

# Healing through Humor

BY RHODA WEISS

**I**f laughter is contagious, it is one germ care givers and patients at many Catholic hospitals are trying to catch and pass on.

Humor's healing potential was recognized as far back as the Old Testament: "A joyful heart is the health of the body, but a depressed spirit dries up the bones" (Prv 17:22). Humor is also an effective means of breaking down barriers. As pianist and humorist Victor Borge puts it, "A smile is the shortest distance between two people."

For healthcare professionals, humor can be an excellent way of showing patients and families they are welcome—that providers care enough to reach out to them. Programs that promote smiles and laughter can also relieve stress and raise spirits among hospital staff. In fact, the genuine goodwill generated by humor can be among a hospital's most effective means of building positive relations with its staff and its community.

## THErapy FOR PATIENTS AND STAFF

Most healthcare clinicians agree that a positive attitude and a bit of humor can help patients recover more quickly, says Virginia Pearson, former corporate director of public relations and communications for Sisters of the Sorrowful Mother (SSM) Ministry Corporation, Milwaukee.

Providers are using many tactics—such as in-room laughter channels, clowns, humor carts, and funny costumes—to lift patients' spirits. "Hospitals are learning that humor is good for patients and families," Pearson says. She adds that humor also helps staff cope with stress and perform their jobs more effectively.

One of the first hospital-based humor committees in Wisconsin was established at Saint Mary's Hospital, Rhinelander, an SSM Ministry Corporation member. Pearson, who is now a communications consultant in Baton Rouge, LA, says that Saint Mary's Manager of Patient and Family Services Marcy Luedtke was the driving force behind the idea. Luedtke wrote the initial



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proposal for the committee, which was reviewed and approved by the hospital's management team and received overall support from everyone.

"Several things intrigued us about this program," says Kevin O'Donnell, president and chief executive officer of Saint Mary's. "It combines some of the best aspects of holistic care and is an alternative form of medicine. And I think we have to be more open to looking at all forms of healing."

The Saint Mary's program also includes elements designed to boost staff morale. Many of the staff-related programs help break down the barriers found in a hierarchical structure. One of the first such activities was a "Kevin O'Donnell Look-alike Contest," which was open to anyone throughout the organization. O'Donnell's participation and encouragement helped make the contest a success.

The program at Saint Mary's proved so popular that it was duplicated at another system hospital, Sacred Heart in Tomahawk, WI. Both hospitals have established humor libraries for patients and staff. Items include books, puzzles, comic books, audiotapes, and toys. Patients, family members, and staff who have benefited from this program often contribute items to the collection. In addition, patients have access to a free closed-circuit television channel featuring recent upbeat movies.

The humor committees try to plan at least four activities a year. Examples include a pumpkin-carving contest at Halloween, Valentine design contests, and "clown rounds." The inexpensive activities help everyone get to know each other better and have fun at the same time.

Similar programs have sprung up in other Wisconsin hospitals, and Luedtke helped form a group for program directors who meet quarterly to share new ideas and trends in humor therapy. For her efforts, Luedtke received a System Leadership Award from SSM Ministry Corporation and funds to attend a "Caring Clown" workshop.



## INDIVIDUAL INITIATIVES

Perhaps because humor is such an unconventional mode of patient therapy, it often requires the efforts of a creative, committed person like Luedtke to get a program off the ground.

**The Humor Cart** At Benedictine Hospital in Kingston, NY, emergency department nurse manager Alan Glickman has created the "humor cart," which travels throughout the hospital bearing materials to brighten patients' spirits.

"I don't know whether we're going to prove that humor cures a disease, but I think laughter can make patients more functional more quickly and help staff get along better with each other," he explains. The humor cart contains videos, joke books, masks, hats, and funny noses. Several local Lions and Kiwanis Clubs donated funds and items for the project. Future plans for Benedictine include a humor room, where hospital staff can go during breaks to enjoy a funny video or a joke book.

**Clowning as Communication** Roberta Rudy, a part-time intensive care nurse at Holy Spirit Hospital in Camp Hill, PA, also understands the importance of humor as therapy and diversion. As Sunny the Clown, she makes her rounds with "The Dr. Fun Humor Cart," helping patients laugh under difficult circumstances. Accompanying Sunny is an ostrich hand puppet named Hermes, whom Sunny brings to life with a few tugs on some strings.

Sponsored by the hospital auxiliary, the cart features cassette tapes of humorous books, old-time radio shows, and relaxation meditations, as well as comedy videos, books, and small games. Patients can watch the videos on a portable VCR that is delivered to their room. When the video unit is not in use, it is stored in the pediatric unit for use anytime by youngsters.

Rudy started her clown career at a critical care conference, where she was attracted to a seminar on the art of clowning. "The more I listened to the speaker," she says, "the more I saw clowning as a profound way to communicate with patients."

After pursuing her clown training, Rudy was intent on doing something special for patients. She was aware that Holy Spirit offered some inspirational and humorous materials for patients through its volunteer department and approached Mary Kelly, volunteer director, to see how her new skills might add a dimension to this effort.

