THE BEST MEDICINE?

PSYCHOTHERAPISTS’ EXPERIENCE OF THE IMPACT OF HUMOUR ON THE
PROCESS OF PSYCHOTHERAPY

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By
Neil Gibson

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Abstract

The significance of humour to the process of psychotherapy has been largely eclipsed by literature focusing on the tragic aspects of a person’s life. There has been much debate about whether humour is a negative or positive phenomenon in psychotherapy. The majority of authors have drawn attention to the dangers inherent in the use of humour in what is usually a very serious enterprise. Humour as an inevitable and central existential expression has been ignored in the field of psychotherapy and is afforded very little, if any, attention in formal psychotherapy training.

The study is an interpretative phenomenological analysis (IPA) of interviews conducted with six qualified psychotherapists on their clinical and personal experience of the impact of humour on the process of psychotherapy.

It was found that humour is a necessary and fundamental relational phenomenon, inevitably present in psychotherapy and has both positive and negative clinical implications. It can reveal, challenge and shift a patient’s existential attitude in all dimensions. Used judiciously in psychotherapy, humour can bring about an existential maturity, a tragi-comic position where a creative acceptance of limitations and paradox is possible.
Dedication

To my parents, for without whom

I would have never entered therapy in the first place!
Acknowledgements

Firstly, I would like to thank my participants, Emily, Vinnie, Sandra, Hamish, Nils and Marcel. Although I cannot acknowledge them by their real names, without their courageous willingness to talk about themselves and their clinical practice, this project would not have been possible. To you all I am most grateful.

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Finally, my family, friends and partner all deserve a special thanks for being so understanding and supportive over the years while I have been so consumed by my academic endeavours.
Declaration

I hereby declare that this dissertation is entirely my own work and that any additional sources of information have been duly cited. I have not obtained a degree in this university, or elsewhere, on the basis of this work.

Neil F. Gibson

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8th May, 2014
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CHAPTER ONE

1. Literature Review

1.1 The World's Funniest Joke (maybe)

In 2001, psychologist Richard Wiseman and his colleagues set out to find the world’s funniest joke. Open to the public across the globe, the idea was for people to submit online their favourite joke. Over 40,000 different jokes were submitted with 1.5 million ratings. Responses came from European countries as well as Australia, Canada and the US. Through analysing the profile of the people rating the jokes, Wiseman was able to find the joke which appealed to men, women, young, old and across these particular nationalities. The joke with most universal appeal was the following:

Two hunters are out in the woods when one of them collapses. He doesn't seem to be breathing and his eyes are glazed. The other guy whips out his phone and calls the emergency services. He gasps, "My friend is dead! What can I do?" The operator says "Calm down. I can help. First, let's make sure he's dead." There is a silence, then a gun shot is heard. Back on the phone, the guy says "OK, now what?"

1.2 What is Humour?

As Morreall (1987) says, “to understand our laughter is to go a long way toward understanding our humanity”. It is not often, in my experience, that a person confesses to not having a sense of humour. Despite this, at a guess, the majority of people would
struggle to give a precise definition of humour. Koestler (1964) suggests a definition of humour as any type of stimulation brings about ‘the laughter reflex’. Humour, though, need not produce laughter or smiling and can involve both verbal and non-verbal behaviour. Apte (1985) says that the,

“Term ‘humor’…[and]…meanings of ‘humor’ include the behavioural responses of smiling or laughter. For many scholars the term ‘laughter’ is synonymous with the term ‘humor’, and the phrase ‘theories of laughter’ often means theories of humor” (p.14)

Haig (1986) says that there are over a hundred theories of humour and that it is central to emotional processing and human interaction.

Polish philosopher, Anna Malecka (2011) however, describes the writings of the greatest philosophers as adumbrating, “theories of humour that correspond to the primary task of philosophy proper” (p.4). She believes that humour has its origins ‘in the universal logos’ (ibid). By logos, she means “pursuant to the basic philosophical Greek meaning - as the ontic rational foundation of all being” (In personal correspondence). In her paper Humor in the Perspective of Logos, Malecka proposes that humour has a structure with deep meaning, going beyond common sense and cultivating creativity and fresh perception.

“Humor can be considered as a charming, yet paradoxical counterpart of logos, supplementing the one-sidedness of a strictly discursive cognitive approach and allowing for the perception of phenomena in multifarious and contradictory planes of reference” (2011: 1)

Adding the social and personal aspects, comedian and humour academic, Oliver Double offers a rich definition of humour:
“Humour is a process that's about invoking laughter, or at the very least, amusement. It happens both within and between individuals. Everyone has a sense of humour, but humour tends to thrive when there's more than one person involved. That's where private, internalised amusement turns into tangible, audible laughter. The process of making humour is extremely complex. It involves play with words, concepts, values and emotions. It demands shared understanding, and the ability to read the responses of others and react accordingly. It often plays on the edges of acceptability. Nothing is inherently funny. Funniness is created in the moment, as a social exchange, brought to life by the skill of whoever is making the joke.” (Personal correspondence, 2013)

These ideas will be further explored below as we survey the theoretical landscapes that provide the backdrop to the understanding of humour.

In a social context, we can also argue that humour is a phenomenon which can bring groups of people together, and also separate them by fortifying the criteria of what is and isn’t allowed in relation to attitudes and beliefs that are desired and/or disparaged. Describing the social relevance of humour, Driessen (1997) says that it is, “a marker of boundaries of the group, consisting of symbols and performance that help to promote a kind of *esprit de corps*” (p.237). He claims that jokes have evolved socially as a way of keeping groups and societies in check by making the familiar, unfamiliar and by doing this,

“common sense is disrupted, the unexpected is evoked, familiar subjects are situated in unfamiliar, even shocking contexts in order to make the audience or readership conscious of their own cultural assumptions.” (ibid: 227)
Humour resists a unitary definition because it is used for different reasons in different contexts. It seems to be considered a powerful tool for expressing views that are often contentious and according to Bremmer & Roodenburg (1997), this is shown by the association between humour and opposing socio-political discourse. We need only glance back to Shakespearian fools and to the more recent political puppets seen in ‘Spitting Image’, to see that humour has been a platform from which it has assisted the alternative views of the rebellious, anti-establishment pockets of society. From this angle, humour may be seen to increase peoples’ awareness and/or oppose authority, and in so doing, humour alters cultural perception and behaviour.

Irony, like humour, attempts to relay information involving two things at once and is therefore a very ambiguous form of communication. There is, socially, a distinction between serious discourse and humorous discourse. Arthur Koestler’s theory of the ‘bisociation’ says that humour is a creative process that allows a person to mentally ‘hold’ two seemingly incompatible ideas at once. Jokes, for example begin by lulling us into a particular story before suddenly delivering a twist in the punch line. Take this simple pun: “You know, somebody actually complimented me on my driving today. They left a little note on the windscreen. It said: ‘Parking Fine.’ So that was nice” (Tim Vine)

According to Malecka (2010) humour and “the multi-sidedness of its approaches to given phenomena, or, to be more precise, their complex and ambivalent perception, allows for more comprehensive outlook on things” (Malecka, 2010). Humour functions in a way that brings us to a myriad of truths and, arguably, such a function needs a high level of mental astuteness to steer between them fast enough to spot a previously unseen connection (Hurley et al. 2011). This has particular significance when we examine the psychological aspects of humour in psychotherapy, which will be addressed later.
Humour can also be seen from this perspective to be naturally ‘perverse’ because it can potentially dispute any serious authority that promulgates a truth. Humour unveils, we might say, the borders of seriousness. It is found at the edge of appropriateness, contravening official convention and so potentially risky to authority.

Whereas humour is a creative enterprise, it is also arguably subversive because, whereas seriousness is a stamp of authority, solidity and duty, humour is a marker of flexibility and liberation. Humour is not only nonsense, or lack of reason; it is a type of discourse that diverges from ‘sobriety’ in significant and beneficial ways. According to Edward de Bono (2009) humour involves lateral thinking as it references to two or more discursive realities simultaneously.

De Bono makes a case for an inter-relationship between humour, lateral thinking and creativity, and notes the importance of the challenge that humour poses to the rigidity and dominance of traditional logic, as well as referring to a certain process of suppression that maintains the dominance of traditional logic. The implication here is that there is a fluidity and plurality to humorous discourse that is, potentially, a threat to the rigid singularity and authority of traditional logic. However, the process by which people make their decisions is seldom based in logic, but is actually more akin to what de Bono misleadingly markets as something novel - 'lateral thinking' (Tantam, D., personal correspondence).

Historically, according to Le Goff (1989), humour was considered a gateway to sin and dystopia and he uses the example of medieval monasteries producing compliant monks whose commitment and dedication to their religion remains ‘unadulterated’ by humour. It is not only in such historical times that humour can be viewed as a threat.
Moving away from society’s usual way of thinking may potentially cause disruption and discord, which is threatening to the status quo. A consistent objection to conformation can mean a person is branded madman or sick. Michel Foucault (1989) is well known for his writing on power, noting that the mind is confined by political discourse so that there is total control by the authorities. However, power relations through the comic are seen by Slavoj Žižek as game between the oppressed and the oppressor, and he notes that, “…in contemporary societies, democratic or totalitarian, that cynical distance, laughter, [and] irony are, so to speak, part of the game. The ruling ideology is not meant to be taken seriously or literally” (1928:124).

We could say that there is an intrinsic risk of misinterpretation associated with humour, which is why, as I will mention later, historically so many psychoanalytic psychotherapists have, if not avoided, at least been wary of it. There are hidden meanings in humour that can only be understood if one has the knowledge or capacity to decode it. It can cut people to the quick as well as enliven and amuse. Editor of New Yorker cartoons, Bob Mankoff (2014) says “humour is the right amount of wrong”. He suggests that conflict is at the heart of all humour and that it helps us to cope with the all the bad things in life. Below is one of his favourite cartoons which he says conveys a contradiction of polite aggression.
Successful comedy is not easy. A successfully funny person must use humour in a clever way, in the sense that he must be attuned to his ‘audience’ who have to understand the punch line. Mindess (1971) describes humour as having the potential to unlock creative potential and as ‘...not just a key to creativity, it is itself a creative act. Like a scientific theory, a painting, or a poem, even a lowly joke deals in novelty and originality’ (p.154). Douglass (1968) believes that within cultures a joke must be permitted and perceived as a joke in order for it to be understood as humour. In other words, you need to know when something is intended as a joke or not. This brings to light the significance of over-stepping boundaries and how far one can go depending on with whom one ‘plays’.

