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ABSTRACT

Children's use of humor in hospital settings and ways hospital personnel might encourage positive uses of humor are discussed in this paper. Three questions are raised: (1) How is humor viewed in hospitals treating children? (2) How can developmental psychology help us understand children's humor? (3) What implications does an understanding of children's humor have for how we work with children in hospitals? Responses to these questions are based on general studies of humor; literature on children's emotional reactions to hospitalization; interviews with parents, hospital personnel, and children; random observation in a nursery school; and participant observations of children of different ages in three hospital playrooms. Four developmental stages corresponding to Piagetian stages of cognitive development are identified (Infants/Toddlers, Preschool, Elementary School, and Adolescence), and the type of humor characteristic of each is described. It is emphasized that if we can begin to understand that humor is different for children at different ages, and can emphasize the positive functions of humor for children in hospitals (for adaptation to a new situation, building relationships, seeking explanations for one's condition, gaining mastery), then we can both initiate and appreciate humor with children as we work with them in hospital settings. (CS)

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LAUGHTER AND HEALING

The Uses of Humor in Hospitals Treating Children

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Most people take a dim view of humor in hospitals. It seems incongruous to mention humor and hospitals in the same breath. Yet humor is a part of the human condition and has many positive uses. Although it is tempered by fears children have, it does not cease to exist when children enter the hospital.

In this paper, I should like to discuss how children use humor in hospital settings and how hospital personnel might encourage positive uses of humor among patients. To do this, I will pose three questions:

1. How is humor viewed in hospitals treating children?
2. How can developmental psychology help us understand children's humor?
3. What implications does an understanding of children's humor have for how we work with children in hospitals?

I am an educator working with teachers and children--not a doctor. But my interest in this subject derives from three personal incidents, all involving "hospital" experiences.

"Smell the Bunny"

> When Arthur was six years old he went with his mother to the doctor's for a check-up. The doctor weighed him, listened to his chest with the stethescope, and brought out a lovely pink bunny. He asked Arthur to smell it. The boy remembers smelling the bunny and waking up hours later in a strange hospital gown with a bad sore throat, spitting up blood.

This incident happened thirty years ago. It illustrates several assumptions about children and hosptials--none of which are humorous. First, there was a kind of conspiracy or collusion between the mother and the doctor, to keep from the boy the fact that he was going to have an operation. Second, the incident shows a profound lack of understanding of child development and psychology; for instance, the importance of developing trust in a child. The assumption was that Arthur would not understand an explanation of an operation, or that he would be fearful and uncontrolled.

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To this day he resents being tricked by his mother and the doctor, and he is terrified of hospitals. This incident relates to the first question we raised, "How is humor viewed in hospitals treating children?" Although similar episodes sometimes happen today, attitudes in most hospitals are changing. Both medical people and parents have a greater awareness of the psychological impact of hospitalization on children.

The second incident shows quite a different attitude of the family toward preparing a child for surgery, and a hospital staff who seemed to understand the needs of children.

"Barbara and the Pirate's Den"

> When Barbara was 11, she ran in an interscholastic track meet--the high jump and the relay race--directly after she had eaten a cherry coke and an egg salad sandwich. Walking home, she had a severe pain in her right side. When the pain persisted, the family doctor suggested she go to the hospital for an appendectomy. She remembers getting into the car in pajamas, listening to her father's explanation of what an appendix was, how the cave men used it to supplement their teeth in grinding up meat, and how the doctor would take blood, put a mask on her face, and that she would sleep and wake up with a pain just as bad, but it would be from the incision, not from the appendix. Several days after the operation she began to feel better, and began to get restless. Since there were no aides or play ladies in the hospital, she was left to her own devices. She organized the room into a pirate's den--the children made pirate's hats and skulls and crossbones; parents provided paper and crayons and all grown-ups had to give the password before they could enter. The den made the children feel that they were evil pirates and thus were in a position to scare the doctors and nurses.

Barbara remembers two things that have to do with humor in this incident. One was that people felt they had to sort of cheer her up, but if she told too many jokes the doctor would say if she laughed too hard the incision might open up and that wouldn't be a good idea. The second thing was that there was a surprising lack of supervising personnel around, so the children organized themselves. They had a sense of cleverness.

