Catching the joke

Evaluating the use of humour in therapy

By Jim Lyttle
The use of humour in psychotherapy is not a new topic. Many people have written about client humour, what it indicates about therapeutic progress or how we might interpret it. Those who have written about therapist humour argue that humour softens intimidation, relaxes inhibitions, builds rapport and presents the therapist in a more approachable light. They typically offer examples of humourous interventions that worked well, and extol the virtues of a light-hearted perspective on problems (e.g., Scholl, 2007). Fewer writers have addressed the pitfalls of therapist humour (for an exception, see Kubie, 1971). Perhaps those pitfalls are taken to be obvious, or easy to manage. However, it is clear that attempted humour can go awry, causing offense, confusion, avoidance of the hard work or loss of authority and respect for the therapist (Ortiz, 2000). What has been missing in this debate is an attempt to analyze the situation theoretically. That is not surprising, since humour theory and even its definition are preliminary, at best.

Experienced therapists can often navigate the use of humour without reference to any theory because of their long experience and (typically) painful mistakes. New therapists, however, need some guidelines so that they are not practicing on real people with real problems. This article reviews what is known about humour with a view to providing tools that the therapist can use to analyze and evaluate specific humourous interactions. Then it provides some examples of the application of humour in therapy that the reader can consider in the light of the preceding theory.

**Humour theory**

People have wondered about laughter and humour at least since they were able to write. Now there are some expansive bibliographies (Goldstein & McGhee, 1972; Nilsen, 1993; Rutter, 1998) but still no generally accepted theory of humour or even an agreed definition. The word humour derives from the Latin umor meaning moisture or fluid. Hippocrates theorized that people were comprised of four specific fluids that were referred to simply as “the humours.” Having a good balance of these fluids was thought to lead to an even temperament that was referred to as being in a good humour (McGhee, 1971). Over time, any attempt to put people into a good mood came to be known as humouring them and any material that was used by a humourist in this effort became known as humour. Thus, the meaning of the word gradually evolved from referring to an internal state to referring to the external stimuli that might cause that state (Chapman & Foot, 1976).

Definitions of humour range from the very subjective “certain psychological state which tends to produce laughter” (Veatch, 1998, p. 162) to the very objective “any message-transmitted in action, speech, writing, images or music-intended to produce a smile or a laugh” (Bremmer & Roodenburg, 1997, p. 1). Some definitions have tried to address both the objective and subjective aspects of humour, such as “the view of two or morw... incongruous parts or circumstances... acquiring a sort of mutual relation from the peculiar manner in which the mind takes notice of them” (Beattie, 1778, p. 347). The simplest definition I have found that honors both the subjective and objective aspects of the phenomenon without being circular is “the enjoyment of a perceived or imagined incongruity” (Morreall, 1987, p. 135). He goes on to add that there is pleasure in the cognitive shift of appreciating the incongruity, boosted by positive emotions. For the sake of this discussion, I will define humour simply as the enjoyment of incongruity.
Functional theories

Evolutionists (e.g., Darwin, 1872) have looked at laughter and considered it to be adaptive. They point out that it is pervasive in humans, has a relatively early onset, and can be found in related species. Humour seems to allow for the rehearsal and development of the abstract skills that humans will need, much as play fighting helps all animals prepare for hunting and battles (McGhee, 1979).

Humour also seems to operate like a circuit breaker, disabling people to interrupt misguided behavior patterns (e.g., Minsky, 1984). Indeed, laughter has been shown to chemically induce a ‘weak in the knees’ feeling (Ben-Ari, 1999). The idea that there is an evolutionary preference for humour is supported by any evidence that it is beneficial to us. Physiological benefits of humour come from its relationship with laughter, which provides general health benefits such as improved respiration (Fry Jr. & Rader, 1977) and specific benefits such as improved natural killer cell cytotoxicity (Bennett, 1997) and increased levels of secretory immunoglobulin “A” (Perera, Sabin, Nelson, & Lowe, 1998).

Psychological benefits of humour come from the sense of humour, which seems to moderate the ill effects of stress (Lefcourt & Thomas, 1998). It has been shown to be associated with positive personality characteristics such as optimism and self-esteem (Thorson, Powell, Sarmany-Schuller, & Hampes, 1997) and is associated with the capacity for regression in service of the ego (Sands, 1979).

