Use of humour in medical teaching

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SUMMARY Humour, whether considered cognitively or affectively, is complex and ubiquitous. It is claimed to have adjunctive value in clinical medicine. Claims regarding its effects also indicate that humour can make a valuable contribution to the educational process. Humour is understood to reduce anxiety and stress, build confidence, improve productivity, heighten interest, reduce boredom and encourage divergent thinking, yet it has been difficult to establish positive value for humour in helping student learning. Approximately equal numbers of studies of the effects of humour on student learning have been negative and positive. Informal observation suggests its use in medical teaching is widespread yet little reference is made to the use of humour in teaching in the medical literature. Research into the role of humour in medical teaching is made difficult by the complex nature of the production, perception and appreciation of humour, by the difficulty in contriving humour in controlled settings, by the importance of the setting as a component of the humour, and by the difficulties in establishing outcome measures for humour interventions. Given these difficulties it is understandable that medical teachers might use humour but are unlikely to study it or write about it.

The total absence of humour from the bible is one of the most singular things in all literature. (A. N. Whitehead (1861–1947, British mathematician and philosopher)

Introduction
This article was inspired by curiosity about the observation that medical writing was virtually devoid of reference to the use of humour as an aid to teaching. The aim is to explore the use of humour in medical teaching and to determine what benefits are perceived to be derived from such use.

Informal observations suggest that the use of humour is widespread in medical teaching. There is a limited amount of research literature attesting to the value of humour in teaching. There are many claims to the value of humour in teaching, many of which are unsubstantiated. In fact, accompanying many of these claims is the assertion that there is no supportive research, a statement which in fact is not strictly correct.

In the medical literature, most of the reference to the value of humour to aid teaching is in the nursing journals. Other than this an extensive Medline search for articles linking humour in education produced reference only to humorous articles or to the use of humour in patient education but in fact no references at all to the use of humour as an aid to medical teaching.

The exploration of the hypothesis that the use of humour in teaching aids learning is compounded by the problem of separating humour per se from other attributes of a successful teacher. Nevertheless, studies can be designed, and in fact have been conducted, to reject the hypothesis that use of humour by teachers aids student learning. The effect may not be direct, of course, but may be by one or more of the mechanisms listed below. It must be recognized that any study of humour should embrace both intentional and unintentional humour and while the latter cannot be planned it is important to observe it and its effects when it occurs. It would be of interest to test the assertion that for benefit to be obtained the humour must be relevant to the study subject, which notion would seem to be testable (albeit no doubt with difficulty) by using relevant and irrelevant humour to teach the same material to different (but very well-matched) groups of students.

Definition of humour
The best definition I know of humour is: humour may be defined as the kindly contemplation of the incongruities of life, and the artistic expression thereof. I think this is the best because I wrote it myself. (Stephen B. Leacock)

Dictionaries are not particularly helpful in defining humour. The Concise Macquarie Dictionary (Macquarie University, 1982) and the Collins English Dictionary (Wm Collins Publishers Pty Ltd., 1979) describe it as a noun for the “quality of being funny” (amusing, comical). The Concise Oxford Dictionary (McIntosh, 1956) offers “facetiousness, comicality”. Better definitions, however, are lacking. Robinson (1991) suggests laughter as the indicator, humour being that which induces it. However, as she points out, smiling and other changes of facial expression may be alternative responses. Other stimuli such as tickling or embarrassment may induce laughter in the absence of humour. It is not satisfactory to define humour simply in terms of responses. A better definition

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might be to refer to stimuli and responses: humour is communication (written, verbal, drawn or otherwise displayed) including teasing, jokes, witticisms, satire, sarcasm, cartoons, puns, clowning which induces (or is intended to induce) amusement, with or without laughing or smiling. The origin of the word humour is from the Latin humorem (moisture). When the flow of the four Hypocretan humours (phlegm, blood, choleric and bile) was normal, a person was said to be in good humour. The word has gradually come to develop, among others, the meaning being discussed here.

Humour theories
The perception and the creation of humour is possibly the most complex of all human activities and behaviours (J. Milner Davis, personal communication). Humour allows the expression of ideas which would otherwise be rejected, criticised or censored and has a disinhibiting effect (Ziv & Gadish, 1990).

