

Humor: The Untapped Energy Resource

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Adlerian Actualization

My professional interest in humor goes back to my thesis of thirty years ago (O'Connell, 1975, 1976b). Since that time, I have researched humor in non-Adlerian circles where such an interest was considered sick, irrelevant, and/or hostile. But now is an apt time for a humor focus. Psychology is beginning to move from pathology to actualization, albeit slowly.

Adlerian practice touches upon the sense of humor, but there have been no serious attempts to stay with its movements long enough to harness the potential for actualization. We have, like the rest of psychology, not loved humor enough to teach it to others.

Adlerians are adroit at combining laughter and learning on the clinical level. Perhaps this is so because we can re-solve the serious-play paradox. We take the pain of the patients seriously, but without great gravity. Patients suffer; however, they are never passive victims. As Kurt Adler has noted, misfits "sit on a dung heap and complain of the smell." To the Adlerian practitioner, the client can learn to move away from the crap and complain without suffering.

Laughter can be used to demean the self or others, in the service of negative nonsense; "proving" that "I am no good, you are worthless, life cannot change, life is meaningless" and all the other myriad manifestations of discouragement. Yet humor can also be the apex of actualization. In fact, my theory and practice of the natural high, a reconciliation of Adlerian and Jungian opposites, states that humor is the epitome of human development (O'Connell, 1979). My definition of humor is seen in the use of verbal techniques (overstatements, understatements, condensations, etc.) in times of potential stress. On such occasions, with humor one is not striving for ego-victories over others, but is merely acting appropriately in situations in which other reactions might lead to discouragement.

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Clinical Uses of Humor

Mil. The two private clients of last evening give examples of the use of humor in therapy. The first, Mildred, a married woman of 45, has had five sessions of individual therapy and ten sessions of group therapy. Her problems in living were, very early in treatment, conceptualized and shared as symptoms of constricted self-esteem (SE) and narrow social interest (SI). A middle child, her grail search has been for proof of worth from others through the role, goals, and controls of being good-ol'-Mom to all the males in her life. Her discouragement about ever getting spontaneous affection from the passive-dependent males she attracted led to chronic depression. She created guilt as a suffering servant, following her institutionalized Catholic background. This guilt also provided power and revenge for her ego-games, and was the only movement that elicited spontaneity from males. But esteem was always low, because in every movement she perceived the "wrong" result, motives, timing, thoughts, feelings etc. Her pain is acknowledged, but just as suddenly so is her creative stupidity, in my eyes.

Since she has knowledge of ego constrictions (level I) and the art of encouragement (level II) and our relationship is a trusting reciprocal one, we can, at times, play with her symptoms. Millie is suddenly labeled Mil, the "Mistress of Inverse Love." She laughs at this condensation. Mil talks about the times when she would only call me "him" in group, and I retorted "with a capital H, I presume?" Her pain will continue to be acknowledged and shared, but she is starting to learn about her life-long, middle-child ego-addiction. In group, she will share her new name and we will look for others who do the same type of constriction (the search for similarities of social interest). We will rank people on these power-full skills of inverse love. Symptoms are never dwelled upon after we know the genesis, the ego-constrictions of childhood, and why they are maintained now, the search for external influence (or power).

Symptoms stay viable if they are catastrophized and contended. With humor, through knowledge of the preconditions of adequate esteem and belonging, Mil will be able to simply watch the demandments flow on. In time, Mil will share these incidents as they happen with the group. She is beginning to realize that symptoms (reactions to SE and SI constrictions) which are catastrophized ("It's awful, terrible") or fought ("I must get rid of this disease now") will stick like tar-babies.

The humorous response to Mildred has given her an easily-recalled synopsis of her mistakes, in an atmosphere in which she can accept the tragicomic paradox (O'Connell, 1976b, 1979). That is, Mildred is in great psychic pain, but she is "funny." She shows the stuff of great comedy, the needless constriction of worth and belonging, in the presence of tremendous inner potential.

Nick. Later last evening came Nick, a 35-year-old accountant, a veteran of one year in individual and group therapy. Nick was the elder of two boys who faithfully solidified his mother's view of how he should behave. Father was emotionally absent and brother was an extraverted insensitive boy. Brother recently shocked Nick with his statement, "You know, no one ever knew you."

