Luke's Journal

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CMDFA
CHRISTIAN MEDICAL
& DENTAL FELLOWSHIP
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HEALTHY HOLY LAUGHTER

Laughing with God

Humour in the context of difficult conversations in healthcare

Jesus wept, but did He laugh?

Laughter is the best medicine

DYING LAUGHING

Cross-cultural humour

Black humour in medicine

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"As a medical student, I was challenged to see theological education as akin to secular education. Prior to this I had felt it was only for those considering full-time vocational ministry. We study and train for years to work as a doctor, but we are called to be followers of Jesus 24/7. I had intended to do a short stint of theological study after completing medicine but, with work, family and continued lay ministry, this decision was delayed until this year. As I became a father and more involved in church, I realised that studying the Bible in depth has value for every facet of life. As a doctor it will shape and mould the way I approach my work, but more importantly it will equip me to understand and teach the Bible better. Ultimately, it will allow me to serve God effectively wherever he places me. After proclaiming I'd had enough of study forever, this year has been the most rewarding, enjoyable and life-changing study I have done. It's never too late!" **SMBC student, Julian**

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Themes for Next Editions:

2019: ***#CMDFAlyf***
copy due 15 Nov, 2019.

2019: ***Breath of Life***
copy due 30 Jan, 2020.

Dr Paul Mercer
Paul is a GP principal at Manly in Queensland. He is the editor of Luke's Journal and among other things is part of the "Theology on Tap" team in Brisbane and has been a member of the CMDFA ethics working group.

Editorial

This is no joke. This is my last editorial for *Luke's Journal*.

After 14 years of guiding the development and direction of 'our' journal, my instincts, holy and maybe otherwise, are that this time of service to the fellowship needs to end. In 2005, Bill Hague tapped John Foley and myself on the shoulder and asked us to consider forming an editorial team. We owed a considerable debt to Rod Stephenson and David Clarke for establishing the journal as a way of sharing and thinking within CMDFA around integrating work and faith. We found our role both a challenge and a lot of fun. Of course, there were awkward moments when we felt the need to whip up a last-minute article but the journal grew. At one point we managed an output of four editions per year.

Eventually John stepped aside and a younger team, including Catherine Hollier and Winnie Chen, have worked with me to keep the journal alive. We published the 50th edition, canvasing the theme of hope in 2017. The 'young ones' have an enthusiastic vision for translating the journal into a digital/ online entity. My blessing goes with them on this journey. I also pray that the spirit will continue to prompt Christian doctors and dentists to 'find their writer within'.

Why is now the time to let go?

Here are some of my thoughts:

1. The journal is likely to be over-influenced by my ongoing leadership. It belongs to CMDFA and not to me, and what I know of the humility of Christ is that my barnacles may begin to prevent others seeing Jesus clearly.
2. I did miss the wave of technology that offers to reposition the journal for the future.
3. Maybe I've discovered why the word 'abbreviation' is such a long word.
4. I do have a calling to other aspects of service. I am considering the option of writing more seriously. I have taken on the role of Chair of HealthServe Australia, which will prevent my becoming restless. HealthServe was birthed from CMDFA and retains close linkages.

From time to time, people have asked me how we have chosen the theme for any particular edition. It is usually a mixture of inspiration, timing, relevance and taking on blind spots. *Laughter is the Best Medicine* fits this description well. In an age of evidence-based medicine, a growing body of research looks positive for this timeless proverb. In an interesting twist, laughter is predominantly a right brain activity and naturally is subversive to the left-brain dominance of EBM. In my own contribution, I draw attention to the negative role of humour in the Church and theology through history.

While humour offers our post-modern generation relief from past inflexibility and tradition, it can leave people without faith in an empty flippancy about significance. My sense is that GK Chesterton was correct to muse that 'the gigantic secret of God is mirth'. This edition opens up the blind side of humour, to help us be better practitioners, understand our times better and enjoy our spiritual likes in an unexpected way.

As far as I know, there are no unpleasant side-effects to laughter being the best medicine. So, thank you to CMDFA for honouring me with your trust and support in editing your journal, *Luke's Journal*.

Thank you to those who have accepted the call to write and special thanks to Ivan Smith who has consistently accepted the challenge to present the Journal in a creative and professional style. Without the shared sacrifice of my family, the job would have been much harder. The love of family and the love of God are the sustaining grace to see this role through. May blessings like these continue to sustain the place of *Luke's Journal* in our lives.

Dr Paul Mercer
Editor (retired)

Dr Paul Mercer
Paul is a GP principal at Manly in Queensland. He is the editor of Luke's Journal and among other things is part of the "Theology on Tap" team in Brisbane and has been a member of the CMDFA ethics working group.

Laughter *is* the Best Medicine

It's a serious philosophical question with a twist of humour: "Why did the chicken cross the road?"

Here I was in the middle of Turkey travelling to Cappadocia with a bus load of Aussie doctors. Corny jokes weren't especially at the centre of conversations, but all of a sudden it happened: about a hundred metres ahead of our bus a chicken darted out onto the road and then just as quickly retreated. After three or four attempts, it made a final dash across the road, escaping within an inch of its life as our bus journeyed on. We were now all in a state of delirious laughter. All, that is, except for our driver and Turkish tour guide. They wanted to showcase a strange landscape and take us ballooning. Our spontaneous activation of the 'funny bone' was an example of culture-generated humour. We Aussies are a laconic, quirky lot. A group belly laugh has bonding potential. The driver and tour guide simply scratched their heads. Aussies, whoah! "Why did the chewing gum cross the road?" "Because it was stuck to the chicken!" Got ya!

Of all the animals, chickens included, human beings are the only species who have a sense of humour and enjoy a good laugh. More than this, my experience is that in general practice, the consultation is a "special space" where people of all shapes, sizes and age groups feel comfortable to share the latest joke going around. I sense that the doctor-patient relationship, when it is going well, is sealed by the telling of a joke. Here, laughter becomes the best medicine. Buckle up for the ride!

The philosopher Friedrich Nietzsche[1] is an unlikely source for material on humour. He observed, "the sorriest animal on earth invented laughter". Was Nietzsche simply reflecting the tragedy of his own emotional breakdown? Perhaps. However, a quick survey of the history of humour may have predetermined his views.

A Short History of Humour

Karl-Josef Kuschel[2] tells the story of laughter in a 1993 work entitled *Laughter – a Theological Reflection*. Kuschel takes his readers from Greek comedy and tragedy through to our post-modern times. Plato[3] was a philosopher who "was reluctant to laugh". There were three components to this reluctance:

1. The philosopher discovers the laughable element in other human beings, but rather than deride, it is his fundamental task to enlighten those around him of people's self-deceptions.

2. For Plato, philosophers need to be "moderate in all things" and so avoid "comical pleasure" in their reaction to the "laughable".

3. Plato also noted that ignorance often resulted in misplaced laughter at the truth, and so his theory of laughter incorporated the dialectic of laughing and being laughed at whenever someone is concerned with the truth.

Aristotle[4] broke ranks with his teacher Plato over the meaning of laughter. Kuschel helpfully summarises Aristotle's thinking this way:

1. Laughter is a characteristic of human beings, and indeed distinguishes them from animals.

2. In principle, laughter is not morally reprehensible, but can serve to refresh, to attract and relax.

3. Laughter is not inferior but a legitimate way to conduct oneself. Nevertheless, human beings should strive for an ideal mean between no sense of humour and buffoonery.

4. Laughter has its own art form – comedy – and can be tamed in that.

5. What is ridiculous in a comedy is what is ugly by virtue of some defect, without this causing pain or corruption.

It is a fact of history that the early church, and so western intellectual enterprise, was influenced much more strongly by Plato. Indeed, it took till the middle ages for theologians to 'rediscover' Aristotle. With Plato's modesty around laughter, the early church fathers also adopted a humourless outlook. John Chrysostom[5] noted that in the gospels, "Christ never laughs". Perhaps in the struggle for the church to emerge from within a sceptical and sometimes hostile cultural context, mixed with a rising interest in asceticism, it was seen that humour was somewhat of an indulgence. Humour, it was feared, could lead to doubt and a weak faith.

As Islamic[6] and Byzantine[7] scholarship began to influence the western intellectual tradition in the middle ages, Aristotle's more humour-affirming logic began to have an impact.

At the Reformation, Calvin and Luther both "returned to the sources" of Christianity in the texts of scripture and the theology of the church fathers. They both affirmed that the Bible lacked any sense of humour, and thus faith was mostly a serious matter. Luther[8], however, apparently advised friends who battled with depression to surround themselves with friends who could joke and make them laugh.

Before the Reformation, two figures stand out in the history of laughter. The little poor man, St Francis,[9] was determined to reform the Church which was, in every way, in a state of disrepair. The simple joys of life were seen as a great strength for the gospel for Francis. He developed nativity scenes, passion plays, and so on, which brought laughter quite naturally back into the Church. His legacy has resulted in our singing many joyful Christmas carols, perhaps highlighted in the "Ho, Ho, Ho" of *Jingle Bells*. Without Christ, Christmas is becoming for many, the silly season – anti-humour around a shell of meaning.

"I sense that the doctor-patient relationship, when it is going well, is sealed by the telling of a joke."

Dante Alighieri's famous poem, *Divine Comedy*,[10] also deserves an honourable mention. This 14,000+ line poem caricatures a corrupt Catholic Church, the politically-dysfunctional city of Florence around 1300AD and also the tradition of epic poems in Greco-Roman culture and beyond. The poem narrates Dante's journey into hell, through purgatory, and then through heaven itself. The "sin of Simony", or using one's position in the Church to gain wealth, is a sample taster from the poem.

Simon Magus was the subject of a story in Acts 8. He had tried to buy the power of the gift of the Holy Spirit and Peter rightly gave him short shrift. An apocryphal story circulated in the early church that Simon had subsequently obtained demonic powers and deliberately set about to disturb the Church, and Peter's evangelistic efforts in particular. The story goes that as Peter approached Rome, Simon appeared in the air flying about and taunting him. In exasperation, Peter pleaded for God to intervene. All of a sudden, Simon nosedived head-first into the ground and died with his legs flopping about. Dante then describes a scene in hell of bishops, well known for their corruption, buried head first with their feet on fire.

The Holy Spirit inversion is an added touch of humour to this laughing stock punishment.

Since the Reformation, better Biblical texts and translations and improved literature scholarship have opened up the world of Biblical humour. Humour helps sustain the oral transmission of these texts as it both engages the listener as well as reinforcing many important messages in the text. For instance, the scene described on Mt Hermon between Elijah and the prophets of Baal in 1 Kings 18 is a pulsating, tense challenge of faith. The NIV translates Elijah's taunt as, "Shout louder, surely he is a god! Perhaps he is deep in thought, or busy or travelling." Now this is funny enough, but the text is actually suggesting that God has been sitting on the toilet and can't be distracted.[11] Prophets rarely mince words. There are some very Australian terms to describe Elijah's inuendo here.

As we have awoken to the texts of scripture, Christian authors such as CS Lewis, GK Chesterton, and now many others, have helped us see the theological importance of humour. Chesterton[12] is quoted as saying, "I've often thought that the gigantic secret of God is mirth". One of his insights reflecting on the rise of the secular modern world, was that in the future, "We shall have no Priest, for we have no religion. The best we can deserve or expect is a fool who shall be free, and who shall deliver us with laughter."[13]

Forms of Humour[14]

Chesterton's wit is but one form of humour. What are the forms of humour that generate the possibility that laughter is the best medicine? I have listed them here:

1. The most common type of humour is the unexpected discovery of incongruity. One day, our grandchildren were happily playing in the backyard when a possum with her little one appeared on the edge of the shed roof. The children gathered below with excited interest in their observers. All of a sudden, the oldest boy Dessie cried out, "Stand back! Stand back!" All eyes were now on Dessie, who then shrieked, "I remember now – possums wee on you!" With yelps and giggles, all of the children rushed off, leaving behind two very perplexed possums.

2. The humour of repetition. The "jiberty jiberty jiberty" of Bugs Bunny.

3. The humour of justice – this can be quite salty because it is the laughter

that accompanies the vindications of truth over falsehood. (Long joke alert!)

A politician died and was met by St Peter at the pearly gates. Peter was rubbing his hands together and quipped to an angel, "We can have some fun today." After the usual welcome, the politician expressed some surprise at finding himself at the pearly gates. Peter responded, "OK! For you today, I have a proposition. I'm offering a week in heaven, followed by a week in hell, and then you can choose your final destination."

With a deal on the table, our friend came to life, "OK, I'll give it a go," he said.

"You are already in heaven," St Peter said, "So I will show you around."

The week was very pleasant – lots of kindness and singing, but our politician was a little lonely – it seemed that few friends were around.

At the end of the week, Peter checked in, "Are you ready to try hell?"

"Yes, I am inquisitive at least," was the reply. Soon he found himself in the middle of a great party; there were plenty of high fives with old friends, his favourite drinks, plenty of stunning babes, and great music. What else could you want?

The week flew by, and this time as Peter checked in, our politician friend was ready to decide. "I think I will choose hell," he stated, "It seems more like my type of place."

"Are you sure?" probed Peter.

"Yes, sure," came the reply.

All of a sudden, our politician is in outer darkness. There is screaming, wailing, biting, spitting! "Help, help!" cries out the politician to his friends. In desperation he pleads, "Where are we?"

"We're in hell, mate," is the reply.

"Hell?!! Then where were we last week?" the politician gasps.

"Last week – last week? Oh, that was the campaign!"

4. The humour of misunderstanding. In my earlier years in medicine, my son Matthew and I often shared a high-energy time of "world championship everything" at the end of each day. One evening we were interrupted by a call for me to complete a death certificate at the local hospital. After I drove off, the phone rang again. Matty picked up the receiver only to hear heavy breathing sounds. We were experiencing prank calls at the time. These were very upsetting for my wife, Katrina. After a few moments, my son, who was around 4 years old at the time, called out, "Mummy, the dead man is on the phone." The caller hung up and the following day called the surgery and apologised. The prank calls stopped. Matthew was a superhero for the day.

> ***"We are likely to laugh 30 times more in groups than when alone."***

5. The humour of exaggeration. I was going to tell a great joke here! Oh well. I heard this one at the golf course:

   How do you know when you are growing old?

   Answer: You mustn't walk past a toilet, you shouldn't waste an erection, and you can't trust a fart.

   Who said only kids like toilet humour?

6. The humour of irony. Politicians specialise in ironic humour. Who could forget Paul Keating's caricature of John Hewson as "a shiver looking for a spine"? Or Jim Killen in the middle of the uproar at the end of Gough Whitlam's prime ministership, resuming his speech with, "Mr Speaker, when you throw a stone into a pack of dogs, only the mongrels growl." Pandemonium ensued.

7. This list could extend on in many more ways, including flippancy and Aristotle's buffoonery.

Beyond these forms of humour are the many types and contexts for humour – slapstick, stand up, comedy festivals, cartoons, comedy channels on TV, and then our devotion to *Monty Python, Mr Bean, Seinfeld*, and so many more. What are your favourite comedy moments? I used to race home to catch *The Goodies* on the ABC. I had a serious belly laugh watching *Johnny English* save the world at the movies last year. My two standout memories are a black and white anti-Western called *Evil Roy Slade* and then *Aunty Danielle*, a French subtitled movie with the slogan "She hasn't met you but she hates you already." It's a complete spoof on personality disorder – *Mother and Son* on steroids!

> *"Knock knock." "Who's there?" "Opportunity." "Opportunity who?" "Opportunity knocks!"*

Humour, more often than not, is context specific. CS Lewis[15] famously observed that God must have a sense of humour if he invented sex. Male-female relationships, old age, doctors and lawyers, and so on. You know the jokes.

Laughter and Health

What about laughter and health? It was our first day at medical school and great expectation griped us. The first sentence was spoken in a strange, choking voice. Professor Cross introduced his subject of human physiology with the words, "Human beings are a series of chemical reactions taking place in an aqueous solution". We nearly erupted in delirious laughter. Some of us had to wipe away the tears.

Laughter is a component of human well-being and, according to Sauter[16], is a "universal sign of joy". It is part of a basic tool kit of emotions that help make us human. Laughter is considered to be a complex right brain function which leads to the release of oxytocin,[17] a feel-good neurotransmitter, and reductions in cortisol, a hormone released when we are stressed.[18] Serotonin and dopamine are also in the mix.[19]

While the history of humour in medicine goes back to ancient Greek physicians[20] who encouraged its complimentary use to the healing process, it is William Fry[21] who is credited as the modern pioneer of humour research. In the mid 1930's, he chose the word "gelotology" to describe this new science. In his formative work "Anatomy of an Illness",[22] published in 1970, Norman Cousins helped the progress of humour science when his symptoms of ankylosing spondylitis

resolved with good doses of Vitamin C and "deep belly laughter".

The 2013 December edition[23] of the *British Medical Journal*, published a "research" article designed to explore the beneficial and harmful effects of laughter. The authors Ferner and Aronson bemoaned the fact that this prestigious journal had not dealt seriously with laughter since 1899! Their conclusion noted that "the benefit-harm balance is probably favourable". Furthermore, "it remains to be seen whether sick jokes make you ill or jokes in bad taste cause dysgeusia, and whether our views on comedians stand up to further scrutiny!"

Jokes aside, the benefits of laughter identified were reduced anger, anxiety, depression, stress and tension (psychological and cardiovascular); and increased pain thresholds; fewer acute coronary events; improved lung function and diabetes control.[24]

More recent research[25] suggests laughter therapy in aged care settings reduces the sense of loneliness and death anxiety in older adults. There are many preliminary studies[26] that hint towards a role for humour in treating serious mental health conditions. A 2009 review paper by Gelkopft[27] issues caution about the quality and methodological shortcomings of most studies to that point. A 2016 review of the literature by Yim[28] was more optimistic, noting that, "Laughter therapy as a non-pharmacological alternative treatment does not require technological support, is not expensive, and is accessible, as it is not time or place dependent."

Another hiccup is that while studies show that people with a greater sense of humour feel better about their health and well-being, their overall health status may actually be worse in that such people may be more likely to be obese and heavier smokers.[29]

The British take their humour very seriously, as evidenced by the existence of "the school of eccentricity" at Oxford University. Recent systematic reviews of the research literature include[30]:

1. Humour and laughter therapy for people with dementia

2. The use of humour in palliative care, and

3. The effects of laughter yoga on mental health.

Apparently the guru Dr Madan Katria, who linked yoga to laughter, ran out of jokes to tell so he encouraged spontaneous group laughter.[31] Being infectious, rib tickling laughter gets us all in, as humans readily mimic each other. Groups of female friends tend to laugh more than groups of male friends or mixed groups. We are likely to laugh 30 times more in groups than when alone.[32]

Laughter is the basis of one of the greatest medical gifts to humanity[33] – anaesthesia. Nitrous oxide, or "laughing gas" as it is affectionately known, was initially used as a party drug at 'entertainment parties' in the early 19th century. The gas was originally discovered in 1772. One day in 1844, a dentist named Horace Wells volunteered to sniff nitrous oxide at a party. As he returned to his seat, he struck his knee hard enough to create a bruise. He continued laughing and to be affected by the gas as he went home. He put two and two together when he later recognised that he had no awareness of pain at the time he struck his knee. He quickly arranged for a patient to inhale nitrous oxide before the first ever painless tooth extraction. Praise

"Humour has potential positive outcomes in terms of patient satisfaction, reduced malpractice complaints, and better patient uptake of treatments."

God for Scottish Presbyterians, who after much theological agony, declared anaesthesia to be a technology that had God's full blessing.

People with extroverted temperaments are more likely to be humorous, but researchers have shown the benefits of laughter interventions is uniform across all temperament types.[34] So, it looks promising! Laughter just could be the best medicine.

I am about to give a definition of laughter[35] that should bring at least a smile to our dial.

> *"Laughter is characterised by neuromechanical oscillations involving rhythmic laryngeal and supralaryngeal activity. It often features a series of bursts."*

Some of us nail laughter so well it is humorous in itself. Kerry O'Keefe, the former cricketer and commentator, developed a substantial following simply because he exercised his zygomatic and orbicularis oculi muscles. Who said cricket was boring?

Phillips and colleagues[36] studied the impact of humour on communication in the health setting. Interpersonal and communication skills are core competencies for doctors. Humour lightens an often tense or difficult context, and is initiated equally by doctors and patients. Humour has the potential to decrease power imbalance and so open up communication. Humour has potential positive outcomes in terms of patient satisfaction, reduced malpractice complaints, and better patient uptake of treatments.

There is a growing literature which demonstrates that humour creates an environment to promote learning.[37] This should be good news for future students. I often use humour to drive home an important health message.

Our quest to discover "Laughter is the Best Medicine" has been inviting our attention toward the doctor-patient relationship, the ritual of medical care. Placebo has long been regarded as a medical prank – a prescription of the inert to keep the worried well moving on. More recent research has precipitated a coming of age for placebo. Indeed, placebos are not inert. It can be demonstrated that placebo administration stimulates a treatment ritual that has the potential to trigger a host of endogenous mechanisms – what could be called "placebo effects".[38] These effects can relieve symptoms across many conditions. My hunch is that humour is the icing on the cake of placebo. Laughter becomes the best medicine at this point of the healing ritual.

When reflecting on the patient's story, I often use the tools of humour to facilitate healing. Reframe, exaggeration, one down, feigned confusion, etc., all help lighten what may be a distressing

context. I once had a patient who was complaining bitterly about her marriage, "When we have sex, I just want to kill him," she almost screamed. With tongue-in-cheek I responded, "Whoa, that would be the greatest stiff of all time." We both laughed and laughed. Her marriage survives.

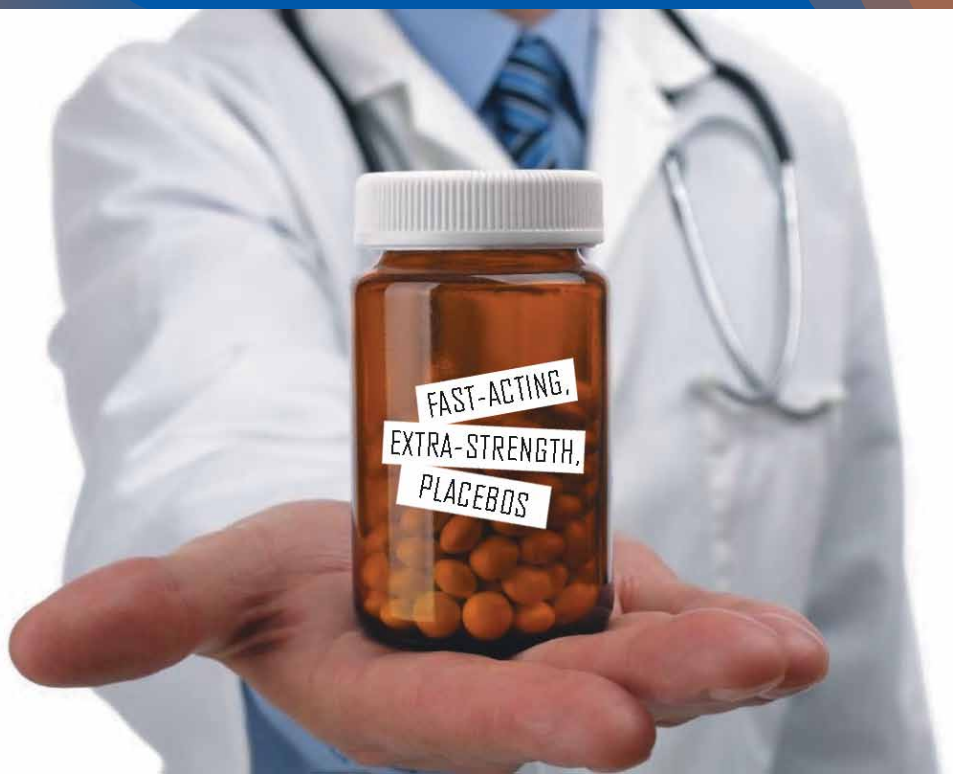
Finally, we need to acknowledge that laughter can also be unhealthy or sinister. Laughter can trigger a medical condition such as asthma.[39] At the wrong moment, laughter can precipitate an accident. A sort of "boink" moment. (I just have to throw in this question: "What is forty feet long and smells of urine?" Answer: "Line dancing at a nursing home!" Incontinence and laughter are off subject indeed! That has to be a deadpan joke!) If you think about it, laughing your head off isn't such a great idea either.

An article in *Current Biology* 2017[40] recognised that some children are "unmoved by the giggles and humour" of others. Research in this area demonstrates a link between humourlessness and antisocial behaviours. It is hoped that understanding this disordered humour processing might be a key to unlocking effective treatment interventions.

The sinister laughter of cruelty and abuse carry a lifetime of torment and disordered stress response for many such victim survivors. Bullying also carries a terrible consequence for many younger people. Drunken laughter is arguably the worst of all dark humour. Ten percent of Australians are alcohol dependent, and another 25% drink to dangerous levels[41] for health and social well-being. It is easy to picture the caricature of a drunken father terrorising his family in an intoxicated haze. Screams echo through the night. Drinking culture is often the focus for humour.

I once had a patient who went on a South Pacific cruise. Remember the advert "I can feel a Four X (XXXX) coming on"? Back in Brisbane, he rang the surgery and asked for a special home visit. I obliged. The story was that his prostate had "packed it in" and he had been catheterised on the ship. What next? He was sitting on the back veranda sipping a stubbie of XXXX beer. I then spotted the catheter. It was draining into an empty stubbie.

Oh dear, I can feel a XXXX coming on!



The Laughter of Hope

Australians often soothe each other in difficult times with sentiments like, "Life wasn't meant to be easy," or, "There's a fine line between pleasure and pain." Underneath a great canopy of suffering and struggle, humour is a regular source to spark the energy of hope. The Irish have been a trampled, brutalised people for extended generations but are better known for their humour culture:

> *Paddy asked his mate, "Can you check to see if my indicator lights are working?" "Yes, no, yes, no, yes, no," said Mick.*
>
> *Did you hear about the Irish surgeon? He was advertising to do haemorrhoid transplants.*

Jokes aside, it often seems easier to feel hopeless about our world than hopeful. We live in a brutal world. Recent figures show we spend 21 billion dollars annually on the problem of domestic violence in Australia.[42] Our world bears witness to the Holocaust, to Pol Pot's killing fields and to the Rwandan genocide. African American slaves developed the "cakewalk" jazz genre to poke fun at their ruthless masters. They held competitions to exaggerate their swagger and reduce their despair. White racist landowners loved 'cakewalk', and willingly embraced their own ridicule.[43]

It is ironic that in his suffering, Job cries out, *"If I summoned him and he answered me, I would not believe that he was listening to my voice."* (Job 9:14-16).

There are four ways the Biblical writers link humour and hope:

1. They speak of God's threatening laughter. A number of psalms pick up a poetic response by God to injustice and calculating sin.

   Psalm 2:4 reads, *"The one enthroned in heaven laughs and the Lord scoffs at them,"* and again in Psalm 37:13, *"But the Lord laughs at the wicked, for he knows their day is coming."*

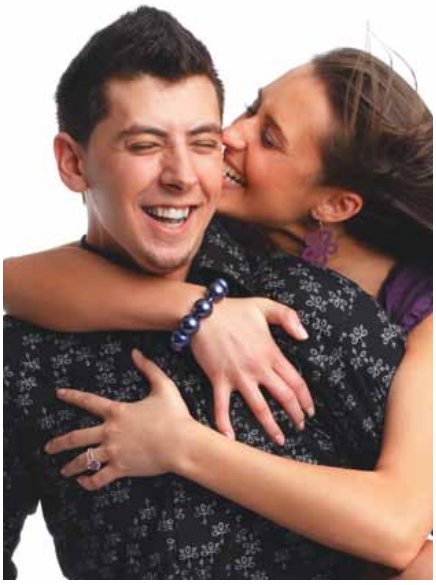
2. The story of Abraham and Sarah's infertility is rich with humour. Infertility is a profoundly hopeless context for many couples. Sarah laughs to herself in Genesis 18 when she overhears the messenger reaffirming God's promise of fruitfulness to her husband, Abraham. When put on the spot, Sarah squirms and denies her cynicism. Earlier in this story, Abraham had been chatting with God about his plan to make Abe the father of a great nation. In 17:17 we read, "Abraham fell face down, he laughed and said to himself, 'Will a son be born to a man 100 years old? Will Sarah bear a child at the age of 90?'" When a child is born he is called Isaac, which finishes the story's plot in a crescendo of laughter: Isaac means "God laughs". God laughs with us in hope against suffering.[44]

3. The Old Testament book of Jonah has long held the attraction of humour. Being swallowed by a whale, the prophet wanted to die after the repentance of everyone to whom he preached fire and brimstone. The irony is that the only thing which dies is the plant Jonah is sulking under. All this smacks of a tongue-in-cheek story – Jonah seems ridiculous complaining about God's grace toward Nineveh.

