This demonstrates the potential for virtual control over the illness. Consistent with the Superiority Theory of humour, research on prisoners of war has shown that joking about and mocking oppressors and the hardships endured is an important way of “preserving a sense of mastery, hope, and self-respect” (Martin, 2007:19, see also Henman, 2001). Although being ill with cancer is a very different circumstance, it shares some of the same qualities, including fearing for one's life, lack of control, uncertainty and physical hardship. By discursively downplaying the perceived power of the illness through teasing (Dynel, 2008) or jocular mockery (Haugh, 2010), contributors are able to increase their own power relative to cancer's (cf. Heath and Blonder, 2003).

In addition, when done collaboratively, mocking the oppressor also helps to boost morale and facilitate group cohesion (Henman, 2001). It “enables members of an in-group to enhance their feelings of group identity and cohesiveness [...] by actively seeking to humiliate, embarrass, or ridicule [the target]” (Martin, 2007:18). In the current cases, multiple contributors denigrate cancer together, while simultaneously amusing each other. In addition to an individual sense of empowerment, collective mockery of cancer therefore enables the contributors to assert a certain amount of collective power in the face of this potentially life-threatening and uncontrollable illness.

This collective empowerment in the face of cancer becomes more explicit in expressions of aggression towards the illness:

Example 8

cheers everyone, and a kick up the arse for Mr C! (smelly)

Example 9

pass on a message to Mr Crab for me “Just Fuck off” (sam)

Example 10

come on girl we're all here growling at Mr. Crab and chasing him off xx (Sue2)

Semino et al. (2015) discuss similar examples as instances of the much criticised (e.g. Miller, 2010) Violence metaphor. They argue, however, that these are empowering uses of the metaphor as they construct patients as active and determined. Importantly, because these examples are addressed at each other, they also construct the contributors as fighting together and for each other. This helps to subvert the usual power relationship, where active fighting positions are often occupied by health professionals or indeed the illness itself. The power shift is made more salient by the juxtapositioning of aggression towards cancer with the explicit affection towards other contributors in Example 8, but also in examples such as HoneyBee's *Boot to Mr Crab. Hugs to everyone else*. It is also interesting to note that, while Semino et al. (2015) found that Violence metaphors on the larger forum were used in both empowering and disempowering ways by patients, on Warped they seem to be used exclusively in the empowering ways described here. This is likely a result of the humorous frame.

In this section I discussed how personification allows contributors to separate themselves from their illness, giving them, through humour, the opportunity to attribute changes in themselves to someone else. These can be seen as empowering strategies insofar as they help contributors reduce the psychological impact of what is happening to them, maintain a coherent sense of self and maintain a sense of control in situations that they cannot physically control. In other examples of humour discussed here, empowerment resulted from downplaying the power of the illness by mocking it and denigrating it to the status of child. As contributors did this together, this was also connected to a sense of the collective. The examples discussed in the next section, based on various key semantic categories, continue these themes.

4.2.2. ...And its consequences

As outlined in the introduction to Warped, a number of contributors have or have had colorectal cancer. Treatment often includes temporary or permanent colostomies, necessitating the use of a colostomy (or 'stoma') bag. Numerous references to *bag* or *baggy* on the thread are a result of this. References to bodily functions such as defecation and passing wind, which are uncontrollable with stoma bags, are also discussed. Post-colostomy, some find it helpful to wear specially designed underwear that support the abdomen. These get referred to as *strong pants*. All of these expressions feature in the production of humour on Warped.

Stoma bags in particular provide the contributors, especially HoneyBee, with fertile ground for punning:

Example 11

not many of you get that for christmas eh? A bag for my birthday, a poo for Christmas ha ha (HoneyBee)

Example 12

Shhhh don't tell anyone but I am a tad nervous!!! eeeeeeeek! and filling my bag. . . (can only shit myself these days on really special occasions..) (HoneyBee)

