ABSTRACT

HUMOR AS A COPING MECHANISM IN CAREGIVER STRESS

by Lori A. Horstman

The purpose of this study explored the use of humor as a coping mechanism in the adult-daughter caregiver of older parents who are coping with chronic illnesses. Specifically, the aims of this study were to understand how the adult daughter sandwiched between caring for her chronically ill parent and her young dependent children uses humor to cope with caregiver stress as well as the ways in which they view humor as an effective means of coping in general. A qualitative approach was used to identify inherent concepts and to allow for an in-depth understanding of each participant’s personal experience as a caregiver to a chronically ill parent. This study was guided by phenomenology, which afforded the researcher the opportunity to understand the lived experiences of each of the caregivers from their own perspective and in their own words.
HUMOR AS A COPING MECHANISM IN CAREGIVER STRESS

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Introduction

Research has shown that there are numerous physiological and psychological benefits of humor and laughter including decreased feelings of fear, stress and anxiety (Abel, 2003; Bennett, 2008). Humor and laughter have also been found to reduce levels of stress hormones, improve one’s breathing, and even increase immune function (Bennett, 2003). These findings have led researchers to focus on the use of humor as an intervention in health care settings (Abel, 2003; Bennett, 2003 & Chappell, 2009). The primary focus of much of this research has been how humor could aide patients and health care professionals. Research suggests that humor could be effective in reducing stress levels and preventing burnout, two outcomes often experienced by nurses and other health care staff who worked in hospice care settings (Bennett, 2003; 2008). The use of humor has also been found to be effective in relaxing patients, increasing their comfort levels, and improving the doctor-patient relationship (Kruse, 2006). Thus far one deficit in the existing research is that on the use of humor as a coping mechanism for the informal caregivers of individuals dealing with a chronic illness.

Given this lack of attention to the experiences of informal caregivers, the purpose of this study explored the use of humor as a coping mechanism in the adult-child caregiver of older parents who are coping with chronic illnesses. Specifically, the aims of this study were to understand how the adult daughter as caregiver uses humor to cope with caregiver stress as well as the ways in which they view humor as an effective means of coping in general. A qualitative approach was used to identify inherent concepts and to allow for an in-depth understanding of each participant’s personal experience as a caregiver to a chronically ill parent. This study was guided by phenomenology, which afforded the researcher the opportunity to understand the lived experiences of each of the caregivers from their own perspective and in their own words (Creswell, 2007)
Literature Review

The literature review focuses on the preeminence of adult daughters as the primary caregiver to her parents. The rationale for this focus is based on social trends that place middle-aged and sometimes younger women at the center of caring for their young children as well as their aging parents. Specifically, literature regarding the added stresses as well as benefits that caregiving has brought to the caregiving adult daughters’ lives is reviewed. Finally, in order to provide context for the present focus on the use of humor for coping, the literature regarding various coping strategies is reviewed.

Caregiving Adult Daughters

An informal caregiver is defined as anyone, who is not paid for rendering help to a person in need (Greene, 2008). Some common types of help given is grocery shopping, house cleaning, cooking, shopping, paying bills, dispensing medicine, bathing, help in using the toilet, dressing and eating. While caring for her aging or chronically ill parent, the informal caregiver, who according to much of the research is often middle-aged and female, manages to juggle the role of mother, wife and employee. It is estimated that 16 million Americans find themselves “sandwiched” between two generations. They struggle to raise their children while caring for an aging loved one (Kreiser, 2006).

With the current economy struggling and budget cuts made to Medicare and Social Security, increasing numbers of elderly people and the chronically ill are depending on a family member for care or to take them in (Dwyer, Lee, & Jankowski, 1994; Keiser, 2006). This inability to cover the costs of health care forces many elderly into a dependent situation on a family member, primarily their daughters. Most middle-aged women will experience some form of caretaking of an elderly parent at some point in her life whether it is due to economics or by personal choice (Chappell & Dujella, 2009; Dwyer et al., 1994). Barusch and Spaid (1989) claimed that daughters take on a stereotypically feminine caregiving role, such as cooking, cleaning and grocery shopping, which creates some difficulty in their circumstances unique to women who care for their aging parents. In essence, they are balancing the stress of caring for their children, spouse and parents. Research on the effect of multiple roles on the well-being of women has focused largely on the roles of young adult women, marriage, child rearing and
employment and has paid little attention to the roles that women may add at midlife such as care of the elderly (Baursch & Spaid, 1989; Doress-Worters, 1994). The number of women choosing to delay childbearing has increased. Thus, traditional “midlife” roles are changing as women find themselves in situations where they are sandwiched between caring for their young children and elderly parents (Baursch & Spaid, 1989; Chappell & Dujella, 2009; Doress-Worters, 1994; Dwyer et al., 1994).

**Negative Outcomes of Caregiving**

Much of the existing research on the role of caregivers in the sandwich situations where they are caring for elderly parents and children has focused on the amount of stress that is placed on the caregiver or on the overall burden that the stress places on the family as a whole. According to existing research, stress is one of the biggest issues for adult daughters who are in sandwiched situations (Dwyer, 1994, Hoppel, 2011; Stoller & Pugliesi, 1989). The term caregiver burden refers to a disruption in the daily routine, social relationships, and other activities that can occur as a result of caregiving (Dwyer, 1994). The demands of caregiving of a chronically ill parent and dependent child are often so great that caregivers can experience high levels of stress (Hoppel, 2011; Stoller & Pugliesi, 1989). This stress can be overwhelming and can leave caregivers feeling emotionally and physically exhausted (Walker & Walker, 1988). This exhausted feeling seems to be shared mostly by women as 75% of female caregivers report feeling very strained emotionally, physically or financially (Greene, 2008; Hoppel, 2011).

