

Tickling Your Clients Funny Bone: A Focus Group Exploration of the Effective and Ineffective Uses of Humor in a Therapy Session

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Introduction

Humor is a tool that most, if not all people, regardless of culture or place in history, use in some form or another. (Engle, 1998) According to Newman (1992), "There has been a paucity of research on the psychotherapeutic value of humor. Until 1970 the predominant trend in psychotherapy literature was to publish anecdotal articles which were either lacking in methodological rigor or theoretical conceptualization."

Thomson (1990) conducted a study, randomly selecting and surveying therapists regarding their use of humor in therapy. He found four themes regarding appropriate humor: 1) the central importance of therapeutic relationship if humor is to be used effectively; 2) the degree of spontaneity in the use of humor by both the therapist and client; 3) the potential uses of humor in encouraging client change, and 4) the altered perception of self, others, and the environment derived from using appropriate humor in therapy. He also found that inappropriately used humor may create an imbalance in the therapeutic relationship, hamper effective communication, and create negative feelings about the therapist in the client.

There have been several recent studies (Elerding, 1998; Engel, 1998; Rehill, 1990) that have indicated there are benefits to using humor in therapy sessions as well as cautions regarding the use of humor. To date, none of the studies reviewed has utilized a focus group approach to investigate the effective and ineffective uses of humor in a therapy session.

Definitions

Many studies (Bloomfield, 1982; McGhee, 1979; Mindness, 1971; Robinson, 1977) are indicative of the continuous quest for a definition of humor. Two of the more recent definitions which lend credence to the interpretations beginning therapists/ counselors may gravitate toward are described in the following two paragraphs.

Ziv (1984) has suggested that there are two categories of humor: creativity and appreciation. Humor creativity involves "the ability to perceive

relationships between people, objects, or ideas in an incongruous way, as well as the ability to communicate this perception to others"; appreciation humor pertains to "the ability to understand and enjoy messages containing humor creativity as well as situations that are not congruous but not menacing."

Branko Bokun (2000) in his book *Humour Therapy 2: The origin and potential of humour*, states that "a sense of humour consists of the ability to perceive the ridiculous side of the mind, its world and its reasoning. The landscape of the mind is frightened, threatening and threatened, and this creates tension. When this tension is assailed by humour, it disappears. The main form of release is laughter . . . however, when life is perceived with a smile, gentler than the belly laugh though it might be, it is still a form of release occasioned by the perception that it is part and parcel of a developed sense of humour." (Bokun, 2000)

Literature Overview

Literature on the use of humor in therapy points in many different directions. For instance, a basic argument resonates over whether humor is beneficial to therapy in general, to the client-therapist alliance, and to the therapeutic process. The issue of who transmits humor and how each person internalizes and assimilates that transmission makes the study of humor somewhat complicated. The most pervasive and lively discussion exists not around whether or not humor is beneficial to the therapeutic process but instead around the operational definition of humor, the intent of the humor, and the context in which humor is utilized and perceived (Franzini, 2001). At best, humor moves the course of therapy and promotes understanding and insight to the therapeutic context. However, if inappropriately manifested in therapy, humor can be used to avoid important issues, to weaken the therapeutic alliance (if humor between therapist and client is incongruent) or—at worst—to demean the client or therapist (Schnarch, 1990).

Humor that is Beneficial to the Therapeutic Process—Effective Humor

In the therapeutic process, humor may serve as a vehicle for progress. These functions can be categorized in four ways which include, relationship building, movement of the therapeutic process, release of anxiety, and promotion of awareness. We speak of humor that is therapeutic by qualifying it as humor that is *perceived* as beneficial or effective by the client and the therapist.

At the most basic level, humor acts to break the tension in the therapy room (Fry & Salameh, 1987; Haig, 1986; Rosenheim & Domash, 1974). This release can lighten a heavy discussion or interrupt an uncomfortable silence. Similarly, joking allows for an easy transition into deeper work (Kubie, 1971).

Humor is a tool by which the therapeutic process can be moved in a forward direction, meaning that it can break a stalemate in the course of therapy (Haig 1986; Rosenheim & Domash, 1986). In the same vein, humor can

facilitate a reframe of situations or problems, giving a different outlook to the client or causing a shift in the pace of the therapy (Pollio, 1995; Rosenheim & Domash, 1986). Another way humor may cause such an effect is by normalizing a situation, whereby the client may see the problem in a universal way allowing them to share more information (Pollio, 1995).

