

:DESIGNING HUMOR — EMPLOYING HUMOR, WIT, AND PLAY
AS A STRATEGY TO ADDRESS SERIOUS ISSUES

by

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A thesis submitted to the Graduate Council of
Texas State University in partial fulfillment
of the requirements for the degree of
Master of Fine Arts
with a Major in Communication Design
December 2019

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DEDICATION

To Mom and Dad, thank you for being supportive of my creative side, even if at times you didn't understand it. I appreciate your willingness to allow me to pursue my creative endeavors ... so long as it pays well.

ACKNOWLEDGEMENTS

I would like to thank my thesis committee for all their support. Teri Evans-Palmer, thank you for your interest, wealth of insight, patience, and positive comments and conversation. Christopher Visit, thank you for giving me permission to be myself and inviting me to inject it into my work. Grayson Lawrence, thank you for teaching me how to study, research, and leverage my strengths.

I would also like to thank Jeff Davis for embodying how to employ humor in your own life and work as well as pursuing the type of designer you wish to be. Christine Haney, thank you for your countless hours of support, smiles, and always being there when I needed. Claudia Röschmann, thank you for always pushing, challenging, and sharing the perspective of the global design community.

Lastly, I would like to thank Kiel Colon Cancer and all the interviewees for their openness and willingness to share. I appreciate and value your trust and hope this body of work can aid others in the future.

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ABSTRACT

Throughout the history of communication and design, wit and humor have been effectively used to create meaningful messages that promote products and ideas. This thesis seeks to identify the benefits of humor, wit, and play, and how they contribute to messages designed for raising community awareness, specifically around issues commonly deemed as serious or unfunny.

This case study looks at humor as a communication tool, a strategy to convey ideas in memorable ways. To demonstrate the viability of humor as a strong communication technique, a “serious/unfunny” issue was selected to test this concept. Through desktop research, interviews, and user focus groups, a campaign was developed to raise awareness of the increasing risks of colorectal cancer to young adults. This text details the research and development of this campaign as well as the positive and negative results after its implementation.

I. INTRODUCTION

Defining Humor

Humor: The quality of being amusing or comic, especially as expressed in literature or speech; the ability to express humor or make other people laugh.

(Oxford English Dictionary)

Humor: The mental faculty of discovering, expressing, or appreciating the ludicrous or absurdly incongruous: the ability to be funny or to be amused by things that are funny.

(Merriam-Webster Dictionary)

Humor, wit, and play can be seen in every aspect of daily life, from entertainment and news, in workplace and social engagements, and on advertisements and everyday products. In contemporary society, technology enables humor to be found at the touch of a button, and today it is regularly sought out (Jennings, 2018; McGraw, 2011).

Evidence of humor can be found in every culture, each with its own context and sensibility, it is an innate part of the human experience (McGraw, 2011). For example, the world's oldest "Yo Momma" joke is 3,500 years old. A tablet discovered from ancient Mesopotamia (modern day Iraq) includes a series of riddles and jokes about sex, politics, and beer (Jarvis, 2012). In Japan during the 1840s Edo period, a scroll titled *He-Gassen* (Fart Battle) was created depicting a variety of men and women exposing their rear ends and blasting air/gas at soldiers, animals, and one another (see Figure 12, p. 44). Scholars speculate this was a commentary on political and social change as foreigners began to enter the country en masse (Crow, 2015; Waseda University, 2014). All humans laugh, infants begin to smile within the first few weeks after birth and begin laughing within four months. Even those who have been deaf all their lives, and have never heard

laughter, still make a sound when laughing (Makagon, Funayama, & Owren, 2008).

Humor and Communication Design

Throughout the history of communication and design, wit and humor have been effectively used to create meaningful messages that promote products and ideas. This thesis seeks to identify the benefits of humor, wit, and play, and how they contribute to messages designed for raising community awareness, specifically around issues commonly deemed as serious or unfunny.

What is the Value of Humor, Wit, and Play?

The analytical observation of humor is not a new area of study. Professionals from a myriad of disciplines have scrutinized and explored humor to better understand its value. The following paragraphs will cover the multitude of benefits that humor offers. For the sake of brevity, the use of the term “humor” will include instances of “wit” and “play” as they pertain to examples regarding humor, wit, and play.

Benefits of Humor

There has been extensive research on humor and its benefits to both individuals as well as groups. Studies have shown that employees are more productive in a fun working environment (Breeze, Dawson, & Khazhinsky, 2004) and those with a sense of humor tend to have less stress than others facing similar circumstances (Abel, 2002). Humor can also build resilience to stress and help prevent “burnout” (Talbot & Lumden, 2009). It can also be used as an effective motivational tool to boost morale and create a positive atmosphere (Avolio, Howell, & Sosik, 1999).

Cognitive Benefits

Humor also improves cognitive thinking skills, and even releases serotonin in the brain, improving the ability to focus and process information (University of Missouri-Columbia, 2007). Individuals with positive moods tend to be more adaptable and meticulous when making decisions (Dishman, 2013). Problem-solving that employs humor within the process can lead to more “divergent” thinking (Lewis, 2005). Even merely being exposed to comedy and humorous material can improve creative problem solving (Ghayas & Malik, 2013).

Social Benefits

Along with personal benefits, humor also has many social benefits. Effective use of humor generates interest and captures attention (Stauffer, 1999), improves processing and retention of information (Wanzer, Frymier, & Irwin, 2010), and assists in facilitating the learning process within groups (Garner, 2005). Utilizing humor in social interactions or discussions can increase persuasiveness (Kerr, 2014) and even enable the speaker to be perceived as more likable and attractive. (Niculescu, van Dijk, Nijholt, Li, & See, 2013). These traits can help individuals build relationships.

Humor connects people. Laughter encourages others to smile, laugh, and foster a connection with one another (Warren et al., 2006). The sharing of humor builds trust and strengthens the rapport between individuals (Hargie, 2006; Kurtzberg, Naquin, & Belkin, 2009). The use of humor can help bridge the gap between age, status, and culture by establishing commonality (Fox & Amichai-Hamburger, 2001). Humor also promotes empathy and collaboration. “A growing body of research shows that when you share a laugh with someone, you’re mirroring not only one another’s body language but also the

hormonal and neuronal activity, prompting a mutual investment in each other's well-being" (Baer, 2013).

Health Benefits

The proverb, "laughter is the best medicine" is not just a positive reassurance: It has scientific research to support it. Laughter has quantifiable physiological and psychological benefits to health. In the clinical setting, laughter techniques can be used as preventative medicine or as complementary/alternative options to other established therapy (Mora-Ripoll, 2013). Several disciplines already implement these strategies.

Benefits have been reported in geriatrics, oncology, critical care, pain management, psychiatry, rehabilitation, rheumatology, home care, palliative care, hospice care, terminal care, and general patient care. These and other reports constitute sufficient substantiation to support what is experientially evident — laughter is a valid therapeutic ally in healing (Mora-Ripoll, 2013, para. 1).

Laughter can be utilized as a coping mechanism. The ability to find humor in stressful or potentially threatening situations aids people in replacing negative feelings with positive ones. This increases their ability to better cope with negative circumstances (Wilkins & Eisenbraun, 2009). Laughter relaxes the muscles and lowers blood pressure and it can also build up the immune system by blocking the production of stress-inducing cortisol and releasing immunity-building beta-endorphins (Bennett, Zeller, Rosenberg, & McCann, 2003).

These and countless other studies show that humor clearly has value and benefits our well-being, both physically as well as emotionally. Communicators and designers can approach utilizing humor as a tactic in the same way they use any other tactic, such as symbolism, double entendre, emphasis, repetition, contrast, color, etc. It all starts with understanding context.

Context is Key

Context is the most important element when communicating with or designing for any group of people. Context informs and justifies methods of communication, and without it, messages can be misunderstood or lost in translation. Each audience comes with contextual boundaries, and these boundaries set a form of “rules” or guidelines that dictate what is acceptable or appropriate when discussing topics (Bowles, 2013; Burchnall & McLean, 2019; Eaton, 2018,).

With humor, context is just as important, if not more, when communicating to audiences. Without understanding the context within the culture of a group, a misplaced joke or comment can have drastic consequences (Weems, 2017). The Muhammad cartoons controversy or crisis began in 2005 with cartoons published in Danish newspaper, *Jyllands-Posten*, depicting the prophet as a terrorist with a bomb along with other suggestive illustrations (See Figure 13, p. 45). Many members of the Islamic community were offended and felt the illustrations insulted Muhammad and Islam. The cartoon incited protests, threats, and attacks on Danish and Norwegian embassies. In retaliation to this, more cartoons were published, and tension escalated. This cycle continued for several years resulting in attacks, shootings, and even deaths as recent as 2015 (The Telegraph, 2015).

In 2009, *People for the Ethical Treatment of Animals* (PETA) put up an insensitive billboard in Jacksonville, Florida featuring the body of an obese woman with the headline, “Save the Whales. Lose the blubber: Go Vegetarian” (See Figure 14, p. 46). Members of the community found this offensive to women as well as those who are overweight. Although PETA defended their ad at first, it was eventually replaced, after

much criticism, with a more generic, albeit questionable message, “GONE. Just like all the pounds lost by people who go vegetarian” (Mullins, 2013).

