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THE USE OF HUMOUR AS COMMUNICATION SKILL IN COUNSELLING AND PSYCHOTHERAPY*

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Abstract

Although humour has received a lot of attention when it comes to general psychological research due to its demonstrated positive effects on wellbeing and relationship maintenance, it appears to be disregarded in relation to Counselling and Psychotherapy training. To this date, there are no empirical studies focused on how counselling students use and view humour and there have been very few research endeavors aimed to study humour as a communication skill in Psychotherapy. This article explores the existing literature on the use of humour in counselling. Towards the end, it aims to answer whether or not humour should be taught in Psychotherapy training.

Key words: *Psychotherapy; Humour; Counselling; Person-centred.*

1. Introduction

A study by Marci and colleagues (2004) shows that either the client or the counsellor laughed on average every three minutes with the client laughing more than twice as frequently as compared with the psychotherapists. Humour then is more often than not occurring naturally within the therapeutic encounters.

When analysing the research, We were surprised to find out that our experience has not been singular. Rather, some have argued that humour is traditionally overlooked in psychotherapy training in general (Valentine & Gabbard, 2014; Franzini, 2001, Franzini, 2012).

This paper covers the use of humour as communication skill in psychotherapy practice and is adopting a trainee perspective all throughout. It aims to contribute to the existing discourse regarding the use of humour as communication skill in therapy and bridge the gap in the literature by providing a trainee perspective on the matter.

It will first draw on the theoretical background of Person-centred Counselling and present the relevant research endeavours covering humour in relational contexts. The following sections delve into some of the possible pitfalls and benefits to

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adopting a humorous attitude when conducting therapy. It then follows on to answer the question ”Should humour be taught to trainees?”. Towards the end of this paper, a series of guidelines for engaging in humour in practice will be discussed.

2. Theoretical background: The Person-Centred approach to therapy

It is essential to provide a brief theoretical outline of the Person-Centred approach to counselling as our personal evaluations stem from this standpoint. We argue that being trained in this approach which favours using the personal qualities of the therapist congruently for facilitating the client's process leaves more room for a conversation around humour use.

For at least half a century, research has placed the strength of the therapeutic alliance as a crucial factor for therapeutic change (Carkhuff & Berenson, 1967; Lambert & Barley, 2001; Rogers & al, 1967; Watson, 2007). The therapeutic relationship is the cornerstone of Person-Centred theory (Rogers, 1957). The relationship is facilitative, aimed at ”liberating what already exists within the client” (McMillan, 2004, p. 4) rather than ”fixing” or ”changing” them. That is because unlike other therapeutic approaches, it does not assume that the organism, (the individual) needs to be changed or fixed, rather they need a specific environment that facilitates growth (Rogers, 1980). Such environment is fostered within the therapeutic encounter.

In his seminal work, Rogers presented the core conditions, ”ways of being” (1957, p. 97) which need to be embodied by the therapist in order for therapeutic change to occur. The necessary and sufficient conditions are empathy, congruence and unconditional positive regard. Empathy is a process whereby the therapist is moving beyond their own values and personal life and grasping the reality that the client is experiencing moment to moment. Person-centred theory takes the stance that the client is the only expert in their own life. Therefore, being in the client's frame of reference is at the core of therapeutic practice as it equips the counsellor with the knowingness needed to facilitate their process. Empathy is often associated with the ”as if” quality which entails experiencing the life the client is presenting as if it were their own, with the capacity to get out of it when needed (Mearns *et al*., 2013).

Congruence is simply put, the ability to stay in the present moment with the client and being one's true self in the encounter, without maintaining a professional façade. Congruence can be interchanged in the literature with notions of genuineness, realness and transparency (Rogers, 1959). Embodying congruence as a counsellor means knowing when or if it would be useful for the relationship and the client's progress to communicate the internal experiencing or felt sense (Rogers, 1990, p. 115). Unconditional positive regard involves a fundamental state of acceptance towards the client and where they are at that specific point in time. It requires the therapist to listen in such a way that it conveys respect, acceptance and the absence of negative judgement (Rogers, 1959).

