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Those who laugh, last: Exploring the use of humor as a vehicle of healing through
personal reflection, theory, and practice

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JAMES MADISON UNIVERSITY

In

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Clinical Mental Health Counseling

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Dedication

This paper is dedicated to my Family; to my late mother Livy Whitehurst, Bob Whitehurst, and Robert Whitehurst. Thank you for teaching me at an early age humor is always the best weapon against all of the world's sorrows.

To the person that partially inspired this paper, my best friend, Kelley Wellford, thank you for enriching my life with the type of laughter that brings me to tears and makes my cheeks sore for days.

To my better-half, the one that reminds me to laugh when I am taking life too seriously and holds my hand when I've lost my way in grief and sadness, I owe you a world of gratitude for giving me your kind and enduring heart. Thank you, Tim Durm.

To Teddy, Abe, and Fancy, you are the best examples of the simplicity of life and its ever-present sense of humor.

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Abstract

The premise of this paper is to examine the healing and therapeutic nature of humor in the counseling relationship. Discussion will focus on the cognitive, emotional, and physical benefits of humor, as well as the methods and techniques used to implement humor and laughter into therapeutic practice. The best practices, benefits, and recommendations for using humor in the therapeutic relationship are reviewed, emphasizing type of humor and assessing client for appropriate use. Application of humor in times of grief and loss is explored, offering insight to the resilience that can be found in the human spirit. Humor is studied as a promoter self-care, social connection, optimism, and new perspectives. Criticisms and concerns for the use of humor in therapy are considered, noting the continued need for research on the subject. The aim of this analysis is to revive the topic and use of humor in the mental health counseling field.

Introduction

If you can find humor in anything... you can survive it.

-Bill Cosby

The topics of grief and humor are not often considered complimentary; the union may even sound absurd, but what if in that absurdity lays the point?

I sat staring at the pale laminate squares, dizzied by the sterile smell of cleaning products; it was the cold, yet familiar setting of the hospital. My father had been admitted the night before after suffering a massive stroke. Even at the age of twenty-four, I was well acquainted with this environment's offensive effect on the senses. I had spent most of my nineteenth year in a hospital, caring for my mother. She would ultimately leave this world that year, after courageously giving cancer a run for its money. Hospitals are not a place I enjoyed being. They had set an unforgettable precedent in my mind.

I looked over at my best friend, who had sprawled her body across the laminate flooring, and thought about how I'd rather be alone. "Is this really happening again, I cannot do this again," flooded my mind and took over my body, again and again. Panic set in as I realized the bills would have to be paid soon and the checkbooks and credit cards were all in my Dad's name. I thought about needing to phone family, Dad's work, my exams, and stopped as the thought of taxes racked my body with anxiety. The muscles in my chest tightened, as I was paralyzed by the fear of what was to come. In the same moment, I heard an arresting alarm outside in the hallway. I had become deaf to the

concert of beeps in my Dad's room, as their drone became monotonous, a poignant soundtrack for the situation. The sound coming from outside in the quiet hallways was different. Along with the alarm came an automated voice that clamorously voiced the command, "Move". The noise piqued my friend's and my interest, so we decided to take a look. Upon further inspection we found two robotic, med carts trolling the halls. Both seemingly had nametags affixed to their fronts, declaring one as "Roxie", and the other "Rosie." What my friend and I soon realized was that one of the robots had stopped dead in its tracks when the neurologist, the same one who had visited my Dad earlier, had crossed its path too closely. The robot again demanded the offender to "Move" despite the doctor having continued on with his rounds elsewhere. With one look at each other, my friend and I simultaneously erupted in laughter. The absurdity of personified robots barking orders at a top-paid neurologist was hysterical to us. Fancifully, we dreamt of what we would personally use Roxie and Rosie for if they were ours at home. We may have even intentionally walked in front of them a time or two, eager for their seemingly irritated response. These two, I'm sure grossly expensive, robots were my source of relief and respite during my family's otherwise harrowing stay in the hospital.

I use humor as my language, my connector, and really my lens of the world. I have relied on humor in times of crisis as a guiding light to hope and normalcy. I have leaned on humor during times of loss, to keep from succumbing to the tidal wave of grief. Humor has been at times my fortitude, my release, and my art. Humor has been my guardian angel over the past decade. It restored my innocence when I started to lose faith that people and life are good.