Theories as to its nature abound and many have attempted to synthesise those discussions (Keith-Spiegel, 1984; Johnson, 1990; White & Lewis, 1990; Robinson, 1991). Such treatments can take a historical or functional perspective or categorise humour by discipline. The biological notion is to view the use of humour as a primitive adaptation to stress. Laughter induces a feeling of well-being and euphoria. A cascade of physiological and biochemical effects of laughter has been described (Black, 1984; Fry, 1992, 1994). Freud's psychoanalytical view saw it as a response to stress with release of psychic energy and resulting anxiety reduction. Jokes could be harmless or more purposeful (further classified into sexual; aggressive; blasphemous and sceptical). He saw humour as a means of making comment while avoiding censorship and recognised it as being able to relieve tensions induced by society. Freud developed the concept of gallows humour, which can be defined as being sinister and ironic (Wm Collins Publishers Pty Ltd, 1979), as a theory of laughter dealing with tragedy and death (Robinson, 1991).


The sociological approach views laughter as a means of helping to integrate an individual into a group (which could be a social group or a profession) (Robinson, 1991). Humour can serve a strong sociological purpose in helping the oppressed to deal with fear and despair. It is of course a very powerful means of providing social and political comment.

Other theories which are beyond the scope of this article include historical, philosophical, anthropological, linguistic, psychological, or physiological. Other theories which cannot be accommodated in an approach based on disciplines include incongruity, superiority, and surprise, shock or ambiguity.

Forms and types of humour
In presenting the categories below, reference has been made to a table presented in Wandersee’s 1982 article; his table which lists 16 forms of humour was of course incomplete but is not reproduced here in its entirety. Examples only are provided.

Sarcasm can be defined as a statement with the opposite intention to its literal meaning. In his advice to lecturers, Rose (1991) advises:

Delivery should be inaudible and monotonous. If the lecturer makes the error of being understood, the audience will conclude that he is more of an actor than a specialist. The more unintelligible he is, the more his reputation will be enhanced.

Irony is difficult to use and requires care with the audience which can easily misinterpret it.

At a conference attended by a colleague in India, a researcher’s talk follows that of a professor who has vastly exceeded his allotted time in a rambling and rather pointless discourse on tuberculosis. She commences by indicating demurely her deference to the wisdom of the professor and his vast clinical experience. She, on the other hand, has only “a little bit of data”.

The cartoon can be described as a humorous drawing with or without a caption. Cartoons are ubiquitous but perhaps most prevalent in newspapers as a means of political or social comment best understood by the artist. Other types include jokes, puns, anecdotes, insults, limericks, riddles, parody and comedy.

Humour in medicine
Humor is not a substitute for clinically competent medical care, but it can be a powerful and delightful adjunct to patient therapy and rapport. (Goodman, 1992)

The scope of the use of humour in medicine includes: (i) undergraduate, postgraduate and continuing education of medical and other health professionals; (ii) patient education; (iii) public education; (iv) its use as an adjunct to therapy (both physical and psychological); (v) reduction of tension for patients but especially for professionals; (vi) its role as a device in the medical literature.

The category (i) above is the main consideration in this article is dealt with in detail below. The role for humour in the practice of medicine and allied professions, of which (ii) patient (Gilman, 1990) and (iii) public education are in integral part, as well as (iv) the use of humour as a therapeutic device, and (v) as an adjunct to clinical work are beyond the scope of this work. It is the therapeutic use of humour (Fry, 1994) which attracts the most attention of course, and was featured at a recent international humour conference (Kron, 1996). Claims made for the therapeutic use of humour include its ability to distract patients from unpleasant (physical or emotional) symptoms (Kron, 1996), reduce pain (Johnson et al., 1994), anxiety, depression and stress and cope better with difficulties including coping with serious illness or dying. The possible value of the physiological, biochemical and immunological effects of laughter and humour has been proposed (Fry,
Humour in medical teaching

1994). The present section will deal with the place of humour in the clinical and scientific medical literature.

Robinson (1991) offers the view that medical humour can be seen as a form of gallows humour and gives some examples of its use by patients. She suggests that in the face of everyday tragedy, health professionals laugh so that they do not cry.