In our opinion, the focus on the psychotherapist embodying the core conditions as tool for therapeutic change, the emphasis on first being yourself as human through congruence when practicing rather than adopting a blank slate

attitude favours engaging with naturally occurring humour and responding humorously at the incongruities of life during the sessions.

3. Humour in relational contexts and humour as coping

Given the deeply relational nature of the therapeutic process, it is worth exploring the literature around humour in relational contexts. Among others, humour is linked to psychological wellbeing as it promotes healthy social relationships (Shiota *et al.*, 2004; Bippus, 2000). Arguably, humour is inherently social. Nonetheless, this social aspect has been long overlooked by studies focused on humour use (Martin & Ford, 2018).

Humour is an important factor in terms of creation and maintenance of meaningful and lasting social relationships with spouses, friends and work friends. Apart from improving the relationships by making them more fun, positive humour shared within a social relationship can be a useful tool to help partners cope. This in turn suggests that humorous communication between partners can serve as means of adjusting emotion, increasing amusement while decreasing distress whether it is induced within the relationship or outside of it (Shiota *et al.*, 2004). Although the therapeutic alliance is arguably unique, at its core it is still a social relationship. That, to us implies that it is not unreasonable to believe that some of the benefits can translate well in a therapeutic context if humour is used appropriately and perceived as funny by both parties. It needs to be highlighted that there is very limited research exploring the use of humour as communication skill in relational contexts (Martin & Ford, 2018) which is consistent with the overall lack of empirical evidence around humour use we have encountered in counselling-related research.

Coping with stressful events is also arguably something that clients might want to explore with their therapists. Studies have suggested that humour facilitates coping with stressful events, more explicitly it serves as an aid in reframing negative stressful situations as less threatening therefore mitigating their adverse effects on psychological well-being (Kugler & Kuhbandner, 2015; Samson & Gross, 2012; Strick *et al.*, 2009). Various correlational research endeavours have supported the implication that humour helps individuals cope with stress. It needs to be mentioned that some of them have failed to see humour as a multi-faceted construct. Judging humour from a unilateral perspective led to a failure to support the hypothesis (Martin & Ford, 2018).

In 2016 research, Rnic, Dozois & Martin have looked at the role of humour styles as mediating the relationship between cognitive distortions and depression. Cognitive distortions are automatic flaws in thinking activated as a result of certain situations which can make individuals vulnerable to symptoms of depression (Dozois & Beck, 2008). The study participants had to complete the Covin *et al.* Cognitive Distortion scale (2011) which measures the prevalence of various categories of distortions experienced by individuals when in social or achievement related situations. They then had to complete two more scales, Martin *et al.* (2003) HSQ and the Beck Depression Inventory (Beck *et al.*, 1996). Their findings show that rarely engaging in self-enhancing humour mediated the relationship between cognitive

distortions and depression. In other words, not being able to engage in self-enhancing humour was corelated to cognitive distortions which were associated with depression (Rnic *et al.*, 2016). The latest research on humour and coping tends to look at humour by analysing the use of different humour styles. As an example, Fritz *et al.* (2017) suggested that self-enhancing humour, can be especially useful in terms of positive reframing of stressful events and mitigating their impact on psychological wellbeing.

Very few studies have specifically approached the relational capacities of humour as coping. In one particular study, they have engaged in observations of ten-minute interactions between women in treatment for breast cancer and their partners. The participants were told to talk about a problem related to their health issue that the patients wanted support with from their partners. The researchers then coded each line of their conversations with various codes including benign and non-sarcastic humour. The study found that when their partners used humour in response to the patient's confession, the patients reported much lower levels of distress about their cancer. The results of this study imply that the partner's use of humour in a sensible manner when hearing about their wives' cancer-related burdens, might have helped in terms of dealing with the situation and reduce the feelings of stress.

4. The use of humour as communication skill in counselling. A double-edged sword?

Therapeutic Humour is defined by the Association for Applied and Therapeutic Humour as "Any intervention that promotes health and wellness by stimulating a playful discovery, expression or appreciation of the absurdity or incongruity of life's situations". (2005). Similarly, Franzini (2001) described therapeutic humour as "the intentional and spontaneous use of humour techniques used by therapists and other healthcare professionals, which can lead to improvements in the self-understanding and behaviour of clients" (p. 171). As outcome-based definitions, they both fail to address how therapeutic humour is achieved and, as Sultanoff (2013) explains, this question remains unanswered.

