Welcome to the AATH Humor Voice!

- Three member spotlights, including Ed in a gown (not a hospital gown).
- Articles by Brenda Elsagher, Amy Oestreicher and Allen Klein about humor and their health challenges,
- An article about appropriate humor to use with people with disabilities,
- Kelly Epperson’s book review,
- a little history of ISHS and news of their summer conference
- and we close with our Funny Page by Deb Gauldin.

NEXT TIME: Focus on Humor, Death and Dying

Inside this issue

2 Ode to Ed
3-5 Ed Gets Treated
6-7 Hungry for Life
8-9 Spotlight: Lois McElravy
9-10 How to Laugh
11 Book Review
12-13 Healing with Humor
14-15 Spotlight: Saranne Rothberg
15-16 Comedy Cures Foundation
17-18 Funny or not?
19-20 ISHS Humor Movement
21-22 Five Things I Discovered about Humor
23 Attend the Annual Conference
25 The Funny Page
Ed Dunkelblau is clever, funny, playful, smart, creative, humble, warm, supportive and kind. I know this because he’s been my friend for the last 25 years.

Together, Ed and I also produced the annual AATH conference for about 12 years. We were the “George and Gracie” of the annual conference. We both love to “clown around together” and that became an expected surprise at each conference. In San Francisco, we opened the conference dressed as hippies and gave everyone some “flowers for your hair.” Another time Ed rewrote the “YMCA” lyrics to be “AATH” and we then danced with other board members on stage at the opening event. One conference Ed dressed up as Marilyn Monroe and sang Happy Birthday to the AATH president.

Ed has been my “humor mentor and colleague” over the years. We have encouraged each other to grow in our understanding of the therapeutic value of humor. Together, we traveled to England and presented a paper for ISHS. We were also invited to New Orleans (post Katrina) to help survivors understand the power of positive emotions as they struggled to cope with disaster recovery.

As the “therapeutic humor” movement grew, we stayed responsive to changes. Soon after the “Patch Adams” movie was released, we brought the real Patch Adams to our Arizona conference and gave him an award. As hospital clowning began to grow around the world, we invited Michael Christensen from the Big Apple Circus – Clown Care Unit to give the opening keynote address. As the scientific evidence of the therapeutic effects of humor and laughter began to grow, we invited those pioneer researchers to our conferences. We were honored to welcome William Fry, Vera Robinson, Lee Berk, Willibald Ruch, Rod Martin and others.

We’ve had so many adventures over the years. During the actual conference, I’m usually running from room to room taking pictures and troubleshooting, while Ed remained more centrally located for bigger issues that could arise . . . and they did. Frequently, when I’d dash back to central command, he’d calmly say: “Let me tell you what just happened. Now don’t worry, I took care of it.” Together we’ve managed conference events that included grand mal seizures, falls with scalp laceration, “no-show” speakers, broken AV equipment, etc.

I’ll never forget producing the Baltimore AATH conference in 2002. Ed maintained that we couldn't begin the conference without acknowledging the World Trade Center attack. Then somehow we had to move the audience into a more playful mood as we launched a two-day humor conference. To prepare, we diligently collected cartoons for eight months after the WTC attack, and then scripted an opening address, which acknowledged the state of our country but showed how we used humor to cope. We showed photo slides of people during and after the terror attacks and used Mariah Carey’s song “Hero” as background music and carefully timing the slide change to words in the song. After the slide show set the mood, Ed and I began to talk about how comedy and tragedy can be connected and how comedy can help us regain emotional balance after a disaster. After that, we showed the cartoons we gathered during the eight months after the attack. We then discussed how the cartoon humor had evolved over the stages of “disaster recovery.” It was challenging and risky to open a conference in that way, but Ed felt strongly that we couldn’t ignore the tragedy and I agreed.

Ed is also thoughtful, honest and fearless. I couldn’t ask for a better friend and role model.

**Author Patty Wooten**

Patty Wooten is a fool, a nurse and past president of AATH. She also loves adventure. Patty has hiked the Inca trail to Machu Picchu, driven a dog sled in the Arctic Circle and performed as a clown on five continents.
Charlie Chaplin once said, “To truly laugh, you must be able to take your pain and play with it.” But it beats me how you can find humor or laughs when you are frightened, anxious and hurt like hell. Ed Dunkelblau did just that after being diagnosed with base of the tongue squamous cell cancer, which involved four chemo and 35 radiation treatments. He journaled his experience during his cancer treatment, beginning on July 10, 2015, in CaringBridge.org, a place where you can give and receive compassionate support and share thoughts, disappointments and encouragement about your own or someone else’s health journey. Ed’s site has been viewed over 4,400 times and has received rave reviews:

“Don’t take this wrong but I love reading about your cancer.” —Kathy Passanisi

We all know that thoughts and feelings do not cause cancer and cannot cure cancer. But they are one factor in the total ecology that makes up a human being. Feelings do affect body chemistry just as body chemistry affects emotions. Didn’t William James say something about the mash up between mind and body?

“The greatest discovery of my generation is that a human being can alter his life by altering his attitudes of mind.” —William James, 1842-1910

Medical intervention works much better when the resources of the patient are fully engaged. And what resources Ed Dunkelblau, Ph.D brought to the table! Ed is Director of the Institute for Emotionally Intelligent Learning, a licensed clinical psychologist and nationally known speaker on the topics of social-emotional intelligence, humor, and health. The AATH community loves and reveres Ed who was president from 1996-1998. In the AATH early years, he worked with Patty Wooten planning many AATH conferences. In fact, Ed still vets hotel properties for us.

Along with intelligence, assertiveness and a wish to know, Ed brings humor, authenticity, and insight into his Caring Bridge journal. On 6/24/2015, Ed labeled his journal entry “Pets and Cats” and included these images before giving a complete analysis of his favorite Pet Scans.

Additional journal entries are titled:
• And you’re ugly too - The Pitfalls of Second Opinions.
• Whiners, Drive-ins and Dives
• Better Living through Chemistry
• Star Trek EMESIS … Where no one has Barfed Before.
• Scars are just tattoos with better stories.

Ed illustrates his work, with carefully vetted cartoons to fit the moods of his pieces. (From Ed’s journal of 7/22/15) You Will Feel a Little Discomfort:

This will be the opening line in my forthcoming expose, Understatements Made by My Doctor. Along with “you may feel some pressure”, “2 Tylenol should take care of it” and my favorite, “You will feel a little prick”... a statement that no man or woman should ever be forced to hear even if true!”
When Ed’s treatment team was asked why Ed was ahead of the expected treatment course they all mentioned one thing: attitude. “They see me as an aggressive self-advocate who asks informed questions and doesn’t accept the status quo. They also mentioned humor and personal connection.”