The separation of playfulness from the seriousness of the everyday world is perhaps one of the basic characteristics of all play-activities, including humour. Once entered into
boundaried ‘play spaces’ it is accepted and expected that rules different from everyday life apply. It is in this sense that Heidegger (1978) describes the creative potential of boundaried spaces rather than their restrictive aspects, “a boundary is not that at which something stops, but, as the Greeks recognised, the boundary is that from which something begins.” (p.332).

It is worth noting at this stage, that while the consulting room of the psychotherapist is a place of safety and containment, the boundaries in which therapists work have, historically, not embraced the potential of a creative space with regard to humour. This was, arguably, due largely to the rigidity of classic psychoanalytic thinking, discussed in more detail below. As Ronne (2011) notes, ‘Those who supported humor or used it in their analytic process were regarded by classical Freidians with scepticism.’

We will now look at how humour has been broken down into its component parts by different theorists in an attempt to understand its mechanics and meaning.

1.3 Five Main Theories of Humour

Why should the joke at the very start of this chapter be funny, and to so many people? To understand the meaning and mechanics of humour, we need to survey the theoretical landscape more closely.

Morreall (1987) concludes that there are three broad categories of humour: incongruity, superiority, and relief theories. It is however, fair to consider Bergson’s Mechanical theory, and play theories as distinct in their own right and these will also be discussed below.
Although he doesn’t use the word ‘incongruity’ Aristotle (1991) describes an audience as being amused when their expectations are defeated. This incongruity could be something that is equivocal, something that doesn’t make sense, is out of context, or ludicrous.

Superiority theory tends to describe humour as emerging when we feel we have an advantage over others, and derive pleasure from this. This is related to relief theory, which sees humour as a means of expending or conserving energy, produced by the constraining of desires and impulses. Play theories focus on the relationship between laughter and play, and are often linked with tickling. Bergson’s (2008) mechanical theory of humour shares elements of the superiority theory, but draws attention specifically to the reason for humour. Bergson postulates that humour is a form of social policing, ensuring that people remain or develop flexibility in their behaviour.

All of these theories attempt to offer up a depiction of what is at least the essence of humour. However, these theories need not be seen as competing; they can, instead, be viewed as simply focusing on different facets of humour, treating certain aspects as more crucial than others. It has been suggested that humour eschews systematic research because there is not one view that has incorporated the essential elements of the various theories. It is the recent work of Hurley, Dennett & Adams (2011) that encompasses all of the above theories while also introducing an evolutionary, emotional, and computational theory of humour, which will also be discussed.
1.3.1 Superiority Theory

I believe in equality. Equality for everybody. No matter how stupid they are or how superior I am to them.

Steve Martin

Of all theories, superiority theory brings our attention to the social aspect of humour. Plato (1983) argues that humour stems from malice, and that we get a feeling of pleasure when we see others fail. He links ignorance with misfortune, a combination that makes people ridiculous and vulgar. Plato (1980) says that “For someone who is going to become prudent can’t learn the serious things without learning the laughable, or, for that matter, anything without its opposite” (p. 816). In Plato’s ideal state, there is practically no place for humour. It is only malicious pleasure in others’ misfortune that gives rise to comedy (Morreall, 1987). Tragedy, on the other hand, concerns itself with matters and people who are ordinary or extraordinary, including the heroic. In comedy, however, there is a devaluing of the ‘other’, as it shows them to be subordinate to the spectators. The ‘ridiculous’, Aristotle (1996) informs us, represents human foibles and is ‘a species of ugliness’. Aristotle, unlike Plato, concedes that there is a place for humour in the virtuous life but also describes wit as ‘educated insolence’, suggesting that Aristotle takes a condescending view of humour. However wit is a particular type of humour, usually relating to the more intellectually agile man who defeats an ‘opponent’ in an argument and delights an audience in the process. Perhaps Aristotle lacked this quality and rather envied it. Plato and Aristotle hone in on this feature of humour in order to encourage us to think about how we should live. They did not offer distinct assertions about what is at the core of humour, but what they say is clearly concerned with a sense of superiority when we experience something as amusing.
Democritus, according to Berryman (2010), was known in antiquity as the ‘laughing philosopher’ and would laugh in public apparently divorced from the trivial endeavours of his fellow men. His scoffing at life, rather than sympathy for it, is an example of Democritus espousing an attitude of superiority.

While superiority theory can be followed all the way back to Plato and Aristotle, Thomas Hobbes (1991) famously said that laughter was a natural sign of the passions. The superiority theory is considered to have first been comprehensively advanced by Hobbes. Giving strong illustration to the notion, Hobbes says that,

“…the passion of laughter is nothing else but sudden glory arising from some sudden conception of some eminency in ourselves, by comparison with the infirmity of others, or with our own formerly” (1991: 43)

Hobbes focuses on laughter rather than humour. He posited in his superiority theory that we can laugh at ourselves when we feel superior to the way we were. However this does not account for laughing at ourselves for how we currently are. For example, if in a hurry, I leave the house without my trousers on, I might laugh at myself for the ridiculous person I am, not the ridiculous person I was. I am still that ridiculous person, but now simply aware of it. Bain (1977) believes that while we may not be conscious of it, degradation is involved in all humour. However, this does not account for simple humorous incongruities. Take the following joke,

Two aerials met on a roof, fell in love and got married. The ceremony was rubbish but the reception was brilliant.

We can see that any amusement we may feel about this joke does not involve us feeling superior. No thing has been degraded.
Solomon (1993) suggests an alternative perspective to the superiority theory, by proposing an *inferiority theory*. He believes that slapstick humour encourages empathy. This can be seen as creating a ‘mutual humiliation’ (Duignan, 2012). By seeing the likes of Laurel & Hardy or the Chuckle Brothers ridicule themselves, we join them in ‘taking the mick’ out of ourselves, too. Solomon’s analysis a part-theory of humour in the sense that his ideas indicate another aspect of humour that operates in the form of self-mockery and also suggests that feelings of superiority are not always crucial to the existence of humour.

It is clear that feelings of neither superiority nor inferiority are elemental or sufficient for humour. For example, if I go upstairs and discover a duck walking around in my bathroom I may find this rather amusing. I wouldn't feel superior. Also, a feeling of superiority does not always produce humour. I might feel superior if I am the only team member that knows the answer to an obscure pub quiz question. While this would be lucky, it wouldn't be funny! However, we can tell from our experience that humour is certainly often provoked by feelings of superiority, even though it is not, by any means, the whole story.

### 1.3.2 Relief Theory

Last night I made a Freudian slip. I was having dinner with my mother, and I wanted to say, “please pass the butter,” but it came out as, “You bitch, you ruined my life!”

For a long time Spencer (1987) and Freud (2002) have been recognised as the main contenders of relief theory, believing humour to be a mechanism for releasing nervous
energy. They do not define humour, they suggest instead, basic structures and psychological processes that give rise to laughter.

Spencer (ibid.) posited the idea that nervous energy produced by activity in the mind must somehow be bodily expressed. Being of a physical nature, he believed that laughter is a demonstrative vent of this energy. Spencer doesn’t adequately answer many questions about humour, but he attempts to explain the physical response of laughter to a mental incongruity.

One immediate flaw we can spot in Spencer’s idea is that not all humour requires a build-up of energy. For example schadenfreude, the laughing at others’ misfortune, when, for instance, somebody we see in the street suddenly trips and we laugh. There has not been enough time for a build up of nervous energy and actually nothing to be nervous of beforehand.

We could argue from Spencer’s position that everyone is continuously building up energy simply through the process of managing everyday worries. As such, the majority of us will have excess energy, a type of energy potential, which humour may eventually release.

In 2007 in the US, a death-row convict, strapped to a bed waiting for his lethal injection is reported to have laughed, "Where's a stunt double when you need one?" This is a good example of gallows humour, found of course in very stressful situations. The famous ‘The Wipers Times’ was a satirical newspaper created by those on the front line in the First World War as a way to cope with the horror of daily life in the trenches. Similarly, in a witty letter written on the Somme by soldier, John Stainforth, he writes:
The only way to be here is to be philosophical. We have evolved a philosophy accordingly. What do you think of it?

If you are a soldier, you are either:

(1) at home or (2) at the Front.
If (1), you needn’t worry.
If (2), you are either (1) out of the danger zone or (2) in it.
If (1), you needn’t worry.
If (2), you are either (1) not hit, or (2) hit.
If (1), you needn’t worry.
If (2), you are either (1) trivial or (2) dangerous.
If (1), you needn’t worry.
If (2), you either (1) live or (2) die.
If you live, you needn’t worry: and – If you die, YOU CAN’T WORRY!!
So why worry? (Grayson, 2012)

Freud (2002) cultivates a more detailed form of the relief theory, by combining it with incongruity and psychoanalytic theory. According to Kuipers (2008) Freud was the first to include sociological aspects to humour. Freud proposed a rather hydraulic theory to account for built up mental energy, which he believed we vent through humour and physically express the laughter. In his psychoanalytic theory, this humorous expression is related to unconscious sexual and aggressive urges. If a person does not express this energy, it is repressed and energy continues to build and is expressed in other, often less ‘healthy’ ways. Through humorous activity, a potentially emotionally difficult experience turns out to be non-threatening and not to be taken seriously, therefore saving emotional energy. The energy that was being generated for the serious emotional
response can then be released. This does offer an explanation for the trench humour above. Freud’s theory also incorporates the elements of superiority theory. In the example of the convict waiting for his lethal injection, his humour represents a final expression of freedom, an attitude that he has chosen in the face of powerlessness. Aggression and fighting is futile. The convict rises above his situation and his executioners. He has the last laugh.

