Illustration by Eleeza Palmer

Just the honey

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Walk into any hospital workroom and you are bound to find three things: an abundance of near-empty coffee cups, a peculiar and subtly unpleasant smell, and a section of wall dedicated to the absurdities encountered in medical practice. If you're lucky, you might also find a window.

The contents of this wall of the absurd vary. An emergency department workroom swims in x-rays showing the craziest objects found in the gastro-intestinal tract. An internal medicine workroom is wallpapered in quotes of the day detailing humorous and often ridiculous utterances from patients. No matter what makes up this festive shrine, its purpose is always the same, to make people laugh; to lighten stressful, sleep-deprived days; to keep record of the absurdity of humanity; and the bizarre situations physicians encounter in trying to care for patients. Its purpose is not to bully or mock the unwell, but good intentions rarely survive the corruption of lived experience.

Suddenly, you find yourself laughing about that patient who, to the nurses' dismay, always pees in the hallway. He is a 74-year-old former smoker with a history of hypertension, hyperlipidemia, and multi-infarct dementia who was

originally sent to the hospital from his nursing home for treatment of a urinary tract infection. Infection after infection, he's been in the hospital for months, and he hasn't had any visitors.

Sure, you still practice empathy in your interactions with patients—even in your interactions with strangers—but you realize that it's somehow no longer reflexive. Rather than a constant lens through which you view the world, empathy becomes a practiced skill to be consciously deployed. It's not that you don't feel compassion for your patients, but when separated from the person—when facing the comic shrine in the workroom—you laugh. In so doing you have, for that moment, stripped them of their human dignity.

How did you get here?

According to Freud, humor "is a means of obtaining pleasure in spite of the distressing affects that interfere with it."[1] He regarded humor as the highest form of mental self-defense because it focuses on the negative experience, rather than repression of, or distraction from, it. Just like meditation, Freud claimed, humor helps calm the psyche by "shift[ing] the body's autonomic sympathetic agitation to parasympathetic calm."

Humor is active; like a reversed funhouse mirror, it takes in that which is distorted and reflects back something palatable. As Freud put it, "black humor on the battlefield and in the operating theater" reflects a "transformation of terror into relaxation."

In her Netflix special, *Nanette*, comedian Hannah Gadsby explores this issue. Discussing her traumatic coming out story, she tells the audience, "What I had done with that comedy show about coming out was [freeze] an incredibly formative experience at its trauma point and [seal] it off into jokes…But unfortunately that joke version was not nearly sophisticated enough to help me undo the damage done to me in reality."[2] Jokes, Gadsby goes on to explain, have only a beginning and middle; it's stories that give us endings, and endings are critical. Endings allow for a fuller picture of the chaotic nature of human experience. They allow for context, and context allows for empathy.

"He was walking down the hall when he stopped by the elevators, smiled at a nurse, and just started urinating." This is a funny bit you might share with friends when describing how bizarre life at the hospital can be. "He was walking down the hall when he stopped by the elevators, smiled at a nurse, and urinated. He then looked around, frightened and unsure of where he was and why people were staring at him. He slowly walked back to his room, ashamed and uncomfortable as urine trickled down his leg. He wondered what was happening to him." This is a story—a story of human suffering and resilience, a story that you can learn from and reflect on.

Humor may be an adaptive coping mechanism, but—like increased heart rate and contractility in the setting of heart failure—it only works acutely. Without counterbalances, chronic defensive humor is untenable. To laugh about patients requires dehumanization, turning people into punchlines. Dehumanization of patients leads to a loss of meaning and sense of purpose, which in turn decreases the ability to cope with personal and structural frustrations in the hospital. We are more susceptible to burnout and less equipped to treat those who trust us with their lives. We then inevitably deal with these frustrations using humor, and the cycle begins anew.

Finding answers

The answer should not be sought in disallowing reactive humor. Laughter is good, and a positive way to lessen the burden of all the emotional baggage inherent in the profession of medicine. Feigned stoicism and compulsory solemnity would surely worsen physicians' mental health. Instead, we should strive to add the endings. We should return to story-telling. Maybe next to a quote of the day, we write what happened to that patient. Next to another we put up the heartfelt thank-you note we received from a patient's family. Perhaps in so doing, we dissolve the link between laughter and dehumanization. As Gadsby so beautifully put it, "laughter is not our medicine. Stories hold our cure. Laughter is just the honey that sweetens the bitter medicine."[2]

References

1. Vaillant GE. Ego mechanisms of Defense: A Guide for Clinicians and Researchers. Washington (DC): American Psychiatric Press. 1992.

2. Hannah Gadsby: Nanette. (2019). [film] Directed by M. Parry and J. Olb. Netflix.

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