There is no medical journal devoted entirely or largely to the publication of humour. However, the Journal of Irreproducible Results has for 30 years been publishing humour in the sciences including biological and medical sciences. Examples of medical articles include the results of a study which established a role for drinking water in the causation of virgin births. The Journal of Polymorphous Perversity has been publishing humour from psychologists, educators and other social scientists for the past 10 years. Humor: International Journal of Humor Research is the official organ of the International Society for Humor Studies. Unlike the previous two journals this is a very serious medium for the publication of high quality scientific papers. It is handled by several abstracting and indexing services but does not appear in Medline. Titles of recent papers include “It is not enough to have them laugh: hostility, anger and humor-coping in schizophrenic patients” (Gelkopf & Sigal, 1995) and “Mirthful laughter and blood pressure” (Fry & Savin, 1988).

A recent search for humorous articles in the 200 most popular medical journals revealed about 200 citations over a five-year period. (Approximately 0.03% of the literature was considered humorous.) The majority of the citations were editorials, commentaries and editorial correspondence. About 10% were original articles. Some selections are discussed below.

Howard J. Bennett, who has authored several amusing articles, has compiled a volume of humorous medical writing (Bennett, 1991) in which some original articles and case reports appear. The book includes a bibliography of humour in the medical literature but the only citation which deals with humour in education among more than 60 listed is the book by Robinson (1991). An important article reproduced by Bennett is a case report which appeared in Chest about 20 years ago (Caroline & Schwartz, 1975). Some of the volumes of correspondence generated by this seminal article are also presented in the book. This writer recalls well the great interest generated at the time this paper appeared. Until then the active ingredient on which the medicinal properties of chicken soup were dependent had not been identified but was revealed to be a previously unknown antibiotic which became known by its brand name, Bohbymycetin®. Twenty years later little is known about this remarkable compound.

It must have been shortly after the publication of this letter that an elderly woman in New York found that one of her two hens had become acutely ill. She was forced to take the healthy one to her butcher who slaughtered it for her. She was thus able to return home to make chicken soup to feed to the sick bird.

Most of the humorous medical literature of course is tongue-in-cheek material which deals satirically with recently popular diseases, practices or therapies.

Charles Bosk, a Philadelphia sociologist, maintains that humour, especially gallows humour, is an important part of the medical ritual (Bosk, 1996). He suggests that humour is used as a mechanism to deal with uncertainty. It is certainly true that the clinical process must regularly deal with uncertainty when data are missing or are in conflict. He asserts that in clinical training junior staff learn that there are times when laughter is the only appropriate response to absurd situations.

I have a drawer full of samples of drugs the uses for which I don’t know. I give them to patients when I have no idea what’s wrong with them. (Erich Ziegler, GP, Auburn NSW Australia, c. 1960)

A problem faced daily by medical practitioners is the impossible task of keeping up with the literature. The fact that increasingly patients or their parents are abreast of the latest through the World Wide Web only accentuates the problem. After all, they have the time to do that while we have to bring home our dictation and other tasks not completed during the day at work. And they don’t have to worry about the quality of the science. (It seems to be their duty to apply attention in reverse proportion to the validity of the material.) Howard Bennett has attempted to relieve this pressure with his recent contribution to JAMA (Bennett, 1992). He classifies the reading of the literature according to seniority. Some selections are shown:

Medical student
Reads entire article but does not understand what any of it means

Resident
Would like to read entire article but eats dinner instead.

Chief resident
Skips articles entirely and reads classifieds.

Senior attending
Reads abstracts and quotes the literature liberally.

Chief of service
Reads references to see if he was cited anywhere.

Emeritus attending
Reads entire article but does not understand what any of it means.

In summary, the roles for humour in medicine include

- adjunct in therapy and counselling
- device for patient and public education
- relief of tension in the clinical setting
- mechanism to deal with uncertainty in clinical decision making
- dispelling of myths
- means of drawing attention to bogus practices and beliefs
- tool in medical education
- means to make the practice of medicine seem to be a human activity.

Several years ago some colleagues began advocating the use of gammaglobulin injections for chronic fatigue syndrome. As this condition was seen by most to have a strong behavioural component to its pathogenesis (often associated with a tendency to seek medical solutions for life’s problems) but more importantly to require a cognitive and/or behavioural approach in its manage-
ment, such dramatic medical therapy seemed both irrational and potentially counterproductive. There appeared to be a vogue of advocating gammaglobulin injections for an ever increasing range of indications. This slide to introduce discussion of proven uses for gammaglobulin injections (IVIG) alludes to the unjustified extension of use in some quarters.