However, Freud’s theory is dubious because it is largely unfalsifiable. The notion of unsolicited energy makes no sense. Also, if it were the case that stress and nervous energy were turned into laughter, Accident & Emergency departments would be the best comedy venues, but this is certainly not the case. Similarly, the most inhibited and repressed people, according to Freud’s theory, would be laughing more than anyone. Another argument against Freud’s release theory would be that as we have greater freedom of expression compared with in the past – even since Freud – that our desire for comedy will have diminished. However, the comedy is an ever-growing multibillion pound industry, which suggests the desire for humour is, if anything, growing. Interestingly, Lemma (2000) suspects that our hunger for humour may be related to the inhibiting pressures of political correctness. None of these suggestions, however, are enough to account for a full understanding of humour.

1.3.3 Incongruity Theory

I never got along with my dad. Kids used to come up to me and say, “My dad can beat up your dad.” I’d say, “Yeah? When?”

Bill Hicks
Incongruity theory rests on the assumption that we find amusing that which defeats our expectations. It can be described as a conflict between what is expected and what actually occurs.

According to Morreall (1983), it was Aristotle and Plato who, along with superiority theory, first brought us the incongruity theory discovering what works best in getting people to laugh, is to generate an expectation, and then defeat it. This is rather similar to getting a surprise, but surprise is not the whole story.

It is Kant (1987) who illustrates the point of surprise and incongruity well with a story about an Indian man who is surprised at seeing beer foaming out of a freshly opened bottle. When an Englishman enquires about his surprise, the Indian reveals that he isn’t surprised that it is flowing out, but that that they got it in in the first place. In this instance, our expectations are defeated.

Kant says that “laughter is an affection arising from the sudden transformation of a strained expectation into nothing” (1987: 203), For Schopenhauer (1969) humour exists in incongruity and frustrated intellectual expectation. In other words, humour arises when a perception of the world abruptly amends our mistaken preconception. The element of surprise is significant here. For Kant, there is no pleasure in only having our intellect contradicted, while Schopenhauer argues that there is a part of us that relishes the brief subsuming of our higher faculties. Schopenhauer also emphasises the element of surprise, saying that there is a positive correlation between the degree of surprise and the degree of laughter.
Concentrating on the object of humour, however, means something is missing from our investigation, as there are various types of things that are incongruous but which aren’t actually funny, such as the surreal. A Dali painting offers many incongruous images and ideas, but his art is not particularly funny. Often, in fact, it can be disturbing.

1.3.4 Bergson’s Mechanical Theory

Apparently, one in five people in the world are Chinese. And there are five people in my family, so it must be one of them. It’s either my mum or my dad. Or my older brother, Colin. Or my younger brother, Ho-Chan-Chu. But I think it’s Colin

Tommy Cooper

Bergson’s theory cannot be pigeonholed into the above theories because it has components belonging to all. He says that the comic is the result of “something mechanical encrusted upon the living” (2008: 24). For Bergson, it is rigidity that causes humour, or rather he sees humour as the social answer to rigid thinking and behaviour. Humour reveals the inflexibility of a person’s behaviour and prompts or pressurises them into behaving more adaptively (Hurley et al., 2011). Society can be threatened by those who consistently refuse to adapt, or who demonstrate an unyielding attitude towards others. In encouraging a flexibility of mind, humour we might infer, is socially advantageous.

While Bergson’s theory accounts for a lot humour, including instances of humour via dehumanisation, for example, military torture scandals involving soldiers and their defenceless prisoners, it is not clear how his theory can explain irony and wit. As
Koestler (1961) argues, “…if we laugh each time a person gives us the impression of being a thing, there would be nothing more funny than a corpse” (p.47).

1.3.5 Play Theories

It's always funny until someone gets hurt. Then it's just hilarious.

Bill Hicks

There are a number of theories that suggest that humour is a form of play and all are related to evolutionary theory which is explained in more detail below. The first problem is that it could be argued that defining ‘play’ is as equally complex as defining humour (Tantam, D., personal correspondence). The play theorists, however, see humour as a branch of animal play, as they track it back through its evolutionary development.

According to Hurley et al. (2011), play theory offers some evolutionary explanation for laughter as an expression of humour, which they trace back to tickling in primates. Tickling, play, and humour are linked and,

“It is possible that humor developed for another purpose and then appropriated aspects of the apes’ play behavior...The use of laughter to express humor evolved from its use in facilitating nonaggression in play and tickling” (p. 40).

Play and tickling developed in primates as a way of practising and bonding (van Hooff, 1972). Adrian Bardon notes similarly that, “The young of many species of animals engage in play-fighting and play-hunting; this prepares them for more serious challenges ahead.” (2005: 16). A staccato vocalisation emerged as a signal of this playfulness, ensuring that the playmate understands that the behavior e.g. rough and tumble, is not
serious. This vocalisation evolved into what today we call laughter (Gervais & Wilson, 2005; Eastman 1936). According to Eastman (1936) “we come into the world endowed with an instinctive tendency to laugh and have this feeling in response to pains presented playfully” (p. 45).

From here we might infer that humour is not play, but that from play, humour has evolved and retained a similar manifestation. So much is contingent upon how humour and play are defined, as both seem equally nebulous.

1.4 Evolutionary, Cognitive & Computational Theory

In tracing the evolutionary path of humour in our ancestors, Polimeni & Reiss (2006) note that, “The rudimentary origins of laughter could be at least 14 million years old”. Dunbar (1996) notes the significance of language as a form of social bonding linked to ‘grooming’ in primates. Barrett, Dunbar and Lycett (2002) go on to address the problem that vocalisations don’t release opiates, unlike grooming, and suggest instead that laughing and smiling do fill this pleasure-reinforcing gap. According to Polimeni & Reiss (2006:359), “the full expression of humor in contemporary humans is fundamentally contingent on language”. Interestingly, Provine (2000) claims that, there is a correlation between power and laughter, that is the higher up the pecking-order, the less laughter is demonstrated, and vice versa. This links to what Polimeni & Reiss describe in saying, “Humor is a form of complex communication – a trait only seen when animals aggregate with lesser related individuals” (2000: 361). According to Jung (2003), ‘theory of mind’ is central to understanding the nature of humour and he summarises his research by saying:
“I conclude that laughter is a signal of cooperator value as it provides information on the laugher’s empathy with the attributed mental states and her sympathy levels for all affected by the laugh-inducing situation” (2003: 214)

From this perspective, humour, he says, reveals a capacity for empathy which leads to increased social bonding and reduces the potential for conflict.

This offers some insight into the social functions through which humour may have evolved, and it also accounts for contemporary humour. However, the empathic connection does not make sense in relation to sadistic forms humour, although groups can bond through sadistic acts.

Like Jung, Semrud-Clikeman & Glass (2010) believe the development of the capacity for humour is linked with a person’s development of theory of mind. Hoicka, Jutsum & Gattis (2008) looked at children’s books for 1-2 year olds to find that over half involved an ‘incongruity’ - where something isn’t right. This, ‘wrongness’, they say, was disguised as humour so that the children could more easily recognise the intent of others. In order for the children to understand the humour, they had to know the attitude of the ‘other’ (p. 1249). This would certainly link in with the evolutionary and sociological theory about the importance of developing social awareness in groups to increase potential of survival, and improve group cohesion.

Interestingly, Semrud-Clikeman and Glass also suggest that as children like to ‘master’ things, they find humour less enjoyable if it is too simple, or too difficult for their developmental stage. They say that “appreciation for verbal and abstract humour increases with development” (2010: 1249).
While most of the research on humour has been dedicated to establishing what makes something funny, or how a stimulus produces laughter, Hurley, Dennett, and Adams (2011) set out to determine the ultimate purpose of humour, and along the way suggest that, “a theory of humor might be a particularly effective bridge for uniting our evolutionary, neurocomputational, cognitive, and social understanding of ourselves” (2011: 63). In their book, *Using Humor to Reverse-Engineer the Mind*, they offer a sketch of an emotional and computational model of humour as well as examining the reasons for humour being, among other things, pleasurable, desirable and insightful. They argue that over the many millennia, natural selection has managed to get our brains to do all of the boring ‘debugging’ that must be done,

“...if they are to live dangerously with the...discoveries and mistakes that we generate in our incessant heuristic search...[Mother Nature] cannot just order the brain to do the necessary garbage collection and debugging (the way a computer programmer can simply install subroutines that slavishly take care of this). She has to bribe the brain with pleasure. That is why we experience mirthful delight when we catch ourselves wrong-footed by a concealed inference error.” (Hurley et al. 2011: xi)

From here they go on to give the biological backdrop to humour by firstly showing how it is in our survival and reproductive interests that emotions are ‘rational motivators’ and that all rationality is embodied. When something makes sense, we feel it; we feel our way through things like problem-solving episodes, in the same way that we might feel toothache, or rain on our face. All abstract thought and esoteric logic can only come into being with the experience of bodily sensation.

“All control in the brain, all prioritizing, all organizing, all demoting and promoting, starting and stopping, enhancing and squelching within cognitive processes, is
done by what we refer to as the cognitive emotions or, more precisely, the epistemic emotions.” (ibid: 66)

As a species we are satisfied when we have explanations. This is what Alison Gopnik (1998) refers to as ‘explanation as orgasm’. It is for this reason that incongruities require resolution to be funny. Hurley et al. note that epistemic conflict arises when,

“there is a contradiction between active belief elements in working memory. Conflicts between active beliefs in long-term memory can lie dormant side by side, unrecognized. It is only when they are both brought into the same working-memory space - awakened, not transported - that two beliefs can participate in an epistemic conflict.” (2011: 112)

They go on to say that humour can only occur when there is a clashing of two committed beliefs. In short, it is mirth that is the pleasure in uncovering a certain type of error in active belief structures, “and (basic) humor is any semantic circumstance – exogenous or endogenous – in which we make such a mistake and succeed in discovering it.” (2011. 117). This links in with Ramachandran’s (1998) ‘false alarm theory’, which suggests that laughter evolved for an individual to signal to the group that what initially appeared as a threat is in fact harmless.