Background: Inspiration through Personal Insight

The journey of this Education Specialist project started long before my acceptance in the clinical mental health counseling program, long before even my interest in counseling evolved. The influential experiences of my life have been primarily ones of significant loss. As I have spent time reflecting on these memories of loss and separation, I am surprised by the ever-present reminder of connectedness. This human condition that we all seemingly endure possesses a strong force of unification. In the days and weeks after losing some of the most loved and important people in my life, I found reprieve and strength in moments spent with others, particularly moments spent in laughter. When someone suffers a loss there is often a fear that when reaching out we might say or do the wrong thing. This fear is not foreign to a novice counselor, worrying that the wrong phrasing of words might send their client running out the door never to return. What is forgotten in this fear is that the simple presence of another is sometimes all that is needed.

I learned through my own experiences of loss that I wanted to dedicate my work to helping others. As noble as this may sound, or naïve, it unfortunately was not a prophecy complete with a plan. I did not hold a unique skill set or the vision of a life-altering nonprofit to carve out my career path. All I knew for certain was what I had experienced, and that I could make a difference sharing these experiences. I found this is what led me to the counseling field, a study based in the importance and the art of relationships. After deciding to focus my educational specialist project on my experience of loss and bereavement, I realized I was missing a very pivotal piece of my journey. I survived and learned how to thrive after loss because of the relationships in my life,

which have been established and have flourished through the connection of humor and laughter. Humor can be associated with avoidance, but what I have experienced within humor is a deep power for healing. The shared presence of laughter and humor is unequivocally connected people in my life, as they have laughed both in joy and through tears. I have not been surprised to find that humor has the same effect in the counseling relationship. Shared laughter and humor have contributed to establishing a relationship and building rapport with clients. From pinpointing the impact humor and loss have had in my journey to becoming a counselor, I was inspired for my educational specialist project. The marriage of humor and bereavement may sound odd or ill fated, as they bring about two opposing emotions. Therefore, it should be clarified that humor in the wake of loss should not be used to diminish the significance of that experience, but to ease suffering and to provide a language of hope and a reminder to live for those grieving (Klein, 1998).

Through my work, I have found there is a deficit of research on the use of humor with mental health. Humor is thought to be one of the most effective forms of communication, one that drives social interactions, yet is often not fully recognized in professional settings (Dziegielewski, Jacinto, Laudadio, & Legg-Rodriguez, 2003). Gladding proposes this shortfall could be contributed to the whimsical nature of humor, while counseling is considered to be serious work (2006). Research also indicates that humor is an underused and un-appreciated art form in counseling (Ness, 1989).

From these findings, there seems to be a gap between the increasing appearance of humor in various multimedia formats and its absence in counseling. A popular use of social media is to post humorous pictures or videos for friends to connect through sharing

(facebook.com, youtube.com). My inspiration for this project grew after reading about the Tutu Project, in which a photographer took pictures of himself in a pink tutu for his wife who had been diagnosed with breast cancer (www.thetutuproject.com, 2003). The pictures were shared amongst the ladies receiving chemotherapy with his wife, providing laughter and a way of passing time. Once the pictures were picked up by a few news sources the story became popular on the Internet, leading to the creation of the Tutu Project, which donates a percentage of proceeds to The Carey Foundation. The photographer and husband, Bob Carey, explained, “Oddly enough, her cancer has taught us that life is good, dealing with it can be hard, and sometimes the very best thing – no, the only thing – we can do to face another day is to laugh at ourselves, and to share a laugh with others” (Carey, www.thetutuproject.com). Bob Carey and his wife’s story is a reminder that laughter is important; it is an essential part of what makes us human. Regardless of where we are in our lives, we should prioritize laughter and play, as these elements are imperative to our well-being. The Tutu project exemplifies the strength found in a bond with another, the beauty of life that still shines in times of pain, and the healing nature of humor (Carey, www.thetutuproject.com). Similarly, Play therapist Gary Landreth encourages play and laughter as a means for relieving stress, regulating emotions, and creating positive connection between people (2012).

Comparatively, humor is present in the medical field, both in research and in practice. A popular example of this would be Patch Adam’s work, practiced at the Gesundheit Institute and seen in the motion picture *Patch Adams*, in which medical care is infused with laughter and play (Oedekerker & Shadyac, 1998). Articles on the topic are

sparse and often dated. Perplexed by this finding, I altered my focus on the project to create a manifesto of what is available to counselors on the use of humor, particularly as a means of coping and healing from loss and bereavement. The purpose of this paper is to breathe life back into a forgotten art form and to inspire the use of humor in clinical practice.

