



# Medical humor and its role in the process of social perception of the disease (and of the patient)

<sup>1</sup>Helio Plapler, MD, <sup>2</sup>Fabiana Buitor Carelli, PhD

<sup>1</sup>Full Professor, Department of Medicine, Escola Paulista de Medicina, Federal University of São Paulo,

<sup>2</sup>Associate Professor, Department of Classical and Vernacular Letters, Faculty of Philosophy, Letters and Human Sciences, University of São Paulo

### Corresponding Author:

Prof Hélio Plapler

Department of Medicine, Escola Paulista de Medicina

Federal University of São Paulo, Brazil

Email: helio at plapler dot com dot br

Received: 07-SEP-2020

Accepted: 24-NOV-2020

Published: 28-FEB-2021

### Abstract

According to evolutionary theory, humor is a psychological coping mechanism - a ploy that the human brain uses for conflict resolution. This study aims to investigate, through an autoethnographic approach based on one of the author's (HP's) personal experience as a patient and as a doctor, and through theoretical elaboration, how humor can be understood, in its textual form, to improve the relationship between physicians, other healthcare personnel, and patients. Furthermore, it evaluates how humor can reduce the anguish produced by the daily contact with disease, or at least can minimize some of the existential consequences of illness. This paper is a conceptualization of humor, anecdote, and "chiste" (Witz) to understand why and how humor is perceived as a means of fostering closeness, understanding and even emotional protection of those involved in the healing process.

**Keywords:** Anecdote; Autoethnography; Humor in medicine; Laughter; Provider-patient relationship

### Introduction

Autoethnography is a qualitative research method where researchers examine their personal experiences through self-reflection in order to draw meaning from them, and then analyse how the 'autobiography' may connect to a broader social, political, and cultural meaning (ethnography).[1] This article may be considered as having an autoethnographic construction given that it has required an examination of the first author's own medical career as well as of his perceptions as a cancer patient and his use of humor. From

the "privileged" position of being both doctor and patient – the irony here is also a form of humor – he was able to notice that, on several occasions, it was this spirit of humor that allowed for a better understanding of the anxieties of either position. This article attempts to establish connections between humor and the development of a relationship that helps to understand the human beings involved in the illness process. Furthermore, it allows us to realize how this relationship is textually constructed.

**Cite this article as:** Plapler H, Carelli FB. Medical humor and its role in the social perception of the disease (and of the patient). RHIME. 2021;8:18-24.

"Humor is a precious and rare gift," said Freud.[2] Even Kant and Schopenhauer, for whom Reason (the ultimate state of mind) is the very first condition for any individual experience, in their theory of incongruity, understood laughter as healthy.[3,4] The concept of comic humor is much older: it was represented, for instance, in Ben Jonson's 16th Century play, *Every Man in his Humour* (1598).[5] In the medical environment, however, according to the old stereotype that the art of healing should be practiced with seriousness and circumspection, executed in a "monastic" environment and full-of-rules, with no room for laughter, with the guard of a vociferous Burgos saying "– Laugh is weakness, corruption, insipidity of our flesh (...) that discharges the moods and retains other desires and other ambitions...",[6] humor is seen as something that devalues the participants. For this reason, it is difficult to imagine that, in situations in which the ills of human existence are exposed in all their fullness as in medicine, there could be room for a milder and more jocular vision.

If that is the case, then how does medical humor arise, and what can we surmise from jokes about disease? Why do we laugh (or at least smile) over such delicate topics, which cause us anguish and apprehension? Given their daily encounter with disease and often with death, it is natural that doctors employ detachment as a strategy for not succumbing to the anguish of patients and the stressful working conditions. Even patients use humor to face their fears and challenges, and to criticize a system that regularly oppresses them.[7]