   The text of Jonah is generated against the background of Assyrian and Babylonian rape and brutal destruction of Jewish communities. The city of Nineveh, with its 120,000 inhabitants and their animals, has been pencilled in for destruction by the prophet Nahum. Nineveh would be the source of anxiety and traumatic nightmares for Jonah and his neighbours. Yet God taps him on the shoulder to do something no Israelite prophet has ever done: to go and prophecy beyond the boundary of the nation. The humour of the text comes in this context: Here is the tragic laughter of hope.[45] The only way the prophet can speak in this situation establishes a humour of hope when grace subverts judgement.

   Roy Eckart[46] commenting on the text says, "The underdogs, the fools, the clowns, the jesters, the children keep dancing and singing and making jokes against every congruity and against every mystery. There is no other ending, there is no ending at all. There is present only, blessedly, and openness to the future."

4. Kuschel[47] takes us to the humour in the crucifixion story. The cross and resurrection are profound symbols of Christian hope. In these gospel stories, Jesus is mocked by Herod as a fool and is delivered over to the cross by the Jewish elite as a rebel. "At the end of the story of Jesus, we do not have the image of a laughing God or a laughing saviour, but the image of a laughed-at fool, who stands for God." In these crucifixion texts, "Son of God" is paired with, "Save yourself", "King of Israel" is paired with, "Come down from the cross if you can", and "Trust in God" is connected to, "Let him (God) help him (Jesus) now". Kuschel[48] concludes, "In no comparable text of the great religious traditions does one find such a combination of faith and mockery, confession and laughter". One of the aspects of hope to emerge is that Christians should take the side of the victims of mockery, in solidarity with those who are laughed at and trampled on. The joke is certainly on us when we fail to do so.



The Laughter of Love

Enid Welsford[49] has asserted, "In the perception of faith, comedy is more profound than tragedy." This is a startling proposition. Could it be true?

> ***"Humour brings laughter and the best laughter of all comes from knowing that we are loved."***

The story of Isaac goes to another level when God, poker-faced, asks Abraham to take his son up to Mount Moriah and prepare to sacrifice him. He can't, he dare not, tell Sarah. Neighbours who worshiped the god Moloch practiced child sacrifice as a fertility rite. All the laughter at the birth of this only son was now stretched to the limits of faith. As Abraham raises his arm to thrust the blade into his son's heart, God intervenes. The two men had walked slowly up the mountain with only thoughts of tragedy. A workplace health and safety plan was never drawn up. As Earl Palmer[50] puts it, "something frightening and wonderfully good, even humorously good happened to and for them!"

We have been laughing together and exploring the proposition that "Laughter is the best medicine". Palmer[51] again states, "Humour brings laughter and the best laughter of all comes from knowing that we are loved." We can pick up on this when we are with friends, or with the person we are intimately linked with. How do you hear laughter?

Kuschel[52] makes this observation, "Christians who laugh express their feeling that the facts of the world are not the end of the matter, though this world need not to be despised. Christians who laugh are taking part in God's laughter at his creation and his creatures, and this laughter is a laughter of mercy and friendliness. Christians who laugh are expressing resistance to a post-modern ideology in which everything is optional; to an aesthetic of indifference; to a fanatical mania about the truth; and the use of violent terrorism to defend the truth. Christians who laugh are insisting that the stories of the world's sufferings do not have the last word". We can add that the laughter of grace also makes us laugh with the laughter of joy. Patch Adams and the clown doctor movement capture[53] the echoes of grace and joy.

Palmer[54] is a theologian who demonstrates that Jesus uses all the forms of humour; irony, repetition, misunderstanding, and so on. Remember Jesus' description of the Pharisees as "straining at gnats and swallowing camels" (Matthew 23:24). In the language Jesus spoke,[55] Aramaic, the word for gnat is "galma" while the word for camel is "gamla". This adds the humour of word play to the humour of exaggeration.
I like the encounter with Nathaniel in John 1:47: Nathaniel complains, "What good can come out of Nazareth (that tinpot town)?" Jesus takes him on with a rejoinder, "Here is an Israelite (a cunning supplanter) in whom there is no guile". The off-guard critic tries to come back with a question, "How could you know me like that?" With allusions to the Jonah story, Jesus quips about seeing him under a tree, and a lasting friendship is established.

The wisdom writers have always known that a cheerful heart is good medicine (Prov 17:22a): *"A cheerful heart is good medicine, but a crushed spirit dries up the bones."*

Palmer[56] says that Jesus is the greatest humourist of all time because:

1. He has breadth of knowledge about reality.

2. He is good to the core, and the greatest, I might add, the most healing humour, always had its source in the good surprise of grace.

3. Surprisingly to us, Jesus is the most normal man we will ever meet.

Now we can go full circle against Plato and John Chrysostom and assert that laughter and Jesus' ministry, Jesus' message, and Jesus' activity belong together. His was a laughter of joy, a laughter of healing, a laughter of transformed hearts, a laughter against cosmic and psychological darkness. In the life, death and resurrection of Jesus, the love of God (often interpreted as foolish) penetrates into the world. The power of

> ***"A cheerful heart is good medicine, but a crushed spirit dries up the bones."***
>
> ***Proverbs 17:22a***

love seeks us out to the point of laughter. Luke's gospel records Jesus telling a story about a lost sheep which is found. *"There will be more rejoicing in heaven over one sinner who repents than over ninety-nine righteous persons who do not need to repent."* (Luke 16:7).

Jesus is God's "big thing"[57] for love. His nail scarred hands offer us all the power of love. Because of Jesus, even death itself is no longer beyond a joke.

So, can it be, can it be, that we can say "Laughter is the best medicine" when we have danced to the end of love in this way? Rather than medicine, love becomes the dance of life itself.

The Canadian singer-songwriter Bruce Cockburn's[58] wonderful song, *Listen for the Laugh*, contains the following lines. Let us imagine the laughter of love as a song as we complete our inquiry.

"It's not the laughter
of a child with toys,
It's not the laughter of the
president's boys,
It's not the laughter of the
media king,
This laughter doesn't sell you anything.
It's the wind in the wings
of a diving dove,
You better listen for the
laugh of love.
Whatever else you might be
thinking of,
You better listen for the
laughter of love."

References

1. Kuschel, K-J. 1994. *Laughter: A Theological Reflection.* London: SCM Press LTD. Ref 29 chapter 1.
2. Kuschel, K-J. 1994. *Laughter: A Theological Reflection.* London: SCM Press LTD.
3. Kuschel, K-J. 1994. *Laughter: A Theological Reflection.* London: SCM Press LTD. Page 10.
4. Kuschel, K-J. 1994. *Laughter: A Theological Reflection.* London: SCM Press LTD. Page 21.
5. Kuschel, K-J. 1994. *Laughter: A Theological Reflection.* London: SCM Press LTD. Page 26.
6. Gearon, E. 2016. *Turning Points in Middle Eastern History: Course Guidebook.* United States: The Great Courses. Page 76.
7. Harl, K.H. 2001. *World of Byzantine: Course Guidebook.* United Stated: The Great Courses. Page 104.
8. Savage, B.M., Lujan, H.L., Thipparthia, R.R., & Dicarlo, S.E. 2017. Humor, Laughter, Learning, and Health. *Staying Current*, 341-347.
9. Cook, W.R. and Herzman, R.B. 2000. *Francis of Assisi: Course Guidebook.* United States: The Great Courses. Page 26.
10. Cook, W.R. and Herzman, R.B. 2001. *Dante's Divine Comedy: Course Guidebook.* United States: The Great Courses. Page 28.
11. Soderlund, S. 2018. Where did you say Baal was? *The Regent World*, 130(2).
12. Eames, M. Quoted in GK Chesterton on the Fool as Saviour on the Modern Soul. 2018. *The Regent World*, 130(2).
13. Palmer, E.F. 2001. *The Humor of Jesus: Sources of Laughter in the Bible.* Canada: Regent College Publishing.
14. Palmer, E.F. 2001. *The Humor of Jesus: Sources of Laughter in the Bible.* Canada: Regent College Publishing. Following his schema.
15. Lewis, C.S. 1952. *Mere Christianity*. United Kingdom: Geoffrey Bles.
16. Gonot-Schoupinsky, F.N., & Garip, G. 2018. Laughter and Humour Interventions for well-being in older adults: A systematic review and intervention classification. *Complementary Therapies in Medicine*, 38, 85-91. See reference 5.
17. McGilchrist, Iain. 2009. *The Master and His Emissary.* Yale University Press.
18. Savage, B.M., Lujan, H.L., Thipparthia, R.R., & Dicarlo, S.E. 2017. Humor, Laughter, Learning, and Health. *Staying Current*, 341-347.
19. Yim, J. Therapeutic Benefits of Laughter in Mental Health: A Theoretical Review. 239, 243-249.
20. Savage, B.M., Lujan, H.L., Thipparthia, R.R., & Dicarlo, S.E. 2017. Humor, Laughter, Learning, and Health. *Staying Current*, 341-347.
21. Savage, B.M., Lujan, H.L., Thipparthia, R.R., & Dicarlo, S.E. 2017. Humor, Laughter, Learning, and Health. *Staying Current*, 341-347.
22. Bast, E.S., & Berry, E.M. Laugh Away the Fat? Therapeutic Humour in the Control of Stress-Induced Emotional Eating. *New Insights in Clinical Medicine*, 5 (1), 1-12.
23. Ferner, R.E., & Aronson, J.K. 2013. Laughter and Mirth: narrative synthesis. *Food For Thought*, 1-6.
24. Noureldein, M.H., & Eid, A. A. 2017. Homeostatic effect of laughter on diabetic cardiovascular complications: The myth turned to fact. *Diabetes Research and Clinical Practice*, 111-119.
25. Alici, N.K., Bahceli, P.Z. and Emiroglu, O.N. 2017. The preliminary effects of laughter therapy on loneliness and death anxiety among older adults living in nursing homes: A non-randomised pilot study. *International Journal of Older People Nursing*. 1-9.
26. Rudnick, A., Kohn, P.M., Edwards, K.R., Podnar, D., Carid, S., & Martin, R. 2014. Humour-Related Interventions for People with Mental Illness. 737-742.
27. Gelkopf, M. 2009. The Use of Humor in Serious Mental Illness. Evidence-Based Complementary and Alternative Medicine, 2011, 1-8.
28. Yim, J. Therapeutic Benefits of Laughter in Mental Health: A Theoretical Review. 239, 243-249.
29. Bast, E.S., & Berry, E.M. Laugh Away the Fat? Therapeutic Humour in the Control of Stress-Induced Emotional Eating. *New Insights in Clinical Medicine*, 5 (1), 1-12.
30. Gonot-Schoupinsky, F.N., & Garip, G. 2018. Laughter and Humour Interventions for well-being in older adults: A systematic review and intervention classification. *Complementary Therapies in Medicine*, 38, 85-91. See reference 5.
31. Bryant, G.A., Fessler, D.M.T, Fusaroli, R., & et al. 2016. Detecting Affiliation in Colaughter Across 24 Societies. *PNAS*, 113 (17). 4682-4687.
32. Bryant, G.A., Fessler, D.M.T, Fusaroli, R., & et al. 2016. Detecting Affiliation in Colaughter Across 24 Societies. *PNAS*, 113 (17). 4682-4687.
33. Nuland, S.B. 2005. *Doctors: The History of Scientific Medicine Revealed Through Biography.* United States: The Great Courses. Chapter 8.
34. Wellenzohn, S., Proyer, R.T., & Ruch, W. 2018. Who Benefits From Humor-Based Positive Psychology Interventions? The Moderating Effects of Personality Traits and Sense of Humor. *Frontiers in Psychology*, 9 (821). 1-10.
35. Bryant, G.A., Fessler, D.M.T, Fusaroli, R., & et al. 2016. Detecting Affiliation in Colaughter Across 24 Societies. *PNAS*, 113 (17). 4682-4687.
36. Phillips, K.A., Singh, O.N, Rodriguez-Gutierrez, & et al. 2018. Humour During Clinical Practice: Analysis of Recorded Clinical Encounters.
    Leary, M. 2018. *Why You Are Who You Are: Investigations into Human Personality.* United States: The Great Courses.
37. Savage, B.M., Lujan, H.L., Thipparthia, R.R., & Dicarlo, S.E. 2017. Humor, Laughter, Learning, and Health. *Staying Current*, 341-347.
38. Sanders, D. & Finniss, D. 2018. Clinical Use of Placebo in Pain Management. *Pain Management Today*, 5 (1), 23-26.
39. Ferner, R.E., & Aronson, J.K. 2013. Laughter and Mirth: narrative synthesis. *Food For Thought*, 1-6.
40. Current Biology. 2017.
41. National Health and Medical Research Council. 2001. *Australian Alcohol Guidelines: Health Risks and Benefits.* Canberra: Commonwealth of Australia.
42. http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0.55.003
43. Messenger, B. 1995. *Elements of Jazz: From Cakewalks to Fusion.* United States: Great Courses.
44. Kuschel, K-J. 1994. *Laughter: A Theological Reflection.* London: SCM Press LTD.
45. Claassens, J. 2015. Rethinking Humour in the Book of Jonah: Tragic Laughter as Resistance in the Context of Trauma. *Rethinking Humour*, 28(3), 655-673.
46. Claassens, J. 2015. Rethinking Humour in the Book of Jonah: Tragic Laughter as Resistance in the Context of Trauma. *Rethinking Humour*, 28(3), 655-673. Citing Roy Eckart in Theology Today. 1992.
47. Kuschel, K-J. 1994. *Laughter: A Theological Reflection.* London: SCM Press LTD.
48. Kuschel, K-J. 1994. *Laughter: A Theological Reflection.* London: SCM Press LTD.
49. E Welsford
50. Palmer, E.F. 2001. *The Humor of Jesus: Sources of Laughter in the Bible.* Canada: Regent College Publishing.
51. Palmer, E.F. 2001. *The Humor of Jesus: Sources of Laughter in the Bible.* Canada: Regent College Publishing.
52. Kuschel, K-J. 1994. *Laughter: A Theological Reflection.* London: SCM Press LTD.
53. Gelkopf, M. 2009. The Use of Humor in Serious Mental Illness. *Evidence-Based Complementary and Alternative Medicine*, 2011, 1-8. https://www.humourfoundation.org.au/
54. Palmer, E.F. 2001. *The Humor of Jesus: Sources of Laughter in the Bible.* Canada: Regent College Publishing.
55. Burge, G.M. 2009. *Jesus, The Middle Eastern Storyteller.* Grand Rapids: Zondervan.
56. Palmer, E.F. 2001. *The Humor of Jesus: Sources of Laughter in the Bible.* Canada: Regent College Publishing.
57. Fee, G.D. and Stuart, D. 2002. *How to Read the Bible Book by Book: A Guided Tour.* Grand Rapids: Zondervan. Page 303.
58. Cockburn, B. 1994. *Dart to the Heart.* [CD]. Sony Music.

YouTube videos recommended.

a. Two Ronnies
b. *Remember Song* by Tom Rush 2003
c. *Moms* by Trey Kennedy

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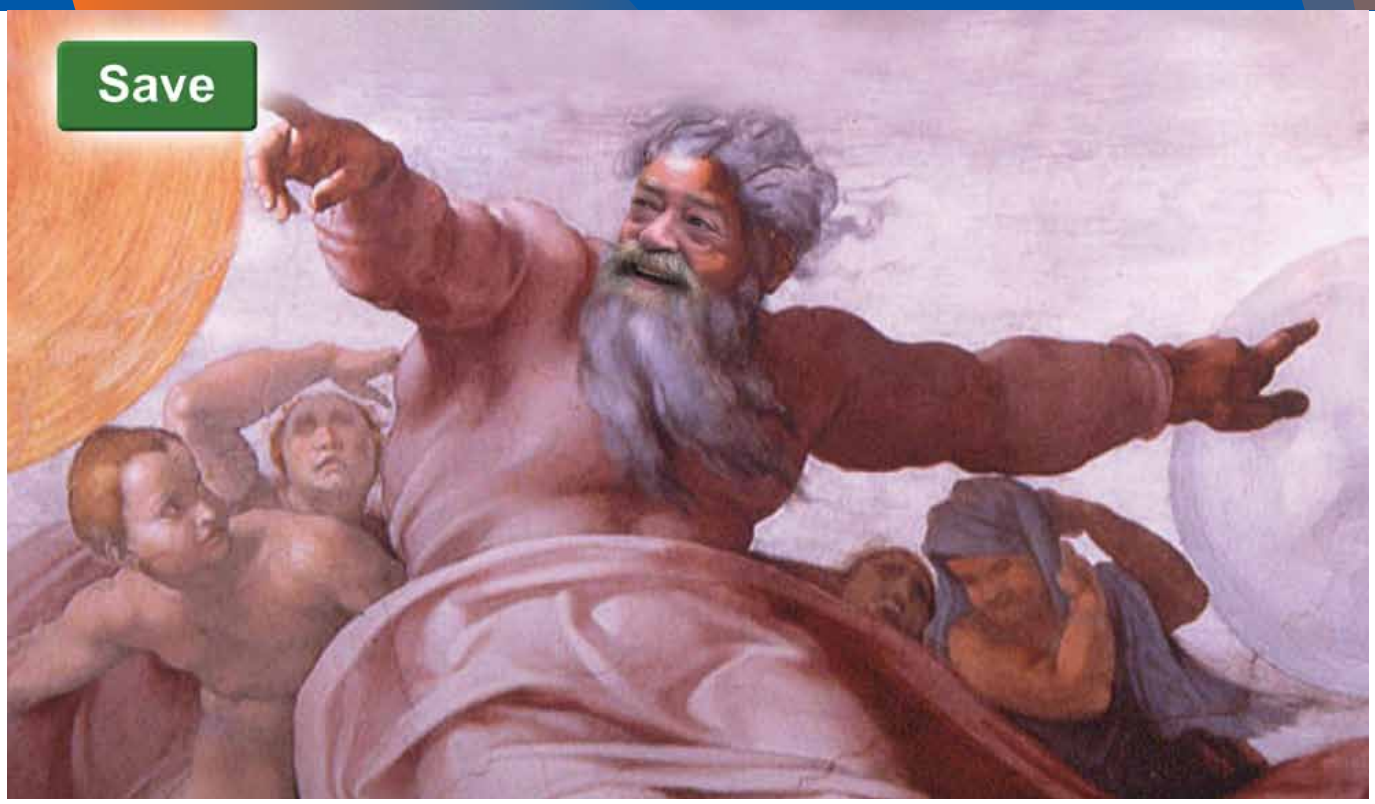

Laughing with God

Laughter is an essential part of the Christian life. Play and laughter are at the very heart of spirituality. A sense of humour is intrinsic to the gospel, and laughter has a redemptive dimension. Laughter is part of the playfulness that is central to a relationship with God.

Claims like these do not reflect the usual way of speaking about the Christian life. Indeed, some may well have difficulty in taking them seriously. However, perhaps that is appropriate because – as the great theorist of play, Johan Huizinga, argued – play is of a higher order than seriousness. Only a playful way of living, he suggested, does justice to the seriousness of life.[1]

The spiritual importance of play and laughter has occasionally been recognised. G.K. Chesterton observed, "Life is serious all the time, but living cannot be. You may have all the solemnity you wish in your neckties, but in anything important (such as sex, death, and religion), you must have mirth or you will have madness."[2] In various writings, he stressed the valuable role that laughter has for the Christian.

In current society, it is well understood that play and laughter have positive consequences for life in general – although some recent researchers are reserved about all aspects of that argument. In any case, the spiritual importance of laughter does not lie in its utilitarian value as a relief-giving, social-bonding, health-producing, trauma-relieving, psychologically beneficial, injustice-exposing phenomenon. Its importance to the Christian does not lie in the good that humour does, but more in what humour *is* – as an essential, central dimension of the believer's relationship with God.

At least that is the way it should be.

"Laughter is ... rather an intrinsic, spontaneous and joyful revelation of the nature, depth and ecstasy involved in communion with God."

Laughter is not a mere addition, or a kind of optional, added bonus to an otherwise genuine and sincere relationship, but rather an intrinsic, spontaneous and joyful revelation of the nature, depth and ecstasy involved in communion with God. It is an act of praise and an expression of faith. It is the deepest relationship we have with God.

Spiritually, laughter is simply good. It is certainly connected with, and comes about as the result of, the way that humour enables us to see ourselves and the world as it really is. It is therefore part of the process of lessening our own desire to control life. Laughter teaches us to not take ourselves too seriously and it frees us from vanity. At the same time, it gives us an accurate view of a flawed, inconsistent, often ambiguous and sinful world as we laugh at its follies and ironies. All of these are extremely valuable, and yet, even more significantly, laughter is an appropriate response to an ever-deepening awareness of the nature and work of God. God in Christ is the genuinely unexpected, completely surprising and totally incongruous one – who is both

transcendent and immanent, God and man, crucified and crowned, saviour and sacrifice. This deserves great laughter that goes beyond all other hilarity and merriment, an act of joy that expresses one's faith, hope and love. Indeed, as it has been said, "Laughter is the closest thing to the grace of God".

Although humour can be misused to hurt and offend people; in its usual form, it should be seen as a virtue, a disposition that is fundamentally good. It is an essential part of relationships between believers in the life of the church and socially important for the good order of society. Humour is not only of value in the present age, it is a present image of the future eschatological kingdom of God. It is an earthly anticipation of divine joy, an example of life in the kingdom. Humour is closely related to joy, hope and faith. It is a part of the nature of God and an element of human participation in life with God.

Laughter has frequently been looked down on by those claiming to be spiritual. The early church with its generally ascetic approach to the spiritual life variously saw laughter as, at worst, something wicked in itself and a danger to discipleship; or sometimes in a more nuanced fashion, as something to be permitted in strict moderation; or even occasionally, as a minor good in terms of rest and recreation that enables one to return to more serious spiritual pursuits! Rarely is laughter strongly approved and some churches have found it hard to shake off this attitude.

Laughter in the Bible

The biblical situation with regard to laughter does not seem to have helped. It is often observed that Jesus wept but that he never laughed. A. N. Whitehead said that, "the total absence of humour from the Bible is one of the most singular things in all literature."[3] Others, however, have reckoned that there is humour in the Bible and that we tend to miss it because of cultural changes and over-familiarity. Dorothy Sayers said, "If we did not know all His retorts by heart, if we had not taken the sting out of them by incessant repetition… we should reckon Him among the greatest wits of all time."[4]

It is certainly a problem that so much humour is so culturally specific in form. My own experience in this regard is that

Julius Schnorr von Carolsfeld (1794–1872) "The Wedding Feast at Cana". (Public domain).

I have found a lot more humour in the Bible, both Old and New Testaments than I ever imagined when I began my research. However, it must be noted that the significance of humour is not determined by the amount of humour that can be found in scripture any more than by its utilitarian value in life. These are not good measures of laughter's theological or spiritual significance.

> ***"The teaching of Jesus is clear, joy and laughter ought to be hallmarks of Christ's disciples."***

There is quite a bit of humour in the Bible that is often unobserved. In the Old Testament the important covenant-establishing story of Abraham, Isaac and Jacob in Genesis actually revolves around laughter, from the time both Abraham and Sarah laughed at God's promises through to the genuine laughter of joy at their fulfilment. The name Jacob means "he laughs". Other Old Testament stories involve laughter that need to be interpreted in a theological and spiritual sense.

There is also laughter in the New Testament. The Lord Jesus was known as one who enjoyed celebrations. He notably helped things along at the wedding at Cana and, unlike his more ascetic-minded cousin John the Baptist, he happily joined others in feasting and drinking, as well as fasting. He called on his disciples to be like children, and in the well-known Sermon on the Mount he declared them to be happy or blessed. The Greek *makarios* used for this happiness/blessing describes the happy state of those who live in peace without trouble, and of the rich who have wealth and are carefree. The teaching of Jesus refers to the happy spiritual state of those who share in the blessings of salvation. They rejoice in being comforted, having the kingdom of heaven, inheriting the earth, being filled with righteousness, and having great reward in heaven. This joy becomes laughter and stands in contrast to the unrighteous who laugh now but who will soon mourn and weep. Those who follow Christ are to "rejoice and be glad because great is your reward in heaven" (Matt 5:12). The teaching of Jesus is clear, joy and laughter ought to be hallmarks of Christ's disciples.

Jesus also told parables that were humorous. The parable of the unforgiving servant (Matt 18:23–35) begins with a king threatening to imprison a man who owes him 10,000 talents. That is an amount equivalent to 60 million day's wages and it represents more money than there was in circulation in a sizeable country, like Egypt in the first century.[5] One can imagine the listeners grinning even before the story goes further, but it then has the desperate servant preposterously declaring, presumably with a straight face, "Be patient with me and I will pay back everything"! The parable is presenting a serious situation in a comical form.

The king unexpectedly forgives the entire debt and releases the servant

who immediately goes and demands repayment of a debt owed to him by another servant. The amount he is owed is trivial and stands in sharp contrast to the massive amount he has been forgiven. Despite that, he is unable to show the same grace as the king and has the man who cannot pay him thrown into prison. Listeners would be aware of the irony involved here, would be likely to think "Yes, I know a so-and-so like that!" and they may well then laugh heartily at the king's judgement on the unforgiving servant – that he be imprisoned and tortured – until he repays his massive debt, something that would be an impossibility if he was being held in prison and being tortured!

Only then would the listeners realise that they have been led into a trap as their laughter at the punishment of the unforgiving servant is turned back on themselves as Jesus draws out his intended message, "This is how my heavenly Father will treat you unless you forgive your brother or sister from your heart." At this point, if they are unable to laugh at themselves, they will learn nothing about forgiveness. Gaining wisdom and insight without a sense of humour is difficult, if not impossible.

There are, if you look, many other examples of comic and foolish characters and situations in the teaching of Jesus. There are silly farmers, tax collectors, worshippers, virgins, builders, soldiers, businessmen and kings. There are all sorts of unusual images and metaphors, there is hyperbole and exaggeration as well as irony, satire and paradox. Read it and let yourself laugh!

Laughter and Love

But the greatest value of laughter does not lie in its educational function any more than it lies in either the amount one finds in scripture or in its psychological or social value, it lies in its intrinsic value as an essential part of our relationship with God.

Laughter is at the heart of this relationship because, as Agnes Repplier says, "We cannot really love anybody with whom we never laugh."[6] One may have other forms of relationship without humour or laughter of any kind but it is hard to conceive a love relationship that is devoid of it. At a purely human level the ability to laugh is one of, if not the most, valued qualities in relationships with life partners. It is prominent in what people seek when looking for a partner, significant in determining relationship satisfaction during the relationship, and important in what they say when eulogising partners after their death.

Domenico Fetti (1589–), The Parable of the Mote and the Beam. (Public domain)

"At a purely human level the ability to laugh is one of, if not the most, valued qualities in relationships with life partners."

A purely work-related business partnership or a political alliance may well exist without a shared sense of humour (though it might be enhanced by one), but a relationship involving any intimacy or emotional feeling necessarily involves some humour. And this humour and laughter is not to be seen as additional to, or a consequence of, the relationship, it is, in a very real sense, a part of the relationship itself. Similarly, a shared sense of humour with God is a part of one's relationship with God. Laughing together is as important for this relationship as it is for any other intimate, loving relationship.

References:
1. Johan Huizinga, *Homo Ludens: A Study of the Play Element in Culture.* (Boston: Beacon, 1955) 211–2.
2. G. K. Chesterton, *Lunacy and Letters.* (New York: Sheed and Ward, 1958) 97.
3. Lucien Price, *Dialogues of Alfred North Whitehead.* (New York: New American Library, 1956) 30.
4. Dorothy Sayers, *The Man Born to be King: A Play Cycle on the Life of our Lord and Saviour Jesus Christ.* (Eugene, Oregon: Wipf and Stock, 2011) 26.
5. Craig Keener, *The IVP Bible Background Commentary: New Testament.* 2nd edition. (Downers Grove, Illinois: IVP Academic, 2014) 92.
6. James Martin, *Between Heaven and Mirth: Why Joy, Humor and Laughter are at the Heart of the Spiritual Life.* (New York: Harper One, 2011). Kindle edition, loc. 3941.

