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Evolutionary Concept Analysis on Humor Therapy: A Virtual Study

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Abstract

Humor therapy is the use of the power of smiles and laughter to aid healing. The present study aims to clarify and reduce the semantic ambiguities of the concept of humor therapy and also increase the understanding of its features, outcomes, and applications. A keyword search on literature was conducted to explore the concept of humor therapy. Rodgers' evolutionary concept analysis was used in the present study. Finally, the data were analyzed using content analysis. Humor therapy is an interactive process and uses the positive effects of laughter in the treatment of patients. Personality and cultural factors and psychological status of individuals affect the application of this therapy. The most important antecedents of humor therapy, for having a positive impact include mutual respect, not offending others, and observance of the dignity of others, especially minorities and the poor. In addition, health promotion in the two dimensions of personal (physical and mental) and interpersonal is the major outcome of humor therapy.

Introduction:

Humor therapy is the use of the power of smiles and laughter to aid healing (Edwards and Cooper, 1988). Although many studies have been conducted about negative stress and its adverse effects on health, few studies have dealt with positive stress (Edwards & Cooper, 1988, and its effects have remained unknown {Sugawara, 2010 #7408}). In recent decades, scientists have paid great attention to the effects of positive stress, including laughter and humor, on human physiology, and various studies have been conducted in order to determine the impact of laughter and joy on the human body and mind. For instance, laughter reduces anxiety, relieves pains, and relaxes muscles (Hostetler, 2002). Studies have shown that laughter can lower blood pressure (Jalali *et al.*, 2008). In addition, laughter reduces acute and chronic pains (Matz & Brown, 1998; Adams, 2002), stress hormones, and depression (Bennett, 2003), increases self-esteem, enkephalin and endorphin hormones (Weisenberg *et al.*, 1995), and cardiac output (Miller *et al.*, 2006), and improves pulmonary ventilation (Brutsche *et al.*, 2008).

Cutcliffe & McKenna (2005) argued that the use of laughter and humor helps the establishment of good relationships between patients and nurses. Despite the attention paid to the positive effects of laughter and conduction of many studies about the positive impacts of humor therapy, few studies have been conducted on the

analysis of the concept of humor therapy and identification of its features, antecedents, and outcomes aiming at the proposal of a comprehensive definition of humor therapy.

Over the past few decades, various methods of concept analysis have been developed and applied, one of which is Rodgers' method. Rodgers proposed his conceptual clarification method based on the evolutionary approach. This method is suitable for analyzing the concepts which have been applied without a clear understanding of their features (Rodgers, 2000) and are dependent on the cultural and underlying contexts. The present study, using Rodgers' evolutionary concept analysis, aims to clarify and reduce the semantic ambiguities of the concept of humor therapy and also increase the understanding of its features, outcomes, and applications.

Methodology:

Considering the dependence of laughter and humor on the cultural and underlying contexts, the present study was conducted based on Rodgers' evolutionary concept analysis (Rodgers, 2000). This method includes the determination of the desired concept, determination and selection of the appropriate scope of data collection, collection and analysis of data in order to achieve the features of the concept and its antecedents and outcomes, and identification of the relevant and alternatives

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concepts for further clarification of the concept.

A keyword search of electronic databases including PUBMED, Ovid, ScienceDirect, and ProQuest and 176 articles was performed. The keywords, “humor therapy” and “humor” were searched and extracted. After removing the duplicates, the quality of the resulting articles was examined based on an inclusion criterion. The criteria involved Farsi or English studies about the therapeutic effects of laughter and humor on the human body. In the next step, the quality of articles was measured using Strobe and 33 articles were selected. Figure 1 shows the process of the literature review and selection of articles.

Figure-1: The process of the literature review and selection of the articles

Since Rodgers (2000) method is based on the inductive approach, the thematic analysis method was used in this study for data analysis. Units of analysis were the extracted articles and their semantic units were extracted with a code given to each of them. Then, these codes were classified for the identification of features, antecedents, and outcomes of the desired concept.

Results:

Perceived definition and features of Humor Therapy: humor therapy is an interactive process which uses the positive effects of laughter in treatment. In addition, health promotion in the two dimensions of personal (physical and mental) and interpersonal is the outcome of humor therapy.

Antecedents: mutual respect, not offending others, and observance of the dignity of other, especially minorities and the poor were found to be the most important antecedents of humor therapy. Personality and cultural factors and psychological status of individuals also affect the application of humor therapy. Greengross & Miller (2011), Zhao et al., (2014) and Martin (2003) forwarded the articles related to antecedents viz., Mutual respect, Not offending others and observing their dignity and Personality and cultural factors and psychological status of humor therapy.