From this point of view, and through an autoethnographic approach, the aim of this reflective study is not to perform an analysis of the psychology of humor, or even unravel the linguistic mechanisms of mood formation, but to show how the joke – Witz – can unveil in its textual form some of the anxieties concealed by patients and doctors and to consider its role in coping with illness and its consequences. The term witz or wit comes

from the old German term 'witan', which means "understanding". Its root, wiss, is present in "wissen" (knowledge) and in "Wissenschaft" (Science), suggesting that the idea of "intelligence" predominates, radiating to those of "vision" (a way to know), and of what vision and intelligence produce, that is: knowledge.[8]

## How Humor Works

In Jokes and their relationship with the unconscious, Freud highlights that, in addition to the linguistic element itself, it is the context of the world in which it is inserted that generates humor.[9] Furthermore, due to their characteristics, jokes transform feelings that would require a great psychic expense into something that requires a much lower emotional cost. According to Freud, among the mechanisms of protection of the ego, transference and sublimation are those employed in humor production. Maybe that is the explanation for why jokes are almost always told in the third person, as if they always happened to "the other".

While jokes psychologically occupy the space between the subconscious and the unconscious, humor and the comic occupy the space of the subconscious.[10] Humor can be seen as a means of obtaining pleasure despite the stressful situation that provoked it, thus promoting a "release of mental, nervous and/or physical energy",[11] an answer to a subconscious trauma. In other words, for Freud, the pleasure derived from jokes comes from the psychological energy saved due to the release of an inhibited emotion; the pleasure of comicity is due to the economy in the expenditure of idealization; and the pleasure of humor is from an economy in the spending of feelings.[9]

## The Anecdote as a Textual Tool to Achieve Humor

Anecdotes are, in one conception, an arbitrary connection, usually through verbal association, between two ideas which are somehow contrastive to each other, according to the theory of incongruity.[11]

An example of the association of incongruous ideas is evident in this statement I (HP) made during a lecture, a few months after having had my leg amputated:

- I can do everything. I just don't do it fast because I can't "go on one foot and get back on the other."

What made this statement humorous, despite the dramatic nature of the situation, was the association between the impossibility of speed and the absence of the foot itself. There is also, we could say, an element of self-mockery. Mockery is "a figure of oneself in an uncomfortable situation", and it is considered a form of humor.[Rapp, 1947, apud 11]

The anecdote is a means by which one achieves humor, and enjoys the pleasure of discovery. Linguistically speaking, jokes show us how "each segment of the language drifts to another meaning, lends itself to other interpretations".[12] Consequently, more than through explicit content, it is the connection of two contrasting or incongruous ideas or meanings through verbal association that amuses.[13] Let us look at another example:

The patient goes to the doctor: Doctor, doctor, no one understands me.

The doctor: What do you mean by that?

In this case, the contrast or incongruity occurs when the patient's statement is associated with the doctor's particular question which implies that he has not 'understood' the patient. It is one of the ways of constituting a joke.[13] Explaining the situation in another way, if the doctor had used a different phrase with the same meaning, like: "tell me more", although it maintains the entire structure it loses the characteristic of a joke. Namely, by changing the text, the context is lost, and the pleasant feeling becomes distressing.

What is perceived in both examples is the transfer, through language, of the feeling of anguish to a level at which, unconsciously, we feel more comfortable or even safer regarding

the disease. The transfer mechanism involved in joke perception is the same as that in dream formation. As a formation of the unconscious, jokes allow something of the order of the repressed to outcrop and show itself, but without paying the price of neurotic anguish or suffering of symptoms.[14] In a medical encounter, perceiving the joke so as to reduce anguish leads to a better understanding about what a patient says and how they are dealing with their own suffering.

### What is Medical Humor?

For both healthcare professionals and patients, humor can be a way of restructuring life narratives through which some tragic emotional structures are rearranged into comic ones. This discursive strategy enables the engendering of laughter (or at least a feeling of satisfaction or of relief) amidst a very uneasy state of things. In this sense, good humor can be seen as the achievement of a state of balance that depends on Reason, but not on the logical, conscious Reason that is present in diligently elaborated thoughts and actions. Within the mechanism of humor, Reason can be seen as a circumstantial tool "(...) for adapting to the moment",[15] and for "separat[ing] the real from the ideal, softening criticism and excluding censorship".[16] According to Cooper (2017), "without [...] humor [...] reason can hardly be tested",[17] in the sense of an instrument for achieving knowledge, understanding and, ultimately, the attribution of sense to the facts of life.