“The witch doctor succeeds for the same reason all the rest of (doctors) succeed. Each patient carries his own doctor inside him… we are at our best when we give the doctor who resides within each patient a chance to go to work.” — Dr. Albert Schweitzer, quoted in Norman Cousins’ Anatomy of an Illness

In a journal entry (of 10/8/2015) Kathy Passanisi noted the channeling of his PhD “spirit” two days after the original diagnosis and commented, “Well pal, you did it! You cracked me up just reading your post regarding how you are approaching all of this. Who else but ‘Cerebral Dr. Ed’ would have two professionals debate his choices in his presence but you? I am in awe.”

This “aggressive self-advocate” used humor throughout, while being prodded and poked in all kinds of places. In his journal entry Fit to be Tied (8/3/2015), Ed describes being fitted for his radiation mask.

The radiation technician explained, “It’s kind of like getting a facial.” Not having gotten many facials in my life I can’t judge if that is true. If having a facial is similar to having a warm, wet, butterfly net laid over your face and shoulders and then having the edges bolted down to the board that you are laying on so that you can’t move, well then it’s just like a facial.

“See if they’ll let you keep your mask and you can wear it on Halloween…

The ultimate recycling.” — Kathy Passanisi

Ed’s inner doctor is a funny man who loves a good set up. In his journal entry of 9/21/15, The Sweet Spot, the readers can just see him jumping up and down for joy (well, he would have if he could have) as he gets to craft “the perfect humorous archetypal response without forethought or preplanning.” It went like this:

Anyway, the dietitian asks me how my throat is, and what if anything I am able to eat. I explain that my throat is quite sore but the real issue is appetite. With my taste buds MIA nothing is appetizing. She then asks “are you able to taste?” I said “no, not really.” Then it happened.

She said, “How do you smell?” Trumpets blared, unicorns rose from the IV bag! There were so many possible iconic witty retorts. I went for the classic. “TERRIBLE” I said! She was not nearly as entertained as I was. I think I should have gone for a bigger image. “Like a bag full of garlic jockstraps!” Maybe that would have been too much. Bottom line. Perfect moments occur far too infrequently. Enjoy wherever you find them.”

Ed also illustrated unexpected positive advantages of this treatment.

Silver lining to radiation treatment By ed dunkelblau — Aug 14, 2015 9:32am
Ed recognizes the “keep on keeping on” courage of his medical team. In his entry of 8/22/15, he writes: I started thinking about how hard a job Radiation Tech is. You have tremendous power to heal and with that, tremendous responsibility to be accurate and precise. At the same time they never see anyone get better. If anything, they watch the patient’s deterioration as the radiation wreaks havoc on their body. The healing and recovery always occur well after they stop seeing the patient. I will try to make better jokes.

And the beat goes on with his journal entry of 9/12/2015—Crunch Time

“My mission of trying to bring a sense of humor to the austere, ultra-serious cavern of the radiation treatment suite continues. Most recently I tried bringing a prop to the treatment. I found an old suntan reflector, the one that years ago, people would use at the beach to be sure that the white, sun-shaded protected epidermis under their chin would have the same warm brownish glow as the rest of their soon to be withered and leather like skin.”

It is such a cliché to say that cancer can sometimes be a turning point in one’s life — but it was for many of us who read Ed’s journal — so much wit, devotion and down right hard work went into his recovery.

3/28/16 — Outwit, Outplay, Outlast

When I was in the midst of my diagnosis/treatment, life took on a different meaning. Colors became clearer, experiences were more vivid and relationships were even more important. Living took on much more value. By putting the disease behind me, I might also be prone to lose that crystalline perspective on life and return to the mechanical, mundane concerns that seem to dominate us. I work everyday to try and maintain the rich, appreciative and loving outlook that facing a life threatening illness provided. Denying the denial is a task that I am attempting to undertake so that I keep my values front and center and don’t allow the trivia of everyday events to cloud my vision.

Ed’s journal is also a reminder that when horrid things happen it is best to share them. His authentic and real communication about the confusion, tremendous pain and stress of his cancer diagnosis connected us all.

6/15/2015

If there is a pony to be found in this big pile of manure, it is my growing awareness of a large group of caring, loving and committed friends out there for me. It means more to me than any typed words can express.

Thank you Ed for sharing your journey with us.

https://www.caringbridge.org/visit/eddunkelblau/journal/index/0/0/asc.

Author Kay Caskey

Kay Caskey is a long time admirer of Ed and an executive editor of the AATH Voice.

Hearty laughter is a good way to jog internally without having to go outdoors.

Norman Cousins
It all started with a stomachache — a really bad one. The pain got worse and worse, and on the way to the emergency room, my cheeks actually puffed up because there was so much pressure building up inside my abdomen. When I got there and the surgeons cut me open — and this is now my father’s favorite cocktail story — my stomach actually burst to the top of the operating room, I needed 122 units of blood, both of my lungs collapsed, and I almost died. When I woke up from my coma months later, doctors told me I didn’t have a stomach anymore, I couldn’t eat or drink, and they didn’t know when or if I would ever be able to again. What do you say to that?

One day I’m sleeping in my bed, the next minute, it’s months later and I don’t recognize anything or anyone — including myself.

I had just gotten my college acceptance letters, and the biggest problem in my life was which one to choose. I was devastated, but mostly confused, like I had woken up in someone else’s life. Once I could move my fingers enough, I googled, “How do I find myself?”

Soon, I started to get my old spunk back — which the doctors were happy about… and not so happy about. I was restless, antsy, and feeling like a prisoner. My parents slept in the ICU every night with me, so they were feeling cooped up too. We had to get out. We decided one day to make a break for it and go shopping.

(Imagine jailbreak music…)

It was 3:35 pm on a Tuesday. The doctors had rounded, the nurses were filling their meds. The coast was finally clear to bust outta this joint. We plotted our escape in the mess hall. Dad would keep a lookout while Mom and I headed towards the service elevators, down to the lobby, out the back entrance, onto 166th and Broadway, and we were free men. I was having a great time — I was finally free of my IV pole for an hour, dancing in the middle of the street, singing “I Got No IV’s to hold me down!” I didn’t understand why everyone was staring at me until my mother reminded me that I was still in my hospital gown. I didn’t care! I raced down the street, turned the corner, and found myself face to face with… Juanita, the social worker — someone must have tipped her off.

We were kindly escorted back.

You’re not the boss of me! Okay, I know as an ICU patient I can’t just go traipsing about New York, but geezes Christ — I’m eighteen! The doctors seemed to expect me to just be happy that I was alive, but I wanted a timetable for how long it would take to get my real life back again.

So what do the big guys tell me?

“SOON ENOUGH. BEFORE YOU KNOW IT. TIME. PATIENCE! NOT TODAY BUT…”

What about today? What about tomorrow? And the day after tomorrow!

What about it?

Tough questions are always best answered by an inspirational quote… sometimes.