In 2018, the mobile app *Snapchat* received criticism for featuring a controversial ad on its platform for the mobile game *Would You Rather?* The ad depicted two famous pop stars with the text, “Would You Rather! Slap Rihanna or Punch Chris Brown?” (see Figure 15, p. 47). The ad seemed to make light of a 2009 domestic violence incident between Chris Brown and Rihanna. Rihanna and many of the platforms users were outraged, resulting in a mass exodus of users and a loss of \$800 million in revenue for the mobile app (Oppenheim, 2018).

These are just a few examples of the impact of neglecting to understand the cultural context of a community. Context is a very powerful and influential element in communication. When the cultural context of a community is understood, humor can be used to great effect (J. Walter Thompson, 2013; McClure, 2011; Millward Brown, 2019).

If communicators design within context: through research, listening, and gathering feedback from the communities they intend to reach, they can earn the ability to effectively communicate about any topic to any group.

The Communication Designer’s hypothesis: If proper time is taken to get to know and understand an audience through research and interaction, one can effectively communicate and engage with that audience, even if one is not a native member of that audience. This is the heart of Design and Design Thinking — a process for creative problem solving. It begins with gathering insights by practicing empathy, observation, and interviewing (IDEO, 2019; McAlhone, Stuart, Quinton, & Asbury, 2016).

Taking Silliness Seriously

A common misconception is that if an idea or message is silly, humorous, or playful, then it is not serious. But, if a humorous idea is seriously considered, it can be crafted into an effective communication tool.

An idea that's "silly"—defined in the Oxford Dictionary as “absurd and foolish”—often lies at the heart of a great project. It's the execution and rigor with which it's crafted that makes all the difference: to take a supposedly irrational idea and mold it into something engaging requires conviction and skill (Grundy, 2019, para. 3).

All the benefits humor, wit, and play give to communication and relationships can be utilized by designers for the betterment of the message. Not only can designers create a more impactful and engaging message, but one that is also memorable and approachable (Fox & Amichai-Hamburger, 2001). Humor breaks down barriers and diffuses anger, stress, and tension. Designers can utilize humor techniques to gain entry to communities and create forums of discussion and thought. It empowers designers to reach audiences and connect with them in new and interesting ways. These techniques are tools that designers can employ to reach a desired solution (Bradley, 2015).

Why Some Believe Humor Has No Value

Some believe that humor has no role or value in serious situations, in fact, it was a firmly held belief for some time:

Historically, psychologists framed humor negatively, suggesting it demonstrated superiority, vulgarity, Freudian id conflict or a defense mechanism to hide one's true feelings. In this view, an individual used humor to demean or disparage others or to inflate one's own self-worth. As such, it was treated as an undesirable behavior to be avoided. And psychologists tended to ignore it as worthy of study (Gibson, 2019, para. 2).

But after countless studies and observations, it has been found to be quite the opposite:

Humor can be used to make others feel good, to gain intimacy or to help buffer stress. Along with gratitude, hope, and spirituality, a sense of humor belongs to the set of strengths positive psychologists call transcendence; together they help us forge connections to the world and provide meaning to life. Appreciation of humor correlates with other strengths, too, such as wisdom and love of learning. And humor activities or exercises result in increased feelings of emotional well-being and optimism (Crawford & Caltabiano, 2011; Gibson, 2019; Lurie & Monahan, 2015; Müller & Ruch, 2017; Ruch & Heintz, 2016; Treger, Sprecher, & Erber, 2013).

Based on the premise that humor can be used as an effective tool to communicate about serious issues, through research, listening, and gathering feedback, the Communication Designer (CD) sought out to identify a serious community issue to demonstrate and test this hypothesis. Through initial discussion and research, the CD decided on selecting a topic that is generally thought of as no laughing matter.

II. STATEMENT OF THE PROBLEM

Finding a Serious Issue

Cancer affects men and women of all ethnic and racial groups around the world — It is a human issue. Colon Cancer, also known as Colorectal Cancer (CRC), is one of the leading causes of cancer-related deaths in both men and women (National Cancer Institute, 2019). It is also one of the most preventable types of this disease. Colorectal cancer is cancer of the colon or rectum. If detected early, it is highly treatable. Even after the disease has spread, surgery and chemotherapy are still effective treatments. In the worst cases, treatment can help prolong and add to one's quality of life (Colorectal Cancer Alliance, 2019).

Why Colorectal Cancer? Young People!

Colorectal cancer most commonly affects people aged 50 years and older and kills more than 50,000 people each year. However, the incidence in those younger than 50 is on the rise. Recently, cases of colorectal cancer have increased in young people, ages 20 to 39 (National Cancer Institute, 2019).

According to the Colorectal Cancer Alliance and the National Cancer Institute:

- In the US, approximately 10% of colorectal cancer cases are diagnosed in individuals under age 50.
- Colorectal cancer incidence and mortality rates are increasing in the young-onset population while decreasing in those over 50.
- Young-onset rectal cancer incidence has increased at nearly twice the rate of young-onset colon cancer.
- Screening is recommended to start earlier than age 50 in those with a family history of colorectal cancer or advanced adenomas (noncancerous tumors), and in those with hereditary genetic syndromes associated with increased risk. Patients with inflammatory bowel disease or other conditions increasing risk may also benefit from close follow-up.

- Individuals under 50 who have symptoms that may be consistent with colorectal cancer need to seek medical attention so the appropriate testing can be done and deserve a prompt and thorough examination.
- Physician-related delays (e.g., missed symptoms, initial misdiagnosis) have been estimated to occur in 15-50% of young-onset colorectal cancer cases.
(Colorectal Cancer Alliance, 2019; National Cancer Institute, 2019)

As stated in the statistics above, more and more young people are being diagnosed with colorectal cancer, and although it is very treatable, many are misdiagnosing symptoms, including doctors (Siegel et al., 2017). This increases their risk of developing late-onset cancer. The issue is awareness. Young people need to be aware of the risks of colorectal cancer and be informed on how to identify symptoms early on (Ahnen et al., 2014). The easiest thing an individual can do is to check their stool for irregularities and schedule a screening with a physician (Colorectal Cancer Alliance, 2019).

III. PRELIMINARY RESEARCH

The Communication Designer (CD) researched and studied marketing campaigns, including those focused on health issues and humor-related messaging. This was done to assess how to best deploy a campaign directed at building awareness around the risks of colorectal cancer. This research, along with interviews and buy-in from the colorectal cancer community, helped outline the strategy for the final outcome of the campaign. The following research phases were established to gather appropriate data for developing an awareness campaign around the risks of colorectal cancer.

Research Phases

1. Comparative research of literature related to humor in design and communication.
2. Personal interviews with cancer patients: Newly Diagnosed, In Remission, and Survivors.
3. A targeted campaign developed and tested with user groups within the community.

The research phase included comparative research of literature related to humor in design and communication along with marketing campaigns, specifically, campaign design targeting awareness of cancer. The research also covered information on colorectal cancer and campaigns geared toward communicating awareness, prevention, and screening.

The interview phase included interviews and discussions with non-profits serving the colorectal cancer community, as well as 1-on-1 interviews with colorectal cancer patients at various stages to learn from the community, their experiences, and how humor plays a role in their lives.

The campaign phase utilized the information gleaned from the first two phases to develop and propose a marketing campaign targeted at building awareness. The iterative campaign materials were shared with interviewees and organizations for feedback and suggestions on how to improve the campaign and messaging before launch.

The CD used primary and secondary research methods to gather information about the target audience and social climate, including the use of humor within the community. Secondary research developed out of the analysis of previously conducted studies on humor and graphic wit used in campaigns. This included the study of organizations dedicated to colorectal cancer and how they communicate with their audiences. Primary research involved phone, email, video, and face-to-face interviews, a questionnaire given to cancer patients, survivors, and physicians, as well as voluntary feedback provided by interviewees and community members on developed materials. The final testing phase of the created campaign demonstrates whether common principles of humor and empathy can be used to communicate with audiences effectively on serious issues.

Tactics and Strategies

Ambient advertising, or guerilla marketing, focuses on placing messages on items or in uncommon spaces. It involves innovative, unconventional, and low-cost marketing techniques aimed at obtaining maximum exposure (see Figure 16, p. 48). These kinds of messages invite audiences to think about items or places differently. This tactic involves unusual approaches such as intercepting public spaces, placing products on the street, PR stunts, or any unconventional attempt to gain maximum results from minimal resources

(Behal & Sareen, 2014).

When awareness is an issue, guerilla marketing, or ambient advertising, can be an effective way to subvert traditional communication channels and grab attention (Haque, 2018). This unconventional communication strategy lends itself to distinct, memorable messaging (Jeevan, 2016). Considering today's social communities and their affinity for humor (Jennings, 2018), utilizing humor within a guerilla campaign increases the chances of the message standing out and generating awareness on the topic (Jeevan, 2016).