Humor may also serve as a means to strengthen or further the therapeutic relationship. A jovial exchange often promotes a base for a friendly atmosphere, and can assist in the joining process between therapist and client (Haig, 1986; Rosenheim & Domash, 1974). Akin to the deepening of the therapeutic relationship is the surfacing of self-disclosure (Haig, 1986), which may be encouraged in a lighthearted, supportive environment.

Moreover, humor can be used to increase the therapist's awareness of the client, thus advocating understanding (Pollio, 1995; Rosenheim & Domash, 1974). For instance, merriment can ease the atmosphere, permitting the client to feel more relaxed in revealing sensitive issues during assessment (Haig, 1986; Rosenheim & Domash, 1974). Skillful use of humor by the therapist can produce a higher awareness within the client by elevating her/ his social skills through modeling (Pollio, 1995).

Humor that is Antithetical to the Therapeutic Process—Ineffective Humor

Although suitable use of humor is often seen as helpful in the therapy room, the misuse of humor can be equally detrimental. The inability of the therapist or client to use humor may be viewed as problematic, inappropriate, or sarcastic humor (Rosenheim, 1974). Aptly put, "Humor must be used in a caring, loving manner and in an inclusive rather than exclusive way." (Rehill, 1990; Shaughnessy & Wadsworth, 1992).

First, humor is recognized as unhelpful when it allows the avoidance of an issue or emotion (Haig, 1986; Kubie, 1971). For instance, if the therapist or client is uncomfortable when discussing particular subject matter, a joke may interrupt the conversation moving it away from the issue at hand. At other times, difficult emotions can arise, which may cause uneasiness in the client or therapist. If the conversation is guided away to avoid such emotion with humor, this type of interjection is viewed as avoidance, and is thus detrimental to the course of therapy.

Second, if teasing or joking surfaces as hostility in the form of sarcasm, the humor portrayed can be the source of a rift in the therapeutic relationship (Shaughnessy & Wadsworth, 1992). This type of humor may be damaging if perceived as a direct or perceived put-down to the client or therapist (Gladding, 1995 & Pollio, 1995). This type of humor, if rendered by the therapist, can create a power imbalance in the relationship, as it may put the client in a "one-down" position. (Haig, 1986; Kubie, 1971).

Third, joking and silliness, when improperly timed, may do more harm than good (Goldin & Bordan, 1999). When humor is employed in a hap-

hazard fashion by the client, this may be indicative of her/ his symptomology. Inversely, if the therapist interjects untimely humor, the client may perceive the therapist as insensitive and thereby causing a rupture in the fabric of the therapeutic alliance.

Statement of the Problem

The purpose of this study was to explore beginning therapists'/counselors' impressions of the effective and ineffective uses of humor in a particular therapy session. Data was collected by means of a focus group discussion with four participants from the Mental Health Counseling and Marriage and Family Therapy programs of the University of Wisconsin-Stout. The observation of a 20 minute taped segment of a therapy session, followed by a forty minute in depth discussion was video taped at the Clinical Services Center at the University of Wisconsin-Stout, fall semester of 2002.

Research Questions

Two research questions explored were:

- 1) What, in your opinion are the effective and ineffective uses of humor in this twenty minute segment of a therapy session?
- 2) How do you view your own use of humor as a therapist and/or if you were the client?

Methodology

Research Approach

After careful discussion, a focus group approach was chosen in order to fully explore the phenomenon of humor from the point of view of beginning therapists/ counselors' point of view as they may have experienced it. A focus group is a particularly useful approach when one wishes to generate theories, explanations, and themes. This type of qualitative study seemed particularly appropriate in trying to find new themes beyond those occurring in literature and research.

Sampling and Selection Procedures

Three students from the class, Theories of Family Process, volunteered as the core group of participants. One is in her first year in the Marriage and Family Therapy program. The other two are currently in the Mental Health Counseling program. This was the making of a convenience sample. A time was determined which coordinated with the availability of our research team. We then attempted to recruit more classmates to participate in this study. Initially, two women in the second year of the Marriage and Family Therapy program volunteered, however, one dropped out before the group discussion occurred. As suggested in Piercy and Nickerson (1996) our sample group was quite homogenous including the unintentional composition of entirely women.

