

A photograph of a man wearing a wide-brimmed hat and a jacket, splashing in a puddle in a forest. He is smiling and has one leg raised. The background shows large trees and a building.

IT'S A LAUGHING Matter

Matt Weinstein, the author
of *Managing to Have Fun*

**If giggles, grins and guffaws aren't bouncing off your walls,
your practice could be in serious trouble.**

BY JULIE STURGEON

Mike Moore's sonar has picked up an alarming trend in the medical world: physicians are afraid to laugh in the office.

Yet as a professional speaker, teacher, and humorist, the Toronto-based consultant still admits to a few butterflies in his stomach when he agreed to address a medical conference whose audience consisted of 150 palliative care workers. "I was reluctant because these people deal with death and dying. And here I'm walking in with the topic 'Light Up with Laughter,'" he says. "But within 10 minutes, my fears and anxieties about the audience were neutralized because they were hungry for the relief and therapy that humor can give."

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Assembly Instructions

Sorry, Charlie – Play amounts to hard work, so take these tips from humor trainer June Cline, the president of The Court Jesters Club in Atlanta to lay a better playground:

1. Release your childish creativity.

Look at your medical practice through a child's eyes. How great is it? What can't it do? How could you make this fun—or correct its boring qualities? Now translate this new vision into an amusing internal slogan and perhaps a contest among your staff to boost morale.

2. Take a risk. At times we all make stupid mistakes—why not wring their humorous side effects? Cline once

plopped down to eat dinner with a man she mistook for a new client prospect she'd met at a conference earlier in the day. When she did walk into the real target's office several months later, she wagged her finger in her best Shirley Temple imitation and said, "You landed me in so much trouble. Do you remember that lunch we shared?" Naturally, he didn't. "That's because it wasn't you," she scolded. The man became so tickled, they connected in that moment—a relationship that translated into business for Cline.

3. Go A-P-E. To loosen inhibitions ask everyone in your office to imitate an ape: Say ooh, ooh; scratch your armpits; eat grass. "I can get a roomful of people

acting as if they've lost their minds simply because I asked," Cline says. Awareness of that power (A) helps you appreciate the little things. P stands for permission to not be perfect, to exaggerate the small mistakes until they become funny. E equals fun.

4. Acknowledge your fear.

Of course, one person typically refuses to participate in the ape exercise because it equals foolishness and humiliation. "People tell me they were slapped as children at the dinner table for laughing. Too often humor is considered a frivolous waste of time," Cline says. Exploring these histories, notions, barriers, and hang-ups privately decreases their power. ■

Part of this squeamishness is understandable. There's emotional safety in hiding behind a quiet medical mystique and terminology. And, many physicians are afraid they will be perceived as less competent if they're caught playing on the job. Yet this profession has more of a rationale for having fun at work because fun and play contribute positively to patients' healing, points out Matt Weinstein, the emperor/founder of Playfair, a consulting firm in Berkeley, California and the author of *Managing to Have Fun* (Fireside, 1997). For starters, laughter increases T-cell production, which fights and bolsters the immune system.

Ken Davis, MD, has practiced family medicine at Sadler Clinic in Conroe, Texas, for 26 years. He seized on the results of a study released in March 2005 by Dr. Michael Miller, the director of preventive cardiology at the University of Maryland Medical Center. The studies show that heart attack victims who watch just 30 minutes a day of videos they deem funny improve more quickly and with less medication, fewer complications, and fewer subsequent heart attacks. Davis now makes that a routine part of his discharge orders for heart attack patients.

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Fun and play contribute positively to patients' healing, says Matt Weinstein, founder of Playfair, a consulting firm in Berkeley, California.

“There is medical research that shows doctors who employ humor in the office with their patients and at the bedside get sued less often,” he says. Davis has no reason to question those findings. “It’s risk management—people feel more comfortable with you, see you as more human,” he says.