"When we started this a few years ago, we gathered relaxation and inspirational materials for use by oncology and terminally ill patients," says Kelly. "But as we learned more about the connection between humor and healing, we decided it



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would be better to offer a mix of inspiration, meditation, and humor."

Rudy stresses that she is more a therapist than an entertainer. "My aim is not so much to make people laugh, but to help them get in touch with their own play and laughter. Many of us aren't in touch with our sense of fun. You have to allow yourself to smile and giggle!"

**What Words Cannot Express** Like Rudy, Tootie Barr's experiences as a care giver have taught her the importance of seeing and experiencing life from a different perspective.

In addition to coordinating the AIDS programs at Saint Agnes Medical Center, Fresno, CA, Barr is a professional clown who goes by the name of Giggles. "Clowns act out feelings that words can't express," she says. "When I change into Giggles, I become someone else. And laughter isn't the only response I get. Sometimes just a raised eyebrow and a faint smile break through the pain to tell me my patient understands."

Barr came to Saint Agnes in 1988 as manager for the Pilot Care Program, a case management program for AIDS patients sponsored by the state of California. Today she and her staff manage three state-sponsored AIDS programs and care for 90 patients a month throughout a four-county area. In addition, the team logs more than 2,000 miles each month visiting and providing services for patients at home.

Barr says the most difficult part of her work results from the relationships she develops with patients. "You can't help becoming friends with patients who try so hard to smile in the face of adversity," she says. "It takes a long time to die

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from AIDS, and I believe you need some spiritual resources to cope. Sometimes I think caring for AIDS patients helps a person find his or her own spirituality—or at least identify it.”

In 1991 Barr was nominated for the California Nursing Association’s Nurse of the Year Award. That same year, a private Fresno philanthropic organization named her Humanitarian of the Year and donated \$12,000 to support the medical center’s work on behalf of AIDS patients.

**A Separate Reality** Children’s artist Sherri Robinson Sanders told herself that if she conquered cancer, she would create something for children being treated for the disease.

Sanders knows how frightening treatment can be. She came up with the idea of allowing children to dress in costume to make their therapy less terrifying. “It’s an escape, a fantasy-type atmosphere. Anything that allows children to pretend they’re not in the hospital should help them cope.”

An armoire that Sanders had built for Methodist Hospital’s Hodges Cancer Center in Lubbock, TX, has become the prototype for five others that have been built since, according to Doug Hodel, public relations director. “She gave the armoire to the children on Valentine’s Day in 1990, at the first Mad Hatter Tea Party, which has become a favorite tradition of both staff and patient,” Hodel says.

Each armoire contains 12 handmade

costumes—such as a green and purple dinosaur or pink and silver unicorn—that feature a hat to mask hair loss and Velcro closures to create a good fit and accommodate intravenous lines.

“The children sign in at our front desk, then run to the armoire to see who they can be for the day,” says Connie Karvas, a nurse at the center. “Their outlook on their visit and positive comments from parents have assured the staff at the cancer center that the costumes enhance the care children receive.”

The costumes and armoire are designed to meet the individual requirements and decor of each hospital. Armoires come in a variety of themes, including a fairyland castle and a zoo, and the costumes are coordinated with the style of the armoire. A mirror in the armoire allows the children to view themselves.

Sanders also paints purple hearts on every armoire to symbolize courage—small hearts for the children to sign their names on and a special heart saying, “Each day a little brighter, each tear a little smaller, each smile a little bigger.”

“The parents and other patients are also helped by seeing the kids in costumes,” Sanders says. “With cancer, you’ve got to have a way to fight, and I think this helps the kids feel stronger than their disease. I just had to have cancer to find out what the children needed.” □

nance costs? Although the payment mechanism for this care is expected to be adequate, it will probably not allow for significant capital expenditures. How can the institution optimize its present capital investment?

Staffing will be another consideration. Under the reformed system, providers other than physicians will probably be able to perform primary care services. Will the facility be comfortable utilizing nurse practitioners and physician assistants? How will these professionals’ roles be integrated with those of physicians? What quality assurance mechanisms need to be added?

The legal relationship between the staff and the institution must also be considered. Recent clarifications of the Internal Revenue Service rules concerning the independent contractor relationship make it obvious that such a relationship will seldom facilitate provision of primary care since staff will likely be considered as employees for compensation and similar purposes. To attract physicians and other professionals who prefer the benefits of an employment relationship (e.g., paid vacation, healthcare coverage, regular hours, pension, malpractice insurance), Catholic hospitals will have to consider any state restrictions on the corporate practice of medicine, which they must observe to retain their tax-exempt status.

#### Now Is the Time

Acute care institutions must anticipate and respond to the changes brought by healthcare reform. Healthcare providers cannot wait until they know all the changes healthcare reform will bring. By then, they will not have enough time to consider their alternatives prudently. Now is the time to set their goals regarding primary care and determine how to meet them. □