The stress experienced by these female caregivers is two main types: 1) overburden derived from too many role demands and 2) a sense of not fulfilling roles properly (Greene, 2008). These burdens, the accompanying stress, and the continuous intensive feelings throughout the period of caregiving for a parent are the main factors cited by women that contribute to the development of mental distress and dissatisfaction within the parent–adult child relationships in which they take part (Ron, 2009). As the stress and the intensive feelings mount each day, women begin to feel as though they are failures at the role of caregiver (Newell, 1993). Many women feel that they should be "superwoman" and handle, without complaint, all of the stress that is associated with the role of caregiver (Ron, 2009; Dwyer, 1994). This feeling of failure and a sense of lack of control over the situation is usually connected to the existence of the multiple roles she is expected to carry out (Hoppel, 2011; Ron, 2009). As caregivers struggle to balance the daily demands placed on them, they realize their time is no longer their own. The feeling of
hopelessness or lack of control over the parent’s situation and the situation as a whole can leave caregivers feeling disoriented and out of sync (Dwyer, 1994; Hoppel, 2011).

**Positive Outcomes of Caregiving**

With so much emphasis placed on the stress and other negative aspects of caregiving, comparatively little attention has been paid to how the caregivers cope in a positive manner (Abel, 2002). Despite the fact that much of the research tends to focus on caregivers’ stress, burden, dissatisfaction, or burn out, some findings do suggest that the majority of caregivers are not overly burdened with their multiple role expectations. While experiencing burden, many caregivers are able to simultaneously meet their demands and are able to identify satisfactions derived from their caregiver role (Chappell & Dujela, 2009). The literature on women’s health suggest that women who are employed tend to be less psychologically distressed, have overall better physical health, and have a higher self-esteem than those who are not employed (Atienza & Stephens, 2000; Chappell & Dujela, 2009). One plausible explanation for this finding is that supportive relationships with co-workers can aide caregivers in keeping a sense of balance of multiple roles. For example, providing the caregiver with a positive social environment that allows for venting of frustrations allows the caregiver to reduce anxieties and improve personal well-being (Atienza & Stephens, 2000; Chappell & Dujela, 2009; Doress-Worters, 1994).

Most women regard role overload as a normal condition of life in a complex society in which people occupy more than one role (Doress-Worters, 1994; Kreiser, 2006; Ron, 2009). Caregiving has long been viewed by many cultures as the natural role for women to fill. Some research has shown that through caring for others, the caregiver builds self-esteem and self-efficacy as she sees herself as the one who has something to give and making a contribution to the wellness of humanity (Chappell & Dujela, 2009; Doress-Worters, 1994).

**Coping Strategies**

According to Chappell (2009), there is little attention directed toward the coping strategies that caregivers engage in to cope with their role and the factors that influence their adoption of various coping strategies. Chappell (2009) identified two classifications for coping strategies that caregivers tend to use: problem-focused and emotionally-focused [such as the use of medication to mask the caregiver’s stress.] As time progresses and the stress increases, the
coping mechanisms of caregivers change from more problem-focused to more of an emotional-focus in order to handle the increasing burdens. Surprisingly, little of the literature examines the importance of caregiver personality for determining coping strategies. The perspective of the caregiver and her resilience during stressful situations has a profound effect in how the caregiver copes and indirectly how her children and family will cope as well (Greene, 2008; Soderstrom, Dolbier, Leiferman & Steinhardt, 2000).

The caregiver’s personality might be a potential coping resource. Studies have found that a hardy outlook is sometimes viewed as an aspect of resilience that is common among caregivers (Abel, 2003; Chappell & Dujela, 2009; Rosner, 2002). Resilience is the ability to withstand and rebound from crisis and adversity or the ability to transform disaster into a growth experience and move forward (Dictionary.com). In addition, Chappell and Dujela (2009) acknowledged that resilience is believed to consist of high levels of self-esteem, personal control, and optimism. Research is lacking as to the means of coping mechanisms that people use in successfully adapting to the problems they confront (Thorson & Powell, 1997; Vilaythong, Arnau, Rosen & Mascaro, 2003).

According to Ugwu (2010) most caregivers will adopt either a maladaptive or an adaptive coping method to reduce their stress. Which method they choose will depend on their ability to be open to change. Chappell (2009) found that openness to experience is also a significant predictor of problem-focused coping with those more open to experience more likely to problem solve. Rosner (2002) added to this idea of openness with the introduction of laughter into a high-stress, high demand work environment. He found that laughter during difficult moments in life can in fact increase the creativity, productivity, and motivation, as well as the morale of those working in stressful situations. Laughter restores “balance and equilibrium as well as dissipating tension, fear, frustration, and other stress such as burnout, perhaps by producing biochemical changes in the body such as decreases in serum growth hormone, cortisol, dopac, and epinephrine levels” (Rosner, 2002, p. 435).

**Using Humor to Cope**

There is nothing unusual or rare about the phenomenon of humor. When someone sees or hears something funny, they laugh. In most cases, this simply means that the person found the stimulus funny. Funny situations, funny stories and even funny thoughts occur every day to virtually everyone. In most cases, laughter is more often than not the expression of the feeling of
funniness. Laughter is an emotion that is consistent in all people, cultures and genders (Geiger, 2007; Rieger, 2004). Humor and laughter cannot be described in a formula; it is subjective and is perceived by each person uniquely based on their own culture, personal history and personality (Geiger, 2007). Steve Sultanoff, PhD, past president of American Association for Therapeutic Humor (AATH), identifies three components of humor: Wit (cognitive experience of it), mirth (the emotional), and laughter (the physiologic). Therefore, humor involves the mind, body and spirit – the total person (Geiger, 2007).