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because of the shortage of staff, nobody could forbid them to decorate the room, to organize themselves and literally create a new and personal environment of their own. The older children made sure the younger children were a part of the den and not too scared. The children, years later, remembered that week of hospitalization as a time of gaining some control over an anxious situation, even of joking and levity, and of the sense of group that arose.

At the outset, I think it is important to realize that children do think about, talk about, and play about their hospital experiences--before, during, and afterwards. This does not always take the form anticipated by adults, as in the following incident. The scene is a nursery school in which three-year-olds are playing hospital. It is a modern non-sexist preschool, so some of the girls are doctors and the boys nurses.

"Playing Sick Person"

> Benjamin is lying down on the floor, hands folded across his chest. Beth has a long tinkertoy stick pressed against his arm. She says, "Now I'm going to give you a shot." There are four or five children watching intently. Someone covers up the patient with a blanket. Another child puts her hand on the "sick" boy's head and frowns. The children are completely absorbed, they take turns playing the different roles, examining the various parts of the body (eyes, nose, arms, etc.). They don't even look up when their parents come to pick them up. They call it "playing sick person."

This scene was played out repeatedly for two months in the nursery school--almost like a ritual. Each time the children took turns lying down, giving shots, wiping brows, and saying "Shhh." An observer had the impression that the children treated doctors, hospitals, and illness as a very serious matter. They seemed to play the scene over and over in order to get some mastery over their bodies, some understanding of what doctors actually do. This is the age when children seem particularly preoccupied with playing "doctor," "hospital," "sick person" or whatever they call it. Yet at the same time, one child was using this kind of play to cope with a real hospital experience. Both, in fact, had been hospitalized with

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an adenoid operation a month earlier. Her parents said she seemed to cope with the operation beautifully, she never talked about it even afterwards at home. Yet at the preschool, day after day, she engaged in the playing of "sick person." She was often the sick person, and she often initiated it for about two months after the hospitalization period. For her this may have been a way of coming to grips with that experience, of getting some kind of control over it.

Many children's reactions to hospitalization are played out at home or at school--before and especially after the experience. It is not surprising that they use humor more frequently afterwards, rather than before or during the hospitalization. Doctors and hospitals are serious issues for children. In the nursery school which was the setting for the "sick person" play related above, the children are usually full of hilarity, tickling each other, laughing at stories, making up funny words, calling each other "silly dilly." Yet in such a nursery school situation where there is no anxiety about imminent hospitalization, children do not usually treat sickness, doctors and hospitals as an amusing subject.

Methodology

The observations in this paper are based on three sources of data: a brief look at the literature--studies of humor as well as literature on children's emotional reactions to hospitalization; interviews with parents, hospital personnel, and children; random observation in a nursery school and participant observations of children of different ages in three hospital playrooms.

How Humor is Viewed in Hospitals Treating Children

Interviews with hospital workers and parents give the impression that there is very little humor among children regarding illness and hospitalization. Hospital personnel were hard put to think up examples of humor. Illness in a nursery just isn't very funny. As one Children's Activities Specialist said:

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> Almost *never* do children use humor in the hospital about themselves or their illness. Young children just never do under any circumstances. They are really worried and most of them doubt that they will ever go home at all.

In addition, parents and hospital personnel interviewed said that adults use humor in hospitals often for the wrong reasons. One hospital worker commented:

> I always feel that an honest approach, rationally treating illness, is much better than a playful, light way of working with kids.

In particular, there is resentment against doctors who try to make light of a serious situation or who resort to jokes through embarrassment or an inability to relate to children.

> The doctors joke too much with children. They often use banter as a way of relating, as a way of introducing a painful subject. A lot of times kids just don't like it.... They see it as a put down. They want straight information about their illness, and the doctors joke. Also, the girls do not like the sexual joking they get from doctors.... I don't think their humor is a good way to deal with a problem and I don't think many children do it. I think it is a sophisticated way adults have of covering up their real feelings.