Martin & Ford (2018) discuss three main approaches to humour in psychotherapy. The first one is humour as therapy (Rational Emotive Therapy Ellis & Grieger, 1986; Provocative Therapy, Natural High Therapy). The second is focused on merging humour into certain therapeutic techniques that would alternatively lack humour to treat psychological issues (Ventis *et al.*, 2001). The third implies treating humour as a communication skill (Franzini, 2001; Saper, 1987), which as the rest of the skills the counsellor needs to develop adds to therapeutic effectiveness. The latter, as mentioned earlier is the one discussed in this paper.

Given the positive effects of humour on wellbeing, clinicians from a variety of theoretical orientations are enthusiastic about the role of humour in psychotherapy and counselling (Borsos, 2011; Cooperberg, 2010; Grover, 2010; Morgan, 2013; Kemp, 2011). Although there is a growing body of literature advocating for the usefulness of humour in clinical settings (Sultanoff, 2013; Ellis, 1977; Franzini, 2001; Goldin & al, 2006; Sultanoff, 2003), there are very few empirical studies to

address the effects of humour use in the therapeutic encounter (Rosenheim & Golan, 1986, Killinger, 1987), and the overall findings are mixed (Martin & Ford, 2018).

Conversely, Franzini (2001) refers to psychotherapy as having a longstanding history of being a ”grim and sober profession” (p. 175) dealing with psychopathology and treating symptoms of mental illness. The most famous advocate against humour use in the therapeutic process is Kubie (1970) a psychoanalyst who has taken the arguably extreme view that ”Humour has a place in life. Let us keep it there” (p. 866). In other words, engaging in humour in counselling should not be permitted.

Since empirical evidence on the effectiveness of humorous interventions in counselling is scarce, the variety of articles and books looking at humour in psychotherapy are generally anecdotal. Albeit using some clinical examples of how humour should be employed. Or to use Saper's (1987) term, to this date, there is only ”advocacy literature” (p. 363) in support of humour use including books and articles on personal perspectives, recommendations of humorous interventions and some theoretical considerations (Sultanoff, 2013).

It has been argued that the use of humour in a sensitive and empathic manner leads to a more effective accomplishment of therapeutic goals (Gelkopf & Kreitler, 1996; Pierce, 1994). The counselling relationship is one of a kind, and the means of creating a meaningful bond are distinct from the ones employed in other types of relationships. In spite of humour being ever-present in personal as well as professional, clinical relationships, the use of humour within the therapeutic environment is to be adopted exclusively in the client's benefit (Sultanoff, 2013).

When it comes to establishing rapport, it has been proposed that the counsellor can use humour to relax the client and reduce the tension. It can also draw on the therapist's personality and unravel some of the mysteries of the psychotherapist image as it constructs an intermediate ”play space” whereby the therapist and the client can engage in a more shared reality (Gelkopf & Kreitler, 1996). Laughing together might support intimacy and friendliness and could lead to the client gaining more trust in the therapist. When making an opportune humorous remark, the therapist can show their empathic understanding by summarising possible ironic aspects of the client's experience (Martin & Ford, 2018). By being attentive to humour use in therapeutic encounters, the therapist can develop a better understanding of the client's experience (Sultanoff, 2013). As mentioned earlier, being in the client's frame of reference is also an essential aspect of therapeutic change in person-centred counselling. We argue that not engaging in humour poses the risk of missing nuances of the client's experience.

In a study using an adult outpatient sample, the participants were asked to score how useful were the therapists' responses and the degree to which the clients would choose that therapist. Some of the responses where humorous, others were not. The non-humorous responses were considered more effective than the humorous ones by the majority of the participants (Rosenheim & Golan, 1986). This was quite surprising to us given the overall benefits of humour in terms of wellbeing (Shiota *et al.*, 2004; Bippus, 2000) and the research suggesting that humour presents positive

outcomes on a relational level as well as in terms of coping. However, it is important to mention that like any other type of communication humour can be employed efficiently or inefficiently within the encounter so it can be the case that the use of humour wasn't the most appropriate within that study. Also, humour may have been approached from a unilateral perspective (Martin & Ford, 2018), which led to it being judged as non-helpful overall.