He shares the laugh with Mark Pettus, MD, a nephrologist who serves as a clinical associate professor of medicine at the University of Massachusetts Medical School and practices in Charleston, South Carolina. Pettus, too, buys into health reasons like the fact that laughing lowers cortisol levels, an excellent antidote to the “flight or fight” mode so many patients find themselves in when they are under stress. Still, he’s very cognizant of the stereotype of physicians as a picture of seriousness; office feedback a few years ago revealed that his informal style of humor left some of his staff wondering if Pettus was more interested in being a stand-up comedian than a doctor.

“I do need to be careful about being too funny, but there can be a balance,” he says.

Physicians who find that magic equilibrium stand to gain far more than they realize. “Humor is a social glue because it promotes bonding with people. And if there’s one profession that needs that sense of bonding, it’s one that deals with people in very difficult, frightening, and insecure times,” Moore says. Take the family practitioner with Providence Hospital Systems in Waco, Texas, who impressed John Christensen, the playground director (a.k.a. president) of Charthouse Learning in Minneapolis—best known as the publishers of FISH! This doctor hugs his patients, gets down on his knees to examine a child’s ear, and takes the time to explain the anatomy behind an earache.

“We’re talking about a single mother who drives 50 miles to see this doctor, and because he’s not in her health-care system, she pays cash,” Christensen says.

Amusing myths

The foundation to perking up the mood lies in grasping what humor is—and isn’t—in a professional setting. According to Joel Goodman, the founder and director of The Humor Project in Saratoga Springs, New York, too many leaders think humor in the workplace is childish. Instead, consider it childlike, which is a very mature, adult coping mechanism.

“It’s a way of looking at life so as to reframe stressful situations into laughing matters,” Goodman explains. So, for example, Davis recently told a patient who presented with leg pains after visiting him about stomach and headaches in the previous two months. “Well, another month and this will move right out on the end of your feet and be gone,” he said to the patient. “She thought it was humorous,” the doctor says. He’s also not above cheering up a stressed out mom with rowdy, misbehaving kids by passing her a box of Kleenex while wearing the little red clown’s nose he keeps in his lab coat pocket. It’s just his way of subtly saying, “The news I’m about to give you isn’t serious in the overall scheme of things.”

Pettus cautions colleagues that physicians shouldn’t confuse humor with comedy—it’s actually rare to find someone with Patch Adams’ gift in this niche. He prefers to define humor as an expression of a positive emotional state—happiness, for short.

That explanation also blows apart the common theory that a person must be born with a sense of humor. Goodman enjoys how comedian Steve Allen once described it to him, “Certain people may be born with a genetic ceiling or a floor

in regards to humor, but it’s what we do in our lives that influences whether we end up on the ceiling or the floor.” Now after working with more than 2 million people in the past 30 years, Goodman is convinced the average person can develop and improve a sense of humor.

So in the real world, humor is less about joke telling and more about storytelling. That’s why Moore cautions doctors that humor is not an add-on, or trying to yuck it up with a patient who has just been diagnosed with cancer. In his book, it’s more about learning to poke fun at your own short-comings via vignettes that apply to the moment. He would applaud Pettus’ practice of sharing his personal withdrawal troubles when cutting back on carbohydrates and Coca-Cola to patients addressing weight issues.

Finally, laughing at a patient specifically crosses the line into cruelty, as most physicians instinctively know, but don’t be afraid to use patient interactions to fuel your funny bone, either. One of Davis’ favorite chuckles to share comes from an older gentleman for whom the doctor was helping to regulate his blood pressure. Probing to see if he suffered from sexual dysfunction as a side effect of the medication, Davis couldn’t seem to get through with the tactful approach. So he finally asked the patient, “Has the medicine taken the lead out of your pencil?”

“He looked at me and said, ‘Well, you know, doc, it has. But that’s OK because I don’t have anybody to write to anyway,’” Davis laughs.

Or take the clever play on words that won Goodman’s admiration: A hospital colonoscopy team posted a banner during a holiday party that read “Christmas is a good time to look up your friends.”

“Ask yourself if the humor is appropri-

ate, timely, and tasteful. If you can answer yes to all three, then the humor will probably work for you and your patient,” Goodman says. “The more the physician is aware of who the patient is, the more likely she will be successful in determining whether to proceed.” Davis agrees. He says most of the patients he cuts up with have been in his patient record for years. With new patients, he sticks to a sunny smile and upbeat attitude until he can gauge their openness to more.