Everything will be okay in the end, and if it’s not okay, it’s not the end.
Hungry for Life (continued)

I googled that bit of wisdom, and many people have taken credit for saying it — This is most certainly not the end, and I don’t think it ever will be, because every day seems to bring a new miracle… my first bite of food in years… starting a chocolate business because I was so hungry I just wanted to play with candy… and the biggest one: that I’m here right now to tell you about these miracles.

I took my very first bite of food on my 21st birthday after my 13th reconstructive surgery, only to have it taken away for a few more years when my wound burst open… again… and I had to be air-vacced back to Yale Medical Hospital.

With every obstacle, I seemed to discover a new opportunity.

Stuck in that hospital room for months and waiting for answers, my mom started bringing me cheap art supplies.

The day I picked up a paintbrush, my world changed forever. I had discovered a way to express things that were too complicated, painful and overwhelming for words.

Whatever I do, I tend to do obsessively, and soon enough I was about to put up an art show with 70 of my paintings on display. I didn’t expect much turnout, but hundreds of people showed up to see what I had done all this time, to know that I was still alive, still vital.

They say that everything happens for a reason. But that’s not always true.

Sometimes, you have to make it happen.

I think about my old life, and I miss it. I miss the simplicity. I look at old pictures and I see the joy and innocence in my eyes. I can’t be 18 again but I can be the best 29 I can. But sometimes I wonder what life would be like if this never had happened.

This is not the path that I planned for myself — but does anyone’s life ever work out exactly how they plan it?

I was led astray, and hurt, and betrayed, and dehumanized, taken apart and put back together, but differently.

But my passion never went away. I kept my hunger alive.

Now I know that my role in life is still to be that same performer I always wanted to be when I was 13.

But now with an even greater gift to give: A story to tell.

Author Amy Oestreicher

Amy is a speaker, artist, writer, and of course a performer, just as she planned at aged 13. Amy will be speaking at our conference in Orlando, “Healing Through Our Stories: Cultivating Post Traumatic Growth and Patient Empowerment Through Humor“
Just a few days before I interviewed Lois McElravy, I had been released from the hospital. My brain was still fuzzy from the morphine they gave me, and the drugs that I was still taking multiple times a day. I thought of postponing our interview but then realized how appropriate it was considering the person with whom I was about to interview has been dealing with that kind of disorientation, and much more, from her brain injury twenty-seven years ago (see Lois’ story following this article).

I thought, “What comic irony here, one blurry brain interviewing another.”

I first met Lois when she spoke at an AATH conference. But it wasn’t until we were going through security at the airport together, that I got to actually see some of the challenges she faces on an ongoing basis. Airports are particularly difficult because of the over stimulation of both noise and light.

I noticed that Lois was having some trouble getting through security and doing all of the rituals that the TSA require, like taking off your shoes, removing your computer, taking out your liquids, etc. Lois was more methodical than most of the other passengers but she managed to accomplish most of these, although it took a lot longer.

Then when all the items had cleared the scanner she headed away from the conveyor belt without ever retrieving her suitcase. As we started to walk toward the airport gates, I realized that she had her purse but not her luggage. I went back and rescued it for her and invited her to join me in the airline club to wait for our plane’s departure.

Fast forward now to today when I’m interviewing this determined woman who you might never know had a brain injury unless you were around her for a while. Since her website says that it was her husband who encouraged her to lighten up about her injury, I asked what he did to help her with that. One of the most amusing, she said, was at the end of each day when he would do a striptease for her. Lois, who was in the throws of self-pity wouldn’t laugh but her loving husband continued his risqué routine until she did.

In both getting to know Lois at the airport and interviewing her now, what I got was she was a woman who fully believed in a lesson that all of us need to heed: It is not what happens to you in life, it is what you do with it that really matters. Lois has done amazing things with what life has handed her including not only showing those dealing with brain injury how to live more fully but also, on a personal level, helping to raise her grandson several days a week. It is the latter that perhaps influenced my discussion with her about a period in her life when her sense of humor was held hostage by complex medical conditions and by the mind-numbing side effects of medications.

Lois found both solace and happiness in her grandchild but I wanted to know how do others, those without children or grandchildren of their own, find their lost humor. She said, “Sit and be around the joy of children. Go to the playground or the mall. Just find some way to be with children.”

At the end of our interview, Lois told me that when things got particularly bad, she would be reminded of what was printed on a little ornament that she had hanging in her window: “Put on a little lipstick. You’ll be fine.”
Lois, who is not as familiar with Broadway lyrics as I am, probably had no idea that several shows have similar therapeutic thoughts related to makeup. In perhaps the most famous, La Cage aux Folles, one of the main characters sits at a dressing table and sings,

“When life is a real b**ch again, and my old sense of humor has up, and gone It’s time for the big switch again, I put a little more Mascara on.”

When you are dealing with a life challenge, perhaps you can take a lesson from Broadway, from a small window ornament, and certainly from Lois, and “makeup” your mind to find some humor in your situation.

Author Allen Klein
Allen Klein is a long-time member of AATH, a past President, and the author of many books including the classic, The Healing Power of Humor.

How to Laugh Even When Life Doesn’t Feel Funny
by Lois McElravy, Motivational Speaker, Brain Injury Thriver, Humor Expert

“I’m not laughing at you. I’m laughing with you,” a response I’ve frequently heard from a well-intended witness to one of my daily mishaps.

I often wondered, “How do they miss seeing that I am not laughing?”

When a careless driver crashed into my car twenty-seven years ago, the resulting brain injury left me fumbling in a constant state of chaos and confusion. I failed to see any humor in my painfully hilarious predicament which provoked others to laugh.

My husband Larry noticed that I had turned terminally serious. He asked me, “Are you going to let your brain injury ruin every day for the rest of your life?”

I snapped, “I might!”

“I don’t think you have to.”

I immediately called my mom to tell on him. My mom didn’t say what I had hoped to hear. She told me, “Lois, there have been many times in my life that I would have cried if I had not laughed. Do you think that you could try to laugh about some of the goofy things that happen?”

“I don’t know if I can, Mom. Those things don’t feel funny to me.”

I never could say no to Mom. I tried, but I could not laugh about my troubles. My husband didn’t know how to help me in other ways, but he did know how to make me laugh. He’d catch me by surprise with some silliness. When I laughed, I forgot my troubles and felt a glimmer of hope. Laughing lifted my spirit and lightened the load of distress and despair that weighed me down. I needed to laugh. I wanted to laugh.

I started to purposely look for ways to tickle my funny bone. I collected amusing tokens and novelty items. I watched silly sitcoms. I did one fun thing every day. When life overwhelmed me, I took a ‘time-out’ for an hour or two by pretending that I was happy and my life was perfect. I gave myself permission to throw one ten-minute temper tantrum or pity party per day.
How to Laugh (continued)

Humor, laughter and play rescued me from turning bitter and restored my joy. But it took years before I could genuinely laugh about anything brain injury related. There is truth to what Mark Twain said, “Humor is tragedy plus time.” It was not only the passage of time that enabled me to look back and see some humor in my painful adjustment, but also the threat to my happiness had lessened as my recovery improved.

