

notes for practice

Humor in Therapy

CLAUDIA M. DEWANE

Humor, as referred to in this article, is the mental faculty of discovering, expressing, or appreciating something that is or is designed to be comical or amusing. Unfortunately, not much literature can be found concerning the use of humor in social work practice. It seems that social workers take themselves very seriously and rarely write articles about anything as frivolous as humor in therapy.

Throughout social work training, social workers are taught to keep an amicable distance between themselves and the client. Often they are taught that to attempt to become "close" to a client reflects the worker's need to be accepted by the client and signifies the worker's insecurity; to joke with a client shows an attempt to diminish the severity of the client's distress and demonstrates the worker's inability to handle the stress of the situation. Humor is seen, then, as an avoidance mechanism for both client and worker.

This concept has merit. It is true that the inappropriate use of humor could appear to diminish the importance of the client's problem and could create a distance between client and worker. But, as with any technique, humor's appropriateness depends on the circumstances in which it is used. For example, MacKinnon and Michels emphasize the importance of avoiding humor with clients who present paranoia because humor is threatening to paranoid clients.

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They are unable to appreciate that humor is often subtle and ambiguous. In addition, their humorous interests may lie only in sadistic or aggressive situations.¹ Humor may also have an adverse effect with the overtly psychotic patient whose preoccupation with self or psychotic fantasy usually results in a noticeable lack of humor.

An inexperienced therapist may use humor inappropriately, and therefore destructively, and may display anxiety and possibly unconscious hostility toward the client through sarcasm. Humor in therapy must be differentiated from sarcasm and ridicule. Humor cannot be used in a condescending manner, nor can it be used to express the therapist's feelings about the client. A therapist, as always, must be sensitive to each client's limits. Humor should be used as a means to look at the client's problem from a different perspective. If a client is able to find a humorous side to the problem, his or her despair may be lessened. Kubie says:

Humor can exert a humanizing influence . . . can be a social lubricant . . . facilitating for some participants . . . conversation and communication . . . yet others are . . . frightened by a general impersonal atmosphere of joviality.²

Humor can express affection but can also mask hostility. It can soften the harshness of disagreement, but it can also leave the client with a disturbing sense of ambiguity, and, for the therapist, it can exacerbate the complex entanglements of countertransference.

THEORY

Despite the cautions surrounding its use, humor does have its place in therapy. It can be normalizing. Humor serves to break the ice in an initial interview. A client may feel more relaxed, more "normal" if he or she can laugh. In establishing a relationship, the warmth elicited and solicited

by client and worker through humor can provide the intimacy essential for a functioning relationship. A client's ability to joke with the therapist may indicate the level of the client's psychological development or an attempt to seek approval from the therapist—the surrogate parent.

The therapeutic benefits of humor depend on the "therapeutic alliance" between client and worker, as Poland suggests.³ Furthermore, humor is indicative of that alliance and of the client's observing ego. The level of a person's ego strength can be measured by his or her ability to deal with humor. The ability to laugh at one's self may be one indication of an integrated personality. Mental health professionals often fall into the cynical habit of looking for pathology in clients. The use of humor provides a comfortable avenue for reinforcing the search for a client's ego strength.

The analytical reader will see how humor can serve as a cathartic release, a displacement of aggression. Freud postulated that humor disguises aggressive impulses.⁴ Humor, as a technique, can be used to redirect misguided aggressive energies. Likewise, the ego theorists will use humor as an affective test to measure a person's social awareness and interactional capacities. By evoking a response and measuring an affective response, important diagnostic indicators can be highlighted and can be applied in the diagnoses of both mood and thought disorders.

IMPLEMENTATION

Humor has proved effective for both worker and client as a device for broaching sensitive or potentially em-

¹ Roger A. MacKinnon and Robert Michels, *The Psychiatric Interview in Clinical Practice* (Philadelphia, Pa.: W. B. Saunders Co., 1971), p. 288.

² Laurence S. Kubie, "The Destructive Potential of Humor in Psychotherapy," *American Journal of Psychiatry*, 127 (January 1971), p. 37.

³ Warren S. Poland, "The Place of Humor in Psychotherapy," *American Journal of Psychiatry*, 128 (November 1971), pp. 635-637.

⁴ Sigmund Freud, *Jokes and Their Relation to the Unconscious*, James Strachey, trans. (New York: W. W. Norton & Co., 1960).

barrassing material. One client, when trying to discuss with this worker the undesirable side effect of impotence caused by his phenothiazine medication, blurted: "It takes the lead out of my pencil!" In this way the client and worker were able to discuss the client's impotence and its emotional ramifications openly, which led to further exploration of his marital difficulties.

