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## KEYWORDS

- Humor • Oxytocin • Freud • Albert Ellis • Melanie Klein • Playful therapy
- Laughter yoga • Locus of control

## KEY POINTS

- Humor is related to changes in 5-hydroxytryptamine 1A and oxytocin.
- Humor can be adaptive or maladaptive.
- Humor can be expressed as protohumor, non-Duchenne smiles, Duchenne smiles, and laughter.
- According to the Humor Styles Questionnaire, 4 styles of humor have been identified: affiliative, self-enhancing, aggressive, and self-defeating.
- Other frequently used humor questionnaires are the State and Trait Cheerfulness Inventory, Coping Humor Scale, and 3-Witz-Dimensionen scale.
- Male and women tend to view humor differently and this difference is seen in the way they socialize with each other, as in dating.
- Men making women laugh is the usual social interaction.
- Freud is possibly one of the influences that have resulted in making clinicians believe that humor is inappropriate to use with patients.
- Albert Ellis embraced humor in his therapy.
- A Kleinian view of humor tries to solve splitting by fusing the serious with the humorous.
- Examples of playful therapy are giving a thumbs-up sign with good news.
- Everyone can develop a sense of humor.
- Laughter yoga is a type of yoga that is based on 20 minutes of nonstop laughter and can be extremely therapeutic.
- Humor helps to change to an internal locus of control.

## INTRODUCTION

Humor is an amusing social interaction that occurs best between 2 or more persons.<sup>1</sup> Types of humor include sarcasm, slapstick, wit or punning, dry humor, and gallows humor. A sense of humor, and the ability and willingness to use the types

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Abbreviations	
CHS	Coping Humor Scale
LOC	Locus of control
STCI	State and Trait Cheerfulness Inventory
3WD	3-Witz-Dimensionen

of humor effectively, is considered a positive, desired social skill that attracts friendships<sup>2</sup> and is what most people want to have.<sup>3</sup> Humor can be associated with entertaining events that happen in daily life. In a therapeutic situation, humor can be enriched with personal experiences from other clinicians, to help establish new openings, restart conversations effectively, and bringing out a myriad of emotional issues.<sup>4</sup> In our personal experiences we have found it to be a link between patient and doctor, because most patients have thought that we have shown a more humane side to their treatment. This bond between speaker and listener has been documented as a meaningful role for humor.<sup>5</sup> This developing bond has led to a more personal and intimate connection with our patients, who echo this kind of treatment with some humor of their own as therapy progresses. From having seen famous clinicians like Patch Adams (see [www.patchadams.org](http://www.patchadams.org)) portrayed in movies to personal experiences in clinical settings, we have seen that medicine can benefit from this bond seen in using humor. A sense of humor should be so important that an assessment of how much a patient laughs should be part of the clinical work-up. This can be as simple as asking how many times a patient laughs in a typical day. For more information on how to take the laugh history and how to organize the recommendations on who should increase humor according to illness see article by Hasan H and colleagues.<sup>6</sup> Humor should be a part of clinicians' treatment repertoire because the use of humor has been shown to mitigate the effects of negative life stresses, with those who do not use humor responding with depression to the same kind of stress.<sup>7</sup> It can also help all ages, because both Erikson<sup>8</sup> and recent studies about laughter in dementia<sup>9</sup> have proved humor to be a successful complement to traditional medicine. The global aspect of humor and the response of laughter that is evoked aids in the treatment of patients. The results of our interventions can be seen from the smile and innocent laughter in children to a grin or chuckle obtained in elderly patients. These results are validation and motivation for clinicians to continue to pursue different ways to use humor in their practices.

### OXYTOCIN AND HUMOR

There is evidence from the effects of the drug 3,4-methylenedioxy-N-methylamphetamine (MDMA), also known as "ecstasy" causes users to be very giddy, that laughter stimulates the 5-hydroxytryptamine<sub>1A</sub> receptor that in turn stimulates oxytocin, the bonding or cuddling hormone.<sup>10</sup> Some clinicians think that the immunologic benefits of humor<sup>11</sup> are caused by an increase in oxytocin<sup>12</sup> because of the associated benefits in wound healing seen with such increases in oxytocin. With oxytocin, both cortisol<sup>13</sup> and the amygdala<sup>14</sup> are inhibited, thus decreasing the sense of danger. Thus, people who experience increases in oxytocin are not experiencing fear, which contributes to the desired relaxing effect. Since oxytocin increases the capacity to notice social cues one can surmise that one is especially attuned to the positive social signals that one sees when one laughs.<sup>15</sup> The question that will continue to be explored is how to take advantage of humor and in what setting. The approach to humor in medicine seems to be changing. Even in primary care, humor is being given more

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