Prep work

Any leader without a sense of humor is like a grass cutter at a cemetery, according to Moore: He has a lot of people under him paying absolutely no attention. So Christensen says the first step is to find your own comfort zone—and it’s as easy as answering, “Who are you being?” in Christensen’s way of thinking.

The question, of course, is the cornerstone of the popular FISH! program, which consists of four daily practices. (Christensen used to call them principles, but recently changed his language to better drive home the idea these are action steps, not thought processes.):

- **Be there.** Just like the pediatrician who took the time to hug his patients, recognize that the people in the exam room aren’t just your next stop on the way to somewhere else.
- **Play.** Sure, America latched onto the “fun hat Friday” and “macaroni Tuesday” definition of play and quickly implemented silly games to keep office auras lighthearted. But at some point, that narrow definition hits a wall, Christensen contends.

True play involves putting our innate sense of creativity to work. After all, the original FISH! practitioners—those hourly workers at the smelly fish market



When Enough is Enough

Plenty of negative emotions masquerade as laughter, so stay peeled for these deviations:

- **Woolly bully.** Veiled hostility sometimes hides behind the “I was just having fun” excuse. To spot the difference, strain the laughter through these filters: 1. What was the intention behind this? 2. No matter the intention, what was the actual impact? If it flunks, nip it in the bud.
- **Sugar highs.** Like a bagful of jelly beans, “fun and entertainment sustain you for about 15 seconds, then it gets real old if you don’t have substance and skills to back it up,” says June Cline, the president of The Court Jesters Club, a consulting firm in Atlanta. “You cannot let go of the office’s mission or goals. And fun won’t replace poor management skills.”
- **Comedy confusion.** Laughter doesn’t mean anyone on your staff should become an obnoxious comedian. Cline recommends leaders encourage stand-up wannabes to instead watch the professional jokesters they admire for the facial expressions, body language, catch phrases, and themes they like. Then help your crew find ways for those less intrusive skills to spill over to the office setting. ■

in Seattle—began entertaining crowds by throwing fish simply because it required 31 steps to trudge the fish from the outer display to the cash register. “They were bored,” Christensen says. “Creativity is asking ‘what if?’”

• **Make their day.** Don’t worry about a big production, he urges. In the medical arena, this can be as simple as a gentle touch on the arm of an elderly person, or thanking someone for coming to see you today.

Pat Curry, a resident in Watkinsville, Georgia, can’t praise Jeffrey Zweig, MD, enough. The gynecologist helped ease her post-surgical concerns by offering her homemade cookies he’d baked himself for the office. And a year later, she still has the e-mail jokes he sent her in the weeks running up to her surgery—cornball country sayings, quick one-liners. “He acknowledges that no woman on the planet wants to go to the gynecologist,” she says.

• **Choose your attitude.** Davis isn’t one to laugh at a funeral. But he does chuckle at the memory of arriving at the mortuary for his father’s visitation, only to be met with the burning question, “Did you bring his underwear?”

“I once heard that humor is tragedy plus time, so sometimes even when we look at some of the serious things that happen to us or our patients, we can find something to smile about later,” Davis says. Experts like Moore suggest keeping a small notebook handy to jot down a word or two of these experiences so you can rebuild the mirth at a later time.

Yet Christensen warns that even the most congenial of physicians will struggle at first to get the office personnel and nurses to play along. Consider it a trust factor—play can’t soar until it has that personal relationship launching pad. And

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there's no doubt you want the staff on board next, Playfair founder Weinstein says, because their reaction radiates to patients.

He suggests building this camaraderie by announcing a program that offers a bottle of wine or a dinner certificate to the person who can tell the best story of how they dealt successfully with a challenging patient that week. "All of a sudden, your staff sees the reward in dealing with pains, and problem patients feel wanted, so they calm down," Weinstein explains.