An Assertion for the Use of Humor

Humor is pervasive in today's culture and amongst social interactions; it is a rudimentary element to our language and communication (Squier, 1995). Norman Cousins, a professor for medical humanities, uses laughter and humor in his work and presentations. After one presentation in particular in which he started by telling jokes, he asserted that laughter makes people feel good and that is what our goal as practitioners should be, to make our clients feel good (Prendergast, 2008). Laughter is considered enhance health physically, emotionally, and socially (Stratton, Kellaway, Rottini, 2007). Laughter creates physiological changes in the body, cueing the release of endorphins, reducing muscle tension, and increasing respiration and circulation (Prendergast, 2008; Stratton, Kellaway, Rottini, 2007). Despite awareness of the benefits and importance of humor, research on the topic is lacking.

The use of humor continues to be unacknowledged in scholarly research and work, bringing to question the assumed value of humor as a therapeutic tool (Dean & Major, 2008). In reflection, Grofjahn, points out: "Therapy is no laughing matter, but neither is it a wailing wall" (Middleton, 2007, p. 151). The contemplative and storytelling nature of therapy is laced with both sobering and silly thoughts and expressions (Gladding, 2006). Ideally, psychotherapy should acknowledge and utilize the expanse of

human emotions, both positive and negative, to help clients in realizing the broader picture of their lives (Fitzpatrick & Stalikas, 2008). In addition to researchers and practitioners dismissing humor due to its intrinsic lack of seriousness, hesitation surrounding humor as a therapeutic instrument is related to the difficulty in it being taught and used appropriately (Goldin, Bordan, Araoz, Gladding, Kaplan, Krumboltz, & Lazarus, 2006). In other words, humor is ubiquitous in our daily social interactions and is considered to be salient in strengthening our welfare, yet there is question in how to develop it as a communicative tool based on intuition and personal preference (Goldin et al., 2006).

Humor, Laughter, and Mirth

Humor is Mankind's greatest blessing.

-Mark Twain

For the purpose of this paper it is important that we define Humor. These topics have expansive definitions, all of which cannot be comprehensively addressed in the space of this paper. Humor is generally summed up as telling jokes, but there are many other manners it can be felt and used by people. Steven Sultanoff (1994) describes humor as being comprised of three fundamental experiences: wit, which is a thought-oriented experience; mirth, an emotionally-oriented experience; and laughter a physiologically-oriented experience. Each of these experiences is a different type of expression. Wit relies on intellect. It is a way to use alternative thought processes, or punch lines, to change someone's perspective (Sultanoff, 1994). Wit can bolster a person's confidence or change someone's perspective, helping to manage emotions (Sultanoff, 1994). It takes creativity and problem-solving skills to artfully "stump" someone with a witty remark or

“come back.” Wit can provide an appropriate tension release for anger, as well as engage someone suffering from depression (Sultanoff, 1994). Feelings of mirth are uplifting and can provide release as it fills one with joy.

When people experience shared moments of humor, they often feel a sense of joining or belonging as well. Critchley (2006) defines a successful “joke,” as first having a social agreement between the one telling it and those listening. There is a variety of preference in humor, but there is a general understanding culturally of what is “funny” (Dziegielewski, et al, 2003). Humor enables us to connect to others and learn who we are in relation to those around us (Scott, 2007). Regardless of differing approaches and fashions of humor, humor is linked to aiding communication, building relationships, and providing catharsis (Dean & Majors, 2008).

One of the many expressions of humor is the physical response of laughter. Laughter invigorates the body, allowing tension to escape and enjoyment to encompass one fully. Evidence suggests that laughter can provide a benign form of dissociation from distress, reasonably leading to responses of patience and acceptance in situations of stress (Keltner & Bonanno, 1997). The physiological benefits of humor are debatable. Extensive research has not been done to prove many of the benefits touted by popular media. It is not uncommon to see magazines highlighting tidbits such as “children laugh 400 times a day while adults only laugh 15 times”; such popular claims are not adequately supported by research (Sultanoff, 1999). However, there have been countless personal accounts of laughter improving one’s health and wellbeing. Celso, Ebener, and Burkhead (2003) reported a correlation between overall health and coping humor. Additional studies have supported this claim, finding a statistical significance between

having a sense of humor and ability to cope with life stress (Kuiper, Martin, & Dance, 1992; Lefcourt & Thomas, 1998; Newman & Stone, 1996; Thorson, Powell, Sarmany-Schuller, & Hampes, 1997).