*If it moves, give it IVIG*
(Except in the case of Guillain Barré syndrome, in which case if it doesn’t move, give it IVIG)

**Humour in education**

It is noble to teach oneself, but still nobler to teach others—and less trouble. (Mark Twain)

The stereotype of the teacher is someone who is quiet, intelligent, knowledgeable but rather dull. The word ‘humour’, does not appear in the index of any of three popular university education text books (Brown & Atkins, 1988; Ramsden, 1992; Newble & Cannon, 1995). Ziv (1988) makes the same comment regarding another 14 educational psychology volumes. Humour appears not to have received specific examination as an educational tool at a recent international humour conference held at UNSW. Humour, however, appears to be very widely used in education. Examination of the use of humour in education shows it to have or appear to have properties which make it an important though not indispensable part of the education process.

What follows is a brief examination of some of the claims made regarding the value of humour in education and information which has been derived from examination of those claims.

A mechanism by which humour may act to facilitate the learning process has occurred to this writer but appears to receive little attention in the literature; this may be because the notion would be difficult to examine. Modern educational theory highlights the importance of interactivity, involvement of the audience who should be stimulated to think and to learn and whose reactions should affect the conduct of the teaching (Brown & Atkins, 1988; Ramsden, 1992). When a teacher uses humour and is able to stimulate the students to laugh or smile then at least to that extent the teacher knows that the students have been engaged. They must have been listening and, to get the joke, been engaged with the material being presented. Their response to the humour would thus provide positive feedback for the teacher. The students must consider themselves to have been engaged to some extent. In a large group of students only a minority will interact verbally with the teacher. Even in small groups, there will inevitably be some students who are not actively engaged by the teacher. Yet humour can allow all the students to repeatedly interact with the teacher, albeit not necessarily verbally.

**Education, n.** That which discloses to the wise and disguises from the foolish their lack of understanding. (Ambrose Bierce, *The Devil’s Dictionary*)

**Research into humour in education**

Educational humour research is made difficult because the field must involve a number of different disciplines (psychology, sociology, education, linguistics, theatre and performing arts, visual arts, literature as well as the discipline of the subject of the student’s study) and conceptual problems: are the effects of humour affective or cognitive or both or other?

Existing educational humour research can be classified into the following categories:

1. Use of humour for learning (cognitive outcome).
2. Student evaluations of teachers who use humour (affective outcome).
3. Student performance (e.g. in examinations) where the effects of humour on learning are not being examined.

Most of the literature deals with the latter two types of studies.

Qualitative research into the role of humour in education is difficult to interpret because it is virtually impossible to separate out the effects of humour from other aspects of the learning environment. Even when interventions are designed to test specific questions and the experimental setting includes the use of controls, it may be difficult to ensure that the only difference between the test and control groups is the exposure of the former to the humour intervention. Did the test group actually see the humour as funny? Design becomes complex when the intervention has to be tested for its educational success as well as its success in conveying the humour. How is the educational success to be measured? What is the educational objective? Should performance be measured as part of the humour intervention, at the end of a class, a term, a year, years later? What is the optimal dose of humour? (Bryant et al., 1980; Ziv, 1988).

Ziv analysed the research into humour and learning which had been published up to the time of his 1988 paper (Ziv, 1988) These were all short-term interventions; 11 had a positive impact (direct or indirect) on learning, in 7 humour was without influence. The one being reported by Ziv was unique in that it occurred over the whole semester rather than at a single class or encounter. This study showed a positive impact on learning of the inclusion in a statistics course over one semester of humorous illustrations of statistical concepts. More information has been obtained about effects of humour on the classroom environment (see below), from which extrapolations about possible effects on learning have been made. It is notable that all of the studies only those of Ziv have looked at remote effects, even this being limited to the assessment at the end of the 14-week semester. One study restated subjects after two weeks (Gruner & Freshley, 1979).

In the Ziv (1988) study the humorous material was developed as part of a course training teachers in the use of humour. To develop humour instruments, investigators will usually pretest them before determining the final study design. For a study on humour and anxiety (Townsend & Mahoney, 1981) the humorous multiple-choice questions used were validated and selected by other students; the test subjects, however, were not asked whether they had de-
Table 1. Claims for the effects of humour in education.

