

Humor Heals

More Psychologists Are Finding That Discrete Uses of Humor Promote Healing in Patients

By Patrick A. McGuire (This article is presented courtesy of [American Psychological Association](#), ©1999)

It's hard not to feel a laugh bubbling to the surface at the sight of a grown man--a psychotherapist, no less--standing before a group of his sober-minded peers, holding a teddy bear that tells knock-knock jokes when you press its paw.

Hard not to snicker when he talks about building a concept of personal "mindfulness." Hard to resist a smirk as he hands out bamboo finger traps, those venerable props from childhood where you stick fingers in each end and can't pull them out no matter how hard you tug.

"Wonderful metaphors," beams Ed Dunkleblau, PhD, the mirthful consultant invited to this community behavioral health center in suburban Skokie, Ill., for a training session on humor in treatment.

"Think about the message you can give your clients in counseling," he says to the 20 psychotherapists around the table--professionals used to dealing with weighty problems like depression and drug addiction. "Instead of pulling to get out of them, you let go and relax. And--ta da! You're free!"

Dunkleblau, a Des Plaines, Ill., corporate consultant and trainer often uses props such as stuffed bears and finger traps to elicit smiles during therapy. Sometimes he just uses amusing stories, or prescribes a funny movie. Not for all patients and not all the time. But enough that he, along with a growing number of psychologists, has come to view humor as a powerful therapeutic tool. And to say to this room full of colleagues, with a very straight face, "Not enough people take humor seriously."

Clearly, more clinical psychologists are experimenting these days with humor as an adjunct to therapy. More have joined organizations such as the American Association for Therapeutic Humor (AATH)--of which Dunkleblau is past president--and the International Society for Humor Studies. Public attitudes are changing too--reflected in the positive reaction to the movie "Patch Adams," about a physician who uses humor.

"Something is beginning to catch on," says Joe Richard Dunn, PhD, a psychotherapist in Jackson, Miss., and publisher of the monthly newsletter *Humor & Health*.

Humor taps emotions

Indeed, medical experts have already demonstrated that laughter boosts the immune system, increasing natural disease-fighting killer cells and lowering blood pressure.

At Rutgers University, psychology professor Maurice Elias, PhD, who has led humor workshops for budding clinicians, thinks more of his colleagues are looking to mirth because the study of humor has "tapped into something old, something psychology has gotten away from in our efforts to be more cognitive and behavioral and more scientific. We've lost sight of the fact that we are emotional human beings."

Humor channels those emotions toward a positive effect, says Dunkleblau. "But it's not a therapy," he cautions, "it's a complementary treatment. It facilitates that which we do as therapists. We're trying to help people problem-solve, to develop, to know they're alive. These are things that humor does."

It also creates misconceptions.

"Sometimes when you speak about humor, people expect you to be a standup comic," says Dunn. "Personally, I don't go about trying to impose or directly inject humor in the process of therapy. Humor often comes out spontaneously as patient and therapist disclose to each other who they are. I think it

fits in with the larger picture of positive factors that can contribute to affect--just as music or play influence our emotions."

Inviting humor

Dunn's style features the occasional anecdote "that communicates something significant psychologically about life, or contains some kernel of wisdom." A humorous quote or anecdote, he says, can powerfully illustrate a point that may be very serious. "Humor is woven into the fabric of life, as are tragedy and suffering," says Dunn. "So, helping people realize they have the freedom to laugh--not trying to make them laugh, but inviting it--can make a point and serve a therapeutic purpose. But I don't try to be a stand up comic."

Nor do you have to be, says Dunkleblau.

"During training we get some of the humor beaten out of us," he says. "We're afraid of not being taken seriously, or that our patients will feel they are not taken seriously. A lot are afraid they won't be good at it. They equate humor with telling jokes. I try to train them that humor and play is much more than telling jokes."

Like humorist Victor Borge, Dunkleblau believes a laugh is the shortest distance between two people. He cites the case of a patient, a young man confined to a wheelchair. In therapy they talked of the high expectations placed on the young man by his demanding and perfectionist father.

"At one point," Dunkleblau recalls, "the young man said 'my father wanted me to be president.' He suddenly started laughing. He said 'I just realized, my father got his wish.' I said 'What?' He says 'I'm like Franklin Roosevelt.' And he started laughing and then he started to cry."

By being able to laugh, says Dunkleblau, the young man tapped into his emotions. This allowed him to circumvent defenses he'd erected against the hurt and disappointment he felt about not meeting his father's expectations.

"Not until the young man saw that the expectations were sort of crazy was he able to own the sadness," says Dunkleblau. "The degree to which we as therapists can connect with a client is the degree to which we can be therapeutic. By being able to laugh at something, you gain a new perspective, and that's what therapy is."

But humor isn't the right treatment all the time, he admits. To appreciate humor, a patient needs to be in a "play mode," which is most natural to children. Researchers say children laugh about 400 times a day; adults perhaps 15 times a day. "If someone is too depressed, too scared or too grieving," says Dunkleblau, "then fun is not in the solution for that period of time."

In fact, that's pretty much what a depressed patient told Steven Sultanoff, PhD, a California psychotherapist who is the current president of AATH.