More about the author

The material for this article is related to Brian's forthcoming book *Laughter and the Grace of God: Restoring Laughter to its Central Role in Christian Spirituality and Theology* (Cascade, 2019). Brian is also the author of *The God Who Plays: A Playful Approach to Theology and Spirituality* (Cascade, 2017) and *God is Friendship: A Theology of Spirituality, Community and Society* (Seedbed, 2013).

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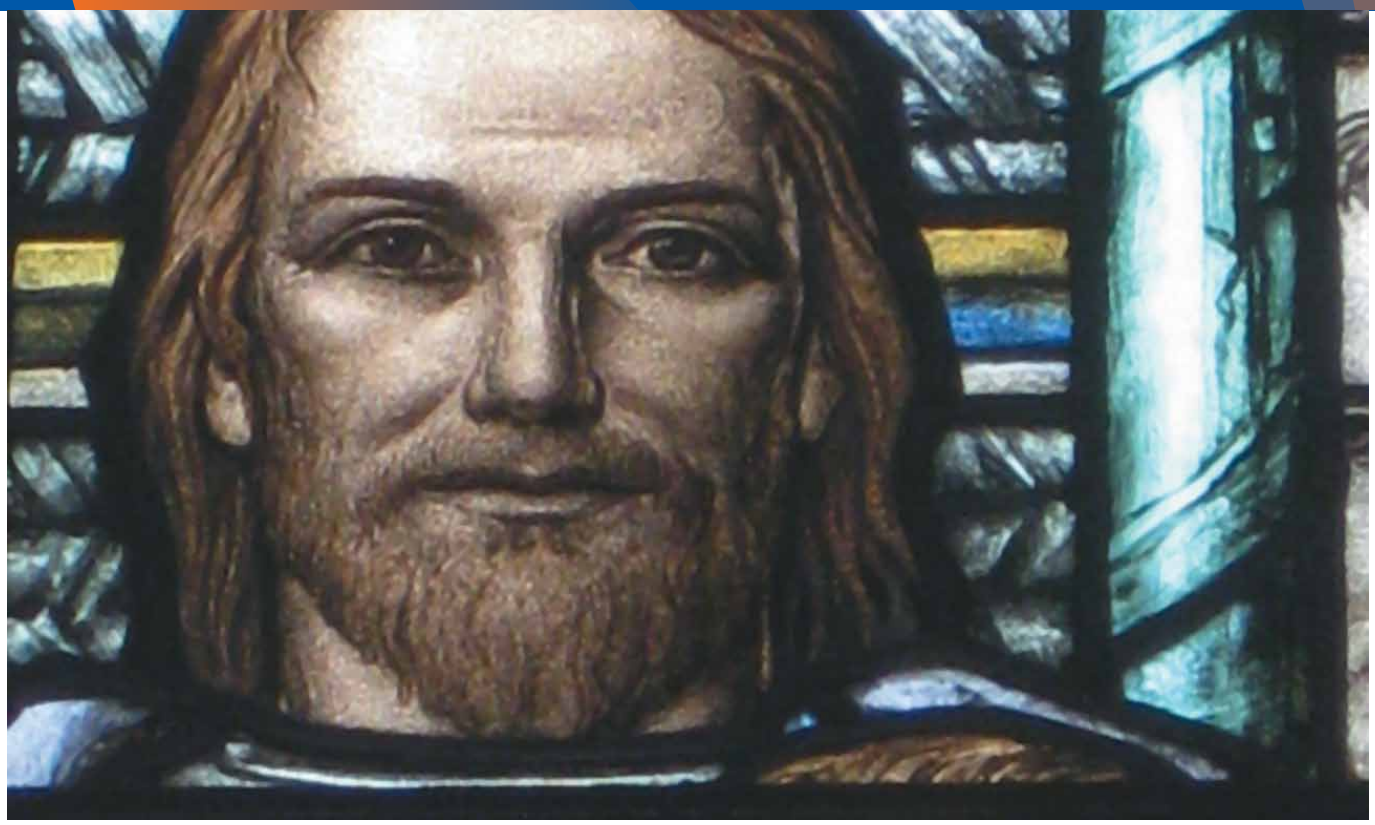

Jesus wept, but did he laugh?

Let's start with a comical ophthalmological short case from Jesus' teaching archives!

The patient with the unilateral red eye is lying on the bed, anaesthetic drops instilled, waiting for the procedure. The corneal foreign body is hard to see without magnification. When the doctor approaches, the patient is horrified. "Doctor, don't you think you should get rid of the large piece of wood in your own eye, before you try to remove my little speck?!" Jesus told a story something like this to teach a powerful lesson with a memorable image. The exaggerated contrast between the speck and the 'hunk of wood' is ridiculous and hilarious. (Matt 7:3-5) It seems typical of his teaching style.

Jesus also used **humorous stories in public debate** to criticise the religious leaders, similar to the way that our political cartoonists condemn public figures – with the skilled use of comical but incisive illustrations. Some of his most powerful images are recorded in Matthew Chapter 23, where Jesus condemns the hypocrisy of the Pharisees. Jesus says they do not practice what they preach. They regulate the minor details of life, including tithing their kitchen herbs! But importantly, they have neglected the big issues, like justice, mercy and integrity. Jesus then gives two powerful pictures; they are like **blind guides**. Now that's a joke!

The next image is to my mind the funniest of them all. *"You strain out a gnat and swallow a camel!"* In our culture he might have said it this way; "You hunt down a flea and ignore the elephant in the room!" (We are at risk of finding the impact of these verses blunted by our familiarity with the text.)

> ***"Jesus also used* humorous stories in public debate *to criticise the religious leaders, similar to the way that our political cartoonists condemn public figures."***

Did Jesus laugh? For the disciples, this would have been **an easy question** to answer. They had responded to the call of the itinerant teacher and Rabbi. They were apprenticed to him full time for three years, and shared all aspects of communal life with him, day and night. They knew very well **the sense of humour that we glimpse only briefly** in his reported teaching. They saw him heal the sick, cast out demons, raise the dead, calm the storm, feed huge crowds, and forgive sins. His glory was revealed to some of them on the Mount of Transfiguration. As time went on, they continually asked themselves the question, "What sort of man is this?"

They followed a man, and came to understand that he was divine! And after the resurrection, they spent their lives spreading his message, and left us records of his life.

For us the process goes in reverse. We live in a different age, in a different culture. We speak a different language. We look back through the lens of twenty centuries

of Church history, with a well-developed theology of who Jesus is. We worship him as the Son of God, the second person of the Trinity. We look forward to him being universally acknowledged as the King of Kings and Lord of Lords. As we take communion we remember him as the *Lamb of God who takes away the sin of the world, and the Man of Sorrows, familiar with grief*. We acknowledge him as "*the exact representation of God's being.*" From this vantage point then we are tempted to forget that "*he shared our humanity, and was made like us in every way.*" We understand that "*Jesus wept.*" We may struggle to find room for the picture of a fully human Jesus laughing.

The search for the historical Jesus

Is it possible for us to know what Jesus actually said and did? And whether he did laugh? As we seek to answer these questions, we are in our own way joining the "search for the historical Jesus."

> ***"Jesus joined in the regular community events of weddings and funerals, rejoicing with those who rejoiced, and mourning with those who mourned."***

Many voices suggest that it is not possible to know what Jesus said, or how he lived. However, **the Gospels were written by contemporaries of Jesus, based on the accounts of eye-witnesses.** I was helped in my understanding of the history of the Gospels by conversations with a patient of mine. She wrote the story of her brother-in-law who was killed in the Vietnam War. She had never met him, but met the soldiers who had served with him, and survived the ambush that took his life. As she wrote his story, I saw parallels with the work of Luke, collating the stories of eye witnesses to the life of Jesus. I realised that **forty years is an appropriate time to be writing stories of historical events**; enough time to understand their significance, yet within the living memory of those who were there. (I have written about this in "Forty years on." http://whatdidjesussay.com/forty-years-on/ .)

We expect biographies to concentrate on the more serious and significant events of people's lives, rather than the everyday. I believe, however, that **there are clues** in the Gospels regarding Jesus' humanity. These can help us gain a more realistic concept of the sort of spirituality to which he calls us.

Jesus was not raised in the temple from infancy, as Samuel was. He was not raised in the family of a priest, as was his cousin John the Baptist. He did not study at a theological college, but he learned the Hebrew scriptures in the home, the local synagogue, and the regular festival visits to the temple at Jerusalem. **He joined in the regular community events** of weddings and funerals, rejoicing with those who rejoiced, and mourning with those who mourned (as Paul later commended us to do). Thus, he learned the wisdom of Ecclesiastes Chapter 3;

There is a time for everything, and a season for everything under the sun...

Buddy Christ is a parody religious icon in the film 'Dogma'.

A time to weep and a time to laugh, a time to mourn and a time to dance.

After he began his public career at age 30, he preached in the synagogue in his hometown. The people said, "Isn't this the carpenter's son? We know him, his mother, his brothers and his sisters." He was known as the boy who grew up among them, trained as a carpenter, and was the head of the family when his father died, running the business, and providing for his mother and his younger siblings. **His real-life experience** is shown in the down-to-earth illustrations he used. These gave his teaching credibility and moral authority, in contrast to the religious teachers. "The large crowd listened to him with delight!" Mark 12:37

When people brought children to be blessed by Jesus his disciples thought he was too busy, or too important, to have time for children. But Jesus rebuked them, saying "Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these." **Children love to laugh**, and adults find pleasure in making children laugh. Jesus knew! He was the big brother in a large family.

Jesus' cousin, **John the Baptist, lived an austere, severe lifestyle**. He made his home in the desert, living on locusts and wild honey. His dress was quite strange. Jesus made a joke about John's clothing. "Did you go into the desert to see the latest fashions? No, you would go to the king's palace for that!" (Matthew 11:7-8) Jesus honoured John as among

the greatest, and the message Jesus proclaimed was the same as John's; "*Repent, for the kingdom of heaven is near.*" (Mt 3:1-2; 4:17) At the same time, Jesus contrasted his own lifestyle with John's. John restricted his diet, strictly avoided alcohol all his life, and taught his disciples to fast. People thought he was crazy! In contrast, **Jesus enjoyed celebrations**, and made friends with the socially unacceptable. He complained that he was accused of being a glutton and a drunkard, a friend of tax collectors and sinners! (Matt 11:18, 19) In the first of the miracles recorded by John, Jesus turned water into finest quality wine when the drinks ran out at the wedding in Cana, (John 2:1-11) and according to his teaching, one of his favourite images of God's kingdom was of a royal wedding celebration. (Matthew 22:1-14) Nobody accused Jesus of being a humourless wowser, or a colourless, puritanical kill-joy.

Table fellowship: 'Feast in the House of Simon the Pharisee' by Rubens, c. 1618. (Public domain)

Jesus called his disciples to serious discipleship. He told them they must carry their cross, and he led by example. When Jesus announced his plan to return to Bethany, a suburb of Jerusalem, where he had so recently escaped stoning, Thomas understood the danger. Yet he said, "Let us go with him, that we may also die with him." (Jn 11:16) We might observe that such costly obedience seems hardly a laughing matter!

In December 2018, Pastor Wang Yi, of the Early Rain Covenant Church in Chengdu, China was arrested after publicly refusing to acknowledge the Chinese Communist Party as having ultimate authority over the church. In his prepared statement, *My Declaration of Faithful Disobedience*, released after his arrest, he declares his willingness to lay down his life for his allegiance to Jesus.

In a similar confrontation, Dietrich Bonhoeffer was among the members of the Confessing Church who in 1935 resisted Hitler's attempts to bring the German Protestant church under state control, and to change Christian doctrine to align with Nazi dogma. He headed an underground seminary at Finkenwalde. He was later imprisoned, and eventually hanged. In his book, *Life Together*, he describes how those students who chose to accept the risk of joining the illegal seminary, enjoyed an unexpected sense of light-hearted life together, with much laughter.

This reflects Jesus' words, "Whoever loses his life for me shall find it." (Mt 16:25) Having already laid down their lives, they were free to live "care-lessly", (in the best sense of the word!) **This paradox of freedom in costly obedience** is reflected in Augustine's prayer.

> *"...help us, so to know Thee,*
> *that we might fully love Thee,*
> *so to love Thee that we may*
> *fully serve Thee,*
> ***whom to serve is perfect freedom,***
> *through Jesus Christ our Lord, Amen*

In my own journey of faith, a university student leader who was a model of practical Christianity was a huge influence in my life. He challenged us to commit to serious, disciplined, intentional study of the Scriptures, *for the purpose of obeying it!* He was also **one of the funniest men I knew.** He reminded me of Jesus.

> ***"Jesus...***
> ***One who shares***
> ***my humanity."***

Jesus called out the leadership of the Pharisees. "They tie up heavy loads and put them on men's shoulders, but they themselves are not willing to lift a finger to move them." (Mt 23:4) Jesus' leadership is not like that! He came to give life in all its fullness. (Jn 10:10) Jesus calls to the weary and burdened and offers rest to those willing to take on his yoke, He says, "I am gentle, and humble. My yoke is suitable for you, and my load is not too heavy for you." (Mt 11: 28-30)

As I review the question, "Did Jesus laugh?", I am attracted to him afresh, and inspired to renew my allegiance to the One who shares my humanity. I still hear his call to a robust, wholesome, "whole of life" commitment, and claim his promise that he will never leave me.

More about the author

Dr Geoff Francis retired from General practice in 2015. He is a former chair of the CMDFA Victorian branch. In 1975 Geoff and his wife, Jenny, worked with Jim Smith, assisting at the Salvation Army Hospital in Turen, East Java, Indonesia. They lived in the Latrobe Valley, Victoria for 15 years, where Geoff was a GP-Obstetrician. He stood as an independent candidate for the Victorian State Seat of Morwell in 1985, gaining a vote of 13%. Returning to Melbourne in 1993, he worked at Knox Medical Centre for 19 years. Geoff and Jenny live in Melbourne. They have three daughters and two grandchildren. He enjoys running, and woodwork. He has developed and edited the website www.whatdidjesussay.com. His family tolerate his Dad jokes!

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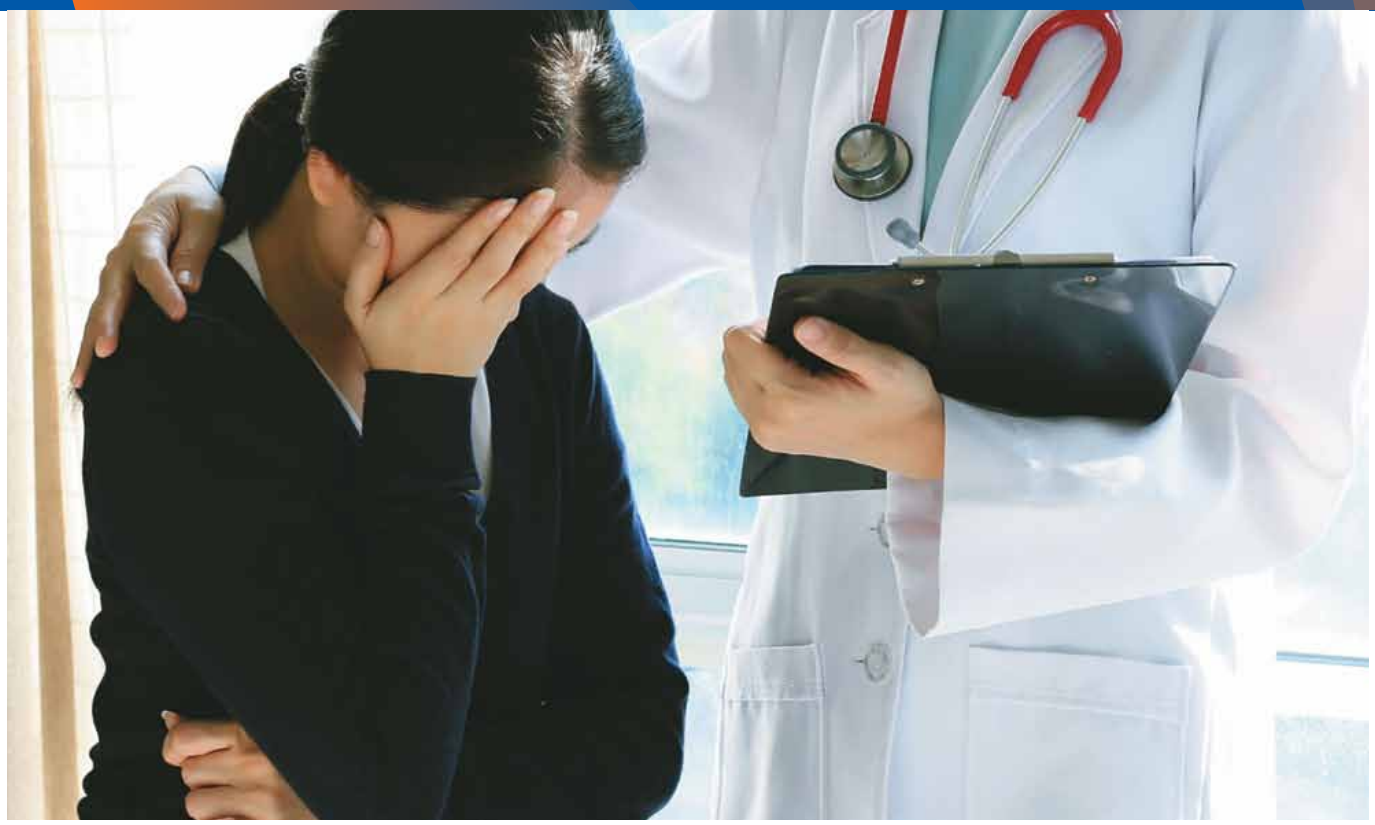


Humour and Difficult Conversations in Healthcare

There are many difficult conversations in healthcare. These include giving a diagnosis of a life-threatening condition (such as cancer or a neurodegenerative condition), acknowledgement that a condition is progressing despite treatment, and the transition to palliative care, amongst others.

I remember a conversation with a family when I was a paediatric medical fellow (specialising in palliative care) in Sydney in 2007. In the context of a difficult conversation about prognosis and lack of response to treatment, towards the end of the meeting with the family we struck upon a section of the conversation that was quite humorous. This was the first time that I had observed humour juxtaposed beside the delivery of sad and difficult news. This article will review this topic further by exploring historical acknowledgement of this phenomenon and neurobiological considerations. I will conclude by looking at the presence of humour in my own area of specialty – paediatric palliative care.

Definition

The Association for Applied and Therapeutic Humour has defined humour as, "Any intervention that promotes health and wellness by stimulating a playful discovery, expression or appreciation of the absurdity, or incongruity of life's situations."[1] Victor Borge, the American and Danish comedian and musician, noted that laughter might be "the shortest distance between two people."[2] However, care has to be maintained in the use of humour within the clinical context, as the poor use of humour may generate stigma or humiliation.[1,3]

Historical Context

In describing the brain, Hippocrates noted, "From it only arise our pleasures, joys, laughter and jests as well as sorrows, pains, griefs and tears. Through it in particular we think, see, hear and distinguish the ugly from the beautiful, the bad from the good, the pleasant from the unpleasant."[4]

It has also been observed that humour was a relief from both the fear and boredom experienced by soldiers at the frontline during World War I. This form of humour is felt to be a coping mechanism and has been described as 'gallows humour'.[5] Such humour was often found in letters to loved ones and family back home.

Victor Frankl, psychiatrist and survivor of the concentration camps during Nazi Germany, described a sense of humour as a coping strategy that could be learned while living in the face of omnipresent suffering. "It is well known that humour, more than anything else in the human makeup, can afford an aloofness and an ability to rise above any situation, even if only for a few seconds."[6] He observed

that despite the all-consuming nature of suffering, it is also possible for "trifling things" to cause the greatest of joys. He gives an example that occurred on a train trip from Auschwitz to the camp affiliated with Dachau:

> *"We had all been afraid that our transport was heading for the Mauthausen camp. We became more and more tense as we approached a certain bridge over the Danube which the train would have to cross to reach Mauthausen, according to the statement of experienced traveling companions. Those who have never seen anything similar cannot possibly imagine the dance of joy performed in the carriage by the prisoners when they saw that our transport was not crossing the bridge and was instead heading 'only' for Dachau".*[6]

Theological Context

The Bible deals with the question of human suffering from cover to cover. Hope is often juxtaposed with suffering:

> *"Not only so, but we also glory in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not put us to shame, because God's love has been poured out into our hearts through the Holy Spirit, who has been given to us." Romans 5:3-5.*

The topic of suffering and how God, other people and individuals respond is dealt with in detail in the book of Job. Even in a book which examines such a heavy topic as suffering there is the presence of humour. In Job 38, God speaks to Job from a "whirlwind" after being silent for some time. Job has been overwhelmed by the mystery and paradox of suffering and his own situation. His friends have not helped.

God then uses humour in Job 39:13 (NRSV).[7]

> *The ostrich's wings flap wildly…*

God speaks of the proudly-waving wings of the ostrich – who cannot fly! Only God, and not Job or other humans, can explain why such a bird has wings – or is even referred to as a bird!

"It is what it is, a silly bird, because God made it so. Why? The comical account

suggests that amid the profusion of creatures some were made to be useful to humans, but some are there just for God's entertainment and ours." F Anderson.[8]

"This passage is remarkable in that it continues the first and only real humour in the book of Job. Leave it to God to pull a stunt like this, forcing a smile out of Job at a time when the poor fellow has been so intent on his misery." M Mason.[9]

Job 39:17 (NRSV) states,

> *… because God has made it forget wisdom, and given it no share in understanding.*

Here God reminds Job that God is the dispenser of wisdom. It was through the humorous example of the ostrich that God both taught and entertained Job.

"Get used to my absurdity, and live by faith rather than by sight. Be like the ostrich: though you cannot fly, you can still flap your wings joyfully!" M Mason.[9]

Societal Context

Although many of the things that happen to us, or that we do, are not inherently humorous, humour can generally be found in most situations.[10] We see the words pleasure and pain used concurrently in modern music: "It's a fine line between pleasure and pain".[11] Comedians are able to make us laugh about difficult situations such as divorce, unemployment, phobias and even death.[10] At funerals, in the midst of grief and sadness at the loss of a loved one's life, we often see humorous anecdotes shared about the person's life.

"Get used to my absurdity, and live by faith rather than by sight. Be like the ostrich: though you cannot fly, you can still flap your wings joyfully!"

The role of humour in healthcare is demonstrated in the life of Patch Adams (and in the movie of the same name). There has been a subsequent emergence of "clown doctors" within the health system.[12] A recent study of the interaction between children, parents, medical clowns and healthcare professionals found the following benefits: happiness, distraction, carefree feeling and a positive activation.[13]

> *"Well-placed humour is somehow capable of taking the sting out of a pain, of making new or frightening topics more acceptable, and of taking the gravity out of a situation so that it no longer excessively weighs one down. [Milton] Erickson understands the usefulness of humour in coping with setbacks and unpleasant surprises, and he not only uses his own infectious sense of humour effectively but he is able by example and experiences to instil in his clients a similarly lighthearted perspective on the comings and goings of human beings."*[10]

We often speak about our choice to either laugh or cry when a difficulty arises.

"The only way to get through life is to laugh your way through it. You either have to laugh or cry. I prefer to laugh. Crying gives me a headache."[14]
– Marjorie Pay Hinckley

This quote offers truth in that laughter can be therapeutic, and sometimes we find there is a fine line between laughter and crying. However, we need to both laugh *and* cry. We should not diminish the importance of crying in terms of the expression of emotions. Clinicians also need to be able to support patients appropriately when they cry in a supportive and non-judgemental way. For example, they may allow silence or say something such as, "Take your time". How to respond to a patient who cries is out of the scope of this paper but approaches have been developed around this clinical situation in the literature.[15]

Neurobiology

A study of twenty bereaved patients analysed their functional MRI during a task which contrasted 'deceased-related words' with 'control' words. Activity in the amygdala predicted 'induced sadness' intensity. An association between grief style and prefrontal and amygdala region activity was found. Activity in and functional connectivity between the amygdala and prefrontal regulatory regions was associated with different styles of grief and the mourners' regulation of attention and sadness during pangs of grief.

Functional imaging of the normal brain has implicated cortical and subcortical networks in processing different aspects of humour perception (eg. in response to sight gags or comic strips) and comprehension with separable cognitive, affective and social dimensions.[2] There is a distinction between the recognition of humour and the provocation of amusement. The onset of laughter has been taken to signal the dawning of amusement, associated with insula and amygdala activation.[2]

The amygdala therefore seems a common region of the brain that is involved in both intense grief and emotional reaction. Another similarity between laughing and crying is the potential spontaneous onset at unpredicted times, as noted by scientist and philosopher Thomas Hobbes (1588-1679), "But in all cases, both laughter and weeping are sudden motions, custom taking them both away. For no man laughs at old jests or weeps for an old calamity."[16] In this context, there is differentiation between spontaneous and planned humour.[1]

> ***"It can carry some risk for a health professional to initiate humour during a difficult conversation."***

Paediatric Palliative Care

Some of these observations and principles appear to occur in clinical contexts, such as palliative care. A research study which involved video-recording paediatric palliative care consultations (using a methodology called "conversation analysis") captured this juxtaposition of humour while discussing serious topics.[17] An example is given of a conversation between a nurse and the mother of a child with a life-limiting condition. The topic related to when and how a deterioration in the child's clinical condition might look in the future.[17] This was closely related to the mother's concerns and questions relating to how the dying process may look. The nurse responds in a way that displays the delicacy of her response. She delays her response by 2 seconds. She also punctuated her response with laughter. Delays and laughter are both recognised practices that can be used for delicately discussing utterances. What is also atypical in this conversation, is that it is the health professionals who initiate humour. Usually it is the parents who initiate humour and the health professionals who would respond. It can carry some risk for a health professional to initiate humour during a difficult conversation. Initiation of humour by the health care team may become more feasible when the clinicians are well-known to the family (e.g. this conversation occurred during a home visit, and the team had known the family for over two years).

Conversation 1 17

Nurse: So how's he looking?
Mum: I know he's looking peaceful, but in relation...
Nurse: Actually he looks good.
Mum: ...compared to July, and the future?
Nurse: Look I'm, as far as I'm concerned, William does everything his own way. It's like…
Doctor and nurse: (gentle laughter)
Nurse: William's way. And one minute you think he's...
Aunt: I know it's...
Doctor: Mmm
Grandmother: That's it, William's Way.
Nurse: You'd be.
Mum: He even smiled this morning. Cos...
Aunt: Yeah.
Nurse: William's Way.
Aunt: It's Williams way.
Nurse: William won't be here tomorrow or in a few hours, but there he is. You know, it's really hard, isn't it.
Aunt: Mmm
Mum: Especially when he was laughing yesterday.

On another occasion, during the same consultation, the patient's mother explicitly discusses the fact that her son is dying.[17] However, the focus of the conversation relates to the topic of airway suction, challenges related to this and this is approached in a way using humour. This is done during the course of what is described as a "laughable telling".[18] This is evidenced by his mother smiling and laughing at times. Those present at the family meeting reciprocate this humour.

Conversation 2

Mum: He even smiled this morning cos we couldn't get into his mouth...
Mum: To do the suction – you hear it in that. So I hold his (mum touches top of sternum) hose for a little bit.
Aunt: Heh, heh, heh (laughter)...
Mum: But you see he still won't mouth breathe but when I let go...
Doctor: Mmm
Mum: He sort of releases his clenching and I duck in.
Aunt and doctor: Mmm
Grandmother: Heh, heh.
Mum: Ah, I'm like y'know only a mother can do this (clicks finger) to a dying child.
Aunt: Heh, heh, heh (laughter)
Doctor: Yeah.
Mum: And he even actually grinned at that and it's like...
Doctor: Yeah.
Nurse: (laughs)
Aunt: So funny.
Doctor: So his teeth are still very clean...

