

HUMOUR IN THE DOCTOR'S OFFICE

Mel Borins, MD

In Brief • En bref

Medical practice is a serious business, but Dr. Mel Borins thinks physicians sometimes take themselves and their profession too seriously and overlook the therapeutic value of joy and laughter. He thinks patients should be encouraged to laugh, and physicians should not overlook the benefits of humour in their personal lives.

La pratique de la médecine, c'est sérieux, mais le Dr. Mel Borins pense que les médecins se prennent parfois trop au sérieux et oublient la valeur thérapeutique de la joie et du rire. Il est d'avis qu'il faudrait encourager les patients à rire et que les médecins ne devraient pas oublier les bienfaits du rire dans leur vie personnelle.

We physicians take ourselves too seriously. Dealing with cancer, child abuse, terminal illness and AIDS is nothing to laugh about, of course — this is probably why hospitals and doctors' offices are usually sombre places where laughter and playfulness are left at the doorway. By doing this, however, we forget that positive emotions of joy and laughter can be therapeutic.

Laughter is a release of tension mediated through the autonomic nervous system. When we laugh, our whole body and even our cells laugh with us. We expel the residual air or dead space in our lungs; our hearts beat quicker, and apparently slow down to below the starting rate once a laugh is over.

The muscles in our chest, abdomen, shoulders, upper arms, face and neck contract, and afterward the tension decreases. Neurotransmitters such as norepinephrine, catecholamine and dopamine are released. It is hard to feel pain and be tense when you laugh because laughing breaks up the stress-pain cycle (Rauch-

man S: He who laughs, lasts. *Cdn Doctor* July 1987, 9-10).

One study concluded that enhancement of the immune system may be a link between anecdotal claims that there is a relationship between a positive emotional state and healing (Dillon KM, Minchoff B, Baker K: Positive emotional states and enhancement of the immune system. *Int J Psychiatry Med*, 15: 13-18). Ten psychology students had their concentrations of salivary immunoglobulin (IgA) measured while watching humorous and didactic programs. The IgA concentration increased significantly after subjects viewed a humorous videotape, but did not show any significant changes after they had watched a didactic tape. Students who reported that they used humour as a coping skill were found to have significantly higher IgA levels.

Another study showed how laughter affected change through the autonomic nervous system. Autonomic responses were recorded in three groups of subjects as they viewed tragic, comic and control films. Physiologically, sympathetic activation was common among viewers of both tragedies and comedies, with cardiovascular

changes being more prominent during the former and respiratory changes during the latter. There was no significant autonomic response to the control film. The study concluded that laughter may be a useful resource for altering sympathetic response in a beneficial way (Averill, J: Autonomic response patterns during sadness and mirth. *Pathophys* 1969, 5: 399-414).

Not all laughter is positive, however. Often the patient's conscious feelings and insights can be diverted by the therapist's humour, and perhaps even arrested and blocked. In counselling, the therapeutic alliance and positive-transference relationship can be damaged if a patient feels the physician is laughing *at* him rather than *with* him. Similarly, any imitation of a patient by a therapist may appear to be mockery, no matter how serious, compassionate and educational the intent may be (Kubie LS: Humor in psychotherapy. *Am J Psychiatry* 1971, 127: 7).

In psychotherapy, inappropriate laughter is observed most frequently in patients with disorganized schizophrenia and various hysterical conditions — the laughter does not express joy but instead is a sign of emotional conflict and distress. Some patients use humour as a defence technique to distance themselves from the therapist and their feelings of guilt, sadness and fear, and they often smile when talking about painful or depressing incidents that have left them feeling guilty. Behind the smiles are repressed feelings patients have difficulty expressing.

When laughter expresses joy and pleasure, however, it can signal that patients have some insight into their difficulties. This can be a sign that the

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patient is improving and beginning to see life in perspective. When I conduct psychotherapy and the patient doesn't smile for an entire session, I become concerned; patient and therapist can be so caught up in the problem that they lose sight of the larger picture.

I sometimes inject sensitive, non-threatening levity into a session to remind patients that they can view issues from a less serious perspective. I remember one 63-year-old woman who had been a patient of mine for 10 years, she was dying of breast cancer and was in a palliative-care facility. I saw her once a week, and we were running out of things to talk about, communication became more difficult with each visit. I decided to tell her a joke I had heard at a recent workshop: "A woman was dying of cancer. Her oncologist had just told her that her condition was grave and she probably had only 24 hours to live. She became extremely depressed. Walking over to the window of her hospital room, she saw a huge flash of lightning and heard a booming voice shout, 'I will take care of you.' Knowing God would help her, she became very peaceful.

"Soon there was a knock on the door and another oncologist entered, saying that a new drug had been discovered and he wanted her to try it. The woman said, 'No, thank you, God is looking after me.'

"Next, a psychiatrist came to visit, telling her that he wanted to teach her self-hypnosis, visualization, guided imagery, get her into a psychotherapy support group, and help her deal with the stresses in her life. This had been shown to help cancer patients, he said. She replied: 'That is very kind, but God is going to look after me.'

"Finally, a radiotherapist rushed in to tell her that she was a candidate for a new type of radiation that was more powerful at irradiating cancer cells, yet spared normal tissue. The woman smiled. 'Thanks, but no thanks. God is looking after me.'

"Twenty-four hours passed, and the woman died. She was furious when



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**— Nurse Andrea Thomsen and Dr. Mel Borins,
dressed up for Halloween**

she arrived in heaven, and demanded to know why she had died after God had promised to take care of her. 'I tried,' shrugged God. 'I sent the oncologist. I sent the psychotherapist. I sent the radiotherapist. . . .'

Betty began to laugh, and we both had a good chuckle. It seemed to break the ice, and I began telling a new joke during each visit. She looked forward to hearing them no matter how bad they were, and they seemed to make it easier to talk about other things.

Andrew Sherrington, a former edi-

tor of *CMAJ*, introduced the term "gelatotherapy," which was taken from the Greek *gelas*, meaning laughter. He thought it should be prescribed occasionally, particularly to physicians. For physicians suffering from a "laugh-deficiency disorder," here are some of my prescriptions:

- Take a 2-week break from sadness and violence, and do not listen to, watch or read the news.
- During this time, read or view only funny, positive and humorous books, articles, films and television shows.
- Learn at least one new joke a day. Write it down and practise telling it.
- Take time off your treadmill. See the humour in what is happening around you. See your life as a situation comedy.

Some patients have told me they feel too sick to laugh, but that is the time they need to inject some humour into their life. We don't laugh because we're happy — we're happy because we laugh. One of the most important signs of mental health is the ability to laugh at oneself. We are all fallible, and we are going to make mistakes. We need to feel good enough about ourselves to ac-

knowledge our human frailties.

It would be helpful to study how laughter and other positive emotions like love and joy are evoked in people. These beneficial feelings can help relieve anxiety, discharge hostility, release guilt and strengthen the will to live. Laughter can build rapport and decrease anxiety and tension.

Just as feces are the excrement of the body, dreams are the excrement of the mind and laughs the excrement of the soul. As physicians, we should try to encourage spiritual diarrhea. ■