Research on stress shows it is linked directly to psychological distress and humor appears to buffer an individual against the negative effects of stress (Abel, 1998; Parrish & Quinn, 1999; Reiger, 2004). Furthermore, research reveals that a good sense of humor is related to muscle relaxation, control of pain and discomfort, positive mood states, and overall psychological health including a healthy self-concept (Abel, 1998; Parrish & Quinn, 1999; Rosner, 2002). Humor has been found to be one of the most effective and healthy ways to keep minds balanced and stressful responsibilities in perspective (Parrish & Quinn, 1999; Thorson & Powell, 1997; Vilaythong, Arnau, Rosen & Mascaro, 2003). Being able to laugh at a situation instead of feeling defeated, allows one the ability to pull on an inner strength that gives back hope in what would otherwise appear as a hopeless situation.

These findings reveal that being problem-focused and looking at change as a challenge rather than an emotional set-back are healthy ways for the caregiver to perceive caring for their children and their elderly parents. Research has shown that humor can positively affect psychological and physical well-being, and that a sense of humor is a major component of high-hope individuals (Parrish & Quinn, 1999; Thorson & Powell, 1997; Vilaythong et al., 2003). Humor is closely associated with hope. Studies have shown that lightheartedness is a necessary component in dealing with difficulties associated with stressful life events such as caring for children and elderly parents simultaneously (Thorson & Powell, 1997; Vilaythong et al., 2003).

**Research Objective**

Role overload is a condition in which there is insufficient time in which to carry out all of the expected role functions. Research studies have found that role overload is strongly associated with women’s mental health (Glynn, 2009). Feeling overwhelmed by social role obligations has a negative effect on mental health that can lead to burnout. Understanding how women are not just *surviving* being sandwiched into their role of caregiver for both their parent
and their children but are *thriving* in this role requires specifically designed research. The main objective of this study is to understand how the use of humor effect’s the meaning that life events, situations and experiences have for these women and how it is used as a coping strategy to possibly offset burnout due to role overload. Specifically the researcher is interested in understanding how adult-child caregivers use humor to cope and if they perceive humor as being an effective means of coping with their caregiving role.

This study is specifically focused on the parent-adult daughter relationship for the purpose of understanding the emotional strain of role reversal in taking care of the person who once took care of her. Purposive sampling was the main recruitment strategy used for this study, with an emphasis on criterion sampling in particular. Women with specific characteristics were required for the study. It is understood, based on previous research, that women with chronically ill parents being under her care for three months or longer, while also caring for her young children and balancing the demands of a job/career outside of her home is expected to be under a great deal of daily stress, distress and emotional strain (Chappell, 2009; Glynn, 2009). The three-month period of time will allow for a sufficient amount of stress to have built up within the family context. The sample consisted of 5 females between the ages of 35-50 with children under the age of 12 who are still dependent upon her, with chronically ill parent(s) or a “parent-like figure” living in their home under her care for three months or longer and working at least 20 hours a week outside of the home. Research has shown the strain that the parent-child relationship undergoes when the parent is in need of care and the adult child takes on the role of caregiver in addition to her established roles as spouse, parent and employee. The elderly parent will trade their decision making for the caretaking they now need, while the adult children assumes the burdens of caregiving along with their concern for their parents future well-being (Mancini & Blieszner, 1989).

**Methods**

Approval was obtained from the Miami University Institutional Review Board in compliance with federal regulations and Miami policies. Since this research involved human subjects, the researcher met the university requirements to be familiar with the ethical issues common to such work. As this study was intended to develop a composite picture of the phenomena of humor rather than an individual picture, it was necessary for the researcher to gain the participants’ support. This was achieved through the researcher conveying to the participants
that they were indeed participating in a study. The purpose of the study was clearly explained to them. No deception took place.

Purposeful sampling was the initial approach used to select participants for this study. As it was essential that all participants have experience of the phenomenon being studied, volunteers were referred by word of mouth through a local support agency for caregivers and their families. Criterion sampling became the final approach used to select the participants. All of the individuals that participated in this study represented people who have experienced the phenomena being studied. After giving consent to participate in a study regarding humor as a coping mechanism in caregiving, each participant was initially contacted by telephone. During the telephone call, potential participants were screened to see if they met the study criteria. Only one potential participant did not meet the criteria. The potential participant recognized that fact in her and it was mutually agreed upon that she would not participate. If the participant did meet the necessary criteria, a time and place of her choosing for the interview was arranged.

**Participants**

Purposeful sampling was the main recruitment strategy used for this study, with an emphasis on criterion sampling in particular. The stated inclusion criteria were as follows: participants had 1) to be between the ages of 35-50, 2) must have children under the age of 12 years of age, 3) with a chronically ill parent or “parent-like” figure living in their home and under her care for at least three months or longer, and 4) working at least 20 hours a week outside of the home. Providing care for the parent could consist of administering medications, providing companionship or transportation to adding in toiletry needs.