Hurley et al (2011) claim that although there is no empirical evidence that humour is curative, it can provide relief from negative thoughts, temporarily stopping negative feedback cycles. While their theory is empirically robust and provides insight into the biological underpinning of humour, it is not, they concede, within their field of expertise to consider the cultural and literary perspectives of humour, but that these perspectives
must be considered if we are to have a fuller understanding of the complex phenomenon of humour.

1.5 Humour and Psychotherapy


There is a lot of research attempting to link laughter with physiological responses that are directly opposed to those produced by stress (Berk et al., 1989). Many theories and studies (e.g. Abel 2002; Cohen and Wills 1985; Dillon, Minchoff, & Baker 1985; Lefcourt, Davidson-Katz and Keuneman, 1990; O'Leary 1990;) have tried to show that humour heals. One problem with these studies is that they do not account for the fact that when people laugh and joke they demonstrate a sense of mastery over something, but when they become immersed in something more complex or threatening, laughter may well disappear. Laughter may not reduce stress, but be an indication that stress is not present (Tantam, D. personal correspondence, June 2013). Martin (2004), has serious concerns about the methodology of these studies and warns that as such they are inconclusive and at best show that humour can serve as a painkiller.

Laughter workshops have been steadily introduced to the West since the word spread about Dr. Kataria’s laughter yoga which he started in a park in Mumbai in 1995. Kataria’s website claims that laughter reduces mental stress and is a painkiller. He suggests this is because laughter activates the parasympathetic nervous system and releases endorphins, although most of his claims are tenuously linked to research in other areas and these are pseudo-scientific at best. In 2010, I, along with a group of 25 strangers,
attended a laughter workshop in Newcastle that was part of a national enterprise promoting positive mental health. This involved breathing and role-play exercises in an attempt to induce laughter, which would lead to further laughter in a contagious way. I left with an acute headache.

In studies of bereavement, Keltner and Bonanno (1997) found that Duchenne laughter is an indicator of faster recovery. However, in all of these types of studies, where the claim is that humour in some way reduces stress, there is an issue of causality and the linking of laughter with health is most certainly contentious. At best, it seems it may be possible to hypothesize that humour can, theoretically, be beneficial to mental health. Others are more cautiously optimistic:

“A feedback cycle of…negative content can be psychologically damaging…In some cases humor may just be the necessary cure for this kind of cycle: if those same negative thoughts can be turned around, by a humorous transposition, to engender the positive emotion of mirth, then there is a chance that the feedback cycle could be, if not permanently broken, at least temporarily blocked.” (Hurley et al., 2011: 286)

They go on to say,

“There may be some justification, then, in the old quip that ‘laughter is the best medicine’ – humor just may play a role in healing depressive cycles” (ibid).

It would be fair to say that the empirical research literature offering verifiable links between humour and health is limited, although it is also understandable that claims linking the two have emerged, given the positive associations of humour.
While there is literature discussing the use and abuse of humour in psychoanalytic psychotherapy there is no existential-phenomenological research on the experience of the impact of humour on the process of psychotherapy. In his Ph.D. thesis, ‘Characteristics and Functions of Humor in Psychotherapy’, Joshua Gregson (2009), video recorded and analysed, using a selection of ‘phenomenological methods’ in conversation analysis, six counselling sessions with psychodynamically trained therapists and their female clients. Gregson says that his research offers concrete, verifiable examples of humour as they happen in the moment, rather than considered retrospectively. This research is firstly compromised however, in my opinion, by the existence of recording equipment which inevitably puts pressure both client and therapist to act unnaturally, or simply, act. In addition, this thesis focuses on specific moments in only one particular session, rather than a longer psychotherapeutic process or narrative. Nevertheless, it is a rigorous study that aims to show that, “humor is a naturally occurring component of conversation and human interaction, and will therefore inevitably be a part of psychotherapy.” (ibid: 204), and he does this well.

It is difficult to see how one might think that humour is anything other than natural and endemic to human life. According to Hurley et. al. (2011),

“Humor is innate and it is pervasive across all human cultures. Laughter shows up in infants ontogenetically early, and appears apparently spontaneously in congenitally blind and deaf children. The humor trait has not genetically drifted out of any population.” (p.58)

They go on to say that comedy ‘exploits the mirth-instinct’ and this is because the ‘funny bone’ is an naturally inbuilt part of our neurology that, “must have been designed by
evolution to perform some substantially important cognitive task, since it is ubiquitous in human beings and its activity is powerfully rewarding." (p. 62)

Strean (1994) notes that “although laughing and crying are two basic, inborn emotional reactions, psychoanalysts and psychotherapists have been much more interested in the phenomenon of crying than laughing” (1996: xi). I would argue that many existential-phenomenological psychotherapists have been preoccupied with time, anxiety and the bottom line, rather than laughter, humour and the punch line. Perhaps understandably so, but while some of these phenomena may be more prevalent than others, all are connected and relevant.

As adumbrated above, most of the literature and research relating to humour is discussed from a psychoanalytic perspective, and even then, the literature is relatively sparse. Analyst, Alessandra Lemma, describes humour as fundamental to our nature and says that “it is of note that so little has been written on the subject of one of the most ubiquitous means of communication in our repertoire” (2000: 4). To begin with, Freud described the psychoanalytic function of humour as “a means to gain pleasure despite the painful affects which disturb it; it acts as a substitute for this affective development, and takes its place” (1938: 797). For Freud, humour has either a sexual or aggressive component to it that can’t be otherwise expressed appropriately in society. Humour is an outlet for these components, as we have discussed above in relief theory. Freud went on to say that humour has a superego role, like a parent (superego) talking to a child (ego). In this sense the superego can ‘protect’ the ego from deep narcissistic wounds but making a joke out of or consoling the ego experiencing limit situations. He goes on to describe ‘pure’ humour:
“Humour has in it a liberating element. But it has also something fine and elevating, which is lacking in the other two ways of deriving pleasure from intellectual activity. Obviously, what is fine about it is the triumph of narcissism, the ego’s victorious assertion of its own vulnerability. It refuses to be hurt by the arrows of reality or to be compelled to suffer. It insists that it is impervious to wounds dealt by the outside world, in fact, that these are merely occasions for affording it pleasure. This last trait is a fundamental characteristic of humour.” (Freud, 1987: 2)

Some may say that this argument “seems to fly in the face of people who make jokes when they are desperate” (Tantam, D. personal correspondence), however this depends on how one perceives desperation and victory. It may be that a person who is, for example suicidal, still has moments that represent ‘small humorous victories’ of the ego. While some, like Camus, see suicide as a ‘problem’, it can be viewed as a triumph. Philosopher and psychologist Petruska Clarkson killed herself in the summer of 2006. One of the sentences in her suicide letter reads, “I have been happier than I ever imagined humans could be in these last years”. Of course many, perhaps the majority, of suicidal or desperate people are deeply unhappy and demonstrations of humour in these people can be viewed as ego-dystonic, and therefore ultimately, a defeat.

In a ‘successful’ way, the individual uses their psychological resources to turn bad into good, or more specifically, pain into pleasure. Rose (1969) notes that humour can also be used to parody and undermine a pathological, malignant superego, creating space to develop an alliance with healthy aspects of the patient’s superego. Of course, psychoanalysts have noted the potentially hostile aspects of humour usage.
“Most human beings, including therapists, have experienced the negative and destructive elements of humor through ridicule, teasing and other forms of aggressive humor. This type of humor is usually quite obvious to us. It can, however, be so subtle that we cannot accurately identify it. It is when aggressive destructive humor is ego-syntonic (for either the analyst or the patient) that problems arise. There is no “observing ego” that informs either the patient or the analyst about the hostile destructive effect of their use of humor. This feels like business-as-usual. Often these cutting remarks are followed by the disclaimer, "It’s only a joke!".” (Ronne, 2011)

It is clear that the subversive, sadistic elements that are sometimes expressed in humour can have a significant negative impact in the therapeutic encounter. A person’s historical experience will play a role in how humour is perceived and created. Viewed developmentally, psychoanalytic literature suggests that early relational experiences have a vital role in the adult’s capacity for humour. Lemma (2000) says that,

“we cannot begin to understand adult sense of humour and its value in everyday life without paying attention to some of the earliest emotional experiences and the developmental advances on which a sense of humour rests.” (p.45)

Psychoanalysis however, Lemma says, has become obsessional about conflict and loss, and believes ‘fun’ has taken a back seat. These have been important areas of focus. As the infant grows, the dawning of reality grows closer, casting a shadow on the illusion of omnipotence and symbiosis. As nobody can remember being a baby the following assertion can really only be treated as speculative perception when Lemma says reality,
“...impinges on the unity of the mother-baby dyad and its imperfections and limitations dawn on the baby, the experiences of frustration, disappointment, loss and longing make their entry into the chronicles of existence.” (ibid: 46)

Noting the emphasis that psychoanalysis places on conflict, pain, renunciation and loss, Lemma goes on to ask a pertinent question: ‘Is there a place for fun and humour in our development?’ (2000: 49). She goes on to say that the reality of failures and disappointments can feel more tolerable with successful integration and that humour is one way in which an individual may become more integrated. Lemma suggests that a sense of humour is significantly influenced by early experiences of parental regulation of emotion through fun and amusement. However, this view implies incorrectly that comedians are more likely to come from funny, well-regulating, parents. Often, however, the opposite is the case. In his biography, comedian Billy Connolly admits to having been physically and sexually abused by his father, growing up in financial and emotional poverty.