A randomised controlled study of 38 pregnant mothers carrying a baby with a diagnosis of single ventricle heart disease, found that mothers who were referred to palliative care antenatally had less anxiety throughout their treatment course.[19] In

this study, they also looked at the Brief Cope Inventory tool.[20] This tool includes humour as one positive coping strategy of parents and patients within healthcare. Other positive coping strategies included positive reframing, planning, acceptance and religion. Examples of problematic coping strategies included self-distraction, denial, substance use, behaviour disengagement, venting and self-blame. There was a suggestion that the use of humour increased as a coping strategy as a result of the palliative care intervention, although the study was too small to determine this was statistically or clinically significant.[19]

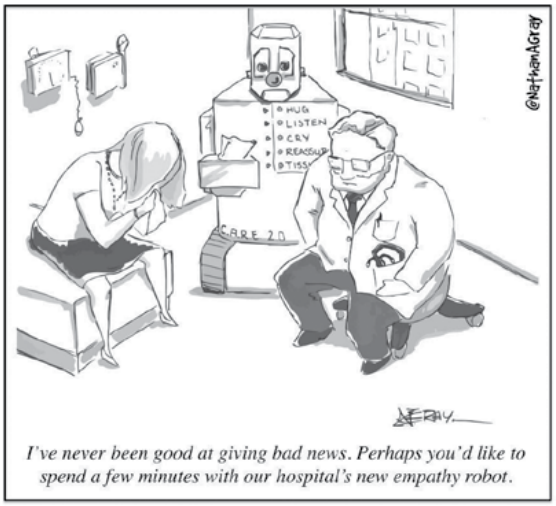
This research underpins a broader recognition of the role that humour paradoxically plays in palliative care. As an example, two systematic reviews and one correlational study were published on this topic in 2018.[1,21] Two types of humour have been identified within palliative care.[1] Spontaneous humour that emerges with no planning in a conversation between the patient and relatives and health-care professionals. There is also "planned" humour which relies on resources to support, generate, and use humour. *See Table 1* – it provides a summary of some of the principles and approaches to the use of humour in healthcare.

Graphic Medicine

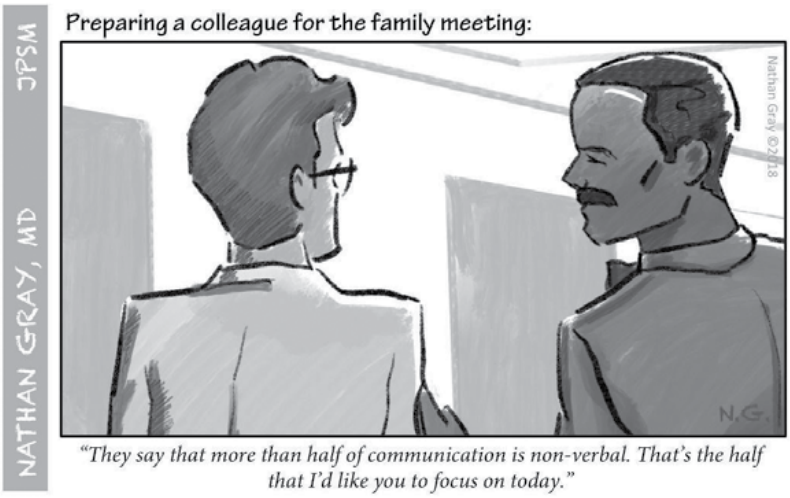
The term 'graphic medicine' denotes the role that comics can play in the study and delivery of healthcare.[2] Two trends have resulted in this development. The medical humanities movement places emphasis on classic and other literature (eg. novels) to gain insight in the human condition. There has also been the rise in popularity of the graphic novel. Graphic novels are full length "serious" comic books, aimed at adults and written and illustrated by one person. Some deal with experiences of patients or caregivers. Some health professionals also create their own cartoons which shed humour on different aspects of healthcare. These cartoons can play a valuable role in reflecting on changes in medicine and enabling conversations around difficult subjects. For example, ComicNurse (@ ComicNurse) reflects on the complexities of illness, caregiving and challenging topics such as advanced care planning.[24] Dr Nathan Gray, palliative care physician, has created cartoons relevant to medicine and humanity.[25] His cartoon relating to an "empathy robot" (*See cartoons over*

Table 1 – Checklist for the Use of Humour during Difficult Conversations

Background	Humour can co-exist with crying or sadness in a difficult conversations. This phenomenon is not universal. An awareness of all emotions being expressed during a consultation is important
Initiation of humour in a consultation	Families or patients will usually initiate the use of humour. It would be risky for a clinician to initiate humour as part of the consultation. It is more appropriate for the clinician to respond to the humour that the family have used. If the clinician has a good rapport with the family, and they are in a safe environment, then it may be possible for the clinician to initiate humour.
How to respond to humour[1]	Responses can be verbal (transmitting joy and optimism) or nonverbal (using empathy to gain the patient's trust, laughter or smile).
How to introduce humour to patients (SMILES)[22]	**S**mile. **M**ake eye contact. **I**ntuition and imagination. **L**ook for the opportunity. **E**lephants never forget. **S**ensitive to the situation.
When not to use humour[1]	There are no suitable or unsuitable moments but these need to be adaptive to the individual. There is capacity to offend, ridicule and upset with the inappropriate use of humour. Gender and cultural issues need consideration. Avoid the use of humour in the case of: coma; death; on the threshold of death, bereavement, pain crisis, psychological or existential crisis, moment of initial diagnosis, when new information on the diagnosis is given; patients with a mental health diagnosis and uncooperative patients.
Reflection on humour in practice	It is helpful for the clinician to recognise, identify, reflect on moments of humour in their day-to-day practice.[1] Was their reception of the humour spontaneous (e.g. laughter) or controlled (e.g. a wry smile) or curious (e.g. puzzled)? How much control did they have over their emotions? Reflecting on other emotions experienced during the consultation (e.g. anxiety, sadness, crying, anger) by the clinician is also helpful. Such reflective practice is likely to build resilience within the clinician and enhance their capacity to communicate with patients. These experiences may also serve as a teaching resource / aid for other clinicians. Humour can also enhance team functioning.[1]
Is humour a marker of quality in communication?	The use of humour by a family in a consultation could be a marker of the quality and the satisfaction that the family have with the case conference or consultation. This could reflect congruence of the goals of the clinician with the family, relief of anxiety or worry within the family or by health professionals, and minimal levels of conflict or disagreement.



I've never been good at giving bad news. Perhaps you'd like to spend a few minutes with our hospital's new empathy robot.



"They say that more than half of communication is non-verbal. That's the half that I'd like you to focus on today."

page) makes me think about the role of compassion and technology in healthcare and communication. "Preparing a colleague for a family meeting" (*See cartoons over page*) reminds me of the importance of non-verbal communication and the importance of listening and observing others in the process of becoming better communicators.

Conclusion

It is somewhat paradoxical that in healthcare we can see humour and suffering co-existing. There are historical, theological and societal considerations to this connection. Research and theoretical principles from palliative care also support this connection. It is possible to respond to humour (and sometimes initiate humour) in a way which enhances the therapeutic relationship between the clinician and patient/ family. The use of humour can be one clinical tool which, when used appropriately, considerately and with sensitivity, can assist in managing complex situations. This phenomenon adds depth and texture to clinical medicine (and life in general). It is something that we as healthcare professionals can take with us through the different seasons, phases and cycles of clinical practice and life. We are "wounded healers" who sometimes have the privilege of laughing with our patients, colleagues and quietly, to ourselves.

Notes:

The Australian/English spelling for humour has been used in this paper (Humor used in the United States).

Dr Nathan Gray has given permission for the use of his cartoons.

References

1. Pinna, M. A. C.; Mahtani-Chugani, V.; Sanchez Correas, M. A.; Sanz Rubiales, A., The Use of Humor in Palliative Care: A Systematic Literature Review. *Am J Hosp Palliat Care* 2018, 35 (10), 1342-1354. 10.1177/1049909118764414
2. Neergaard Clark, C.; Warren, J., *Advances in Clinical Neuroscience and Rehabilitation* 2014, 13 (7), 9-11.
3. Chapple, A.; Ziebland, S., The role of humor for men with testicular cancer. *Qual Health Res* 2004, 14 (8), 1123-39. 10.1177/1049732304267455
4. Ray, M., The Hippocratic Tradition. *Post-Graduate Medical Journal* 1934, (March), 116-122.
5. Grayson, R., Gallows humour from the trenches of World War 1. *The Conversation* 2013.
6. Frankl, V., *Man's Search for Meaning*. Beacon Press: Boston, 1959.
7. Guzik, D. Enduring Word https://enduringword.com/bible-commentary/job-39/ (accessed January 31, 2019).
8. Anderson, F. I., *Job*. Inter-Varsity Press: Downers Grove, 2008.
9. Mason, M., *The Gospel According to Job: An Honest Look at Pain and Doubt from the Life of One Who Lost Everything*. Crossway Books: Wheaton, 1994.
10. Gordon, D.; Meyers-Anderson, M., *Phoenix - Therapeutic Patterns of Milton H. Erickson*. Metapublications: Cupertino, 1981.
11. (a) Hook, D., *Dr Hook - Pleasure and Pain*. In Dr Hook - Pleasure and Pain, Capitol Records: USA, 1978; (b) Thorne, S. P.; Jones, T. E. A., Pleasure and Pain. In *What a Life!*, Kobalt Music Publishing Limited, Universal Music Publishing Group: 1985.
12. The Humour Foundation. https://www.humourfoundation.org.au/ (accessed January 30, 2019).
13. Bruins Slot, J.; Hendriks, M.; Batenburg, R., Feeling happy and carefree: a qualitative study on the experiences of parents, medical clowns and healthcare professionals with medical clowns. *Int J Qual Stud Health Well-being* 2018, 13 (1), 1503909. 10.1080/17482631.2018.1503909
14. Hinckley, M. P., *Small and Simple Things*. Shadow Mountain: Salt Lake City, 2003.
15. Herbert, A., A Tissue, A Tissue - We All Fall Down. *Journal of Healthcare Communications* 2016, 1 (3).
16. Hobbes, T., *Leviathan*. Green Dragon: London, 1651.
17. Ekberg, S.; Danby, S.; Rendle-Short, J.; Herbert, A.; Bradford, N. K.; Yates, P., Discussing death: Making end of life implicit or explicit in paediatric palliative care consultations. *Patient Educ Couns* 2018. 10.1016/j.pec.2018.08.014
18. Glenn, P.; Holt, E., Conversation Analysis of Humor. In *The Routledge Handbook of Language and Humor*, Attardo, S., Ed. Routledge: New York, 2017; pp 295-308.
19. Hancock, H. S.; Pituch, K.; Uzark, K.; Bhat, P.; Fifer, C.; Silveira, M.; Yu, S.; Welch, S.; Donohue, J.; Lowery, R.; Aiyagari, R., A randomised trial of early palliative care for maternal stress in infants prenatally diagnosed with single-ventricle heart disease. *Cardiol Young* 2018, 28 (4), 561-570. 10.1017/S1047951117002761
20. Carver, C. S., You want to measure coping but your protocol's too long: consider the brief COPE. *Int J Behav Med* 1997, 4 (1), 92-100. 10.1207/s15327558ijbm0401_6
21. (a) Linge-Dahl, L. M.; Heintz, S.; Ruch, W.; Radbruch, L., Humor Assessment and Interventions in Palliative Care: A Systematic Review. Front Psychol 2018, 9, 890. 10.3389/fpsyg.2018.00890; (b) Robalo Nunes, I.; Jose, H.; Capelas, M. L., Grieving With Humor: A Correlational Study on Sense of Humor and Professional Grief in Palliative Care Nurses. *Holist Nurs Pract* 2018, 32 (2), 98-106.
22. Borod, M., SMILES--toward a better laughter life: a model for introducing humor in the palliative care setting. *J Cancer Educ* 2006, 21 (1), 30-4. 10.1207/s15430154jce2101_11
23. (a) Williams, I. Graphic Medicine. graphicmedicine.org (accessed January 31, 2019); (b) Green, M. J.; Myers, K. R., Graphic medicine: use of comics in medical education and patient care. *BMJ* 2010, 340, c863. 10.1136/bmj.c863
24. Czerwiec, M. Comic Nurse. http://comicnurse.com/ (accessed January 31, 2019).
25. Gray, N. The Ink Vessel. https://inkvessel.com/ (accessed January 30, 2019).

More about the author

Dr Anthony Herbert has been director of Paediatric Palliative Care at the Queensland Children's Hospital, Brisbane, since 2015. He also works within the Interdisciplinary Persistent Pain Service at this hospital. He undertook a Fellowship in Paediatric Palliative Care within the Department of Pain Medicine and Palliative Care at The Children's Hospital at Westmead, Sydney, between 2006-2008. He was national secretary of CMDFA from 2016-2011(??) and is the current Chair of the CMDFA Queensland branch.

Bea Sawers
Bea Sawers is a Social Worker with 15+ years of experience working with children and young people in NSW Health, the NSW Department of Education and leading charities in Australia.

Bea Sawers as Professor Poopy-Pants with a real life snake (from Hunter Valley Zoo) at John Hunter Childrens Hospital!

Laughter in Hospitals

People love to laugh – surely there are no arguments there. Comedy is a multi-billion dollar industry with film and television, comedy festivals, radio shows, youtube channels, podcasts and comedy clubs across the globe. Spending money to sit and laugh is a pretty popular way to spend a Saturday night.

But why do we love to laugh so much? If you ask a scientist they will tell you it's because laughter triggers the release of endorphins, the body's feel good chemical. If you ask a therapist they will tell you laughter is a social experience that creates bonds and strengthens relationships. An anthropologist might tell you that laughter is one of the distinguishing features of humans displaying an emotional signal of enjoyment. While a pastor will surely tell you it's because God the creator is kind and gives humans the joy of laughter as a gift.

What would a child in hospital say about laughter?

My job has one main task – to brighten the day of sick kids in hospital. I walk around the hospital with a fellow worker, both dressed as silly characters and we make kids laugh. From room to room, ward to ward, our job is done when the halls are filled with the sound of giggling children. It is, without a doubt a highly sensitive space to provoke laughter – from PICU to Emergency, to oncology to palliative care. Hospital can be a scary place, and when a child is sick and in pain the experience can be overwhelming. Building connection through play and laughter helps kids to forget their pain (even momentarily) and rediscover the joy of being a kid again.

In my experience, this is seen most obviously with children living with life-limiting disease, disability and chronic health conditions. These children miss out on so much of their childhood, playing with friends, riding bikes, climbing trees, playing hide and seek. These important 'rites of passage' that children need to experience to forge social connections and hit developmental milestones become a seemingly impossible task for a child in an isolated hospital room. My role, as a roving performance artist within this space, is to use humour and play to help create those moments of childhood that seem so uneventful, but prove to be so important.

The story of Dr Hunter Doherty "Patch" Adams (made famous by the 1998 Robyn Williams film) sparked a global interest in the use of humour and play in the healthcare system. A growing body of research supports the theory that laughter may have therapeutic value.

While my experience of over 5 years working in paediatric hospitals across Australia may be unquantifiable and anecdotal at best, I can confidently say the giggles of a seriously-ill child become contagious. Mum, Dad, siblings and health professionals all smile at an instant and the room feels lighter and warm. Perhaps a daily dose of laughter should be charted on their care plan as well.

Bea's top 3 tips to engage children and young people in hospital

1. Think about the space you are walking into. When you walk into the room you set the tone for the interaction. Remember to smile and move slowly, even if you're in a rush! As you enter the space and say hello, be warm and receptive. It is always best to be quiet and friendly, it can be very overwhelming when a doctor blasts into a room ready for action!

2. Always introduce yourself to everyone in the room, especially the child. Even if it's a little baby! This simple gesture helps to create a warm and friendly atmosphere. If you have students with you, introduce them all. You could make up funny names for each of them "This is Spider Man and Wonder Woman!"

3. Be yourself. If you're not a comedic type don't try and be funny! Be authentic but think about a way you can engage the child. It may be a silly joke, or a cool trick you can do with a pen! Perhaps you are a master of the rubix cube or origami! Having a fun trick up your sleeve can be a quick and easy way to connect with a patient. A positive relationship can impact clinical outcomes. A relaxed and cooperative child can make all the difference during an assessment and can help with a higher rate of attendance for follow up appointments and so forth. No one wants to come back and see that scary or loud or cranky doctor that makes everyone nervous!

Remember to just have a go, if it doesn't work that's ok! Try again, or try something new. You may not need anything more than a friendly approach with some families. Just be mindful about when you need that extra little thing to win that child over. Don't be afraid to think outside the square – creative ideas that are quick and easy to implement could be your greatest asset!

After more ideas?

If you are after more ideas, or would love to share some of your tricks of the trade please get in touch! You can reach me at beasawers@gmail.com.

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Dr Tyson Ware
Paediatric Neurologist
Royal Hobart Hospital

Laughter: A spoiled network with a glorious future

The hypothalamus sits enthroned on the sella turcica, taking up residence deep in the temple of the holy cortices. Perhaps it is the 'seat' of laughter, although it is difficult to ascribe a single neurologic substrate to the phenomenon of laughter.

Laughter does its best to defy localisation. A complex network is involved. Network hypotheses are supported by functional MRI studies. Uncontrolled spasms of laughter can occur in the setting of bilateral corticobulbar lesions at the slightest provocation. Gelastic and dacrystic seizures arise from hypothalamic hamartoma epileptic activity. Voluntary movements of the mouth, tongue and eyelids can be weak, and yet the same muscles show preserved reflex movement in yawning, coughing, throat clearing, laughing and crying (pseudobulbar palsy). Hypomimic facies, seen in Parkinson disease and other pathologies of the extrapyramidal system, do not necessarily coexist with depression. Dopaminergic and serotonergic neurotransmitter systems underpin the biology. Thus, there is a complex array of positive and deficit neurologic symptoms and signs relating to our subject. Laughter can be both a healthy physiologic function and a hallmark of pathology.

Surveying laughter as a biblical theme, we discover texts which reveal our corrupted faculties. Although "a joyful heart is good medicine" (Proverbs 17:22), blessing is not found "in the seat of scoffers" (Psalm 1:1). We would aspire to imitate Paul – "to rejoice in the Lord always" (Philippians 4:4). At our best, we know that "in His presence there is fullness of joy; at His right hand there are pleasures forevermore" (Psalm 16:11). At our worst, we fail to recognise the Messiah, and instead, mock Him (Mark 15:31, Psalm 22:7).

God alone upholds laughter in a pure and untainted form. Joy within the Godhead is complete (Genesis 1:31, Mark 1:11, Mark 9:7). His good pleasure is holy. Even when he scoffs, it is with righteous indignation (Psalm 2:4).

The LORD's sovereignty as the Judge brings about ironic retribution. A catalogue of instances abounds. Samson, who does what is right in his own eyes, has his eyes put out (Judges 14:3, 16:21). Ahaz refuses to ask for a sign, so the Lord Himself gives a sign (Isaiah 7). The plundering Babylonians will become plunder themselves (Habakkuk 2:5-7). It would seem that we become the idol that we worship, as deaf and blind as an inanimate statue… even deaf and blind to the One to whom we owe our worship (Isaiah 6:9-10, Mark 4:12, Romans 1).

Inability to comprehend His plans sets up the naming of Isaac. Abraham fell on his face and laughed (Genesis 17:17). The same Hebrew word for Isaac / "laughter" (*sechoq* צְחֹק) occurs with the idea "make sport". There are watershed moments when the promise and storyline appear on the cusp of derailing. For example, in Genesis 39, Potiphar's wife seems to make Joseph's demise imminent, and with the "make sport" in verse 14, all Israel could be lost to famine. In another example, following the death of Saul, David's path to kingship would be expected to get easier. Yet, in 2 Samuel 1, there is an ominous opening scene when brothers "make sport". Has God lost control in the quest for a king? Can we be reminded in these moments that the trajectory of "laughter" / "making sport" stand as signposts that He will not fail to succeed in establishing His kingdom? Then perhaps our scoffing will begin to be regenerated. Then perhaps we will start to celebrate that He has the last laugh.

Laughter is a complex network. It is easily spoiled by any deficient component in the system. Our hope is that one day we will join with Him in complete joy; when there is no more crying and all tears are wiped away. There is that great day ahead when every knee shall bow to the King of kings; when He is enthroned in His temple and when evil, death and decay are done away with. Then, shall mocking and derision also be no more?! These are mysteries… but surely then our laughter will join with His and take on a pure expression. In a way, perhaps we will become part of His network of joy. Rejoice, we have that to look forward to!

Andrew Orenstein
Andrew is a clinical psychologist who works mostly with children and adolescents from his own practice, Redstone Psychology, Wallsend, Newcastle. He is the father of two boys who give him much laughter and joy.

A spoonful of the right laughter...

"I have an idea!" I said to the 6-year-old girl. She leaned forward excitedly. She was brought to see me by her mother. She had shown a severe regression in toileting. My formulation was that the regression was due to dysfunctional power struggles between the mother and her.

On a whim I had invented 'the secret weeing game.' The idea behind it was that the game could shift the power struggles, whilst potentially being fun for the girl. In the game she was required to go to the toilet without anyone else in the family ever knowing that she had gone. When I told her the idea she giggled uncontrollably. The sort of giggle that suggested she enjoyed the subversive nature of the game. Was this laughter as medicine? As with most cases in psychology, it can be difficult to determine what, of the multitude of interpersonal dynamics, gets shifted by one's intervention. Often, different stakeholders interpret the intervention in different ways. In this case, the toileting regression completely ceased. The girl functioned better at school. Some, but not all, of the relationships with her family members improved.

I am a clinical psychologist, working mainly with children and adolescents. I have found humour, and therefore laughter, to be of huge importance in my work. However, before writing this article, I had not considered how understanding laughter could be so complex.

In September 2008, I was in a remote delta region of Myanmar. Cyclone Nargis (potentially the second deadliest cyclone in recorded history) had hit Myanmar in May. Between 130,000-300,000 people had died or gone missing (depending on whether one believes the official figures from the Myanmar government or figures from aid organisations). I was there on a short-term trip to train local Christian leaders in a trauma program called 'Tree of Life', a program designed to help children process traumatic events without being retraumatised. I sat at a table with two 70-year-old men. They had both survived the storm but had lost most of their family members. These men had been friends since they were children and were sharing stories about the mischief they got up to when they were young. Despite the significant loss they had experienced, they were roaring with laughter. The sort of laughter that is rich in history and love.

Indeed, there are many different types of laughter: inclusive, exclusive, canned (think sitcom laughter on the television), authentic, taunting, joyful, tickling, and anxious laughs to name a few. Which ones are the best medicine? Is all laughter good for us, or can some laughter have a negative effect? Klages and Worth (2014) found that exclusive laughter (used to exclude others) increased participants social pain and perception that they were being ostracised. It also produced lower mood, worse relational evaluation, and increased temptation to aggress. As psychologists, we see many people who have been bullied. A lot of this occurs as exclusive laughter from cruel jokes. When the bullied person gets upset, the defence is invariably, "It was only a joke." This is laughter as poison rather than medicine.

I have been working as a psychologist since 2010, mainly with children and adolescents. One of the reasons I found myself drawn to working in this area was the enjoyment I got from seeing children transition seamlessly between discussing serious problems and laughing. This suited my personality and outlook. I have noticed an interesting phenomenon in this time. Often, when I finish a session with a child or adolescent, upon walking back into the waiting room, the parent might say, "Well it sounded like you guys were having a good time," referring to the laughter they could hear, in a tone suggesting criticism rather than encouragement. It may seem foreign to them that a room with laughter can also be a room where we discuss psychological distress. In my opinion, laughter is crucial to this process.

Experimenters have found that willingness to disclose personal information increased after laughter. Interestingly, the effect was only found in participants rating another person's willingness to disclose rather than their own willingness to disclose. The experimenters concluded that laughter increased everyone's willingness to disclose personal information but that people were not always aware that it was doing so (Gray, Parkinson, & Dunbar. 2015). Also, laughter can occur alone but more commonly occurs within social contexts. Kurtz and Algoe (2017) found that shared moments of laughter can improve the quality of a relationship by increasing the perception of similarity between two people.

There is a boy I see who is at risk of homelessness. He has bounced from service to service. Most professionals have found him impossible to engage, one service even suggesting he was a psychopath. I also found it difficult to engage him. There are times when sitting in a counselling room just does not work with teenage boys. In those situations, I kick a footy or go for a walk with them. On one such occasion, about eighteen months into our work and with me feeling as though we were getting nowhere, we walked past an old beat up car. I said to him "I bet that's your car!" He scoffed/snorted/laughed. The sort of noise that leaves the body involuntarily. "Whatever. It's yours!" he retorted. So started a game that continues to this day. What was in his laugh? Was it the joke that was hilarious? Or was it that I had the gall to say such a thing? In any case, he accepted me in that moment and we were able to join in something together.

"It may seem foreign to [others] that a room with laughter can also be a room where we discuss psychological distress"

Psychologists and GPs are alike in that the relationship between the professional and the patient has been found to significantly impact the health outcomes of that particular patient. Laughter can play a crucial role here. The impact of laughter on a relationship has implications for GPs. It has been clearly demonstrated that a good relationship between a patient and a GP can increase compliance to treatment, increase patient satisfaction, decrease the chance of litigation due to malpractice, and improve health and psychiatric outcomes (Francis et. al 1969; Levinson et. al 1997; Ong et. al 1995).

How do you treat PTSD in children when the trauma results from the east coast low storms that hit the Hunter region most summers? There are a number of evidence-based theories with structured tasks and homework that help people overcome the PTSD symptoms. However, the delivery of these treatments can feel quite dry (excuse the pun) and compliance with such treatments can be inconsistent. This is when psychology becomes an art as well as a science. I see a girl with this type of PTSD. Each member of her family has a wild sense of humour. When discussing treatment options, it became clear that humour was going to be an important component. Despite being only 11 years old, she loves listening to loud music. It became obvious. The treatment needed to include *Thunderstruck* by AC/DC (her favourite band) blaring loudly next time a storm rolled through. As we told her parents that this was their homework, their laughter was loud and in stereo.

Laughter can increase pain tolerance according to Dunbar et. al (2014). More specifically, relaxed, shared laughter can increase a person's level of pain tolerance. Their study measured physical, rather than psychological, pain. They suggested that the mechanism was possibly an endorphin-mediated opiate effect and concluded it was due to the laughter itself rather than another confounding factor.

Is it enough to say that laughter is the best medicine? Not quite. From a theological perspective, laughter is like any good thing God created. Used in the wrong way (e.g. exclusive laughing) it can cause severe pain and psychological damage. However, shared, inclusive laughter is an effective way of increasing perceived similarities, increasing pain thresholds, improving interpersonal connections, and improving the therapeutic alliance. This can lead to increased patient satisfaction, improved treatment compliance and improved health outcomes.

Laughter – the best medicine? More specifically: it might be that a spoonful of the right laughter helps the medicine go down.

References

Dunbar RI1, Baron R, Frangou A, Pearce E, van Leeuwen EJ, Stow J, Partridge G, MacDonald I, Barra V, van Vugt M. (2011) Social laughter is correlated with an elevated pain threshold. Proc Biol Sci. 2012 Mar 22;279 (1731):1161-7. doi: 10.1098/rspb.2011.1373.

Francis, V., Korsch, B. M., & Morris, M. J. (1969). Gaps in doctor-patient communication: Patients' response to medical advice. *The New England Journal of Medicine*, 280(10), 535-540. doi: 10.1056/nejm196903062801004

Gray, Alan W; Parkinson, Brian; Dunbar, Robin. (2015). Laughter's Influence on the Intimacy of Self-Disclosure. Iournal of Human Nature: An Interdisciplinary Biosocial Perspective; Vol. 26, Iss. 1, : 28-43. DOI:10.1007/s12110-015-9225-8

Kurtz, Laura E; Algoe, Sara B. (2017). When Sharing a Laugh Means Sharing More: Testing the Role of Shared Laughter on Short-Term Interpersonal Consequences. *Journal of Nonverbal Behavior*. Vol. 41, Iss. 1, 45-65.DOI:10.1007/s10919-016-0245-9

Levinson, W., Roter, D. L., Mullooly, J. P., Dull, V. T., & Frankel, R. M. (1997). Physician-patient communication. *Jama*, 277(7), 553-559.

Ong, L. M. L., de Haes, J. C. J. M., Hoos, A. M., & Lammes, F. B. (1995). Doctor-patient communication: A review of the literature. *Social Science & Medicine*, 40(7), 903-918. doi: http://dx.doi.org/10.1016/0277-9536(94)00155-M

Platow, Michael J; Haslam, S Alexander; Both, Amanda; Chew, Ivanne; et al. (2005). "It's not funny if they're laughing": Self-categorization, social influence, and responses to canned laughter. Journal of Experimental Social Psychology. Vol. 41, Iss. 5, (Sep 2005): 542-550.

Dr John Padgett
John is a GP who has worked in Wagga for the past 20 years – 12 years in mainstream practice, then for 4 years in the Aboriginal Medical Service.