To Nick, self-initiated increase in SE is impossible. He is too embarrassed at simple mistakes (which, in his low-esteem and SI deficiency, equal "catastrophe") to self-disclose and practice feedback (O'Connell, 1975). Like everyone I know, Nick's psychic pain of isolation and unworth is real, but his plain ol' daily pain is practically (through practice) preventable. Clients learn to describe their pain, without demandments and negative nonsense, until they are readily satiated. They find that most of their pain-conversation has been in terms of well-practiced discouragement.

Nick, like all patients, is never consciously given grounds for opposition through the therapist's demandments. Nick is the virtuoso of not practicing ways of looking at constrictive mistakes, but to the therapist, that movement is "expected." However, Nick has made considerable behavioral gains in giving and receiving feedback and risking self-disclosure in group. Such gains are always pointed out to patients who get lost in the passion of discouraging diminishment and overcompensatory pseudo-pride (ego-addictions).

With Nick, I create the metaphoric tale of the wonder-full tour we could perform, naming the cities and the attractions of each. "And what would we do?" queries Nick. "Since I have always considered your diminishment skills and avoidances as proof-positive of natural high theory, I could stuff you in a trunk and you could resist me anew with equal vigor in each city." Nick laughs uproariously at this colorful over-statement with its kernel of truth. Whenever he resists, time and effort is saved. A point is made, and dysphonia is lifted, at least temporarily, simply by mentioning "the grand tour."

Level III Practice

Neither Nick nor Mil have advanced far on Level III. They are still in an extraverted frenzy too much of the time to accept meditative practice (O'Connell, 1979). Meditation is used, as is any methodology in natural high, to expand SE and SI. Meditation is the focus in therapy only upon completion (not perfection) of level I and II training. Relaxation is the first benefit of meditative one-pointing. Then comes the ability to concentrate (e.g. upon images, symbols, memories of SE and SI), and not get lost with reductive free-associations. It does not benefit natural high patients to regress from concentrating upon their total control of the quality of SE and SI to infinite opportunities for blaming. After concentration, we have contemplation, the unfolding of self-symbols without analyzing, judging, and thereby terminating

the inner flow. Jung was well aware of our tremendous inner universe and comparable energies within. But Adlerian levels I and II must be traveled and understood before the authentic inner journey commences.

Level III has been of tremendous importance with my chronic addicts, who otherwise have little or no therapy which entices them. What appears to the average person of minor importance has been horribly stressful to the average addict who demands immediate results and can tolerate little pain. Moreover, the average addict has more faith in chemistry alone than does the descriptive, institutional psychiatrist. With training in Level III, while mindful of levels I and II, natural high clients can one-point (blank the ego-mind) when demands and negative nonsense increase tension. They do not collapse under old “catastrophies” or fight the “tar-babies.” And there you have the only techniques embedded in a comprehensive theory for the learning of the sense of humor.

Aphorisms

An aphorism is a punchline without a joke. Watzlawick (1978) includes the techniques of aphorisms as one way of reaching the right-brain, the “seat” of the person’s “world image.” Left-brain confrontations and explanations, especially of the past, are considered useless. For natural high theory, Watzlawick has made incisive observations. But in my theory, the ego-noise of the left-brain must be self-controlled first. The left hemisphere is the home of ego constrictions which motivate compensatory ego-addictions to ego-esteem. In a word, ego-esteem is the frenetic search for signs of worth and belonging in the external world. Self-esteem is beyond ego-games, tapping the sources of energy of SE and SI known to Jung in his later years. But ego-actualization, the practical expansion of SE and SI in the real world, must come first.

Students and clients tell me that I talk in aphorisms, always focusing upon the encompassing punch-line. Such aphorisms are usually succinct statements, a paradox in the verbose, “perfectly clear” world of long words and obscuring numbers. Some aphorisms have latent double meanings, as does the real world (O’Connell, 1976a). Students in my classes often are told that the aphorisms of their choice will be their final exam. They select a dozen and guess at their meaning to me and then consider the personal meaning for themselves. By this tactic, students become active in class, stimulating me to think. They also try to put right-brain experience into the linear logic of the left-brain making a re-resolution of opposites, as the humorist does regularly.