Further, there is the feeling that when children do use humor--when they say something funny--they often really mean something quite different.

> Children will often say, "That's funny" when they really mean, "That's terrible, that's gruesome, that's horrible." If something is really scary, they inevitably say, "That's funny." Like, "Look at that funny thing on her head. It looks like spurs." "Look at that funny thing hanging down from her neck." But then it immediately gets serious and if you ask, "What's funny?" there is nothing funny at all.

Often, use of humor on the part of children is seen as a cover for fear and anxiety and a denial that there is anything worrying the child.

> Children may use humor about other patients who are ill --usually only when the other children cannot hear. Four-year-old Stacey with a broken leg pointed across the hall at a 12-year-old amputee: "Look at the invisible leg." She laughed and laughed. Later we talked about why the leg was gone, how her situation was very different, etc. Here, as usual, the humor was just a cover for her fear.

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To answer the question, "How is humor viewed in hospitals treating children?", we can say that from these few examples there are very few perceived instances of humor among hospitalized children. Illness and surgery are considered serious business. There are some examples of humor among children--but the subjects of the jokes are not connected with the hospital situation (current jokes from school, jokes relating to home, etc.). Finally, there is a strong feeling that when children use humor it is almost exclusively an indication of underlying fear or anxiety.

I agree that coping with anxiety is clearly *one* of the ways that children use humor in hospitals, but there is another important point: What adults find humorous is often quite different from what children perceive as funny. Sometimes adults do not understand a child's humor. Adults treat children's humor in hospitals in a way somewhat like sex: as a taboo. Adults are constantly socializing children as to what is legitimately funny and what is not. If one child jokes to another child about the second child's illness or amputation, the adult reaction is to point out to the first child how inappropriate humor is in that situation and how the situation is really a serious one.

Understanding Children's Humor

This brings us to the next question: How can developmental psychology help us understand children's humor? To answer this question we have to look at both theories of development and theories of humor. In recent years there has been increasing attention given to the area of children's psychological needs during hospitalization. Several recent works (Robertson, Plank, Bergman) discuss the importance of parent participation in the hospital experience for children under five, the need for play activities to help children work through their fears, the importance of understanding children's fears and coping strategies, and the need to deal honestly with a child about his condition. A comprehensive review of this literature can be found in *The Psychological Responses of Children to Hospitalization and Illness* by Vernon, Foley, Sipowicz, and Schulman. A useful reference for understanding child development is

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Petrillo and Sanger's *Emotional Care of Hospitalized Children*. In a series of charts, the authors outline the important theories of growth and development, using central nervous system maturation (Gesell), psychosocial crises (Erikson), psychosexual stages (Freud), and stages of intellectual development (Piaget).

There are basically two psychological traditions that can help shed light on the subject of children's humor. One is psychoanalytic theory, first advanced by Sigmund Freud in *Wit and its Relation to the Unconscious* and subsequently expanded by Wolfenstein in *Children's Humor*. The psychoanalytic point of view sees humor as a way of expressing anxiety or guilt, handling conflicting wishes, and resolving conflicts, and as related to the psychosexual concerns of a person.

The psychoanalytic theorists (Wolfenstein and Jacobson) show how the content and form of humor are related to psychosexual development. Thus, three-year-olds, concerned about sex (moving from anal to genital stages) spend time making up bathroom jokes (about "poo poo" and "pee pee"). At age five or six there is a shift in the style of joking from making up joking fantasies to telling ready-made jokes. Wolfenstein attributes this change to the onset of the latency period (6-11). In adolescence, sexual issues again share the content of jokes, but the style of telling a joke becomes very important. Comic mimicry becomes a major component of joke telling.

Humor in the Freudian view, then, is often seen as the result of unconscious concerns, especially when there is almost no other way of dealing with anxiety, when one cannot talk about it directly. The motivation for joking is almost invariably connected to anxiety or sex. The psychoanalytic approach to humor is probably the most pervasive one in American society. For that reason I think it is helpful to attempt to see children's humor from other points of view as well.