Comparative Research

The use of humor, wit, and play in marketing campaigns to attract attention and raise awareness is not an entirely new idea, even within the cancer community. In 2010, creative agency DDB Asia in Singapore created a body art campaign to promote breast cancer awareness for Breast Cancer Foundation Singapore. The campaign adopted the slogan "Are You Obsessed with the Right Things?" and featured a female model's upper torso and breasts painted to illustrate other areas that can be bothersome (see Figure 17, p. 49). The illustrations featured an acne breakout, a bad hair day, and fitting a pair of jeans, all cleverly utilizing the breasts in the painting to bring attention to breast cancer. The visuals drew upon less serious daily issues and used them to address a far more significant issue. The campaign was a success and was featured on 40 websites within three days of its launch (DDB Asia, 2010).

In 2016, a video teaser for the film *Deadpool 2* surprisingly served as a PSA for testicular cancer with the slogan “Touch Yourself Tonight”. The video featured actor Ryan Reynolds dressed as the titular character—Deadpool—giving witty, yet thoughtful quips on the risks of testicular cancer and how to perform self-checks to help prevent the disease (see Figure 18, p. 50). The unexpected ad was humorous, educational, and memorable. The ad managed to promote the message of awareness and the upcoming movie at the same time. The video spot was wildly successful, gaining over 2 million views and 38 thousand likes on the social platform YouTube (Cullers, 2016).

In 2015, creative agency FCB Chicago partnered with Meredith’s Miracles Colon Cancer Foundation on a guerilla marketing campaign for colon cancer awareness month. The campaign featured images of an exposed butt crack on the back of bus, bar, and barber shop seats accompanied by the tagline “No One Wants to See This Except for Your Doctor” (see Figure 19, p. 51). The decals also included a message of awareness and a call to action. The campaign successfully attracted attention and resulted in an overall increase of web traffic to Meredith’s Miracles during the lifespan of the campaign (FCB US, 2015).

Local Partnership

For the purpose of this research, an awareness campaign was created at the local level. The first step was to partner with a local nonprofit organization dedicated to serving the colorectal cancer community, to address the awareness issue in the city of Austin, Texas. Although the national community has many commonalities, the selection of a single area established a baseline for research and testing.

While there are many resources about colorectal cancer, it is valuable to get insight from the members of the communities themselves. In order to connect with the community and find potential interview candidates, the CD reached out to local organizations to learn more about the specific pain points and awareness issues within the community. Since humor was to be implemented as the major communication strategy, it was vital to understand the community's relationship with humor and to better understand their circumstances. The goal was to become more aware and empathetic of these, often sensitive, issues.

Kiel Colon Cancer

The CD partnered with Kiel Colon Cancer (KCC) in Austin, Texas to learn more about the disease and the issues the local community is facing today. KCC's mission is to stop preventable deaths caused by colon cancer through education and awareness, encouraging healthy lifestyle choices, and supporting colon cancer research (Kiel Colon Cancer, 2019). KCC serves 18 to 35-year-olds through aggressive education and awareness initiatives. One of the ways KCC promotes their initiatives is through athletic based awareness events, including their Kick & Roll Classic, a sneaker-themed basketball tournament. In addition to this, their Blue Knots initiative sells dark blue shoelaces (the color of colon cancer's awareness ribbon) to help raise money and spread awareness (see Figure 20, p. 52). KCC also puts on field day/boot camp events called Kids Kieling* Colon Cancer (K2C2) for kids in 3rd-5th grades. These popup events teach kids about CRC in a fun and educational way. After the events, kids are given a care package so they can teach their parents when they get home (Kiel Colon Cancer, 2019).

Through email correspondence and face-to-face meetings, KCC shared the issues and challenges that the local Austin community faces, as well as the national struggles and initiatives of the greater colorectal cancer community in the United States. The organization provided invaluable insight into the issue of awareness and how avoiding risk-behaviors can decrease the chance of colon cancer and related deaths.

KCC was very interested in the idea of using humor to connect with and build awareness among a younger audience and aided the CD by setting up a series of interviews with members of their community. The interviewees selected were highly involved in colon cancer-related organizations both locally and nationally. Overall, 8 individuals were interviewed: 2 newly diagnosed and undergoing treatment, 2 in remission, 2 survivors, a nonprofit director, and an oncology nurse. The interviews involved a set of voluntary questions (see Appendix C, pp. 54-56) aimed at learning more about the person, their relationship to humor, their cancer experience, and what role (if any) humor played during treatment.

Interviews

Interviews were conducted via interview protocol (see Appendix C, pp. 54-56) with several members within the cancer community, with a focus on newly diagnosed patients, patients in remission, and cancer survivors. These segments were selected to capture perceptions from various stages of treatment. The goal was to get perspectives from members of the community in order to communicate with the audience more effectively. The information gleaned from the interviews guided the content and strategy of the resulting marketing campaign. This campaign was reviewed by community members to provide feedback on the effectiveness of the message.

The purpose of the interviews was to gather perceptions of experiences during and after treatment, interviewees were encouraged to share their true thoughts and feelings. The goal was to better understand Cancer patients' perceptions of their experiences and to assess their opinions and reactions throughout treatment. Other anecdotal discussions were also facilitated with members of the community through face-to-face discussion and social media. Community members interviewed included patients, family, friends, and caretakers.

The majority consensus among interviewees and those within the community was positive when it came to humor. Many felt it helped them get through their toughest times or even considered it to be the reason they survived. Humor helped them stay grounded, feel normal, and find joy in life even when things seemed dire. For some, the ability to laugh gave them hope and encouraged them to persevere and focus on those positive moments. Family, friends, and caretakers found it easier to connect, and for those diagnosed, it allowed them to cope with what they were going through.

One of the common sentiments of why humor has such value in this community is the nature of the disease itself. Colorectal cancer affects things that most people prefer not to talk about. Symptoms include rectal bleeding and blood in the stool, change in bowel habits, constipation, or passing excessive amounts of gas. Many afflicted often need to get fitted with a colostomy bag that is obtrusive and difficult to maintain. Needless to say, this can be a very embarrassing topic to discuss and experience to endure. But many in the community have decided to embrace the situation and laugh with themselves first. They address the awkward moments by openly making crude "potty humor" jokes to relieve tension and help themselves and others accept the situation they

are in. It's even common in the community to give the colostomy bags a nickname to help cope with the new, uncomfortable addition. The Colon Club, another nonprofit dedicated to colon cancer, even sells colon-shaped keychains, stickers, and plush characters. Colon cancer often ends up being the "butt of the joke" within this community. There are plenty of lows and dark moments within the community, but it is agreed that humor helps to change outlook and keep a positive mindset.

IV. METHODS

The following chapter addresses the development process of final design outcomes, including key components of an awareness campaign, and methods to support the campaign based on initial research. First, the goals of the campaign are defined, including the target audience, specific message, and call to action to be communicated. With the goals of the campaign clearly defined, the methods for execution and application are laid out. Finally, the production and implementation of the campaign are detailed and presented. The following represents final design outcomes based on research and interviews. The development of this campaign was an iterative process presented in a regular feedback loop with interviewees, various members of the target community, and communication designers to create a campaign that accurately and effectively connects with the target audience.

Awareness Campaign

Colorectal cancer, also known as colon cancer, is the second leading cause of cancer-related deaths in both men and women and the third most frequently diagnosed cancer in America. Last year, the American Cancer Society estimated that 136,830 people would be diagnosed with colorectal cancer and 50,310 people would succumb to the disease (American Cancer Society, 2019). Despite this, it is one of the most preventable, treatable, and beatable cancers in the world. Screening can prevent cancer by removing pre-cancerous polyps that could become malignant. Everyone, no matter their age, should get screened (Kiel Colon Cancer, 2019). A dedicated awareness campaign can help spread this message to uneducated audiences potentially at risk of colorectal cancer.

Purpose of the Campaign

A guerilla marketing campaign is an effective solution for raising awareness due to its ability to relay messages in unique and memorable ways (Jeevan, 2016). This campaign educates audiences about colon cancer risks and suggests modifiable behaviors to help decrease these risks. The messaging also prompts audiences to perform self-checks as well as schedule screenings to increase prevention. Proper education regarding colon cancer risks and prevention methods aids audiences in taking action. The goal of this campaign is to meet audiences where they are most capable of performing self-checks and considering colorectal health.

Target Audience and Call to Action

The target audience is young adults in Austin, Texas ages 18-35, as this group has increased risk and is more likely to be misdiagnosed due to their age (Colorectal Cancer Alliance, 2019). The message builds awareness of the risks of colon cancer, suggests ways to modify risk behaviors, and encourages scheduling an appointment to get screened. The print collateral utilizes humor with an ambient/guerilla implementation strategy to surprise, increase retention, and encourage a call to action.

Message to Convey

While humor will be the initial tactic to attract attention, the following facts and operational definition of terms will provide helpful information about colon cancer risks and prevention methods. This information was used to craft appropriate messaging to help educate audiences about CRC awareness and how to prevent it.

Awareness

There are two types of risk factors, Modifiable and Non-Modifiable. Modifiable risk factors are changeable characteristics. These are behaviors or traits that one can change. Non-Modifiable risk factors are characteristics one has no control over.