Data Collection Procedures

A twenty-minute segment of a therapy session was viewed by a group of five participants. L and G served as moderators in the room, while K served as assistant moderator, handling refreshments, making introductions, and monitoring the taping process. L was also one of a co-therapy team conducting the session in the videotaped segment which the group viewed. The video footage was selected for its brevity (due to time constraints) and high concentration of humor (the operative variable of this study). In the video, the client couple announced to the therapist team that the female client was pregnant.

Before viewing the taped session, the five participants A, H, J, M, and S were given the question "What, in your opinion, are the effective and ineffective uses of humor in the twenty minute segment you are about to view? Before the end of the taped segment, H needed to drop out, leaving A, J, M, and S. Following the twenty minute segment discussion ensued with all four contributing equally in the discussion. When discussion on the initial question appeared to be exhausted, the moderators stepped out for a brief consultation, then posed an additional question, "How do you view your own use of humor as a therapist and/or if you were the client?" which yielded additional thoughts/themes on the topic of the use of humor in therapy.

Data Analysis

The research team employed the following process to arrive at the emergent themes: (1) Immediately following the focus group encounter, the researchers informally discussed their first impressions of the ideas drawn forth therein. The reactions of the research team members that were provided in this informal forum formed a baseline for probing into the unique findings of the study. (2) The resultant videotaped discussion was then transcribed verbatim for subsequent analysis. (3) A cut and paste technique was utilized to reduce data, analyze, and develop emergent themes via the descriptive model. (4) Consultation by the three moderators focused on the emergent themes uncovered after careful examination of the transcript. The emergent themes were compared with categories already defined by existing literature as effective or ineffective uses of humor in a therapy session. The emergent themes that were not so matched rendered unique findings of the study: those of gender difference in style and perception of humor and humor as ritual.

Strengths and Weaknesses of the Methodology

A focus group approach was quick and inexpensive, and able to capitalize on the synergistic effects of group discussion in developing ideas and concepts. The group was interested in exploring further questions regarding gender and humor which emerged during the discussion, thus yielding the opinion that the group was a positive experience for all participants. The researchers/therapists interacted directly with the participants allowing flexibility in questioning and clarifying meaning. The open ended format resulted in a wealth of rich data. (Percy & Nickerson, 1996)

The collaboration of the researchers allowed consensus on emergent themes. The discourse following the focus group session and in arriving at the emergent themes allowed for investigator triangulation that buttressed the validity of the study.

Although care was taken to not bias the participants, one can never know for sure if the results are generalizable. A malfunction in the tape resulted in a significant gap in discussion. Although the previous topic under discussion was summarized, valuable data could have been lost. It was difficult to assemble a group of people available at the same time and the group was unintentionally exclusively female. This limitation in retrospect was also a strength for developing discussion/questions regarding gender and humor.

Results

The themes that emerged as a result of the focus group discussion reinforced the descriptions of effective and ineffective humor that are present in the reviewed literature. A review the literature suggests that humor is effective when it: (a) joins the client and therapist; (b) releases anxiety; (c) moves the therapeutic process; (d) promotes awareness. On the other hand, humor is ineffective when it serves to a) avoid emotion; (b) demean the client or therapist; or, (c) jumble the timing of therapeutic intervention.

New themes were extrapolated by superimposing the emergent themes of the focus groups study with the points made by the literature and research on humor. Two unique themes that surfaced as a result of this process were that of gender-exclusive humor and ritualistic humor.

Effective uses of Humor as Indicated by the Focus Group

Humor may serve to enhance the client-therapist relationship. This type of humor can put the client and the therapist on the same page, and may deepen the therapeutic alliance. Such humor was noted by a member of the focus group:

"...it was kind of like you guys were making little jokes to, I don't know . . . to make them feel comfortable . . . that, you know, kind of inviting them to join into that."

Humor may also provide an opportunity to release the tension created by digging deep into serious subject matter. The release of anxiety is a noted benefit to therapy by participant S:

"I think it's a wonderful stress reliever . . . you know, the people coming in for the first time that have a lot of anxiety about what's going to happen..."

Another way in which humor may benefit therapy is to change the pace of therapy, freeing the process past an impasse. Participant S articulates this in the following passage:

"after a certain period of time when people were laughing about whatever . . . then out of that would emerge a kind of respectful question, in a serious vein . . . so . . . having to do with the work . . . the work . . . getting down to the work."