Nepali mothers and children

Expat and Nepali Medical staff

Amppipal Hospital entrance

Humour, the great leveller

This story comes from the 1990s, when my wife, Sally, and I, along with our three young children, were working at Amppipal Hospital – a small rural hospital in Gorkha District, Nepal. It was a busy place, with over 40,000 outpatients annually, 2,500 admissions, 1,500 surgical procedures. We had 80 staff – about half a dozen were expatriate.

Back in those years, Nepalis were getting stuck into the idea of April Fool's Day and they loved playing pranks, particularly on us expatriates. Once I was called urgently to the emergency room where there was a patient on the bed having a grand mal convulsion! When I approached the bed and threw back the sheet – lo and behold, I found that it was just a dummy being shaken by a staff member who was under the bed. Great belly laughs all round, when I discovered their joke.

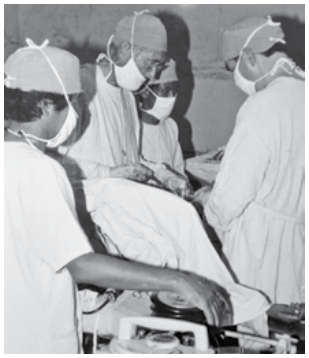
However, I repaid them in kind another time, when I pretended to have a head injury – complete with bright red fake blood dripping down one side of my face. In full sight of the local shopkeepers and all who had come to the hospital that day, I staggered across the area towards the hospital entrance, stumbled down the stairs into the emergency department and collapsed onto one of the hospital trolleys. I completely fooled one of my expat colleagues from Finland who immediately raised the alarm. One of our senior Nepali staff realised in an instant, that I was pulling a prank and got into the act – he was fantastic! They rushed me down into the hospital proper to the resuscitation area where my Finnish friend set about assessing my condition clinically. In the meantime, a whole crowd of spectators had gathered – most of the staff who were on duty, along with patients who could walk and any accompanying relatives. Quite a spectacle! Out of the corner of my eye, I could see that my Finnish friend suddenly realised that I was pulling his leg and he ran his hands up the sides of my chest and gave me this enormous tickle. I sat bolt upright and roared out: "What a wonderful doctor is Dr Juha!" One of our cleaning ladies was standing at the foot of the bed, and watching her face go from grave concern to enormous relief was hilarious.

Reflecting on this event over the years, I reckon that it was a very funny way to get people laughing (and with a great deal of relief!), and, perhaps, helped to draw together the staff of the hospital. I was hospital director at the time.

In the healthcare field we are mostly dealing with people when they are vulnerable and distressed. Day in, day out, in our working lives, we and our staff have this daily stress. Currently, I work as a medical educator with Australian General Practice Training and spend a lot of time with GP registrars, who are making the transition from hospital-based work to autonomous general practice. In the caring professions, self-care is important. Humour from time to time can help to defuse pent-up emotions. Cross-cultural humour makes it even trickier. Nonetheless, humour is the great leveller and can help to break down barriers in our social interactions. Surely it is a God-given gift, a tell-tale sign of our humanity, and a mark of the image of God.

Sally and I will soon have the opportunity to return to work in Nepal. We have been accepted by Interserve, and will be seconded to the United Mission to Nepal to work in one of their hospitals. We are planning to leave for Nepal in May 2019. I'm looking forward to future April Fool's Days!

Padgett family: John, Sally, Alison, Luke and Rebecca



Operating Theatre

X-ray Nepali-style

More about the author

More recently, John has returned to obstetrics in the local hospital, as well as doing medical educator work with GP training. Back in the 1990s his family worked for 9 years in a rural hospital in the central hills of Nepal.

Dr Jeremy Beckett
Jeremy now serves as Director of a health NGO called Maluk Timor, having initially worked as the Medical Director of a busy charity hospital in Dili.

Young Annika holding court with our Timorese friends

Yes, that is a live rooster stuck to the top of a taxi, painted in Fretilin colours.

Timor-Leste: A Remarkable Place

Timor-Leste is a simply remarkable place. When you compile the odd collection of other-worldly experiences we have here in any given month, you realise how fortunate we are to be living this extraordinary life. Here are a few snapshots of life in this remarkable place.

Days before the election, there was an uneasy tension across the country. The final days of political rallies were colourful and disruptive. I got caught in a Fretilin motorcade at one point, which was quite good fun. One of my colleagues managed to snap the above rooster photo.

Up until election night, the major sides were seemingly very confident of a comprehensive win. Ultimately it was Xanana's coalition, the Change for Progress Alliance (AMP), that prevailed with, thankfully, an outright majority – whether you support the AMP or not, at least a majority means the government can govern.

Xanana Gusmao was buoyant: a big election victory on the back of having recently returned to Timor after concluding the long-running maritime boundary negotiations with Australia. We saw this exuberance first hand at an art exhibition a few nights ago: he was involved in everything, jumping from keynote speaker to interpreter, to percussionist, and then to impromptu artist – a man basking confidently in the adoration of his people. In high spirits, he even took Bethany's hand and graced it with a gentleman's kiss. I missed out and had to settle for an enthusiastic handshake and a pat on the chest. Maybe next time.

The art exhibition was commemorating

Bethany with art commemorating the maritime agreement

the signing of the maritime agreement, and thus there were many paintings of crocodiles (the Timorese totem) and kangaroos (either sparring or embracing) set on backgrounds of open seas or flags.

Bethany with 'Maun Iliwatu'

There were many notable patrons present. Bethany was excited to get an opportunity for a chat and a photo with Timor-Leste's preeminent singer-songwriter:

Except it wasn't him… a case of mistaken identity. Nevertheless, we found out later it was a man they call Maun Iliwatu, the founder and director of Timor's leading art school. Still worth a photo.

The exhibition was held at the Timorese Resistance Museum, so we took the chance to wander those displays too. When you follow the story from 1975, and see that Xanana has been the mastermind and people's champion for more than forty years, it's not hard to see why he is so revered.

Unfortunately, a kiss from the people's champion does not equate to legal recognition of Maluk Timor by the Ministry of Justice. We have been labouring to get our registration as a rebranded NGO approved, some eight months after separating from Bairo Pite Clinic. Sequential legal obstacles have delayed our progress, so we were pleased to finally win an audience with the Minister of Justice to plead our case.

This was no small matter, and I was nervous. There are many conventions as to how one is to conduct oneself in these high-level meetings, and sadly I'm oblivious to most of them. I'm pretty

sure there isn't one that says you should stumble into the glass coffee table in the foyer. I knocked the thing off its legs, and spent the next few minutes trying hopelessly to reassemble it, apologising all the while to the stunned reception staff who were trying to find out who I was and why I was demolishing their furniture. A flying start.

Thankfully the Minister (pictured in blue) was delightful. I assume that news of the coffee table's demise was yet to reach her. She advised us to resubmit a key document to her department, offering to try to help.

I asked our lawyers for the key document…

"Ahhh yes. That one."
"Yes, the one we have spent months getting approved by the Notary."
"The original has been submitted for publishing, and there aren't any copies."
"Hmmm. That's not ideal."
"Oh, and the publisher says they don't have it, nor any record of having received it."
"OK. Right. Good."
"AARRRRGHHHH!!!!"

And so began a couple of weeks of to-and-fro.

"Had the Notary delivered it?"
"Yes, confirmed. signature to prove it."
"Had it been received?"
"Allegedly not. How could that be?"

Disaster loomed.

On Tuesday I sat, downcast, in a government strategic planning meeting, representing Maluk Timor. I watched all the other key players – Timorese and international – laughing and backslapping together. Yet *we* still sat as outsiders, without formal registration, despite eight months of trying. I felt entirely demoralised. I fired a volley of frustrated phone messages as I sat in self-pity and disappointment. It triggered some action – that same afternoon two of our representatives returned to the publisher and uncovered that they *had* in fact received the document. Better yet, they had already published our legal recognition in the national journal. It was already done, and we hadn't even known it! A badly needed victory, and cause for celebration.

Yes, it's just one step of many, but an essential one – one that justified the ruining of a badly-designed Indonesian coffee table. Acceptable collateral damage. I was vindicated.

This is the Timor we're slowly coming to know and understand – where things rarely go as planned.

A couple of weeks ago, Miriam was overwhelmingly excited about her class going on a school excursion to the beach to fly their homemade kites. She was counting down the days. Bethany was going to go along as support, but a late change in plans meant it would be me instead. I met the bus down at the beach as they arrived. It was picturesque as always:

Ugh. The tide was up, the waves were bigger than usual, and all that was left of the beach was a scatter of muddy puddles under the placenta tree.

The placenta tree, pictured next column, has placentas in plastic bags hanging from it. There are several such trees in Dili. I've never quite grasped the traditional reasons for why people hang placentas from certain trees, but it's probably not the ideal landmark for a Year 2 school excursion.

The excursion was abandoned, and the devastated kids were returned to school. It broke my heart to see their grieving faces at the bus windows, gazing longingly at the filthy sludge and puddles they'd been so cruelly denied.

A week or so later, we attended the farewell party of some good friends, and part of the entertainment was a joyride in a Timorese outrigger. Levi signed up, as any 8-year-old should. The pictures over page tell the story.

Our kids are racking up all kinds of life experiences, good and bad.

Last week, we were invited by the neighbours to come and see their pet. Who knew we had a pet deer living next door?

Then they showed us their *other* pet.

I'm not joking – that is a nine-foot saltwater crocodile living in their backyard. His name is Apeu. Apparently

they have had him for nine years. When I asked who cleans the enclosure, they said they just hose it from the outside. He gets chicken and fish once a week. I was absolutely dumbfounded. How can we have lived in our house for two years and not known that we had an 150kg man-eater living in the laneway next door?

You see what I mean? This is an extraordinary place, and just when you think there won't be too many more surprises, a nine-foot salty appears in your life.

Sometimes it's new things taking us by surprise, and other times it's old things hitting us afresh. This week I was asked by a Timorese gentleman if I could help his daughter, currently admitted in the National Hospital with rheumatic fever. He knew of our connection with East Timor Hearts Fund and others, and he wondered if we could help arrange the emergency heart surgery she needed to survive. I said I would make some enquiries about her case. Unfortunately, her condition was so poor that she would never be well enough for a flight to Australia. There was a chance, but it was very slim. He understood, having heard a similar explanation already. He was gentle and gracious, but his grief was palpable. He described to me how she was too breathless to eat, and that she couldn't lie down to sleep. He told me that the

previous day had been her birthday, which she had spent in a hospital bed, gasping for breath. Her twelfth birthday. Something in me broke. As a father of four children I could barely comprehend what it would feel like, watching one of my own children die, acknowledging a birthday in the midst of it. She is one of so many, dying unnecessarily.

She is not lost yet, and we will do what we can to save her. But if nothing else, I set my jaw again, with renewed purpose, throwing my shoulder to the wheel. There is work to be done, and there is an urgency to do it.

Thankfully we have many reasons to be optimistic. There are so many little wins.

The photo (left) of one of our Timorese doctors, whom we have been supervising for almost a year. She wears the black garb of mourning, having lost a dear family member just months ago. She is pictured with a volunteer doctor from the UK. Together they are on a community home visit in a remote village west of Dili. They are providing a medical assessment for a man with a physical disability – the first such medical assessment he's probably ever had. It's a new frontier for Maluk Timor, started less than a fortnight ago. Sure, their car got a flat tyre and they spent the whole day stuck out there waiting to be rescued, but that's all part of the experience!

That's just part of living in this remarkable place.

More about the author

Dr Jeremy Beckett and his wife, Bethany, are GPs from WA who moved to Timor-Leste with their four young children in 2016. They have long been a part of the CMDFA community, which has been a major influence for their work in medical missions. Jeremy now serves as Director of a health NGO called Maluk Timor, having initially worked as the Medical Director of a busy charity hospital in Dili. Jeremy is also the author a self-published book called *Tessellating: Where faith meets practice*.

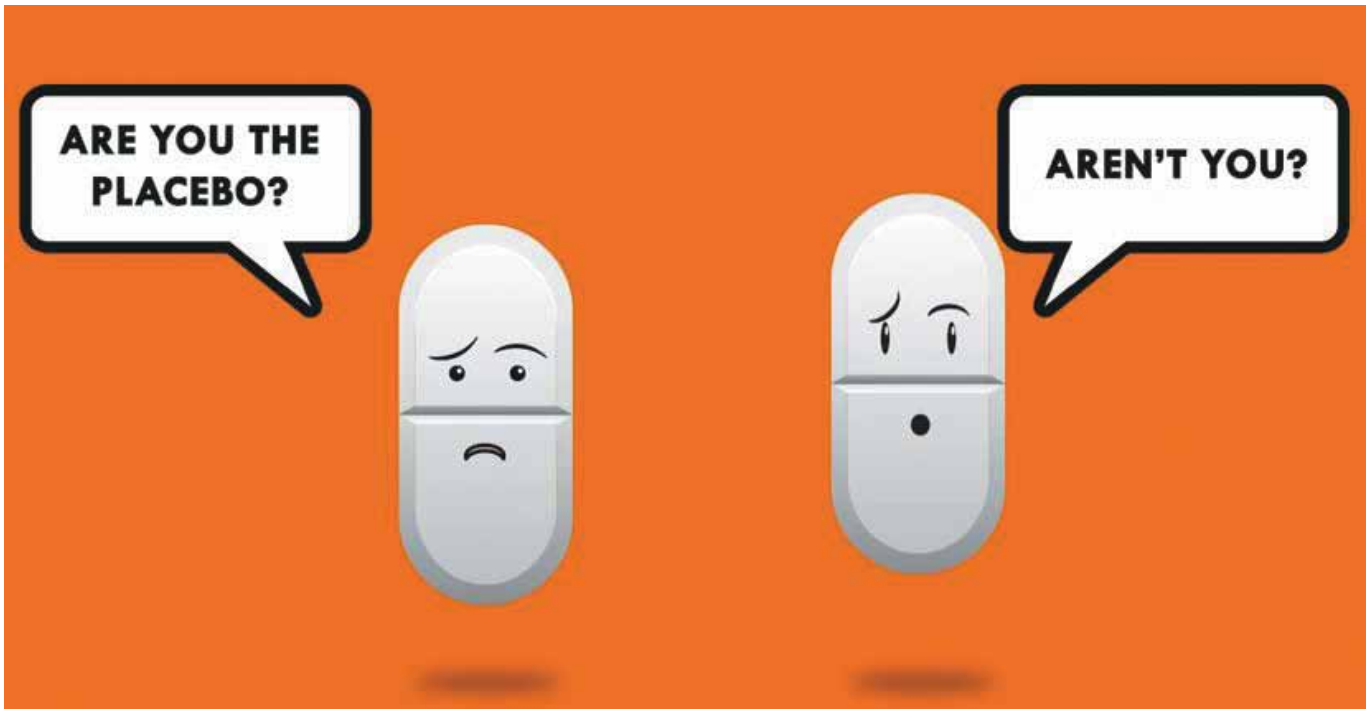
Hmmm, this boat looks a little less than seaworthy…

Perhaps putting more kids in would help…

What do you mean the motor won't start?

I'll take my chances with the crocodiles!

Dr Geoffrey Mitchell
Geoff is Professor of General Practice and Palliative Care at the University of Queensland.



Placebo and the power of self-talk

Last week I met a woman who presented in an agitated state. Her world was falling apart.

Her husband had left some months before, after a long period of poor communication, leaving her with the responsibility of two small children and a full-time job to keep body and soul together. She described her life as a treadmill of working, cooking, looking after the kids, sleeping, repeating – over and over again. The burden was getting her down, and she started getting anxious at her lack of energy and motivation. All she could see were problems and endless drudgery. She was at rock bottom and seemed to have no reserves left.

I had never seen her before. What could I offer? I did what I could; listened, then "mapped" her problems onto three axes – circumstances, personal strengths and weaknesses, and biology (See Figure 1 over page). We discussed that, in order to improve things, we had to deal with each axis individually. What could be done to take the pressure off? Were there any features in her personality that were positives? Could she trade on them? What were her weaknesses? Could she recognise these and could she forestall them? Was she biologically depressed?

Among other things, I recall talking about the power of words and thoughts. Self-talk could lift her up or drag her down. There was possibly also some biological depression. She left with a prescription and an appointment for next week.

Next week came, and in walked a different person! She had set herself the goal of painting some feature walls in her house, and had friends over to help, while her ex- took the kids out for a day. She achieved something, and had fun doing it. She had decided her self-talk needed to change. She changed her self-talk at work – out with the negative and in with the positive. With the changed self-talk, she changed!

> ***"My job was to walk alongside her, to build her up, and to change her point of view."***

What happened there? The antidepressant prescription was almost incidental. It was the rapport we built, and the conversation we had, that appears to have had such a dramatic effect. My job was to walk alongside her, to build her up, and to change her point of view.

Walking alongside a person gives strength. The journey may be long or short, but is not as fearful when it is shared. The Bible reminds us:

> *Two are better than one, because they have a good return for their labor:*
> *If either of them falls down, one can help the other up. But pity anyone who falls, and has no one to help them up.*
> *Also, if two lie down together, they will keep warm. But how can one keep warm alone?*
> *Though one may be overpowered, two can defend themselves. A cord of three strands is not quickly broken.*
> *(Ecc 4:9-12)*

As medical and dental professionals, we have the inestimable privilege of walking alongside our patients. If we walk with them, we can build each other

up. However, this does not happen to Christians alone – our non-Christian colleagues can also claim this privilege. However, as Christians, we believe and know that God is walking with us, creating the third part of that three-stranded cord. The doctor working with the patient is good, but adding the third strand of God's presence and guidance is powerful.

Was my consultation a placebo? A placebo is variously defined as:

- a medicine or procedure prescribed for the psychological benefit to the patient rather than for any physiological effect,
- a substance with no therapeutic effect,
- or a measure designed merely to humour or placate someone.

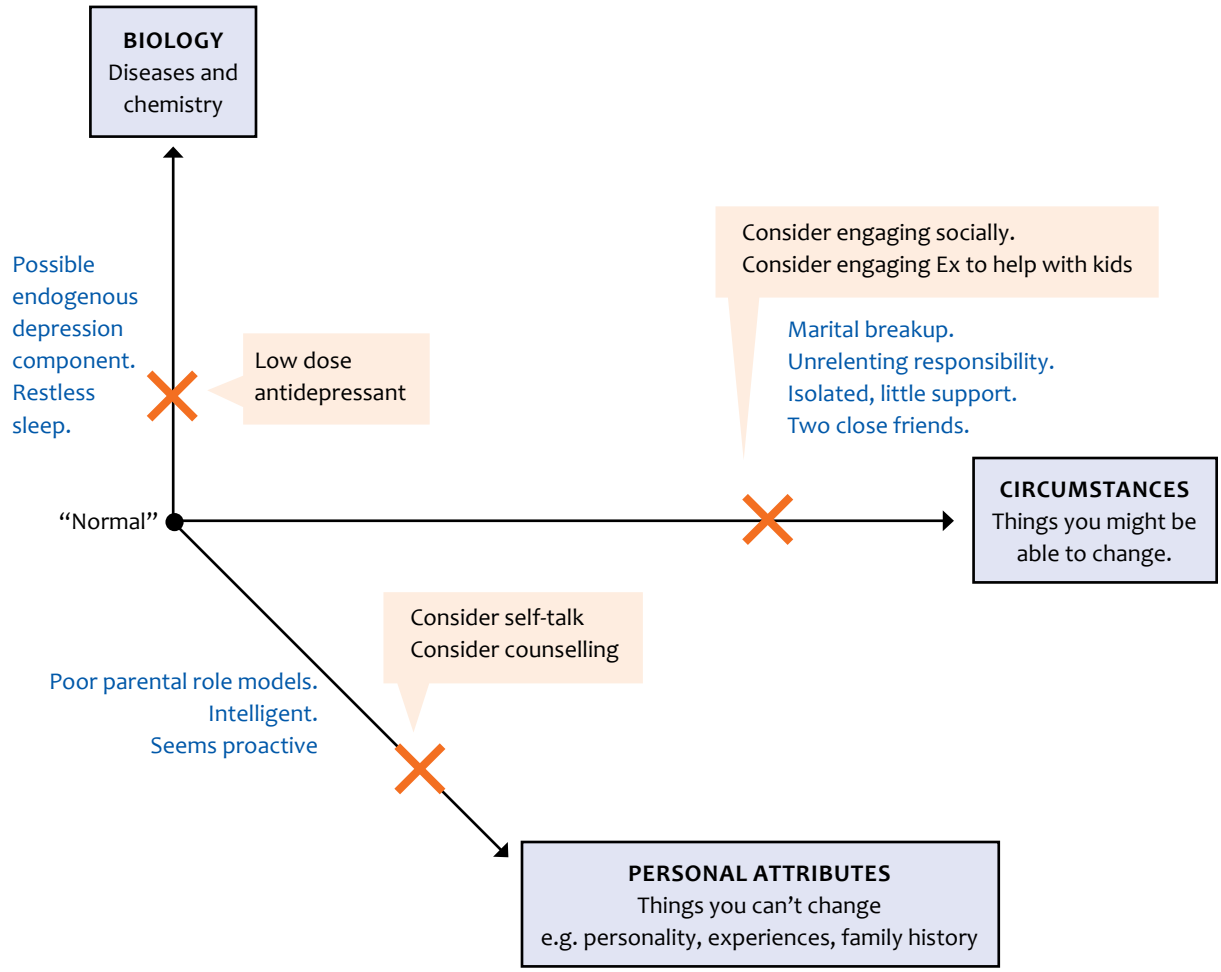
Was I just humouring her, placating her? Maybe, but I believe it was far more than building positive self-talk. I believe God showed me what that woman needed.

Is my faith in God a placebo? Is God merely a vehicle to improve my self-talk in order to build myself up? I believe God is the creator of all we see, all-powerful and all-wise. He is beyond time, and so sees the beginning and the end of all things. And yet He loves us so much that we become *"God's children… heirs of God and co-heirs with Christ"*! (Rom 8:17) He takes a personal interest in our lives, and cares for us: *"Look at the birds of the air: they neither sow nor reap nor gather into barns, and yet your heavenly Father feeds them. Are you not of more value than they?"* (Matt 6:26). That personal interest culminated in Christ, opening a way to intimacy with Father God through the cross.

To the world, such thoughts are foolish. However, we are told that "the message of the cross is foolishness to the wise, but to those being saved it is the power of God" (1 Cor 1:18). Such a relationship is more than thoughts. It is real and powerful, and we stake everything on it.

So if my consultation was merely a placebo, then I am all for placebos!

Figure 1: 'Mapping' complex problems – aiding patient understanding and planning management



More about the author

Dr Geoffrey Mitchell is a chief investigator in three nationally-funded centres of research excellence: in primary–secondary care integration, end of life care, and chronic kidney disease. He is the co-founder and was co-chair of the International Primary Palliative Care Network from 2005 to 2018. Current and recent research includes improving integration between specialists and primary care, the use of case conferences, the role of general practice at the end of life, and several aspects of the management of chronic kidney disease, including decision making at the end of life and the role of general practice in end of life care. He is widely published and has a significant research funding track record. He maintains a clinical general practice in Ipswich, Queensland.

Dr Tim Wiles
Tim is a resident at Bendigo Hospital in Bendigo.

Joie de Vivre and Danse Macabre

After my first week as a resident on a palliative care rotation, three patients for whom I had cared died within hours of one another. A staff member on the palliative care unit nodded knowingly, saying, "Death always comes in threes."

While I have been unable to find peer-reviewed evidence supporting this phenomenon, it does seem to be a widely-held belief; perhaps an urban myth due to humanity's innate desire for pattern recognition, and our propensity to be swayed by confirmation bias. In that, once one is aware of this superstition, given a flexible timeframe, any set of three misfortunes can be shoehorned into a triad.[1]

Veracity of tripartite tragedy notwithstanding, the concept did remind me of another general rule: The Rule of Threes in writing.[2] Three is a satisfying number. It is at once a synecdochal way of saying a lot ("three's a crowd"), or saying a little (the well-known phrase, "Three is less than infinity"). Throughout story-telling history, three has weaselled its way into society's consciousness as a Good-Amount-For-Things-To-Be. Whether they be Billy Goats Gruff, Little Pigs, Weird Sisters, Musketeers, Stooges, dimensional characters, Wise Monkeys, Laws of Robotics, or even (albeit scripturally-unsupported) Messiah-visiting magi, those who have told stories throughout the ages return (and return often) to Three.

In a similar vein, Three is also a stalwart in comedy and joke-telling. Classic joke structure is dictated by Rule of Threes, seen in "An Englishman, an Irishman and a Scotsman walk into a bar…", or "A blonde, a brunette and a redhead walk into a barre…". The first two characters will establish a pattern – building tension. The third character will invariably subvert the pattern in a punchline – bringing release. This nicely helps us to understand how a particular theory, known as the 'incongruity-resolution model of humour', plays out.[3]

In order to appreciate humour, one must connect the surprise of the punchline with the pattern established by the first examples in the set-up. Resolving the incongruous punchline is a problem-solving exercise which involves frontal lobe activity. As with all physiology, this can dysfunction with certain frontal lobe strokes, and lead to an 'up the garden' pathology known as Witzelsucht.[4] This translates as "joking addiction", and results in an inappropriate jocular affect, where sufferers of Witzelsucht cannot refrain from constant punning and the perpetual construction of jokes, even at inopportune times.[5]

> ***"The tension that builds into a dark cloud as one is forced to ponder difficult thoughts of increasing frailty and approaching death, is silver-lined; punch-lined with a cloudburst of mirth – bringing release."***

At first glance, Witzelsucht would appear homologous with humour in the palliative care setting; a time when patients and their families come inescapably face-to-face with mortality: an elderly couple coming to grips with the fact that she cannot support his needs at home and must start to confront the idea of a residential facility; a man with metastatic cancer who is coming to realise he may never again be without pain; a previously fiercely independent woman who can no longer walk herself to the bathroom and is mourning the loss of autonomy.

In this environment, where patients are processing such massive themes every day, joking would appear to be inappropriate – even disrespectful. However, just as Three can represent large or small numbers, so too can seemingly small flashes of humour impact the burden of pondering these large concepts. The husband still makes his wife laugh by exaggeratedly checking his wallet and, finding it empty, accuses her of cleaning him out. The man with cancer regales with hilarious tales of how he got his nickname. The lady who struggles to mobilise to the bathroom confides with a wink that her plan for the evening involves nipping down to the disco. The tension that builds into a dark cloud as one is forced to ponder difficult thoughts of increasing frailty and approaching death, is silver-lined; punch-lined with a cloudburst of mirth – bringing release. Regardless of whether death comes in threes, laughter comes, and frees.

More about the author

Dr Tim Wiles is a resident at Bendigo Hospital in Bendigo. He attends Bendigo Baptist Church. In fact, if the venue is prefixed with Bendigo, he might be there. Often called Ned Kelly, he is unsure yet whether this is due to his pattern of ruddy hirsutism or his tendency to stage highway robberies. He is interested in the intersection of faith, work and humour.

References

1. Allen, J. *Why Do We Believe That Catastrophes Come in Threes?* ABC News, 5th July 2009. https://abcnews.go.com/Technology/WhosCounting/story?id=7988416&page=1
2. Clark, B. *How to Use the 'Rule of Three' to Create Engaging Content*. Copyblogger, 10th September 2015. https://www.copyblogger.com/rule-of-three/
3. Buijzen, M., & Valkenburg, P. M. (2004). "Developing a Typology of Humor in Audiovisual Media. *Media Psychology.* 6(2): 147-167
4. Shammi, P., & Stuss, D. T. (1999). Humour appreciation: a role of the right frontal lobe. *Brain,* 122(4), 657-666.
5. Granadillo, E., & Mendez, M.F. (2016). Pathological Joking or Witzelsucht Revisited. *Journal of Neuropsychiatry and Clinical Neuroscience*, 28(3):162-167.

Derek Witten
Derek Witten (MATS '17) is the Senior Writer and Editor in Regent's Communications department and Managing Editor of the Regent World. Once upon a time he was a Regent History TA.

The Theological Comedy Awards

Much less predictable (and shorter) than the Oscars!

One small tragedy of theological education is that Church History professors – due to limited class-time and, well, a sense of academic responsibility – do not get to linger on some of the more bizarre events of our faith's history.

So leave it up to this article (and the forsaken corners of the theological-grad-student-blogosphere from whence it arises), to celebrate some of the most gloriously peculiar happenings which Christianity has witnessed.

This awards ceremony will honour, in five categories, ground-breaking achievement in comedy from the entire history of Christianity. Contestants are any and all contributors to the Christian tradition from Genesis to George Guthrie.