- **Modifiable** - Common modifiable risk factors include smoking, diet, exercise, diabetes, obesity, and alcohol consumption.
- **Non-Modifiable** - Common non-modifiable risk factors include sex, age, race, personal or family history.
- **Common Factors** - Older than 50 years of age, African American heritage, previous colorectal cancer diagnosis, inflammatory intestinal conditions, such as Crohn's Disease and/or ulcerative colitis, genetic predisposition to colon cancer, diets low in fiber and high in fat, physical inactivity, diabetes, obesity, smoking, and alcohol.
- **Warning Signs** - The following are signs and symptoms associated with colorectal cancer. Early stages of the disease do not exhibit any signs or symptoms. For this reason, screening is extremely important. Weakness and fatigue, unexplained weight loss, bleeding from the rectum or blood in stool, regular abdominal discomfort, changes in bowel habits, including constipation and/or diarrhea, and dark-colored or black stool. (Kiel Colon Cancer, 2019)

Prevention

Screening can prevent cancer by removing pre-cancerous polyps. However, there are additional ways to help prevent the second leading cause of all cancer deaths in both men and women:

- Visit a doctor if experiencing any of the warning signs
 - Schedule a colonoscopy screening
 - Eat a healthy diet
 - Maintain a healthy weight
 - Keep an active lifestyle
 - Know genetics
 - Learn family medical history
 - Share personal medical history with physicians
 - Refrain from smoking and avoid excessive alcohol consumption
- (Kiel Colon Cancer, 2019)

Applications

The campaign is placed in public restrooms and washroom facilities to reach audiences within the context of the message. In restrooms, viewers are in an ideal setting to consider their colon health and check bowel movements for abnormalities.

Messages use low-tac, removable materials that can be applied around restroom stalls, walls, sinks, and doors. Materials contain crude “potty humor” to get attention followed by a call to action to encourage viewers to learn more.

These ambient marketing materials encourage viewers to visit a website created for this research called *The Shit List*, where users learn what the campaign is about and get facts about colon cancer risks to youth (See Figure 7, p. 35). The site promotes a message of awareness/prevention and encourages users to perform self-checks as well as schedule screenings. The core theme calls out viewers for being “On the Shit List” due to their lack of awareness of the risks of colon cancer. Performing a self-check and scheduling a screening would effectively get them off this “Shit List”.

The Shit List

The Shit list was derived from one of the most basic ways to monitor health, and this is especially true for colon cancer. Flat, dark, or blood in stool is a sign of potentially serious health issues. The ideal time and place to check stool is while using the restroom. The Shit List consists of visual messages placed in restrooms to target viewers when they are most available to perform self-checks (See Figure 6, p. 34). The goal is to get viewers to visit The Shit List website to learn about colon cancer risks, and hopefully check their stool.

According to Heather Bradley in her book, *Design Funny*, “Humor is inherently playful and naturally disrespectful. It uses logical confusion to delight audiences, unlike design that seeks to communicate as clearly as possible. It is a design tool, not a solution. A designer’s jokes must produce measurable results” (Bradley, 2015 p. 32).

With these points and the target age range in mind, “potty humor”, which fits under the “Raunchy” category (Bradley, 2015), was used to elicit attention. The messages also rely on “Profanity” and “Pun” humor techniques (Bradley, 2015) to draw the viewer in. This is the strategy for utilizing humor, taking context from the community, the illness, and the symptoms themselves to craft messaging relevant to the topic.

The campaign relies on misdirection in its visual design strategy, a common and effective humor technique. Misdirection is used to lead audiences to expect one outcome, then surprise them by showing them another, often opposite or unexpected outcome. This method aids in retention and memorability by leaving lasting impressions (Bradley, 2015).

The Shit List Logo

The Shit List logo features a combination of type and iconography. A large poop icon sits atop the type as a reference the infamous Poo Emoji, a fun, playful, and beloved icon used around the world. Simple and soft shapes are used to make the logo more approachable, while still relating to the subject matter. On the website, the dropping animation is used to add emphasis and act as a reminder to check one’s stool after bowel movements (See Figure 1, p. 33).

Color and Typography

The colors used in the campaign are based off the official cancer ribbons for colorectal cancer (which include colon, rectal, and prostate cancer) as the causes of these diseases are related and affect the same systems of the body. This campaign uses a shade of blue that fits between the ribbon colors for colon cancer (dark blue) and prostate cancer (light blue) (Johnson, 2019). This lighter shade is used to keep the look and feel soft and friendly while aiding in misdirection through juxtaposition of a clean look and crude content. Typefaces were purposely selected to look simple, clean, and slightly playful to further juxtapose the look and the message. Lulo Clean was used for the logotype lockup as well as on the website, while Montserrat was used for the decals and print pieces. (See Figures 2-3, pp. 34-35)

The Shit List decals

The forefront of the campaign features removable stickers/decals with various crude messages like “I’m Tired of Your Crap!”, “Don’t Piss Me Off”, and “I Don’t Give a Shit!”. The messages, shown in big bold type, are accompanied by a URL: TheShitList.co. No other information is included. These decals are placed all over restroom stalls, walls, sinks, etc. The intention is to bombard the viewer with such a quantity of these crude messages that they cannot ignore them. The messages are type-based with a clean and pleasant look, so as not to be perceived as crude until the messages are read. All these things work together to generate curiosity and interest in the decals and their purpose. This curiosity encourages viewers to visit the URL to find out what these messages are all about. (See Figures 4-6, pp. 36-38)

The Shit List website

While the decals are just the introduction and the face of the campaign, the website is the destination and heart of it. The Shit List site features the same simple look, feel, and crude humor as the decals, but the language and humor transitions into more thoughtful messaging about the risks of colon cancer. The content and copy keep the general tone and humor but transitions to relate to the seriousness of the disease. This is all designed to cater to the target age group. The website covers information on awareness, prevention, and related services to learn more and get help. (See Figures 7-9, pp. 39-41)

Digital and Social Media

Three social media channels were created as an extension of the decals and website. Accounts on Facebook, Twitter, and Instagram served as another outlet for the message and helped guide digital audiences to the website. These channels acted as a support role to guide potential online traffic to the website. Social media was not the focus of the campaign, as it was designed as a guerilla tactic for public restrooms (See Figure 10, p. 42).

Initial Testing

Along with getting feedback and input from interviewees and the colon cancer community, a small test launch of the campaign was initiated at the January 2019 Thesis Exhibit at Texas State University in San Marcos. The campaign decals were on display in the gallery and in restrooms next to the exhibit for one week. The installation was frequented by undergraduate and graduate students and served as a test run and proof of concept for the 18-35 age group. Students and faculty shared feedback on the exhibit

along with suggestions for additional messages. The experiment was well received and input from this audience was implemented into the final collateral of the campaign.

Implementation

To target 18 to 35-year-olds in Austin, the launch of the campaign was limited to entertainment districts in downtown and east Austin. This mainly included bars and restaurants operating as 21-and-up establishments. This campaign targets young adults and these areas were selected to help reduce minor's exposure to crude adult messaging. The area was also selected to target audiences when they are relaxed, having fun, and more receptive to this style of humor (Carter, 1997; Roskos-Ewoldsen & Monahan, 2013). The restroom location not only caters to the context of the message and the topic but is also a location where audiences don't typically encounter messaging or campaigns. To reach a broader audience, the campaign officially launched March 2019 in Austin, Texas during South by Southwest (SXSW) to coincide with Colon Cancer Awareness Month.

The campaign had a limited budget of \$150, which was used to produce 80 print decals. There were 20 varying messages, consisting of 4 copies of each message printed. The decals were placed at 20 different bars and restaurants (4 decals per venue) in downtown Austin between Congress Avenue and Pedernales Street on the East Side (a stretch of 1.5 miles). All venues were located along 6th Street, a popular entertainment strip in Austin. To reiterate, the decals contain a single call to action at the bottom of each message, a simple URL: TheShitList.co. For the scope of this test campaign, the goal was to get viewers to visit The Shit List website after seeing these messages.

V. OUTCOMES

After the Campaign

The campaign began with a soft launch in late January 2019 and an official launch in March 2019. Although the official launch and promotion of the campaign began in March, the website and many of the decals are still up and out in Austin today. As of August 2019, the website has had 129 new visitors, 237 sessions (site visits), and 586 pageviews since its inception. The average site visits per person were around 2 visits, while the average person viewed 2 to 3 pages per visit and spent an average of 1 minute and 33 seconds visiting the site. 60% of visitors visited the site directly, meaning they saw the decals in person and typed in the URL directly into search bars (54.27% of direct traffic from mobile devices and 45.74% from desktop computers). 38.7% of visitors came to the site via social media, meaning clicking through a link on a post or page. 3% of visitors found the site by organic search (i.e. Google results, etc.) or referral (shared link) from another website or social media page (See Figure 11, p. 43). The Cost per Acquisition (CPA) is the total of amount spent on ads divided by the number of acquisitions received. This is done to determine the value or return on investment (ROI) of money spent on advertising. In this case, the total amount spent on advertising (\$150 on decals) is divided by total of acquisitions (129 site visitors). Based on the CPA, this campaign resulted in \$1.16 spent per visitor. The website is still live today and more acquisitions are happening daily, meaning the CPA continues to decrease over time as new people visit the site.