Prescribing humor as a treatment for physical and mental ailments has been used for hundreds of years. It is recorded that Hippocrates used musicians and court jesters as part of the healing process in his medical treatment (Ptasznik, 2010). Laughter has been shown in controlled studies to lower cortisol levels and increase the number of activated T lymphocytes and T cells that are essential for a strong and healthy immune system (Wooten, 2000;). Sultanoff (1994) refers to it as the “jogging of the internal organs,”(Sultanoff, 1994, p.2) as deep belly laughs change breathing, which increases heart rate, leading to an increase in blood flow throughout the body. The biochemical changes that occur in the body from laughter are believed to help with pain tolerance, but again the research is limited, as the causation of the change has not been adequately linked to the action of laughing (Wooten, 2000). Norman Cousins (1989) advocated for the use of humor in treatment, as it is a method of release and relief, freeing one of psychological and physical restraints, even if only temporarily. Cousins found that 10-20 minutes of laughter alleviated his pain for two or more hours (Sultanoff, 1994). Despite the lack of research, it is apparent that laughter can relieve stress, and does so while putting a smile on one’s face, along with a new outlook (Klein, 1998).

In review, there are both individual preference and general consensus regarding what is considered humorous (Dziegielewski, et al, 2003; Goldin et al, 2006). A person’s background or culture can affect his or her disposition, use, and understanding of humor,

which is relevant when assessing clients for appropriate use of humor (Goldin et al, 2006). Humor, mirth, and laughter are all elements of language and communication that can stimulate, enhance, or supplement social interactions; they are means for connecting, joining, understanding, and release (Sultanoff, 1994; Dean & Majors, 2008; Dziegielewski, et al, 2003; Goldin et al, 2006; Scott, 2007).

Humor in Theory and Practice

Enriching rapport

Laughter helps us remember all the things we have in common.

– Clifford Kuhn, M.D.

The connective force of humor can enrich the therapeutic relationship, as it acknowledges the client's and counselor's common humanity (Richman, 1996). Humor can build rapport as it can help initiate communication and it is generally associated with likability with those who use it (Gladding, 2006). Client tension is released through the action of laughter and feelings of joviality, while simultaneously the rigidity or formality in the therapeutic relationship is reduced (Sultanoff, 1992).

The joint experience of laughter expands the client-counselor relationship and fosters a sense of belonging for the client (Klein, 1998). Arnold Lazarus, professor of psychology, endorses Mark Twain's sentiment on humor, "Humor is the good natured side of truth" (Goldin et al., 2006). The mutual use of humor to lubricate the expression of guarded or shameful emotions can help in maintaining the person's dignity while also conveying empathy and understanding (Dean & Majors, 2008). The authentic use of humor is used by psychotherapist Daniel Araoz, as he claims it helps clients know he is in tune with their experience and understands him or her (Goldin et al. 2006, p. 397).

Shared revelations through jokes or witty remarks allow for trust to be built in the therapeutic alliance and provide the therapist with a deeper understanding of the client.

Depending on the client-therapist relationship, humor is a permissible expression of otherwise taboo thoughts and feelings (Dziegielewski, 2004). Freud (1960) identified “punch lines” as a vehicle for clients to reveal hidden, unconscious, or unacceptable aspects of the self. In therapy, humor can be a safe means of telling the truth (Goldin et al., 2006). A client can use humor when examining heavy subjects, through this protected channel of communication. As Sands (1984) points out, humor can break down a client’s defenses. Clients are able to test the waters of therapy, and ultimately test their counselor, by introducing anxiety-provoking topics through humor (Goldin et al, 2006; Klein, 1998). For example, a client may come to counseling grieving the loss of a sibling that suffered from addiction for many years. The sibling may have been an emotional drain and financial burden on the client. Although he or she may have deeply loved this family member, their relationship was complicated due to the chaos, fear, guilt, and destruction surrounding the disease of addiction. The restraints on their relationship may still linger for the client even after the loved one’s death, complicating the grief process. The client could show reluctance in expressing any relief that comes from the loss of a loved one, due to the assumed shame associated with that emotion. A counselor’s careful use of humor can lighten the atmosphere of therapy, while giving space to explore serious topics. The client may feel more at ease using humor to “try-on” the many different faces and feelings belonging to grief with the safety of humor. A counselor can welcome the client’s humor Greenwald (1987) noted humor creates an, “atmosphere of freedom and openness”

A client's emergence of humor in the counseling room can be a strong indicator of the strength and trust in the counseling relationship (Goldin et al. 2006). Humor can be used as a gauge to assess symptoms of depression and anxiety, particularly in response to grief. Laughter may even signal a breakthrough in therapy, or an "aha" moment, as they are able to distance themselves and observe situations from a distance (Gladding, 2006, p. 166). A client's frequency of humor or laughter could show a lift in symptoms and give evidence to the effect of treatment (Goldin et al, 2006). Similarly, therapists' use of humor in practice can aid in maintaining a healthy distance in the client-counselor relationship, along with advocating for self-care (Middleton, 2007). A therapist's delicate use of humor can help with creating distance or separation from his or her self and the client's story, making humor a valuable and easily accessible tool for averting countertransference and triangulation.