Twelve-years post injury; I was one of thirteen brain injury survivors who participated in a brain injury documentary. During individual interviews, we were asked, “What was it that enabled you to move on with your life in a positive direction?” All thirteen of us listed a sense of humor as one of our top three responses. Much of the humor I saw from these and other survivors was not playful or healthy humor. It was uncomfortably inappropriate, frequently hostile, self-defacing comments or putdows. My intrigue of how this type of humor could provide a positive benefit provoked me to study how humor works and what makes us laugh.

Through my studies, I became very skilled at using humor to cope with my challenges and later built my speaker business through motivational keynotes providing resiliency tools and teaching humor as a coping skill. The quote I’m best known for, “When life knocks you down, humor is the magic wand that cushions your fall, picks you back up, and points you in a new direction.”

Eight years ago, life enrolled me in a refresher course. The ripple effect of my long-term brain injury presented seven new medical diagnoses, one after the other. The complexity of treating multiple medical conditions and the mind-numbing, debilitating side-effects of medications have held my sense of humor hostage. It is hard to comprehend why the humor strategies I used twenty-seven years ago, don’t have the same positive effect now. Lucky for me, I’ve found a different super power who has restored my sense of humor and filled my life with laughter and joy… my baby grandson.

Erma Bombeck said, “There is a thin line that separates laughter and pain, comedy and tragedy, humor and hurt.” You don’t have to make light of your circumstances. You don’t have to joke about your problems. You don’t have to laugh about mishaps or mistakes. But, you must laugh … somehow, about something, somewhere with someone.

Laughter does not deny pain.
Laughter — like a wail — acknowledges and replies to pain.

Tim O’Brien
Book Review by Kelly Epperson

**Patient Quote —**

**The Medical Humor Book Series**

**Volume 2** John J. Leeson, M.D.

The author’s name has been changed to protect patient confidentiality, as this book is straight from the horses’ — patients’ — mouths. AATH folks know that humor is everywhere and especially needs to be found in the healthcare system. Having a doctor who looks for the funny is a blessing in itself. Dr. L does just that and has compiled a book of patient quotes that he categorizes under such topics as “It Feels Like…”; “Angry Patients”; and “What I Really Need Is.”

He doesn’t proclaim to be a funny doctor but claims to have some of the funniest patients. He says, “Even bad jokes can make you laugh sometimes, and laughing can make you feel better.” The good doc also points out how gratified he is to see patients helping patients with humor. Only someone who has gone through childbirth or cancer can truly relate to another going through the same thing. A wisecrack from a cancer patient has a more profound effect on another cancer patient than if it came from healthcare personnel no matter how well intended. Laughter is contagious medicine, so let’s share it with all.

From the first chapter titled

**Conversations in Healthcare**

**NURSE:** Kristen, you look awful.

**PATIENT:** Oh, you’re just saying that to make me feel better.

***

**PATIENT:** Doc, you need to get me healthy so I can get a job to pay my medical bills.

***

**PATIENT:** What would be the diagnosis if it were you?

***

**DOCTOR:** Are you thirsty a lot?

**PATIENT:** Well, I drink water all day long so I don’t notice.

***

86-year-old Mavis made her priorities clear:

“To hell with my cholesterol. Give me a prescription for a massage!”

***

From chapter **How Did That Happen?**

**The lady came in with lacerated fingers.**

**DOCTOR:** How did that happen?

**PATIENT:** I was cutting my apple a day…

***

From the chapter **It Feels Like…**

It feels like there is cement in me.

It feels like I got off at the wrong planet this morning.

It feels like I’m beat, trashed, whipped, bloody, and left for dead. Besides that, I’m OK.

From the final chapter **More Conversations in Health Care**

**PATIENT:** I like to name my moles. This one is Mr. Ugly, and this one makes me feel like a unicorn.

***

**PATIENT:** I just deal with it with beer.

***

The book is also graced on the back cover with praise from three AATH luminaries, Steve Sultanoff, Saranne Rothenberg, and Katherine Puckett. This is a great book for a quick skim any time for a little lift.

The book is 250 pages of one-liner after one-liner. It is a helpful book for patients, families, and caregivers, and a good book for medical personnel. EVERYONE needs to see the funny. Humor in healthcare cannot not be stressed enough.

**Reviewer Kelly Epperson**

Reviewer Kelly Epperson recently went to the doctor for a checkup and was told by the amazed doc looking at her various blood test results: “Your numbers are better than what they say for “optimal.” You are better than perfect!” Now that’s the power of healthy humor! Join Kelly’s writing and joy programs at www.kellyepperson.com.
Healing with Humor
By Brenda Elsagher

I love patient humor. There is a saying from Erma Bombeck, “If you can’t make it better, you can laugh at it.” Perhaps those words came about as she was dealing with cancer. We are living with whatever ails us, so we may as well laugh at it. There is something about embracing our less than perfect bodies, our trials and challenges in a way that using humor somehow makes them more bearable.

Many of my AATH friends know that I am a colorectal cancer survivor. Last year most conference attendees received a copy of my book describing my experiences. I live rectum free and I live well. It’s been 21 years now and I am so grateful I had a colostomy because I got to live and see my children grow up, welcome a daughter in law into the family—and hopefully see grandchildren someday. When the doctor explained that I would need this complex surgery to save my life that included rectum removal, a permanent colostomy, a hysterectomy and vaginal reconstruction, I said, “Bring it on, I want to dance at my children’s weddings.” And I danced all night long at my son’s wedding. What a blast!

I was stunned the first couple of days and it would be years later when giving a humorous talk at a medical conference, that a referral secretary approached me and asked if I remembered her. I felt embarrassed but I did not know her. She explained she had followed my career, articles in the paper, books I’d written because she never forgot what I said to my husband when the doctor walked us out to schedule the CAT scan after verifying that I did have a golf-ball sized tumor in my poop chute (okay, I could have said rectum). The doctor listed the things I needed, including a vaginal reconstruction. I do not recall saying this, but she assures me I did. I said, “Bahgat honey, if I’m going to have a custom vagina we better measure you up!” It was my way of coping with the stress of the unbelievable tests and embarrassing subject.

Before the surgery, I found humor crept in when I least expected it. Once I realized the overall physical effect it was having on me, I sought it out. Almost as if the universe opened up and funny things came my way, just to get me out of my despair long enough to cope with the reality of not seeing my 3 and 5 year olds grow up. I am not alone here. Many people face things much more devastating and are forever changed with the loss of a loved one. I was fortunate and had great results from my surgery, although some might say a bit drastic, I am alive today and happy. Perhaps that is why I have written 5 books that are medically related with humorous stories people don’t usually share, because they found another way of coping with the pain and shock.