Social Media

The social media channels were utilized as a secondary method to reach digital audiences. All traffic was strictly organic, meaning posts and content were unsponsored or unpaid initiatives. The shared content consisted of the same graphics/messages on the printed decals, supported by a small blurb of copy in the body of posts. Although these were intended as a subtle extension of the campaign, they did provide some results. 16-25 posts were made on each of the channels throughout March 2019. Of the three social channels used, Instagram had the most influence, gaining 45 followers. Twitter gained 5 followers, and Facebook only received 1 follower. The content of this campaign seems to better fit the Instagram audience over the other two platforms due to the strong visual/graphical elements, which cater to its image-based platform. (See Figure 10, p. 38)

Observations

Successes

The guerilla/ambient marketing campaign seemed to strike a chord with viewers and motivated a significant number of people to respond to the call to action and visit the site. Many users visited more than one page, meaning they delved deeper beyond the landing page, showing interest in the content. More than half of the visitors were direct viewers in response to the decals found in bars and restrooms, meaning they did elicit the desired response by visiting the site. A large portion visited via social media, particularly Instagram, showing the posts did have some influence in that channel. The average time spent on the site (1:33s) may seem insignificant, but to put this time in context, the average user time on highly trafficked websites is around 2 to 3 minutes. The content on the website is very concise, much of the site can be viewed and read in about 1-2

minutes. This shows promise for the campaign and it has the potential to provide even more impactful results with increased dedication, planning, and funding behind it.

Failures

Due to a limited budget (\$150), 80 decals with 20 varying messages were printed. Albeit a significant amount, when spread among the target locations, there were fewer decals per restroom, per location. This reduced their presence and reach. Some establishments removed the decals immediately, further reducing reach. Although launching the campaign during SXSW brought exposure to a broader audience, the limited resources were also diluted by the volume of other promotions, stickers, and signage during those weeks. The website had a 56% bounce rate, meaning users only visited the landing page and did not explore further. Social media fared poorly and did not get the full dedication it could have been given. The limited budget restricted any paid media posts, reducing their potential reach and effectiveness.

Insights

Overall, The Shit List Campaign seemed to show positive results and influence viewers. The print piece of the guerilla campaign was indicated to be effective and could be improved to achieve better results. With a larger budget, more pieces could be printed, more messages could be added, and more support could be given to each location. The website could be improved with more concise and impactful written content and be condensed from a four-page website to a single-page website. Additional funding would support paid digital media promotion via local websites and social media. The Instagram channel shows promise and with more time, dedication, and planning could present better results.

VI. CONCLUSION

The small run of the Shit List campaign has indicated that it can be effective at eliciting a response, and from the information gathered, it could be improved upon to aim to achieve better results beyond getting the target audience to visit the website. Colorectal cancer is still an issue and raising awareness can help combat this deadly, yet preventable disease. More can be done to support this effort.

Improving the Campaign and Relaunch

The Shit List guerilla marketing campaign can be revisited to bolster its impact and results. The following strategies could be employed to improve the campaign. The budget could be increased to produce and distribute more decals for greater presence and visibility. An increased budget would also fund targeted digital media buys to reach a broader audience. Providing more dedication to social media channels with a detailed plan for daily posts and content would engage the audience more fully. Revamping the content of the campaign website would improve the message and experience for site visitors. Continuing to get buy-in from the community could help improve messaging and provide suggestions for content. Partnering with local nonprofits as stakeholders could aid in spreading awareness and reach more of the community. Additionally, with the right input from the community, this campaign lends itself to partnership opportunities with external organizations to help increase reach and build awareness.

Additional tactics and initiatives could add value to the campaign as well. Customized messages based on the context of the items the decals are placed on (like sinks, urinals, hand towels/dryers, etc.) can lead to more creative and memorable messaging. For example, messages on sinks could say “Wash Your Ass” and hand towels

could say “Hey Ass Wipe”. This could also expand to more creative elements, like vinyl graphics placed within urinals and sinks to further disrupt perceptions of these everyday utilities. This could also include other custom items, like messages printed on urinal cakes, toilet paper, paper towels, and hand soap. The goal would be to make every item a person encounters a vehicle for spreading the message.

Aside from adding more creative materials, giving more dedication to the website and aiming to track various types of conversions or calls to action could enrich the value of this campaign. The scope for this test campaign merely tracked how many visitors came to the site. This is a promising start, but it would be helpful to understand what visitors got out of their visits. It would be useful to set up systems to track if visitors checked their stool, scheduled a screening, or looked to other resources for more information after visiting the website. It would also be helpful to be able to gather visitors’ perceptions of the campaign/website and provide a proper channel for them to provide feedback. The campaign is effective at getting people to the site, but what they do next is not entirely clear. Looking deeper at metrics like bounce rate, page views per session, and overall time spent on the site could give insight on how to make improvements to maximize its effectiveness.

Future Research and Expansion

The campaign addresses the awareness issue by utilizing humor to get attention and increase retention of information. This is effective for this target audience, but it does not address those who have already been diagnosed and are going through treatment. The treatment process can be very taxing, both physically and emotionally. Even worse, treatment centers can be very gloomy places. This can make treatment a negative experience. Through interviews with members of the community, a need to help patients keep a positive mindset has been identified, especially when life situations appear to be hopeless. As stated before, humor can have many health benefits and can be healing to the mind and body (Mora-Ripoll, 2017). A campaign targeted at patients in treatment centers, specifically to uplift and destress, could improve their mood and alter perceptions of treatment visits, as well as their struggles with the disease. This campaign could involve care packages that employ humorous/playful messages to reach them in these low moments. The goal being to make these spaces and experiences more positive for those going through treatment. More interviews, study, and research are needed to define the specifics of this new initiative, but there is an opportunity to serve this group in need of positive support.

APPENDIX SECTION

APPENDIX A

Logotype

The Shit List Logo: The logo is reminiscent of the infamous Poo Emoji, a fun, playful, and beloved icon used around the world. The simple and softer shape make it more approachable, while still connecting with the subject matter and is a reference to check one's stool after bowel movements.



Figure 1. The Shit List Logotype

Color & Typography

| |
|--|
| Tile Blue RGB 84/200/232 CMYK 58/0/6/0 HEX #54C8E8 |
| Awareness Ribbon Navy RGB 36/40/93 CMYK 100/96/33/25 HEX #24285D |
| Porcelain White RGB 255/255/250 CMYK 0/0/1/0 HEX #FFFFFFA |

Color: The colors for the campaign are based on cancer ribbons for colorectal cancer, which includes colon, rectal, and prostate cancer, because many of these are related and affect the same systems of the body. The colon cancer ribbon is dark blue and prostate cancer is light blue, so the color used in this campaign is a shade of light blue in between these two ribbon shades. This lighter shade keeps the look and feel soft and friendly to aid in the misdirection and juxtaposition between clean look and crude content.



Figure 2. Color Palette

Color & Typography



LULO CLEAN

A B C D E F G H I J K L M N
O P Q R S T U V W X Y Z
1 2 3 4 5 6 7 8 9 0



Montserrat

A B C D E F G H I J K L M N
O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n
o p q r s t u v w x y z
1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N
O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n
o p q r s t u v w x y z
1 2 3 4 5 6 7 8 9 0

Typography: The typefaces chosen are also purposely simple, clean, and slightly playful to again juxtapose the look and the message. Lulo Clean was used for the logotype lockup and the website, while Montserrat was used for the decals and print pieces.

Figure 3. Typography

The Shit List Decals



Figure 4. Decals

The Shit List Decals

The Shit List decals: The forefront of the campaign features removable stickers/decals with various crude messages on them like "I'm Tired of Your Crap!", "Don't Piss Me Off", and "I Don't Give a Shit!". The messages, shown in big bold type, are accompanied by a URL: TheShitList.co. No other information is on them. These decals are placed all over restroom stalls, walls, sinks, etc. The intention is to bombard the viewer with so many crude messages, they cannot be ignored. The messages are type-based and are clean and pleasant to look at, so they are not perceived as crude until they are read. All of this works together to generate curiosity and interest in the purpose of the decals. This curiosity encourages them to visit the URL to find out what this is all about.



