

Conversation with the Experts

Toward Optimal Health: The Experts Discuss Therapeutic Humor

JODI R. GODFREY, M.S., R.D.

LAUGHTER CAN BE GOOD MEDICINE. There is, in fact, growing evidence both scientific and observational of a clinical association between humor and health. Numerous studies support the benefits of laughter in cardiac rehabilitation, pain perception and discomfort threshold, coping and stress, and immune response. In selecting the topic for this issue, my original intention was to examine the role of therapeutic humor in healing. However, as the column developed, the focus shifted away from the evidence-based data to the desire to convey an appreciation for humor as a basic human need and one that can serve the physician well.

Many people think that they must adopt a strict weight loss diet, a punishing exercise program, avoid salt, shun fat, and follow arduous regimens in order to be healthy, bemoans renowned cancer specialist David Sobel, M.D. (a practicing physician and regional Director of Patient Education and Health Promotion for the Kaiser Permanente of Northern California). "However, the reality is that healthy people tend to be pleasure-seekers with a sense of humor rather than rigid lifestyle adherents."

Laughter appears to do much more than provide a coping mechanism to face major illness. It can reduce stress hormones and boost the immune system. Laughter can reduce blood pressure by increasing vascular blood flow, and it can provide an aerobic workout. Laughing 100 times is equal in caloric expenditure to 10 minutes on a rowing machine or 15 minutes on an exercise bike. (Which would your patients rather do? And you?) In 1980, the departing editor of the *New*

England Journal of Medicine, Franz Ingelfinger, M.D., estimated that 85% of all human illnesses are curable by the body's own healing system, and humor clearly plays a part. That and the fact that laughter is infectious provide reason enough to explore the benefits of humor in health and healing.

A long conversation with Joel Goodman, Ed.D., a self-made humorist, a brief discussion with William F. Fry, Jr., M.D., who initiated the earliest studies on the effects of humor on human physiology, and data from several well-regarded experts in humor research provide the basis to build a case for humor in the clinical setting. My goals are to instill a greater appreciation for the role of humor in disease prevention and health promotion and to elicit a smile and hope that it stays with you long after you finish reading this column. You will agree with Joel Goodman that, "Seven days without laughter make one weak," and, yes, laughing matters.

Joel Goodman, Ed.D., is founder and president of The Humor Project, Saratoga Springs, New York. Dr. Goodman is a full-time humor educator, author of eight books, and editor of LAUGHING MATTERS magazine. His organization sponsors the HUMOResources mail-order bookstore and the annual HUMOResilience seminar.

William F. Fry, Jr., M.D., is emeritus professor at Stanford University School of Medicine. Dr. Fry is a psychiatrist, humor researcher since 1953, and founder of the Institute of Gelotology (study of science of laughter) at Stanford, which was initiated with a grant from the National Institute of Mental Health in 1964.

Is it possible that the role of laughter and humor has gained acceptance within the medical community?

Dr. Fry: One of the hurdles to promoting humor as a therapeutic option is a lingering association that many physicians have with the very successful and effective hospital-based clown programs. This type of humor has proven its value most noticeably in the institutional setting where patients are isolated from society. However, humor exists in many forms. The way we practice medicine in the United States, the physician is the authority, and the patient is the petitioner for care. Humor has been demonstrated to have a positive effect on quality of life as well as medical outcome. For instance, patient behavior and involvement, particularly with regard to both treatment compliance and drug effectiveness, are improved when delivered with a dose of humor. Less medication was needed by patients in an environment with humor presentations (entertainment) than in a traditional, unstimulated environment.

Dr. Goodman: This link between humor and health goes back decades. Bill Fry has been researching this relationship for five decades. Certainly, laughter as good medicine entered the general psyche after the publication of Norman Cousins' 1979 best-selling book, *Anatomy of an Illness as Perceived by the Patient: Reflections on Healing and Regeneration*, in which he described his unexpected recovery from ankylosing spondylitis partly attributed to watching funny videos.

The whole field of psychoneuroimmunology was promoted by the groundbreaking work of Dr. Robert Ader at the University of Rochester in the 1980s. Since then, there has been a growing appreciation for the mind/body connection, which has provided a scientific foundation to buttress Cousins' personal observations and experience. The field of complementary medicine, with support from the NIH, has moved mind/body medicine, including humor, into the infrastructure of present-day medicine. There are many professional organizations taking this field seriously. It is fair to say that the role of humor has amassed sufficient scientific integrity to have outgrown its status as a fad. Bernie Siegel, M.D., sums this up as, "Some day, medical training will not just be medical information but will truly become medical educa-

tion, and we will all become one healing team." Humor can and should be one more tool to pull out of the physician's black bag.