Humor as a Coping Mechanism

The use of humor in the therapeutic relationship can be risky, yet with appropriate use it can be an effective tool in psychotherapy (Middleton, 2007). Humor is an art form fashioned by the combination of using reality and absurdity with surprise and exaggeration (Gladding, 2005). Albert Ellis used the revelatory nature of humor to highlight clients' false or irrational belief systems in his practice of Rational Emotive Therapy (Saper, 1987). Ellis promoted change in clients' cognitive, emotional, and behavioral patterns by the use of exaggeration as a humorous technique. For example, he (1983) instructed clients to enact exaggerated accounts of their symptoms, shifting clients' perspectives as they recognize absurdity in the significance they place on their symptoms or issues (Richman, 1996). Similarly, Harold Greenwald used exaggeration in

a mirroring technique with clients, in which he imitated the symptom or situation of a client in a dramatized fashion (Klein, 1988). Therapists should proceed with caution when using such techniques, as the benefit of their use is dependent on the receptivity of the client. When used appropriately, however, exaggeration can render stressful or painful scenarios as comical for a client (Klein, 1988).

When we are no longer able to change a situation... we are challenged to change ourselves.

-Viktor Frankl

Victor Frankl (1967) is another psychotherapist who used exaggeration as a humorous technique in therapy through “paradoxical intention”. His patients were asked to act out exaggerated examples of painful symptoms they experience. By transferring the power of the symptom to the client, who brings it about voluntarily, the client gains a greater sense of control over the intrusion of the symptom (Richman, 1996). The client acquires a position of power over the symptom and therefore is able to either constructively work towards reducing its frequency or use the power as a means to manipulate the symptom to work for the client (Richman, 1996). Further, clients may be asked in therapy to recall upon times of great happiness, using those memories as a catalyst out of despair.

Memories can distract from current pain, and give hope that life can once again be joyful (Sultanoff, 1992). The habitual use of humor applied to daily life can promote positive response to stress (Keltner & Bonanno, 1997). This technique requires clients to change their attitude about the symptom, the world, and themselves (Klein, 1989). Humor becomes a mechanism of courage, as it challenges clients to reflect on their beliefs and assumptions with both self and others (Scott, 2007). Humor in this manner becomes part

of a self-care routine, preparing for its use in tragedy when it may shift to a survival technique (Middleton, 2007).

Humor, like hope, allows one to acknowledge and endure what is otherwise unendurable.

– Gail Sheehy

The concept that laughter increases power over painful or anxiety-ridden thoughts, behaviors, or feelings, is one Zwerling (1955) also pinpointed in his work. If clients can laugh at what incites their deepest fear, then they are able to become the master of their symptom or illness (Richman, 1996). Humor, while it can break down defenses in the therapeutic relationship, concurrently strengthen a client's defenses against oppressors, such as depression or illness (Klein, 1998). Often clients feel helpless in their circumstance; in these times humor can be a tool for controlling one's attitude or the atmosphere when the situation is out of their hands. By modeling humor in their practice, therapists are teaching clients a technique for emotional management and self-care (Middleton, 2007). When times are seemingly insufferable for clients, humor can act as a weapon against their antagonists. Essentially, humor promotes survival, energizing and inspiring clients through the process of change (Klein, 1989; Klein, 1998).

Humor as a Facilitator for Change

The process of change is the essence of therapy; through this process clients eliminate maladaptive thought, emotional, and behavioral patterns and attain personal goals. Humor can create alternative ways of thinking for a client who is steadfast in a rigid belief system (Fitzpatrick & Stalikas, 2008). Emotionally, humor can bring forth both relief and enjoyment for a client. Humor in itself provides the possibility of a new or different action (Keltner & Bonanno, 1997). A client who is depressed or deep in a state

of grief can be encouraged by this shift to increase joy and play into their daily routine (Ellis, 1983). As clients recognize different possibilities, they are able to broaden their view and make sense of their life in new and perhaps more meaningful ways (Fitzpatrick & Stalikas, 2008)