But don't stop there. Deliver a rose to someone who "rose" to the occasion during a hectic day. Declare a "celebrate Norma" week in honor of the receptionist. Prepay the nurses' lunch. Fill in for an office duty at noon so friends can eat together. Invite staff to bring in anonymous photos of their pets and see who can correctly match the most dogs and cats to their owners. And to keep the good times rolling, eventually enlist the people who work for you to form an informal "smile" committee to brainstorm ideas as well. (Just be sure to put some funds in their hands to work with, Weinstein says.)

Davis' end of Sadler Clinic proves it works. He credits humor for keeping his nurse at his side for 22 years, his five partners for more than 20 years. Their nurses, too, have stuck around for two decades. "To be in these close quarters dealing with serious issues every day and all still love each other ...," he trails off. And if love sounds corny, think bottom line. Turnover costs money, so keeping folks smiling saves the practice big bucks.

Surround yourself with smiles

When it comes to humor, it's vital to look the part as well, experts say. That doesn't mean donning a headband of an arrow shot through your skull, unless that fits your personality, of course. It does mean

walking through each room in your office to evaluate it on a cheerfulness scale. For instance, asks Goodman, does your waiting room offer a few humorous books, magazines or videos to lighten patients' loads? The Humor Project has helped a number of medical organizations stock their waiting rooms with materials featuring Bill Cosby, Billy Crystal, Erma Bombeck, Dave Barry, and Jerry Seinfeld. In fact, Lynn Johnston of "For Better or For Worse" cartoon strip fame began her artistic career while working for an ob/gyn, where she took the initiative to decorate the ceiling with cartoons for women's entertainment.

It's certainly within bounds to include props like smiles on a stick in the corner of your exam room, or posters with fun sayings. Goodman personally leans toward the Robert Frost statement, "The brain is a wonderful organ. It starts the moment you get up in the morning and doesn't stop until you get to the office." Or place a beautiful canister full of upbeat observations and humorous quotes in each room, and invite patients to pull one, fortune-cookie style, during their visits.

Davis decorates his exam rooms with cartoons that patients clip and share with him.

You'll soon notice these surroundings benefit you, too. "We've observed that if you can insert humor into the environment, then it seeps into the individual consciousness," Goodman says. "We can remind ourselves of the importance of that smile when it's one of those days when we don't have a smile."

As for humorous conversations, start with one-liners. "It's a mistake to try to become a comedian. That's not what I'm advocating," Moore says. "I just want you to enjoy humor." He frequently can be overheard telling folks, "Expecting life to treat you fairly because you're a nice person is like expecting a bull not to charge you because you're a vegetarian." Patient Curry found herself amused

by gynecologist Zweig's habit of telling her, "Like they say on Blue Collar Comedy, 'Let's get you nekkid!'" or his short "Now for the fun part," remarks just before an exam.

Pettus' style is a bit more buttoned-down, but he's been known to share a line from a Seinfeld repeat that struck his funny bone. "For me it is very unconscious, more of a natural extension of what I value and what I am comfortable with. I hope my choice of words [and] my demeanor remind people that I am just a regular guy like anyone else and we're all in this together," he says.

In the real world, you will encounter patients who don't find your brand of humor funny. Davis admits after 26 years most of his patient base has self-selected his office and its atmosphere. And he would never prescribe a full dose of his personality to a new family without getting to know them better and building that all-important trust. But should someone complain directly, Weinstein recommends dealing with the complaint directly, but not backing down from the playfulness.

"It's always helpful to explain to people that serious can co-exist with joy, that we are not put on earth to suffer," Davis says. "It's not that I don't sympathize with you or feel your pain, but we know that your healing will happen more quickly if you are able to mobilize the resources that laughter and play offer," he says. In other words, convey that you are there to celebrate both the patient's life and recovery.

Keep in mind, as well, that when people are suffering, they're not in the best of spirits, says Moore. A complaint may be merely their way of asking for permission to be pulled from that bad mood. As Goodman says, "It's not a kidney waiting in the examining room. It's not a left shoulder. It's a human being and humor is part of that good old bedside manner." ■ Julie Sturgeon lives in the very funny town of Greenwood, Indiana. She is a regular contributor.