<table>
<thead>
<tr>
<th>Claim</th>
<th>References</th>
</tr>
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<tbody>
<tr>
<td>Reduces stress, anxiety</td>
<td>Smith et al. (1971)</td>
</tr>
<tr>
<td>Increases motivation</td>
<td>Struthers (1994)</td>
</tr>
<tr>
<td>Builds confidence</td>
<td>Powell &amp; Andresen (1985)</td>
</tr>
<tr>
<td>Improves teacher/student rapport</td>
<td>Robinson (1991)</td>
</tr>
<tr>
<td>Improves comprehension</td>
<td>Powell &amp; Andresen (1985)</td>
</tr>
<tr>
<td>Aids retention</td>
<td>Ziv (1988); Deniere (1995)</td>
</tr>
<tr>
<td>Enhances satisfaction</td>
<td>Parrott (1994)</td>
</tr>
<tr>
<td>Improves productivity</td>
<td>Peterson (1980); Hillman (1995)</td>
</tr>
<tr>
<td>Creativity</td>
<td>Parrott (1994)</td>
</tr>
<tr>
<td>Reduces dogmatism</td>
<td></td>
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<tr>
<td>Reduces boredom, especially with repetition</td>
<td>Felson (1987); Gentilhomme (1992); Parrott (1994)</td>
</tr>
<tr>
<td>Adds to enjoyment</td>
<td>Ness (1989); Johnson (1990)</td>
</tr>
<tr>
<td>Heightens interest</td>
<td>Ness (1989); Deniere (1995)</td>
</tr>
<tr>
<td>Facilitates socialization [into the profession]</td>
<td>Ness (1989); Robinson (1991)</td>
</tr>
<tr>
<td>Must be relevant</td>
<td>Zillman &amp; Bryant (1983); Robbins (1994); Hillman (1995)</td>
</tr>
<tr>
<td>Dose must not be excessive</td>
<td>Bryant et al. (1980); Ziv (1988)</td>
</tr>
<tr>
<td>Might trivialize</td>
<td>Ness (1989)</td>
</tr>
</tbody>
</table>

Noted the humour. A similar method had been used in an earlier study (Smith et al., 1971).

Another important feature of humour research relates to giftedness. Gifted students have been found to have a ‘better’ sense of humour than their age peers (Shade, 1991; Holt & Willard-Holt, 1995). It has been suggested that sense of humour may be a better correlate of performance than IQ. This would confound outcomes if appreciation of humour were to be taken into account. The students who performed better might also have a better appreciation of the humour though these outcomes are independently consequent on the ‘giftedness’ of the students.

Claims for the effects of humour in education

Not surprisingly, most of the claims made in the literature for the effects of humour used in educational settings are positive. The major claims are shown in Table 1.

Ziv (1988) states that humour must be relevant. This statement is not referenced though it can probably be attributed to Zillman and Bryant (1983). However, it can be argued that many of the positive effects noted in the table would result from the use of any classroom humour. It can be assumed then that if Ziv is correct (who would dare argue with the leading investigator in the area?) it is because irrelevant humour has negative effects as well. Irrelevant humour might distract students from the subject matter, it might irritate them as being exploitive or wasteful of time, indeed it must be wasteful of time and/or other resources, its use might lower the esteem of the teacher, especially in the eyes of students who did not appreciate the humour. It is difficult to define relevance.

Humour can help resolve a paradox of teaching. Teaching often involves repetition for reinforcement but repetition can lead to boredom and lack of interest. However, humour helps to relieve boredom and in fact repetition can become amusing (Felson, 1987; Gentilhomme, 1992; Parrott, 1994).

Repetition is a mighty power in the domain of humor. If frequently used, nearly any unchanging and precisely worded formula will eventually compel laughter if it be gravelly and earnestly repeated, at least five or six times. (Mark Twain)

As noted by Ziv (1988), students see use of humour by male and female teachers differently. He asserts that male teachers who use humour are rated more highly by students; female teachers who use humour have reduced appeal unless the humour is perceived to be ‘hostile’ A recent study, however, found a trend to a better correlation of teacher rating with use of humour among women than among men (van Giffin, 1990).