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Consequences: the main outcome of humor therapy is health promotion in personal and interpersonal dimensions. Figure 2 shows a classification of humor therapy consequences.

Table 2: Articles related to consequences of humor therapy

Outcomes	Articles
Acute pains relief.	(Weisenberg <i>et al.</i> , 1995; Mora-Ripoll, 2011, Matz & Brown, 1998).
Chronic pains relief.	(Adams, 2002; Weisenberg <i>et al.</i> , 1995; Mora-Ripoll, 2011).
Increased cardiac output.	(Sugawara <i>et al.</i> , 2010; Miller <i>et al.</i> , 2006; Mora-Ripoll, 2011; Lebowitz <i>et al.</i> , 2011; Buchowski <i>et al.</i> , 2007; Ganz & Jacobs, 2014).
Reduction of blood pressure.	(Miller <i>et al.</i> , 2006; Mora-Ripoll, 2011; Miller & Fry, 2009).
Strengthening the immune system.	(Bennett <i>et al.</i> , 2003; Mora-Ripoll, 2011; Lebowitz <i>et al.</i> , 2011; Ganz & Jacobs, 2014; Hayashi & Murakami, 2009).
Improvement of pulmonary ventilation.	(Hostetler, 2002; Miller <i>et al.</i> , 2006; Mora-Ripoll, 2011; Lebowitz <i>et al.</i> , 2011; Ganz & Jacobs, 2014; Buchowski <i>et al.</i> , 2007).
Increased self-confidence.	(Bennett <i>et al.</i> , 2003, Mora-Ripoll, 2011, Ganz & Jacobs, 2014, José <i>et al.</i> , 2007, Bennett & Lengacher, 2006).
Reduction of blood sugar and its adverse effects in diabetics.	(Hayashi <i>et al.</i> , 2007).
Reduction of stress.	(Bennett <i>et al.</i> , 2003; Mora-Ripoll, 2011; Ganz & Jacobs, 2014; José <i>et al.</i> , 2007; Watson <i>et al.</i> , 2007; James, 1995).
Reduction of anxiety.	(Bennett <i>et al.</i> , 2003; Mora-Ripoll, 2011; Bennett & Lengacher, 2006; Ganz & Jacobs, 2014; José <i>et al.</i> , 2007; James, 1995).
Facilitation of communications.	(Riley, 2004; Watson <i>et al.</i> , 2007; Mora-Ripoll, 2011; Matz & Brown, 1998).
Establishment of effective relations.	(Riley, 2004; Watson <i>et al.</i> , 2007; Mora-Ripoll, 2011; Matz & Brown, 1998).

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Figure 3: Analysis of the concept of humor therapy

Discussion:

The process of humor therapy emphasizes the observance of mutual respect and dignity of other. Cultural beliefs and personality parameters also influence this process. Violation of mutual respect in humor therapy leads to the establishment of ineffective relations or breakup. McCreddie & Payne (2010) also argue that laughter causes the continuation of effective relations. However, they assert that laughter should aim at encouraging individuals to maintain effective communications, rather than bothering others.

Ghaffari *et al.* (2015) state that laughter is a social, emotional, behavioral, and cognitive phenomenon which facilitates the establishment, continuation, and improvement of relations. McCreddie & Wiggins (2009) argue that laughter is a complex phenomenon that is associated with situational, social, physiological, behavioral, emotional, and cognitive aspects and emphasize that it is important who uses laughter when, where, and how. Greengross & Miller (2011) also emphasize that people use laughter in accordance to their culture. Kuiper *et al.* (1992) state that laughter has positive impacts on human life. Schermer *et al.* (2013) argue that personality factors and phenotype influence the use of laughter. Marin (2003) believes that laughter facilitates relations and reduces conflicts in relationships.

Mora-Ripoll (2010) state that laughter has many positive effects and can be used as a complementary treatment. In another paper, he also asserts that laughter has many positive impacts on mental, psychological, social, and physical aspects of life and can be helpful in the treatment of patients because of its few side effects. In addition, he also believes that laughter can reduce tension, fatigue, and frustration of medical workers (Mora-Ripoll, 2011). According to the World Health Organization, Chang states that humor therapy programs are expanding around the world and there is a growing willingness among patients for the use of laughter in medical relations (Chang *et al.*, 2013). Based on the results of the present study and other studies, application of laughter, in a non-damaging

manner with the observance of mutual respect and dignity, is associated with various advantages such as the promotion of physical and mental health.

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