



## Wilma L. West Library Resource Notes

### Humor as Healing Tool

March 2002

Last Monday, March 11, 2002, marked the sixth month anniversary of the events of 9/11, and I am certain your local newspapers and news programs were full of human-interest stories. In a *Washington Post* interview with colleagues from an office in the Pentagon that lost almost 50 % of its small team, the group shared a laugh about that horrific day. Three or four of the survivors escaped by crawling under the increasingly heavy smoke, until one of them found a hole in a wall. Somehow, one of the women managed to grab her rather large purse and to also drag it to safety.

A story beginning on the front page of the March 19, 2002 *Washington Post* looks at how local teenagers are using new slang terms from the event of 9/11 to ease tension. Here are some examples the author, Emily Wax, cites. Messy bedrooms are "ground zero". A petty concern is "so September 10". The word "hottie", once used to describe an attractive teenage male, has been replaced by "firefighter cute". There is a fine line between comedy and insult, and the teachers and students interviewed appear to be sensitive to this.

Academics call this "terror humor". This summer in Forli, Italy, a Boston College professor, Paul Lewis, is planning a panel to discuss **"terror humor" at a conference of the International Society for Humor Studies (ISHS)**. The official journal of ISHS is *Humor: International Journal of Humor Research*. Poking fun at something frightening helps the teens to deal with the event and using this special language makes them feel more connected to one another.

If humor in children and adolescents interests you, these articles may as well:

1. Dews, S., Winner, E., Kaplan, J., Rosenblatt, E., Hunt, M., Lim, K., McGovern, A., Qualter, A. & Smarsh, B. (1996). Children's understanding of the meaning and functions of verbal irony. *Child Development*, 67(6), 3071-85.

**ABSTRACT:** We investigated children's understanding of irony and sensitivity to irony's meanness and humor. In Study 1, 89 participants (5-6-year-olds, 8-9-year-olds, and adults) heard ironic and literal criticisms, and literal compliments. Comprehension of irony emerged between 5 and 6 years of age. Ratings of humor increased with age; ratings of meanness did not (showing that all ages perceived irony as more muted than literal criticism). In Study 2, results from 135 participants (6-7-year-olds, 8-9-year-olds, and adults) replicated these findings and revealed the role of form and intonation. Thus, comprehension of irony emerges between 5 and 6 years of age, and sensitivity to the muting function develops prior to sensitivity to the humor function.

2. Schimel, J.L. (1992). The role of humor as an integrating factor in adolescent development. *Adolescent Psychiatry*, 18:118-26.

3. Schwartz, E.A. (1999). Humor development in children from infancy to eighth grade. *Research for Nursing Practice*, 1(2): 6p,

ABSTRACT: Our appreciation of humor starts in childhood. As we age, our understanding and appreciation of humor changes (McGhee, 1989). Investigation reveals very little recent research in this area. The purpose of this paper is to present what is known about humor development and to encourage nurse researchers to think about this area for potential study. This paper reviews the research literature concerning the development of humor in children from infancy to eighth grade. Smiling and laughter start in infancy and many changes occur as children go through the developmental process. This information can help nurses and other health care professionals design methods to make illness and hospitalization more bearable. The inclusion of age-appropriate humor can also enliven educational presentations for children and parents.

4. Warm, T.R. (1997). The role of teasing in development and vice versa. *Journal of Developmental & Behavioral Pediatrics*, 18(2), 97-101.

ABSTRACT: This study was undertaken because there are almost no reports in the scientific literature on the subject of teasing. Teasing changes as it expresses developmental issues from playing peek-a-boo in infancy to expressing personal issues, such as boy/girl relationships, in adolescence. The form also changes as the cognitive capacity of the child changes. Two hundred fifty children from 1st, 3rd, 6th, 8th, and 11th grades were asked to describe teasing, its motive, and the reaction of the victim. The form of teasing was organized into hurtful (hitting or spitting), mean (calling a burn victim ugly) and symbolic, which allows the victim to realize that the provocation is "just words." The forms correlated with age and suggest that progression through these forms can be understood in terms of the theories of psychological stages drawn from Piagetian and psycholinguistic studies. The dominant motivation for the child doing the teasing seemed at every age to be sadistic pleasure in the discomfort of the child being teased, although one sees some playful, benign teasing by late adolescence.