A dear one close to me deals with Bi-polar disorder. She was in a terrible depression and I had tickets to see comedian, Louie Anderson. She hadn’t been willing to do much to get out of that funk but after encouraging her, she came along to the show and I found her laughing out loud for an hour. It gave her energy when she returned home. She was able to clean her room, pack some things for a trip and get motivated. I know humor is powerful when I see that kind of transition.

A friend saw a doctor for her annual exam and he asked her about the tattoo on her breast. She told him that she wanted a ladybug on a rose but by the time she had the ladybug drawn on, it was too painful so she forgot the rose. “That was 35 years ago and that’s why you had to ask what that tattoo was. It morphed from a lady bug to an inchworm all on its own!” I loved the exchange and the acceptance of aging and she was comfortable with herself and they both had a good laugh.

Another girlfriend was relaying a story about noticing that her massage therapist had a scar down
her chest. It was the first time she was seeing someone with the exact same kind of scar she had because of open-heart surgery. And she just reflected what it was like to realize that. I responded, “I don’t know if I’ll ever see someone with their cheeks sewn shut.” My friend added, “Unless you start hanging out with plumbers and find an exceptional one!” And then we both laughed at the thought of something so ridiculous and a self-acceptance all wrapped up in one.

I realized early on that humor can lighten tense situations without taking away the serious matter, just another way of coping. When I first started speaking about colon cancer screening (now a personal mission for me) I had a doctor approach me at the receiving line after my talk. As a general surgeon she told me they referred to the colon doctors as “Rear Admirals.” I tucked that away and have enjoyed using that when referring to the doctor that saved my life. I have found when I talk to medical crowds or community events across the country that humor is a universal language, that so many long to share pain through humor and I always encourage them to share their stories.

I’ve lost friends to cancer and we’ve laughed and cried to the end of their days. One woman, Teresa, called and asked me to do the eulogy at her funeral, explaining the cancer had moved to her brain and it wasn’t getting better. I had only met her 4 times, first at her cancer support group she asked me to speak at and then 3 times to visit after that. I said, “Teresa, I know it got to your brain already because you want someone to do your eulogy that has known you for a long time. I don’t know you that well, wouldn’t you rather have a family member or friend?” “No,” she said. “I want you because you will bring humor and everyone will need a laugh and I want you to give them a parting message to get their butts checked. You will have to come over and hang out more and get to know my family and me. I promise I won’t make you scrapbook (her favorite past time), please consider it.” Of course I acquiesced.

A young mother at 42, with 3 school-age children, she fought the good fight, spent time with friends and family, and made memories galore. She was near the end and I was sitting by her bed when she woke up after 3 days in a coma, tried to sit up, looked right at me and asked, “Brenda, have I done enough?” I replied, “Yes, you have Teresa, you’ve scrapbooked everything that’s walked by, you’ve done enough!” She laughed, and went back to sleep. Her funeral was the next week. I felt it was the most important talk of my life for her children and husband. Hundreds of people attended and I only knew a few. I was happy I could make them laugh at a terrible time of grief and I sent them off with Teresa’s parting message. Get your butts checked, it could save your life.

“If you can’t make it better, you can laugh at it.” Erma Bombeck knew what she was talking about.

Author Brenda Elsagher
Brenda Elsagher is a National Keynote Speaker, AATH Conference Planner, Author and Comedian.
www.livingandlaughing.com
In 1999, Saranne Rothberg was diagnosed with Stage 4 breast cancer and her life changed for the better. At the time, she was a single mother raising a young daughter. Her story is how she overcame Stage 4 breast cancer by finding laughter as her lightening rod.

Saranne realized a negative diagnosis could depress one’s immune system. She recalled reading an excerpt from Norman Cousins’ book Anatomy of an Illness and his story resonated. The theory of utilizing therapeutic humor was important to Cousins, who suffered from a severe, life-threatening arthritic condition. If the stress of a bad diagnosis could depress one’s immune system, might positive emotions and laughter aid in the healing? He decided his prognosis would be more positive in a hotel room, rather than in the hospital. His friends arranged a film projector so he could watch ten minutes of sidesplitting comedy, like the Marx Brothers, whenever he needed. When he laughed for 10 minutes, his pain went away and he was able to sleep comfortably for 2 hours. When his pain returned he’d turn on the film projector and watch more.

Now all those years later, when Rothberg learned of her diagnosis, she recalled Norman Cousins’ story. At that moment Saranne’s life wasn’t looking too promising, so from her chemo chair, she decided to fill her life with more laughter. If comedy and laughter worked for Norman Cousins, then it might just work for her too!

After her first chemo treatment, she put her daughter to bed and stayed up watching comedy videotapes. Once her crying subsided, she started to laugh wholeheartedly as she watched the likes of Eddie Murphy and Robin Williams. All through the night she watched tape after tape and when her daughter woke up the next morning, it was decided they would be humor buddies. Therapeutic comedy would be the family coping tool.

On April 30, 1999, she threw a “chemo comedy party.” That day she brought in sparkling cider, party favors, six hours of comedy and little sandwiches for everyone. She was determined to celebrate her life, and go out laughing, if that was her fate.

Concerned about her young daughter, she wanted to create a ‘legacy of strength, joy and humor.’ “When we shared a laugh, we immediately felt hopeful, healthier and happier.” Comedy Cures, her foundation, grew out of her journey. (see article “Comedy Cures” in this issue)

Dreaming big has offered Saranne opportunities to give the first closing TEDx talk at the United Nations. She also produced the first comedy event at the UN and taught the first therapeutic humor workshop at The World Health Organization in Geneva. Saranne has been featured as Oprah’s “Hero” in her book, Live Your Best Life. In 2014, she was featured in the New York Times bestseller Radical Remission: Surviving Cancer Against All Odds by Dr. Kelly Turner, a Berkley Ph.D.

Radical Remission is a “beating the Odds” forecast even after conventional medicine failed. Saranne explains how she didn’t look at her cancer as a “why me” situation, but instead sought a spiritual message and viewed it as; “Okay, I’m listening. What am I supposed to learn here, or what am I supposed to teach here? How is my cancer journey supposed to help make the world better? What impact am I supposed to have in that chemo chair that I would never have known about if I hadn’t gotten cancer?” Dr. Turner’s book is the theoretic science and Saranne is “living the applied science.”
Saranne Rothberg (continued)

Saranne is a long-time AATH member and has gifted AATH over and over with her grace and offer of comedy. At the recent Philadelphia conference she called her friend, Rick Younger, who’s the longest re-occurring comedian on “The Today Show.” He entertained us with a twenty-minute clean routine which hit our “funny bone” spot and gave us just what we all needed. Saranne also kindly surprised us with a nourishing Philadelphia Pretzel and water ice vendors to boost our endorphins.

