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The Humour between Professionals in Hospitals

Categorising, dominating and managing the situation

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Abstract

Risata, concetto sfuggente, in qualche modo intangibile e fugace, non è stata ancora adeguatamente identificata ed è a malapena considerata degna di essere studiata negli ambienti scientifici. L'umorismo è uno strumento di analisi per il lavoro e le relazioni professionali, e le pratiche umoristiche dovrebbero sempre essere analizzate nel loro contesto. In questo articolo evidenziamo l'uso dell'umorismo tra i chirurghi professionisti e l'importanza di certi tipi di umorismo professionale ricorrente, in particolare, l'umorismo salace.

Laughter, elusive, somewhat intangible and fleeting concept, has still not been properly identified and is barely considered worthy of research in scientific circles. Humour is an analysis tool for work and professional relations, and the different types of humour should always be characterised, and these humorous practices should always be viewed in their context. In this article we are highlighting use of humour amongst professional surgeons and the importance of certain types of reoccurring, professional humour – salacious humour in particular.

Parole chiave: humor, chirurghi professionisti, strumento di analisi

Keywords: humor, professional surgeons, analysis tool

"*Tell me if, how and why you laugh, at whom and what you laugh, with whom or about whom you laugh and I will tell you who you are*"[1]. This was the research programme on laughter that was proposed by Jacques

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[1] J. Le Goff, *Une enquête sur le rire*, in «Annales», 1997, vol. 52, n. 3, p. 449.

Le Goff in 1997. It was a vast project on a subject on which there are still very few empirical studies. This is because laughter, this elusive, somewhat intangible and fleeting concept, has still not been properly identified and is barely considered worthy of research in scientific circles. However, treating humour as an independent subject means breaking away from the evidence provided by psychology – which was the case when suicide and anorexia were analysed – and suggests that philosophy, psychology and theatre are not the only legitimate disciplines able to deal with comedy and humour. In fact, it is possible to propose a sociological approach to the use of humour by exposing the presence or absence of humorous content in interactions ("*tell me if you laugh*"), by defining how it is used ("*tell me what you laugh about*"), by examining the social characteristics of those who use humour ("*I will tell you who you are*") as well as the patterns and contexts which encourage people to laugh or not to laugh ("*tell me who you laugh with*").

The research programme proposed by J. Le Goff could have resulted in questionnaire-based surveys examining our relationships with humour according to the social class, sex, or even the profession of respondents[2]. But it must be stated that, up until now, observation has been the preferred method for gaining insight into its use, especially for those who observe humour *in situ* in the workplace, and not how comical works are received. We are also relying on these studies and will examine them here.

[2] Of course, you can expect that surveys on the different types of humour (cynical humour, salacious humour and good-natured humour…) used by men and women, by workers and by members of management, by the young and by the old, etc., are conducted in the same way as the studies regularly conducted on cultural practices or sport. Therefore, it is about questioning the respondents to find out if certain types of jokes make them laugh, or not, and with whom they share this enjoyment. It is equally possible to try and retrace the social origin of these types of humour by exploring if their parents use humour, what type of humour they use and if the humour they share is gender-orientated, or not. On the one hand, the aim could be to obtain numerical data regarding the efficiency of the principle of social stratification when examining what makes people laugh. On the other hand, the aim could be to obtain data on the role that the variable gender plays (for example, the question of the existence of a female laugh, with its particular characteristics; marital issues linked to humour; etc.). This survey could make it possible to categorise humour's different audiences and to produce statistics on laughter as it is an equally important, key element of the informal order of interactions (it suffices to observe the role of laughter in different parts of everyday life – at work, with the family, etc. – and not just when it appears for cultural reasons). The goal of the two pursued objectives will be to impose a method that is not very well known and that is apparently subject to the changing nature of humour. This will be achieved by identifying the overall sociological trends highlighted in the survey.

Thus, sociology resorts to qualitative studies to address the issue of humour. And, once again, it should be noted that this is usually unintentional[3]. This elusive, barely recognised subject, humour, is always found at the periphery of the research topics studied by sociologists. However, the few works which have addressed the issue of humour in qualitative studies – whether this be the analyses of Norbert Elias in the case of Mozart (1991), that of David Lepoutre for young people in the banlieues (1997), or even Stéphane Beaud in "*affolage*" [the act of panicking], or the destructive humour of Younes (2004) – have yielded interesting results regarding the different worlds that their respondents belong to, their relationships with the rest of the world, with others and with themselves. They showed there was a practical way to study the use of humour *in situ.* Equally, we are drawing upon the benefits of observations taken over a long period of time[4], which ensure minimum interference in the situation and enable you to discretely observe the natural progression of interactions. This is how we have observed the humour[5] of professional surgeons. To be more