Megdell (1984) studied the effects of humour when initiated by the therapist on clients' liking of the counsellor in two separate alcohol addiction treatment centres. Recordings of the sessions were assessed by both clients and therapists independently and perpetual ratings were made based on the therapist-initiated humour. The results showed that client's liking of the therapist augmented based on interventions that both the therapist and the client grasped as humorous, but not when only one of the two considered them funny (Megdell, 1984). These findings, then suggest that humour can be beneficial only if the client and the therapist enjoy it together which would then provide another possible justification for the results of the Rosenheim & Golan (1986) study.

That being said, although humour can be beneficial for strengthening the relationship, there are certain drawbacks that can potentially create a deterioration in the quality of the alliance. Pierce (1994) acknowledged some of the benefits of using humour but also pointed out to the risk that when the client is under emotional strain, humour use can be unsuitable if used to laugh at the client; to shift away the attention from an emotionally difficult issue to a safer topic and when it is not in accordance with the advancement of the therapeutic process but used for the counsellor's own amusement.

The most widely noted risk in the literature is the possibility of offending the client (Bloomfield, 1980; Ellis, 1977; Ellis, 1998, Franzini, 2012). The potential pitfalls in humour use have to be carefully considered. Nonetheless, even in the event of a misplaced humorous remark, we believe that positive change can still occur. "A failed now moment" as referred to in The Process of Change Study Group (1998) can either create a rupture in the therapeutic alliance that cannot be salvaged, or with the help of both parties it can be repaired (Valentine & Gabbard, 2014). With the reparation in place, the therapist can gain a better understanding of the client's world and vice versa. In that vein, a growing body of literature refers to the rupture/repair as one of the most powerful common factors in therapy (Safran & Muran, 1996).

5. Should humour be taught in psychotherapy training?

As Ann Shearer (2016) points out in her suggestively titled book "Why don't Psychotherapists Laugh?" (humour) "it's still not seen as part of "proper' practice" (p. 30). In that context, the therapeutic community is engaged in a lively debate as to whether humour can be formally taught to trainees, and if so, would that training be compulsory and what would it look like? (Valentine & Gabbard, 2014; Franzini, 2001).

Valentine & Gabbard (2018) indicate that humour is still a "foreign body unassimilated" into the world of psychotherapy training (p. 75) in spite of the

growing interest regarding the impact of humorous interventions in therapy. As covered earlier, this has been our early experience as well, having observed a culture of silence regarding humour while training in a traditionally psychodynamic context. Psychotherapists were very much depicted as sober, ready to analyse the client's content and self-disclosure in general, and by correlation through the use of humour as well was frowned upon.

Early theorisations of humour have defined two general elements pertaining to an individual's sense of humour: being a humour initiator and a humour appreciator (Lefcourt & Martin, 1986). Even though many novice counsellors can be humour appreciators, it might be that very few engage in initiating humour regardless of the context (Franzini, 2001). In other words, you can't force someone that has little to no interest in engaging with humour in general to apply it or look out for its use within the therapeutic encounter. So, what about trainees who are genuinely prone to being humorous and want to know how to tackle that in practice?

Because of seeing Person-centred theory as different, not only in terms of its underlaying philosophy but based on the value it places on congruence we were surprised to find that in a review of therapy literature Kuhlman (1984) noted a lack of discussion about humour prior the 1970s and cited Rogers eschewing humour due to therapy being "hard work" (p. 2).

In one of the very few pieces looking specifically at trainee counsellors, Franzini (2000) notes that regardless of any personal inclinations towards humour use it appears "highly probable that therapists in training would pragmatically adopt this no-humour-in-therapy value" (p. 176) partially because of clinical supervisors and instructors having historically disregarded humour as part of the therapeutic process.