Social benefits of humour come from the establishment of community (Mindess, 1971). The shared assumptions that underlie “getting a joke” signal a community of like-minded listeners. This has been shown to be a factor in selecting romantic partners (Butzer & Kuiper, 2008) and humour can act as a social lubricant, allowing us to correct others while letting them save face. Many authors speculate that laughter itself was originally a vocal sign to other group members that they could relax in safety after a perceived threat had been vanquished or turned out to have been non-threatening (e.g. Hayworth, 1928).

Intellectual benefits of humour come from the association of its creation and appreciation with high intelligence (Galloway, 1994) and creativity (Murdock & Ganim, 1993). Humour involves the suspension of the ‘normal rules’ as does innovation (Humke & Schaefer, 1996). Finding or creating surprising connections between things is the same skill that is used in creative problem solving. The existence of all of these benefits provides support for the idea that a sense of humour might have been favored through natural selection.

Sigmund Freud, following on Herbert Spencer (1860), hypothesized that laughter erupted from excess energy pent up by sexual and aggressive repression (Freud, 1960). He saw humour as a relatively clandestine way of expressing these socially proscribed urges. Empirical research tends to confirm Freud’s contentions (Redlich, Levine, & Sohler, 1951) and suggests that simple cognitive explanations of the humour process miss important subconscious aspects (Deleanu, 1983). Freud could not understand the appeal of nonsense humour, but Minsky (1984) was able to explain it as a rebellion against the ‘logic police.’ It seems reasonable to conclude that humour and laughter do indeed have survival value, even though they usually serve as an alternative to actually resolving a problem.

Incongruity theories

Incongruity theories (e.g., Kant, 1951) state in various ways that humour consists of the juxtaposition of the incongruous. Indeed, such incongruity seems to be a ubiquitous quality of humour stimuli such as jokes and cartoons. Things that are congruous or expected are generally mundane and rarely funny.

Most humour involves not only incongruity, but also some sort of ‘resolution’ of that incongruity. Tom Shultz (1972) found that children under seven would laugh at a simple incongruity, but that older children required a surprising resolution of that incongruity before finding something funny. This incongruity-resolution view has been favored by Gestalt psychologists (e.g., Maier, 1932) and cognitive psychologists such as Daniel Berlyne (1969), who argued that laughter is the result of brief arousal beyond our normal tolerance followed by a sudden “jag” when that arousal turns out to have

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been unnecessary. With or without resolution, it seems that there must be some incongruity in a stimulus if it is to be thought of as funny, and if it is to stimulate the experience of humour.

**Superiority theories**

Superiority theories state in various ways that we laugh at people or situations over which we feel superior. It is not that all humour is ridicule, but that we rarely laugh at people or situations that are currently overwhelming or frightening to us. As an aside, these are the oldest theories and therefore address laughter rather than humour. Laughter is related to humour and certainly relevant to any study of humour, but cannot be equated with humour.

Plato was concerned that laughter was a form of malice that caused people to surrender self-control and should perhaps be forbidden (Plato, 1906). Aristotle agreed that a joke was a tool to ridicule others who were ignorant, vain or hypocritical, but he advocated moderation instead of censorship (Aristotle, 1955). Consider the following oft-quoted passage:

Men laugh at mischances and indecencies, wherein there lies not wit or jest at all … the passion of laughter is nothing else but sudden glory arising from some sudden conception of some eminency in ourselves, by comparison with the infirmity of others, or with our own formerly. (Hobbes, 1968)

Humour scholars and practitioners, having devoted their lives to humour, are understandably reluctant to characterize it in such a negative way. In fact, Abraham Maslow argued that this theory only applied to those at lower levels of development. He predicted that self-actualizers would have a more refined (what he referred to as “unhostile”) sense of humour and, specifically, a distaste for sexual jokes (Maslow, 1972). However, Robert Priest found that everyone, including those who scored as self-actualizers on tests, preferred humour that was targeted at someone (Priest & Wilhelm, 1974).

We have found that people prefer humour that is at the expense of an out-group (e.g., La Fave, Haddad, & Marshall, 1974). Two thirds of the humourous remarks in group conversations were found to be directed at some specific person or situation and the majority of these remarks turned out to be disparaging (Scogin & Pollio, 1980). Hot tea spilled on an experimenter was found funny only when the experimenter had acted rudely (Zillmann & Bryant, 1980). Although we may not be comfortable with this characterization of the essence of humour, it seems to be true that people usually make fun of things over which they feel some degree of superiority.