Furthermore, humor is a clear way to dismiss authority, and there is no greater authority than death. Illness confronts us with the inevitability of death. This understanding leads to anguish and self-awareness (resonating with the romantic aesthetics of the nineteenth century), and a way of dealing with the certainty of finitude is through humor. Medical humor, in this sense, comes from the ability to obtain pleasure by decreasing – but not eliminating – the feeling of anguish generated by the disease, giving to this feeling a new meaning, outside of the initial context.

If we are dealing with oppressive feelings, how can we identify with this kind of humor? According to the literature, humor selectively shapes our feelings, generating reciprocity with some things and rejecting others, and altering our perception.[18] It has, moreover, the function of connecting individuals by creating social bonds.[19] In the first author's personal example given above, there is a complicity in the understanding of the association between limb loss and loss of speed, thus decreasing the distance between the interlocutors. Laughing at yourself is, first, an opening to socialization. Laughing at others without knowing how to laugh at yourself is poverty of mind, laughing with others is humor. Unlike stoicism, which pertains to the individual and does not modify the world around, humor is a form of action that tears down the walls of misunderstanding and intolerance. However, one must "see" the humor, or rather, feel the pleasure in the change it provides. There can be no indifference where there is humor. The term "medical humor" here includes jokes made by both patients and health professionals. However, although they concern the same feelings of anguish and their humor is rooted in the same mechanisms, different approaches are required to understand these two kinds of humor. Jokes made by doctors are usually only appreciated by doctors, as we will see. Consequently, we have divided "medical humor" into "patient's humor" and "doctor's humor".

### The Patient's Humor

As we have seen, the patient, faced with a state of both physical and emotional exhaustion caused by the disease, may succumb to this exaggerated expense of vital energy or embark on a path to save psychic energy through humor. Many interpret this behavior as an escape from reality, a denial of the disease.[20] I (HP) would say that this is not the case. In my experience there is a relativization of the state of disease and, importantly, the minimization of its consequences on life. According to Suzuki (2013), "The 'greatness' of the vital feeling will

consist precisely in being able to relativize everything that can only affect one momentarily or particularly, because emotions and affections represent an imbalance of the forces present in the spirit, with the consequent loss of the feeling of life itself." [21] It is also a question of abolishing the discomfort that usually exists between the one who is sick and the one who is not. People are often unsure about how to react to my amputee condition. Humor, on these occasions, allows for moods to match, and to understand the disease and the patient without the related emotional strain.

Let us look at the following examples:

Doctor: "- I have two pieces of bad news: you have cancer and severe amnesia."

Patient: "Well, I'm glad I don't have cancer."

A cancer patient might not think it is funny. However, I (HP) have cancer and I would say that there may exist pleasure in the condition (or the contradiction) of "forgetting" the diagnosis. Realizing that this forgetfulness is linked to the second communication (of amnesia) diverts the focus from the severe disease to a condition that affects us less. We are more willing to accept forgetting what is unpleasant than to remember something even worse, especially the threat of death.

A patient is about to die.

"So," the doctor asks: "Tell me, would you like to see anyone in particular at this final stage?"

The patient says: "Yes, doc. I would like to see another doctor."

Typically, dealing with death is arguably the most distressing tasks for the patient. This joke contains some concepts that are worth evaluating. First, the evident desire not to die externalized in the last sentence; and, second, the veiled criticism that the doctor is not the holder of the definitive truth. The pleasure comes precisely from this position of rebellion and from the affirmation of the possibility of life that is discovered in the text.

For a patient, experiencing this challenging situation is an affirmation that there is something to be done, that this is not the end. The text, by contrasting life/death and absolute/relative truth, unveils these unwritten conditions: "No, doctor, I do not want to die, and you are wrong", both with an immense degree of anxiety and anguish that would determine an emotional thud. More than that, there is an inversion of the Aristotelian proposition that in comedy we imitate "those who are worse than us" because the patient - always in a condition of inferiority - through humor, assumes a position of superiority in relation to the doctor, in a true subversion of values through language.