A therapist who employs humor as a technique should also be prepared to be the butt of humor. For example, another client whose problem was avoidance, when confronted by the therapist with a stressful reality, replied: "You always rain on my parade!" This enabled client and therapist to discuss the therapeutic relationship. Also, the outburst was a test of assertiveness, a significant step for a client who presented pathological passivity.

Humor may be used as a technique in either individual or group therapy. It has a unique place in each, although timing in group situations is even more important than in situa-

tions with one individual. Destructive humor may be harder to resolve in a group than on an individual basis. Yet constructive humor in a group can promote a sense of universality. Laughing at common human weaknesses establishes a feeling of mutuality. The therapist, however, must not allow clients to use humor to obscure the real problem. Used in this way, humor becomes a defense mechanism.

Little need be said about the therapeutic value of laughter.⁵ The Bible endorses it: "A merry heart doeth good like a medicine."⁶ Blue Cross reports that laughter supplies six times as much oxygen to body tissue as a deep breath; the American Medical Association testifies that laughter has a preventive as well as a curative value in regard to health and illness; and studies have shown that laughter aids digestion and stimulates the endocrinological system.⁷ A person's emotional status, ranging from anger to cheerfulness, affects the secretion of glandular hormones adversely or favorably. Laughter, and therefore hu-

mor, may be important factors in the treatment of psychosomatic illnesses.

CONCLUSION

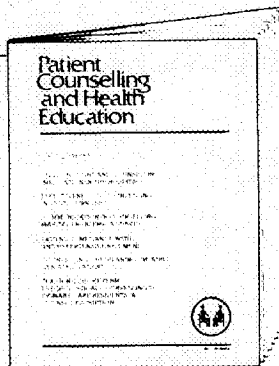
Although happiness is an accepted emotion, using humor is not an accepted technique in social work. According to a study done by Browning, psychology textbooks have sadly neglected the subject of the psychology and use of humor.⁸ A sense of humor is one dimension of personality. Used as a technique, humor can be a tool for observing human development and a barometer of the level of socialization. It gives therapists a clue to the client's cognitive functioning. Interpreting how a client perceives humor might be a way of understanding how culture influences that client's behavior. Thus, it is possible to analyze certain aspects of an individual's person-

⁵ Russell Pavy, *The Therapeutic Value of Laughter* (Newton, Pa.: Hearthstone Publications, Timothy Book Division, n.d.).

⁶ Prov. 17:22.

⁷ Pavy, op. cit.

⁸ Rufus Browning, "Why Not Humor?" *American Psychological Association Monitor*, 8 (February 1977), pp. 228-231.



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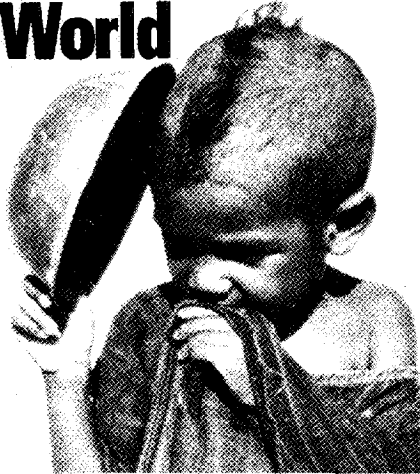
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ality by sampling that person's sense of humor.

With a client whose insight is minimal, humor can serve "as an avenue to simple understanding."⁹ In addition, humor gives the client a means of expressing charged feelings in a camouflaged and safe way. Characteristically, humor is spontaneous. By no means does this article intend to imply that humorous social work interactions should be premeditated or that one should laugh one's way through an interview. The pleasure inherent in a humorous situation is often derived from its spontaneity.

The use of humor in selected situations presents itself as a viable and often invaluable technique in social work practice. How rewarding it would be to hear a client previously plagued with neurotic depression say,

⁹ Leland Miller, "Humor as a Projective Technique in Occupational Therapy," *American Journal of Occupational Therapy*, 24 (April 1970), pp. 201-204.

¹⁰ Marianne Roncoli, "Bantering: A Therapeutic Strategy with Obsessional Patients," *Perspectives in Psychiatric Care*, 12 (October-December 1974), pp. 171-175.

"You've helped me to laugh again!" Obviously humorous intervention will not be appropriate for all therapists. It would be ludicrous for a therapist to use humor if she or he felt uncomfortable with it. This would only result in a fragmented relationship with both worker and client feeling uneasy. However, those therapists who are comfortable with humorous techniques should not shy away from using them. Roncoli states:

When employing humor in therapy, the therapist takes the risk of appearing imperfect, fallible, and human. But he also gives the patient license to behave imperfectly, fallibly, and humanly.¹⁰

Must therapy be an intense, draining experience? Occasional humor can help make social work intervention a pleasant experience in which painful insights may be mollified by levity. Humorous interjections can be beneficial for both client and worker. A therapeutic relationship without the appropriate use of humor can be a sterile interaction.

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