**Integration**

While advocates of these theories sometimes portray them as being in contest with one another, they can be integrated fairly easy. First, incongruity of some sort is required to get attention, because congruous events are commonplace. Second, if that incongruity is not seen as threatening or frightening, superiority theories predict that it will be found funny rather than confusing or annoying. Finally, to the degree that the safe incongruity taps into normally repressed areas such as sex or aggression or silliness, it will be funnier and will tend to generate stronger laughter.

A recent integration of these theories is called Benign Violation Theory (McGraw & Warner, 2010). It postulates that humour occurs when something seems wrong and unusual (as described in incongruity theories) and yet is not really threatening to us (as required by superiority theories).

This discussion of what humour is and how it operates will help us understand its effects on clients. But there is a special dimension in the context of theory that we cannot ignore; the power relationships.

**Coalitions in Treatment**

Interpersonal joking has been said to involve three participants (Freud, 1928). There is someone who initiates the humour, someone else who agrees that it is funny, and someone who is being teased or ridiculed. This is not always the case, of course. For example, much humour does not target an individual but may be about ideas, political institutions, or inanimate objects (Bain, 1888). There need not always be a “butt of the joke,” but there is always something or someone that the humour is about; something or someone that is being identified as absurd or laughable in some way. In a more general sense, participants in any humourous interaction include someone who started it (the initiator of the humour), at least one person who agrees that it is funny (the appreciator of the
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Humour, and something or someone that the humour is about (the object of the humour).

Of course, more than one role can be played by the same person. For example, in self-effacing humour, we serve as both the initiator and the object of the humour. Being teased by our friends, we serve as both the object and the appreciator of that humour. In chuckling to ourselves, we serve as both the initiator and the appreciator of some humour. If we laugh at some mistake we have made, we can serve all three roles at once. However, one way or another, these three roles seem to be present when interpersonal humour occurs. In analyzing and evaluating humorous interactions by therapists, we will have to take careful note of who is occupying which role.

Tom Dwyer took this idea of three participants and added consideration of Triad Theory (Caplow, 1968). Triad Theory suggests that, wherever there are three persons or entities, two of them will tend to form a coalition against the other. In the case of a humorous interaction, it is easy to think of it as a coalition between an initiator and an appreciator (however lightheartedly) against an object.

Some part of any discussion of the ethics of humour would have to assess who is occupying each role (and especially the role of the object). Anthropological work on joking relationships (e.g., Radcliffe-Brown, 1940) has shown that we can tell who holds the power in a society if we know who is traditionally allowed to joke with whom.

When clients enter therapy, they often feel overwhelmed by some sort of problem. We want our therapists to use humour to establish what I will call a Therapeutic Coalition, in which the therapist and the client have united in a coalition against that problem. This will happen, for example, when the therapist appreciates some humour that the client initiates at the expense of the problem. In that case, the therapist and client have formed a coalition to make light of the problem. Although they may be trivializing the problem, they are attacking it in partnership.

Likewise, if the client appreciates humour that the therapist initiates at the expense of the problem, they will have formed a coalition against the problem.

We want to avoid what I will call a harmful coalition, such as when a therapist makes fun of a client’s handling of the problem. In this case, it will feel as if the problem and therapist have formed a coalition against the client. This is rarely desirable. In the end, we hope that the result of partnering with the client will be to generate what I will call an ideal coalition. In this situation, clients are able to both initiate and appreciate humour at the expense of the problem, thus forming an internal coalition against the problem without need of the therapist. Presumably, clients are coping well when they have the skill to initiate humour at the expense of the problem and the peace of mind and perspective to sit back and appreciate it.

Risks and Dangers

The most cited argument against humour is that it violates the incognito of the analyst (Kubie, 1971). This is not a serious problem for therapies that rely less on projection than psychoanalysis. Kubie also argues that a diagnosis of paranoia is a contraindication to the use of humour. The ambiguity in humorous remarks will almost certainly be interpreted by the paranoid client as a sign of subterfuge. He further posits that inexperienced therapists are likely to overuse humour as a method of coping with their own nervousness, without being sensitive to client reactions. He warns against using humour too soon in the therapeutic relationship, when play signals have not yet been established and tested.