These examples showcase the contributors' capacity for wit and verbal play (Coates, 2007), while making fun of the difficulties endured as a result of cancer. Example 11 refers to HoneyBee being judged as ready to have her stoma bag removed around Christmas time and Example 12 is preceded by a description of a lecture that HoneyBee has been invited to give. In both cases, HoneyBee is anxious. Humour is generated by the play on *bag* as stoma bag vs. one that might be given as a gift, and by the play on 'shitting my pants' in *filling my bag* (made explicit in *can only shit myself these days on really special occasions*). The interjections (*Shhhh, eeeeeeeek!*) emphasised by their particular spelling further suggest humorous exaggeration. As with the uncontrollable physical changes discussed in Section 4.2.1, turning these sources of anxiety into play reduces their psychological impact, thereby providing relief (Martin, 2007). The punning arguably also communicates information indirectly: it emphasizes how even words like *bag* or expressions like *shitting myself* change their meanings in this particular context.

Other references to the consequences of cancer and its treatments also centre around changes that take place:

Example 13

I am about to go and order new big prescription pants . . . Little did I know how glamerous my life would turn out. (HoneyBee)

Example 14

“I find it very distressing you mentioning the importance of the arsehole, when I actually don’t have one anymore. Mine went in the bucket with the rest of my rectum! I am ofcourse joking (about being distressed not about the bucket thing ‘cos that’s true haha)” (Sue2)

As mentioned earlier, physical and behavioural changes, can come about quickly during cancer treatment and are entirely out of patients’ control. Making fun of these changes can be seen as a form of relief, which can potentially be empowering for the contributors (they are able to control their own reactions). The examples here, however, also employ self-deprecating humour, common in healthcare settings (Chapple and Ziebland, 2004). Being able to laugh at one’s failings in the context of ‘awkward’ situations – having no ‘arsehole’ or needing to buy perscription underwear – communicates intelligence and composure and presents a positive self-image Dynel (2009). Self-deprecation also suggests an egalitarian relationship (Hübler and Bell, 2003), which can foster a sense of community and bonding among the contributors.

Relief and regaining a virtual sense of control is also a potential effect of the next set of examples. With colostomies and stoma bags people have reduced control over bodily functions such as passing gas. This is repeatedly mentioned on Warped and is also a recurring source of humorous utterances and exchanges. Of course, as outlined earlier, humorous interactions such as those on Warped are actually double-framed in that they integrate light-hearted fun with more serious discourse – the contributors are describing potentially distressing symptoms using the indirect information communication function of humour (Attardo, 1994):

Example 15

“I got up at 4am ‘cos silly baggy was full of wind and i nearly floated off.” (Sue2)

Example 16

“so anyway today at this meeting, i took a bottle of coke. I like a coke but those bubbles work their way through your guts at a frightening rate and out they pop in no time making the same noise as a whoopee cushion very loudly its just like a fake fart noise! Of course I get the giggles big time with this, right in the middle of the meeting and of course no-one can tell me off cos I’ve got a bag and they are embarrassed..... you get the picture... wish I could make it do it on command... just when someone was talking crap... parp! Maybe I can train it..... where’s the coke??” (HoneyBee)

What is interesting in these examples, is that the socially embarrassing behaviour is described as being an action of the baggy and the bubbles; they are not described as actions of the contributor. The embarrassment itself is also not ascribed to HoneyBee in Example 16 but to the people around her. This is similar to the examples of personified cancer discussed above, where the ‘offender’ is externalised and given the blame, allowing the contributors to save face and maintain self-esteem. And there are even more similar examples, which also involve personification (this time, that of ‘baggy’):

Example 17

“My baggy has been sulking all weekend” (HoneyBee)

Example 18

Down baggy, down! Naughty baggy is sounding his disapproval at my fruity breakfast (sam)

Example 19

“I think baggies do it on purpose. They never misbehave when you are at home and it doesn’t matter do they? Mine went bonkers today too with the wet and windy lunch” (HoneyBee)

Example 20

*“DO YOU HEAR THAT BAGGY *behave yourself, Sam deserves a bloody good night out” (Sue2)*

The diminutive term ‘baggy’ suggests a friendly, possibly affectionate relationship between the patient and the personified entity, where the patient is the more sensible (perhaps more mature) one, while baggy tends to misbehave. The references to the baggy ‘behaving’ and ‘misbehaving’, ‘naughty’ and ‘sulking’ enhance the effect of personification by attributing specific intentions and mental states to the inanimate object and they also cast the baggy in a childlike, perhaps teenage, role. This simultaneously casts the wearers in the role of a parent (putting them in a position of authority, as discussed in Section 4.2.1) with the ability to command (*Down baggy, down!*), and allows the patients to relieve themselves of a certain amount of responsibility for potentially embarrassing situations. In addition, Example 19 and

Example 20 reference (and construct as humorous) a shared or collective experience by using ‘baggies’ in the plural and by reprimanding someone else’s baggy. In this way, they also contribute to a sense of solidarity and community (cf. Fraley and Aron, 2004).