A total of six adult-child caregivers participated in this study. Caregivers ranged in age from 37-48 years of age (mean age of 40.7 years). All of the participants were caring for their biological parents and their parents were all living with them in their home, with the exception of one of the participant’s parent had passed away nine months before the study. Each of the participants had young children they were caring for ranging in age from 2 – 9 years of age (mean age of 5.15 years). The parents the participants were caring for all had chronic illnesses. Essentially each participant was balancing multiple role and struggling to meet multiple obligations. Four parents had cancer, two parents were suffering from dementia and one parent had passed away from Alzheimer’s prior to the study. The parent that had passed away before the study had lived with her daughter and her daughter’s infant child for 10 months before
passing away. All of the participants worked outside of the home at least 20 hours a week, two of the participants worked full-time jobs.
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Number of Children/ Ages</th>
<th>Age of Parent/ Type of Illness</th>
<th>Type of Employment</th>
<th>General Attitude toward Humor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nikki</td>
<td>38</td>
<td>3/ 2yrs, 6yrs and 8yrs</td>
<td>72 year old mom with breast cancer</td>
<td>Works part-time as dental hygienist. Prior to her mother moving in with her she worked full-time.</td>
<td>Feels that humor is a necessity in life. Could not imagine her day without a good laugh to keep her balanced.</td>
</tr>
<tr>
<td>Mary</td>
<td>41</td>
<td>2/ 5yrs and 7yrs</td>
<td>75 year old mom with dementia and heart disease</td>
<td>Works full-time as school secretary.</td>
<td>Finds the humor in any situation. Feels she is positive in most situations.</td>
</tr>
<tr>
<td>Carol</td>
<td>44</td>
<td>2/ 2yrs and 5yrs</td>
<td>83 year old dad with Alzheimer’s and chronic arthritis (passed away nine months earlier)</td>
<td>Works part-time in retail – mostly works for the discount on kids clothing.</td>
<td>Feels that humor keeps her healthy and makes her a better person.</td>
</tr>
<tr>
<td>Ann</td>
<td>42</td>
<td>2/ 7yrs and 9yrs</td>
<td>77 year old mom with breast cancer</td>
<td>Works full-time with her own daycare business outside of the home.</td>
<td>Regards humor as a core part of her personality and career of choice.</td>
</tr>
<tr>
<td>Denise</td>
<td>40</td>
<td>3/ 2yrs, 4yrs &amp; 6yrs</td>
<td>70 year old mom with pancreatic cancer</td>
<td>Works part-time as a receptionist in a medical office.</td>
<td>Uses humor to get through the tough times in life</td>
</tr>
<tr>
<td>Amber</td>
<td>39</td>
<td>1/ 4yrs</td>
<td>67 year old mom with cancer/ heart failure</td>
<td>Works part-time as a pharmaceutical sales rep.</td>
<td>Tries to find the humor in every situation.</td>
</tr>
</tbody>
</table>

**Table of participants and their demographics**
Data Collection

The semi-structured interview guide (see appendix) was used to guide the individual, but much of the interview followed the path that the participant wanted to share regarding their particular use of humor in managing their daily stress in caregiving. These questions were open ended, general and focused on attempting to understand their use of humor. For a phenomenological study of this type, the process of collecting information involved primarily in-depth interviews with all six individuals. The importance in the interview is thus to describe the meaning of humor for a small number of individuals who have experienced it. Immediately following each interview, detailed field notes were written to identify any key points from the interview. The notes identified such things as the participant’s comfort level during the interview, any interesting phrasing that the participant used or interruptions during the interview. Each of the interviews was transcribed by verbatim. After each interview was transcribed, each participant got to review their transcripts and was allowed to comment or clarify on any of the points they had made. This member-check procedure was completely voluntary, however all six participants returned their transcripts with no clarification necessary. A thematic analysis was then conducted on the data collected and the field notes. The findings were then written up in their final form describing the experiences of the participants.

The semi-structured interview guide included such questions as the current state of their parent’s health as well as their own health, any current coping strategies they were using as well as general questions about the perceived role of humor in their everyday life. Their answers to these general questions were then used to individualize the remainder of the semi-structured interview guide for each participant. This contextualizing allowed the interviewer to delve into what the key issues were in caregiving for each participant. The participants were encouraged to speak openly and extensively about their personal experiences. A conscious effort was made to create a comfortable environment in which they could share their caregiving experience. The success of this effort is evident in the quality of the data collected throughout the interview process and in the level of detail provided by each of the participants.

Immediately following the completion of each interview, field notes were compiled detailing the circumstances surrounding the interview, along with the comfort level of the participant, any key phrasing used by the participant or interruptions during the interview. Each interview was then transcribed verbatim and returned to the participant via email per her consent.
for review. This member check was used to clarify the information provided by the participant and contributes to the credibility of the study by allowing the participants to clarify any issues that could potentially be misinterpreted in the analysis of the study. This also allowed for the participant to have the final say on the data that was ultimately used in the analysis giving them a sense of control. All of the member checks were returned fairly quickly by the participants with no clarifications needed. Due to the personal nature of the topic being discussed the interviewer felt this was a necessary step in the data collection process to allow ownership of their data. Through the use of bracketing, the researcher was able to suspend assumptions based on previous experience to ensure that the data accurately reflects the participants’ personal experience. Thus allowing the researcher to observe the unfiltered phenomena of humor as it is at its essence with the participants, without the influence of presumptions or assumptions.