"She was dedicated to being depressed," he says. "I used humor with her and she said she didn't like it. I said 'what is it that bothers you?' She said 'when you make me laugh I don't feel depressed.' The humor taught her that she has some ability to manage her depression, and that by using humor she can help herself feel better."

The woman started renting Woody Allen movies when she felt bad. Now, he says, she passes along humorous stories during therapy. "It's become part of her lifestyle," he says, "whereas her depression had been the lifestyle."

Sultanoff, however, says that simply advocating humor in therapy is wrong. "What I have found with most psychotherapists who use humor is that they don't make a conscious choice to use it therapeutically. Many use it intuitively."

And that creates a dilemma. "By using humor intuitively, we run the risk of it representing our own baggage," he says. "We need to make a response to a patient that's consciously based on research models and theory."

A humorous response that is "consciously chosen" and based on the therapist's training, he says, "has the greatest likelihood of being successful as an intervention and as a tool to build the therapeutic

alliance. But if you are responding to the client with what feels right, then you are likely abandoning your therapeutic training and responding more as a friend might than as a therapist."

Humor as diagnostic

Sultanoff recalls a carefully weighed use of humor with a client who cited a list of terrible things that had happened in her life--because she believed she was "stupid." He first used cognitive therapy for several weeks to change her self-image. It seemed to work, but one day she complained of yet another bad thing happening, and did not know why.

"I said, 'I think you do know why this bad thing happened,'" Sultanoff remembers. "I looked her square in the face and said 'It's because you're stupid.' She burst out laughing. Because, after we'd done all of that cognitive work, it was just ludicrous for her to think she was stupid." The laughter also proved valuable diagnostically. "I could see she had gotten better."

Which shows, says Dunn, that the raw material for comedy and psychotherapy are the same. "Both deal with tragedy, suffering and conflict--you don't make jokes about things that are not serious," he says. "Both comedy and psychotherapy also deal with a shift in perspective. They each offer relief by allowing people to see something differently or feel differently."

That's what Dunkleblau was trying to do when he worked with a mother and father concerned about their misbehaving son. Dunkleblau immediately recognized the woman as an overbearing mother.

"I didn't want to upset the family hierarchy to the degree where I would directly criticize her," says Dunkleblau. "It would have reduced her level of competence. But I had to find a way to help her identify the kind of enmeshed, overdependent relationship she had with her son."

He did it with a story: "It was about a woman who had a son in a wheelchair, and she was pushing him through the shopping mall and a friend came up and says 'Betty how are you? I didn't know your son couldn't walk.' Betty says 'Of course he can walk. But thank goodness, he doesn't have to.'"

Silly Scarves

Back in Skokie, at the Turning Point Behavioral Health Care Center, Dunkleblau was instructing a brave volunteer in the silliness of scarf juggling. He likes to try this when he is counseling quarreling couples. He has them face each other--as he and his volunteer were doing--and juggle the scarves back and forth. They pretend each scarf represents an element of their lives: home, family, money. He starts them off with one scarf, then a second. Adding a third scarf to the mix is usually where the two jugglers have to coordinate carefully; usually they can't avoid a chuckle.

"So they're smiling and laughing even though they're ready to kill each other," he explains. "You're taking two conflictual people and they're playing together."

But it's play that has meaning. "The message is not that handling three things is impossible," he says. "But that you have to learn how to organize yourself in a way that handling three things is possible."

Oh yes, he adds. There's one other side benefit:

"When they go home and they start arguing about money," he smiles, picturing the jolly scene "you don't think they're going to think about the scarves?"

Further reading

- Fry, William F., and Salameh, Waleed A. "Handbook of Humor and Psychotherapy." (Professional Resources Press, 1993); and "Advances in Humor and Psychotherapy." (Professional Resources Press 1993)
- Buckman, Elcha Shain. "Handbook of Humor: Clinical Applications in Psychotherapy." (Krieger, 1994)
- Nilsen, Don L. H. "Humor Scholarship: A Research Bibliography." (Greenwood, 1993) Practical humor web sites
- American Association for Therapeutic Humor, www.AATH.org

- Humor & Health Journal, www.intop.net/~jrdunn/index.html
- Steven Sultanoff's therapeutic humor website, www.humormatters.com
- International Society for Humor Studies, www.uniduesseldorf.de/WWW/MathNat/Ruch/SecretaryPage.html

Tips for adding humor to therapy

Psychotherapist Ed Dunkleblau, PhD, suggests the following checklist for any clinician interested in using humor in counseling sessions:

- Look for organizations of professionals serious about humor.
- Surround yourself with funny, playful people. Find a humor buddy.
- Contract with yourself to play everyday.
- Keep an emergency humor tape in the car for use in traffic.
- Observe children and animals.
- Search your environment for things to laugh at.
- Clip cartoons and post where you can see them.

Cautions

- Beware of sarcasm and abusive humor.
- Be aware of your own emotions. Sometimes humor is a left-handed way of expressing your own anger and aggression.
- Be cautious about clients feeling they are not being taken seriously.
- Humor must always be used to facilitate, not interrupt the healing process.