In terms of new slang, Geoffrey Nunberg, a senior researcher at the Stanford University Center for the Study of Language and Information, says new slang words often appear during crises. Remember "going postal"? Teens are more iconoclastic than adults are, and they communicate with one another with more dynamic and picturesque words. Sometimes, I am disturbed by overheard conversations between teens, say during my metro ride. Givers and receivers of what I consider coarse or unkind remarks appear to not be confused or offended but to quickly grasp the meaning under the words.

In MEDLINE/PubMed, I found this article on the use of humor and fear:

Ventis, W.L., Higbee, G. & Murdock, S.A. (2001). Using humor in systematic desensitization to reduce fear. *Journal of General Psychology*, 128(2), 241-53.

ABSTRACT: Effectiveness of systematic desensitization for fear reduction, using humorous hierarchy scenes without relaxation, was tested. Participants were 40 students highly fearful of spiders. Using a 24-item behavioral approach test with an American tarantula, participants were

matched on fear level and randomly assigned to 1 of 3 treatment groups: (a) systematic desensitization, (b) humor desensitization, and (c) untreated controls. Each participant was seen for 6 sessions, including pretest and posttest. Analyses of covariance of posttest scores revealed that the 2 treatment groups showed greater reduction in fear than the controls on 3 measures but did not differ from each other. Therefore, humor in systematic desensitization reduced fear as effectively as more traditional desensitization. This finding may have therapeutic applications; however, it may also be applicable in advertising to desensitize fear of a dangerous product, such as cigarettes.

All of us use laughter to ease a tense situation, and we know we feel better after a good laugh. Health professionals, including occupational therapy practitioners, believe that laughter assists them in treating their patients. Norman Cousins in his 1980 book, Anatomy of an illness as perceived by the patient: Reflections on healing and regeneration, talks about the value of humor and laughter in his battle with ankylosing spondylitis. Two years ago, Patch Adams was the keynote speaker at the opening of the Annual Conference of the American Occupational Therapy Association. Now, you may not agree with Patch about everything he says on the health care system, but you have to admit that he is funny, and that he did have a good idea when he thought humor had a big place in the NIH hospital. Robin Williams plays the part of Patch Adams in the movie of the same name, and you can read more about Patch in: Adams, P. & Mylander, M. (1993). Gesundheit: Bringing good health to you, the medical system, and society through physician service, complementary therapies, humor, and joy. Rochester, VT: Healing Arts Press.

A paper, "Laughter and medicine: How humor can help you heal" is posted on the [Mayo Clinic Information Center](#), and includes Cousins and Adams in its discussion of this subject.

The following citations are from OT SEARCH, under the subject heading WIT AND HUMOR, the same term used in MEDLINE/PubMed and CINAHL. The databases, PsychInfo and EMBASE, use the subject heading HUMOR.

#### References:

1. Banning, M.R. & Nelson, D.L. (1987). The effects of activity-elicited humor and group structure on group cohesion and affective responses. *The American Journal of Occupational Therapy*, 41(8), 510-514.
2. Dodge, J. (1998 Apr). The therapeutic use of humor in occupational Therapy. *The Journal of Occupational Therapy Students*, 4-7.

**ABSTRACT:** For the past several decades, the topic of humor and its place in health care has been increasingly debated. Various studies examining the physiological, social, psychological, and cognitive benefits of laughter and humor have been conducted, and the advantages of using mirth in health care delivery have been weighed. In this article, a sample of these studies and opinions is presented and applied to the field of occupational therapy. Numerous studies are cited regarding the specific benefits or detriments of the use of humor in medicine, care of elderly persons, and psychology. The physiological and psychological benefits of laughter are given more attention than are the cognitive or social effects due to the larger body of scientific evidence regarding those benefits; the latter topics are approached more subjectively. Humor is discussed from the perspective of occupational therapy. Each area (physiological, cognitive, social, and psychological) is related to occupational therapy practice, and the specific relevance

for the use of humor by occupational therapy practitioners is shown. It is concluded that, used responsibly and in appropriate situations, humor can be a beneficial tool in occupational therapy.