As Saranne’s story continues through the Western medicine’s multiple surgeries, forty-four radiation treatments and practically nonstop chemotherapy, she used alternative methods (meditation, emotional, spiritual techniques as well as laughter) to get through. Her serotonin flowed more easily and quickly. Practice makes perfect and sharing these strategies helped her heal and move forward. The power of comedy and laughter were needed to heal the mind, body and spirit and both of them decided that Wow! Cancer didn’t rob her sense of humor!

Saranne’s cancer started shrinking in 2001 and in July 2002 “that little sucker” got lost. Thankfully for her and all of us, it hasn’t come back. Indeed, laughter is the best medicine.

Author Barbara Grapstein

Barbara founded Healing Headbands, a nonprofit organization that inspire others to develop a healing mindset by integrating laughter with art.

Bringing joy, laughter, and therapeutic humor programs to kids and grown-ups living with illness depression, trauma and disabilities:

Comedy Cures Foundation

by Barbara Grapstein

Saranne Rothberg (see member spot light on page) has angel wings that travel the world. Her gift of laughter, joy and humor has been shared with millions of people from all walks of life. Her foundation offers hope to people by using therapeutic humor and comedy as healing agents. By sharing the gift of laughter, her ComedyCures® Foundation offers relief to those in great anguish just by offering a chance to breathe for a moment and forget. They provide for acute and chronically ill patients and their caregivers all over the world.

Laughter wasn’t always so easy for Saranne — her “joy busters” have been: Cancer, divorce, taxes, being a single parent, living in an abusive relationship, fire and robberies, Why should she laugh at all? She realized having a comedic perspective made her incredibly resilient.

Saranne and her foundation offer numerous programs — Laugh Talk Radio, Live Therapeutic Comedy Programs, and Laugh-Out-Loud Support Groups (to name a few) that help people rediscover their laughter. She does monthly shows called LaughingLunch® offering lunch and prizes free, with top draw comedians who donate their performance for audiences. Cancer patients, or those with depression, can sit and enjoy the whole experience. Laughing is so freeing! The shows are like the ‘funny bone EMS.’
Another program the Foundation has created is **LaughLine®**, because Saranne and her daughter loved telling jokes. Studies have suggested that the way one starts their day can be a great predictor of how the day will actually go. If our days start with joy and laughter, then imagine how good we’ll feel throughout. Her joke: “I had a tumor that inspired humor,” was what started her off and this little **LaughLine®**, beginning with her young daughter, is now used by thousands of people in every state, Canada, and Mexico. If you need a joke to start off your day right, call 1-888-Ha-Ha-Ha-Ha.

Another strategy **ComedyCures®** suggests is having a ‘Humor Buddy.’ Find anyone: A neighbor, spouse, a child or medical caregiver to keep your sunny side up.

Saranne’s sensitivity is what makes her programs so successful. Bringing therapeutic humor hasn’t been about her, or her being funny or the center of attention; it’s more about listening to the patient, or a family member or group in treatment and letting them explain through the verbal and nonverbal communication what they need. Joy doesn’t always happen immediately, sadness needs to get released. Sometimes crying helps; true bliss can happen once anger, the hate, the fear, the pain and the nausea has been purged.

If **ComedyCures®** can teach how to develop a comedic perspective, the strategies of resiliency can start to give the body a way to heal. Laughter is the antidote — a great medicine that fortifies the body, mind and spirit.

Laughter is important, not only because it makes us happy, it also has actual health benefits. And that’s because laughter completely engages the body and releases the mind. It connects us to others, and that in itself has a healing effect.

Marlo Thomas
Funny or not? How and when to use therapeutic humor with persons with disabilities

by Jennipher Wiebold, Ph.D. and Penny Willmering, Ph.D.

Having a disability is not always tragic; in fact, many aspects of life with a disability can be filled with joy, irony, and humor! With that said, how does one know if and when it’s okay to use disability humor? What’s politically correct? What’s respectful of diversity while recognizing the humor in it? How can we use humor in a therapeutic way? Why is it important to know about therapeutic humor? As professors and people with disabilities ourselves, we hope to help answer some of these questions.

The most important thing to consider is CONTEXT. Context is everything. For example, the concept of “in-group” humor is typically humor about the “shared” experience, in this case, the disability experience. But what about those who are not part of the group? The concept of “outsider” use of humor does not include the shared experience of disability. So why do “outsiders” use disability humor? That is the million dollar question! It may be for the purpose of negatively portraying people or characteristics of a disability, an attempt to identify with a disability experience one has never had, or an attempt to connect around a disability issue that is poorly timed, out of context, or just not funny. Outgroup or outsider use of disability humor when not applied in the right context, can quickly be experienced as negative, paternalistic, mocking, or stereotyping of disability.

General rules of thumb to follow are:  

Would you make the joke in the presence of a person with a disability?

Is the joke with the person or about the person?

Take these examples:

Example 1.

The actions of candidate Trump were the topic of much discussion; both from an “in-group” and “out-group” perspective. In this example, he was talking about and appeared to be mocking Pulitzer Prize winning New York Times journalist, Serge F Kovaleskiat, who is an individual with arthrogryposis multiplex-congenita.

(For information about this disability that causes issues with joint contractures, see http://www.webmd.com/children/arthrogryposis-multiplex-congenita)

Applying the guidelines shown above, this is not a positive behavior as it is not inclusive of people with disabilities. Furthermore, it would not typically be told in the presence of a person with a disability. By making the joke about the appearance of a person with a disability, it creates the “us” versus “them” dynamic.

We believe the joke focused on differences in a negative way rather than celebrating differences among all people. Some might say the joke is also an example of bullying, which makes it even less funny, and certainly not appropriate.

Although we think it was intentional, not all agree that this was the case:

http://www.dailymail.co.uk/news/article-3790226/Trump-s-impression-disabled-reporter-just-result-limited-repertoire-impressions.html#ixzz4YHxZA8PF
Example 2.

“I used to have a friend in a wheelchair. We fell out though because he was sick of me pushing him around and talking behind his back.”

Luke, a gentleman who uses a wheelchair, repeated this joke in a 2014 article that appeared in a newsletter for EasyStand, a company that sells wheelchairs.

Looking at the humor guidelines,

1. Is this a positive behavior or joke to tell in the presence of people with disabilities?

In this context, the joke is told from an “insider perspective” and pokes fun in a “pun-ny” way at the situation.

2. Is this joke about a person with a disability or does this joke make the person with the disability the joke?

The joke is about the situation and is told in a lighthearted manner, without making fun or bullying the individual involved.

Example 3.

The cartoon (see right) is an example of pictorial humor.

According to the humor guidelines,

1. Is this a positive behavior or joke to exhibit/repeat in the presence of people with disabilities?

In this context the joke is funny because many of us can identify with the fact that our dogs “train us.” Thus, the joke is built upon a shared experience by many of us.