**Researcher’s Perspective**

Phenomenology is a philosophical perspective that helps the researcher to explore and understand everyday experiences without pre-supposing knowledge of those experiences. Therefore, the researcher is open to what may present itself during a phenomenon. In descriptive phenomenology, the phenomenon being studied is believed to be reality, a truth that exists as an essence and be described by the participants (Converse, 2011). Allowing the essence of this phenomenon to exist independently of the researcher is accomplished by bracketing out any preconceived assumptions about the phenomenon by the researcher prior to the study (Converse, 2011). Since humans live in a world that they experience and interpret, it was important for the researcher to bracket out personal experience with this phenomenon prior to the research. This was accomplished by the researching interviewing herself and recording her own responses to the questions in the interview guide. This bracketing out by the researcher allowed her to discover the essence of the phenomenon of humor and to understand how she herself used humor in similar situations. These responses allowed the researcher to become aware of any preconceptions through reflexivity or interpretation (Converse, 2011).

Going into this research, I knew I would relate to these participants, as my mother was my rock and the driving force in my life as well. In the spring of 1999, the year I was to be married, she was diagnosed with stage-three breast cancer. Her Oncologist told me that I should consider moving my wedding date up as my mother’s health was critical and he didn’t think she would make it another six months. My mom, whose outlook on life had always been positive,
didn’t accept this diagnosis. I can clearly remember her telling the doctor that she did not come with an expiration date and she was not about to throw in the towel now when her only daughter needed her most. The fear that was welling up inside me almost immediately subsided as I took her cue to stay on track and not to let her diagnosis dominate my plans. Even though the cancer took both breasts and all of her hair, it couldn’t touch her sense of humor. Her use of humor in a very fearful situation eased my fears and calmed hers as well.

We learned in 2006 that her cancer had made an ugly comeback; it had metastasized as bone cancer. I felt like I had the wind knocked out of me, but she once again showed no fear as she agreed to the numerous chemo treatments. This time the chemo was intense and took her hair and her excess weight. Still, it did not take her sense of humor. She would joke that cancer was not for skinny people. She found joy in shopping for smaller clothing sizes as if her weight loss had been by choice. I would like to say I did not depend on her help during her illness, but that would not be true. I needed her strength more during her illness than I ever had. I knew she was sick and that I would be losing her, and I did not know how to process that while I was raising my babies. I needed my mom to navigate me through those waters of being a new mom and she did.

In 2008 we finally moved my parents in with us. I was now continually running her to her various doctor appointments, treatments and tests all with my five-year-old twins in tow. I was enrolled full-time in college, worked part-time with my husband’s business, and had my twins in pre-school. There were numerous days that I wanted to scream at the situation and pull my hair out. The one person that always had me laughing in the midst of a situation that would have put me in tears was mom. We would talk about everything and find ourselves laughing over some rather odd things.

I can still recall how we used humor to get us both through one of the most embarrassing times we had experienced up to that point. My mom was bedridden and needed a diaper change, unfortunately this was not going to be an easy change. She had been eating stool softeners as though they were candy for three days. I knew what was coming and so did she. We just looked at each other and began to laugh. She started to apologize to me and I could see her obvious embarrassment. At that point the roles reversed. Not only was I truly taking care of her needs in the sense that a mom to a child would, but I pulled the humor card and refused to allow her to
feel anything but lighthearted. From that point forward, it would be me and my responsibility to find the humor in the situation to keep her fears and humiliation at bay.

Realizing how the steady use of humor has helped to shape me and how I view the events in my life led me to question if this is an isolated phenomenon or one shared by many. In the midst of one of the most challenging and demanding times in my own life I found myself joking with everyone form the nurses, doctors, other caregivers, our pharmacist and even the Hospice team to try to lighten the mood. The humor was never disrespectful in nature but rather was intended to ease someone’s burden. While caring for both of my parents, my young children, my spouse and my home I still managed to finish my degree. People would ask me how I was managing it all and I can honestly say I really did not see the enormity in my situation at the time. I just felt that it was expected of me as a woman, mother, wife and daughter. That led to question if this phenomena of “expected” caregiving is something that women in our culture assume. From that interest, I have formulated a guiding question for this research that asks: How does the use of humor affect the meaning that life events, situations and experiences have for these women that are sandwiched between caring for their dependent children while simultaneously caring for their dying parent? Furthermore, if these women are using humor in their daily lives, then how are they using it as a coping mechanism to not just survive the stress, but to thrive within their stressful circumstance?

Analysis

A thematic analysis of the interviews and field notes was performed at an early stage in the analysis process. The transcripts of the interviews were read and reread in their entirety to get a sense of the interview as a whole before attempting to break it down into parts. Field notes were reviewed looking for key concepts in the interviews. The researcher reflected on the larger thoughts presented in the data and formed the initial categories.

As the initial categories began to emerge from the data, the researcher grouped tentative groups of codes into separate piles in order to gain a clear understanding of the perspectives of the participants. Questions and sub-questions from the interview led the researcher to group text segments into these initial codes and groups.

There were about eight initial categories with multiple forms of evidence to support each category. There was evidence found that portrayed multiple perspectives about each category.
The use of coding began with a list of tentative codes that matched text segments from there the categories were expanded as the data base was reviewed several times.

Analyzing on a line-by-line basis, themes were compiled and then compared among participants using cross comparison. Two themes began to clearly stand out with sub-themes forming. The interpretation of the data led to an understanding of how the experience of humor is used in caregiving. Memorandum notes were kept throughout the process in order to keep track of any emerging themes. Once the analysis was completed a list of two main common themes was then established.