The association between humor and healing seems centered in cancer care and chronic pain management, but is there a place for humor in general medical practice?

Dr. Fry: The importance of bedside manner in patient care has been known for centuries and needs to be revived in this country. We understand by pure common sense that attitude influences quality of life. Hence, mirth enhances quality of life. A physician's attitude and demeanor have an immense influence on patient compliance and, ultimately, on patient outcome. Humor is the tonic anyone can afford in patient care. I do not mean to imply that physicians should don a clown nose or start every conversation with a joke. Rather, I mean it as a remind that clinicians can have a profound influence on patient care as a result of the authority that comes with the role, and, therefore, a physician must recognize the value of humor.

Dr. Goodman: Humor is a work in progress, as is every other form of healing. Just like other areas of medicine, the recommendations change as new information is added to our knowledge base. Even hormone replacement therapy demonstrates that a seemingly accepted medical protocol can change after many years, given new information. This is just part of the process in which the role of laughter and mirth will be examined, tested, and retested. In mentioning humor in cancer care, Dr. Bernie Siegel has certainly moved the understanding that our attitude, perspective, and outlook are crucial to recovery and how patients deal with cancer and other life-threatening diseases.

There is a growing body of research related to optimism and hope, led by Martin E.P. Seligman, Ph.D., Fox Leadership Professor of Psychology at the University of Pennsylvania, that supports the role of attitude as significant in individual responses to life events. This work has led him to examine the concept of authentic happiness.

Should the relationship of humor and stress be regarded as a psychological concern rather than a clinical one?

Dr. Goodman: Given the struggle that many physicians have with compliance issues, physi-

cians might be more open to mind/body connections that support a positive patient-physician relationship. This connectedness has been demonstrated to improve compliance; patients will more closely follow their treatment and take their medications as prescribed. If physicians can foster this relationship and teach patients to give themselves a shot of humor, we may see fewer unneeded office visits, less disappointment with physician recommendations, and improved outcomes.

What is the relationship between humor and laughter?

Dr. Goodman: This topic has been considered from many angles. Humor is an enduring and important life skill. Having a good sense of humor can help people deal with difficult situations and goes along with a positive attitude that is part of a self-fulfilling cycle. Laughter can be viewed as an outcome of humor. It usually occurs in a social setting with others rather than alone.

There are those who believe we do not need a sense of humor, just the benefits gained from the positive physiology of laughter. One physician in India felt so strongly about the role of laughter as a health-promoting tool that he began laughter clubs in which members are led in exercises to stimulate laughter for no apparent reason other than the physical response. I propose, however, that there is a limit to laughter as a healing tool. A sense of humor that is developed, nurtured, and supported ultimately serves people better to cope with the bumps in the road. A sense of humor has good effects and side effects. If it feels good and offers even a momentary respite from an otherwise painful experience, why not put humor to good use—which can lead us to laugh a little, live alot! Having a playful spirit, a childlike perspective, and a sense of spontaneity is an important ingredient in developing a good recipe for making sense of humor . . . from which laughter will follow.

Might humor have sufficient effect on endorphins and stress to be considered a therapeutic agent?

Dr. Fry: The basic research studies on humor demonstrated a stimulatory effect on most of the physiological systems of the body. The science has not evolved significantly with regard to phys-

iology, but in terms of psychology and sociology, there has been significant progress.

Dr. Goodman: There are those who are research driven and need to see the numbers and be presented with a scientific basis, and there are others who are satisfied by intuitive responses and observable clinical outcomes. We need to satisfy both. In the 25 years since Norman Cousins' book was published, there have been many reports linking endorphins to humor and laughter, but there is no single conclusive study to support a measurable clinical link among these elements. Mr. Cousins was careful about not having people extrapolate from his words. He refuted such ideas as that three laughs a day for a month will cure your cancer. However, there is likely to be research in the next decade addressing this interrelationship of endorphins and eustress through laughter. Meanwhile, there is evidence that many good things happen physically when we laugh: respiration and circulation are enhanced, stress-related hormones are suppressed, and the immune system (increase in T cells) appears to be activated.

Does humor have to fit into the current evidence-based medical model in order to be accepted by the medical community?

Dr. Goodman: I hope not. With regard to research, I hope that a common sense of humor can prevail. After all, we know intuitively that laughter feels good and humor can provide a needed respite for daily concerns. Erma Bombeck explains it this way: "When humor goes, there goes civilization."