[3] However, it is possible to identify two sociological theories dedicated to humour: that of Laure Flandrin, developed from the semi-structured interviews she conducted, and that resulting from the survey conducted by Alban Chaplet. Laure Flandrin examines humour as a subject through situated analyses of the cultural reception of comical works. In this way, she tries to address the similarities between the social traits of people who laugh and the schematics of the situations which make them laugh. She notes that the type of humour acts as a cultural support mechanism, which constantly maintains gender norms. The laugh is still seen as an overwhelming display of masculinity, which expresses the power to break the natural order. She also shows how laughter creates a distinction between the different classes in society (Flandrin, 2011). Alban Chaplet takes a three-pronged approach to examining the social factors behind the development of a person's sense of humour. He developed a social history on the origins of the development and spread of humour across France. In addition, he created a map highlighting the different poles of humour and the driving forces behind them (Alban, 2012). He also produced sociology on sense of humour and on the trends in the reception of comical works in order to answer this question: "what are the social factors which create your sense of humour"? He proposes the theory of a "field" of humour at the heart of which two poles that may form your sense of humour co-exist. There is the economic pole on the one hand, and the artistic pole on the other. In this way, a principle of "structural homology" would explain the relationship between the production and reception of humour.

[4] The field research took five years (Zolesio, 2012). This analysis is based on ethnographic data from six work placements with different surgeons and on around sixty semi-structured, biographical interviews with surgeons from both sexes.

[5] As Bernard Gendrel and Patrick Moran rightly wrote, «the conversation about humour is riddled with pitfalls. The history of the term is (…) troubled and chaotic. As a result, the concept is often extremely unclear and the many different approaches in philosophy, literature and psychology amongst others, mean that the word "humour" has almost as many different meanings as it does critics». Defined as a "*state of mind which manifests itself to highlight the*

precise, the original aim of our study was not to observe the use of humour amongst professional surgeons (which once again demonstrates the legitimacy of and the existing evidence for certain subjects in relation to others) but through our observations we were struck by the importance of certain types of reoccurring, professional humour – salacious humour in particular. This is what led us to gradually begin to treat it as its own subject and to focus on its more elusive forms.

In light of our findings in the surgical field, we will show that not all humour is the same, to be considered absolute, as if it needs to fulfil a function *a priori*. On the contrary, we will show that it takes on many diverse forms, which should also be contextualised in order to examine the function(s) it fulfils and how it is used by actors in a situation. Here, we are interested in the humour between professionals and not in the humour between professionals and patients[6]. These types of humour in no way exhaust the diversity of the jokes exchanged in hospitals, in particular not the humour exchanged between doctors and their patients. Here, we are highlighting three issues with the different types of humour exchanged between professionals in hospitals: humour about other specialists is a way of distinguishing themselves from others and of positioning themselves in relation to others; in turn, salacious humour could potentially be a way to dominate women or to engage in jokes in a predominantly male environment; black humour could also be a way to control yourself and to control other people's opinions of you when dealing with delicate situations.

comical, ridiculous, absurd or unusual characteristics of certain aspects of reality" by Larousse, le Littré highlights that the origins of the English word signify "*the playfulness of the imagination, the comedic vein*". It is in this very broad, ordinary sense that we use the term, which we are thus naming situational humour; that is to say, the combination of the processes (verbal or non-verbal, intended to ridicule or express irony…) aimed at making people laugh or smile. This is the definition most commonly cited by most people. This is the definition given by the doctors at the hospital during our field research.

[6] For more on this subject, you can refer to the contributions of Hélène Marche (2008) and Irène Maffy (2010) for example.

1. When you use humour, you are positioning yourself in relation to others

1.1. Stigmatising other departments and playing games to mutually undermine others

As one way of objectifying the varying of degrees of legitimacy amongst doctors, professional humour, and how these professionals perceive humour, are worth analysing. In the same way that Bernard Lehmann did not openly enquire about the hostilities within the orchestra, but perceived them through the members' jokes, "l'orchestre vu par les cordes" ["the orchestra seen from the strings"][7] or "l'orchestre vu par les vents" ["the orchestra seen by the wind instruments"][8], you can see how a group of specialists perceives another group of specialists in hospitals. In fact, from our previous field research, it transpired that aphorisms, sayings, riddles and other forms of humour were frequently used to stigmatise other specialists. For example, the surgeons I interviewed were not shy about saying the following about doctors: "*The doctor speaks and the surgeon acts*", "*doctors prefer talking and avoid bodies, the surgeon deals with the bodies and dislikes talking*", "*the surgeon is not an intellectual who spends their time masturbating* [implying that a doctor is]", "*oh, doctors and their deep thoughts!*". They are sarcastic towards anaesthetists: "*human coffee machines*". These expressions challenge classic stereotypes of medical professionals and clearly establish different degrees of legitimacy between action and reflection/discussion, between surgical specialities and other medical specialities. Incidentally, these aphorisms are sometimes defended and justified by the respondents during interviews.