Trustworthiness

The trustworthiness of this study was enhanced through the use of data triangulation. Data triangulation was achieved through the analysis of multiple sources of data, consisting of field notes, bracketing, interview transcripts, member checks and memorandum notes. The use of bracketing allowed the researcher to clearly hear and understand what the participants was attempting to convey of her own personal experiences as a caregiver without allowing the previous experiences of the researcher to cloud the participants statements. Bracketing also allowed the researcher to be able to relate to and help the participant draw out her experiences as a caregiver. Having been the caregiver herself, the researcher had the background knowledge to know what questions to ask regarding the participants own experiences. The depth associated with this qualitative research combined with the efforts to triangulate and cross-check gives strength in the area of validity. The use of “thick” description in this research represents many layers of a diverse reality aiding the rigor of this study. Since the purpose of this study is to generalize a theory the sample size did not need to be large as saturation was attained with six participants. The methods used were appropriate to the epistemological orientation, the questions asked and the population studied. The interviewer was alert to the potential of assumption and bias when collecting the data and used bracketing in order to prevent this from taking place. Since data was collected and interpreted by the researcher the issue of confusion in coding was avoided thereby strengthening the research findings.

Results

Each participant provided a detailed description of her individual sandwiched caregiving experience that painted a very clear picture of what it is like to care for a chronically ill parent while simultaneously caring for her young children. Through the analysis process two main
themes emerged with sub-themes on one. These themes included 1) a positive perspective on life and 2) perceived benefits of using humor.

**Perspective on Life**

For all of the participants, one major theme that emerged from this study was their positive perspective on life. All of the participants used humor as a coping strategy when managing their caregiving stress, but they all seemed to have an optimistic disposition towards life in general. This type of optimism was clearly exemplified through her ability to recognize the positive aspects of any situation, as opposed to focusing on the negative. For example, Nikki, who has three children and works part-time, was discussing her children with me and the demands that can come from just being a mom, but her optimism in everyday situations became very apparent when she said, “Ya’know shoes on the floor, crumbs on the couch, smudges on the fridge – those things don’t bother me none. When ya walk into my home its screams ‘a family lives here’! It wasn’t that long ago that I longed for children an’ now that I got ‘em, I ain’t complainin’.”

That type of positive perspective on life seemed to permeate with all of the participants. There seemed to be an unwritten rule that getting too caught up in the seriousness of the situation could be more detrimental to the situation overall then it would be helpful. As Mary, mother of two, put it, “When real life is coming at you, not drama, but *real life*, you begin to see things completely differently. Little things like waking up late or locking your keys in your car, those things are so small compared to the bigger picture of living and dying.”

The participants were all too aware of the seriousness of the situation of having a parent chronically ill. Yet, a sub theme of keeping things “light” for themselves and the people they were caring for began to emerge as a sort of “life vest.” Denise said it best as, “Humor isn’t how I cope, it’s how I survive!”

Humor was identified as the key to avoiding potential bouts of depression that could result from a predominately negative attitude. Not just depression for the caregiver, but a depressed negative attitude for the entire household. There was a common feeling that Mom had to ‘keep her bucket full’ for the rest of the family to draw from. Denise, who uses humor to get her through the dark parts of life explained that “my job isn’t just cookin’ meals, wipin’ noses and changin’ diapers, they’re dependin’ on me to tell ‘em everything is alright, we’re doin’ fine. I can’t be that for them if all I’m doin is focusin’ on the bad. I know it’s serious, I know she’s
not gittin’ any better, but they don’t need to know that. They are just kids, this is their time to be kids and to be happy and carefree. If they see me down then they will be scared. No mama wants to scare her babies… so I can’t let my mama see me scared either. I have to be positive for her. She draws her strength off of me so I have to be strong for her too.”

Presenting a strong and positive front for her children while squeezed into this position was something Carol, whose father had passed away prior to the study, believed was important. “Ya’ know they are looking to me to see that everything is okay. I can’t lose it, my kids need me. Losing a grandparent is scary enough, but seeing mommy cry all the time? That’s too much for them to have to try and understand.”

This sub theme of keeping a positive outlook on life was a key-contributing factor into how the participant would use her sense of humor as a coping mechanism. All of the participants recognized there could be dire consequences, such as depression, if they did not maintain their optimism not just within their own lives but in the lives of those they were caring for as well. Recognizing humor as a coping strategy was found to be an important step toward the use of humor. Although individuals may be using humor in other aspects of their lives, the recognition of humor as a coping strategy in their caregiving circumstances allowed the caregiver to target their use of humor to maximize its perceived benefits.

Using humor to cope is something that all six participants hope they are modeling to their own children who are watching and learning about caregiving through their mothers. Ann grew up in a household where she saw her own mom taking care of her aging grandmother and remembers her mom sharing a laugh with her very ill grandmother. “Laughter is something that I think I learned at a young age, that it’s okay to want to laugh when you are scared. My mom would sit by my grandmother’s bedside and they would reminisce and just laugh….I hope I am teaching my own children it’s okay to be scared or frustrated, but not to let that take over. Focus on the laughter, find the good…“
**Benefits of Using Humor**

It was interesting the wide range of responses the participants gave in response to the question, “When you use humor, how does it make you feel?” Of the varied responses three subthemes quickly were identified: an escape, a source of stress relief and as a pick-me-up.