Humour, almost by definition, interrupts the flow of the work that is being done (Mann, 1991) and should generally be used to transfer a more broad perspective (Mindess, 1976). It should not be allowed to distract the process from therapeutic
goals (except briefly, as comic relief) and must not be used to question the worth of the client (Salameh, 1986). Also, it should not be allowed to become a tool for avoiding important issues (Grossman, 1977) or seducing therapists from their proper position of authority (Poland, 1971).

One common use of humour is to introduce an interpretation. Indeed, humour's metaphorical nature can help a client see a connection that might be too complex to narrate. Humour has a half-truth (‘only joking’) quality that can save face when an interpretation is not accepted right away, and the emotional content in humour might bypass the rationalizations of clients. However, such a de-committed interpretation might not seem to have the therapist’s full sponsorship. It may be taken lightly because of that, or just because of humour’s inherent quality of irreverence.

While the most effective use of humour is probably to form a Therapeutic Coalition with the client against the problem, it is not clear that clients can be relied upon to make such distinctions objectively, especially early in the process. The enjoyment of humour presupposes an ability to stand apart from oneself that may in fact be one of the client’s main challenges in therapy (Bloomfield, 1980). So there are many caveats about the use of humour in the therapeutic context. When does it work and when does it not?

Here are some examples of the use of humour. We’ll leave it to you to decide whether or not they worked.

Walter O’Connell

O’Connell is an Adlerian and thus focuses on self-esteem (SE) and social interest (SI) in his Natural High Therapy. He asserts that, in using humour, clients adopt a non-victim perspective (SE), a view that is supported by our earlier discussion of superiority theories. Also, he feels that clients must adopt reasonable acceptance of others (SI) if they are to create humour that is amusing without being just bitter or sarcastic (O’Connell, 1981). He acknowledges that humour requires something unrelated to these goals, namely “love of the paradox” (O’Connell, 1987, p. 57), which fits quite well with our operational definition of humour as the appreciation of incongruity. He argues that humour takes a post-modern and antirealist perspective, if only playfully. O’Connell writes in a cute or silly style, inventing words like “demandments” and generally representing well the California human potential movement.

As a sample, here are five of his favorite aphorisms:

1. To be alive and human means to have thwarted expectations. The trick lies in not upsetting oneself about being upset.
2. Discouragement is the unpardonable sin.
3. The greatest and most prevalent delusion of mankind is that ‘Life must be Fair.’
4. Pampering is a horrible form of rejection.
5. How short the journey from the helplessness of infants to the hopelessness of adults. (Fry Jr. & Salameh, 1987, p. 75)

This is O’Connell’s description of his interaction with a client he identifies only as “Survivor.”

Survivor did like meditation, but not guided imagery, because he did not want anyone telling him what to do. “Good,” I said, “now you’ll learn real independence.” Survivor said he could not meditate (perfection and utter failure were his only alternatives).

Whenever I saw him pacing about, I congratulated him on his ability to one-point discouragement. Whenever I walked past him, he said “I can’t do it.” I replied, “You are doing it, and can do it better.” One day I tried a new group approach. I brought in scores of cartoons ridiculing the assumptions of discouraged patients and pompous therapists.

Survivor loved them. Whenever I saw him pacing, I said, “Think of a joke.” Each morning thereafter Survivor presented me with a joke. He volunteered for psychodrama and shortly after was tricked (by role reversal) into being a patient. He finally self-disclosed his tragicomic ego pretensions, was able to laugh at these mistakes, and learned to value his deep Self. Survivor eventually left the hospital, found a girlfriend, and even secured a full-time job for the first time in over 16 years.” (Fry Jr. & Salameh, 1987, p. 73)
Albert Ellis is another practitioner who has used humour extensively to challenge problematic client issues (Ellis & Harper, 1975). His therapeutic approach, Rational-Emotive Behavior Therapy (REBT), is based on the idea that people can be healthy if they (a) hold their preferences in perspective, instead of thinking of them as requirements, and (b) hold their beliefs and ideas as hypotheses, instead of treating them as dogma. It differs from other approaches such as Rogers’ client-centered therapy because therapists are expected to “directively and vigorously” challenge irrational client beliefs (Ellis, 1987, p. 267). Thus the use of humour in REBT can be directive and prescriptive.

In general, activating (A) events are presumed to lead to consequences (C) after being passed through a filter of beliefs (B). This normal situation is represented as A-B-C. For psychological health, one is encouraged to develop the habit of disputing those beliefs in search of a better outcome next time, represented as A-B-C-D. Since this is a skill or competence, it is reasonable to expect that it can be taught.