Several authors point out that it is often a good strategy to use self-deprecating humour in teaching. This does not reduce the esteem of the teacher but rather has the effect of improving rapport between teacher and students (Felson, 1987; White & Lewis, 1990; Goodman, 1992; Hillman, 1995).

Use of humour is not essential for good teaching and some are better advised to avoid it, especially if they are embarrassed to use it or find it threatening (Ziv, 1988).

Sarcasm has negative effects, since it is likely to be directed against the students (Ziv, 1988).

A relatively simple study design would be one where humorous questions are interposed among multiple-choice questions. The hypothesis to be tested would be that the inclusion of humour enhances student performance, presumably by lowering their level of stress. In one variation the humorous questions could be inserted as alternatives; in another the humorous questions would be additional, in which case the test subjects would answer more questions. In one such study, anxious students performed better
Language is a barrier to humour appreciation and students of NESB often fail to appreciate humour but humour can be used effectively to teach foreign languages (Deniere, 1995).

The (apparently) widespread use of humour in medical education and the paucity of reference to it in the medical literature.

Use of humour to deal with very serious subjects (Robinson, 1991).

Humour reduces anxiety but anxiety impairs appreciation of humour. Humour used where anxiety is present might increase the anxiety (Townsend & Mahoney, 1981).

Repetition is boring but important for learning. Humour can make it interesting, and repetition can even become a joke (Gentilhomme, 1992).

when exposed to humorous questions (Smith et al., 1971). In another rather similar study, anxious students performed more poorly in the ‘humorous’ test: perhaps they did not realise the humour was there (being anxious) and found the humorous questions difficult if not impossible to answer (Townsend & Mahoney, 1981). These observations highlight the importance of consideration of the ‘play frame’ or festive element. Humour often occurs in the context of cues that suggest it might be present: the theatre, the newspaper cartoon, the pub. Examinations are not generally recognized to be one of those settings.

Humour in medical education

Although I have used humour as a teaching gimmick for years, I’ve never tried to explain it to myself or others. (Felson, 1987)

In his anthology of medical humour, Bennett (1991) includes one article which relates to teaching (Rose, 1991). Although the treatment of lecturing is very humorous, it does not advocate the use of humour by others. The book contains amusing articles about medical schools and has an extensive bibliography of medical humour but cites no work on medical teaching.

In his editorial letter, Felson (1987) notes that little had been written about medical humour. For the first time he was now doing that himself. He notes that in teaching, humour can keep the audience awake, make the experience more enjoyable, ignite enthusiasm and students identify with the teacher. None of the claims are referenced. The article goes on to provide advice for those contemplating the use of humour in their lecturing.

In her book on humour in the health professions, Robinson (1991) discusses the role of humour in education. She also has a chapter on humour paradoxes. Here she is referring principally to the use of humour to deal with very serious subjects. Another paradox could be added: the (apparently) widespread use of humour in medical education and the paucity of reference to it in the medical literature. The basis for this paradox can be reasoned as follows.

(1) Medical training in Western countries has generally been highly sought after and therefore entry into medical schools very competitive. In Australia, this is currently evidenced by the high tertiary entrance scores required by would-be medical students. Similar forces no doubt operate under other systems. The medical curriculum tends to be very demanding of students. These factors tend to skew the members of the medical profession towards higher levels of academic potential and intellect, though arguably not necessarily or universally in their performance after graduation.

(2) Given the correlation between learning abilities and sense of humour recognized in educational circles (Shade, 1991; Holt & Willard-Holt, 1995) it would not be surprising if it were shown that as a group, medical practitioners had better than average senses of humour and might therefore be inclined to use humour in their teaching.

(3) Medical training places emphasis on the importance of basing practices on evidence (Woolf, 1992). Government has also done this when determining which drugs should be licensed or the availability of which should be subsidized.

(4) Humour is complex and humour research difficult to conduct. Data regarding the educational value of humour is limited.

(5) Most of the literature which pertains to the use of humour in education is not readily available in medical libraries.

(6) While likely to use humour in their teaching, medical practitioners are not likely to be aware of the limited literature available and the extent that they are aware of the literature, to be concerned by the paucity of experimental evidence to support its use. They are thus unlikely to be inclined to publish in the field.

(7) They are unlikely to research a field in which controlled experimentation is fraught with difficulty.

This and other paradoxes are summarized in Table 2 (which is far from exhaustive). Further examples are given by Robinson (1991).