Lastly, humor may provide a medium by which awareness is raised. Our focus group participants did not directly address this last point. This may be due to the nature of the humor and the topic of discussion, which addressed a pregnancy and did not center on issues of growth for the couple.

Ineffective uses of Humor as Indicated by the Focus Group

If joking facilitates the avoidance of important issues or emotions, it is viewed as detrimental to the course of therapy. Participant A expresses this sentiment, as follows:

" . . . that if somebody has something kind of more serious that they want to bring up and talk about that if you don't give them ample opportunity that it might discourage them from talking about it or not give them the space that they need to kind of work up to talk . . . ing about something serious or they don't feel like it's not the right place . . ."

Ineffective humor also takes on the form of misunderstanding or sarcasm, which can undermine the therapeutic relationship by demeaning the client or the therapist. Participant A suggests:

" . . . maybe if you don't really know your client well enough that you can't really gauge how they're going to take it . . . that there's really a thin line between laughing with people or kind of making a joke that they're going to find humorous versus coming across as making fun and now we're making light of their problems."

Another way in which humor can erode the therapeutic relationship is when it is untimely. Participant A gives substance to this assertion:

" . . . if you look at it as a kind of affectionate thing it could almost be like interrupting if the timing is not right or the rapport is not quite right."

Unique Findings of the Focus Group

Two new and unique findings were rendered by the focus group discussion in regard to humor. The first finding suggests that humor may be used positively as a celebration or ritual associated with a life-cycle change. This finding was labeled as an effective use of humor. The second finding indicates that the gender-specific humor present in a therapy session may help to enfranchise or to disenfranchise a client depending on the gender ratio in the therapy room. In the case of this study, the focus group named the exclusion of the male partner of the client couple as an ineffective use of humor.

Humor as Ritual

An additional type of beneficial humor discovered in our study, was that of humor as celebration or ritual. The use of "humor as ritual" fits Ziv's (1984) aforementioned description of creative humor. In our study, this category of humor was represented by the comment made by Participant M:

"It's like you recognized that things had shifted, you recognized it shifted, and it was named, the reason for that was named and there was some rejoicing over not just the pregnancy, but the shift that happened in that couple because there was one. And so it was kind of like...I thought of it as the music that went with the celebration."

Imber-Black (1992) describes ritual(s):

They are a lens through which we can see our emotional connections to our parents, children, and dear friends. Rituals give us places to be playful, to explore the meaning of our lives, and to rework and rebuild family relationships. They connect us with our past, define our present life, and show us a path to our future... (p. 4)

By this definition, humor was named by the focus group as ritual, which is a new meaning created in the qualitative process.

Gender and Humor

The results of our focus-group study reveal that the gender balance in the room plays into how humor is interpreted by clients. As the therapy session was predominated by female participants (3:1), the results of our study connate the overrepresentation of women vs. men in the therapy room. The focus group reported a concern over gender and the humor present in the observed session. One participant expressed:

"I thought at times, that there was so much giggling going on, and I couldn't see him very well, but I thought that he (the husband) might feel kind of outnumbered, and it sounded more like a baby shower."

The participants also discussed how gender affects the substance of humor. One participant noted:

"Men talk about things and money and jobs, and you know...where women will tend to talk about feelings more and so, the area you are most comfortable in you can joke about."

The humor used in the video segment was identified by the focus group as "female-oriented humor," which, in the context of a female predominated session, was perceived by the focus group as exclusionary to the male client.

Validity and Reliability

Piercy and Nickerson (1996) state, "validity, at its most basic level, is the degree to which the data accurately reflect that which the researcher intends to measure. Through the use of a focus group approach the researchers were attempting to understand the participants' views on effective and ineffective uses of humor in a therapy session. We believe the data to accurately reflect the perceived reality of the four participants in this study. (Piercy & Nickerson, 1996)

The research validity was substantiated by the use of investigator triangulation, whereby the researchers conferred and arrived at consensus on interpretations of the focus group responses. The validity of the study was further enhanced since the findings of the study so closely match the findings of other studies and topics of discussion in the literature concerning humor.

Although reliability of results is not necessarily of great import in focus group research, the procedures utilized in such research are crucial. These researchers attempted to follow a standard, definable protocol for both running the focus group discussion, and in analyzing focus group data. Protocol is described in the methodology section of this study.