The transformation of behavior is typically a result from changes in feelings or cognitions. Laughter can be used as an index in therapy for positive shift in self-concept or self-perspective, as humor can heighten feeling, emotion, expression, and experiencing (Maher & Gravies, 1984). As a promoter for growth, humor may lead clients to perceiving and adapting new behaviors and attitudes, through conveyed truths and subtle insights (Dziegielewski et al, 2004). As humor uplifts a client's psychological wellbeing, it is likely they will be energized physically as a result. When people feel good, they tend to connect more to those around them (Klein, 1989). By investing in relationships, clients are reminded of their worth. Social connection is likely to bring about feelings of belonging, reinforcing progress to move forward and use one's community as a support. Further, as one reaches out to those they trust, they are reminded of a life prior to illness, grief, depression, etc., which is likely to increase participation in new activities and opportunities. (Sultanoff, 1992)

Similarly, humor can create change with how we feel. When in the act of laughing or feeling joy one cannot simultaneously feel anxiety, grief, or depression. Humor overrides negative emotions (Klein, 1998). Humor in therapy can broaden perspective, as touched on previously, but it can also help focus therapy. As client's experience mirth and laughter in therapy, they are focused on the present moment (Goldin et al, 2007). The

painful emotions may return after the humor ceases, but moments lent to amusement provide a respite for the mind and body (Klein, 1989).

Using Humor in Times of Loss and Grief

No one is exempt from loss; we cannot avoid it or prepare for its life-altering introduction, we must simply find a way to survive it. In the wake of loss, humor and laughter may sound dissonant to one's mindset. It is difficult to experience amusement when grief has settled in the cracks and hollow places of our heart. In the rare occurrence we allow laughter to escape, even quicker we are recoiled by the sharp sting of guilt and the reminder of our beloved's absence or distress. However, maybe that laugh should be given a second thought, before it is blushed away or criticized as indecent. Feelings of mirth, much like hope, are a reminder of all that is not lost. Humor can breathe life into the bereaved and inspire resilience in the grips of tragedy.

Examining Loss

Loss is a term that is commonly used for a range of emotionally difficult situations. Primarily, loss is presumed to mean the passing of a significant person in one's life, typically to death (www.apa.org, 2014) However, the definition can be far-reaching, including the loss of another through relational estrangement, retirement, divorce, a prison sentence, unrealized dreams, a long-distance move, and many other circumstances. All of these definitions are relevant to the topic explored in this paper. Bereavement and grief are the primary focus concerning loss here; however, the broader definitions of loss are still applicable to the discussion of using humor as a tool and coping mechanism for comfort and survival. (www.apa.org, 2014; Hall, 2013)

Bereavement and Grief

Bereavement and grief are natural and healthy responses to death, dying, and loss (Kubler-Ross, 1969). To grieve is to take time to acknowledge the pain of losing someone and start the process of healing. A person at the end of his or her life may grieve things unfinished, places never seen, or relationships unrepaired. The caregivers and the family members left behind after a person's death are often filled with sorrow as their loved one departs (Klein, 1998). Grief is the consequence of truly loving someone. It is never easy to say goodbye, but the suffering that accompanies death is also an indicator of the spirit and significance of life and people.

The process of mourning is unique to every individual. What one finds comfort in will not necessarily provide ease for another (Klein, 1998). When people lose someone especially close to them, they are left to re-learn who they are without this person, and what life now means (Klein, 1998). While grief is commonly considered a negative state, it is a powerful and important experience. Loss can lead to great expeditions of growth and resilience (Hall, 2013). It is an awakening to the inevitability of mortality. Acknowledging the unavoidable imminence of death can revitalize the will to be truly alive and present in one's life (Klein, 1998; Klein, 1989)

Life does not cease to be funny when people die any more than it ceases to be serious

when people laugh.

- George Bernard Shaw

Grief complicated

There is nothing funny about dying or mourning the loss of someone (Scott, 2007). When life is gravely shaded by grief, it is easy to lose sight of what once provided pleasure or enjoyment. If people are able to find laughter or experience feelings of mirth

after loss or amidst a crisis, they can be uplifted, even if it's fleeting, from the burden of grief or fear (Sultanoff, 1997). The ability to reframe cognitions through humor during grief can give birth to a person's resiliency and help them thrive beyond tragedy (Stratton, Kellaway, & Rottini, 2007). Energy and strength to persevere in the fight against an illness can be born out of laughter. The respite of humor can recharge those suffering deeply from grief (Klein, 1989). Further, laughter may improve the functioning of clients in mourning, by helping to dissociate from stress and by supporting relationships (Keltner & Bonanno, 1997).