2. Is this joke about a person with a disability or does this joke make the person with the disability the joke?

In this case, the joke is about the situation and is told in a lighthearted manner without making fun of or bullying the individual with the disability. The dogs are the joke, not the disability! It is also based on a common human condition (our dogs training us!).

In addition to considering the two questions addressed above, sometimes media or individuals in the public eye can provide clues to appropriate use of humor. For example, The TV show “Speechless” does a great job teaching about “hows” and “whens” to use disability humor in a positive, inclusive manner. Comedians with disabilities such as Jack Carroll, Maysoon Sayid, and Josh Bleu can also provide insights into appropriate (and sometimes inappropriate) uses of humor as it applies to disabilities.

Now that we know a bit about disability humor, the question that remains is how can friends, family, and helpers use disability humor in a therapeutic way? It is prudent to remember’s quote that “laughter is the shortest distance between two people.” Therapeutic humor is a great way of making a connection and engaging in social bonding, thus reducing the distance between people. People with disabilities (and without disabilities for that matter) can use humor/disability humor to normalize situations or the absurdity of situations, redirect attention away from an embarrassing situation (oftentimes referred to as heroic recovery), and reduce caretaker stress. It is a great tool in your box of positive tools for happy living!

Laughter and tears are both responses to frustration and exhaustion. I myself prefer to laugh, since there is less cleaning up to do afterward.

Kurt Vonnegut
ISHS Humor Movement  By Alleen Nilsen

While there were a number of independent humor conferences in the 1970s, Don and Alleen Nilsen stepped up in the 1980s to form what would eventually be known as the International Society for Humor Studies (ISHS). First named WHIM, or World Humor and Irony Membership, all but one of the first 7 conferences were hosted by Don and Alleen at their university, Arizona State. Alleen reminisces about those early days. ~ EDS

We couldn’t establish such an organization in today’s world. First, we are now too old, and it took a lot of physical energy. After one of our yearly conferences, which was held at a Phoenix hotel, a man saw us carrying materials from the book display to our over-stuffed car and said in amazement, “Here, I thought this was a really big deal. Now I see it’s just a ‘Mom and Pop’ shop.”

We had lots of help from Arizona State University and from the Arizona Humanities Council. At the beginning of the 1980s we were both tenured professors and this gave us a wide group of people to call on for help. That year we had a truly international gathering including a contingent of Soviet Union humor scholars. They had never heard of Tempe, Arizona, and had assumed they were coming to Tampa, Florida, and so were amazed when their plane landed in the middle of an Arizona desert.

We were fortunate that the primary audience we hoped to entice were university faculty members, whose institutions are accustomed to supporting travel to conferences to give scholarly papers and to participate in discussions that would advance knowledge. In the early years we asked that people proposing to give papers pay a $25.00 membership fee to WHIM, and then we asked that everybody pay for their meal tickets.

Meeting on April Fools’ Day was a bonus. One of the main reasons that we got so much national publicity, e.g. NBC sent a crew out from the “Today Show,” and the Wall Street Journal printed a Sidney Harris cartoon about the conference, was that newspapers, magazines, and television reporters all felt the need to somehow acknowledge April Fools’ Day, and our conference made a perfect story.

Because it was hard to get financial support for travel from the universities where most of our members worked, the name of WHIM (World Humor and Irony Membership) needed to be replaced with a more scholarly sounding name, hence the name change to International Society for Humor Studies, and for the journal which was called WHIMSY, which had stood for “World Humor and Irony Membership Serial Yearbook,” would now be a refereed journal called HUMOR: International Journal of Humor research.

Serendipity played a huge role in making our conferences newsworthy and exciting despite the fact that Tempe, Arizona was hardly a five star meeting destination city.

Some examples:

Don and I were eating lunch near the main ASU campus when a woman got up from a nearby table and came over to ask if we were “the humor people.” We confessed that “Yes, we were,” and she went on to explain that her best friend was married to Max Shulman and it had been years since she had seen her friend. She wanted us to invite Max Shulman to come to our conference so that she could have a good visit with her friend. Of course we followed up and were thrilled to have Max Shulman as our keynote speaker at one of the lunches. At the time, he was most famous for the CBS television series, The Many Loves of Dobie Gillis and for his novel Rally Round the Flag, Boys!
Over and over again, we had these kinds of experiences. When the humor conference was just an idea, Art Buchwald visited the campus and met with a few members of the ASU faculty who were planning to sponsor the conference. He gave us excellent advice. He said no one could have a humor conference running longer than two days because people would come expecting to laugh the whole time and this was impossible. We decided to lower people’s expectations by advertising that it was a “scholarly” conference. [Especially with titles like ‘Rethinking Batesonian Approach to Humor: A critical reformulation with relevance to Epsitemological and Cognitive Paradoxes of Humor.’ ~ EDS]

A Constitution Committee was appointed and we began serious work on figuring out how the organization could best move forward. One of the decisions was because the organization had many members from outside of the United States, the annual meetings should be held in the continental United States in odd-numbered years and outside the U.S. countries in even-numbered years.

Fortunately the US has annexed Canada, as the conference in 2017 will be held in Montreal July 10-14, 2017.

Don and Alleen Nilsen have wonderful stories of those early years when ISHS was truly “mom and pop.”

[Stay tuned in a future issue when Alleen recounts Rosanne Barr’s attendance and reaction to one of those early humor conferences. ~ EDS]

Author Aileen Nilsen

Don and Alleen Nilsen stepped up in the 1980s to form what would eventually be known as the International Society for Humor Studies (ISHS).

Humor can alter any situation and help us cope at the very instant we are laughing.

Allen Klein

Planned ahead! This year the ISHS conference will take place in Montreal, Canada from July 10-14, 2017. Check it out! http://humorstudies.org/
Five Things I Discovered about Humor While Being in the Hospital, Being in Pain, and Being in Bed

By Allen Klein

ONE

Since I was in the hospital on New Year’s Eve, I tried to joke with some of the staff related to that celebratory night. When they changed my IV bags, I would ask them if that was the one with the champagne. A few of the staff would chuckle but others would not. I realized that some of the staff might consider laughing with a patient unprofessional, especially if they were from other countries where this might be the case. They were there to do their job and they took that seriously.

TWO

I realized that I, too, could not laugh at times either. When the pain was intense it was all encompassing. It totally took over to the exclusion of everything else. And even when the pain wasn’t as intense and when I was in a drug-filled state, struggling to deal with one small thing at a time, any humorous comment from someone else threw me off track and I had to start my thought processes all over again.

For example, when my wonderful and caring husband David, was making light of something I said, it threw me into a crying yelling tirade. Not because I didn’t appreciate his caregiving or his humor, but with my lightheadedness from the drugs, and the pain from my disease, I could not handle one more thing at that moment, even if it might have lightened up the situation.