Ellis was known to write humorous lyrics to well-known tunes, ridiculing the irrational thinking that led to some client faux pas, and hoping to prevent its future occurrence. New clients are given a “song sheet” with several such tunes and may get the assignment to sing some of them appropriate to their own issues. Here are two of them. This first song would be sung to the tune of Yankee Doodle.

Love me, love me, only me. Or I’ll die without you. Make your love a guarantee so I can never doubt you. Love me, love me totally. Really, really try dear. But if you demand love too, I’ll hate you till you die dear.

This second song should be sung to the tune of the Battle Hymn of the Republic.

Mine eyes have seen the glory of relationships that glow And then falter by the wayside as love’s passions come and go. I’ve heard of great romances where there’s not the slightest lull. But I am skeptical. Glory, glory hallelujah. People love ya’ till they screw ya! If you’d cushion how they do ya, then don’t expect they won’t.

(Fry Jr. & Salameh, 1987, pp. 275-276)
Viktor Frankl used humour in many ways, including the technique of paradoxical intention that he introduced in 1939 (Frankl, 1959). This procedure, somewhat like the flooding used by behavioral therapists, consists of prescribing the symptom. Others, like Milton Erickson and the Palo Alto group, used similar interventions. Here is an example that Frankl uses to demonstrate how humour can take the wind out of the sails of a neurosis:

The stuttering problem of 17-year-old Horst S. Began four years previously, during a recitation in class. His schoolmates laughed at him, and their derision became for him a very traumatic experience indeed. Subsequently, his speech difficulty occurred with increasing frequency. Finally he refused to attempt oral recitation altogether. A year before, he was treated by a psychiatrist... but there were no beneficial effects. Dr. E. explained to the patient how the mechanism of anticipatory anxiety was involved in the pathogenesis of the trouble, and pointed out that the false attitude he had adopted toward it. Though the patient was very pessimistic, Dr. E. succeeded in getting him to say to himself, whenever the stuttering anxiety gripped him: “Oh, I’m afraid that I’ll stutter on a ‘b’ or a ‘p!’ Well today I think I’ll stutter through the whole alphabet for a change!” At first Horst merely laughed at the instructions, but later discovered that this laughter was the heart of the matter... though he could not bring himself to actually try paradoxical intention until after the fifth interview, he finally succeeded and after only two more psychotherapeutic sessions was able to resume classroom recitations free of any speech difficulty. (Frankl, 1967, pp. 231-232)

Harold Greenwald

Harold Greenwald is a clinical psychologist who could have been a stand-up comedian (Ceren, 1999). He is one of the few writers in this area who has acknowledged that his use of humour is not only for the client’s benefit but also to help him deal with the stress of confronting their symptoms all day (Greenwald, 1975). He developed a method called Direct Decision Therapy (with the unfortunate acronym of DDT), in which clients are encouraged to find and celebrate absurd contradictions and paradoxes.

In this example, Greenwald uses an ironic intervention to transfer a persecutory paranoid idea into a grandiose one, pointing out its absurdity through exaggeration. Note the dual relationship here:

The first case concerns Ray (not his real name), a 29-year-old student of psychology who was suffering, among other things, from many suspicious feelings. When he came to his first session, he worried that I was taping it. He looked very suspiciously at an electric plug connected to an empty line that I sometimes used for tape recorders or for a lamp and said, “I think you’re taping me.” We already had a good relationship because he had been in a class of mine and we had developed a friendship, so I felt comfortable using a humourous intervention with him in the first session. When he started worrying about that plug I said, “I’m glad you noticed it because I want you to know that right now as I talk to you, this microphone concealed here is connected directly with those record shops on Times Square and your session is going out in a dozen different loudspeakers, and people are gathered all over to listen to this crazy guy.” (Fry Jr. & Salameh, 1987, p. 45)
Probably the most controversial treatment is one that gives a central place to the use of confrontational humour (Farrelly & Brandsma, 1974; Farrelly & Lynch, 1987). Provocative Therapy assumes that people can change if they want to and that, when challenged, people will grow and change. This approach refuses to entertain client fantasies of being victims. Instead, it applies tough love as a sports coach might. Humour is used to confront unexpressed client thoughts or feelings, to exaggerate and ridicule negative thinking, and to discourage the client’s dread of a boring process because the technique is “compelling and influential” (Farrelly & Brandsma, 1974, p. 99).