Many people are familiar with the movie *Patch Adams*, in which a physician dresses as a clown to bring joy and hope to his patients (Oedekerker & Shadyac, 1998). Therapeutic clowns visit many children hospitals, but in recent years they have started visiting seniors in some hospitals as well. Patients have reported comfort from pain and a brighter mood during and after these visits (Ptasznik, 2010). The relief and levity permitted through humor can be holistically cathartic, as it takes over one's whole self leaving little room for distress (Sultanoff, 1995).

This paper has repeatedly described the sadness that accompanies death and dying, but death can also be a time of celebration. Funerals can be memorials of accomplished and well-lived lives. Humorous anecdotes are common language in eulogies, as people remember their fondest memories of the departed's life. Old friends and family from all over gather for funerals. By bringing people together to reminisce about shared joys, the ritual of a funeral is one of honor and appreciation (Klein, 1989). Considering how one personally would want to be remembered after can help bring light to the importance of celebrating the departed.

Often identities of the bereaved are compromised with the loss of the deceased. One's life is missing too many defining pieces to make sense anymore. If one's focus stays on all that is gone or negative, life will remain lonely and negative. Comedians, Cartoonists, philosophers, and even therapists alike, have used humor as a life vest, to remind those still living that that are still alive (Lester, 2011)! This reminder is to call people's awareness to power of choice, and how each of us has the ability to choose how we proceed with life after loss (Klein, 1989). Humor is silver lining, the hope after the storm has cleared, and the internal message that you can go on.

Recently, I was reminded of the both the sadness and closeness that surround the ritual of funerals. At a dear friend's Mom's funeral, I listened to the rich accounts of her life, as a daughter, friend, partner, and mother. Sadness hung stagnant in the air of the church, but with every fond memory shared spirits lifted like the pulse of a heart beat. By leaning in to each other with comforting stories of love and laughter, the will to live by those grieving was sustained. With this paper ever-present on my mind, I was listening for moments of shared laughter the day of the funeral. I was not surprised to find smiles and laughs in most of the interactions I observed. It was a life lost too soon, but by faith and strength of spirit, I watched as humor was the underlying crutch for connection and composure of those mourning.

Pain and loss are the most difficult parts of our life, but their existence is crucial to our experience as humans. Our power in this inevitability is how we choose to face pain and loss and possibly embrace the experience as an opportunity for personal growth. Feelings of mirth may be rare as we mourn the loss of the ones we love, but they can be found if they are sought. Allowing openness in spite of the fear and uncertainty in crises

and disaster, can lead to a deeper understanding of the beautiful intricacies of life, love, and our purpose.

Everything can be taken from a man but one thing: the last of the human freedoms- to choose one's attitude in any given set of circumstances, to choose one's own way.

-Viktor Frankl

Assessing the client

Many psychotherapists suggest that for humor to be successful in therapy it has to be spontaneous. While offhand humor is bound to emerge as the therapeutic alliance strengthens, it is wise for therapists to be intentional with the use of humor. First, one must be open to humor. Setting the atmosphere for humor is vital. If a therapist is unable to communicate openness to the idea, humor will not be an option regardless of beliefs around effectiveness. Therapists dictate the climate of their working space, that it is what it is contingent on the therapist to communicate and encourage the use of humor.

As noted above, assessing a client's perceptivity and readiness for humor is in best practice. A therapist can be intentional in asking a clients what they find humorous, what brings them joy or amusement in their life, whether that is comics, cartoons, jokes, comedic movies, or humorous personal anecdotes (Richman, 1996) A therapist is able to use the client's engagement with the subject as a gauge for the decision of using humor into their work together. By being direct about humor, a therapist is privy to knowing the client's preference of humor (Klein, 1998). If a counselor has spent time collecting props for their repertoire, knowing comics are something a client relates then can be valuable information. The therapist is able to pull from their comic strips compilation ones that are relevant to their client's story or problem (Sultanoff, 1992).

Another indicator of a client's acceptance to using humor is their display of humor and laughter in the therapy room (Goldin et al, 2006). If a client exhibits laughter, particularly laughing at his or her self, it is a good sign they share a healthy sense of humor and would benefit from its role in therapy (Klein, 1998). Counselors can test a client's responsiveness to humor in therapy by trying a joke. If the joke is not well received, it is pivotal the therapist repairs the relationship by being immediate with their client about their decision to use humor (Sultanoff, 1994). Using intention, assessing a client's receptivity, and trying humor in therapy sets the stage; yet, arguably, the most important aspect of bringing humor into the therapeutic relationship is doing it authentically (Sultanoff, 1992). A therapist should be earnest in their use and reaction to humor. Telling jokes or laughing at something one does not find funny depreciates the sincerity of the relationship.