Esther Paffiot[9] (visceral surgeon, head of the department, 38 years old):

«*What I mean is that I cannot see myself working as a doctor, for example. It has a side that involves much too much thinking for my liking. Whereas in surgery – in visceral surgery at least because orthopaedic surgery is not the same thing at all – you take an intellectual approach. Which is quite specific to visceral surgery, which is interesting. Because there is a whole process to go through before arriving at a good diagnosis. Eh… that is the first thing. And secondly, there is the practical side to it. I mean that, once you have the diagnosis or you are near to a diagnosis, you can*

[7] Lehmann, 2002, pp. 167-181

[8] *Ibi*, pp. 181-191.

[9] All the names of respondents have been anonymised.

expect to solve the problem quickly. And, in contrast to medicine, to put it in context, you don't reach a diagnosis by requesting a series of additional tests and then simply wait for the results of these tests before you are able to recommend a treatment. That's it really».

Furthermore, a number of publications on other medical specialists reveal similar results and would lead you to believe that many medical practitioners play games intended to mutually undermine each other[10] Thus, medical discourse mirrors surgical discourse with regard to the relationship between action and reflection, but from the opposite point of view: "*The doctor must be intelligent, the surgeon only needs to be nimble-fingered*"[11]; "*What makes a bad doctor? A surgeon*". Faced with the surgeons' lack of respect and their anti-intellectual attitudes towards them, anaesthetists frequently refer to themselves as "*the brain*" behind surgical operations, since they are placed at the patient's head, whereas the surgeons are referred to as "*the hands*". Thus, through the jokes told in hospitals, you can determine how specialists position themselves in relation to others and how they discredit their fellow co-workers. "*Affect de position*"[12] [The effect of status]. In this way, laughter can also be used to reinforce and reveal the social identity of actors who use it against their fellow peers or their rivals. It serves to mark a distinction between their similarities and to mark the small differences within one speciality.

1.2. Humour – a distinctive practice used to highlight the subtle differences

Jokes, quips and other humorous jibes are just as often directed towards professionals within the same speciality. However, such practices are only used by some to mark minor distinctions between themselves and others. This is their way of demonstrating their uniqueness – and thus their implied superiority. In this way, gastrointestinal surgeons mock the "*doll house tools*" used by cosmetic surgeons, claiming that they, the surgeons who make real incisions, have the tools for "*major surgery*", which is more important. Once again, the gastrointestinal surgeons treat the orthopaedic

[10] Y. Faure, *L'anesthésie française entre reconnaissance et stigmates*, in «Actes de la recherche en sciences sociales», 2005/1-2, n. 156-157, pp. 98-114; C. Hardy-Dubernet - Y. Faure, *Le choix d'une vie*, rapport de la Dress, 2006; J.-C. Sournia, *De la chirurgie*, Paris, Privat, 1998.

[11] *Ibi*, p. 78.

[12] L. Flandrin, *Rire, socialisation et distance de classe. Le cas d'Alexandre, «héritier à histoires»,* in «Sociologie», 2 (2011/1), pp. 19-35.

surgeons as "*mindless henchmen*", "*handymen*", "*jacks-of-all-trades*" or as "*repair men*". Whereas, when it comes to visceral surgeons, it is about comparing the complexity of their operations to the "*biblical simplicity*" of providing diagnoses as an orthopaedic. It is also about changing the perception that gastrointestinal surgery is inferior, "*unclean surgery*"[13] that is not very lucrative compared to orthopaedic surgery, which is deemed more legitimate, lucrative and "*cleaner*"[14]. Moreover, following Anne Cassar's example, the respondents did not hide their lack of respect for other surgeons, highlighted in the nicknames they give to them. Other surgeons were presented as being very different to them, even though as we have seen, they were able to unite themselves through jokes when they wanted to direct their insults towards doctors instead.

Anne Cassar (visceral surgeon, 38 years old, married to an orthopaedist):
«Using the hammer and saw is alright for some! (laughs) I couldn't do it; I would feel like I was doing DIY! But I really found it… (sighs) it was, it was a very rudimentary form of surgery. It was… it was primitive. I feel a certain lack of respect for orthopaedic surgery because it doesn't require you to think… If you think about it… you don't have… to question the diagnosis. It's either broken or it's not broken. Orthopaedics isn't very complicated. So, after all, it really is… it's just like DIY if I'm being honest… You will fix nails (laughs), you will saw, you will… Honestly, I find it… Honestly, I found it… I got the impression that it's doing a mechanic's work! (laughs) I swear, I really felt like a mechanic. And well the femoral stems all look alike; they're all the same. So, orthopaedics… well, after I found out that it was so crude, it was… you don't even properly use your hands. You can't put your hands on the… because it is no contact surgery».