**An Escape**

Every participant was adamant about how much they love their parent, their children and their families, but there was no denying that they did not like their current situation of being a sandwiched caregiver. The stress, the frustrations and the feelings of guilt were a constant in their daily lives. All six participants called their use of humor their escape from their caregiving situation. This concept of escape appeared to be a prominent coping strategy for the caregiver, allowing her to gather her thoughts and emotions during a particularly difficult time and to ‘re-set’ herself to handle the next wave of stress. Carol remembers how she would struggle on a daily basis to find a release for herself and her children from the stress she felt in caring for her dad with Alzheimer’s. “I knew I couldn’t truly take time away from this mess, it just seemed to come along for the ride with me no matter where I went….. but when I would laugh at something silly one of my kids said or did, I dunno, it just felt like in that moment, things were different, things weren’t so heavy and real, it just felt….good. In the briefest of moments, when you can truly let go and laugh, I mean really laugh, ya’ know? That’s my nirvana…. Those moments get you through the others.”

Amber, whose mother is dying of breast cancer, put it this way, “When it finally hits you that this is it, this is as good as its going to get for Mom and tomorrow may be a little bit worse, if there is a tomorrow for her. Then I make an actual effort to enjoy the beauty in every moment. Even if that moment is in laughing over something silly my daughter said or did. If I can share those moments with mom, then together we are hitting the ‘pause’ button on this thing. We are living and laughing, not dying and not living in fear, for just those few moments.”

Humor in this capacity is serving as a function of “escaping” from the reality of the situation. This temporary escape may be necessary to prevent caregivers from becoming depressed or experiencing caregiver burnout.

**Stress Reliever**

Again, every participant identified humor as being their main form of stress relief. Although there are other ways that participants identified to relieve their stress, such as
exercising, talking to friends or just simply taking a nap, humor and laughter was something they identified that they could readily do, anywhere and at any time. Participants revealed that using humor and laughter, they could gain a fresh perspective on an otherwise very stressful situation. Amber and her mom both love the comedy of Bill Cosby and would watch his stand-up routine together almost on a weekly basis. She described how she could laugh and ‘cleanse’ her soul with laughter. “It’s just such a release afterwards, you know what I mean? You’ll start to laugh about something silly and suddenly you are laughing so hard that you are crying. You just keep right on laughing through the tears. It’s like giving your soul a good wash, you just feel so much better on the inside, and somehow, you feel better in general about everything.”

A Pick-Me-Up

Laughter, in particular, was perceived by all six participants to be an uplifting experience that quickly improved one’s mood and increased their overall happiness. Humor apparently assisted these participants in coping with their caregiving responsibilities. Nikki, who has three kids, juggles her responsibilities to her children, her job and her mom referred to her moments of laughter as her pick-me-up during the day that she looks forward to. “Ya know how some people need their Starbuck’s to get them through a work day…? That’s what a good laugh is like. It’s an instant pick-me-up that can change your entire perspective on a situation and leave you feeling refreshed and ready to face the next (challenge)….it’s better than a five-hour energy shot.”

The belief that humor acts as an escape, a stress-reliever and as a pick-me-up was a common sentiment described by all six participants. An understanding of the potential benefits of humor could lead one to believe that it has the potential to be effective in stressful circumstances. Belief in this knowledge could then affect the caregiver’s willingness to use it in such circumstances. Carol and Mary, both parroted the same sentiments, “You have to be willing to want to find the humor in life.”

Overall, the major findings of this particular study were divided into two main themes. First was the caregiver’s positive perspective on life and the factors that influence her use of humor; being able to recognize humor as a coping mechanism and a family upbringing that modeled humor used in stressful situations. The second theme was the perceived benefits of humor in coping with sandwiched caregiver stress. This study opens the door to the applied benefits of humor for caregivers. If humor can be applied as an effective coping strategy,
caregiver burnout may be prevented, which could potentially optimize the relationship between caregiver and recipient, in this case between adult-daughter and parent.

Discussion

Given there is stress that is associated with caregiving in general, when sandwiched between caring for a chronically ill parent and young dependent children that stress is compounded. Therefore it is important for researchers to identify strategies that caregivers may use to prevent caregiver burnout associated with their caregiving responsibilities. This study identified the unique combination of responsibilities and burdens experienced by sandwich caregivers and how they are using humor to cope with those burdens.

The benefits of humor were well articulated by the participants and aligned with previous research. The participants expressed numerous psychological benefits of humor and laughter including a decrease in feelings of fear, stress and anxiety keeping in alignment with previous research (Abel, 2003; Bennett, 2008). Participants in this study also echoed the belief that humor has been found to be one of the most effective and healthy ways to keep minds balanced and stressful responsibilities in perspective (Parrish & Quinn, 1999; Thorson & Powell, 1997; Vilaythong, Arnau, Rosen & Mascaro, 2003). Similarly, the participants in this study readily described the ability of humor to relieve stress and to help keep a positive perspective on life. Nikki referred to the importance of laughter as being her pick-me-up that leaves her feeling refreshed. Although these sandwich caregivers love their parents and their children, the stress is overwhelming and they have found that humor will allow them to forget momentarily about the stark reality of their current caregiving situation.

In accordance with the research, one of the biggest issues expressed by these women in caring for elderly parents and children is stress (Dwyer, 1994; Stoller & Pugliesi, 1989). Through qualitative analysis, the factors influencing humor use were identified. This finding is important due to its numerous implications. As Ann put it, “A woman puts the weight of the world on her shoulders and carries all of the guilt and stress with it, never stopping to ask for help or to wave the white flag. Being able to laugh when things get tough is the easiest thing we can do to cut through that stress for ourselves and our kids.” An understanding of these factors could promote future research in this area, with the aim of determining how health care workers could go about fostering these qualities within caregivers. Also, understanding how these women are using
humor to cope and their perception that using humor is an effective means of coping with their caregiving stress could potentially be facilitated through the development of appropriate humor interventions. Amber, who now works part-time as a sales rep explained that her satisfaction in life and her sense of self-esteem prior to becoming a mother and a caregiver to her own mom was directly linked to her career. “At the end of the day, when my son is asleep tucked into his warm bed and I have met all of my mom’s needs for that day, I can look myself in the mirror and feel a real sense of purpose. It’s not about being tops in sales, it’s about caring for and loving someone else that you realize who you are.” Amber expressed what research has shown that through caring for others, the caregiver builds self-esteem and self-efficacy as she sees herself as the one who has something to give and making a contribution to the wellness of humanity (Chappell & Dujela, 2009; Doress-Worters, 1994).

