

Humor Is No Laughing Matter

In 1976, the New England Journal of Medicine published an account by Norman Cousins, a long time editor of the Saturday Review, of how he had used humor to promote recovery from amyotrophic lateral sclerosis (ALS). He observed that 10 minutes of belly laughter produced an anesthetic effect lasting at least two hours. A study by Martin & Lefcourt indicated that heavy laughter increased levels of endorphins and enkephalins in the brain, substances that act as the body's own natural opiates. Another study by Dillon, Minchoff, and Baker reports that finding something funny results in a significant increase in IgA antibodies.

Humor is a commonplace characteristic of some complexity that has been largely ignored by mainstream psychology. More recently, however, a growing body of literature correlating humor and wellness seems to be accumulating. One consequence of this growing recognition of the value of humor occurred at St. Joseph's Hospital in Houston. They opened a "living room" for their cancer patients. In it there were videotapes and stereos where patients could watch and listen to their favorite comedians and music.

Before getting into the sense of humor of doctors or patients, let us take a close look at what makes something funny, i.e., what exactly makes people laugh? Two excellent books on the subject, *The Psychology of Laughter and Comedy*, and *Laughter and a Sense of Humor*, list 80 theories on the topic. Without question, there appears to be no shortage of theories.

Whereas most of the theories that have been advanced are notoriously redundant, there are a few that should be taken more seriously. For instance, here is the one favored by 17th century philosopher Thomas Hobbes:

"The passion of laughter is nothing else but sudden glory arising from a sudden conception of some eminency in ourselves by comparison with the infirmity of others, or with our own formerly: for men laugh at the follies of themselves past, when they come suddenly to remembrance, except they bring with them any present dishonor."

Bergler offers this equally compatible theory:

"Each of us transfers externally perceived displeasure into internally perceived pleasure -- that we are all unconscious masochists. However, the super ego, the censor, will not allow that; the ego is not allowed even this little pleasure. So the unconscious ego develops a constant readiness to respond to jokes with pseudoaggression."

Today's popular comedians gain their audience's attention (and even more love and respect) by ridiculing and demeaning safe targets. Essentially, humor derives from five basic sources: surprise, ridicule, absurdity, exaggeration, distortion, and exploitation. Without exception, whatever is laughed at will be found traceable to one or more of the aforementioned sources. To illustrate this, here are a few examples in joke form:

Surprise: A Scotsman got on a train and said to the conductor, "How much is the fare, laddie?" The conductor answered, "Thirty-five cents." All at once, an argument started with the Scotsman complaining that he was being overcharged. The conductor became furious and threw the Scotsman's suitcase out of the window into a river below. The Scotsman cried out "My God, mon, its not bad enough you try to overcharge me, but now you try to drown me little boy."

Absurd: A woman's husband died, and his wife, in making the funeral arrangements, specifically instructed the funeral director to lay her husband out in his blue suit. But, as fate would have it, the funeral director laid the man out in a brown suit. Well, the wife was fit to be tied. She insisted that the funeral director rectify the situation immediately. Minutes later, the man was wheeled out in a blue suit. Delighted, the wife asked how they got her husband out of the brown suit and into the blue one so quickly. The funeral director replied, "It was simple, madam, we just switched heads."

Exaggeration: A man went to a psychiatrist with a problem. He was troubled by the fact that he was so short. The doctor had him lie down on a couch and tell everything that bothered him. After the hour was up, the psychiatrist assured him that he was fine and that there was absolutely nothing to worry about -- that some of the greatest people in the world are short. The man left the doctor's office with a new lease on life, feeling great. He walked two blocks and was eaten by a cat.

Freud has this to say about humor: There is no such thing as an accidental communication when it comes to humor. Even the slip of the tongue and the joke reflect the reality of experience of the people involved. Humor seems to arise from the same incongruity (contradiction) that produces defensiveness. We use humor in interpersonal relationships because it permits us to communicate things about ourselves, about others, and about our relationships with others, that we could not communicate if we could not invoke the principle of denial. An example of this principle occurs when Mary says, "I love you very much," while she pushes Ken away from her. Mary's words are at odds with her actions. In short, some serious messages often masquerade under the guise of humor.