THREE

If I looked for it, I saw that there could be humor between the bouts of pain. When my stomach was distended making me appear pregnant, I told people that I was going to name the baby after the hospital: Davies Sutter. From then on, the hospital doctor, who was fabulous and got my sense of humor, would joke with me on our daily encounters about whether the baby was born yet.

Once the pain started to recede the humorous thinking started to return. One of the signs that the medicine was taking effect and the colon was healing is that the bowels, which were blocked for five days, start to open up again. Everything comes rushing out, and I mean everything! In fact, I think I saw things that I misplaced around the house months ago.

FOUR

People are going to repeatedly ask you how you are feeling. If you want to tell them about all your aches and pains, fine go right ahead. But I found it too draining. Instead, I came up with a few catchphrases that I could use over and over again with various people. My favorite was the more positive, “I’m better than yesterday but not as good as tomorrow.”

FIVE

A few other non-humorous things I learned from this experience:

First is that I am not infallible. I have been fortunate to live a long and happy life. Mostly doing the work I want to do and hopefully bringing joy to others. I would like to do that as long as I can but this experience, along with a recent heart arrhythmia made me realize that I am not going to
live forever. Of course, I knew that intellectually, but now I know it on a much deeper level. (And, considering my recent medical condition, this was truly on a “gut’ level.)

Second is that pain is good. We tend to push it away, to avoid it. But without pain we would not know that something is wrong. It is a cry for help that needs to be heeded.

Finally, the third is that humor is complicated. It is there sometimes but not at others. It is there for some people but not for others. Some people will get it, some won’t. But it is always there, no matter what.

Author Allen Klein

Allen Klein is a prolific writer with over 957 books under his belt. He has so many books Amazon has given him his own category. Check it out – right after Kitchen and before Luggage.

Laughter is the best medicine — unless you’re diabetic, then insulin comes pretty high on the list.

Jasper Carrott

Dr. Finn performs a successful red nose transplant
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Watch for details at aath.org

Conference Co-chairs Sporty King and Heidi Hanna are getting ready for the next Annual Conference.

Celebrating 30 years of AATH!
Message to Members:
Welcome to AATH Humor Voice, a newsletter for, about, and by our members.
We hope you enjoyed it!

We’d like to hear from you about things you would like to see included. We are always looking for Member Spotlights. Please send your ideas to: Laurie Young— Laurie@LaughWays.com.

Next Issue
Humor, Death and Dying
Send us your stories, your thoughts, ideas, inspirations, drawings, and photos

If you have a book that you would like reviewed, contact Kelly Epperson at kelly@kellyepperson.com

Think about including AATH on your donation list!
We are a 501c corporation, which means you can deduct your donation on your taxes. We are changing but volunteers can’t do all that needs to be done and everything has a cost. Please keep AATH in mind.

Feelings aroused by the touch of someone’s hand, the sound of music, the smell of a flower, a beautiful sunset, a work of art, love, laughter, hope and faith — all work on both the unconscious and the conscious aspects of the self, and they have physiological consequences as well.

Bernie Siegel

Our editorial staff:

Laurie Young, Hunter and Gatherer - the place to come if you need to be hunted or gathered. Send her your stories, your articles, your baby pictures! Laurie@Laughways.com

Sporty King, Master of all Things Correct—To sum it up, Sporty does everything. He writes, he speaks, he’s a good friend. But that’s not all. This time he planned a whole conference and STILL had time to change alternatively speeled words. SK@SportyKing.com

Kay Caskey, Who knew she was our best defense against threats from the Soviets space program? There is an ENORMOUS brain behind that cheerful smile. Send her your research papers and articles with big words. And of course the complaint department is all hers. Kay@LaughWays.com

Most importantly, thanks to all the authors who have helped make this newsletter a reality.
Click and Shoot; Cut and Paste; Upload and Insert.

By Deb Gauldin, RN CHP

Recently I was updating a presentation for overextended and underappreciated nurses. That would include all nurses, by the way! As I was scanning the plethora of Facebook pages, blog sites, memes, Google images, and other available resources, I flashed back to earlier days in my career. This period fell somewhere after the Dark Ages but before the internet.

To share just one funny visual took more steps than assembling an entertainment unit from Ikea. I would shop for and purchase a greeting card with an amusing image. I would wait until the lighting outdoors was just right and place the card on the driveway. Then I would drag a chair outside and perch over the image with my camera and hope there would be no glare or silhouette reflecting back at me. I had to complete the camera roll and take the film to be developed into a slide format. Several days later I would hold the freshly labeled slide up to a window, give it a good deal of scrutiny, and “crop” the image with strips of thin silver tape. I did my best to secure legal permissions, but still worried about copyright enforcers. I’d never seen one, nor a truant officer or troll. I was vigilant just the same.

Today it is easy to capture an image of just about anything. Giving a presentation titled, “Nutty about Correctional Facility Nursing or Just Plain Nuts?” a Google search brings up a squirrel wearing a prison issued jumpsuit. Though it might be easier and require fewer steps than capturing, costuming, and photographing a squirrel myself, technology is not fool proof.

An example of this occurred when I was asked by the First Lady of Wisconsin to present a workshop titled, “As Long As Your Fat Grams Aren’t Double Your IQ, You Are Probably OK.” The program addressed ways the media and the diet industry conspire to keep women feeling bad about their bodies. Part of the workshop was a Power Point presentation showing women’s fashion and advertising through the decades.

At the very last minute, I decided to import a few more images. An obvious image from the ‘50s is a poodle skirt, so I Googled “poodle skirt” and found one of a woman in a poodle skirt. Not only that, she was playing a guitar! This was perfect. I quickly imported it into the slide sorter mode and didn’t think a thing of it.

The event was attended by mostly older women… wholesome Midwestern ladies who still serve fruits floating in Jell-O on Sundays. First the ladies drew size tags from a bag. These tags represented every imaginable body size. They spent some time reflecting and discussing what it might be like to live as the random size they had chosen. Then, to explore the ways we learned to judge our size, I began my Power Point presentation. I reached the sweater girls of the 1950s and moved on to Twiggy. I was advancing forward to the 1970s when a woman who reminded me of the Saturday Night Live “Church Lady” character spoke up. She requested I reverse back several slides to the poodle skirt. Then in a tiny warbling voice she asked, “What ARE those poodles doing?”

OH MY GOSH! How could I have missed it? The poodles were “doing IT” right there on the skirt! I was absolutely mortified. Of course the place went up for grabs and everyone had a good laugh. The technology was so easy and quick, I had not even noticed. I wasn’t arrested for indecency, or fined for lack of permission, but just in case, I kept myself on the “down low” at the correctional nurse’s conference.

Author Deb Gauldin

Deb is a singing nurse who delivers hilarious talks for over-extended and under appreciated people, especially women.