Hence, jokes about other specialists are used by professionals to position themselves and to confirm, more or less explicitly, the superiority of one practice over others. It has also been seen that humour can be used to reassert power relations and domination in mixed-gender relationships or in the interactions between practitioners from different generations or with different rankings.

[13] In reality, gastrointestinal surgeons who perform colorectal surgery, are frequently required to handle faeces, which implies they are as impartial to strong smells as they are resistant to infections.

[14] Orthopaedic surgery is considered as "*no contact*" surgery since these surgeons are obliged to perform their work using intravenous instruments to ensure they do not directly touch the patient. This is to avoid the risk of contracting bone infections. As a result of this specific practice, orthopaedic surgeons are often told that they operate "grand surgery".

2. When you use humour, you do it to dominate others

2.1. Humour as a reminder of engrained domination

In surgery, we were able to observe that senior practitioners frequently directed their humour at their subordinates, the young externs or interns in training. The type of humour observed, or reported by the interns, was either sexist or a blunt objectification of their status as subordinates. This is how Frédéric Nodat, who never ceased to "overwork" his extern, would start on him, mockingly, after having explained details of the operation: "*Charles, do you understand that even though you are an extern?*" Later on, during the surgical operation, Charles resumed the joke himself and said, "*Yes, but I only have the brain of an extern!*" Frédéric Nodat, Assistant Clinical Manager, is especially used to directing these types of disrespectful jokes at his subordinates. This is how he addressed the ward sister, by mocking a general duty nurse who had just made a remark: "*Do you recruit them on the basis of IQ*?": a quip intended to amuse his audience. An ENT surgeon, Charles Masson, dedicates a strip of his comic sketch *Bonne santé* [translated as *Good Health*!] to this supposedly humorous abuse, which can be very humiliating for the interns (see the illustration in the appendix) as it is generally done in front of the public. These condescending jokes should be considered according to the role they play in the social hierarchy, which allows them to cross lines (by coming across as friendly) without their role being called into question, as with the aristocrat who taps the groom's cup and about whom people will say "*il est simple*"[15]. Everywhere we go, we are constantly reminded of the social hierarchy under the guise of humour. The senior surgeons stated that the reason for these jokes is to "*challenge the interns about their shortcomings*" and to "*toughen*" them up. It must be noted that the interns learn to handle these retorts, how to own these jokes, just as Charles did in the previous passage, and they learn to enjoy themselves despite the presence of onlookers.

(Canteen in Centre Douste, first day of observation).
«After the meal, Patrice, a hospital practitioner, asked me if I would like a coffee. He said that he would go and get us some. Guillaume, the intern, reacted by saying: "Leave it, that's usually the intern's job!" *Patrice made a remark like:* "precisely" *(as if to say that he didn't want to make a bad impression while I was there). Guil-*

[15] P. Bourdieu, *Ce que parler veut dire: L'économie des échanges linguistiques*, Fayard, Paris 1982, p. 131.

laume enjoyed telling me that, from the very first day, he was told that it was up to the intern to fetch the coffee: "It is still very hierarchical. But it doesn't matter; it's only a game. It's normal. It's the same everywhere. So from the very first day, people would tell him if they wanted a strong or a weak coffee". *He always fetched the coffee for his co-workers during his six-month internship».*

As the sociologist Jacqueline Frisch-Gauthier has already highlighted, it is, however, not clear how these subordinates, who support their superiors, genuinely react. In fact, they use code words to say what they really think and to relieve the tension in uncomfortable social situations. Another way in which interns react to this abuse of power by their superiors is by sharing jokes about them with other interns. «The laughter is not directed at all of them, but is aimed at particular individuals. The enthusiasm is greater the more authority the targeted individual has (…). It's the anonymity which enables this bravado and this expression of feelings which are normally not expressed»[16]. This is how several department heads are mocked by the interns for how they exercise their authority and how aspects of their personality earn them nicknames such as "*the Ayatollah*" or "*the Tyrant*". Any other big shot who takes themselves too seriously is nicknamed "*God*" by the students. This is a way of sharing the burden of the hierarchy weighing on them together. Thus, the bonds between fellow peers is clearly a collective defence strategy against the authoritarianism of the senior staff.