The importance of developing a sense of humour is further emphasised by Lemma: “When confronted with his own limitations and those inevitable existential ‘givens’ and human fallibilities, the mother can nevertheless help the baby to develop a sense of amusement about his own predicament and so also about the human condition.” (2000: 52). Although lyrical, it is unclear how Lemma can know that a baby is experiencing any ‘predicament’ or that any such predicament is experienced as requiring amusement. Berne (1977) discussed employing humour, especially laughter, in group therapy as a way of uncovering injunctions against having fun. According to Berne, “The technique is simply to ask the group to laugh and to keep laughing whether anything is funny or not. The therapist laughs with the group, laughing in various
ways such as a simpering Child and a jolly Santa Claus. It often becomes funny, always becomes revealing, and frequently gives new permissions.” (p. 122)

This was not my own experience of being in a laughter group, which felt like being given an ‘artificial high’, and resulted in a headache. Berne is suggesting that through laughing at problems it is possible to induce a sense of childlike omnipotence in the adult. This, however, is not real and is not a result of a cognitive shift or new awareness. His approach seems to have elements of the desperate. Laughter is not humour.

Similar to Berne, Adler (1933) claimed to have,

“…developed a method of saying to almost every patient that there are jocular situations that are almost completely similar in structure to his particular neurosis, and therefore that he can take his trouble more lightly than he is doing.” (p. 296)

Rose (1969) turns to Shakespeare’s King Lear to beautifully and accurately illustrate the role of the Fool’s qualities when King Lear is confronted with his imminent death. Rose says,

“His Earl of Kent, though loyal and kind, lacks the requisite gifts to help him. Lear’s Fool on the other hand, has intuitive insight, empathy, and wit…He functions not as in better times as the King’s wine taster, but as his reality tester.” (p. 928)

Rose here coaxes us to consider that if the therapist, like the Fool, offers up reality as an alternative to fantasy, he had better make it as palatable as wine fit for a King. Indeed Rose goes on to declare, “the Fool must take careful measure of the doses of reality that he may administer to move him (Lear) out of his self-deceptions…” (ibid: 929).
The significance of disappointment, loss and frustration is well documented and Rose (1969) links narcissism, the joke and the lie to depict the developing awareness of the horror of reality and says that,

“…where reality is inconceivable, because it is so monstrous, or the ego is so weak, the only approach may be through the glancing thrusts of the theatre of the absurd…or the humor that, like some love, touches the truth lightly to avert madness. Sanity requires a critical mirror, but where reality tolerance is low, the mirror had better be tinted or funny.” (p.928)

This idea of humour touching ‘truth’ and ‘reality’ appears in almost all the available qualitative literature. Freud (1987) stated that jokes expose that which cannot otherwise see the light of day, while Richman (1996) says that in therapy humour is a “moral enterprise, devoted to truth and wellbeing, as well as to closer and more loving relationships”. (p. 566). This does not account, however, for instances where humour and laughter are expressed in sinister circumstances, as mentioned above, such as is seen in the mocking of prisoners by their torturers.

In his integration of psychoanalysis and existentialism, May (1953) considered the function of humour to be “the healthy way of feeling a ‘distance’ between one’s self and the problem, a way of standing off and looking at one’s problem with perspective” (pp. 53-54). Erikson (1963) spoke of humour as being a redeeming specialty in mankind whereby man could “play with and…reflect fearlessly on the strange customs and institutions by which man must find self-realization” (pp. 405-406). Once again, this humanistic, redemptive view does not account for sadistic aspects of humour where people are ‘played’ with as though objects.
The notion of play and playfulness is often linked with humour. In her work counselling school children, Sluder (1986) found that through using humour she was able to build a therapeutic rapport with the children more easily. She was able to model the using of humour as a coping mechanism while also using self-disclosure to reveal her own infallibility, imperfection and foibles. She concludes by saying, “Laughter is a way of ‘thumbing one’s nose’ at the inescapable and incomprehensible vagaries of existence…” (p. 126)

Winnicott (1971) speculated that before psychotherapy can begin, a therapist must first enable a patient to play. He believed that playing includes a richer experience in living and that it is only through playing that the child and adult are able to discover the self. Winnicott says that playing in the adult world is found in verbal humour. Pasquali (1986) believes that through the fun of play children gain a sense of what is serious or real and if the capacity for play is alive in the individual, then there is nothing too troubling in the offing. One might also argue that too much play blinds us to what is real or serious and confusion ensues. Play is not always humorous, and can often be about the rehearsal of something (Curzon, J., personal correspondence). Play, according to Lemma (2000) is a way of us skirting on knowledge and raising our awareness of social subtleties as well as being crucial to emotional development because of the bridge it creates between phantasy and reality. She argues that humour creates a ‘fictional space’ essential to survival and adaptation in the world and the adult’s toys are words.

McDougall (1923) and Allport (1961) make strong links between humour and personality integration, whereas Koestler (1969) describes humour as more of a creative process. There seems to be extreme views, two opposite camps when it comes to the use of humour in psychotherapy. In one camp are strong advocates the use of humour in
practice such as Grotjahn (1966, 1971), while in the other camp sit the therapists such as Kubie (1971) in staunch opposition to the therapeutic use of humour. Grotjahn sees laughter as a sign of freedom; humour as benign and positive. He states that, “laughter in therapy is as welcome as any other sign of spontaneity, strength, mastery and freedom” (1971: 238) and says that jokes can bypass resistances. Kubie on the other hand sees humour in therapy as potentially extremely destructive and dangerous. As humour is often used to defend against anxiety, Kubie suggests a patient may well start to mock his symptoms and thus avoid help. He argues that therapists’ use of humour confuses the patient and restricts their range of responses. It blocks, he says, the patient’s free associations, hurts them and confuses them. The patient is then unable to express their negative emotions and may well start to simmer and boil with hidden rage. Lastly, he suggests that the therapist’s use of humour is exhibitionistic and, “the most seductive form of transference wooing” (Kubie, 1971, p. 864). However, Kubie also notes that a ‘dour’ approach to psychotherapy is also fraught with danger. This is a point shared by many analysts, including Michael Bader (1994), who views humour as an interactive style that is particular to certain therapists. Bader also believes humour can be utilised when dealing with defensive mechanisms or when, for example, the therapy has reached an impasse. Bader uses clinical vignettes to show how his using humour can facilitate healthy identification in order to counter the sadistic superego and its projections. Essentially, Bader believes that his using humour serves as a meta-communication about his own internal psychological state and this, when experienced by the patient, fosters safety and confidence in the relationship.

According to Ronne (2011), the grey areas of humour that are not obviously hostile “may impact the therapeutic environment by lessening trust, limiting development, slowing
down the process, or ultimately derailing it”. For Kuhlman (1984) humour that is used, but is badly timed, can diminish trust and fracture the therapeutic relationship.

Bloomfield (1976) notes that humour in therapeutic groups, “frequently expresses veiled aggression” (p. 224). She also goes on to say that humour in a group can aid reality testing, make the therapist temporarily more human and proposes, “that by the time our patients can laugh at themselves or laugh with us they no longer need us” (p. 225).

There are therapists, such as Richman (1996), who insist that the use of humour in therapy can even save lives. But he offers a caveat:

“Do not try to utilize humor. Do not force it, and if there is any doubt, don’t. Humor entails a risk, because it touches upon areas that are often taboo, and with results that are not always predictable” (p. 564).

The warning of ‘forcing’ humour is understandable and highlights the importance of timing, a factor that many professional comedians consider the touchstone of effective comedy. Paul Rom (1971) on his reflection on the ‘sense of humour’ says that,

“Healthy personalities will develop and use their potential humour as a friendly attitude towards forming a bond with their neighbour; neurotics and other misfits usually fail to do this and abuse humour in one form or the other. The success of a psychotherapy might also be seen in the fact that the humour potential of the patient has been released” (p. 229).

It is this ‘bond’ that Lemma (2000) refers to as a ‘we’ phenomenon when talking about a sense of fun or amusement that exists between the mother and infant, and which she says is fundamental in developing a sense of humour in the adult.
Similarly, Bollas (1995) argues that,

“Potential trauma…by turning it into pleasure…In thus developing her infant’s sense of humour, a mother brings under temporary human control something that is in fact beyond human influence. Beyond the infant/mother couple, outside the comedy club, is a world of the real that is deeply thoughtless. By clowning, the mother represents this world and allows vestiges of trauma to show in the human face, turning plight into pleasure” (1995: 243).

In this real world, there are limits and we must find ways of coming to terms with these boundaries. James Wood nods to this sentiment in Platonic philosophy when he says:

“As the *Philebus* suggests, the philosopher laughs, both at himself and others, out of playfulness in recognition of the limits of philosophical seriousness, irony in recognition of the limits of his own task in the face of human limitations, and also, joy at the creative act of living at the highest level – in the terms of the *Philebus*, at the mingling of pleasure and thought in the forging of a harmonious human life.

In sum, we should understand the significance of laughter and the comedic in Plato, both his use and treatment thereof, through the lens of the fundamental philosophical importance of laughter, and the need, consequently, to integrate laughter into human life in the best way” (Wood, 2013).

While the need for humour to make the existential struggles more ‘digestible’ at the beginning of life, Herth (1990) in her research, interviewed 14 terminally ill adults to find out what role humour has when someone is nearing the end of their life. The beneficial functions of humour Herth categorised as, ‘connectedness’, ‘perspective’, ‘hope’, ‘joy’, and ‘relaxation’. Every one of the 14 participants described connectedness as a significant factor. The connectedness involved a sense of ‘belonging’ as an outcome of
shared humour. Many participants described humour as enabling a perspective shift and allowing a positive aspect to be revealed with potential solutions. The majority of Herth’s interviewees described humour as empowering hope, enabling them to face the realities of everyday existence. She concludes that humour is a ‘bridge’ to connectedness, joy and hope.