3. Harvey, L.C. (1998). *Humor for healing*. San Antonio, TX: Therapy Skill Builders.

4. Hilton, C. (1994). Humor: "When things get heavy...lighten up!" *OT Week*, 8(5), 20-21.

NOTE: This is the advice of Gene Mitchner, a man who prefers to share laughter rather than complaints with the thousands of people he speaks to across the country.

5. Leber, D.A. & Vanoli, E.G. (2001). Therapeutic use of humor: occupational therapy clinicians' perceptions and practices. *The American Journal of Occupational Therapy*, 55(2), 221-6.

6. Miller, L.D. (1970). Humor as a projective technique in occupational therapy. *The American Journal of Occupational Therapy*, 24(3), 201-4.

7. Robinson, V.M. (1991). *Humor & the health professions: The therapeutic use of humor in health care*. 2<sup>nd</sup> ed. Thorofare, NJ: SLACK, Inc.

8. Saltz, D.L. (1991). Therapist's sense of humor enhances therapy sessions. *OT Week*, 5(27), 15.

9. Saltz, D.L. (1991). Laughter can be serious business. *OT Week*, 5(19), 28-29.

10. Southam, M. & Cummings, M. (1990). The use of humor as a technique for modulating pain. *Occupational Therapy Practice*, 1(3), 77-84.

11. Sullivan, J.L. (2001). Hand therapy: the healing touch with a touch of humor! *Journal of Hand Therapy*, 14(1), 3-9.

12. Tooper, V. (1986). Laughter is the best medicine. *Occupational Therapy News*, 40(5), 4.

13. Tooper, V.O. (1984). The role of laughter in physical disabilities. *Physical Disabilities Special Interest Section Newsletter*, 7(1), 1-2.

14. Tooper, V.O. (1984). Humor as an adjunct to occupational therapy interactions. *Occupational Therapy in Health Care*, 1(1), 49-57.

ABSTRACT: Although humor and laughter have been a natural part of human life in all cultures as far back as recorded history can determine, the conscious use of humor as a therapeutic technique is comparatively recent. This article suggests that health specialists have been slow to adopt the ideas of some of the better known and cultural attitudes toward humor as a "frivolous" subject. As more information on the positive benefits of humor and laughter is being disseminated in books and workshops, previous myths regarding humor are being dispelled and attitudes are changing. A brief history of the state of the art over the past decade is included

along with a few ideas from seminars and workshops on the use of humor as a planned activity in health and educational settings.

15. Vergeer, G. & MacRae, A. (1993). Therapeutic use of humor in occupational therapy. *The American Journal of Occupational Therapy*, 47(8), 678-83.

ABSTRACT: Interviews with five occupational therapists who use humor therapeutically in their practice were conducted and analyzed with a phenomenological method so that the lived experience of therapeutic humor use in occupational therapy could be examined. Sixteen themes were identified through data analysis: The Concept of Therapeutic Use of Humor; Spontaneous Versus Deliberate Humor; Humor, the Great Equalizer; Humor and Professionalism; Contraindications of Humor; Humor Among Co-Workers; Humor and Play; Humor and the Environment; Humor Providing Balance; The Intrinsic Quality of Humor; The Transformative Power of Humor; The Effects of Humor on the Subjects Themselves; Humor as an Evaluation and Treatment Tool; Humor as Therapeutic Use of Self; Humor as a Coping Mechanism; and Other Uses of Humor With Patients. This study revealed that the use of therapeutic humor in occupational therapy is a multifaceted phenomenon, much richer than had been previously presented in the literature.

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