If you think I've really misrepresented any category, by all means, harangue me in the comments. Or, if you're feeling constructive, offer an alternate suggestion for winners (or for that matter, for additional categories to the fairly arbitrary ones I've chosen!).

Without further ado: the Theological Comedy Awards!

1. The Church Calendar Award

This award goes to the most humourous historical events related to the church calendar.

Runner up: The Affair of the Sausages
One of the most pristine facts in Christian history is that the Swiss love of sausages sparked the Swiss Reformation.

The short version goes like this: The church clock strikes Lent in Zurich, 1522. The nation begins to fast – compelled not just by tradition, but by law. Ulrich Zwingli, the Swiss Reformer, has just finished his book on Paul's epistles. His staff are hunched over the printer, working overtime trying to get the ink on the pages. Their empty stomachs are roiling. Finally, the leader of the famished book-printers, Christoph Froschauer, has had enough, and invites the lot of them to feast on some hearty Swiss sausages. They partake (although Zwingli abstains).

> ***"The exhibition would feature a number of big draws, including three flames from the burning bush on Mount Sinai..."***

Froschauer gets arrested for his crime, and Zwingli is fed up. He pens *Regarding the Choice and Freedom of Foods*, which argues, employing the novel concept of *sola scriptura*, that an extra-biblical principle like Lenten fasting shouldn't be enforced by law. Authorities are livid; pork lovers are elated; the Swiss Reformation has begun![1]

Winner: The Feast of Fools
For about 300 years in Medieval France, the Feast of the Holy Innocents and the Feast of Fools were widely celebrated from December 28 to January 1. They were, by all historical accounts, a really great time. The idea was to illustrate, right in the church's liturgy, Paul's idea that "God chose what is foolish in the world to shame the wise" (1 Cor 1:27).

This was done by reversing normal Church hierarchies. Lower ranking church officials were permitted to perform the highest roles. A boy from the community would be assigned the "boy bishop." In the monasteries, the youngest nuns and monks became abbot and abbess for a day. Also, they'd let a donkey walk down the aisle and the "song of the ass" would be sung, which "evoke[d] the beauty, strength, and virtues of an ass as it journey[ed] from the East, across the river Jordan, to Bethlehem."[2]

Predictably, the celebrations sometimes got out of hand. The feast was condemned by the Council of Basel in 1431, although it didn't die out until the sixteenth century.[3] All you pastors out there, I hope you're getting ideas.

2. Best Theological Prank

Runner-up: The Lady Pope Hoax

Thirteenth century chronicler Jean de Mailly tells it like this:

> *"Concerning a certain Pope or rather female Pope, who is not set down in the list of Popes or Bishops of Rome, because she was a woman who disguised herself as a man and became, by her character and talents, a curial secretary, then a Cardinal and finally Pope."*[4]

This and other early accounts develop into a fascinating and pretty broadly attested belief in "Pope Joan," the lady Pope. The story morphs its way through history, and by the fifteenth century her existence is quite well accepted. Jan Hus certainly believes in her, and uses her as evidence of the Pope's fallibility in his heresy trial.[5] Pope Joan even gets a bust in the Siena Cathedral until 1601, when Clement VIII switches it out for a statue of Pope Zacharius.[6] Alas, the growth of critical history around the sixteenth century (correctly) accounts for her as a creative myth, although the exact origins are tough to trace.[7]

Today, you'll find that the Catholic Encyclopedia is *not her fan*. Anabaptists feel free to bump this up to the winner slot.

Winner: Martin Luther's Cheeky Pamphlet

Martin Luther's prank was his grand finale knockout blow in his decades-long feud with Albrecht of Mainz. When the feud started in 1517, Luther was still fairly polite. He formally requests in a letter for Albrecht to kindly cease stacking the stones of St Paul's on the backs of vulnerable peasants' theological ignorance. By 1542, however, it's no-holds-barred for the aging, increasingly curmudgeonly Luther. Albrecht has just announced the grand opening of his relic collection, and it's every bit as bad as it was back in 1517, with peasants being granted indulgences if they pay the entrance fee to view Albrecht's relics.

"[Regarding the award for the] most over-the-top condemnation of dancing in Christian history... Competition was fierce."

Shortly after the grand opening of Albrecht's exhibit, an anonymous pamphlet is released, entitled the "New Pamphlet from the Rhine." It announces a new exhibition accompanied by a special indulgence from Pope Paul III. The exhibition would feature a number of big draws, including:

- three flames from the burning bush on Mount Sinai,
- a large lock of Beelzebub's beard,
- one half of the archangel Gabriel's wing,
- and two feathers and an egg from the Holy Spirit.

Luther let the pamphlet circulate for a while before owning up to being the author. Let's all take a moment and imagine the jovial German around the table with his students drinking ale, belly-laughing, and brainstorming faux-relics.[8]

3. Keenest Sense of Irony

Runner-up: Soren Kierkegaard's Really Intense Funny-bone

The tragic Dane gets runner-up not so much for *being* funny and ironic as *talking* a lot about funniness and irony – especially in *The Concept of Irony*, which is the title of his doctoral thesis. Kierkegaard develops a very involved theory of the relationship between humour and irony to the Christian life. He goes so far as to say, "All humour [is] developed from Christianity itself" because it sets all existence in "Absolute Paradox."

But unfortunately we have to face the fact that Kierkegaard's humour is often more suited to smug intellectual harrumphing than actual laughter. In other words he finds weird things funny. For example he says, "It is just impossible to keep from laughing when I think of Hegel's conception of Christianity – it is utterly inconceivable." Yeah. Me too… Hegel, haha, man, that guy's so dumb I just kill myself when I think about his ideas… Wait, who's Hegel again? Not exactly the humour of the masses.[9]

Winner: Thomas Aquinas's Joke Article

Surprise! Contrary to popular belief, Thomas Aquinas is actually aware of how ponderous his arguments usually are. Otherwise, how would he know it would be funny and ironic to write a scholastic article entitled:"Whether Truth is Stronger than Either Wine, the King or Woman."

Spoiler alert: wine starts the round out strong, "because it affects man the most." "Woman" delivers a mean counter-punch: "It seems woman is stronger because she commands even kings." But then Aristotelian categories come into play (boring!), and truth wins again!

P.S. Lest you assume this was a one-off for Dr. Aquinas, just read his deadpan instructional on how to use humour to ease mental strain. That last line is a beauty.

#4. The Footloose Award

This dubious honour goes to most over-the-top condemnation of dancing in Christian history. Competition was fierce.

Runner-up: John Calvin's Commentary on Psalm 30.

"By the term dancing, [the Psalmist] does not mean any wanton or profane leaping, but a sober and holy exhibition of joy like that which sacred Scripture mentions when David conveyed the ark of the covenant to its place."

I'm not one to defend wantonness or profaneness, but we're going to need further clarification on what qualifies certain types of "leaping" as wanton or profane before we abandon our leaping for sober exhibitions of joy.[10]

Winner: John Chrysostom: The Homilies on the Gospel of St. Matthew

"For where dancing is, there is the evil

one. For neither did God give us feet for this end, but that we may walk orderly: not that we may behave unseemly, not that we may jump like camels…"

As much as we might think this wasn't the finest moment for Chrysostom's silver tongue – we have to admit that jumping camels image is gold.[11]

5. Best Gallows Humour

Runner-up #1: Morbid Patron Saint Assignments

There is a morbid trend amongst whoever exactly it is who assigns patronage to Catholic saints. Let me explain by way of example:

Example #1: St. Sebastian. If you've ever been to a renaissance or medieval art museum, you've probably seen a statue or painting of Sebastian pin-cushioned with arrows. He was a Christian Roman soldier in the third century who was caught converting other soldiers to the faith, and sentenced to death by arrows. Today, no joke, he is the patron of, among other things, archery.

Example #2: The case of St. Lawrence is even more unfortunate. He was one of the seven deacons of the third century Roman Church. He was executed by being burnt alive on a gridiron. Today he is one of the patron saints of – and this is truly baffling – cooks.

Although, one contemporary author has pointed out, were he alive today, he might appreciate this bit of black humour: According to one of the popular legends about his death, after being on the grill for a while, he told the guards, "Turn me over, this side is done."[12]

Could there be a profound theological reason behind these morbid patronage assignments? Possibly, but someone's going to need to explain what it is.

Runner-up #2: The Book of Esther

It's the old story of the supremely ambitious, bloated-head buffoon getting dramatically deflated. Haman, who clearly has a flair for ostentation, makes two grand plans, both of which turn out *exactly* opposite to his intention. First, in his anger against Mordecai, Haman has a 75-foot gallows built, with Mordecai's name all over it. Haman recites his second grand plan to the king when the king asks him for instructions on how he should

"[Regarding the award for the] most over-the-top condemnation of dancing in Christian history… Competition was fierce."

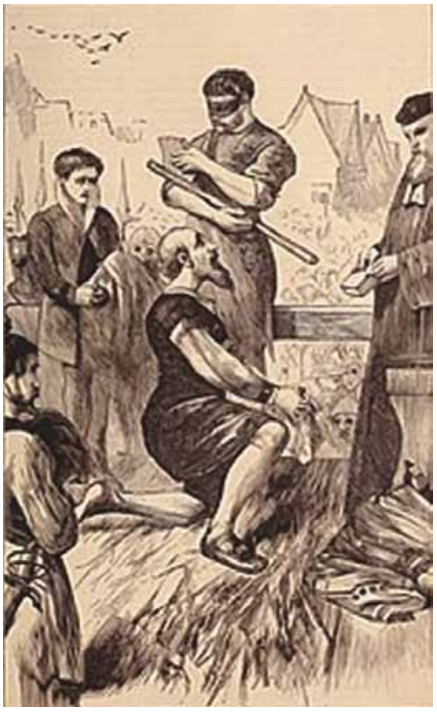
honour someone who had done great service. Haman has mistakenly assumed it was himself the king wanted to honour.

The details are juicy, but long story short, Haman's elaborate honour ritual gets performed for his nemesis, Mordecai. And it's Haman who ends up hanging from the ridiculously tall gallows he had made for Mordecai.

You feel a bit awful laughing; but it's hard to deny the dark humour in the narrative's topsy-turvy reversals.[13] It's like Shakespeare's Malvolio, except instead of cross-gartered yellow stockings, there's a noose.

Winner: Sir Thomas More

Sir Thomas More, the great British philosopher and statesman, was legendary for carrying a lightness of heart and humour into the most serious occasions. Pope Francis, apparently, prays St. Thomas's "Prayer for Good Humour" every day. Sir Thomas put his light-heartedness on full display during maybe the most serious occasion of his life – his execution.



William Roper, Thomas's son-in-law, recounts the moments before the saint was decapitated for his stand against Henry the VIII's Act of Supremacy:

> *"And so was he brought by Mr. Lieutenant out of the Tower, and from thence led towards the place of execution, where going up the scaffold, which was so weak that it was ready to fall, he said to Mr. Lieutenant, "I pray you, I pray you, Mr. Lieutenant, see me safe up, and for my coming down let me shift for myself."*

Sir Thomas then knelt, and after praying,

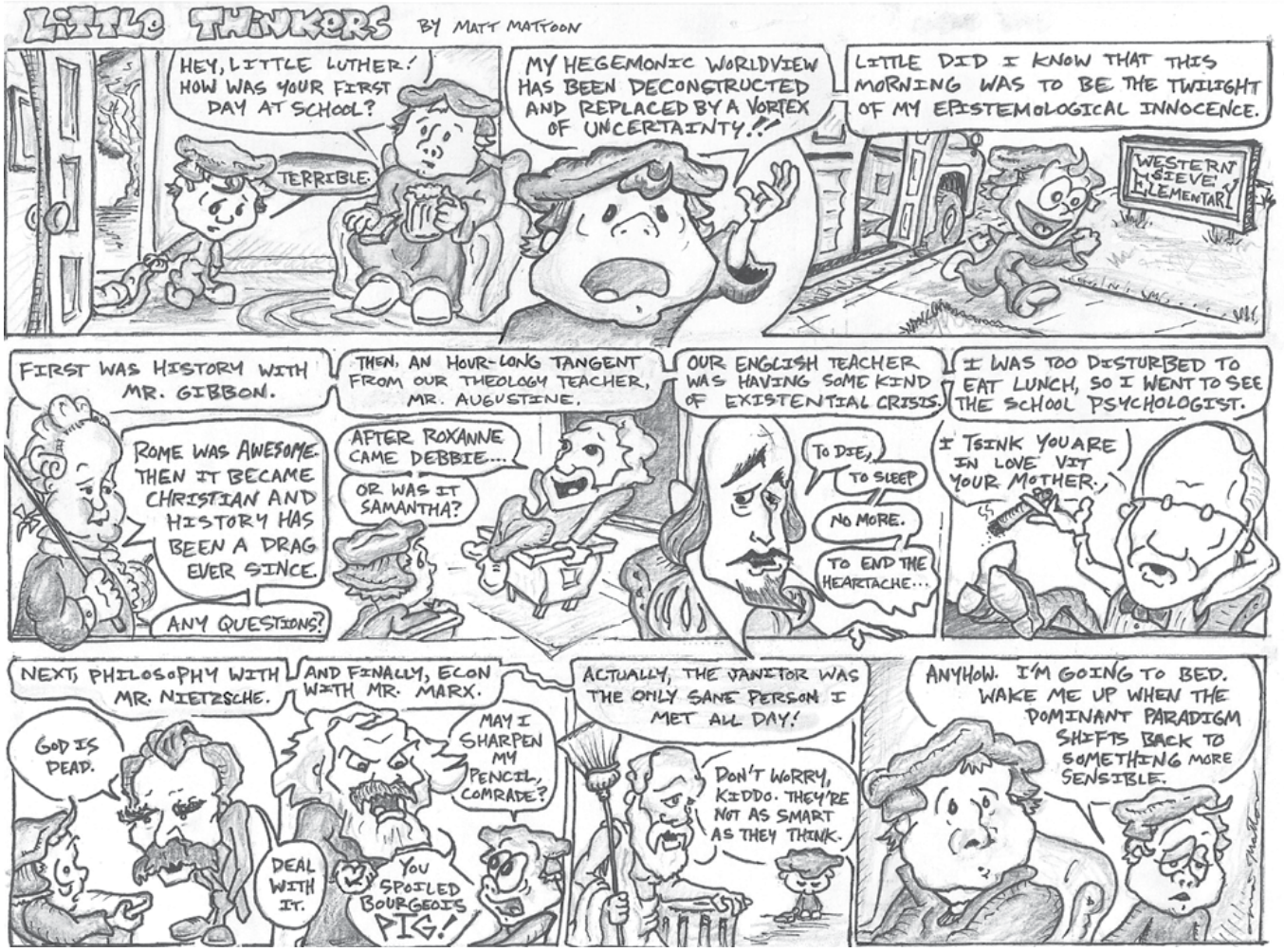
> *"he turned to the executioner, and with a cheerful countenance spake unto him. 'Pluck up thy spirits, man, and be not afraid to do thine office, my neck is very short. Take heed therefore thou shoot not awry…'"*[14]

This article was originally published in the Winter 2018 issue of the Regent World, a publication of Regent College. For more great articles, visit regentworld.net. To learn more about Regent's diverse resources for theological education, visit rgnt.net.

References

1. Details adapted from "The Illegal Cookout that Sparked the Swiss Reformation," *Christianity Today*. https://www.christianitytoday.com/ct/2016/october-web-only/illegal-sausage-dinner-that-sparked-swiss-reformation.html
2. https://www.atlasobscura.com/articles/feast-of-fools-medieval-tradition.
3. Details compiled from: https://www.britannica.com/topic/Feast-of-Fools; https://www.britannica.com/topic/Feast-of-the-Holy-Innocents#ref66972.
4. Terry Breverton, *Phantasmagoria, a Compendium of Monsters, Myths and Legends*. https://books.google.ca/books?id=ipKJAwAAQBAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q=pope&f=false
5. https://www.catholiceducation.org/en/controversy/common-misconceptions/the-fable-of-pope-joan.html
6. Ibid.
7. http://www.newadvent.org/cathen/08407a.htm
8. Gritsch, Eric W. *The Wit of Martin Luther* (Minneapolis: Fortress Press, 2006), 29–30.
9. Oden, Thomas C., *The Humor of Kierkegaard: An Anthology* (Princeton UP, 2004), 29, 37, 39.
10. http://www.ccel.org/ccel/calvin/calcom08.xxxvi.iv.html?highlight=dancing#highlight
11. Chrysostom, John, *The Homilies On The Gospel Of St. Matthew*, Vol. 2, (Jazzybee Verlag Jürgen Beck), 50.
12. https://www.smithsonianmag.com/arts-culture/to-grill-or-not-to-grill-commemorating-a-saints-martyrdom-47208967/
13. http://global.oup.com/obso/focus/focus_on_humor_ot/
14. Roper, William. The Life of Sir Thomas More. https://www.bartleby.com/36/2/2.html

Matt Mattoon
Matt Mattoon is the Lead Pastor of Village Covenant Church in Azusa, California, where he lives with his wife and two children. While he no longer cartoons the historical, his sermons are the better for his having done so.



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CMDFA

THEME:
LAUGHTER IS THE BEST MEDICINE

Dr Ern Crocker
Dr Ern Crocker FRACP, consultant physician in nuclear medicine, author of *When Oceans Roar*, husband, father, grandfather, follower of Jesus.

A hair-raising experience

After attending a Christian businessmen's dinner some years ago, I was nervously approached by a man seeking prayer. 'Can you pray for my baldness?' he asked.

I was somewhat taken back at the trivial nature of the man's request. 'Yes.' I thought, glancing at his hair, 'He is a little thin on top but isn't that fairly normal for a man of this age?'

However, not wishing to offend him, I agreed to do as he had requested and prayed, 'Lord, bless this man and his family and restore his hair to its former glory.' He thanked me and moved on.

Some years later my parents were attending a prayer breakfast. A man across the table introduced himself. 'Are you related to Dr Ern Crocker?' he asked. 'Yes, he's our son.' 'Well I must tell you,' he said, 'some years ago I asked him to pray for me. I asked him to pray for my *boldness*. He prayed that God would give me hair!'

I have from time to time been accused of suffering from domestic deafness. I guess this extends to the public arena.

My parents made no comment on the state of the man's hair that day.

Dr Maria Haase
...is a Queensland GP.

Stories with a twist of humour

When I had my first child, thirty-seven years ago, in a provincial town, times were very different.

Hospitals were rigid – you did as you were told. Post-delivery time in hospital was one week, on average. There were timetables, schedules, nurseries for babies (I liked that) and very officious nurses.

We had to weigh the newborn before a feed, then after, to ensure an appropriate milk intake.

It was creating more stress than confidence and I was becoming bored and frustrated, especially with different feeding advice with every change of shift. My baby, I was told, was not doing well. I was a breastfeeding failure by day three! How appalling!

One morning, shock, horror, I forgot to do the pre-feed weigh in. Oh dear. Now I would incur the ire of the nurse! What could I do? I then spied the little plastic medication cup.

Very carefully, I measured out the amount I was informed was an acceptable feed, substituted the 30 ml of milk with water, and threw it on the nappy.

"Good work", said the nurse. That is the best feed yet. You should be able to go home soon, if baby's jaundice is improving.

I smiled sweetly.

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A few years later, I was the unfortunate target of a morpheic BCC attack on my chin. (Who, me? – the kid who was always sheltering under the shade of a tree or towel at the beach when the other guys from youth group delighted in the sun!)

I was admitted to the Day Surgery Unit, once again in a provincial town, for Moh's surgery and then plastic surgery to recreate my chin.

On awaking in recovery, chin swathed with tape and dressings, numb and immobile, an officious recovery nurse came and asked me what I would like to drink – tea, coffee or a juice. "Nothing, thank you." I slurred. "I am having difficulty with my mouth." Not the correct answer! Food and fluid were mandatory for discharge. One would not have to be Einstein to realise that I would request juice with a straw, please, as I could barely open my mouth, let alone cope with a hot beverage, especially with the extra padding preventing me from pursing my numb lips to accommodate a cup. Then I was presented with a plate of sandwiches and firmly told that I had to eat them, otherwise I could not be discharged. Now, that presented a challenge! Once again, Mr Einstein, please come to my rescue.

Always prepared, always equipped, I had a little basket with toothpaste, toothbrush, hand towel and plastic bag. Plastic bag joyfully received my sandwiches, crusts untidily left on plate.

"Good work!" I was told again. You can go home now that you have eaten!

I smiled sweetly. (Crookedly)

****

The sequel to this story is also funny.

I was a GP in a coastal town in these earlier days, so could only take a few days off to have the above-mentioned surgery. My children were still young, but had inherited their mother's warped sense of humour, which has been so protective over the years.

The next morning, humoured by my altered chin and dressings, my tentative speech and the novelty of the event, they joyously decorated me with a Santa hat to match my white chin.

They left for school, leaving me to rest. My receptionist rang later, informing me that one of my patients had died and that a death certificate was required. Could the funeral director call past my house to allow me to complete this?

"Certainly", I said.

Forgetting my appearance, I answered the door with my Santa hat and white chin.

I wondered why the man looked perplexed.

I smiled sweetly.

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Many years ago, before computerisation of our notes, we had charts.

One of my colleagues had a very set way of calling his patients.

He would pick up the chart, look out to the waiting patients, call the Christian name, then the patient's full name.

"William. William Ryan", he would call.

One evening, when the last patient was in his room, I told the receptionists to watch.

I made up a new, fake chart.

The doctor came out of his adjoining room and called out for what he thought was his final patient, in his usual manner,

"Anna. Anna Phylaxis."

Receptionists crack up.

Wait for a few weeks to dissipate distrust...

Doctor calls patient,

"Nick. Nick Orf." Receptionists besides themselves.

Wait a few weeks to reduce suspicion...

"Les. Les Beyan."

Doctor feigning furious.

Receptionists rolling on floor behind counter, laughing silently and uncontrollably.

Me in my room, door ajar, innocently typing.

I smiled sweetly.

A Greek lady, histrionic and dramatic, whom I will name Toula, had multiple somatic complaints.

On hearing her name called in the waiting room, she would laboriously arise from her seat, limp through the waiting area, face contorted with pain, drop in to the chair moaning, then proffer a platter of complaints in her very descriptive, Greek manner.

Then, in a flash, she would change character, hop up, walk over to the scales to weigh herself, walk back, then immediately adopt her previous persona.

Knowing that this was linked to childhood trauma and her personality, but admiring her courage to change country and run a business with very little English ability in the early days, I admired her and understood her nature.

One day, she was due for her pap smear. Of course, there was the very theatrical access to the examination couch, the moaning and groaning to position herself, the grabbing of my arm to steady herself. The soapies would be impressed.

Then, she was saying " I am allergic to da latex! You can'ta usa da latex gloves on me."

Then, no vinyl gloves left on my bench! Where did they go?

I raced up to the store room. None there; Nurse informing me that "the boys" had used them. As I pondered my dilemma, I looked down to spy the large 3/4 length leather gloves atop the cryotherapy cylinder.

Returning to my room, with leather gloves in hand, I said, "Toula, it's either these or the latex!"

" I taka da latex!", she responded, slumping back down. I explained that I would use a lubricant barrier and try hard not to expose her to much latex (she probably didn't have an authentic allergy, which I had taken in to consideration, for those of you who are worried about the ethics).

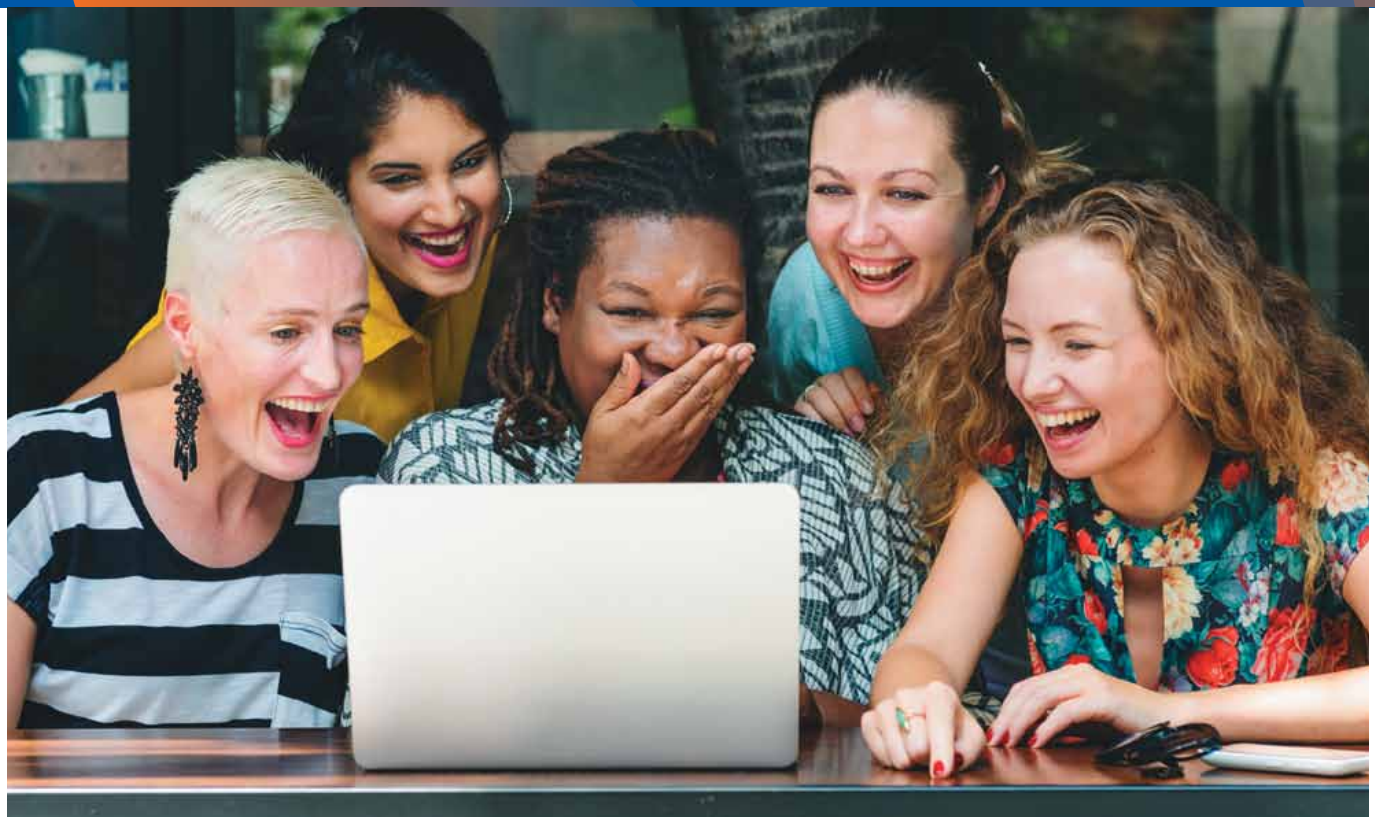
The scene was so funny. At the end of the procedure, I helped the wounded, beached whale arise, dress and be seated.

We have been friends ever since. Her friends, over coffee, have also been party to the hilarious scenario, elaborated and embellished in the retelling. She knows that she is cared for, accepted and acknowledged.

Now, on recalling the event regularly, even many years later....

We laugh loudly.

Rev Howard Langmead
Howard is an Anglican priest and is currently the vicar of St Paul's Caulfield North and Archdeacon of Stonnington in the Diocese of Melbourne. His mission is to make God and people laugh.



Healthy, Holy Laughter

Take a long, deep breath in. As you exhale say "Ha, ha, ha" for as long as you can. While you're doing that shake your shoulders. Try it. Really. You have now experienced simulated laughter, the basis of the rapidly growing world-wide movement of Laughter Clubs and Laughter Workshops.

The first Laughter Workshop I attended was in a park. It was facilitated by Dr Madan Kataria, founder of the Laughter Clubs of India. There were about 100 people moving around, laughing, and doing odd movements suggested by Dr Kataria to encourage laughter. I spent the first half of that workshop hiding behind a tree. Occasionally someone would look behind the tree and laugh at me. By the end of the session I had overcome my inhibitions and was laughing with the crowd and at myself. After a period of time and further training with Dr Kataria I started a weekly Laughter Club at the church where I was the minister. It was the happiest and most delightful program in the church, attracting many people from the local community.

