

# The Use of Humor in Psychotherapy

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One extremely potent, yet apparently little recognized tool in psychotherapy is humor. By "humor," I am referring to something positive that brings mutually shared enjoyment and pleasure; that which is philosophic rather than belittling. Humor as a therapeutic tool must build instead of knock, and therefore excludes sarcasm and cynicism which aggrandize the self at the expense of others.

Positive humor is potent because it is a universal means of relationship-building. Those who laugh together soon forget their differences as humor provides a common bond for mutually shared experiences where the participants momentarily drop their guard and relate authentically. It may be said that a good belly-laugh levels all ranks and convinces all of the laugher's humanity. Humor is also a universally accepted indicator of positive mental health, with a sine qua non of emotional adjustment being the ability to laugh at oneself. Regardless of the cultural background and varying definitions of mental disorder, it is generally agreed that as an individual becomes emotionally disturbed, one of the first aspects to become impaired is the positive sense of humor. This becomes eclipsed by a lessening of social interest accompanied by an inordinate emphasis on superiority as opposed to equality. The disturbed person takes himself and his difficulties devastatingly seriously. (O'Connell, Personal correspondence).

The establishment or return of a positive sense of humor may well be considered a goal, or at least a highly desirable by-product, of psychotherapy, and the degree to which the sense of humor becomes established may be considered one criterion of the success of therapy. The person with a sense of humor is more likely to be flexible and able to take the exigencies of life in stride. Humor can thus become a buffer, without which a person would have to rely on less adaptive means to face the onslaughts of life. Humor becomes a sign of the encouraged person; its absence, a hallmark of discouragement (O'Connell, 1975a).

From the Adlerian viewpoint, the overall goal of psychotherapy is to help the client move from a perceived minus situation to a plus situation

(Ansbacher & Ansbacher, 1956), to recognize and alter his mistaken notions (Shulman, 1971), and to develop a more effective, courageous, and egalitarian approach to the tasks of life. In short, this is the process of encouragement. As a part of the therapeutic relationship, humor becomes encouraging and serves many purposes. Its use early in therapy takes the "edge" off the client's anxiety regarding the awesomeness of the therapist and the therapy process. With the appropriate use of humor, the therapist demonstrates his humanness, that he is a "regular guy" who need not be feared (O'Connell, 1975a). In my own practice I have found that humor also facilitates trust and the cementing of the therapeutic alliance. After all, someone who jokes with you can't be *all* bad. I was treating an emotionally immature, highly discouraged, and dependent 14-year old boy with very poor eyesight and poor coordination. He was picked on by his peers at school and had only one neighborhood friend. He was a teacher's pet and a tattletale, and displayed a very superior attitude with his peers. Initially, it was difficult for him to talk with me in therapy, so at the beginning of each session we swapped jokes and had some good laughs together. This was an effective icebreaker and led to the establishing of a relationship more rapidly than would have been possible otherwise.

Humor helps demonstrate acceptance and respect for the client, and also helps put the course of therapy in a positive direction. Although the therapist takes the client and his problems seriously, humor lets the client know that the therapist entertains hope and does not feel overwhelmed by the difficulties the client presents (O'Connell, 1975b). Humor is contagious, and usually the client will respond positively to it.

In the analysis phase of therapy (Dreikurs, 1967), humor allows the client to see, as Adler did, that everything can be something else as well, and that the client's problems have more facets than he originally anticipated; that problems may be redefined as opportunities for growth (O'Connell, 1975b).

In the interpretation phase, which bleeds into that of reorientation/re-education (Dreikurs, 1967) humor becomes a marvelous technique for allowing the client to see some of the useless things he is doing without becoming offended (O'Connell, 1975b). Again, humor takes the edge off and lessens resistance. I have found that when some of my strongest interpretations are presented with a glint in my eye or phrased in a humorous way, they have had better results with a higher degree of acceptance by the client. The therapist's message becomes, "this is what you're doing to louse yourself up, but I still like you anyway." One of the most difficult things for many clients to do is to develop and maintain a truly positive (not brava-do) sense of self-worth while finding out something about themselves which does not fit their self-ideal. The acceptance of self-worth, as a given apart from actions, must be learned in the process of therapy.

As the client begins to laugh with the therapist, he grows in his feelings of self-control over his problems. This is especially true in depression, as depression cannot survive a state of humor. When the client can bring himself to laugh, he vividly demonstrates to himself that he, not his symptoms or moods, is in control of his life. A true realization of this fact is often the turning-point from which earnest improvement can develop.

Since humor is contagious, usually the client will become encouraged by the therapist's encouraging outlook, and will use the therapist's sense of humor as a model for his own. Modeling is an important therapeutic responsibility (O'Connell, 1975a) and is one of the fastest ways for the client to develop a positive sense of humor. Like responsibility, humor cannot be taught didactically, but must be observed and personally experienced to be mastered. Contrary to the opinion of some, a discouraged therapist will find it difficult at best, if not impossible, to encourage a discouraged client.

Although humor is an effective therapeutic tool, certain conditions must prevail. First, the humor must be genuine on the part of the therapist. If it is not, the client may feel conned and may back off through heightened resistance. It also goes without saying that humor must never be at the client's expense. This discourages and is the antithesis of effective therapy (O'Connell, 1975b). Thirdly, the therapist must know his client and must understand what kind of humor is appropriate, the degree of subtlety necessary and when it should be used. Although generally very effective with depressives, using the same humor with a highly paranoid client, especially early in therapy, may prove disastrous. Common sense, clinical sensitivity, and skill are essential in the use of humor. Then, humor in therapy becomes a backdrop against which a variety of techniques are used, a part of the peculiar style of the clinician who employs it (O'Connell, 1975b).

The poets can usually say things more tersely than those of us who resort to prose. This quote from Jack Point, the jester in *The Yeoman of the Guard*, succinctly sums up the use of humor in psychotherapy.

When they're offered to the world in merry guise  
Unpleasant truths are swallowed with a will.  
For he who'd make his fellow-creatures wise  
Should always gild the philosophic pill!

### References

- Ansbacher, H.L., & Ansbacher, R.R. *The Individual Psychology of Alfred Adler*, New York: Harper and Row, 1956, p. 1.

- Dreikurs, R. Goals in therapy. In R. Dreikurs, *Psychodynamics, Psychotherapy, and Counseling*, Chicago: Alfred Adler Institute, 1967.
- Gilbert, W.S., & Sullivan, A. The yeomen of the guard. London: London Record Company.
- O'Connell, W.E. The humorist: An ideal for humanistic psychology. In W.E. O'Connell, *Action Therapy and Adlerian Theory*. Chicago: Alfred Adler Institute, 1975. (a)
- O'Connell, W.E. The humorous attitude: Research and clinical beginnings. In W.E. O'Connell, *Action Therapy and Adlerian Theory*. Chicago: Alfred Adler Institute, 1975. (b)
- Shulman, B.H. Confrontation techniques in Adlerian psychotherapy. *Journal of Individual Psychology*, 1971,27, 167-175.