I'd like to approach children's humor from the point of view of cognitive development. This view is based on Piaget's theory of stages of mental development which holds that people at different ages

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structure reality in very different ways. Adults and children perceive and think about the world quite differently. Thus a child's appreciation of humor and ability to initiate humorous situations will depend on his particular stage of cognitive development. Specifically, according to psychologists (such as McGhee, Zigler, Levine, and Gould) who have looked at humor from a cognitive developmental perspective, children's humor is related to the development of language and thinking.

To understand how humor changes with age, let's look at four developmental stages and their implications for humor. For purposes of this discussion I have used four stages: Infants/Toddlers (birth-2), Preschool (3-5), Elementary School (6-11), and Adolescence (12-15). These correspond with Piagetian stages of cognitive development.

Infants/Toddlers. From birth to two is what Piaget calls the "sensorimotor stage." Motor activity is the primary intellectual activity. Thus humor at this age is related to motor and physical development. Any kind of physical action--doing arm stretch exercises with a five-month-old for instance, or holding an eight-month-old in a standing position can bring gales of laughter. Tickling, changes in facial gestures, and doing the same action over and over again, such as running your hand up an infant's body and tickling his neck, are all perceived as humorous at this age. Speed or sudden movement are often an impetus for humor.

Preschool. With two- and three-year-olds comes the development of language, which is critical to communicating and appreciating humor. At this time the child is in Piaget's preoperational stage, which is characterized by egocentrism--the child thinks he is the center of the world--and magical thinking. According to Piaget, the preoperational child is beginning to get a sense that certain objects are constant, but his perception of reality is based for the most part on what he can actually see. At this age children's thinking is very much characterized by fantasy and pretending. Humor consists mainly of improvising fantasy stories. The cognitive point of view stresses the role of incongruity in humor--and the importance of violating expectations as a basis for humor. According to

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McGhee (1972), preoperational children find humor *only* in sights and sounds which are inconsistent with their expectations based on prior experience. An example of a preoperational joke is this: A mother bird flew out of the nest. An elephant thinks, "Anybody can hatch eggs," and he goes up in the tree and sits on the eggs." Now, three-year-olds think that is a riot. It is a physical incongruity that they can see. McGhee postulates that three conditions have to occur for the preschool child to perceive a situation as funny: being aware of the normal situation; knowing the way the stimulus violates the normal situation; and finally, knowing that it is impossible for the stimulus to really occur. Humor at this age is based only on what the child can actually see and hear--not on logic.

Elementary School. Somewhere between five and seven the child moves to the stage of concrete operational thought. By this time the child is no longer bound by what he can actually see, but he is able to perform mental operations on concrete objects. What can you do when you are in the "operational stage" that you could not do before? Piaget has a series of experiments in which the experimenter takes two pieces of clay which are the same size and the child sees that they are the same size. Then he makes one of the balls round and rolls the other long like a sausage and asks the child, "Which one has the most clay and why?" and the preoperational child invariably says the one that looks like a sausage has the most clay--although the balls are the same size, just as they were when both were round. By the time a child is six or eight, he has attained what Piaget calls the concept of "reversibility," that is, that you can change the shape of an object and it retains the same qualities so that it can be reversed again into its original form. The child does not have to perform the physical operation in order to see it, but can do it mentally instead. Thus, "the child is not dependent on physical discrepancies from prior experience," but children see humor in inconsistencies of behavior. This is the time of appreciating ready-made jokes and cartoons which children learn and retell. With newly acquired cognitive capacities, children can begin to appreciate different levels of humor. An example of a joke which can be comprehended and appreciated by an elementary-school-age child is

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Fat Ethel: "Fat Ethel sat down at the lunch counter and ordered a whole fruitcake. 'Shall I cut it into four or eight pieces?' 'Four,' said Ethel, 'I'm on a diet.'" To understand this joke the child has to understand the laws of conservation of quantity, as explained by Piaget, a part of the intellectual repertoire of elementary-school-age children.

