GETTING SERIOUS ABOUT HUMOR RESEARCH
To the Editor:

After reading “Humor as a Teaching Tool: Use in Psychiatric Undergraduate Nursing” by Chiarello (August 2010, Vol. 48, No. 8, pp. 34-41), I am still eagerly awaiting a realistic article on using humor to help clients.

Far too often, I have read articles that tout the benefits of humor. The same benefits are mentioned over and over, with only passing acknowledgement of potential harms such as offense, distraction, and eroding the gravitas or authority of its user.

Isn’t it time for an article that differentiates between the physical act of laughing and the mental gymnastics of “getting” humor? Can’t we go beyond speculating about whether humor or laughter might help, or could help? Even if we could demonstrate that humor did help in a certain situation, would that justify it as the treatment of choice? Wouldn’t we have to demonstrate that humor worked better than established methods, whose side effects are well known and can be managed?

Using humor for any reason other than superior effectiveness seems self-indulgent, and we are notoriously immune to counter-evidence when we are indulging ourselves. It is often blithely said that journalist Norman Cousins laughed his way out of a fatal disease. We too easily ignore facts such as Cousins’ likely misdiagnosis with ankylosing spondylitis (AS). We now know that it is largely genetic, with more than 90% of those affected having the genotype HLA-B27 (Spondylitis Association of America, 2009). It seems unlikely that Cousins suddenly acquired this during a trip to Russia. Even if he had actually had AS, his recovery would have been fortunate, but not miraculous. When his friend, Dr. Hitzig, consulted the experts at Dr. Howard Rusk’s clinic, he was told that Cousins had one chance in 500 of a full recovery (Cousins, 1979/2005, p. 33).

Because we are enjoying our use of humor, we too easily buy into folk wisdom, such as the notion that laughter generates or increases the flow of endorphins (rarely tested and never found). We believe that adults laugh only 15 times per day, while children laugh more than 400 times (no one has found a legitimate source for this claim). We are quick to judge the client who does not appreciate our humor as depressed or resistant. We are quick to take our friends’ laughter as evidence of our effectiveness. I have seen many people using humor that interferes with their productivity and/or relationships, but who are firmly convinced that it makes them better workers.

I want to challenge professional researchers to give this matter more objective and rigorous investigation.

REFERENCE


Jim Lyttle, PhD
Madison, Wisconsin
doi:10.3928/02793695-20101006-01
Letters to the Editor

DDN EDITORIAL WAS A-OK
To the Editor:

As I read Smoyak’s June 2010 editorial, “DNR? DDN? TLA?” (Vol. 48, No. 6, pp. 2-3), a few thoughts crossed my mind. This year I celebrate 35 years as an RN with a very diverse and interesting career trajectory. In that period of time I have worked as staff nurse, nurse educator, advanced practice nurse, and nurse executive. In her considerations on the delivery of difficult news to patients, Smoyak’s statement, “In fact, although the language sounds new, the principles behind them are old” (p. 2), struck a chord within me as both a practitioner and educator.

The first thought I had was “What is old is new again!” So often it seems that we forget the past, and then when reading about a “new” procedure or process recall its similarity to what we had learned previously. My second thought was that nurses now in the late “generativity versus stagnation” phase of life were perhaps taught in nursing schools that were moving past primary source materials and building nursing’s professional knowledge base with new theories and models and missed or dropped some of the pioneering work.

My third thought as I mulled over the editorial was that I now wonder (or fear) that key primary source materials underpinning nursing practice have been forgotten, and thus the newer generation of nurses is “rediscovering” the messages of the older primary sources. I remember my graduate research faculty members chanting the mantra “go to the primary sources.” OMG, I was LOL when I finished my reflection on this editorial about DDN.

Benjamin Evans, DNP, RN, APN, PMHCNS-BC
Paramus, New Jersey
doi:10.3928/02793695-20101006-02