In alignment with previous research on stress being linked directly to psychological distress, these participants agreed that humor acts as a buffer for an individual against the negative effects of stress (Abel, 1998; Parrish & Quinn, 1999). These study help to verify previous research regarding humor as one of the most effective and healthy ways to keep minds balanced and stressful responsibilities in perspective (Parrish & Quinn, 1999; Thorson & Powell, 1997; Vilaythong, Arnao, Rosen & Mascaro, 2003). Being able to laugh at a situation instead of feeling defeated, allows one the ability to pull on an inner strength that gives back hope in what would otherwise appear as a hopeless situation.

The findings in this study correlate with other studies that a sense of humor is a major component of high-hope individuals (Parrish & Quinn, 1999; Thorson & Powell, 1997; Vilaythong et al., 2003). Having a positive perspective on life and the ability to recognize the positive aspects of any situation, as opposed to focusing on the negative will positively affect psychological and physical well-being. As previous studies have shown, lightheartedness is a necessary component in dealing with difficulties associated with stressful life events such as caring for children and elderly parents simultaneously (Thorson & Powell, 1997; Vilaythong et al., 2003; Hoppel, 2011).

This study was intended to serve as a starting point for a dialogue in the area of humor as a coping mechanism for sandwich caregivers. Although it affirms the effectiveness of humor in this particular population, more research is necessary. Further research could explore what role, if any, health care providers could have in facilitating the use of this particular coping
mechanism among their patients and their patient’s families. This study identified a plausible link between the use of humor in coping and a positive perspective. Although a positive perspective on life may intuitively be connected to humor, there has not been a great deal of research explicitly defining this relationship. Further research in this area is warranted in order to gain a better understanding of humor as a coping mechanism.

Conclusion

This study regarding humor as a coping mechanism for sandwich caregivers provides a good starting point for a dialogue for future researchers to investigate further the benefits of humor for women in the sandwich generation. By adding to the literature regarding coping strategies, the hope is to prevent caregiver burnout, prolong a healthy parent-child relationship, create a positive family upbringing for the young child and to optimize patient care. This study revealed that humor is effective in assisting women in the sandwich generation to cope with their caregiving responsibilities for their parents and children.
Appendix

MIAMI UNIVERSITY
INFORMED CONSENT

HUMOR AS A COPING MECHANISMS IN CAREGIVER STRESS

As a woman in the “sandwich” generation experiencing multiple roles of caregiving, you are invited to participate in a project conducted by Lori Horstman (Miami University). Miami University requires that you give your agreement to participate in this project. The following information is provided to help you make an informed decision whether or not to participate. I am interested in learning more about how you handle your multiple roles and manage your stress. I am specifically interested in learning if you use humor as one of your coping mechanisms and if so, how.

Interviews will be conducted by myself. Interviews will take place one-on-one via the telephone or face-to-face in a location of your choosing, and are anticipated to last between 1 ½ and 2 hours, and will be digitally recorded and transcribed. Once your interview is transcribed, the recordings will be erased and the transcriptions will be kept in a secure location.

All identifying information about you (name, age, address, etc.) will not be linked to your interview transcript in any way. Rather, you will be identified using a pseudonym in order to protect your privacy. The information generated from this project may be presented at local or national conferences and published in academic journals. Your participation is completely voluntary and there will be no penalties to you if you choose not to participate. If you have questions about the study, desire information in the future regarding your participation, or have concerns about the study in general, please contact:

Lori Horstman
Graduate Student
Family Studies & Social Work
(937) 545-3339
Horstml2@muohio.edu

Also, for questions concerning your rights as a research participant you may contact:

Office of Advancement of Research & Scholarship
102 Roudebush
Miami University
(513) 529-3600
humansubjects@muohio.edu
In order to indicate your willingness to participate, please sign below:

*I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from it. I hereby agree to participate in this project. I acknowledge that I have received a copy of this consent statement. I am 18 years of age or older.*

__________________________________________  __________________________
Participant’s Signature                      Date
Interview Guide

1. Can you describe to me what your typical day is like?

2. How many children do you have/ages?

3. How old are your parents? What is their current health?

4. Do you work outside the home? How many hours a week? What do you do?

5. Initially after discovering your Mom/Dad could no longer care for themselves what were your first thoughts?

6. Upon realizing that the best course of action for your parents was to move them in with you, what were your initial concerns?

7. What if anything would you change about this situation if you could?

8. Do you schedule time for yourself each week? How often?

9. What things, if any, do you do just for yourself each week?

10. How would you describe your outlook on life?

11. Can you describe a time for me when you just felt so overwhelmed and yet you found the humor in the situation? What was that like?

12. Do you find yourself trying to look for the bright side in stressful situations? Can you give me an example?

13. Can you remember a time when you and your parent just broke down in laughter together? What was happening at the time?

14. Do you often use some form of humor or sarcasm to describe your day? Can you give me an example?

15. When you use humor to face a situation, how does it make you feel?
References