Adolescence. Adolescence marks the beginning of abstract thinking. This involves the ability to consider different points of view, the ability to hypothesize and generalize about things. In Piaget's terms it is the stage of formal operations. Here is where more sophisticated forms of humor such as irony, satire, and wit begin to appear. Here, too, humor can have a cruel edge. Adolescents can scapegoat others and tease in a cynical fashion. Adolescent joking tends to stress the content of the joke with sexuality and physical and emotional development frequently major themes. Adolescents often engage in group humor at the expense of other groups or individuals within the group.

It is easily apparent that it is helpful for workers with children in hospitals to know that it is appropriate and understandable, from a developmental point of view, for a seven-year-old to engage in repeated word play, while an adolescent will likely spend his time putting down the nurses. In this way, cognitive developmental theory can help us see how children at various ages perceive themselves and the world--in this case, the hospital.

Positive Uses of Humor with Hospitalized Children

Zigler et al. have discussed the polarized views of the philosophy and psychology of humor. On the one hand, humor is seen as a negative thing--humor is used as a defense, denial, an assertion of superiority, a put-down, a symptom of fear and anxiety, or regression. The other way of looking at humor is to see it positively--as a "liberating and creative activity." In this view, humor is used as a way of adapting or changing and is a "constructive and promoting force in human affairs."

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I think that humor in hospitals is currently viewed by and large from a negative orientation. Hospital personnel tend to see very few examples of humor at all among hospitalized children; those examples of humor they do cite are almost universally viewed as masks for fear, anxiety, or denial. What implications does an understanding of children's humor have for how we work with children in hospitals?

If we understand something about the development of humor (and fears and anxiety) at different ages and if we understand something about the functions of humor, then we can begin to look at some of the ways children use humor in hospitals.

One way children use humor is the one described earlier by the children's activities specialists: as a way of handling *anxiety*. In such examples we should see humor not as a *mask* for anxiety but as an *expression of* anxiety as well as a creative way of handling pain and anxiety. How many ways can you express anxiety? You can throw up, you can have a tantrum --there are various ways to show anxiety, but humor seems to me to be one of the most positive. Jim, age seven, showed the characteristic word play to deal with his anxiety about an uncomfortable procedure.

> Jim was in the playroom making puppets when a nurse came in to tell him he must come with her for a short time in order to "irrigate" [drain] his wound. He sang, "Irrigate, irritate. Irritate, irrigate," as he was wheeled away. He had a worried look on his face but at the same time looked around the room with a smile to see if others thought he was funny. The nurse reassured him about the "irrigation," and he changed his chant to, "Away we go!"

Secondly, children use humor as a *way of relating* to others. Children often use humor to adapt to new situations and as a way to relate to the series of strangers who troop in and out. This is illustrated in the case of Jim and a male visitor.

> The children were making puppets and Jim was busy figuring out funny word games. "I felt the felt," he laughed. "People puppets feeling funny felt." "This light cloth is light (meaning light in touch and light in color)." He indicated that it was light to lift as well as to see. When I first walked into

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> the puppet play group, he looked up and said, "You a doctor?" I said no. He said, "O.K., you're a play-man. Stay-man, play-man." He laughed, then said, "The play-man has a big nose," and all of the children laughed.

Using humor as a way of relating to other people is not always verbal, as is evident in the case of Dwight.

> Dwight, 3, seems to be recovering; is able to run around the play room. When I come in, Dwight begins by playing hide-and-seek, making extremely funny faces, and giggling.

Children also use humor to form relationships with each other. This is particularly apt to happen if there is a group situation in which children feel relaxed with one another.

A third way children use humor is as a way of *seeking information*: an explanation about confusing or complicated aspects of their illness or hospital procedure. This might be called humor for *demystification.*

> Simon has had his arm amputated. Billy has been seen looking at the stub. For two days he has not yet asked directly about it or mentioned it in any way. Finally, he says, "I have a funny story. I saw it on TV. It is about a man who had his arm cut off and it walked all over the place, right into this grocery." Simon appeared to be afraid, so the child-care worker took him aside and made sure that he knew his own arm was not walking around. Later she talked with Billy and asked him if he really meant "funny." He admitted it was not funny.
>
> The next day, Simon told Billy that his arm was still in the hospital, and about how the tumor from his arm was being kept alive on blood from his parents in order to see what would make it grow or kill it. The child-care worker intervened because she thought this was another "funny" story, then asked a nurse who agreed that it was "weird." Finally, she asked a doctor who said that essentially Simon's story was true--a new process was being used and Simon's tumor was involved in the research.

