

Are you suffering from a laugh deficiency disorder?

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Tictor Borge, the famous comedian, once said, "Laughter is the shortest distance between two people." Humour is a powerful tool for improving communication and putting people at ease. It is underused in doctor-patient relationships and in medical environments.

Laughter releases tension mediated through the autonomic nervous system.1 A good belly laugh can relieve pain,^{2,3} boost immunity,^{4,5} and rest the brain.⁶ Humour, when used in a sensitive, caring manner, builds rapport and breaks down barriers of communication. When a patient can laugh at a problem, the problem ceases to exist in its original form and becomes more manageable and less threatening. Dr Joel Goodman, Director of the Humour Project and pioneer in the therapeutic effects of laughter, says "Laughter can take you from moping, to coping, to hoping."

Using humour appropriately

Physicians tend to be wary of laughing with patients. Our training environment implies healing is a serious business. Levity is out of the question, and patients might get the wrong idea. Doctors do not want to appear frivolous and flippant, especially with people they do not know. Mockery, ridicule, and sarcasm have no place in a healing relationship. Laughter should restore a person's dignity and self-worth, not destroy it. Humour must be appropriate and benevolent. We can take our work seriously while taking ourselves lightly.

Humour can be a way of expressing anger and hostility in a socially acceptable manner. But the effects of inappropriate humour can be devastating. Jokes that put people down because of race, religion, sexual orientation, nationality, or disability can hurt rather than heal. People try to increase their own selfesteem by negating others. When we teach children to laugh at others who are different, we are setting up barriers and teaching them prejudice.

Betty Ann, a 25-year-old nurse, participated in a weekly psychotherapy group I was leading. She had been extremely quiet and hardly talked in months of therapy. One day when another member of the group talked about her painful childhood with an overly serious, cold, insensitive father who never permitted laughter or giggles in the house, Betty Ann opened up and talked about her fears of talking in public. She grew up with an older brother who continually laughed, ridiculed, and made fun of her in front of family members and at school. He was jealous of her stealing attention in the family and treated her cruelly and shamed her regularly. She became fearful of being laughed at and was afraid to talk in class and in our psychotherapy group. She anticipated making mistakes, getting negative feedback, and becoming embarrassed. People who were teased or mocked in childhood are much less tolerant of humour. It would be inappropriate to joke with Betty Ann because of her sensitivity to belittlement.

Sometimes patients use humour as a defence to distance themselves from feelings or to avoid intimacy with a therapist or relationships in general. When things get too painful or sad, patients start to joke to cover up underlying feelings. A sense of wellbeing arises from our ability to appreciate our good qualities and to laugh appropriately at our shortcomings. When patients continually laugh at themselves or devalue their own competence and the therapist joins in, the therapist is entering a trap. Joining a patient in laughing at himself or herself can reinforce self-deprecation and self-destructive language.⁷

Sometimes sick people use laughter as a defence against pain and suffering. Usually this signals that patients have developed some insight into their difficulties. It can be a sign that patients are improving, becoming more confident, and beginning to see their illnesses in perspective.

Humour in the classroom improves learning

Researchers interested in how humour affects learning found that teachers who used humour got students' attention; reduced anxiety about tests; improved critical thinking, literacy skills, and concept learning; and promoted positive classroom climates.8 When something is learned with humour, it is learned well. We can improve learning in medical schools by injecting humour and fun into lectures and clinics.

Staff in health care settings often use raunchy or gross humour to "let off steam," relieve tension, and cope with stress. Macabre, sexual, gross, and gallows humour can help reduce pent-up emotions, horrors, and fears arising from the brutality of things witnessed in emergency rooms, operating rooms, and critical care environments.

Stitches—a Journal of Medical Humour is an extremely popular magazine because it specializes in jokes and funny stories about the trials and

tribulations of being a doctor. Physicians and office staff enjoy reading this journal because it gives them a humourous perspective of their daily lives.

A patient of mine who survived the Nazi death camps told me that his sense of humour helped him stay alive. No matter how terrible things were, there was always a part of him that could see the humour or the absurdity of a situation. They could never take his smile away. As long as he could laugh, he felt human. "Laughter is a way of 'thumbing one's nose' at the inescapable and incomprehensible vagaries of existence and declaring, 'I choose to rise above this. I choose to meet life head on, excited about the varied possibilities in each day' . . . Laughter is freedom."9

Laughter and humour in medical practice

Health professionals do not have to be Carol Burnett or Jerry Seinfeld to bring humour into health care settings. Just acknowledging how important laughter can be is a good place to start.

When people take anything too seriously, they develop tunnel vision, which limits and distorts their perception of reality.¹⁰ If a patient makes a joke, it is usually an invitation to laugh with rather than at that patient. Often, patients are waiting for someone to be playful. I try to watch patients' mouths. When I see them smile, I smile too. Many physicians find that joking with children helps to establish better rapport with their parents. Play is the medium through which children communicate.

Some physicians put joke books, toys, and funny art in their waiting rooms to show that their office is not a laugh-restricted area. Bulletin boards with tasteful jokes, especially about health care issues, can bring levity into an otherwise stressful environment. Many hospitals have laughter rooms or humour carts filled with funny magazines, books, comedy videos, and laugh tapes for patients to use.

Years ago I ran a joke contest in the office. I had a notice on the bulletin board that said the best joke submitted would win a prize. There was a wonderful response. I began to see aspects of people's personalities that I had never seen before. The atmosphere in the office changed. My nurse enjoyed it as well. We gave ourselves permission to giggle. Health care centres can have funny activities, such as Halloween dress-up parties, silly hat days, or laughable theme days to help staff lighten up.

The funny side of teaching

Many physicians use humour as a teaching tool. When explaining a treatment plan to patients, levity can be used to gain cooperation. Laughter can help patients manage pain and cope with traumatic health and emotional issues. We can help patients manage stress better and develop healthier and more playful lifestyles.

Dr Carl Simonton, coauthor of the book Getting Well Again, 11 believes that play is essential, not optional, for health. He found that play is one of the first things to go when patients get cancer. As part of his strategy to help people deal with cancer, he has them list 20 playful things to do, 50% of which must cost less than \$5. He makes patients put play back into their lives.

Humour is not necessarily telling jokes or comedy. It is a sense of delight and exuberance that life is funny. Alison Crane, a nurse who teaches how to bring laughter into health care settings, explains. "You don't have to be a stand-up comic to get your patients to relax . . . just have a cheerful, spirited approach and be willing to respond to their humour."

John F. Kennedy wrote, "There are three things which are real: God, human folly, and laughter. The first two are beyond comprehension. So we must do what we can with the third." The pursuit of happiness is one of the basic precepts of the Declaration of Independence. Patch Adams, a physician who is also a clown, believes that humour and love are at the core of good bedside manner, preventing burnout, and avoiding malpractice. Humour deserves a special place in medical practice. •

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