Figure 5. Decal Placement

The Shit List Decals

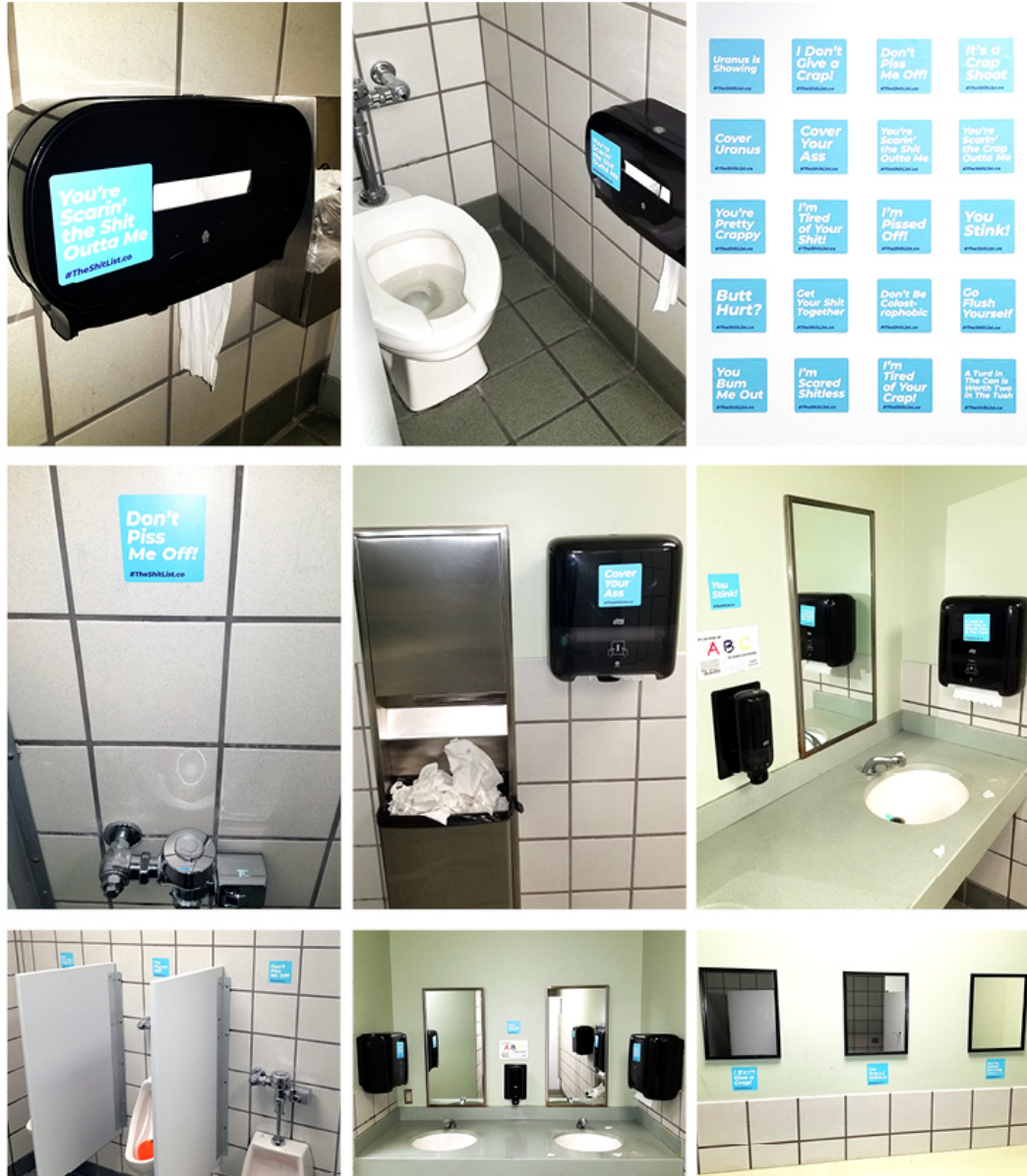


Figure 6. Decal Placement 2

The Shit List Website

The Shit List website: While the decals are just the introduction and the face of the campaign, the website is the destination and heart of it. The website features the same simple look, feel, and crude humor as the decals, but the language and humor transitions into more thoughtful messaging about the risks of colon cancer. The website keeps the general tone and humor, but spins it to relate about the seriousness of the disease. This is all designed to cater to the target age group. The website features information on awareness, prevention, and related local and international services to learn more and get help.

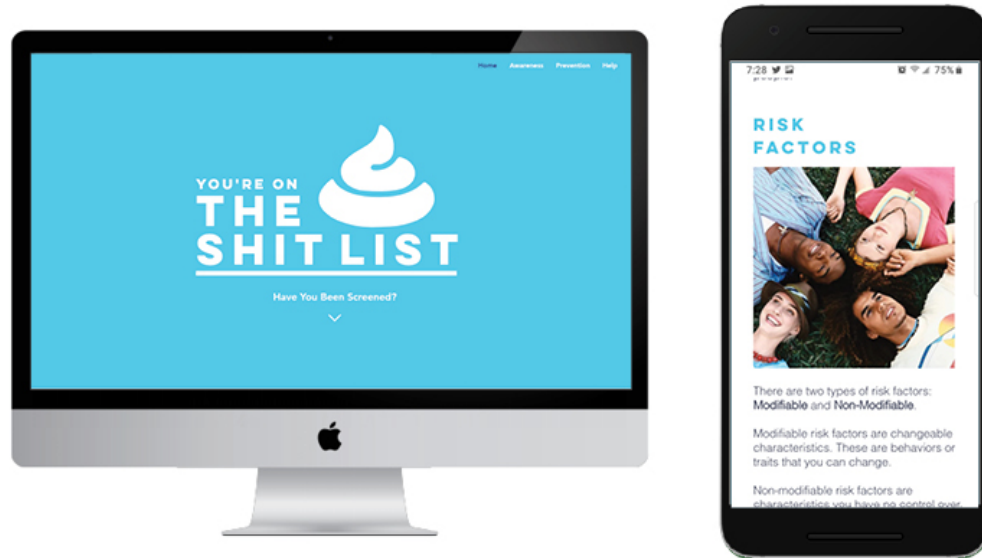


Figure 7. Website

The Shit List Website



Figure 8. Desktop and Mobile Site

The Shit List Website

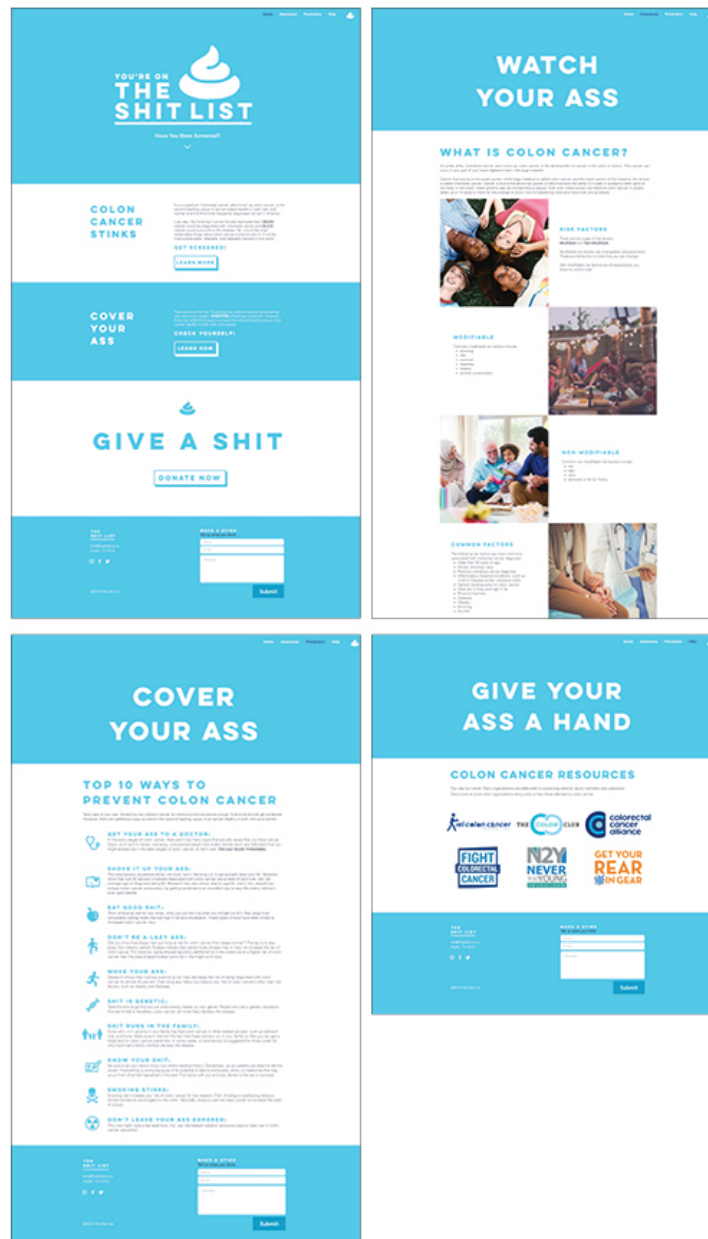


Figure 9. Web Pages

Digital & Social Media

Digital and Social Media: Social media accounts were also created in tandem with the decals and website. The accounts on Facebook, Twitter, and Instagram as another outlet for messaging and help push other audiences to the website. These took more of a supportive role and were not the main medium for the campaign.