At that stage I had been doing stand-up comedy for a few years and, in an attempt to take comedy seriously, had begun to read theories about why people laugh and what effect laughter has on the human body and mind. As a Christian, my question was also, "Why has God given us laughter?" or, reflecting the belief of the Puritans, "Is laughter actually from the devil?" A more personal nagging question was, "When I stand up in a pub and make a room full of drunk people laugh, is God also laughing or is he rolling his eyes at me?"

In pursuit of the seriousness behind laughter I joined the International Society of Humour Studies and attended one of their conferences in Denmark.

"When I stand up in a pub and make a room full of drunk people laugh, is God also laughing or is he rolling his eyes at me?"

It was a mostly humourless event with academic papers presented, many with the introduction, "I'm not a humour practitioner but …" The study of laughter, smiling and mirth (defined, by those who seem to experience it rarely, as the feeling that erupts in laughter) took off in the US in the 1970s. America was the first place that paid people to place electrodes on eager volunteers and study what happened in a human body when it laughed.

The results of these early studies were surprising and over the years have been replicated in various countries. Please excuse my failure to cite the authors of these academic studies. My interest has focused on laughing and encouraging others to laugh. In layman's terms (and I'm painfully conscious that I'm writing for medical professionals) there are four main physiological changes in the body when we laugh. All of them promote good health.

Laughter relieves stress. When we laugh our body shakes. It shakes sufficiently that

there is a measurable decrease in muscle tension. Most people know intuitively that laughter relieves stress. I have consciously used this when a group of people (I won't name it as the Parish Council) have reached a tense point in a discussion. A light or humorous comment creates laughter which releases tension. The body language of the group visibly relaxes. Many people who attend Laughter Clubs claim the main benefit they gain from the sessions is the release of physical and emotional stress.

Secondly, **laughter is good aerobic exercise**. A lot of deep breathing happens when a body laughs. Now would be a good time to repeat the simulated laughter exercise in the first paragraph of this article. Okay, you don't have to. As with all forms of aerobic exercise, laughter is good for strengthening the heart and lungs. A study at Edinburgh University came to the conclusion that one minute of hearty laughing is the same aerobic exercise as ten minutes on a rowing machine. I came to the conclusion that one minute of hearty laughing is a lot more enjoyable than ten minutes on a rowing machine.

Some Japanese researchers (for our third health benefit of laughter) found that after a session of laughter **there is more immunoglobulin A in the blood.** This, they tell me (and you will know whether it is true or not) is an indication of a strengthened immune system. The study was done by showing a group of people an 80 minute comedy movie while a control group watched 80 minutes of Japanese weather reports. The latter apparently has no positive effect on the body.

The fourth healthy contribution of laughter is that, in response to laughter, **the body produces endorphins** which contributes to a sense of well-being and mild euphoria. The same effect can also be achieved in various other ways including singing in a choir, eating dark chocolate or chillies, crying and having sex. Not necessarily all at the same time. I'll keep my focus on laughter.

> ***"I came to the conclusion that one minute of hearty laughing is a lot more enjoyable than ten minutes on a rowing machine."***

The physiological benefits of laughter have been found to be the same for both spontaneous laughter and "simulated laughter". This is the basis of the various and odd simulated laughter activities of Laughter Clubs. Now may be another good time to repeat the simulated laughter exercise in the first paragraph.

Laughter also has social benefits. Laughter facilitates positive interactions between people which is essential for good health. It has been estimated that 80% of laughter doesn't follow a punch line but is "social laughter", that is, an expression of playfulness or joy between people. This sort of laughter is communal, infectious and very affirming. Laughter from playfulness is what happens at Laughter Clubs.

With or without the academic study of laughter people have always known intuitively that laughter contributes to good health. In the wisdom literature of the Old Testament we read, in Proverbs 17:22, "*A cheerful heart is like a good medicine, but a downcast spirit dries up the bones*". Laughter is the best medicine, and God said it first.

Laughter as an expression of joy is delightfully described in the bible in Psalm 126.

1 When the LORD brought back the captives to Zion,
we were like those who dreamed.
2 Our mouths were filled with laughter,
our tongues with songs of joy.
Then it was said among the nations,
"The LORD has done great things for them."
3 The LORD has done great things for us,
and we are filled with joy.

This Psalm portion is best understood when read with a broad smile and the occasional insertion of a chuckle. The psalmist sees laughter as a response to the redemptive action of the Lord. The laughter and joyful songs of God's people convinced the surrounding nations that the Lord had done great things for them. It would be exciting and challenging to measure the effectiveness of Christian outreach by the amount of laughter and joy seen by those outside the church.

The answer to my question "Does God laugh?" is found in Psalm 2:4, "*The One enthroned in heaven laughs*". The problem with this very positive sounding quote is that in its context the Lord is scoffing and laughing in scorn at the kings of the nations, who think they can conspire and plot against the Lord's anointed. Generally, laughing in scorn and derision is not seen as positive laughter. However, in Psalm 2 the Lord's laughter is the laughter of confidence. We can share in this laughter because of the assurance that the Lord is sovereign and all will be well. The best translation I can put on this is that when we trust in God, we're laughing.

An old creed says that the chief aim of mankind is to know God and enjoy him forever. I believe that enjoying God now and through eternity will involve a lot of laughter. Let's start practising in church.

More about the author

Howard is an Anglican priest and is currently the vicar of St Paul's Caulfield North and Archdeacon of Stonnington in the Diocese of Melbourne. His mission is to make God and people laugh. For ten years Howard performed stand-up comedy in pubs, clubs and churches and has had seven shows in the Melbourne Comedy Festival. He facilitates Laughter Workshops for corporate and community groups. He has been a regular commentator on ABC and commercial radio and does occasional spots on TV.

Dr Anna Szubert
Anna is a junior doctor working on the sun-kissed beaches of northern New South Wales. She has been a member of CMDFA since her time at ANU medical school, and graduated in 2016.

Black Humour in Medicine

It was nearing 3 am on a long night shift, and I was dutifully reviewing a patient when a nurse called out from the room next door asking for anyone to help. Being a keen junior doctor, I rushed through the door to answer her call. An emaciated patient lay on the floor, clutching his chest and gasping. As we helped him onto the bed, we were informed that he was palliative and had clear documentation of his wishes for no life-prolonging interventions. After managing his pain and apnoea, a nurse held his hand while we waited out his Cheyne-Stokes breathing until finally, the breathing stopped.

Nodding at me, a nurse indicated that I should check for signs of life.

I gingerly placed my stethoscope on his chest, carefully listening for the thump of a heartbeat.

Without warning, the patient's eyes shot open, his jaw extended wide in one last gasp before slumping back into the bed.

I yelped.

The nurses around me burst into laughter. When it eventually died down, I was asked to maybe wait fifteen more minutes before returning, just to make sure the patient was actually dead. I earned myself friendly jabs every time I entered that ward for the rest of the shift.

Through the giggles, something gnawed at my stomach. As a straight-laced junior doctor, an aspiring professional, and a strictly moral being, how could I find humour in a man's dying moments?

And yet, I laughed.

The Cambridge dictionary defines black humour as "a humorous way of looking at or treating something that is serious or sad".[1] Your average person walking by the hospital has not sat through a person's dying breaths, nor have they counted intently, arms beginning to ache, while

"Everything is going to be all right, Mrs Farnsworth 'course this is my first brain surgery."

pounding on someone's chest. For them, joking about death or dying would indeed be unconscionable. Yet for those of us who have seen the extremes of life, the lines can seem more blurred.

Multiple professions at the coalface of human suffering, such as nurses, paramedics, firefighters and the armed forces, report the use of black humour in their work. The benefits include being able to blow off steam, detach oneself from difficult emotional experiences, and develop social cohesion.[2] These can all be used to reduce emotional fatigue, frustration and dissatisfaction with work.

> ***"[Getting up] at 4am 'cos [the stoma bag] was full of wind and I nearly floated off."***

Despite my misgivings, some of my favourite moments in medicine have involved sharing a joke with a colleague about some absurd or horrific situation. After yet another nightmare shift, I would be able to look back at the mess of the day and pluck, like a flower amongst weeds, a few single moments of laughter, growth and shared experience.

I recall another night shift, for example, where we were unsuccessfully attempting to re-orientate a delirious, elderly woman. Swiping towards us with a clawed hand, she burst free of the nurses' grip and hobbled, fully naked and with surprising speed, down the corridor. Following closely behind her, a nurse dryly noted the patient's thoughtfulness at leaving a breadcrumb-like trail of faeces leading to another ward, right up to the supply closet she had chosen to barricade herself within. Incidentally, this marked the second time I had stepped upon human faeces that rotation.

The purest and most cynical forms of black humour come from the mouths of our patients themselves. Through cancer, chronic disease and infinite frustrations, patients manage to find release and solidarity in this humour. Multiple online forums exist where black humour flows freely. One user posted, *"I find it very distressing you mentioning the importance of the arsehole, when I actually don't have one anymore. Mine went in the bucket with the rest of my rectum!"*

Life-changing diagnoses and surgical complications become normalised, their sharp edges ground away by absurdism and a stubborn grin in the face of tragedy. Stories about brain fog, missing leg hairs and stoma bags abound. Another user grumbled about *"[getting up] at 4am 'cos [the stoma bag] was full of wind and I nearly floated off."*[5]

In a 2017 article, Karen Duffy, a cancer patient, recalled finding joy in the absurdity of illness with a fellow cancer patient and friend – *"We started a competition to see who'd be first to successfully bribe an orderly to wheel [them] to the VIP catacombs."*[6]

Like us, patients need emotional release, detachment from distressing circumstances, and the opportunity to generate solidarity with others. Just occasionally, if we're lucky, our patients will share some of these moments

with us. I recall meeting a delightful elderly woman with recurrent urinary obstruction. After placing a catheter for her, she exclaimed, *"Thank God! My bladder was so large I thought it was going to knock my dentures out!"*

Unfortunately, when walking the tightrope between productive humour and outright cruelty, mishaps are inevitable. Many professionals, including myself in my less introspective moments, will swear the use of black humour is specific only to the situation at hand, and not mocking of any particular patient or person. Sadly, this is only occasionally true.[3]

Take the example of the 2015 court case where a patient recorded a routine colonoscopy in order to better remember their post-operative instructions. Instead, the patient listened back to the gastroenterologist releasing a barrage of insults toward them, which included calling them a *"retard"* and expressing a desire to punch them.[4]

"Unfortunately, when walking the tightrope between productive humour and outright cruelty, mishaps are inevitable."

As a medical student, I watched an anaesthetist wait only a mere three seconds after sedating a bariatric patient before delightedly ridiculing her size and ethnicity. He joked that she *"got that way from eating too many dumplings"*, was *"disgusting"*, and suggested she undergo a gastric sleeve in addition to the cholecystectomy she was consented for. I realised then, that I would have to choose my surgeons carefully should the need arise, lest I got a surgeon who would mock my naked body. I wondered what had been said about my mother years ago while she underwent a cholecystectomy. Had she been given the dignity she deserved?

While the anaesthetist's jokes may have acted as a release of emotion, it also succeeded in dehumanising the patient and fracturing a medical student's trust

in the sanctity of the doctor-patient relationship.

As an intern, I was involved in the care of a particularly difficult patient with significant infection following surgery. Every ward round, he would argue with the surgeons about their diagnosis and treatment plan. He insisted on his own poorly-researched diagnosis, would ignore dietary advice, ask us to change antibiotics, then refuse to take the new antibiotics he was prescribed. He routinely went off the ward and his infection, true to form, developed into full blown sepsis. The few medications we managed to get into him did keep him alive, but only just.

As the week drew to a close, my conscientious registrar went over the treatment plan for each patient under our care. When it came to our most difficult patient she paused, pen hovering over the handover sheet, and said with a deadpan expression, *"I don't care what you do with him. If he wants to die, let him die."*

I laughed, as did the rest of those in the room, shocked at her bluntness. The joke released the tension, but it had a more sinister undertone. In joking that the patient was *"trying to die"*, we released ourselves from having to deal with the

"While the anaesthetist's jokes may have acted as a release of emotion, it also succeeded in dehumanising the patient."

truth. Here was a man who had significant difficulty with the loss of control inherent to being a patient. He also harbored a resentment of doctors as he felt we were judging him from a more privileged position. We never truly addressed these fears, only putting up with him until such time as he left the hospital.

Ultimately, black humour is a tool, and as such it should be wielded carefully. It can be used to reduce tensions and bring people together, but it can also be used unscrupulously, even cruelly, acting as a barrier to compassion and empathy. As medical professionals, we must take care when using this tool in our working lives, and encourage its positive and responsible use in our peers.

References:

1. BLACK HUMOUR | meaning in the Cambridge English Dictionary [Internet]. Dictionary.cambridge.org. 2019 [cited 10 March 2019]. Available from: https://dictionary.cambridge.org/dictionary/english/black-humour
2. Cain C. Integrating Dark Humor and Compassion. *Journal of Contemporary Ethnography*. 2012;41(6):668-694.
3. Tomlinson T. Humor in Medicine: Nasty, Dark, and Shades of Grey [Internet]. MSU Bioethics. 2015 [cited 10 March 2019]. Available from: https://msubioethics.com/2015/09/29/humor-in-medicine/
4. Jackman T. Anesthesiologist trashes sedated patient - and it ends up costing her [Internet]. *The Washington Post*. 2015 [cited 10 March 2019]. Available from: https://www.washingtonpost.com/local/anesthesiologist-trashes-sedated-patient-jury-orders-her-to-pay-500000/2015/06/23/cae05c00-18f3-11e5-ab92-c75ae6ab94b5_story.html?noredirect=on&noredirect=on&utm_term=.6202e966ee99
5. Demjén Z. Laughing at cancer: Humour, empowerment, solidarity and coping online. *Journal of Pragmatics*. 2016;101:18-30.
6. Duffy K. How to Battle Chronic Illness With Humor [Internet]. Lenny Letter. 2017 [cited 10 March 2019]. Available from: https://www.lennyletter.com/story/battling-chronic-illness-with-humor-karen-duffy

Georgina Hoddle
Georgie is a registered nurse (RN) who currently works as an Aged Care RN on a casual basis.

Dying laughing

A cheerful heart is good medicine, but a broken spirit saps a person's strength. Proverbs 17:22 NLT[1]

"You have to die of something" said Mum as she sat up in bed, her nightie coloured-coded with her Sobrani cigarettes. She was wearing a large button-brooch that read "I am ill" – and she was.

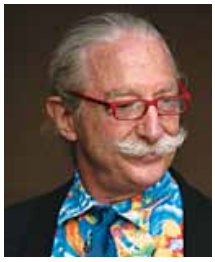
People would come to the door with long faces, the pitch and tone of their voices low and sullen, but you could be sure to hear roars of laughter within minutes as Mum entertained them with her stories. Most of her tales were quite fanciful but very funny. She saw the irony in having spent a life smoking but not getting lung cancer – she had metastases in the liver, unsure where the primary was – maybe in the stomach?

One particular day, just before I had to fly back to Italy where I lived with my two children, Mum made me laugh when she asked me to colour her hair black. She'd always had black hair and in the good ol' days she'd gone to the hairdresser every week. With only a few weeks to live, Mum said she "didn't want to be caught dead with grey roots!" Truly, you had to laugh because her expression was dead-pan.

> ***"Mum made me laugh when she asked me to colour her hair black... with only a few weeks to live, Mum said she "didn't want to be caught dead with grey roots!"***

By this stage of her illness Mum had sought religious and faith counselling, and had become well aware of her destiny. She recited, *"Baby Jesus meek and mild, look upon this little child..."* which she'd taught me as a small one. I don't know if my sisters learnt it too – I must ask them one day. When Mum said goodbye to me, "Darling, you have to go home to your boys now, your job is done. *I know I'll see you again one day*," – she looked me softly in the eyes, and she wasn't laughing. This was a dead serious moment. I cried all the way to the airport in my sister's car.

My great consolation was hearing that Mum had requested the prayer of St Francis of Assisi to be read at her funeral, which I couldn't go back to Australia to attend. It was August 1991 and I was back in Italy where I had heard of the work of Dr Hunter 'Patch' Adams who was setting up laughter clinics all over the country. We have the clown doctors in Australia since 1966,[2] but the true story of 'Patch' Adams in the USA sparked a lot of controversy. Reviews on the internet regarding the eponymous film about his life are divided.[3] However, there is no doubt that he caused people to think about the many euphemisms for dying – kicking the bucket, falling off the perch, giving up, cashing in all the chips, God saying "have a rest"... (this quote is from the scene where Patch Adams is dressed as an angel, with a man who is terminally ill.)



Dr Hunter 'Patch' Adams

Dr Jean-Paul Bell

In Australia, we have had clown doctors, Dr Starlight and company because of (amongst others) Jean-Paul Bell – 2015 NSW Senior Australian of the Year Nominee.

Jean-Paul is known as a 'humour-manitarian' and he and his teams elicit laughter from people who live with dementia who truly have difficulty in seeing anything funny about their world. The work of laughter therapy is not just anecdotal, there is evidence that laughter is good medicine. Wait a minute! God said that first – Proverbs 17 (quoted above).[1]

As we grow into old age and infirmity we could become like little children. However, we should not fear this as, "Truly I tell you, unless you change and become like children, you will not enter the kingdom of heaven." (Matthew 18:3). Not all of us will end up with walking and continence aids – many will retain our faculties and mobility. That should not stop us from being able to laugh like children do – candidly, with mirth and hilarity – to reclaim that essence and trust that all is well with our soul, in humility.

Have we not learnt that laughing is good for you?

"Remember laughing? Laughter enhances the blood flow to the body's extremities and improves cardiovascular function. Laughter releases endorphins and other natural mood elevating and pain-killing chemicals, improves the transfer of oxygen and nutrients to internal organs.

Laughter boosts the immune system and helps the body fight off disease, cancer cells as well as viral, bacterial and other infections.[4,5] Being happy is the best cure of all diseases!" Patch Adams

Georgie's mother, Marcelle

So what do we propose as part of the treatment for old age and infirmity or paediatric cancer? Mirthium! (Generic name: *Laughtilyouplotz*[3] God said in Ecclesiastes 8:15, "I commend mirth"... How might physicians best harness this natural modality for their patients?[4] "Humour therapy is completely safe, because it is inexpensive, risk-free and readily available, there is little reason not to try practicing humour therapy."[4,5]

Unless, of course you're going to "split your sides laughing".

Perhaps we could start by making medical schools funnier[6-8] as Norman Cousins, author of *Anatomy of an Illness,* advises. Medical and nursing students are taught standard communication skills in order to empathise with patients, eg. "Oh, that must be difficult," in simulated contexts. In reality, they then have difficulty in seeing a place for humour amongst professional codes of conduct and responsibilities.[6]

The *British Medical Journal* recently had a debate on the topic of "Good Doctors and a Sense of Humour". Contributors suggested that a good doctor should have a sense of humour that improves rapport with patients. However, it must be of good taste, and natural, not exaggerated and, if possible, initiated by the patient themselves.[7]

Is the following statement true of our professions? "The purpose of a doctor or any human in general should not be to simply delay the death of the patient, but to increase the person's quality of life." (Patch Adams). We nurses, together with other healthcare professionals, hold this principle high with holistic, person-centred care.[9]

Mummy Marcelle soon after her liver cancer diagnosis, with youngest daughter Marina who gave her the 'I am ill' badge. Note cigarette. Marcelle's joke line was she wasn't dying of lung cancer.

References

1. The Bible (NLT) Proverbs 17:22
2. https://www.australianoftheyear.org.au/honour-roll/?view=fullView&recipientID=1264 accessed 15 January 2019
3. Belcher, A (2016) Guest Editorial: Laughter for Communication and Coping in Children. *J Paed Surg Nurs.* 5:83-84
4. Dexter, L, Brook, K & Frates, E (2014) The Laughter Prescription: A tool for Lifestyle Medicine.
5. CS Mott Children's Hospital (2016) Make better health decisions: retrieved from http://www.mottchilderen.org/health-library/aaa
6. Claridge, E (2018) Why medical school should be funnier. (Opinion piece) https://healthydebate.ca/author/ec retrieved 7 January 2019
7. *BMJ* (2018) 324:1533 https://bmj.com/rapid-response/2011/10/26/good-doctors-and-sense-of-humour, retrieved 7 January 2019
8. Weisse, AB (2017) Humour in medicine: Can laughter help in healing? Proc (Bayl Univ Med Cnet) 30:378-381, https://www.ncbi.nlm.nih.gov/pmc/PMC5468052/ retrieved 7 January 2018
9. Australian College of Nursing: Position Statement on Person-centred Care. 2014

More about the author

Georgie is a registered nurse (RN) who currently works as an Aged Care RN on a casual basis. She is very casual because of her age. Georgie studied General Nursing at St Luke's Hospital decades ago, retrained as an RN at Royal North Shore Hospital in 2005, and graduated from Macquarie University in 2011 with a Masters in Applied Linguistics (TESOL). In 1991, Georgie had the privilege of spending the better part of two months nursing her dying mother at home – amongst sadness, hilarity and some prayer. Twenty years later Georgie became a Christian. She then became a member of Nurses Christian Fellowship Australia (NCFA) and is now serving as NCFA Vice President.

Dr Iain Johnston
Iain, graduated from Edinburgh University, Scotland and completed specialist training in Intensive Care and Anaesthetics in the UK and now in Australia.

Shape Matters

Editor's note:
Asked what sparked his interest in shape, Iain replied:

Shapes are one lens through which I have tried to analyse physical human and biology.

It has intrigued many, eg. D'arcy Thompson, Philip Ball, Mandelbrot, Agassiz, Alan Turing, Mike Denton, Brian Goodwin, etc.. I remember my anatomy professor at medical school saying the equal length of our arms is quite curious and somewhat mysterious!

There are other lenses that are also very interesting. Information technology in bio-informatics (in relation to gene ontology or systems biology eg. Uri Alon or Denis Noble) is unearthing a profound and beautiful depth to living things that reflect my persisting awe of physiology at work and developmental biology in embryology.

I think as medics and as Christians we could be more aware of the incredible beauty and magnificence of life, more in awe at the physical humans we are asked to look after, and have a sense of the hallowed ground we tread in looking after our patients, fearfully and wonderfully made by our Lord.

Shape matters. Today, the shape of the cross, whenever we see it, reminds us and everyone who sees it of the most important event in history. The shape carries meaning. It transmits in the blink of an eye what would take a long time to tell in words.

Shape carries meaning in medicine too. We look for and examine shape all the time. The shape of a leg, arm or finger carries great significance. The shape of a clubbed fingernail carries meaning. The moon face carries meaning. The withered leg carries meaning. Shapes tell us things, they carry meaning.

Shapes are also relevant as we zoom in from the largest scale of gross anatomy to the smaller scales of cell shape. Some cells are flat, like skin cells. Skin cells work because they are flat. The flatness creates a barrier, like the tile on the roof of a house protecting the house from sun and moisture. Some cells are cubes, the ideal shape for alignment along a mucous membrane, neatly arrayed, like soldiers on parade. Some cells are hexagonal, ideal for packing tightly, as in the eye lens. The hexagon shape is used around the world by clever honeybees. The bees intuitively "know" this shape is the optimal storage shape versus the efficient use of wax. The hexagon can also cooperatively flex.

Shapes are also vitally important if we zoom in further – from the cell, to inside the cell, to molecules. The shape of the water channel molecule was discovered in 1992 by Peter Agre. His discovery earned him the Nobel Prize in 2003. The shape of the molecule explains how it works. It is shaped like an hourglass, with a

narrowing in the central channel to allow only small molecules like H_2O to pass. At this crucial narrowing an additional electric field is created by the protein surfaces which prevent even tinier H^+ ions passing.

If this seems a little abstract, consider that it is only through knowing about shape that we can understand how we can see. In two important ways shape is vital to our vision. Everyone knows that eating carrots is said to be good for your vision. My mum assured me this was in order to encourage me to eat my vegetables. Carrots are a rich source of retinol, which we use to make retinal. It is the changing shape of this molecule that is the central cog on which our vision rests. This molecule is nudged from one isomer to another by a single photon of light. The molecular shape changes and this triggers a domino effect towards sight.

Shape is also crucial to the specialised cell in which this molecule resides – the photoreceptor cells. The two main categories of receptor are defined by their shape, cones and rods, and seen by electron microscopy this is exactly how they appear. The rods are tall and thin, around 30 microns long and 3 microns thick. The cones taper from 1 micron at the tip to 10 microns at the base. The photoreceptor molecules are held at one end of the cell embedded in layer upon tidy layer of membrane, scrupulously folded like ironed linen. These layers allow extreme sensitivity to light, as the huge surface area houses 100,000 light-sensitive protein molecules per cell.

Why does all this detail matter?

What is the point of knowing this information if it has little bearing on me, my practice, my patients or as a Christian in my faith?

- As medical people we are all trained in the basic sciences first. I remember well the emphasis on anatomy and physiology and the terror induced by examinations on these subjects. At the time, I couldn't see the big picture – where was all this leading? What was the point of knowing in great detail the shape of this bone or that, some tubercle, ridge or protuberance commonly named after a long dead historical figure? Yet each ridge has significance and meaning, which is often linked to function. Our patients present with loss of function and (for the musculoskeletal system) the shape has changed. One of the first things we do in a musculoskeletal examination is compare the right and left shape.

> ***"For me, there is an eerie awe in peering at an electron photo of a cone cell, knowing that I am walking in the footsteps of the Creator God."***

- For many, understanding the physiology of how the body works provokes a sense of wonder. Being made in the image of God, we are the only living thing that is capable of these thoughts, "Thinking God's thoughts after him." For me, there is an eerie awe in peering at an electron photo of a cone cell, knowing that I am walking in the footsteps of the Creator God. For many, a similar feeling is wrought by looking at the Milky Way. For us as medical people, we have the key to other rooms in creation which may enhance these feeling of awe.

- Thirdly, it is interesting that Jesus restored shape. In his miracle described in Luke 6:6-11, Jesus restored the withered right hand of a man. The healing miracles are the most common type of miracle that Jesus performed. Many are not even described in the gospel accounts. Why so many? "Miracles are a retelling in small letters of the very same story which is written across the whole world in letters too large for some of us to see." In other words, Jesus restored the shape of a hand, a leper's leg, or a guard's ear to show us that God makes all hands, legs and ears. The link between what we see every day in our patients, in human form, is very close to our Creator God. Each limb and each face is created by God. I believe we can extend this thought to God's creative intimacy when we see our children's resemblances to us, indeed, every child's resemblance to their parents. This resemblance is carried by shapes – a nose, a chin, the eyes. Each are a subtle, yet undeniable, imprint of shapes – telling a story through time.

Shape matters.

More about the author

Dr Iain Johnston, graduated from Edinburgh University, Scotland and completed specialist training in Intensive Care and Anaesthetics in the UK and now in Australia. Iain works in Intensive Care on the Gold Coast and Tweed Coast with a special interest in acute cardiovascular pathophysiology. He is married to Tarme. They met over a discussion about Mercy Ships on which Tarme had worked for two years, and Iain subsequently worked in 2012. They now have five children (6 years old and under) – four boys and recently a wee girl. In his spare time (!) he represents Australia in the World Medical Football Championship.

A/Prof Alan Gijsbers
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Head Addiction Medicine Royal Melbourne Hospital Medical Director
Substance Withdrawal Unit, The Melbourne Clinic. President of ISCAST.

Is Clinical Medicine a Science?

I have encountered two sociologists recently who argue that clinical medicine is a science. They then argue that, as a science, clinical medicine is hostile to religion.

The Balbonis,[1] a minister/sociologist husband and a palliative radiation oncologist wife, argue that medicine has increasingly focussed on the physical aspects of illness to the detriment of the non-physical, or transcendent aspect of the human condition. They argue that clinical medicine, by ignoring the human soul, has become hostile to religious/spiritual inputs. They believe that clinical medicine has become dehumanised by focussing on three dimensions of hospital care – science and technology, the legal and bureaucratic, and the economic and market dimensions. Clinical medicine has neglected the fourth dimension of hospitality and caring, a dimension enhanced by spiritual and religious considerations. The Balbonis regard religion as the physical and outward manifestation of spirituality, and claim that spirituality is expressed through religion, and that this affects hospitality and compassion. The other sociologist is Dr Paul Tyson,[2] who describes modern clinicians as value-free scientists practising a utilitarian ethic and unable to develop a theistic ethic based on the intellective, qualitative and transcendent nature of Christian ethics. The clinician as a scientist is to blame.

But what if they are mistaken in regarding clinical medicine as a science? What if it is not based on the quantitative measurement, immanence, and rationalistic foundations these two sociologists believe clinical medicine are placed on? What is clinical medicine anyway?