Although looking through a psychoanalytic lens, Kohut (1966) also expresses the significance of existential dimensions as he describes the deepest forms of humour as potentially being a healthy transformation of narcissism allowing us to confront death without resorting to denial or hypercathexis of objects. This profound humour, he says, “does not present a picture of grandiosity and elation but that of a quiet inner triumph with an admixture of undenied melancholy” (1996: 268). Reflecting on his patient’s process and realisation that there is a blameless, meaninglessness to life, analyst Neville Symington suggests this is, in a developmental sense, a ‘tragic position’:

It was this realisation that brought my patient in touch with the tragic: an integral part of la condition humaine and extremely difficult to bear. I believe that the depressive and paranoid-schizoid positions are a defence against this deeper layer of non-meaning” (Symington, 1986, pp. 275-6).

Perhaps, developmentally speaking, we could say that a ‘tragi-comic position’ better encompasses an ‘existential maturity’.
1.6 Existential Perspectives on Humour

Imagination was given to Man to compensate him for what he is not; a sense of humour was given to console him for what he is.

Horace Walpole

Humour can make us laugh at ourselves even in relation to our hidden existential angst. Describing the funeral of a man in his 30’s, writer Alan Bennett, in one of his short stories, gives a succinct and amusing (and sexist) description of the appeal of superiority, especially in men:

"Accustomed at his normal services to women predominating, today Father Jolliffe was not altogether surprised to find so many men turning up. Some of them had been close to Clive, obviously, but that apart, in his experience men needed less cajoling to attend funerals and memorial services than they did normal church (or even the theatre, say) and since men seldom do what they don't want, it had made him wonder why. He decided that where the dead were involved there was always an element of condescension: the deceased had been put in his or her place, namely the grave, and however lavish the tributes with which this was accompanied there was no altering the fact that the situation of the living was altogether superior and to men, in particular, that seemed to appeal" (2001: 23).

This passage is humorous to the reader for three reasons. Firstly, it feels incongruous. We usually attribute humility and sadness to funerals of people in our lives (if we liked them). The idea that one would feel happily superior at this time seems perverse. Secondly, as the reader, we laugh at the exposed true nature of the men at the funeral
and this in itself gives us a feeling of superiority. However, there is a third aspect. That on further (but very quick in real time) reflection we see that it is perfectly reasonable to be glad that it is someone else and not oneself who has died. We are forced therefore to laugh at ourselves about a very deep (and hitherto unconscious) existential insecurity and the rather pitiful way we cover it up.

Humour, from this perspective, offers a temporary pardon from our death sentence and so it returns to us a fleeting sense of freedom and control. As we shall briefly see, there is a strong sense of the importance of power and mastery in both the Nietzscchan and Kierkegaardian attitudes. While we have already seen that Schopenhauer proposed that humour is a rebellion against the self, in terms of internal conflict, Cohen (2001) sees humour as a rebellion against the constraints of the world. There is a taking back of power. On the other hand, Cohen says a person can find humour in the experience of powerlessness, or “a mood of acceptance, of willing acknowledgement of those aspects of life that can be neither subdued nor fully comprehended” (2001: 475).

Human perception in its absurd confrontation with brute existence, stripped of its human meaning, reveals that the world is indifferent to our labels and has a density and existence of its own, exclusive of how we label it or use it. The in-itself (Sartre) simply is. For Camus (2005) the absurd is beautifully demonstrated in The Myth of Sisyphus where Sisyphus is condemned to push a boulder up a mountain ad infinitum. Camus suggests that meaning can be created in a, paradoxically, meaningless existence. Our urge to ask questions and seek meaning in life from an empty, indifferent universe reveals the absurdity. We are compelled to see and ask even though we will never find or know.
Humour is as a powerful response to the absurd, the same existential paradox. For philosopher and psychoanalyst Slavoj Žižek, the significance of comedy lies in its potential for the uncovering of ‘nullity’. He writes that,

“…comedy is the very opposite of shame: shame endeavors to maintain the veil, while comedy relies on the gesture of unveiling. More to the point, the comic effect proper occurs when, after the act of unveiling, we confront the ridicule and the nullity of the unveiled content: in contrast to the pathetic scene of encountering, behind the veil, the terrifying Thing, too traumatic for our gaze, the ultimate comical effect occurs when, after removing the mask, we confront exactly the same face as the one on the mask” (2006: 109).

He is saying that what actually is, is. Nothing more, nothing less. This process of encountering a ‘reality’ that was encountered all along, is comical. There is nothing to unveil.

According to John Lippitt (1996), the majority of philosophers have only ever looked at humour fleetingly. While this may be true, there are two philosophers who most certainly have emphasised the importance of humour and laughter, Nietzsche and Kierkegaard, and it is to these thinkers that we now briefly turn.

1.6.1 Nietzsche and Laugher

Philosophy’s enfant terrible, Nietzsche, is well known for his laughing at life. In The Will to Power (1967) he declares that he knows from personal experience why man is the only animal that laughs:
“He alone suffers so excruciatingly in the world that he was compelled to invent laughter. The unhappiest and most melancholy animal is, as might have been expected, the most cheerful” (p.84).

Here Nietzsche introduces his audience to the subject of inevitable suffering endemic to living and a possible, partial antidote – laughter. He offers a Dionysian solution to Apollonian problem. For Nietzsche Apollo represents, as the sun-god, clarity and light, whereas Dionysius, god of wine, represents ecstasy and chaos. Neither, however, can exist without the other, and this symbiotic relationship it can be argued, represents the nature of humour. The supposed clarity and certainty of our thoughts and beliefs about the world, when they are called in to question, descend us into a temporary state of chaos as we are confronted by the uncertainty of a particular aspect of the world. It is the realization of our attachment to a mistaken belief that provides a moment of ecstasy in the form of amusement or mirthful laughter. This is a continuous process, a tension between light and dark, gravity and lightness, the serious and the comical.

Laughter, for Nietzsche, is redemptive in that it changes the way we relate to ourselves and the world around us. This redemptive feature of laughter suggests a pseudo-spiritual element as though it has the capacity to transcend. A person who embodies a Dionysian approach to life has tragic knowledge, the capacity to see into the abyss, “the horror and absurdity of existence” (1967). The realisation of man’s ultimate impotence and meaninglessness in the greater scheme of things can provoke despair. Nietzsche frowns on attempts to romanticise reality through the tragic arts, an attempt to turn life into something metaphysical to make reality more bearable. Only the art of the comic can bring meaning to this suffering and Nietzsche says it turns,
“these nauseous thoughts about the horror or absurdity of existence into notions with which one can live: these are the sublime as the artistic taming of the horrible, and the comic as the artistic discharge of the nausea of absurdity” (1967: 60).

Nietzsche explains why the comfort of metaphysics is to be avoided in favour of the comforts of this world,

“...you ought to learn to laugh, young friends, if you are hell-bend on remaining pessimists. Then perhaps, as laughter, you may some day dispatch all metaphysical comforts to the devil-metaphysics in front. Or, to say it in the language of that Dionysian monster who bears the name of Zarathustra:

“Raise up your hearts, my brothers, high, higher! And don't forget your legs! Raise up your legs, too, good dancers; and still better: stand on your heads!

“This crown of the laugh, the rosewreath crown: I crown myself with this crown; I myself pronounced hold my laughter. I did not find anyone else today strong enough for that. “Zarathustra, the dance; Zarathustra,

The light one who beckons with his wings, preparing for a flight, beckoning to all birds, ready and heady, blissfully light-headed;

“Zarathustra, the soothsayer; Zarathustra, the sooth-laugh; not impatient; not unconditional; one who loves leaps and side leaps: I crown myself with this crown.

“This crown of the laugh, the rosewreath crown: to you, my brothers, I throw this crown. Laughter have I pronounced holy: you higher men, learn to laugh!” (2003: part iv).
This passage proposes that there is a galvanising, positive potential of humour and laughter, rather than just the mocking, disparaging type expressed by the ‘herd’. Adopting the comic, humorous attitude, laughing at our own absurd meaningless meaning-seeking is at once both fundamentally grounding and transcending, and is the only genuine comfort we can get. Much more comforting than the empty comfort of metaphysics and morality. This links with what Morreall (1983) has to say about the humorous attitude:

“To have a humorous attitude toward some issue is to be distanced from its practical aspects. The situation we find funny does not have an urgency about it for us; it does not command our practical attention. Rather than feeling governed by the situation and obliged to look at it in only one way, we feel playful toward it and thus ourselves in control” (p. 122).

According to Bataille “…a burst of laughter is the only imaginable and definitively terminable result…of philosophical speculation”. (Gashé, 1995: 196). In Nietzschean style, Bataille declares:

“When I laugh there is something incomparable in the object of my laughter. Philosophy cannot have any other object. Besides, in my mind, I made the object of this laughter a substitute for God; here I saw nothing less than a principle of the universe. What was revealed to me, with a violence that astounded me, was that in the world and in the inconceivable void that it opens up, there is nothing that is not violently laughable” (2007: 183).

The elements of superiority are found in Nietzsche’s laughter, but the crucial difference is his laughter, is in the form of self-overcoming.
1.6.2 Kierkegaard’s Irony and Humour

As with Nietzsche, Kierkegaard sees humour as an existential attitude, not just a fleeting reprieve from the everyday. The difference between them lies in the fact that Kierkegaard, unlike Nietzsche, was a religious man to whom irony, humour, and religion are indelibly linked.

Without a sense of the comic, Kierkegaard (1968) suggests that a person lacks mature self-awareness. However, he is distinct in his beliefs about what constitutes real humour. There are three dimensions of humour: aesthetic, ethic, and religious. The person who lives a hedonistic, aesthetic life, according to Kierkegaard, must employ more and more irony to avoid boredom and despair. The aesthete is ‘forced’ to employ irony because he knows the limitations of aesthetic living. The aesthete does not tackle his suffering and guilt. To be able get out of this despair, the aesthetical person must become ethical, which means moving from a ‘me’ to a ‘we’, being committed to social projects. It is only by being responsible and making these commitments that one can truly become a self.

Suffering, according to Kierkegaard, gives access to greater self-awareness.