The specific consequences of cancer and its treatment are the topic of humour in this subsection (e.g. inability to control wind and bowel movements). Similarly to the examples of Mr. Crab in Section 4.2.1, personification allows contributors to delegate responsibility and blame for embarrassing behaviours to the stoma bag. This discursive strategy enables contributors to maintain face and self-esteem and can therefore be seen as empowering. Furthermore, the specific topics discussed in these examples are generally not considered acceptable in ‘polite’ conversation, as bodily functions are still a social taboo. In accordance with its mediation function (Attardo, 1994), humour enables contributors to discuss this topic in a way that is socially more acceptable. An important feature of humour after all is that it allows us “to explore things which are difficult or taboo” (Apte, 1985; Coates, 2007:32). This can be seen not only in discussions of bodily functions such as breaking wind (Spiegel, 2015), but also in relation to other taboo subjects such as sexual health (e.g. Chapple and Ziebland, 2004; Morreall, 2009).

The potential psychological effects of the humour strategies discussed in this section are empowerment, both individual and collective and a form of collective relief at being able to discuss taboo subjects, since joking about the particular form of taboo in question satisfies all three main theories of humour (Spiegel, 2015). In addition, the fact that contributors are prepared to discuss such taboos might suggest a certain level of intimacy (cf. Seale et al., 2010), undoubtedly facilitated by the anonymity and disinhibition of the online mode (cf. Suler, 2004). I return to the importance of the collective and a sense of community in the next subsection.

4.2.3. Womble knickers and invincibles: co-created humour

Example 13 above mentions ‘prescription pants’, the special underwear that some patients wear for support post colostomy. On Warped, these are also referred to as ‘Invincibles’ or ‘womble pants/knickers’. Prompted to explain how these references came about by a contributor who repeatedly asks for clarification, HoneyBee explains:

Example 21

Its a bit bizarre like most things on warped. For a long time I had to wear support knickers due a prolapsed stoma (or my sausages popping out to say hello) They were so huge and big that they were called big strong pants that then became my invincibles. That is where the knicker bit started and wearing invincibles for important events. Somehow we got on being in the Brownies and being naughty and happened to mention something about me getting thrown out of the brownies for showing my womble pants to people. They were just knickers with pictures of wombles⁵ on them. Orinocho was my favourite. Anyway, I can't really remember (chemo brain) but they sort of became a good luck thing to wear. (HoneyBee)

As with several examples discussed in previous sections, there is an element of empowerment here, in the sense of claiming the ability to react to circumstances in a manner of one’s choosing. The reframing of medical underwear as a lucky charm – elsewhere contributors also suggest ‘non-standard’ uses for these knickers (and the baggies), for example as weapons against annoying people – is an example of a humour strategy that Heath and Blonder (2003) describe as ‘an alternative interpretation of the stressor’ (see also Kuiper et al., 1993). This re-appraisal of the negative allows contributors to adjust the balance of power in their own favour. This effect is made explicit by one contributor who warns: “HoneyBee, your big sis is going to tell you off because you are doing TOO MUCH, and just because you are wearing invincible knickers does not mean that YOU are invincible.”

HoneyBee’s explanation above is also an indirect way of welcoming the enquirer into the group by allowing them an insight into the development of the community’s lexis. The sense of community is emphasised by the fact that the humour involving ‘Womble pants’ and ‘Invincibles’ is developed collaboratively over several posts, by multiple contributors weaving together different anecdotes as described by HoneyBee, spurring various humorous fantasy scenarios (cf. Dynel, 2009; Schnurr, 2010) that are used for explicit support.