2.2. Humour as a reminder of masculine domination

The salacious humour, currently practised by gastrointestinal surgeons[17], was a way for the male surgeons, to reassert their dominant status with regard to female surgeons through their interactions at work. They were reasserting their status in a "*masculine*" profession, which is seen as superior to other, more feminine professions (nurse, anaesthetist)[18]. Salacious humour in the operating theatre is therefore a constant reminder of

[16] J. Frisch-Gauthier, *Le rire dans les relations de travail*, in «Revue française de sociologie», 1961, voll. 2-4, pp. 297-298.

[17] Women make up 10% of this speciality and the organisation of shifts means that they are often not only a minority, but also very isolated. You often won't find more than one or two women on shift at a time.

[18] E. Zolesio, *Des femmes dans un métier d'hommes: l'apprentissage de la chirurgie*, «Travail, genre et sociétés», 22 (2009/2), pp. 117-133.

social, gender relations. As a consequence, the gender hierarchy, which prevails in the operating theatre, continues to act as a symbolic reinforcement of the domination of this group of professionals over others[19]. Our field observations and interviews fully corroborate the few testimonies of the Swiss respondents reported by sociologist Magdalena Rosende that in surgery "*people are petty*" and that "*insults [directed at nurses] [are] still of a sexual nature*"[20]. The most scathing and sexist words can still be refuted and justified under the guise of humour (it is always possible to say that those who are offended did not understand that this was meant to be taken with a pinch of salt and to refer to their "lack of humour"), but their symbolic violence is no less real. Sexual and salacious humour also plays an effective role in ousting potential candidates from the trade who would not be sufficiently "hardened" and deemed fit to share male sociability. Most young interns decide to dismiss surgery from their choice of speciality at the residency stage due to the surgeons' extremely crude humour (as well as the high level of personal commitment demanded by the profession and the low attention paid to the relationship with the patient). Again, the ENT surgeon Charles Masson illustrates these methods of intimidation towards and distancing from interns who are judged not manly enough in his comic *Bonne santé!*[21] where he staged the masculine atmosphere and immature language in the emergency room in "La carapace".

Faced with these reports of intimidation and domination by their male colleagues, a large number of female surgeons are not left out and join in with the salacious humour to outbid, resist and assert themselves as the men's equals in these interactions. The ones that are well suited to this – quite a compliment in surgery – such as the "*women with balls*" perfectly master the repertoire of sexual and rowdy jokes, a repertoire with which they have sometimes been familiar from a young age like Denise Bourgain who grew up in "*the city in 93*" or Anne Cassar, whose uncle was very crude[22]. However, the weariness to which they testify after a few years of

[19] C. Hardy-Dubernet - Y. Faure, *Le choix d'une vie*, Rapport de la Dress, 2006.

[20] M. Rosende, *Parcours féminins et masculins de spécialisation en médecine*, op. cit., p. 193.

[21] (2005).

[22] E. Zolesio, *Des femmes dans un métier d'hommes: l'apprentissage de la chirurgie*, «Travail, genre et sociétés», 22 (2009/2), pp. 117-133.

facing these salacious and/or misogynistic jokes[23] summarises the symbolic violence that is attached to such practices, judged perfectly harmless by their initiators.

However, in order to not give the idea of domination a too unequivocal sense and subsume all the salacious humour under the same function practised in surgery, it is useful to distinguish the cases in which the sexual joke is clearly targeting a woman and in which cases they can participate in a more inclusive enjoyment of transgression or banter. It seems that jokes made in the presence of women and destined for women are a means of arousing discomfort or intimidating them, or are even an attempt at seduction[24]. However, it is also a response to the rise in homosocial relations in groups of men that we currently see with, for example, firefighters[25] police officers[26] or rugby players[27] even though these jokes are made only in the presence of their male colleagues. This continues to such a point that, if there is a woman in the group, she is practically forgotten and this prolongs the male-dominated social environment, just as in the following observation:

> *«(A13) At the table, Jacques (Intern, 25) asks senior surgeons if he "could do" (another way of saying operate on) a patient. Frédéric Nodat (ACC, 36) taps on the shoulder of Emile Ignacio (University Lecturer – Hospital Practitioner, 40) highlighting the crude meaning: "Jacques asked if he could do it". Dr Ignacio who didn't hear: "What?", Frédéric turns round again towards Jacques: "He's asking what way you want to take it". Following long salacious jokes establishing many connections between sexual discovery and operative pleasure, Emile Ignacio encourages Jacques*

[23] This is the same for jazz musicians confronted with the same types of jokes: "*In their thirties, although they say you should fight and always have a quick come-back, they also feel fed up with this type of relationship and of being too often perceived as whiners*" (Buscatto, 2007, p. 169).