However, Kierkegaard goes a step further, a shift of commitment from the temporal to the absolute. As our human projects can be hard to choose and even compete for priority, we are at risk of despairing. Not so, says Kierkegaard, for the religious man. The religious man has God as the bedrock of his commitments, an ultimate source of meaning, so is less likely to fall into despair. For Kierkegaard, even the humorist is different from the truly religious person because although he recognizes the existential profundity, “the humorist turns deceptively aside and revokes the suffering in the form of the jest” (1968: 401). This seems rather presumptuous, and a ‘leap’ indeed. Kierkegaard, reaching determinedly for religion, dismisses the quality and depth of
meaning of the non-religious man’s experience. He cannot see how a life without God can be both committed and passionate in the face of absolute paradox. For Žižek (2006) there is a parallax gap inherent in the ‘jump’ from aesthetic to ethic, ethic to religious, and he refers to this as, ‘the “paradox,” the lack of common measure, the insurmountable abyss between the Finite and the Infinite’ (p.105). He goes on to say that doubt is always present and that,

“The same act can be seen as religious or as aesthetic, in a parallax split which can never be abolished, since the “minimal difference” which transubstantiates (what appears to be) an aesthetic act into a religious one can never be specified, located in a determinate property.

This parallax split, however, is itself caught up in a parallax: it can be viewed as condemning us to permanent anxiety, but also as something that is inherently comical” (2006: 107)

Although they differ in their beliefs, Kierkegaard and Nietzsche share a passion for the laughter and humour as part of a fundamental, existential attitude. Nietzsche appears defiant to the human condition in his laughter, whereas Kierkegaard is afforded some existential security with his humour. Both positions provide comfort in some way, and both are created from an awareness of human limitation and paradox. Perhaps ironically, both try to offer us offer a ‘way out’.
CHAPTER TWO

2. Method

All phenomenological research is unique by its nature, as a logic of individual “consciousness in its varied experience of the world” (Berthold-Bond, 1995: 38). I have chosen to conduct this research using a qualitative interpretative phenomenological analysis (IPA) method. This choice combines phenomenology and interpretative analysis of a therapist’s lived experience. In line with this method, and so to not lead to bias, there is no set hypothesis in this research (Langdridge, 2007). Rather the ‘aim’ is to be open to the experience of the research participants.

I am interested in learning about the subjective experience of each of the participants, as each individual will have a different way of viewing humour (Ibid.). Interpretation is needed if, as the researcher, I am to make sense of description and exploration of participants’ experience during the interviews. As personal reactions and bias could influence the research, it is crucial that I remain reflective through the entire project (Willig, 2008).

Smith (1997) describes IPA as “an attempt to unravel the meanings contained in...accounts through a process of interpretative engagement with the texts and transcripts” (p.189). While research can never completely grasp every thought of a participant, “it aims to explore the research participant experience from his or her perspective, it recognizes that such an exploration must necessarily implicate the researcher’s own view of the world as aswell as the nature of the interaction between researcher and participant” (Willig, 2008: 56).
Also, I am interested in learning about the ‘subjective’ experience of each of the participants because each individual will have a unique way of viewing humour and the therapeutic enterprise.

Lastly, IPA is one of the methods that Langdridge (2007) describes as focusing, ‘on the production of empirical findings in the hope that this knowledge may contribute to genuinely real and useful social change’ (p.109). The goal is to gather information and trends from the research that can be used to help therapists better understand the meaning and impact that humour might have on the therapeutic process. What is particularly appealing about IPA is that it is less confusing that other methods and is appropriate for time and word-limited research.

2.1 Theoretical Underpinnings of IPA

The theory behind IPA was developed through the thinking of a few existential phenomenological academics and philosophers such as de Beauvoir, Sartre, and Merleau-Ponty, although mainly it is derived from Heidegger’s hermeneutic phenomenological philosophy, which is concerned with understanding the human experience (Laverty, 2003). Unlike his former teacher, Husserl, Heidegger did not believe that the researcher could bracket off their feelings or prior experiences to locate the essence of the phenomenon that they were studying (Langdridge, 2007). In effect, our perceptions, thoughts, and meanings cannot be separated from the context in which we evolve (Langdridge, 2007; Laverty, 2003). According to Heidegger, human beings, or ‘Dasein’, are thrown into the world and cannot be detached from culture (Smith et al., 2009). We are essentially (or rather existentially!) united with the rest of the world and
we create our meaning from this. Our idea of the world is in turn created from our life experiences and worldview (Laverty, 2003).

Gadamer (2002), who was influenced by both Husserl and Heidegger, expanded hermeneutic phenomenology and believed that, “understanding and interpretation are bound together” (ibid: 111) and because we as human being are not fixed entities, our interpretations cannot be static either.

2.2 Limitations of Method

Although there may be several ways of potentially researching this topic, I have chosen IPA as it is a clear and simple method for conducting research. It is also less time-consuming than alternative methods such as grounded theory and therefore more appealing to time-limited doctoral research. The simplicity of this method will help me to more easily wade through the complexities of the emerging phenomena. However, one must always remain vigilant to its limitations. Langdrige (2007) states that, “no method provides the tools to find all answers to all the questions” (p. 167). Giorgi (2010) is critical of this research method and questions IPA researchers’ claims that there is no one way to conduct IPA research. To him, for it to be an accepted method in science, there needs to be only one method followed. It is not possible to claim sound empirical knowledge if there are no rules or strict protocols.

Researchers will need to be aware that what the participants are trying to express will not be free of motives, justifications, self-denials, and the desire to impress (Willig, 2008). Additionally, the quality of the research is dependent on the open-ended nature of the questions. Over-empathic, manipulative, and leading or closed questions would
hamper the richness of the participants’ response and not allow them the scope to express what their experience actually is (Smith et al., 2009).

A particularly significant limitation of IPA and therefore this research project, is that any conclusions drawn are not generalisable. This means that conclusions will be less definitive and applicable to wider contexts. The aim will be to form themes and conclusions, but these may well fall apart with a more heterogeneous population. However, it is possible to form hypotheses that can add to the existing body of literature for further research.

2.3 Alternative Research Methods

When contemplating the potential research methods for this study, there were a few different phenomenological methods (descriptive, critical narrative, heuristic and so on) that I considered employing. First, each approach would ask the main research question in a different way. In IPA, the research question would be, ‘What is the individual experience of humour on the process of psychotherapy?’ However, Finlay (2010) says that a descriptive phenomenological research study would ask about lived experience. The question would be: ‘What is the lived experience of the impact of humour on the process of psychotherapy?’ Researchers in this method would provide the participants’ descriptions, but not the interpretation. They believe that we can get the essence of the experience from the primary source (the participant’s experience) without the analysis from the researcher (Moustakas, 1994). Having only a description of the experience without interpretation or a theoretical exploration would not provide an in-depth analysis of the topic (Willig, 2008; Langdrige, 2007). A solely descriptive approach would not allow for the researcher to have a role in the study. While the point
is arguable, I believe that one cannot truly bracket off one’s personal experience of being an experienced therapist and more basically, being a person with a ‘sense’ of humour. Being reflexive in the study will add clarity to this piece of research (Langdridge, 2007).

Having only a description of the experience without interpretation or a theoretical exploration would not provide an in-depth analysis of the topic (Willig, 2008; Langdridge, 2007) nor allow for “insight into the individual participants’ psychological worlds” (Willig, 2008: 73). So as to remain open to the experience of the participants so I will not have a set hypothesis to prove which would likely lead to some biases (Langdridge, 2007).

Before deciding on IPA, several other potential qualitative methods, including Discourse Analysis (DA) and Grounded Theory, had been deliberated. The latter was developed by Glaser and Strauss (1967), to create a space in which new, contextualised theories were ‘grounded’ in the data (Willig, 2008). Grounded Theory allows attention to be drawn to social processes and therefore also to a complex social phenomenon such as humour. However, in its aim to produce something more social and universal, Grounded Theory would not detail the unique experiences of the participants in the same way as IPA. It also uses the each interview to influence and guide the next, rather than approach each participant afresh. As this research was to investigate the phenomenological aspects and experiences of the impact that humour has on the psychotherapeutic process, the individual experiences of participants remained the focus, rather than the emerging social aspects.

Similar to Grounded Theory, DA focuses biological, social and cultural concerns before psychological dimensions (Willig, 2001; on Smith, 2004; Dallos and Vetere, 2005). While
these social and cultural aspects inevitably emerged from data, the aim of this research project was to hone in on the participants’ experiences from a psychological perspective. For these reasons DA was not considered to be an appropriate method for this project.

Hermeneutic phenomenology (van Manen, 1990), was also considered as a potential method, but was discarded because it encourages the interviewer to, “contribute more of their own views to the process to better encourage the production of meaning between interviewer and interview” (Langdridge, 2007: 123). It was felt not to be suitable for a project such as this, which aimed at the focusing on the reality of participants’ experience rather than the researcher’s. Also, this approach was felt to be too unstructured and time consuming.

Lastly, TA was also deselected as a contender for method because of the need of previous research and a priori coding before beginning the analysis. Adtionally, templates from initial interviews are recycled in for use in subsequent interviews (Langdridge, 2007). The aim of this research project was to be open to the phenomena described by participants so that an understanding could be reached for each unique experience. It was felt that TA did allow for such a receptive approach to the data.

2.4 Participant Sample

Because IPA is an idiographic research method which strives to provide a detailed focus on a perspective or on experiences of a phenomenon, small sample sizes are utilized in this particular approach (Smith et al., 2009; Langdridge, 2007). As IPA analyzes the similarities and details of each case in depth and at length, IPA experts such as Smith et al. (2009) recommend students and first-time researchers use a small sample size of
three to six participants. In my research project, I recruited six participants from conferences, word of mouth, websites, and organisation notice boards. In this study, the participants are qualified, practising psychotherapists. They are all UKCP or BPC registered.

In order to have a fairly homogenous sample recommended for IPA research, participants met the following criteria:

1. All participants were, at the time, currently practising so that they had current examples on which to reflect during interview.

2. All participants were qualified, having completed a minimum of a four year training course leading to UKCP or equivalent registration.