Figure 10. Digital and Social Media

Analytics

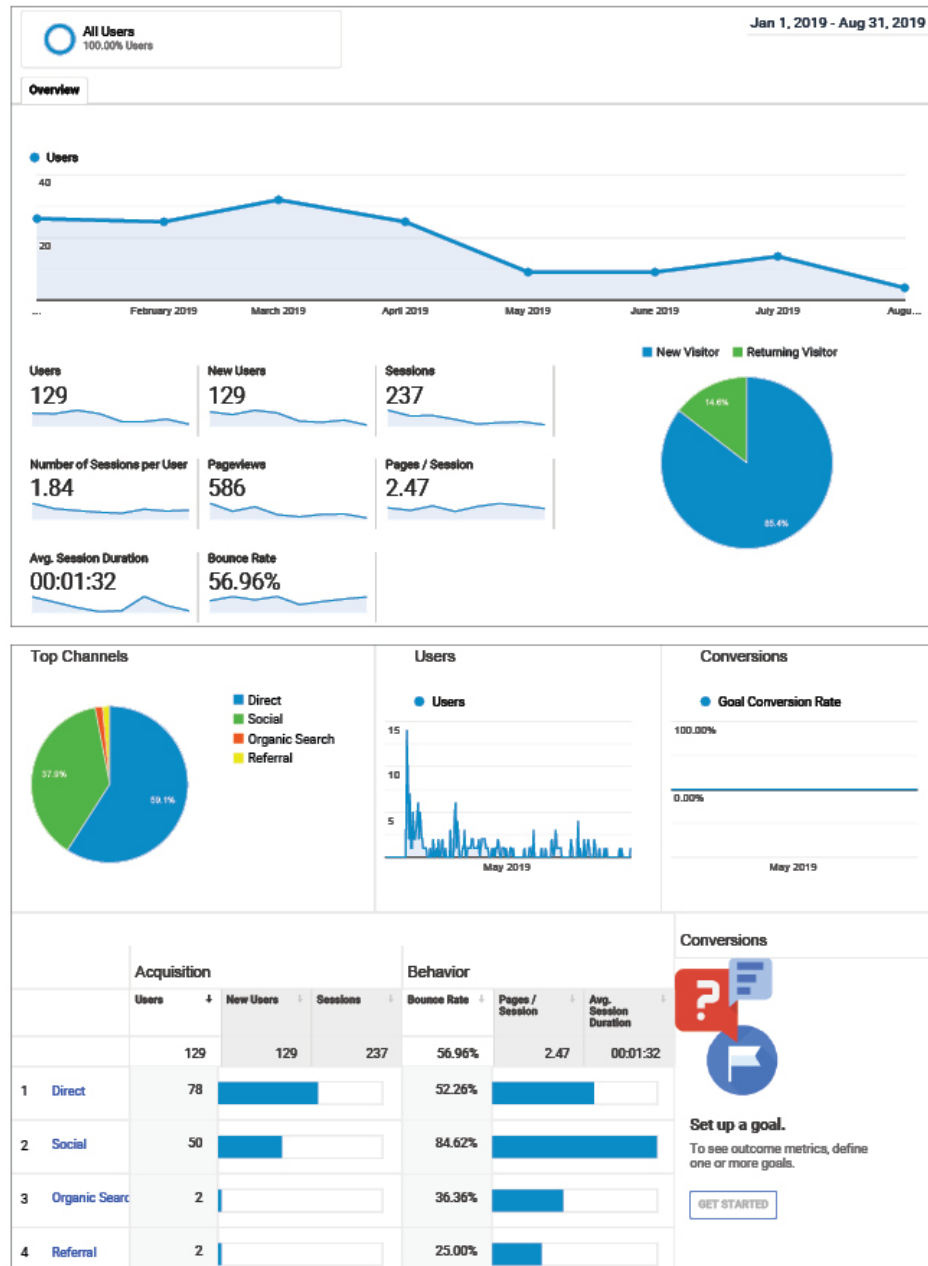


Figure 11. Analytics



Figure 12. He-Gassen Fart Battle






Muhammeds ansigt





STOP STOP I ER LEDT
JANFRIER!

TTTUNGSPRØVE

af Muhammeds ansigt

Kulturens Frank Østergaard har et billede af den store profet på sin væg. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog.

Lærlingsskole

Den muslimske skolelærer Frank Østergaard har et billede af den store profet på sin væg. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog.

12 Hørdagene

Frank Østergaard har et billede af den store profet på sin væg. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog.



STOP STOP I ER LEDT
JANFRIER!



STOP STOP I ER LEDT
JANFRIER!

Sammenligning

Frank Østergaard har et billede af den store profet på sin væg. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog.



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STOP STOP I ER LEDT
JANFRIER!

REDAKTIONEN

Frank Østergaard har et billede af den store profet på sin væg. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog. Det er et billede af Muhammeds ansigt, som han har tegnet i sin tegnebog.



STOP STOP I ER LEDT
JANFRIER!