This is an example of a child using humor in part to seek information and to demystify a scary situation. Billy wanted to know what happened to amputated limbs. At the same time he was using humor as a way of opening communication to build a relationship with Simon. And, as a matter of

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fact, after this discussion the two became very friendly. This case also points up the real difficulty that adults sometimes have in interpreting children's remarks. Since some hospital research and treatment procedures are unusual, and since children often are told the truth about their situation, hospital personnel may have trouble distinguishing what is based on reality and what on fantasy.

Finally, children use humor as a way of *gaining mastery* or control over a situation. This type of humor sometimes comes in the form of a put-down. A child may laugh at mistakes that adults make or make a play on someone's name. By laughing and joking about a person who is in a controlling position over the child, the child in turn gains some small measure of control over that person. A children's activity specialist gave an example of humor used in this way.

> Once in a while, kids will use humor about the adults. For instance they like to put down adults if possible: "How stupid you look," "Silly nurse you dropped it." They usually do that to us and to workers or orderlies, not very often to doctors. They are usually very serious around doctors.

Though children are serious around doctors, they joke about them behind their backs.

> Four-year-old Rachel had a hernia operation which left two bumps on her body. She called her doctor the Bump Doctor, and repeated over and over, "Dr. Bump, Dr. Bump," laughing gaily.

In another example, a male visitor to the play ward was helping Christie fasten a bead necklace she had just made.

> "Are you a doctor?" she asked. "No." "Good, you can help me tie this." "Are you afraid of doctors?" I asked. She laughed as if to say, "Of course not." "No, doctors are do-do's."

Again, this type of humor is a way of gaining control over unfamiliar and frightening situations.

Another example of humor for gaining mastery is found in one of the few books written for children about hospitals, *Curious George Goes to the*

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hospital. Curious George is a monkey who has swallowed a puzzle piece. He has to go to the hospital to get it removed by a tube down his throat. On the ward is an unhappy girl, Becky, who never laughs. George takes a go-cart, upsets food-carts, racing down corridors until he crashes into the visiting mayor's delegation; and Becky laughs and laughs. One reason this story is seen as amusing is that George has caused havoc and disorder, thereby gaining mastery over the situation.

Conclusion

If we can begin to understand that humor is different for children at different ages, and if we can emphasize the positive functions of humor for children in hospitals (for adaptation to a new situation, building relationships, seeking explanations for one's condition, gaining mastery), then we can both initiate and appreciate humor with children as we work with them. Certainly, we should be reminded of how important it is to listen to children. Often we rush in and out without really hearing what they have said. The more we listen, I think the more we can understand what they perceive as humorous, what their concerns are, what their humorous remarks signal. Also it is important to remember that children can usually deal with other children very nicely and they can help each other out and they can appreciate each other and they can also cheer each other up.

Working with children in hospitals is sort of like teaching. At the end of the year your class is gone and the children to whom you became very close now go on to the next year. You really have had only one small part of the influences on their lives. I think that is very true of people who come into contact with children in hospitals. The thing to keep in mind is that the child's life started before he got to the hospital and it is going to go on, in most cases, afterwards. Humor is part of the human condition. If we can realize that children come into the hospital with different experiences of humor and different senses of humor--humor does not [illegible] in the hospital--then we can approach it positively and as a team with those working with children at home and school.

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Let me conclude with an anecdote. I think it shows that just as children see incongruities and violations of expectations--which they find funny and adults do not, there are times when children are perfectly serious about something which adults find funny. I was playing with my three-and-one-half-year-old son Benjamin last week. We pretended we were firemen and rescued people; we pretended we were the three bears taking a walk while the porridge cooled; then he got an idea for a new game and very seriously suggested, "I know, Mommy, now let's pretend we're grown-ups, O.K.?"