A key point where such support is needed is around the medical check-ups that participants attend. These are understandably a considerable source of anxiety for the contributors and they often try to cheer each other up in advance of the appointments. They do this in a number of different ways, most saliently by drawing on co-created fantasy scenarios and cross-references to previous humorous anecdotes. I now discuss two of these: scenarios involving the aforementioned ‘womble pants’ and scenarios involving ‘Rolos’.

⁵ The Wombles are fictional pointy-nosed, furry creatures that live in burrows, where they aim to help the environment by collecting and recycling rubbish in creative ways.

Example 22 is the second half of a time-delayed adjacency pair, in response to HoneyBee's "GOOD LUCK EMERALD!!!! Go gettem girl! You can't be scared cos you've got us lot of loonies right behind you".

Example 22

you loony lot really did help me and I even laughed out loud in the Dr office seeing you lot all standing with dearstalker hats on and womble pants [...] I love you all, your my kinda folk. (emerald22)

Although HoneyBee did not say that they would be supporting emerald22 through her check-up in womble pants, emerald22 incorporates previous references to these (and indeed to dearstalker [sic] hats) into the fantasy scenario in her head. This in turn gets picked up and recycled by HoneyBee in relation to yet another contributor: "I told Pretzel that if she got scared she just needed to imagine me in my womble knickers pulling faces at her". As the example shows, the sense of collective support (including through the explicit attempts to make each other laugh) is a benefit of the humour on Warped that participants explicitly mention. But scenarios involving womble knickers are not the only example of co-created humorous scenarios on Warped. Contributors also mention scenarios involving *Rolos* before doctors' appointments:

Example 23

"I am off to GC on Friday for hunt the Rolo action and to show off my new strong pants to him and my 3 pubes. He had better not find anything except a Rolo and that's all I am saying. I am being a brave HoneyBee this time" (HoneyBee)

This scenario, making reference to two other humorous scenarios (strong pants and pubes), actually began on HoneyBee's blog, hosted on the same charity website, where she joked about hiding something in her rectum before her check-up for the doctor to find. She fantasised about how funny it would be if her doctor discovered something that he could not identify. Several readers of this blog (who overlap to a great extent with the Warped contributors) commented on the entry and one of them suggested hiding a pack of *Rolos*⁶ in her rectum. Similarly to 'womble pants' above, this was then picked up and recycled becoming something of a 'running joke' on Warped. As in previously discussed examples, the humour here allows HoneyBee to reduce the psychological impact of her upcoming check-up. However, due to its co-created nature and its indexing of multiple previous humorous exchanges, these examples additionally, and perhaps primarily, contribute to a sense of community.

The humour on Warped in general is dynamic, interactive and intertextual, making use of a number of humorous devices (puns, personification, teases and self-deprecation). But the examples in this subsection in particular are perhaps the clearest examples of co-created humour, demonstrating what [Norrick \(2003:1338\)](#) calls the "the flexibility and protean character of conversational joking [...] joke punchlines turn into wisecracks, witty repartees grow into anecdotes, anecdotes develop into jokes, and so on." In this case, HoneyBee's purchase of prescription knickers gets combined with her Brownies anecdote, spurring jokes about womble knickers, which emerald22 incorporates into a fantasy scenario, which then gets reused by the originator in relation to someone else. A sense of solidarity and community is facilitated because this development, recycling and adaptation is done collectively and because no-one outside the in-group of Warped is really able to appreciate or even follow all these sources of mirth (cf. [Coates, 2007](#); [Jefferson et al., 1987](#)). The group essentially develops something that could be called the humour equivalent of [Fine's \(1977\)](#) (cited in [Martin, 2007:122](#)) *idioculture*: a "system of knowledge, beliefs, and customs by which a small group of people defines itself and enables its members to share a sense of belonging and cohesion". The fact that it excludes outsiders only increases the strength of the bond for those on the inside, something that contributors seem to recognise when they refer to themselves as warpies or the 'Warped family'.