[24] Although there is no statistical data that is sufficiently complete to assess the frequency of marriages between surgeons, and between surgeons and nurses, during our field research, we were struck by the number of couples thus formed. A quarter of our female surgeons were married to surgeons, and most of the time these marriages were characterised with large age differences between husbands and wives; young women who often worked with their spouses while they were their interns.

[25] R. Pfefferkorn, *Des femmes chez les sapeurs-pompiers*, «Cahiers du Genre», 40 (2006/1), pp. 203-230.

[26] G. Pruvost, *Profession: policier. Sexe: féminin*, Editions de la Maison des Sciences de l'homme, Paris 2007.

[27] A. Saouter, *«Être rugby». Jeux du masculin et du féminin*, Éditions de la Maison des sciences de l'homme et Mission du Patrimoine Ethnologique, Collection Ethnologie de la France, Paris 2000.

to develop this "curiosity", this "desire to explore"; essential qualities in surgery. He mentions a slight drawback to his sexual habits (referring to his recent trip to Thailand – the surgical team has no doubts about the fact that this was a sex tourism trip). Frédéric Nodat says that, on the contrary, it is very good, so Jacques sees the two extremes: the twelve-year-old girls in Thailand and the old ones here in the service. Emile goes one further and applauds Jacques' noble search to discover the differences in the "plasticity of the tissues". They elaborate on the fact that, when you see this woman, the aim is to intimidate the younger women (apparently the female patient would be "ravaged") enough to tell them that it is in their interests to try it and enjoy it too (I am the only one at the table with them…). One of them launches in with: "Well, I'm on duty tonight". This was well received. Apparently, the intern on duty tonight is a girl who is physically perfect… Regardless, Dr Ignacio says that they are willing to find problems in the department to convince her to come to Otolaryngology for her next internship as she chose ENT for her next placement… At no point do they glance at me to see my reaction. Everything happened as if I wasn't there».*

It is very clear in this excerpt the difference between the jokes made between men about an absent colleague compared to those intended explicitly for the attention of women present:

«(Shift with Antonin Poncet, 9th day of observation) In the locker room, Lionel (intern, 27 years old) is playing with a surgical mask when he tells me that in his previous internships he liked to put them on like a g string under his boxers, that he took it off in front of the nurses in the O.R. (he imitates them, who are all shocked at first, then amused). Sabine (Assistant Chief of the Clinic, 33, married to a gastrointestinal surgeon) is killing herself with laughter and said she loves this atmosphere!»

«(Ambroise Paré Shift, 8th day of observation, during the night shift). I am going to see Chantal Mondor (Assistant Chief of the Clinic, 31, married to a gastrointestinal surgeon) in her office to find out where I will be sleeping. She phones someone to take me to the resident doctor's room (Chantal sleeps in the bed in her office, leaving me the on-duty resident visceral surgeon's room). Crivoire (orthopaedic surgeon) answers the phone, whilst hanging up she tells me that "this guy is a sex maniac" (which I had already noticed in the break room, as he made as many sexual jokes as he possibly could). She says to me, he was "full of innuendos"… Finally, it is Jean-Philippe (intern in P4, on probation), who comes and accompanies me to the room. (…) But when we arrive at the door we don't have the code. So, Jean-Philippe calls Chantal to ask for the code. He says to her: "Thank-you for the gift! (Silence waiting for Chantal's response) Well yes, I have a charming young girl in front of me who is getting all red, she was beginning to wonder if she was going to have to sleep in my room tonight." He waits a moment, then smiles at me, confirming the joke».

Thus, sexual humour was used according to social relationships and the contexts in which the jokes were made, sometimes as banter related to uniquely male environments, sometimes as a form of male domination aimed at the exclusion of women. Contrary to an idea commonly spread among professionals and taken up by some sociologists[28], the contextualised observation of practices makes it possible to show that sexual and salacious humour in surgery is apparently not a way to release tension when faced with difficult situations at work. The psychodynamics of work reiterates this professional argument which eminently has reason to justify this transgressive behaviour on the part of surgeons (like construction workers), explaining these as collective male defence strategies to deal with the difficulties of "dirty work". But it is clear through observation that these crude jokes are never made in stressful or tense work situations, that they are made in different ways when in predominantly male contexts or in the presence of a female minority. But every time, it is more in the informal moments, in the times of relaxation and in everyday life that this kind of humour prevails – not in the context of encountering professional difficulties. The contrast with black humour, which is generally practised by surgeons in situations of emotional stress and operational difficulty, is in this respect quite informative. Therefore, analysing other classical forms of humour from the medical profession – like black humour – makes it possible to reveal other dimensions of the occupation, which are equally as important.