Figure 13. Muhammad Cartoon Controversy



Figure 14. PETA Billboards

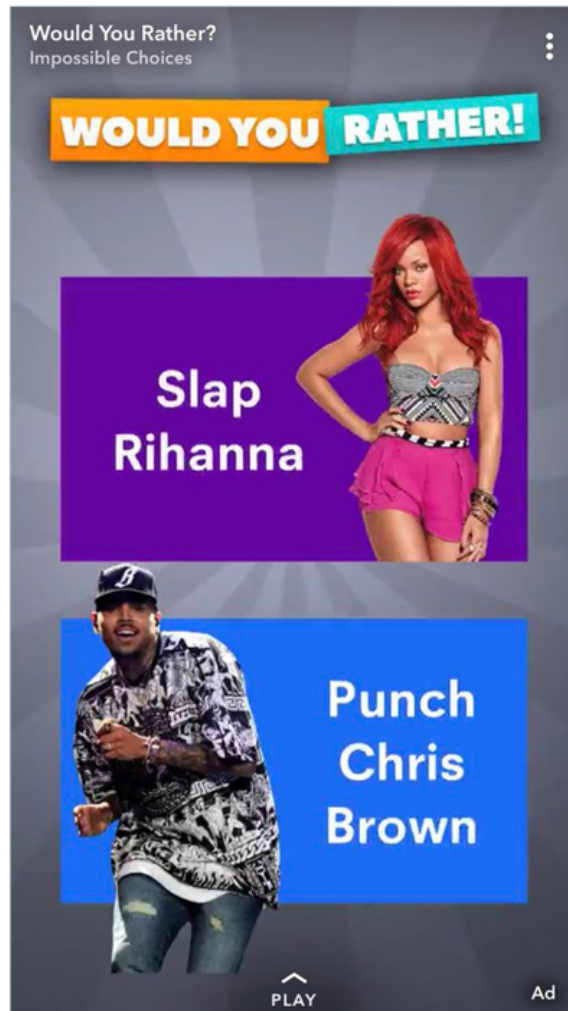


Figure 15. Would You Rather? Ad

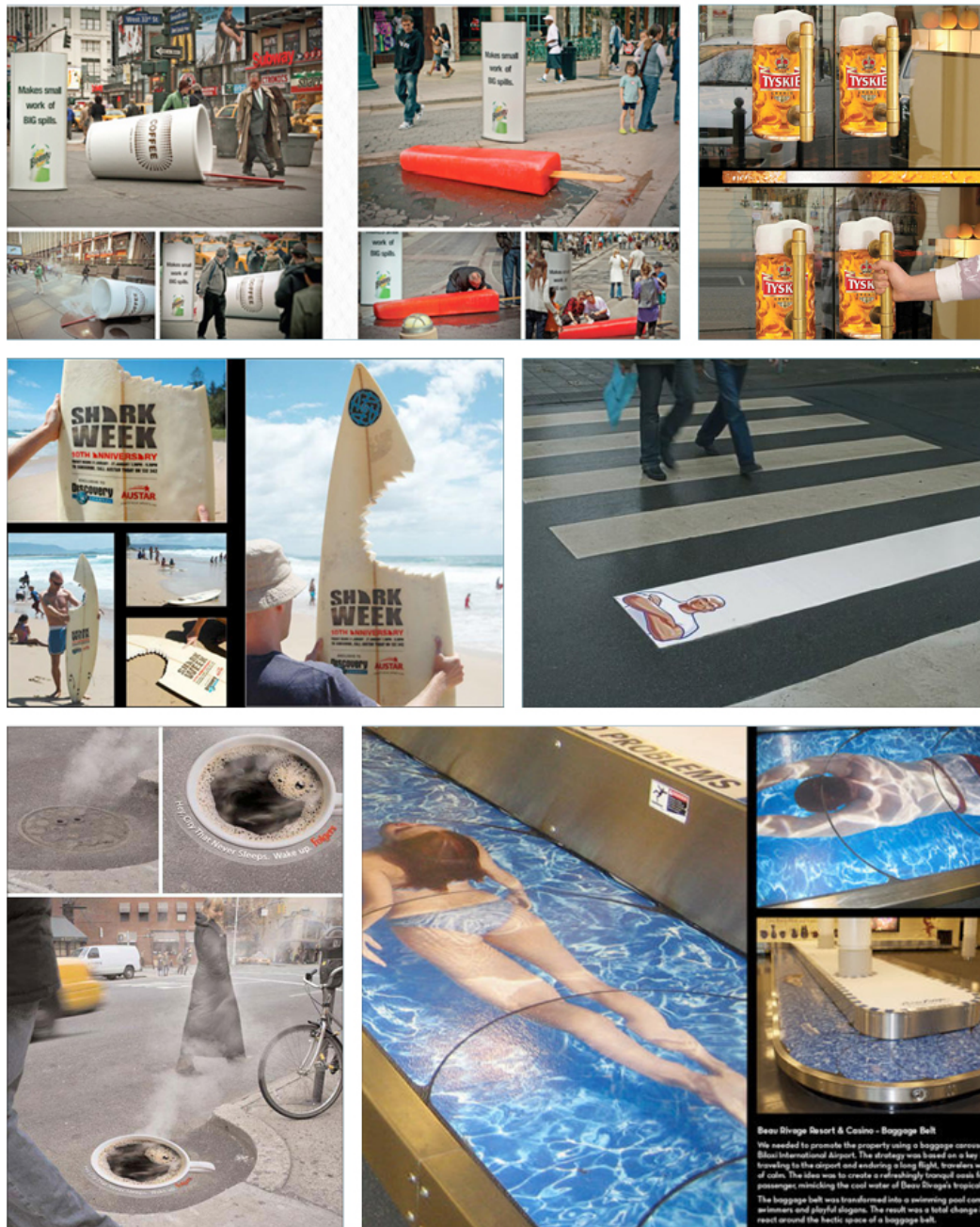


Figure 16. Guerilla Marketing Examples



Figure 17. Breast Cancer Awareness Singapore

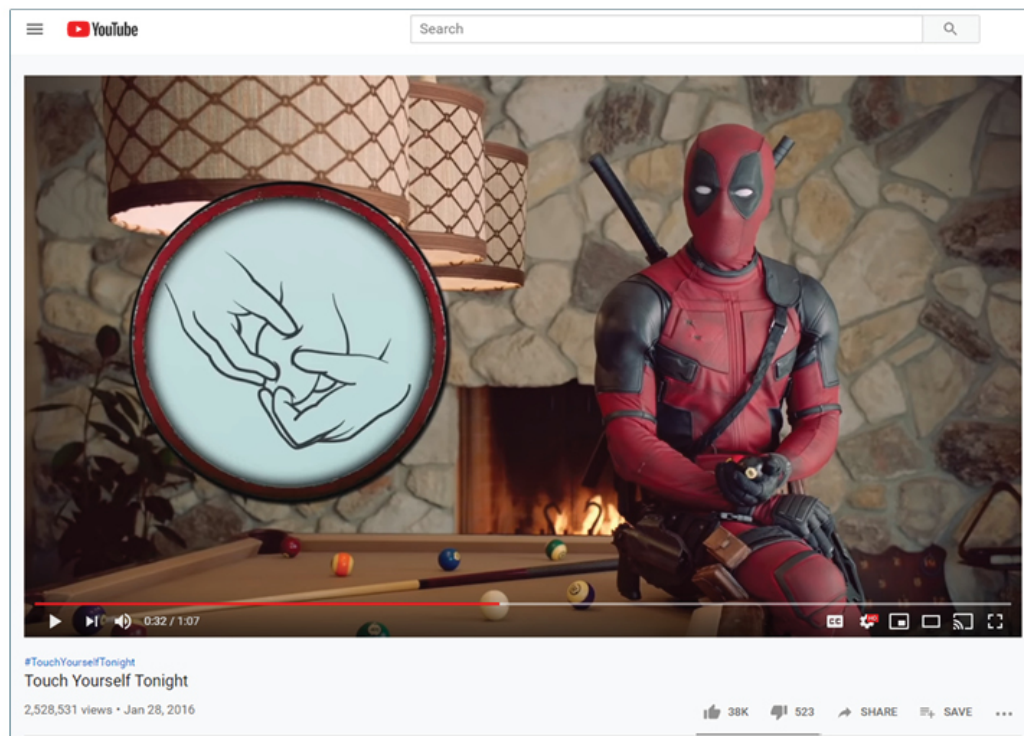


Figure 18. Deadpool and Testicular Cancer Awareness

NO ONE WANTS TO SEE THIS

PROBLEM
Colon cancer is the second leading cause of cancer-related deaths in the United States. Getting screened is critical, because when it is detected early, it is also one of the most treatable forms of cancer. The problem is it's a taboo subject that most people are uncomfortable talking about.

SOLUTION
Our goal was to get people talking about the topic and create some buzz to raise awareness about the importance of getting screened. We chose to take a humorous approach. We thought it was great way to break the ice and start conversations around this very serious topic. And we made the conversation unavoidable with a head-turning campaign.

RESULTS
During the time of the media placements, Meredith's Miracles web traffic increased by 175%. The press took notice as well and helped spread the message of the importance of getting a colon cancer screening as far as France and the UK.



Figure 19. Colon Cancer Awareness Chicago



Figure 20. Kiel Colon Cancer

APPENDIX B

:Designing Humor—Utilizing humor, wit, and play as a strategy to address serious issues.

Jordan Golembeski

This thesis seeks to identify how the potential benefits humor, wit, and play contribute to messages designed for raising community awareness around issues commonly deemed serious or “unfunny”.

Research will determine the value, usefulness, and methodology for using humor successfully in design messaging. Interviews will help determine the target audience and the appropriate humor tactics for a successful campaign. The final testing phase of the created campaign will demonstrate whether common principles of humor and empathy can be used to communicate with audiences on serious issues.

A Growing Dilemma

Colorectal cancer has become a reality for many people younger than age 50, and it’s the only population with a rising incidence rate. In the US, approximately 10% of colorectal cancer cases are diagnosed in individuals under age 50.

Solution: A targeted marketing campaign that builds awareness of colon cancer among 18 to 35-year-olds.

Goal: Educate younger adults about the threat of colon cancer through the use of ambient marketing materials. Featuring printed materials in uncommon spaces, the combo of graphic wit and strategic location will be applied to get attention and increase retention of the messaging.

Strategy: Utilize humor to surprise, encourage a call to action, and increase retention. Campaign will be placed in public restrooms and washroom facilities to reach people at the source and in the context of the message. In restrooms, viewers are in an ideal setting to consider their colon health and check bowel movements for abnormalities. Campaign calls out youth for being “On the Shit List” for lack of awareness, checking themselves, and getting screened. Scheduling a screening would effectively get them off the “Shit List”. Materials will contain crude “potty humor” to gain attention followed by a call to action to motivate viewers to learn more.

This campaign will be implemented in March 2019 during Colon Cancer Awareness Month.

Jordan Golembeski is a design strategist, creative, and humorist. He will receive his MFA in Communication Design from Texas State University in 2019.



APPENDIX C

Cancer Patient Interview Questions

INSTRUCTION

Good morning/afternoon. My name is _____. Thank you for coming. During this interview I will ask you about your experiences with cancer. The purpose is to get your perceptions of your experiences during and after treatment. There are no right or wrong or desirable or undesirable answers. I would like you to feel comfortable with saying what you really think and how you really feel.

TAPE RECORDER INSTRUCTIONS

If it is okay with you, I will be recording our conversation. I want to make sure I capture all of the details but at the same time be able to carry on an attentive conversation with you. I assure you that all your comments will remain anonymous. I will be compiling a report which will contain all interviewee comments without any reference to names of individuals. In the case I find specific info to share I will reach out to you for permission.

CONSENT FORM INSTRUCTIONS

Before we get started, please take a few minutes to read this preamble (read and sign this consent form). (Hand interviewee consent form/preamble.) (After return of preamble/consent form, turn tape recorder on.)

PERSONALITY/SENSE OF HUMOR

1. Tell me about yourself.
2. How do you relax?
3. Who, if anyone, do you turn to help you relax?
4. What role does humor play in your life?
5. How often do you laugh?
6. Describe your sense of humor.
7. Do you consider yourself a funny person?
8. Who is the funniest person you know (famous or personally)?
9. What style of humor do you appreciate most?
10. What outlet do you turn to if you need a laugh?

CANCER EXPERIENCE

11. When were you diagnosed and at what age?
12. At what stage were you diagnosed with cancer?
13. How was the cancer detected/How did you find out?
14. How did you feel when you first received the news?
15. Is there a family history of cancer?
16. Did you have a support network? If not, how did you overcome it or find it?
17. Tell me about your treatment process.
18. Were there any programs or services offered that would help with the treatment process?
19. Did you face any obstacles during your treatment process? How did you overcome these?
20. How long were you in treatment? What helped keep your spirits up and gave you support during this period?
21. What message would you like to provide others in the community?
22. What do you wish you knew before being diagnosed?

ROLE OF HUMOR IN TREATMENT

1. Was there a difficult time in your life when humor helped you through it?
2. Did a sense of humor play a role or help during treatment? How?
3. Can you recall a specific time you and your friends/family laughed during treatment?
4. How did this affect your mood or outlook during the experience?
5. What value does a sense of humor have during treatment or recovery?

DEBRIEFING

Thank you very much for coming today. Your time is very much appreciated, and your comments have been very helpful.

The purpose of this interview is to better understand Cancer patients' perceptions of their experiences during and after treatment. We are interested in your opinions and your reactions

The results of this research will provide useful information to designers and communicators, in helping them to structure tailored messaging that those diagnosed consider to be most effective and ideal in helping them through treatment.

You will be kept anonymous during all phases of this study including any experimental writings, published or not. Procedures for maintaining confidentiality are as follows: (1) individual participants' results will be pooled with group results; and (2) participants should not place any identifying information on data collection instruments. (Such identifiers include name, social security number, student identification number, specific birth data, telephone number, address, etc.)

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