For those in need of proof, George Vaillant, M.D., professor of psychiatry at Harvard Medical School and director of a longitudinal study, has identified a sense of humor as an important ingredient for coping that contributes to aging happy and well. According to Dr. Vaillant, the 64-year NIA-funded study teased out seven predictors that if adhered to before age 50, can lead to good physical and mental health in old age. These include body weight, exercise, education, no cigarettes, no alcohol, positive marital relationship, and coping styles. As these predictors these can be changed for the better, Dr. Vaillant suggests that a successful old age may lie not so much in the stars and our genes but in us. The pleasure Dr. Sobel refers to, however, is taking good care

of oneself by taking a siesta, laughing at a funny movie, talking to a friend, and helping others. He has been known to say that these are just small daily pleasures, but they can measurably improve your health.

Dr. Fry: Well said. It takes courage and good sense to promote humor.

Is it possible to develop a sense of humor, or is it something that is innate to a person?

Dr. Goodman: I asked a similar question of Steve Allen when I interviewed him for our *LAUGHING MATTERS* magazine, and his response was that when it comes to humor, we are all born with a genetic ceiling and floor but it is what we do with our lives that determines whether we end up on the ceiling or floor. In other words, any mere mortal can develop, nurture, grow a sense of humor. We may not all become an Erma Bombeck or Bill Cosby, but we can each use humor in different, simple, risk-free ways on our own stages of life.

One of the key ingredients for humor is the ability to be childlike. Having a childlike perspective is different from childish behavior. We can learn a great deal from our children if we are open to their teachings. The next time you find yourself in a pickle or a tight spot, ask yourself, "How would an 8-year old see this situation?" The event can often be reframed into a laughing matter or at least an amused one that is not so loaded and much easier to handle. No one else has to be in on this show because it all takes place in the privacy and safety of one's mind. There is no risk of embarrassment or judgment. A childlike perspective can be a mature, adult coping mechanism that keeps us young in mind, body, and spirit.

The next time you are in the middle of a stress or a mess, ask yourself, "How would my favorite comedian see the situation?" Try to reframe the circumstance using a proven humorist as an internal ally. Keep a humor notebook. Every night or once a week or on even days, recall one thing that made you laugh or an amusing incident during the day. It can be a notebook or just a note jotted down on the calendar. On the odd days or bad days, past entries can be reread to reinvigorate your humorous side. This is another way of developing one's comic vision. This concept can be taken into staff meetings, too. Open the meeting by asking what humorous or silly incidents

happened during the past week. Why not use this approach with patients too? Ask about and share an amusing anecdote or observation.

A similar approach is to give the patient a cartoon that touches on the medical concern or personal problem being faced. In other words, help the patient to view the tragedy or problem in a less painful and more playful way.

Is there a role for humor in the primary care setting?

Dr. Goodman: The best place to start is with the physician. Medicine has many amusing occupational hazards. After making it through all the challenges of medical school, physicians need to remember to take care of themselves. It is similar to the flight attendant's telling us to put on our own oxygen mask first and then to help others. Doctors definitely need to provide some TLC (tender loving comedy) for themselves.

Another challenge for physicians is how to treat patients as people, not as numbers or body parts. A sense of humor is one characteristic that keeps us human, and, therefore, physicians need to develop an ability to give themselves a humor shot in the arm to keep their perspective in dealing with, for example, the bureaucracy of our insurance-driven world. Physicians should have a sense of humor just to keep their sanity. Having a sense of humor is not mutually exclusive with either caring or being clinically competent. Inserting humor can be as simple as having a sign on the office wall or on the doctor's desk that says "Life is a test. It is only a test. If this were your actual life, you would be given better instructions." This kind of personal message offers a momentary reprieve or break from the barrage of patients to be faced in the day or hours ahead. A humorous moment can help keep work in perspective and help the physician who is under pressure and overworked.

Another way to answer this question is to share the story of why The Humor Project was started. My father had an aneurysm—"which is no laughing matter"—and was flown from Maryland to Houston for surgery to be performed by Michael DeBakey, M.D. I flew from Saratoga Springs to support my family through this life-or-death operation. Our reunion was the epitome of stress and anxiety, and we were frozen with fear. Then, the proverbial funny thing happened on the way to the hospital. My mother and I were staying at

a hotel that provided a shuttle to and from the hospital complex. Our van driver, Alvin, had a magical sense of humor. He made us laugh and helped us let go of some of our terrible terror in the 4-minute ride. What I discovered was that his gift of making us laugh helped to free us from the stranglehold of angst, enabling us to put on a good face for my father and lighten his load as well as our own.

When I returned to work a few weeks later, it struck me that if humor can serve as such a stronger form of healing, why should we have to rely on a happenstance connection with a stranger to transform an unbearable nightmare into a manageable life experience? If humor serves such an important function and is so good, could we not and should we not make sense of humor and serve it to ourselves when we most need it? This personal curiosity led me to form The Humor Project, whose mission is not to analyze humor to death but rather to identify and share practical, powerful, positive ways of bringing humor to life. Think about it. Alvin spent years driving a monotonous van route with people who were anxious and uptight. He rose above his occupation by helping strangers to leave feeling better than when they began the trip. Physicians could think of themselves metaphorically as Alvin during the 7 minutes they have with patients. What might you do to make human contact and lift spirits during that time together?