In the natural high, Adler’s maxim that “everything can be anything else” is the key to the movements of the humorist. The latter makes sudden perceptual swings between latent meanings. So does the natural high client, who suddenly swings between the old ways of constriction to the actualizing

view of being an active agent in SE and SI productions. Old traumata are thereby transformed into new opportunities for practicing the games-of-games, the actualization of one's spirit, soul, or self.

When potential clients appear, I no longer give them numbers and words about the benefits and pitfalls of therapy. They are given a copy of *SuperNatural Highs*, from which the following excerpts are culled. Potential clients are told "If these maxims grab you (are numinous), consider coming to therapy with me. If they don't, see someone else."

Assorted Aphorisms (O'Connell, 1979)

Interpersonal Relations

It is remarkable that people who chronically resist others also enter into power struggles with their own inner directives.

Everyone needs and gets power (influence).

Most people learn to get power in ways which seriously limit their self-esteem and social interest.

We want to change our feelings, but not our behaviors and attitudes.

Reinforcing the four goals of misbehavior makes you a kind of dis-ease carrier.

We are loath to gaze calmly into another's eyes because we are looking into the Eyes of God.

With true social interest, we perceive events as happenings rather than traumata.

Humanistic Depth Psychology

Your ego might be considered your ego; but yourself is never your self.

The real "I" is the eternally-innervating self which no one owns.

One of the greatest strokes of personal genius is the transformation of dualisms into paradoxes.

Be selfish, not egoish.

Nothing is crazier than the assertion that the well-adjusted western man is sane.

No deep, dark, dreadful drives: just plain ol' constricting ME.

To the actualized mind, nothing is discordant.

Discouragenesis

It happened as I was learning to walk and it continues as I am learning to die. Just when I am enjoying thinking, feeling, and relating with others, some arrogant, institutionalized ego-addicts come along and say I don't have the proper credentials to do so.

We are cruel to the natural high theory when we judge its validity by my behavior.

Numbers cannot give meaning.

Discouragement is the unpardonable sin.

Hubris is but a symptom of basic discouragement.

Most of the time, we would rather talk about the effects of constrictions than their true causes.

The greatest and most prevalent delusion of mankind is that "Life must be fair."

Blame is a social plague.

Religions: Instrumental vs. Institutional

Institutions of psychiatry and those of religion may collect and classify psyches and souls, but they don't save them.

The sayings of saints get inscribed in stone by the same forces that resist their revolutionary implications.

Institutionalized professionals commonly suffer from terminality of spirit along with their terminal degrees.

Instead of songs about god, we now have songs glorifying other persons. God help those others.

One should be grateful for, and grow with, the grace of God rather than passively pray for it.

One can tell a good therapist by the eyes and feet, but seldom by the degrees and tongues.

Blessed are the soul makers, for they accept and even celebrate their tensions without recourse to the psychic numbings of pills, drugs, booze, and violence.

Love and Encouragement

See me as a guide, not a stretcher bearer.

The most sensitive, intelligent differentiation is that between sexuality and sensuality.

I am not my brother's keeper, but I am his contributor.

Allow yourself the luxury of being thoroughly nervous and bored.

If you say you can love only one person, you are confusing love with possession.

We will stamp out mental illness when we stamp in encouragement.

It is foolish to try to put new wine (encouragement) in old skins (level I constrictions).

Never diagnose unless you treat.

The Humorous Attitude

How short the journey from the helplessness of infants to the hopelessness of adults.

Symptoms, like the devil, thrive on the energy that resists them, but rapidly retreat from humor.

Dear God, help me to see the humor in my reactions to my reactions.

Symptoms witnessed gently flow away.

Work is too vital a matter to be merely work; it must also become play.

Vibrant living happens only when we are utter fools.

The Adlerian tenets of "the perfectibility of humankind" and "the courage to be imperfect" are often seen as contradictions. In truth, they are conjunctive. Our "perfect-ability" lies in being frank and open about our power-full imperfections and laughing at our pain which we unwittingly and imperfectly create.

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