3. When you use humour, it is to control yourself

3.1. Controlling your emotions in work situations

Contrary to salacious humour, we have been able to observe that black humour was used in the various surgical services and in the operating room in the context of tension and emotional stress related to the professional activity itself. One could observe, as Renée Fox did, a "*mechanism used frequently by medical professionals and which consists of a fairly characteristic form of humour.*" Resulting from a mixture of irony, bravado and self-mockery, often ungodly, provocative and macabre, it closely resembles what Freud called "Galgenhumor" (black humour). *It is often*

[28] C. Dejours, *Souffrance en France*, Seuil, Paris 2000.

and more obviously expressed in situations where medical professionals are subjected to unusual or extreme pressure and is more particularly focused on medical uncertainty, the limits of medical knowledge, medical errors and side effects of surgical and medical interventions, or the inability to heal, sex and sexuality and, above all, death[29]. If surgeons learn as part of their professional socialisation to distance themselves from patients in order to protect themselves from the emotions that hinder them from performing their professional duties, then humour is clearly a means of managing this and distancing themselves from the patients[30]. This kind of humour is typically used when the death of a patient is imminent and, in this context, clearly works as an individual and collective defence strategy in the face of invading emotions such as punishment, guilt or stress[31]. For example, during a heavy duodenal pancreatectomy where the team of vascular surgeons find themselves having to sew the vein severed by accident by the operator Sabine Saran, the latter continues to use black humour. Thus, when she resumes the operation, she makes quips about the stool in the patient's colon saying that "*when the patients are afraid they shit*" and, concluding at the end of the operation in the operating theatre, she says "*better a hole in the skin than the skin in the hole*". Finally, to all those she then meets in the hospital corridors, she claims that "[she] *likes to kill* [patients]" when the outcome of the patient's death seems certain. On the one hand, black humour here seems to be a way of ensuring your emotions don't overwhelm you during the operation and to ensure they continue to control the situation in the operating theatre, but also as a way of not losing face in front of colleagues, who may have witnessed a mistake during the beginning of the operation. Therefore, it is not only to control your own emotions, but also to control the way other people think about you. Self-control thus appears here as intrinsically linked to other forms of control since one can identify their role in the group by self-control and control of their own emotions.

[29] C.L. Fox, *Forgive and remember: managing medical failure*, The University of Chicago Press, Chicago 1988, pp. 69-70.

[30] E. Zolesio, *Distanciation et humour noir: modes de gestion de la mort par les chirurgiens*, in F. Schepens, *Les soignants et la mort*, Erès, 2013, pp. 91-104. However, black humour also exposes the pleasure of transgression and is used as simple entertainment in the boarding houses' magazine and transgressive evenings (Godeau, 2007).

[31] C. Dejours, *Souffrance en France*, cit.

3.2. Relation to professional tasks and self-control

Humour can still be an indicator of certain aspects of professional practice and of the professional's attitude to their tasks. It is notable, for example, that sexual and salacious humour is ever present in gastrointestinal surgery, but that it is totally absent from a surgical specialty such as ophthalmology. What is apparent, besides the difference between the number of women in the two specialties (10% for gastrointestinal surgery, 49% for ophthalmology), is also the material dimension of the operations and the two specialties' different relationships with different parts of the body. In gastrointestinal surgery, the patient is often naked in the operating theatre and in the consultations, whereas it is totally covered in ophthalmology. Surgical procedures of the anal region, for haemorrhoids are very common for gastrointestinal surgeons, which often lead to jokes about the patient's physique, how it looks or the size of the patient's penis.

> *«(Shift in the Operation Room with Antonin Poncet, tenth day of observation) Professor Petit is speaking to Chloe (intern, 25) and Sabine Sigaud (ACC, 33) regarding a patient on the operating table. "I shouldn't say this in front of you but this man's anus is gaping, it's like he's been sodomised all year long».*

> *«(Shift in operating room with François Quesnay, third day of observation). The patient, who is already anaesthetised, is lying on the operation table for cholecystitis. Anne Cassar (freelance practitioner, 38) "prepares" him (betadine brush, laying surgical prep mats…). The patient has a massive penis. It goes up to his belly. Anne moves it in order to apply cream to the patient and puts it back in place several times but it slips, limp, and returns to his belly. Anne gives the nurse in the operating theatre a knowing look. She ends up taking a compress to handle it and asks for a piece of tape from the passing nurse to hold it down once and for all. Who says: "Even asleep, you have an effect on him!" She replies saying no, he was already like this before she prepared him, unless it was the instrumentalist who made the good impression».*

Sometimes the surgeon also makes jokes about what they're doing and their gestures, emphasising the erotic, symbolic ways they could be interpreted, in anticipation of the comments that the observers might make. The surgeons' distance from their role, described by Erving Goffman[32] (1961), seemed to us to be particularly prominent in[33] gastrointestinal sur-

[32] E. Goffman, *Asiles. Études sur la condition sociale des malades mentaux et autres reclus*, Éditions de Minuit, coll. «Le Sens Commun», Paris 1979 (1961).