George Burns said, "You can't help growing older, but you can help growing old."

What is an appropriate role for humor in the physician-patient relationship?

Dr. Goodman: I am not suggesting that physicians tell a joke to their patients at the beginning of the visit to break the ice, unless of course they have a real knack for joke telling. In fact, joke telling may not be the way to go, given that 98% of people admit that they cannot tell a joke to save their life. There are other, more effective means of inviting a laugh or a smile. For example, setting up the environment. Physicians get backed up, and patients are left to simmer in the waiting room. Why not offer some humorous stimuli (e.g., books, cartoons, props, posters) to improve the wait and cheer them up instead of inciting anger. It could be as simple as putting out a few Joke-a-day calendars or Cartoon-a-day calendars in addition to *People* and *Time* (which we have too

much and not enough of) in the waiting room with a card inviting patients to enjoy these items and take home a joke or cartoon if they wish to. Another idea is to place a Smiles-to-go jar, a canister filled with quotes and anecdotes, at the reception window and invite patients to take one either when they check in or as they leave. This is a small goodwill gesture with the potential for long-term resonance.

Another effective tool—with double value—is to develop a Humor First Aid Kit. This is a self-help idea that physicians can use themselves and pass on to their patients, who may benefit from an improved outlook but may need some help to jumpstart their senses of humor. The physician (or patient) is instructed to make a list of things that tickle her funny bone, make her laugh, or bring a smile to her face. Then, she can gather together cartoon strips, props (smiley face ball, mask), signs, bumper stickers, buttons, books, audiotapes, video clips, funny movies. For example, a favorite episode of *Seinfeld* or Lily Tomlin doing the operator or a favorite stand-up comedian. Physicians can create a Humor First Aid Kit for the office and another for home, and they can recommend to patients that they gather some positive stimuli that will provide a break from the focus on the pain or challenge. Norman Cousins did this by asking himself two questions: Who is it that makes me laugh, and what tickles my funny bone? It was the answers—Marx Brothers movies and Candid Camera clips—that he had brought into his hospital room to get him through his recovery. Some of these items can be collected and placed strategically in the waiting room or in the examination room.

Why not write a laughter prescription just as readily as a drug prescription or to go along with a new treatment plan? The prescription may be to read a favorite comic before breakfast each day or before reading e-mails each morning or just before going to bed. (Give them a laugh and the pill will be easier to swallow!!) Beyond delivering clinically competent medical care, humor can be a way for physicians to differentiate themselves from the competition—providing the human factor—and have patients leave the office feeling good about themselves and the doctor. For more fun ideas and laughter tools, you might want to request your very own 2004 *Humor Sourcebook* (www.HumorProject.com). These items may be tax deductible, but check with your accountant first! And, remember, it is nice to share.

In summary, the evidence points to a valuable role for humor, but only when it is a regular part of a person's life can they get its full benefit. Here are a few more ways to introduce more humor into your life and the lives of everyone with whom you come in contact.

Expose yourself to humor

Actively seek out things that make you laugh:

- Take in regular doses of funny films, joke books, and comedians.
- Browse through the humor section of a bookstore or library.
- Read the cartoons in the newspapers and magazines, or schedule a daily cartoon moment with your favorite comic on the web. Save the ones that appeal to you and post them in places where you can see them: on the refrigerator, desk blotter, bulletin board, or in your wallet, and change them regularly.
- Expose yourself to different styles of humor. If you hate the Marx Brothers, it does not mean you do not have a sense of humor. Try political cartoons or British humor. The more you tune in to the funniness in this world, the more you will enjoy yourself.

Keep a humor journal

- Listen for amusing remarks, a clever pun, an unintentional slip, and note it in a diary. For example, try to catch the wonderfully funny things young children do or say or the clever pun. Look for humorous newspaper headlines. Write down clever bumper stickers, license

plates, witticisms, and funny events that happen to you or someone you know.

Humor can be a powerful medicine, and laughter can be contagious. It is reassuring in these days of deadly epidemics and sometimes painful, costly medical treatments that laughter is inexpensive and priceless—and the only side effects are pleasurable.

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Address reprint requests to:

Jodi R. Godfrey, M.S., R.D.

Contributing Editor

Journal of Women's Health

31 Macopin Avenue

Upper Montclair, NJ 07043

E-mail: jgmeisler@comcast.net

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