It should be borne in mind that the human is the only animal that laughs, the only one with a sense of humor. Real humor goes beyond mere fun or hilarity. It is often based on deep insight into the human condition and a sign of intelligence. Less intelligent people often lack a sense of humor because they lack insight.

Humor also has a cross-cultural dimension. In Mario Pei's, *The Story of Language*, you will find some classic examples of how people from different countries laugh at one another through ridicule. The French call the driver of a getaway car "L'Americain." The French also call a "confidence game," the American swindle. In France, syphilis is called, "the English disease"; in England, it is called, "the French disease." The English invented the term "to Welsh," a term meaning to renege on an obligation and, thus, an insult to the Welsh people. "To Jew someone down" favors Christian charity at the expense of Jewish greed. The culture-based list of shibboleths people hurl at one another is both ongoing and, seemingly, endless.

What role does humor play in the healing arts -- that is, in your office? Is yours a humorless practice? Do you tell your patients an occasional joke, or do they tell you one from time to time? I once happened to ask a patient of mine who was deaf what kinds of things deaf or hearing-impaired people laugh at. She proceeded to relate the following visual joke: A deaf person was making a speech using sign language at a convention. On the lectern before her stood two glasses of water. Halfway through her speech she paused, dipped her fingers in the glasses of water and stated, "My fingers went dry." It

took a minute or so for me to realize that dipping her fingers in water was equivalent to a hearing speaker's throat being dry.

Approached from another direction, it never ceases to surprise me how many people equate humor with something that is not serious. Do doctors with a sense of humor have a higher success rate? Patients treated by pessimistic doctors do not, as a rule, fare as well as those treated by optimistic doctors. Humor, in high stress situations, has also been found to have a cathartic effect among health professionals. One new hospital is gambling that even emergency rooms need humor; they put floor to ceiling murals of scenes from the television series "Mash" all over the emergency waiting room walls.

Despite the fact that human illness often dampens one's sense of humor, it must be taken to be an invaluable therapeutic adjunct. Hospital nurses have been known to interpret the return of a patient's sense of humor as an indication of recovery. Indeed, if done tastefully and not in excess, humor can likewise elevate a patient's trust in the attending physician. Equally important, humor should have a psychologically constructive purpose. To illustrate, here are two anecdotes: one negative, the other positive:

Negative: A psychiatrist told one of his women patients, "Madam, you do not have an inferiority complex. You are inferior!"

Positive: A man told his psychiatrist that he was having terrible nightmares. Every night he was chased by a monster that kept gaining on him. One night the monster chased the man down an alley leading to a dead-end. Upon reaching a blank wall, the man hysterically turned to the monster and said, "What are you going to do to me?" To which the monster replied, "I don't know, it's your dream, mister."

Well-intended humor in a doctor's office has the capacity to create a sense of warmth, relaxation, and rapport. There are, however, certain patients with whom one should not joke. Paying close attention to the way patients relate their complaints will frequently provide the attentive listener with definite clues to their personality. Experience and intuition soon enables the doctor to make such determinations. The communication prescription in such cases is not to joke with them. Humor, when it backfires, can defeat any attempt at healing. Instead of relaxing the patient, it can create a mood of hostility and resistance.

A sweeping generalization suggests that there are two kinds of doctors: those who are serious and never joke, and those who take their joking seriously. While either extreme is inadvisable, selectivity should be the watchword. For instance, if a patient is extremely apprehensive about the treatment to be administered or being informed of a serious diagnosis, some discrete humor might be fitting.

There is an old myth that states, "The joking physician seldom succeeds." For as long as this writer can remember, humor has been equated with a lack of seriousness. I recall high school teachers who, upon hearing students laughing in a classroom, were convinced that no learning was going on. Learning and laughing were perceived to be antithetical behaviors. Such a notion has since been discredited by many educators. When students laugh, they listen; when they listen, they learn.

The bottom line is that humor has curative properties. Witness comedy clubs springing up everywhere. In a world overrun with hunger, crime, destruction, disease, pollution, and economic collapse, a sense of humor may well be the final frontier. Perhaps we should amend the myth mentioned in the preceding paragraph to read: "The best physicians are those with a sense of humor." Healing and humor should go hand in hand and, most emphatically, humor is no laughing matter.

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Editor's Note:

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