[33] Whereas surgeons from other specialties pointed out that these distances to the humorous role were not noted in their specialty.

gery. It was as if it were the way for the surgeons to endure the embarrassing and/or unrewarding aspect of operations, which requires them to handle the faecal matter and the genitals of the patients in the presence of their colleagues.

«(Operation room in Centre Douste, first day of observation). Patient in lithotomy position. Professor Vidal and his intern both walk past the patient's legs. The professor makes the first remark of disgust: "Ah, what a horrible sight!". I understand that it is because the prep mat is covered in liquid crap, of a yellow-orange colour (actually, I find it quite sickening as well). The intern goes to the other side and makes the same assessment. They ask me if I also want to see the other side. I walk behind the intern, but quite frankly I felt reluctant. So, they ask me to go a little closer. I move very carefully towards the instrument table and they smile, saying that there is frankly no need to be anxious (there is no risk of asepsis). The professor dirties himself, getting loads of "poo" (sic.) on his coat. He exclaims: "20 years to do this job and you have your hands in shit!" and acts offended. He changes immediately (while he is not needed in surgery)».

«(Shift in operating room with Ambroise Paré, fifteenth day of observation). Enema of a proctological dressing34: Frédéric Nodat (Assistant Head of Clinic, 36 years old) sprays the "arsehole" with a syringe of betadine, (the cut "bum" therefore wider) and "plays" with the flow and angle of the syringe. He turns towards me, happy with his game (and the attached sexual connotations)».

Note that we only observed these attitudes from male surgeons. The link with nudity that is more specific to certain specialties than others, and between men and women, is visible through the analysis of humorous acts and other language jokes in the operating room. Humour proves to be an indicator of some material aspects of practice (the nudity of the patient in some specialties rather than in others, the observation of third parties in the situation) but also the ratio of professionals according to their social traits (meaning here the gender of the practitioner).

[34] These very first field notes (the first days of the first observation phase) attempt to categorise the operations according to what I heard ("Proctological dressing", or "arsehole" as it was more commonly known) and according to what I saw and what I clumsily categorise due to a lack of mastery of medical terminology ("enlarged arsehole"). In rereading these notes, it was to be a "G.G. dressing", that is, gaseous gangrene, an illegitimate and very fast operation (which barely took fifteen minutes here).

Conclusion

If humour is an analysis tool for work and professional relations, then the different types of humour should always be characterised and these humorous practices should always be viewed in their context (who uses it? in what situations? in whose presence? for whose attention?) in order to identify the actual function it performs rather than presupposing them *a priori*, and for all types of humour, according to a completely functionalist logic. Indeed, «functionalist approaches that struggle to identify the purposes – redundant in themselves – of laughter prescribe more than they describe in the situations that the ethnographer observes». «In addition, these approaches often restrict the understanding of laughter to formal and ritualised jokes, without relocating them in the continuum of playful or light social interactions that surround them; therefore they exclude retorts and series of words, which rely on the situation to cause laughter»[35]. The diversity of relationships involving jokes and the richness of the social issues that are played out through the exchange of humour always deserve to be considered carefully and in the correct context. The analysis of the patterns appears ever indicative of certain aspects of practice and working situations. Indeed, it is significant to mention that all the acts of humour that we have identified in this article, which relate to issues of distinction and reports of control or management of professional situations, have been made in the presence of professionals, not in front of or with patients. They fall behind the scenes of the surgery[36], and it is indeed the lack of integration of the patient in these situations where humour is used which indicates that we are dealing with a professional humour, with issues specific to the working environment. It remains to study the biographical trajectories in the long-run by following cohorts of applicants to see how this professional socialisation takes place with regard to humour, how idiosyncratic inclinations develop towards such or such a form of professional humour according to the social characteristics of the actors, and how and to what extent this socialisation with professional humour is based on previous socialisation (especially family and friends) in this matter.

[35] G. Mainsant, *Prendre le rire au sérieux. La plaisanterie en milieu policier*, «Les politiques de l'enquête», 2008, p. 118.

[36] E. Goffman, *La Mise en scène de la vie quotidienne*, t. 1, *La Présentation de soi*, Éditions de Minuit, coll. «Le Sens Commun», 1973; Paulo, 2011.

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