In this example, Farrelly deals with a Client who is herself a therapist, and who has just lost two clients to suicide. They are in front of a large group of psychotherapists at a Provocative Therapy workshop.

Farrelly: (touching her knee, in a loud nonchalant tone of voice) Okay, Frieda (fictional name), what’s the problem?
Client: (in a trembling voice) Uhm ... I’ve had ... (catches her breath) two suicides within the last 3 weeks and I’ve been primary therapist ... responsible. Farrelly: (flatly) Yeah.
Client: Uhm, and they both did it after they left the hospital. Farrelly: (flatly) Yeah. Client: (struggles on, painfully) And I’ve had this lump in my throat for the last (her voice breaks) two days. (quickly hurrying on) Friday I went to the second (she stops abruptly, struggles for emotional control; audible intake of breath) I haven’t ... I told the mother (her voice breaks piteously) that I was sorry ... (long pause; on the verge of tears, she smiles fleetingly. Raises her hands, palms upward, and lets them fall helplessly in her lap, continues in a choking but perky and jaunty tone of voice) That’s it.
Farrelly: (maintaining eye contact steadily; abruptly, in a flat tone of voice) So you killed them. Client: (astounded, nonplussed, bursting out laughing in a choked tone of voice) Oh, shit!
Farrelly: (continuing blandly Sounds like your therapy is like cyanide.
Client: (doubling over with laughter) Ohhh! ... (Fry Jr. & Salameh, 1987, p. 92)

Here is a different example, in which he attacks a 30-year-old woman who believed that men could only want her for sex because she was ugly, even though her sister (an identical twin) was considered beautiful and had just been married:

Therapist: (disgustedly) Well, I see what you’re talking about. My God! Nobody but a sex maniac could go out with a gal like you, with big feet, think ankles, bulging calves, bowlegged ...
Client: (nervously laughing) No, I’m knock-kneed. Therapist: (In an annoyed, disgusted tone) Okay, okay, you’re knock-kneed, you’ve got fat thighs, sagging buttocks, a protruding abdomen, thick waist, flat chest, broad shoulders, a lantern jaw, jug ears, bulbous nose, furry eyebrows, two little pig-eyes, and hair that looks like an abandoned rat’s nest. But I’ll say one thing for you, your teeth sure look good.
Client: (laughing explosively) They’re false! (therapist and client dissolve in laughter) (Farrelly & Brandsma, 1974, pp. 177-178)

In this case, which is very typical of Frank Farrelly’s philosophy, the client has been ‘provoked’ to defend herself. There are two levels of humour here. Superficially, the client has initiated humour at the expense of the therapist. However, the therapist has deflected the issue of the client’s appearance by focusing on her oral remarks. This type of humour is often used to deflect the client’s own negative thoughts and feelings, and to redirect the therapy away from the client’s own issues.

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Frank Farrelly
of her false teeth (the object of the humour) to the appreciation of the therapist and, in this case, of an audience of onlookers. However, at another level, the client is striking back at the therapist’s harassment with pre-emptive self-effacing humour. She has won a contest with him, by insulting herself better than he did. The client and therapist, who at first seemed to be in competition, are now firmly on the same side in a therapeutic coalition against the problem.

It might be helpful to understand Farrelly’s background. He is a social worker who worked in the back wards of the Mendota Mental Health Institute in Madison, Wisconsin for 17 years. He worked with clients who had been abandoned as hopeless. In that situation, one is free to try radical techniques because everything else has failed. Further, his clients’ long experience (and frustration) with the mental health system meant that his shocking approach might be almost refreshing.

He came upon the method by accident, when he lost his temper with a client who wrote mean letters to Farrelly’s secretary. The client said that he could not be blamed, since he was mentally ill. Suddenly, Farrelly saw these clients as using their diagnoses to shield themselves from the consequences of their behaviors. He thought they might respond better to someone who cared enough about them to push for and demand recovery.

He had some success with this approach, which became famous when it was ‘modeled’ by NLP founders John Grinder and Richard Bandler. Now, he travels around the NLP circuit in Europe giving demonstrations to audiences of hypnoterapists and other practitioners and talking about his experiences with remote viewing.

**Thomas L. Kuhlman**

Kuhlman is a clinical psychologist who was very interested in using humour and wrote a great book on the topic (Kuhlman, 1984). He is also one of the very few who tells, with admirable candor, of a failed attempt at humour. This involves a client who was gaining independence from his abusive family and was considering a night out with an old friend.