Interestingly, there is considerable attention to the use of humour in nursing education. Some of this literature appears in the Journal of Nursing Jocularity. A brief summary of nursing literature pertaining to the use of humour in education is provided in Table 3.

Comments and conclusion

Properties attributed to humour in medicine and uses to which it might be put include an adjunctive role in therapy and counselling, a device for patient and public education, a means to relieve tension in the clinical setting, a mechanism to deal with uncertainty in clinical decision making, an aid in the dispelling of myths, means of drawing attention to bogus practices and beliefs, as well as a tool in medical education.

The humour literature reveals a relationship between
Table 3. Humour in nursing education.

<table>
<thead>
<tr>
<th>Reference</th>
<th>Original research</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shea (1991)</td>
<td>Yes</td>
<td>Doctoral thesis reports questionnaire survey of 10 teachers, 160 students</td>
</tr>
<tr>
<td>Ness (1989)</td>
<td>No</td>
<td>Literature survey yielding 25 humorous articles suitable for counsellor training</td>
</tr>
<tr>
<td>Watson &amp; Emerson (1988)</td>
<td>No</td>
<td>Describes use of humour in authors’ faculty</td>
</tr>
<tr>
<td>Leidy (1992)</td>
<td>Yes</td>
<td>Uncontrolled study of the effect of humour on working nurses</td>
</tr>
<tr>
<td>Parrott (1994)</td>
<td>No</td>
<td>Describes personal experience</td>
</tr>
<tr>
<td>Struthers (1994)</td>
<td>No</td>
<td>Literature review</td>
</tr>
<tr>
<td>Harrison (1995)</td>
<td>No</td>
<td>Literature review</td>
</tr>
<tr>
<td>Parkin (1989)</td>
<td>No</td>
<td>Personal view with discussion of literature</td>
</tr>
<tr>
<td>Gigliotti (1995)</td>
<td>No</td>
<td>Instruction on slide preparation</td>
</tr>
<tr>
<td>Johnson (1990)</td>
<td>No</td>
<td>Literature review and practical guide</td>
</tr>
<tr>
<td>White &amp; Lewis (1990)</td>
<td>No</td>
<td>Explains how to assess a humour profile</td>
</tr>
<tr>
<td>Robbins (1994)</td>
<td>No</td>
<td>Describes personal approach</td>
</tr>
<tr>
<td>Pease (1991)</td>
<td>No</td>
<td>Discussion of use of cartoons in nursing education, with brief theoretical discussion and instructions</td>
</tr>
<tr>
<td>Hillman (1995)</td>
<td>No</td>
<td>Describes personal approach</td>
</tr>
<tr>
<td>Moses &amp; Friedman (1986)</td>
<td>Yes</td>
<td>Humour did not reduce anxiety associated with procedure instruction</td>
</tr>
</tbody>
</table>

giftedness and a sense of humour. In view of the entry criteria for most medical schools and the demands of students made by medical curricula it could thus be expected that many medical graduates engaged in teaching might be disposed to using humour in their teaching. Indeed, informal observation suggests that the use of humour is widespread in medical teaching but there is little reference to this in the literature.

In contrast to medical teachers, nurses make frequent reference to the use of humour in education and humour appears to be seen as an important tool for the practising nurse. Nursing may be perceived as a particularly stressful occupation at times and humour an important means of allaying stresses in staff and patients. Perhaps nursing training produces professionals who are well equipped to appreciate the usefulness of strategies not firmly based on evidence; medical graduates on the other hand find the paucity of formal study of it and poor knowledge of existing information a barrier to discussion of the use of humour in the clinic as well as the classroom.

Research into the role of humour in medical teaching is made difficult by the complex nature of the production, perception and appreciation of humour, by the difficulty in contriving humour in controlled settings, by the importance of the setting as a component of the humour, and by the difficulties in establishing outcome measures for humour interventions. Given these difficulties it is perhaps understandable that medical teachers might be uninclined to study it or write about it.

It seems clear that if humour is to be used in teaching it must be used sensitively and with regard to cultural and language barriers to its understanding and appreciation. It must not of course encroach on classroom time or distract the teacher or students. Even if the claims for its value in the classroom are unsubstantiated it can be argued that as long as it is enjoyed by all involved it can only enhance the educational experience.

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