We find it paradoxical that while humour not only occurs naturally during the therapy sessions (Marci *et al.*, 2004), but it also poses such great risks if used inappropriately and can enhance the relationship when adopted in the correct balance, it is often overlooked in psychotherapy training. Some of that may be due to the lack of research and the difficulty to study naturally occurring humour during the sessions.

In searching for a person-centred way of approaching humour in therapy, we could only find Sultanoff (2013) proposition to communicate and respond through humour based on the core conditions for therapeutic change (Rogers, 1957).

He proposes that therapeutic humour can be achieved by:

a) the therapist being skilled in creating humorous interventions and acting in a conscious and mindful way;

b) the embodiment of the core conditions for the therapist;

c) the client understanding and receiving the humour and perhaps most importantly

d) the client-therapist alliance has to regulate the tone in terms of humour (Sultanoff, 2013).

Gladding & Drake Wallace (2016) offer one of the very few attempts at providing specific guidelines for using humour within the therapeutic encounter. In short, they stress that humour has to be used in such a way to care for and protect the

client's wellbeing (Franzini, 2012) which falls under non-maleficence (BACP, 2019). They also highlight that therapists need to be ready for the spontaneity that humour entails but also prepare for it, be aware of timing, circumstances and the relationship. The third guideline is being attentive towards the client's use of humour and weigh whether the client is receptive enough for humour at that point in time. Being thoughtful, deliberate and sincere when using humour while balancing that attitude with "taking themselves lightly" is also of the essence (Gladding & Drake-Wallace, 2016, p. 8). The final guideline, is congruence and genuineness, being one's true self when using humour as the client can sense inauthenticity which can potentially create a rupture in the relationship (Gladding, 2014).

Going back to the initial question, "Should humour be taught?", our account is that it would be a daunting task to try and teach humour as communication skill especially since at the moment there is very little research around that. However, we do think humour has a place in training, and it could be discussed as part of the recorded assessments, triad work or perhaps explored in encounter groups. Opening up that conversation and giving voice to different opinions of peers or more experienced counsellors would perhaps take away some of the reluctancy to engage in humour if occurred naturally in the session.

We agree with Sultanoff (2013) who explains that humour, in line with the other skills that a therapist has to learn to integrate into their ways of being in the counselling room, has to be practiced (p. 395). Finding ways of practicing the humour muscles when training, is therefore essential for student counsellors who are interested in that. Some of that can be potentially achieved on placement, providing that the supervisors and tutors are ready to discuss the trainee's use or lack of humour during sessions.

Another important point would be to look at the evidence that we do have and present humour as "high risk- high gain" (Valentine & Gabbard, 2014) for trainees to be aware of the potential pitfalls of using humour in an inappropriate manner. It is also important to note that virtually every intervention that a therapist makes within the encounter can be "potentially destructive" to use Kubie's words when he famously referred to humour use as unacceptable (Kubie, 1971, p. 42). In his assertion, he broadly made the assumption that the therapist will not be capable to address the client's potentially negative response to humour (Sultanoff, 2013). Perhaps looking at ways to repair the relationship is something worth approaching while training, whether it being formally included in the course syllabus or as a conversation with the tutors or personal supervisor.

6. Conclusions

As seen throughout the paper, opinions range from eagerly advocating for humour as a potentially helpful aspect of the therapeutic process, to some that argue for a more tentative approach and others highlighting the risks of humour as being far too high to even engage in it. The presence of such conflicting views implies that the truth about humour is somewhere in between.

We acknowledge that teaching humour as communication skill to Person-centred trainees in the current context would be challenging. Nonetheless, We believe that the growing enthusiasm around humour as being potentially beneficial may leave room for humour to be included in the curriculum at some point in the future.

In the meantime, supervision is possibly the holy grail when it comes to trainees expanding their knowledge on how to use humour (Franzini, 2001; Valentine & Gabbard, 2014). Risks can be managed through the use of supervision, and above all the supervisor can observe how or if the trainee is open to using humour. Mitigating the risks and reparing the relationship can also be achieved as part of the supervision process with a person who is open to have that conversation. To echo Shearer's words, "In the end, it's often humour which uses us, not the other way round. Perhaps the best we can do is live good-humouredly with that" (Shearer, 2016, p. 32).

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