There is also a particular type of patient's mood that seeks to establish less formal, more affective bonds with the doctor. There are statements that disrupt the "normal" scope of a consultation, but they must be perceived and understood for a better relationship between doctor and patient. Consider this fragment extracted from *The Two-headed Hydra*:<sup>[7]</sup>

**Patient Speech - Resident Intervention**

I have arthrosis - *"from" where?*  
Pain? - *Arthrosis "from" where?*  
On both knees, hips, and spine.  
That's enough, isn't it? [laughs]

We realize that, for the patient, the doctor's lack of understanding generates the need to reformulate her own language in a comical tone to re-engage the lost connection.

The (for many) imperceptible humor points to a state of anguish, a request for help that is often confused with a lack of commitment or even a challenge to the supposedly superior position of the doctor in relation to the patient. It is a kind of humor that degrades, that places the patient in a position of submission, of asking to be understood and considered - a cry against isolation.

### The Doctor's Humor

The physician's humor is founded on the

anguish generated by the working conditions, by the constant possibility of death, and by the possibility of failure in the healing process. Take for example:

In the office, the optician does the routine tests:

"What's written here?"

The patient replies: "I don't know, I don't know."

The doctor points to a word with larger letters: "What's next? What's written here?"

The patient struggles but can't read anything. The doctor then points to the word with the largest letters and asks: "What's written here?"

"I still don't know," answers the patient.

"Well, there's only one way: we're going to have to operate," says the doctor.

After the operation, the patient asks the doctor: "What now, doctor? Do you think I'll be able to read everything?"

"Of course, I do! The operation was a success!"

And the patient, happily: "Gee, doctor, how advanced medicine is. Can you believe that before the surgery I was illiterate?"

Where is the humor? One can be concerned with a misdiagnosis leading to inappropriate intervention, and the potential of failure. One may also criticise the doctor who sees only a "piece" of the patient, specifically the technical side relating to his specialty. Here the doctor fails to understand the patient as a whole being; however, the absurdity, the "nonsense", subconsciously blocks these concerns.

Often, doctors' jokes are only funny to them. Typically, they are jokes about the content of the profession and serve more as a connecting element of class. For example:

"What's the name of the worm that deceives you?"

Response: "Helminth."

Probably only a doctor (who knows the

Portuguese language) or someone in the field of biological sciences (or someone who has learned something from biology) will find it amusing. The humor lies in the auditory association of the word "helminth" with the expression "eu minto", which in Portuguese means "I lie".

Besides this, everyday situations are fertile ground for the creation of humor, often as a criticism of the profession itself:

"Do you know the difference between a doctor and God? God doesn't think he's a doctor."

This anecdote implies the perception – both for the patient and for the doctor – that the latter usually behaves like God, not only by deciding on lives but also by acting with a certain arrogance (not that God is arrogant), as if possessing the knowledge about the functioning of life elevates them above the rest of the population. Surely, this is too heavy a burden to carry every day. Doctors need a valve to relieve the tension caused by this idea. Through humor, this idea is relativized. By diminishing the importance of the fact, it brings the doctor to the level of the rest of humanity, perhaps making him more human. I (HP) often use this kind of humor to

create an opening in the defensive barriers imposed by patients.

### Laughter as the final result of a good understanding

Laughter is the result of the evolutive process of achieving humor, as evidenced by Kant. Whether according to the Freudian theory of repressed feelings transference, or to the evolutionary theory that humor is a correction mechanism that the brain uses to redirect "programming errors" advocated by Hurley et. al. (2011),[22] or to the historical-cultural view that defines humor as a way of understanding the world in its own time,[23] humor flows into the pleasure of laughter. By considering laughter as something outside of the domain of science, by discarding it as an expression of something "less serious", we miss the opportunity to understand it as a sign and as a symptom of the anguish of both doctors and patients.