Understandably, some criticism for using humor in therapy comes from much of the unhealthy humor seen in movies, video games, social media, and social interactions today. There is a distinct difference in laughing at and laughing with someone (Klein, 1998). When we laugh with someone, whether it is at a problem, the self, a thing, or a witty word play, we are using our intellect, language, personality, and possibly our spirit, to connect to others (Sultanoff, 1998) . However, when we use humor to laugh at others, we are disguising hostility, anger, and contempt. The action of laughing at is not psychologically beneficial or healthy for the therapeutic relationship (Goldin et al, 2006; Sultanoff, 1998).

The power of humor needs to be channeled and directed purposefully in its use. While teenagers are apt to hearing put-downs and sarcasm at school or in their favorite

rap songs, that is creating a culture of dubiety and disconnect. As therapists we often have to be educators as well. It is important, particularly with younger or more vulnerable clients, to spend time discussing the impact harmful humor can have on one's outlook and self-esteem (Sultanoff, 1998). Humor has remarkable potential for one's psychological and physical wellbeing, but like many aspects of life, the user and their practice determine its value.

The risk of using humor in therapy increases with clients having experienced a crisis, disaster, or difficult death (Sultanoff, 1995). Likewise, the benefit can be transformational if successful. When using humor as a therapeutic tool for overcoming and healing from a disaster or a death, it is vital that the type of humor is considered and the fit of client is assessed first (Goldin et al, 2006). Typically, the self or inanimate things are safe targets or sources of humor. When dealing with a sudden death, a therapist should consider the client's distance from the event (Scott, 2007). Distance can be subcategorized by emotional distance, proximal distance, and temporal distance (Sultanoff, 1992). If a client lives in a community where a devastating natural disaster has occurred, the topic may not be appropriate to brooch with jest depending on the client's personal loss in the event, their emotional perception and attitude towards the event, and the time lapsed since the event. It also can solely depend on the individual (Sultanoff, 1995). For example, if a client loses her life-long home in a storm, anger and confusion may prevent her from any alternative perspective. Another client in a similar situation may respond with a remark such as "I always hated the carpet in that house." The joke is trivial, it does not discount the pain they have suffered, but it signals hope and gratitude (Klein, 2013). A Therapist's careful assessment of their client can help in deciphering a

client's readiness and openness in using humor in the grieving process of differing types of loss.

Criticism of the use of Humor in Practice

As discussed previously, humor has been used as a technique in many notable psychotherapists' theory; however, it has also been a topic of controversy in the field. Kubie (1971) renounced the use of humor, stating that it can be destructive in therapy (Falk & Hill, 1992). Kubie's primary criticism is that humor could be a distraction for clients. Haig (1986) presented concerns with the use of humor in therapy, claiming humor could be used as defense or a way for clients to avoid particular topics in therapy. However, Haig, conceded that with proper use by the therapist, humor could promote catharsis for the client (Falk & Hill, 1992). It is irrefutable that a therapist takes a risk each time she or he brings humor into the room. A client's receptivity to the technique is uncertain. It could be perceived as insensitive or diminishing the significance of a client's pain. It is important to highlight these concerns, as a therapist should take careful consideration before adding humor into their repertoire.

Conclusion

In conclusion, humor can be a valuable part of therapeutic language. As therapists, we can hone the benefits of humor to engage and stimulate clients. Humor is a promoter of general well-being and with routine use can be a practice of self-care. Further, clinicians can use humor to open communication, build rapport, and scale client symptoms.

Many past and practicing theorists support the integration and deliberate application of humor in therapy, notably for treatment of grief and loss. Humor can

provide therapeutic dissociation during episodes of stress, as well as be used to direct insight and reflection in therapy. Humor, for both clinicians and clients, can be a catalyst for truth telling and an outlet for emotion surrounding tragedy.

As acknowledged in the introduction of this paper, research and scholarly literature on humor, particularly with loss and grief, is sparse and often dated. Considerations to why humor is taken for granted, and often not recognized in the curriculum of counseling programs should be investigated in further research. Additional groundwork needs to be completed on the topic of humor to create subsequent guidelines for clinical use.

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