Speaking of a local dance hall, the client explained:

*Client: (Talking matter-of-factly at first; speech growing progressively tentative) You know, a lot of neat girls go there. Sometimes they ask the guys to dance! [pause] If I made a fool of myself there, I know I’d want to just jump out the window.*

*Therapist: (Lightly) Well, if you do, put it off until our next session and I’ll let you use one of the windows in my building here. It would probably work better here anyway; we’re seven stories off the ground.*

*Client: (Brief laughter, breaks eye contact by looking down at the floor. Continues matter-of-factly) Or maybe we could go down to the baseball game if the Reds are playing at home that week …* (p. 83)

Nothing further was said about this in the session, but the client cancelled the next appointment and failed to show up for the re-scheduled appointment. When contacted, the client reported that he had overslept and later his mother notified Kuhlman that her son was going away for a few weeks to stay with other relatives. On his return, the client announced that he felt better and did not need any more therapy. Pressed to attend a (free) wrap-up session, the client finally attended after two no-shows. Asked whether the therapist had offended him in some way, the client denied it. Pressed again, the client said that he thought the therapist had made fun of the way he kicked the wall when angry (something that had not even been discussed). The client left, promising to keep in touch, but was never heard from again. Kuhlman attributes this alliance rupture, in large measure, to his ill-timed use of humour.

In this case, the therapist is the initiator of the humour. The object of the humour is the client’s remark about suicide, which the therapist ironically offers to support. The client is expected to be the appreciator, and he did indeed laugh, but it seems almost certain in retrospect that this was only polite or nervous laughter. Kuhlman writes that, if he had acknowledged the shallowness of that laughter, that incident might have ended much differently. If he had confronted the failure of the humour, that incident might have ended much differently. If he had confronted the failure of the humour, he might have built some trust. Instead, the therapeutic alliance was ruptured and we can never be quite sure what the client was thinking or feeling.
Conclusion

The Ethical Principles of Psychologists and Code of Conduct (2002) address both beneficence and non-maleficence in its first (of five) general principles. “Psychologists strive to benefit those with whom they work and take care to do no harm” (Editor, 2002, p. 1062). The first part of that sentence suggests that, if therapists use humour, it should be to benefit those with whom they work. Other kinds of humour (comic relief, for example) lack the legitimacy afforded to humour that directly advances therapeutic goals. Only limited and controlled risks should be undertaken to indulge in humour that produces only indirect benefits. Somewhat more risk might be appropriate if there is a clear therapeutic “upside” to that risk.

The second part of that same sentence suggests that, if therapists use humour, it should not generate harm. One way to do this is to use humour that has been prepared, vetted, and refined over time. Although this “canned” humour is less intense than spontaneous humour, it is easier to develop it over time and verify that it is appropriate.

The closing sentence of that principle reminds us that “Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work” (p. 1062). Thus, if therapists use humour, they must be aware of, and manage, any material that might come up inappropriately in session. This is not different from any other back-and-forth activity, such as a debate, that might spontaneously become emotional. However, it is appropriate to repeat the caveat for emphasis. The therapist always has the responsibility to keep in check any hidden or other urges that might interfere with the therapeutic alliance.

On balance, it is clear that the benefits of therapist humour come with great risks, including losing authority and influence, offending clients, interrupting their progress, wounding them and/or sending them away permanently from the therapy. Most of our humour research suggests that humourous interventions can work, but that is not good enough. We need to know whether it produces a result so superior to alternative methods that it is worth the inherent risks. When that sort of question is asked, humour is rarely shown to be more effective than traditional approaches with well-known risks and side effects (e.g., Walter et al., 2007).

For all of the acknowledged benefits of humour in sending a memorable and impactful message, it should not be used by those who doubt their ability to do so effectively. Perhaps, as at least one author has suggested, we should provide training for new therapists in the elegant use of humour (Franzini, 2001). In the meantime, we can use the ideas discussed here to analyze the use of humour by therapists and to suggest ways to improve its focus and safety.

About the author

Born and raised in Canada, Jim Lyttle studied philosophy and psychology before completing a doctorate in organization studies at York University. He has taught in America since 2001, and is currently at the University of Minnesota in Duluth. He conducts research on the effective and responsible use of humor (more details at www.JimLyttle.com).
References