Hippocrates and Democritus considered laughter as therapeutic and with a curative power that could purge the soul. It ensures that the mutability of life can be faced and fought – or at least endured – with a less damaging emotional burden for those who must deal daily with mortality.

---

## References

1. Ellis C, Adams TE, Bochner AP. Autoethnography: an overview. *Hist Soz Forsch.* 2011;36(4):273-90.

2. Freud S. Humor. Brazilian Standard Edition of Complete Psychological Works. XXI. Rio de Janeiro: Imago; 1927.

3. Morreall J. Philosophy of Humor. Zalta EN, (ed). *The Stanford Encyclopedia of Philosophy.* 2020 Fall [cited 2021 Feb 11]. Available from <https://plato.stanford.edu/archives/fall2020/entries/humor/>.

4. Schopenhauer A. On the Theory of the Ludicrous. In: *The world as Will and*

*Representation.* Volume II. New York: Dover Publications, Inc; 1966. p. 98.

5. The Holloway Pages. Ben Jonson Page: Every Man in his Humour. [cited 2021 Feb 11]. Available from <http://hollowaypages.com/jonson1692humour.htm>.

6. Eco U. *The name of the rose.* Rio de Janeiro: Record;1989.

7. Carelli FB, Lens A, Oliveira A, Santos A, Reis Md, Pompilio CE. Two-headed hydra: Ricoeurian configuration and impure narrator in an HC-FMUSP narrative. *MEDICA REVIEW.* International Medical Humanities

Review, 2(2). Available from <https://www.doi.org/10.37467/gka-revmedica.v2.1312>

8. Mezan R. The trunk and the branches: studies of psychoanalytic history. São Paulo: Companhia das Letras; 2014. [Portuguese]

9. Freud S. Jokes and their relation to the unconscious. 1905 [cited 2021 Feb 11]. Available from <https://www.sigmundfreud.net/jokes-and-their-relation-to-the-unconscious-pdf-ebook.jsp>

10. Beineke C. On Comicity. The Journal of the Comics Studies Society. 2017;1(2):226-53.

11. Tabacaru S. An overview of the Theories of Humor: application of Incongruity and Superiority to sarcasm. Electronic Journal of Integrated Studies in Discourse and Argumentation. 2015;9:115-36. [Portuguese]. Available from <http://periodicos.uesc.br/index.php/eidea/article/view/840/792>.

12. Possenti S. Humor and language. Science Today. 2001;30(176):72-4.

13. Greengross G, Mankoff R. Book Review: Inside "Inside Jokes": The hidden side of humor. Evolutionary psychology. 2012;10(3):443-56.

14. Morais MBL. Humor and psychoanalysis. Psychoanalysis Studies. 2008:114-24. [Portuguese]

15. Leite PG. Laughter as an expression of a positioning in the city: the meeting of Democritus and Hippocrates. Nuncius antiquus. 2009;3:121-35.

16. Zilles U. The meaning of humor. FAMECOS Magazine. 2003;22:83-9.

17. Cooper AA. An Essay on the Freedom of Wit and Humour - a letter to a friend: Jonathan Bennett; 2017. 5 p.

18. Shusterman R. A thought about strenuous humor: Pragmatism as a philosophy of feeling. Redescrições magazine. 2013;1:47-71.

19. Saliba ET. Cultural history of humor: provisional balance and research perspectives. History Magazine (São Paulo). 2017;176:1-39.

20. Bergson H. The Laughter. Essay on the meaning of the comic. 2 ed. Rio de Janeiro: Zahar Editores; 1983.

21. Suzuki M. The laughing philosopher and the humorist, according to Kant. A Palo Seco. 2013;2(5):7-18.

22. Hurley MM, Dennett D, Adams Jr. R. Inside jokes: using humor to reverse-engineer the mind. Cambridge, Mass: MIT Press; 2011. 78-93.

23. Darnton R. The great cat massacre and other episodes of French cultural history. 2 ed. Rio de Janeiro: Grail; 1996. XIV