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Humor

I hear a joke from a patient in the first days of treatment and ask myself what is this person afraid of. What does he need to defend himself against. The answer of course is everything. Beginning treatment is a hopeful, frightening time. *I want you to help me. Maybe you can help me. But I don’t want you to know too much about me. I don’t want to have to change.*

I hear a joke towards the end of treatment and I think our work is almost done. My patient trusts me and herself. She is relaxed. She can let me see who she is. The world is no longer such a dangerous place. She can play.

Humor is a tricky business.

Humor can be used as a test. *If I tell you something tragic, make a joke of it, and you laugh, then maybe I can’t trust you with my darkest secrets.* Early in treatment, I don’t laugh at patient jokes. I try to understand what they mean. Are they to relieve anxiety? An attempt to deflect the seriousness of our work? An attempt to ingratiate? To not be a bother? To be one with the psychiatrist? To hide anger, hostility, pain? The possibilities are endless.

You may think I make too much of a simple joke. But jokes aren’t simple. Humor can be life saving. It can also be used to obfuscate, confuse, deflect the listener. Particularly when the listener is a psychiatrist.

I keep an eye on humor as a way to mark the progress of treatment. I had a patient who had learned at her mother’s knee how to use humor as a devastating weapon. People were reduced to caricatures and called by their most distinctive and humiliating characteristics. The barbs were poison darts and deadly. My patient could eviscerate the enemy with a single barb. It didn’t hurt that she was extremely bright, original and a wordsmith. My patient’s humor protected her from getting too close to anyone. Like a porcupine, she could keep everyone at a distance. She was also a lonely and lovely woman. I wondered what would happen to her humor as she got better. Would she lose it all together? Could she really transform it into a gentler variant? This was a very witty patient, and while I wanted her to get healthier, I didn’t want her to lose a wonderful part of herself. It was a gradual and amazing transformation. The patient no longer had to rip people to shreds or remain silent to avoid doing that. Her humor did transform. I’m not sure I would have believed it if I hadn’t seen it over time. She was still funny, very funny, but the jokes were no longer at the expense of other human beings. She no longer had to keep people at bay.

There are people who seem to have no sense of humor. I still wonder about this. Is it true? Like people with no sense of rhythm? Can it be learned? Humor softens the edges of life. One of the worst curses in life, it seems to me, would be to live without a drop of humor to lighten the load. Laughter might not be right next to godliness, but it isn’t far behind. The physical act of laughing makes us healthier. The emotional impact lets us have perspective. When people are deeply emotionally sick, it is their humor that fails them. The lack of humor is a sign of their suffering. But what of the person who never sees anything funny in life? I suppose it’s like learning to cope with a missing limb. Perhaps one makes up for it in the same way. One compensates by finding other emotional outlets, other ways to relieve the burdens of the world.

With some patients, I’ve found humor has merely been buried under a mound of suffering and distrust. That’s a happy discovery for both of us—like finding gold in an old, forgotten mine. It must be *their* humor that we discover, not mine. The psychiatrist who jokes with his patients, is a little like the psychiatrist who touches them. The touch, the joke can lead to a misery of misinterpretation. *I see what you want from me. I’m to be your friend, your audience. You don’t want us to get too serious in here. I’m supposed to keep it light. You don’t want to know my pain.* And the problem is you’ll never know what that joke meant to your patient. He won’t tell you, unless he’s at the healthy end of his treatment. He’ll go along or maybe he’ll leave. Dismissing you as someone who doesn’t want to listen to or understand him.

Does it seem as if I’m taking this all too seriously? Maybe I’m the one who doesn’t have a sense of humor. My work is serious. My play is my own. The more funny and fun it is the better. But that’s another topic. I am like any other caring physician. My goal is to cure. If I can’t cure, then my goal is to relieve suffering. Humor is a part of my care. Shared humor. And it shows itself after I know the patient well, never before. It comes from my patient, not at her expense.

At the end of treatment, humor sits beside sadness and joy. When it’s time to leave, my patient and I reminisce about what we’ve been through, what we’ve accomplished, and yes, even sometimes, the laughs we’ve had.