Ethical Concerns

Two ethical considerations surfaced during our study. The first point being whether or not it was ethical to use a taped session of a couple currently seeking therapy at the Clinical Services Center with a group of MFT students who may at some time in the future come into contact with them. We decided that since the original therapist was part of the research team and had a signed consent form from the clients stating that their sessions may be used for educational purposes we could use a portion of their session for our focus group. The second consideration involved one of the researchers, who acted both as a facilitator to the focus group and as a co therapist in the observed video. The researchers felt that this therapist/ researcher's presence in the focus group atmosphere may have hindered the responses of the focus group. At the same

time, the presence of this same researcher/ therapist was valuable in answering questions about the observed session posed by the focus group. The answers to these questions provided fuel for more in depth discussion.

Assumptions

It is assumed that all participants were able to articulate their personal definitions of humor and apply their perceptions of the effective and ineffective uses of humor viewed in the jointly observed twenty-minute taped segment of a therapy session. It is also assumed that participants were able to evaluate and articulate how they view their own use of humor in therapy sessions and/or as clients themselves.

Strengths and Limitations

Strengths of our study include the ready availability of therapist-in-training videotaped sessions, convenient focus groups of other therapists-in-training, and the wealth of literature on the topic of humor in a therapeutic setting. An additional strength was the use of the focus group approach, which yielded newly uncovered concepts regarding the effective use of humor in therapy sessions and gender related aspects of the use of humor.

Two limitations of our study include the ethical concerns mentioned above, a homogeneous (not gender or cross-culturally mixed) group, and limited time to develop a research question and conduct the focus group. Another concern was the position of the camera angles on the observed research video, which did not provide a clear picture of the clients' faces. The poor angles may have caused the focus group to misinterpret facial expressions of the clients. One last limitation was the size of the focus group, which, by traditional research standards should have numbered at least 8 participants (Piercy & Nickerson, 1996) whereas, our focus group included four people.

Implications for Therapy

The results of our focus group study implicate considerations similar to those investigated by other researchers who have studied humor, thereby fortifying the validity of this study. Generally, humor is interpreted as beneficial if it helps to build the therapeutic alliance, moves the therapeutic process, releases anxiety, or promotes awareness. Conversely, humor is viewed as injurious to the client if it serves to avoid an issue or emotion, put down the client or therapist, or causes a power imbalance. Poor timing can be equally detrimental. All of these considerations can either further or hinder the therapeutic relationship or the therapeutic process itself. These issues were brought forth in our focus group (with the exception of effective humor facilitating awareness).

In addition, two unique pieces of information surfaced during our study: humor can be a ritual that celebrates an event and/or transition and the style of gender-dictated humor may serve to include or exclude specific persons

from the therapeutic circle.

As a ritual intervention, humor can be used to embellish the therapeutic relationship by allowing the client and therapist to rejoice in the positive aspects of the client/client family/client couple's life through celebration. So often the content of therapy becomes heavy and serious. The humor of ritual facilitates balance between the light and the heavy, neutralizing and harmonizing the overall experience of therapy.

Committed relationships require balance and going through the "ups and downs" of life. Therapy is such a relationship. As suggested by this study, the use of humor as ritual in such contexts is beneficial. Therefore, the use of humor as ritual by therapists should be encouraged when used to celebrate positively perceived life-cycle transitions. As an addendum, the arm of Marriage and Family Therapy, named Narrative Therapy, makes common practice of rituals which mark life-cycle transitions of clients (Nichols & Schwartz, 2001).

Given the subtleties that surfaced in the focus group around gender, the therapist may want to consider the gender balance of the room when choosing humor interventions. According to the recommendations of the focus group, the therapist should also remain aware of and sensitive to the topics upon which humor is based. Should this consideration be neglected, the therapist(s) may risk a loss of involvement of the client which may be ousted from the treatment group as a result of the gender-specific humor being employed.

Conclusion

In summation, the consensus given by the literature on humor attests to the fact that humor is beneficial if it serves to enhance the therapist-client relationship, relieve anxiety of the client, break an impasse in the therapeutic process, or strengthen awareness. Conversely, ill-perceived humor can bruise the client-therapist relationship if it causes a power imbalance, circumvents important emotions or issues, or is poorly timed. As the results of this study suggest, the use of humor as a ritual, which celebrates positive life-cycle changes can enhance the therapeutic alliance. On the other hand, humor that is gender-specific can serve to include or ostracize members of the client family.

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