Clinicians are primarily not scientists, although we try to base what we do on a number of very different sciences, eclectically picking up bits that are useful and dropping bits that are not. We are primarily pragmatists, solving whatever health problems patients present to us, and doing so with the best that the profession has to offer. The aphorism: "Cure seldom, relieve often and comfort always," summarises the messiness of what we do. Where we can, we cure – whether it be a cut, or a fracture, or a bacterial infection – always bearing in mind the healing power of the human body to aid the healing of a cut, or the fracture, or the infection. If there is no immune system, curing infection is much more difficult, although these days we have ways of enhancing the immune response.

While the healing takes place, caring clinicians aim to relieve pain and suffering with appropriate support. Good clinicians also seek to provide the patient the comfort of an adequate understanding of their disease, their prognosis and the way in which they can best deal with the challenge of time off from work, sickness benefits and so on. In the comfort area particularly, the holistic clinician sees herself as part of a team of carers committed to the cure, relief and comfort of patients. The Christian clinician will seek to help a patient work through the spiritual issues sickness has raised, and

provide appropriate help or referral to bring help to the sufferer spiritually.

Central to this is to perceive the presenting problem as it truly is – from a mild skin lesion which can be left alone, to an urgent problem like central crushing chest pain which will require immediate and skilled attention. We use whatever strategies work, and try to protect our patients from quackeries that do not work. We work hard, sometimes too hard, to meet the demands the public make on us. We practise humanely and ethically, conscious of the trust the public have in us, and socialising our students to develop the same professionalism that we were taught. We have ethical boards with expectations from the profession. Those who abuse the trust that patients have in our profession are sanctioned by that board, even to the extent of deregistering the doctor.

There are imperfections in the system, and those damaged by the profession believe we have not been transparent enough. Thus we now have lay representatives on our professional boards to give an external perspective on our deliberations. For example, the Victorian Government has set up a Health Services Commission to process complaints against those in our profession who are perceived as having abused their power as professionals. The Health Services Commission in turn has set up patient advocates in each of the major hospitals to speak up on behalf of patients who feel abused by the system.

Does that mean there is no science to clinical care? By no means! There are many sciences – from basic anatomy, physiology, biochemistry, pathology, pharmacology and microbiology to the softer sciences of psychology, sociology, and even economics. Further, there are the public health sciences of epidemiology and ecology. These in turn are usually based on the even more fundamental sciences of physics, chemistry, biology, botany and zoology. There are even the sciences of clinical medicine: nosology, clinical epidemiology, evidence based medicine, clinical economics and health economics and we call on the help of the professions of law and business administration. But each of these sciences, and there are others, are subsumed to the basic aim of providing competent complete patient care.

Clinicians come from all walks of life and all religious persuasions (or none), and are united in the common purpose of doing the best that we can. That is the ideal. We recognise, however, that there are some colleagues among us who are driven by other motives – be they profit, or political power, or scientific prestige. These days, if we desire to embark on clinical research, we are asked to submit our research to clinical ethics committees. These have been constructed following disastrous paternalistic and compassionless approaches to patients – not just of the Nazis during World War II, but also the post-war unethical behaviour in the US and other places.[3] So research ethics committees have been developed to ensure that any experiments done on patients are done ethically with fully informed consent.

> ***"Some of the best and most caring clinicians I have had the privilege of working with do not have the same faith commitment. However, they still share my commitment to excellent and compassionate clinical care."***

I believe that my being a Christian makes a considerable difference to my clinical care. I want to model the compassion of the Master, to bring the hope and peace that he brings. His love shapes my ethics, as well as my practice. However, some of the best and most caring clinicians I have had the privilege of working with do not have the same faith commitment. However, they still share my commitment to excellent and compassionate clinical care. None of us have developed a coherent philosophy of what we do. In fact, we share a suspicion of those who, with the best of intentions, have tried to develop such a theoretical framework of what we do. We simply get on with it.

Most of my non-Christian colleagues are not hostile to my faith. Not only do they respect it, but they even admire it, even when they do not share such a faith with me. They do not see the need for such a faith, they simply get on with what they know how to do best, to cure where we can (which is seldom), to relieve often and to comfort always.

Is there a biblical justification for such an eclectic approach? I believe there is. Interestingly the Wisdom literature of the First Testament describes wisdom as encapsulated, not in large, rationally-argued theses (like this article!), but in proverbs, parables, sayings and riddles of the wise (Proverbs 1:1-7). It seems that the modern ambition of one single, complete, comprehensive theory-of-everything needs to be replaced by a post-modern, far more fragmented, particular view of single issues without an overarching framework. For all its attractions, Biblical theology is not systematic, it is fragmentary, found in a selection of stories about the Master from the early church and followed by a series of ad hoc letters to churches addressing particular situations. As Christian doctors we draw on these stories for information and inspiration for what we do.

References:
1. Balboni MJ, Balboni TA. Hostility to Hospitality: spirituality and professional socialization within medicine. OUP 2019. Pp 333.
2. Tyson P. Are "Medical Ethics" possible? Thoughts in the science/metaphysics/theology/ethics matrix. *Luke's Journal*, Dec 2018:4-6.
3. Beecher HK. Ethics and clinical research. *NEJM* 1966;274:1354-1360.

More about the author

A/Prof Alan Gijsbers MBBS FRACP FAChAM DTM&H PGDipEpi University of Melbourne, Head Addiction Medicine Royal Melbourne Hospital Medical Director Substance Withdrawal Unit, The Melbourne Clinic. President of ISCAST. Alan has a particular interest in studying neuroscience and theology, the philosophy of the self, and spirituality, topics which underpin his approach to addiction care. He has won an award for clinical teaching in the Master of Psychiatry course 2017 at the University of Melbourne. He is married to Lois, has three children and seven grandchildren.

Stevie Wills
Stevie is a performance poet, public speaker and writer. She works as a Community Education Officer at CBM Australia.

Continuing the journey...

Editor's note:
You may remember Stevie's reflective story "Disempowering Support" from the previous Luke's Journal "Disabling Disability" – https://issuu.com/lukesjournal/docs/lukes_journal_618_web_small. Today she writes another reflection on her surprising change in circumstances and reminds us that changes in health are significant stressors and challenges – even when for the apparent better.

I'm a woman in my 30s who has cerebral palsy. I work for CBM Australia as a Community Education Officer. CBM works to break the vicious cycle of poverty and disability. I advocate for the empowerment and inclusion of people with disabilities. I have a Diploma in Christian Counselling. In November 2016, I had an operation which dramatically improved my physicality. This turned out to be an upheaval in my life, identity and theology.

In November 2016 I had an intrathecal baclofen pump inserted into me. The pump releases baclofen, a medication which treats spasticity, into my spinal fluid. The operation was successful. To treat a secondary issue, I had a catheter inserted for six weeks. The catheter caused intimate pain and leaked frequently. The pain had a profound negative impact on my sense of womanhood. Nevertheless, I could feel little changes happening in my body. One day, my physio told me to stand from a sitting position, without using my arms to assist me. That, I thought, was ridiculous. Then I did just as she had instructed! I was stunned.

I showed my housemate later that day. I didn't know her mouth could open that wide! I told my parents to drop in later that day so I could show them my new party trick.

The catheter came out on Christmas Eve. On Christmas Day I showed my brother my party trick and whilst standing, he took my walker away and beckoned me forward. The little twerp! I took seven steps on my own. I hadn't noticed how much my body had changed whilst the catheter was in. I was elated, but I felt pain in my heart too. I decided to put that down to the intensity of the past few weeks.

Over the next few weeks, I noticed something different every day, whether it was being able to do something new or a subtle change in movement or balance. It was exciting, but the pain in my heart persisted. My emotions went from joy to grief and quickly back again. I was

confused. I didn't know how to feel. I flittered with intensity from one idea to another to another. I had more energy and less physical pain. More energy than I knew what to do with. I had trouble getting to sleep at night. At one point I had strong desires to self-harm.

As the months went on, I explored preparing food and drinks for myself. My housemate and I came up with creative ideas, such as using spreads for sandwiches which came in squeezable bottles. I was so excited when I could make coffees, hot chocolates and smoothies for myself. My independence increased and fluctuated, which my housemates had to adjust to. They taught me things about cooking, and how to open cans of drink!

The emotional turmoil continued and my housemates suggested I see a counsellor. But I thought I could work it out myself. Eventually I realised I needed some guidance. During my first session with my counsellor, she asked me what I needed to let go of. I reflected on that over the next fortnight. I needed to let go of the 'static Stevie'. My abilities, movements and ways of thinking were changing constantly. I kept looking for the time when my physical improvements would plateau – when I could get to know my boundaries and my current self. I realised I may not stop changing, especially as I continued to invest in my body through my exercises.

The second thing I needed to let go of was having a natural body shape. I had been struggling with the bulge in my tummy where the pump is situated. I felt unattractive, unnatural. I often rubbed it to try to get used to it. Eventually I realised it was never going to feel like part of myself.

I realised I hadn't felt close to God for months, though I had continued to pray and read Scripture. Over the years I'd developed a strong theology of weakness and suffering – that I draw closer to God through suffering and God uses me through my weakness. I knew how to draw close to God through suffering and my need for comfort. Suddenly my life was getting easier. Where was God in all of this? Did my new strength decrease how much God could use me? My disability had been integral to my self-concept. Who was I if I had less of a disability?

I told my counsellor that I didn't know who I was anymore. She asked me questions about the colour, musical instrument, etc. of my heart. My heart would be neon purple and red. It would be an acoustic and electric guitar and it would play for the people I love, and for justice. She said 'See, you know who you are.' I treasured that expression of me.

Further on in my journey, I shifted from asking myself 'Who am I?' to 'Who do I want to be?' With so much floating in the air, perhaps I had a chance to recreate myself. I decided I wanted to continue to love deeply, think deeply and to be passionate about justice.

> ***"Realising God didn't create me with cerebral palsy changed everything. It was a paradigm shift."***

I was experiencing God in new ways and opening up to new possibilities in my knowledge of Him. I was learning that God was in strength, healing and independence, as well as weakness, illness and fatigue. My faith was becoming less black and white. I began holding matters of faith lightly. I grew increasingly uncomfortable at church. The church had been home for many years, but it just didn't feel like home anymore. Though I was well loved and had loved deeply, I just couldn't stay there. I had changed and needed to continue my growth and exploration of faith elsewhere. I was deeply grieved. During my second visit to another local church, the pastor told the congregation that following God isn't binary. I knew then that this church would be my new home. I continued to grieve the home I left. The changes in me required me to make more changes, which meant more adjustments. It will take time to know a church family like I knew the one that I left.

I'd always believed that God created me to have cerebral palsy. My counsellor challenged this belief a few times, but I was adamant. During the months of therapy with her, we worked with my attachment issues, which stemmed from being separated from Mum as a newborn in hospital. I also talked to her about issues that cerebral palsy brings to sexuality. Eventually I came to the conclusion that God couldn't have created my cerebral palsy. My cerebral palsy was caused by a baby being strangled to very near death. That's not an act of a loving God. And I know that human beings were created to enjoy sexuality. It doesn't work to say I'm created sexual, and I'm created with cerebral palsy.

Realising God didn't create me with cerebral palsy changed everything. It was a paradigm shift. The biggest head-spinner of all: I can't do many things because something unfortunate happened to me, not because God gave me cerebral palsy for a good purpose.

A few weeks later I realised that I wasn't in the emotional pain that I'd been in. And I wasn't feeling the need for people that I'd always felt. Unconsciously my self-concept had separated from my disability. My disability, hence my needs, were no longer fundamental to my identity. I now feel relaxed and confident in my relationships. My housemate tells me she sees a huge difference in me – that I'm relaxed and joyful. I'm free from constant emotional pain.

My journey following my operation was complex, accompanied by joy and grief. The improvement in my physicality called for deconstruction, reflection and recreation of my identity and theology. I'm enjoying exploring my new freedom.

More about the author

Stevie Wills is a performance poet, public speaker and writer. She works as a Community Education Officer at CBM Australia. Stevie advocates for the empowerment and inclusion of people with disabilities, including those who live in developing countries. She has a diploma in Christian Counselling.

Dr Catherine Hollier
Part-time GP & Luke's Journal sub-editor

Tribute to Paul Mercer

I first encountered Paul Mercer when I was responding to a 2015 CMDFA request for drafting 'tasters' of *Luke's Journal* articles for the website, www.cmdfa.org.au

Paul has been at the helm of *Luke's Journal* since 2005, after responding to a request from Bill Hague to rise to the occasion. Together, he and John Foley co-edited many editions until John's retirement in 2016 – a partnership of 11 years. Altogether, Paul has been guiding and inspiring *Luke's Journal* for almost 15 years. Indeed, a mammoth effort for a full-time GP with numerous interests and commitments, including personal commitments to his parents and children.

Dr Catherine Hollier with Dr Paul Mercer.

Paul, in stepping down as *Luke's Journal* editor, leaves big shoes to fill. It speaks volumes that there is a growing team of 8+ people banding together to move the journal onwards, with a backup cast of another dozen. The roles Paul juggled as the stalwart of *Luke's Journal* were reflective of Paul's diverse gifts and talents:

1. **Devotional.** First and foremost, Paul is God-centred. The start of each *Luke's Journal* teleconference is prefaced with prayer and reflections from the Bible. Paul often shared from his own personal reading, or from something he has been considering at church or in other spheres. In reading his editorials and articles, it is clear that Paul is a theologian in his thinking, and that his faith permeates every aspect of his life. When discussing errors and late submissions, Paul exhibits grace, love and wisdom in every thought. It is humbling to behold.

2. **Theological breadth.** Paul has worked hard to maintain balance in content and argument. Respecting the open evangelical core values of our fellowship, this has allowed for differences in expression of faith and various emphases and styles. Adherence to speaking the truth in love has assisted in walking a sometimes-fine line.

3. **Creative ideas.** Paul is full of ideas. Every couple of years he taps out 10-15 topics that he thinks might be potential themes for the journal. He has an inquisitive mind, so often the ideas are a bit quirky with titles that play on words, e.g. "You are What You Eat", "Life Before Birth", and "Breath of Life". When we teleconference, Paul is able to hold up each idea to the light, and reflect on a multitude of facets as if the topic were a diamond, each facet showcasing a different aspect of the topic and bringing glory to God.

> ***"Paul has worked hard to maintain balance [in Luke's Journal] in content and argument."***

4. **Networker extraordinaire.** Paul knows a multitude of people from his many years within the fellowship, and also from his other interests and pursuits. His involvement with *Theology on Tap* in Brisbane has borne many friendships with people of diverse backgrounds, and blessed *Luke's Journal* with a range of writers, theological and medical.

5. **Organiser.** As an administrative soul myself, I am astounded at the way Paul can keep track of the 30+ contacts for each edition, that then translates into 20 or so published articles. It is no small matter to contact prospective writers over a number of months so that each article arrives with an appropriate bio and picture, let alone in a timely manner! The inexorable wave of activity that rises as copy and drafting dates approach, followed by taking up the reins for the next issue is particularly exhausting. It is our hope that with several overseers

(at least 3, and preferably 4), we will be able to keep this work sustainable for the long term. How Paul (and John) has managed this continuously over 15 years is beyond me!

6. **Proofing skills.** Spellcheck is just the start. Grammar, intent, punctuation and meaning all need to be refined in order to present a professional tone of high standing. Maintaining each individual author's style is another challenge! Paul will often reflect thoughtfully about the application of Christian faith, gently prompting authors to stretch themselves in clarifying links between theology and practice, resulting in a more robust and thought-out concept. We have been blessed to reach into the wider CMDFA Facebook community to gradually amass a pool of proofreaders who have been able to assist with this time-consuming and wisdom-requiring process.

7. **Edition overseer.** When all the articles have been proofed, Paul reads each article and considers how to order them for best development of theme and flow. Theology is the foundation, followed by major articles developing the theme. Personal stories, book reviews, interviews and *fire in the belly* articles all have a place. Vales for fellowship members are often the final tribute. Then an editorial is crafted with all these things in mind. Paul's reflections and encouraging heart are always an inspiration on opening each new edition. I confess to being somewhat apprehensive about reaching the same high standard for future editions.

8. **Final responsibility.** Despite numerous checks and balances, errors are inevitably made – some minor (spelling/ grammar), some major (out-of-date advertisements, authors wrongly-attributed, inaccurate diagrams). In the end, the editor takes responsibility for all errors and takes steps to prevent future problems. Thankfully, our authors and advertisers are gracious and forgiving. Paul handles errors and complaints with wisdom, dignity and grace, whilst committing to attain professional standards.

9. Paul has instituted the **Winton Award** (in honour of CMDFA member and MJA editor, Dr Ronald Winton) to encourage younger writers from within the fellowship. This award recognises student and recent graduate writers through a gift from the board and is traditionally presented at IMPACT. The Winton Award exposes Paul's heart to keep *Luke's Journal* relevant across the ages, and to encourage writing as an expression of exhortation and wise teaching.

The above illustrates the legacy that Paul has left for the future editorial team. He also has been keen for the journal to be taken online, initiating a survey in 2016 with this in mind. This led to an online pdf version via issuu.com.au with significant improvement in distribution of the journal. Paul freely admits his personal lack of expertise and knowledge in this area and has been greatly supportive to younger members of the team to take this step forward. Our hope is that we will be able to move forward with as much grace and humility as Paul has demonstrated thus far.

So, it is with great sadness and immense appreciation that we farewell Paul in his role of *Luke's Journal* editor. We wish him well as he takes on the responsibilities of family and Chair of HealthServe.

Paul, thank you for your service.

WRITERS & EDITORIAL HELP WANTED!

CMDFA publishes *Luke's Journal* three times a year. Do you have a passion for writing, editing or proofreading? Are you a creative big picture person who can help us brainstorm themes and articles? We would love to hear from you! The more people involved, the less workload for everyone! We need people in the following areas:

Brainstorming themes

- A big picture person to brainstorm ideas for topics of current interest and think through different facets of a topic. If you have a bit of a creative flair for catchy titles, that's a bonus!
- Someone with a good idea of contacts in terms of who is around, who might be available to write on different topics, or who has had different exposures in life. Ideally this would be a person in their 60s or 70s who has been in the fellowship for a while.

Commitment required is a minimum of two teleconferences per issue for 90 minutes each, usually in an evening. At three issues per year, this would amount to a maximum total time of 9 hours a year. The above do not have to take on a big load in terms of asking people to write, nor of proofing.

Writers and editors

- Someone with organisational skills to oversee or collate each issue. Ideally, we would have 3 people to do this, so that each is only responsible for one edition a year. That would make the journal much more sustainable over the long term. Committing to a 3-5 year term would be ideal.
- People to contact potential authors, and to follow up with them. There are simple checklists and templates to use in writing to people, with guidelines for when reminder emails need to be sent, and a tracking sheet to ensure we get bios and pictures with the articles.
- Anyone with proofing passion would be so appreciated.
- Anyone with a passion for writing/ ideas/ creativity would be a wonderful asset. For example, you could write a regular column on "Meet the Members", book reviews, histories, interviews, vales.

IT and website support

- People with IT and website skills for uploading issues, both as .pdfs and as individual articles on the website. Electronic versions of *Luke's Journal* is important at making the content accessible to a greater audience.

Thanks to all of you who write for *Luke's Journal* already, and a hearty encouragement to those of you who would like to be involved.

We look forward to hearing from you,

Paul, Catherine and Winnie

Luke's Journal

Georgina Hoddle
Georgina is a Registered Nurse, Disability and Aged Care.

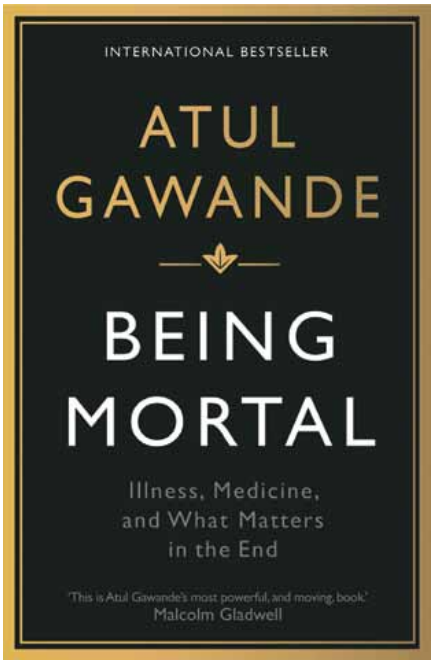
Being Mortal

Illness, Medicine and What Matters in the End

Atul Gawande
Profile Books, Wellcome Collection ©2014 ISBN 978-1781253846

Atul Gawande's *Being Mortal* came across my path just when I needed it. I am currently independent, but I support and care for people who are not – people who have lost their independence, who have difficulties with day-to-day activities, and who are dependent on doctors and nurses to decide what is best. What can we do to improve their quality of life and prepare them to face their own mortality?

Atul Gawande has honestly and articulately examined the American context of illness, ageing and the complexity of letting go. Although ageing is not always the problem – illness, operations, accidents and reduction in quality of life have brought many people to question their own mortality. What do we do when things fall apart? Gawande explains and analyses the world of hospice and aged care facilities to which many people are confined (sometimes with, and sometimes without, consultation). He proposes solutions to the questions raised around having the courage to face the moral and ethical dilemma around death and dying. Atul Gawande's words are both humorous and challenging and his most poignant argument is about people not having to suffer the extension of their lives 'at all costs' – but living their last weeks, months and years with dignity, love and respect.



> ***"We might be better addressing our patients' last wishes of living out the rest of their days in their own homes, surrounded by familiar things and people."***

Our current Australian 'western' healthcare system is geared towards the extension of life, but is this the most appropriate way to move forward?

Gawande's book provides insights into how our 'western' attitudes impact on the treatment of our sick and elderly patients. We might be better addressing our patients' last wishes of living out the rest of their days in their own homes, surrounded by familiar things and people. Gawande, with subtle humour, proposes how people could be assisted to enjoy what remains of their lives, celebrating their achievements and preparing for the inevitable end.

As an ageing aged care nurse who is caring for a loved one in that person's own residence, I am now more aware of the complexity around choices to keep someone at home or place them in a care facility. Personally I would choose to live well with aged care services even if it meant higher risk levels and less time on this earth. In making these choices for either ourselves or others we need to address the person in question with permission, sensitivity and respect, involving them where possible in the decision-making process and ensuring their social, cultural, physical and spiritual well-being in what is inevitable for us all.

Dr Brian Frederick Charles Smith

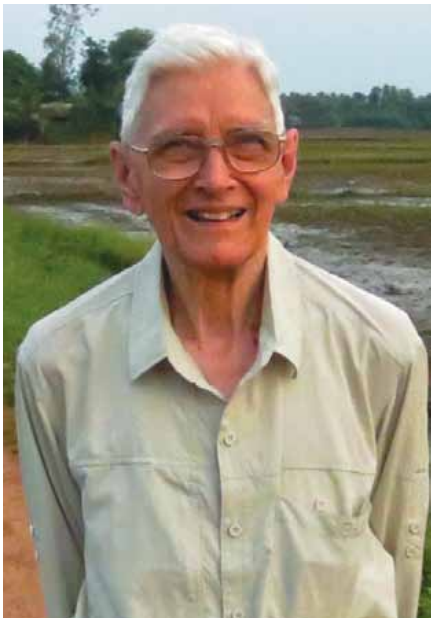
Dr Brian Smith lived a rich and fulfilling life. By vocation he was an Obstetrician and Gynaecologist. He lived in Brisbane and India and is remembered dearly in both places. He was described as the ultimate Christian gentleman.

Brian was born in 1930. He was the second child of Fred and Catherine and grew up with five sisters in a very close and loving family. He began his education at Wynnum Central State School and continued at Wynnum State High School where he was Dux in both Junior and Senior years. He excelled in sport as well as academia. He went on to study Medicine and graduated from the University of Queensland in 1953. He met Ethel at a church camp at the age of 18, and they married in 1955. They had four children.

After residency he gained surgical experience – first as a surgical registrar at Royal Brisbane Hospital, and then as a medical officer at Greenslopes Repatriation Hospital.

In 1960, Brian, together with Ethel and their two young children, and following a sense of God's calling, left to work in India. They spent one year learning the language, then went to the Mission Hospital at Tiruvalla in Kerala, South India. The next four years were challenging – he faced surgical presentations of all kinds, and even more significant were obstetrical and gynaecological complications. So, in 1965 Brian, along with his wife and four children, returned to Brisbane for more training and experience in O & G. He began in a research position and then moved to be a registrar in O & G in the Royal Brisbane Hospital, the Royal Women's Hospital, and the Princess Alexandra Hospital in 1966 and 1967.

In mid-1968, he went to the UK to work for his MRCOG, and then with his family he returned to Tiruvalla, where he worked for the next three years. During this time the children went to boarding school in the Nilgiris for their education.



"Brian's character reflected that of his Lord in so many ways and his faith was central throughout his life."

The family returned to Brisbane at the end of 1971 and Brian was appointed Deputy Medical Superintendent at the Royal Women's Hospital, becoming Acting Medical Superintendent in 1974. He launched into private practice in January 1975 where he became a leading consultant for 24 years.

In 1999, Brian retired from private practice in order to care for Ethel who had developed Parkinson's disease. She was his primary concern, though he continued surgical assisting part time as he was able for the next seven years. By this time, her condition had deteriorated and he became her fulltime carer – a task that he carried out with the same dedication that had characterised his clinical work. Ethel passed away in 2009.

In the years that followed, Brian found purpose through contributing to the needs of those around him and resuming an active role in his church.

Brian was a keen sports fan and, as many people knew, he was a runner for most of his life. He was always very disciplined, and this helped him to continue exercising, as well as to live his life according to the principles he believed in – evidenced in his health, his family, his friendships, his career, his reputation and his character. Brian's character reflected that of his Lord in so many ways and his faith was central throughout his life. He served his church in a range of leadership roles for many years.

Brian was intellectually curious and honest and, as he grew older, he became more open-minded and willing to consider a wide range of issues from different perspectives. His life exemplified humility, generosity, gentleness and kindness.

Towards the end of 2018, Brian developed an aggressive lymphoma and he passed away on January 17th.

Old friends

Brian and I met as medical students in the 1940s at the University of Queensland where we were both members of the Evangelical Union. The friendship deepened on graduation, especially as I got to know his sister Val, whom I subsequently married. We both worked in India as medical missionaries. On our return to Brisbane, our friendship continued and was enriched especially over the past ten years when we met for coffee and sharing every couple of weeks. I will miss those times more than I can say.

Jeremy Beckett
married to Bethany Beckett, Hugh's niece.

Dr Hugh Nelson

Husband, Father, Healer, Friend

On 22nd May, 2019, CMDFA farewelled Dr Hugh Nelson who will be fondly remembered for his commitment to his family and for faithful service to the broken and vulnerable in the Name of his beloved Saviour.

Hugh was born in Subiaco (Western Australia) on 15th September, 1948, to Mavis and Dr Alan Nelson, the latter of whom was a founding member of CMDFWA. Hugh graduated with an MBBS from UWA in 1973 and undertook further study at the Liverpool School of Tropical Medicine and in Child Health. He married Suzanne (Suzy) in 1977, and together they bore three children: James, Sarah and Philippa.

His medical skills and love of community health development took him to many different frontiers including Papua New Guinea, Groote Eylandt, Alice Springs, Hong Kong and mainland China. In each case Hugh lived out his deep desire to go beyond merely treating symptoms, instead seeking to bring healing of the body, mind and soul.

He was particularly committed to aiding those afflicted by trauma, addiction or psychological distress, and his later career was especially focused on trauma counselling and prison work.

The Nelson family made their home on Mt Tamborine in Queensland but Hugh also maintained his commitment to overseas medical mission, continuing to visit Timor-Leste even up until his final months. He rarely let his long battle with a neuroendocrine tumour impinge on his very active later life but ultimately passed away in the presence of his dear family, aged 70. He is survived by his wife Suzy, his three children and six (almost seven) grandchildren, and rests now in peace with Jesus.

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Articles, letters, book reviews and lengthy news items should be submitted (preferably in electronic form) to the **editors** with a covering letter requesting their consideration for publication. Photos supplied should be high resolution JPEGs.

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ERRATUM: Gender Dysphoria article

The editor sincerely apologises for omitting the author's footnotes in the article *Gender Dysphoria – Ethical Considerations in General Practice* on p10 of *Luke's Journal Hot Topics #2*. The 13 references are available on the online version of *Hot Topics #2* at issuu.com.au

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