5. Concluding remarks: the role of humour in cancer online

This paper investigated the ways in which patients use humour in discussing their experience of cancer on an online thread entitled 'For those with a warped sense of humour WARNING- no punches pulled here'. A focus on patient online interactions aimed to begin to address the scarcity of studies looking at humour as used by patients when they are amongst themselves, while bearing in mind the differences between the characteristics of online and offline interactions (cf. [Giles et al., 2015](#)). Examples of humour that are arguably most characteristic of Warped were identified with the help of keyness analyses using Wmatrix ([Rayson, 2009](#)). This paper focused on examples that made fun of cancer or its consequences, in some cases through jointly created fantasy scenarios. I discussed how or why such humour might help

⁶ Rolo is a brand of truncated-cone-shaped chocolates that come in long, thin cylindrical packs in the UK.

contributors cope with their experiences by examining its potential discursive, interpersonal and possible psychological functions.

The characteristic examples of humour on Warped seem to have the following broad functions, with individual examples often displaying more than one of these simultaneously. Firstly, humour seems to set up conditions that enable contributors to talk about aspects of their experience that are frightening, sensitive, embarrassing and/or taboo (e.g. medical check-ups, loss of hair, uncontrollable bodily functions) in a socially acceptable way. To some extent it might even allow them to resist the euphemism and indirectness that health professionals tend to employ to protect the patients (and perhaps themselves). Although humour facilitates the discussion of these sensitive topics, the participants, in a sense, have to negotiate two social sensitivities: the taboos around the topics they want to talk about and the risks of laughing about cancer (as attested in the first post of the thread). The delicacy of the situation is managed by the group in two main ways. First, the title of the thread provides a very explicit 'contextualisation cue' (Gumperz, 1982), establishing the 'humorous frame' (Coates, 2007; see also Kotthoff, 2006), and claiming non-serious intent, thereby pre-empting offence (Haugh, 2016). Second, the contributors explicitly orient to this frame in their posts.

The second potential effect of instances of humour on Warped is enabling contributors to reduce the psychological impact of their experiences in line with the Release Theory of humour. Humour helps shift perspective on a stressful situation, and through reappraisal from a less threatening point of view, the stress becomes more manageable (cf. Kuiper et al., 1993; Martin, 2007). Additionally, because participants co-create humour and laugh about their experiences together, there is a sense of collective relief.

The third effect of humour seems to be a sense of empowerment resulting both from displaying an ability to control or freely react to what is happening (Semino et al., 2015) and from mocking cancer and its consequences. By personifying and making fun of their illness and the stoma bags that some have to use, contributors are able to externalise and distance themselves from their illness and blame 'him' for things that are outside of their control (e.g. changes in eating habits) and/or embarrassing (e.g. passing wind). Contributors are also able to put themselves in a position of authority or power in relation cancer by ascribing it childish behaviours and a certain vulnerability. A concrete power over cancer is implied when contributors express metaphorical aggression or violence towards it. They do this towards their own illness but also together towards each other's illnesses thereby enhancing again the sense of the community and communicating mutual support.

Fourthly, the sense of a cohesive, supportive community is arguably the main function of self-deprecation and collaboratively constructed humorous fantasy scenarios. The former establishes an egalitarian relationship, while the latter gives contributors the opportunity to jointly create, re-create and develop something that becomes unique to (and therefore defining of) the group itself; something that does not make sense to outsiders. The fact that contributors refer to themselves as warpies or the 'Warped family' also supports this interpretation. In addition, the co-created scenarios are often used to explicitly signal the group's support in frightening situations.

Is humour in the context of cancer always helpful or empowering for patients? While this paper has very much focused on its benefits, the criticism that Warped received leading to the deletion of some posts, suggests a mixed picture. However, for Warped contributors cancer has to be a laughing matter. They cope with their illness by 'saying what they want to say', empowering themselves in the face of uncontrollable situations and by building a supportive community. All of this is facilitated (and perhaps only possible) by an online environment that offers relative anonymity, and round the clock availability and accessibility. As one contributor put it: "*I found a warped sense of humour came with the cancer, it was either laugh.....or cry, I prefer to laugh. It's a sort of 'gallows humour', it gets worse every day. You begin to notice what miserable sods the 'non cancer' community are, with their trivial worries and whinges. Lunacy is therapeutic, everyone should be mad*".

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