3. Each participant had, as per registration requirements, undergone several years of personal psychotherapy on which to reflect during interview. This personal area on which participants reflected meant that the study incorporated both a therapist and client’s perspective. Having experience and therapeutic knowledge meant that the participants were more likely able to reach insights into the impact of humour on therapeutic process. Therapists were not all existentially trained. While this may seem to deviate from homogeneity, I believe it was important that the results of this study applied to a heterogeneous group rather than a small population of ‘specialist’ therapists.

4. Those choosing to take part in this study had already expressed an interest in the subject of area. However, as Hurley et al. note, ‘Humor travels poorly’ (2011: 34).
As humour is culturally shaped (Kuiper, 2008), I chose to recruit participants from ‘Western’ backgrounds. This meant that the study was relatively homogenous in this aspect, but fluid enough to potentially draw out some interesting discussion, without being lost in translation.

5. Humour is used differently, depending on gender (Provine, 2000). In natural conversation, women tend to seek humour, and men offer it (Crawford and Gressley, 1991). Despite this potential difference, it is clear that both genders have a ‘sense’ of humour and experience of it and indeed, therapists are both male and female. Although the issue of gender is complex and it will make for interesting further research in its own right in the future, I recruited both male and female participants for this study.

6. Humour spans all ages (Hurley et al., 2011), and the participants were all aged 30+ years as a person cannot start a formal psychotherapy training until they are at least 25yrs old. The average age of participants was 44yrs old.

2.5 Ethical Issues

As researchers adhering to the UKCP code of conduct, it is imperative to know the key issues of their guidelines. Due to its very nature, phenomenological research conducted on human participants raises ethical concerns. Talking about sensitive issues can cause distress for which the researcher must be prepared (Smith et al., 2009). In order to effectively handle all ethical, moral, and legal issues before the start of the initial phases of the research it was essential for the project to be reviewed and approved by an ethics committee. It is here where the project was be calibrated to avoid any ethical issues such as the handling of sensitive topics or working with participants who are fragile.
In accordance with the UKCP code of conduct and ethical principles for conducting research with human participants, I secured consent from all participants and they were informed of the research project’s scope and goals. I treated all material collected as strictly confidential; they would not be identifiable in any reports or publications and all recognisable attributes were be concealed. Smith et al. (2009) acknowledge that protecting anonymity can be difficult but they believe it can be done with enough planning and ensuring that informed consent fully discloses what is expected of the participants (being recorded, etc.) and what their rights are, such as being able to leave the study at any time, being in a secure location, and having their information protected under the Data Protection Act.

Conducting a debriefing after the interview is also good ethical practise. After the main interview, it was beneficial to discuss with the participants their understanding of the research and interviews to make sure that they were not leaving with any negative feelings or misconceptions. The debriefing I conducted provided an ending so that the participant left the interview feeling that they made a valued contribution to the research.

2.6 Data Collection

Most participants were recruited through word of mouth from colleagues. Following my giving peers my contact details, I was emailed by the participants, after which I then telephoned them to arrange a meeting time in a consulting room and emailed them the information sheet. The participant signed a consent form and the interviews began. This stage consisted of a semi-structured interviews which were recorded using a digital recorder and involved two very broad questions with several prompts which asked the participants to talk about examples of their experience (Smith et al., 2009). As the researcher I had an interview sheet that contained these questions and allowed the
participant to talk freely, reflect on their thoughts and comments, and expand on ideas that they might like to discuss further. I allotted 60 minutes for the interviews and allowed for 15 minutes to debrief. The main question in my interview sheet was: ‘Can you tell me about any experiences you’ve had where humour has made an impact on the process of your clinical work?’ and ‘Can you tell me about any experiences you’ve had where humour has had an impact on the process of your own personal therapy?’ This type of questioning allowed the interview to be what Eatough (2009) describes as, “the in-depth mutual exploration of the phenomenon as it appears and is understood from the perspective of the participant’s lifeworld” (p. 189). By virtue of their profession and the therapy it involves, participants were already adept in providing rich descriptions, which was beneficial because it added immediate depth to the data set.
CHAPTER THREE

3. Results

In this chapter I have outlined the emerging themes that evolved from the data and linked this with excerpts from the relevant participant transcripts. The full transcripts of each interview can be found in the appendix. Pauses in the transcripts are shown as ‘…’ and other paralinguistic aspects are noted in columns to the right of the transcribed material. At the end of this chapter the reader will find my ideas that have emerged from the data that deserve further discussion in the following chapter.

3.1 Participants

In the recruitment time, six suitable participants approached me with their willingness to take part in the study. All six participants, three male and three female, were qualified psychotherapists. Four out of six participants had 5 years of post-qualifying experience, one with 6 years, and one with 7 years. Four participants were in their early forties, one in her mid-thirties and one in her early sixties. All were white Europeans. All participants described their own modalities at recruitment stage. Four participants described their therapeutic modality as existential, one as integrative, and one as psychoanalytic. Table 3.1 gives an outline of the participant profile.

‘Sandra’, who was British, worked part time in a time-limited university wellbeing service and part time in private practice working to an open-ended/long term model. She used
clinical examples both from her university work and private practice, as well as her own training therapy.

‘Emily’ was Swedish and had lived in the UK for 15 years and spoke fluent English. She worked part time in a bereavement service providing therapy up to 2 years. Emily also worked at a day centre for adults with mental health problems. This involved individual work with a fixed term of 20 weeks, and running a slow open women’s group. During the interview Emily talked about clinical examples from her work in the bereavement service, talking about a woman in her mid-forties. She also talked about examples of humour from the women’s group. She also gave examples of humour from her own training therapy.

‘Vinnie’, who was British, worked part time in a time-limited university wellbeing service and part time in a private practice working to an open-ended/long term model. She also worked long term with people diagnosed with ‘borderline personality disorder’ in a specialist NHS outpatient psychotherapy service. Vinnie used one clinical example of working with a man in his 20’s from her university work. She also talked about humour in her own training therapy.

‘Nils’ was Swedish and had lived in the UK for 12 years and spoke fluent English. He worked to a six session model with adults in a university setting. He gave one example of working with a woman in her early 20’s in this setting, and also talked about humour in his own therapy.

‘Marcel’ was German and had lived in the UK for 18 years and spoke fluent English. He worked part-time for a mental health charity to a time-limited model and part-time in
open-ended private practice. Marcel discussed two male clients, one in his early thirties, the other in his early forties. He also gave examples of humour from his own training therapy.

‘Hamish’, who was British, worked part-time to an open-ended model in a charity for men diagnosed with HIV and AIDS. He also worked in a long-term way with clients in private practice. Hamish spoke about two male clients, one in his early thirties, one in his late forties. He also gave examples of humour from his own training therapy.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sex</th>
<th>Age</th>
<th>Ethnicity &amp; NOS code</th>
<th>Modality</th>
<th>Years of Post-qual Practice</th>
</tr>
</thead>
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<tr>
<td>Sandra</td>
<td>F</td>
<td>41</td>
<td>White British (A)</td>
<td>Integrative</td>
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</tr>
<tr>
<td>Emily</td>
<td>F</td>
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<td>White European (CY)</td>
<td>Existential</td>
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<tr>
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<td>White British (A)</td>
<td>Psychoanalytic</td>
<td>7</td>
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<tr>
<td>Nils</td>
<td>M</td>
<td>41</td>
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<td>Existential</td>
<td>5</td>
</tr>
<tr>
<td>Marcel</td>
<td>M</td>
<td>42</td>
<td>White European (CY)</td>
<td>Existential</td>
<td>5</td>
</tr>
<tr>
<td>Hamish</td>
<td>M</td>
<td>41</td>
<td>White British (A)</td>
<td>Existential</td>
<td>5</td>
</tr>
</tbody>
</table>

3.2 Process of Analysis

In this section my aim is to show the reader how I have arrived at the data presented. My experience of the IPA method is that it is in fact a very time-consuming and intense
process, and one that is constantly evolving. The uniqueness of each participant’s interview inspired different personal responses from me as the researcher. For these reasons I have chosen to show this process in detail by firstly describing my analysis of the pilot followed by two subsequent interviews. There are some visual illustrations, in the form of photographs in this section that offer the reader a deeper insight into the research process. Some illustrations are from the diaries that I kept throughout the process in an attempt to map out the journey for my own reference. However, as I have mentioned, I believe it is important that the reader is given the opportunity to actually see what was involved in the development of this process.

3.2.1 Pilot Study Data & Results

During the semi-structured interview the participant was asked to describe and reflect upon his experience of the impact of humour on the process of psychotherapy as a therapist and client. This type of interview structure gave the participant the freedom to talk about their experiences and feelings.

Following the interview, I wrote in a diary my thoughts about how the interview went and what it seemed the pitfalls of my interview were and what generally came to mind.

The next stage was to transcribe the recording which was then analysed by hand, using standard IPA analysis in order to clarify themes and meanings in the text. I combed each line for descriptive and interpretative meanings, and then used these comments along with the original text to identify themes. In the left hand margin, as I slowly read the transcript, wrote down things that stood out in a way that was meaningful to my research question. I went through this process a few more times, underlining pertinent sections of
the transcript. I then wrote in the right hand margin emerging themes from the transcript that linked to the notes made in the left hand margin. I followed this process until I felt I had saturated the material in relation to my research question. Inevitably, some comments were irrelevant to the actual question and were therefore discarded.

Following this step, I then wrote on a separate sheet of paper all the initial themes that had emerged and grouped them together. This was a slow process as it was not always obvious how sub-themes were linked to and grouped under overarching themes. This required me leaving and coming back to the data with hours and days in between, specifically thinking about the focus of the study. When I concentrated on the ‘process’ part of my question, eventually, superordinate themes became clear. The whole process of interpreting the participant’s experience is subjective and the themes emerged from my own meaning-making process (van Manen, 1997).

At first, 35 themes emerged from the data before some were merged with others as they had the same meaning but expressed in different words. For example ‘combats perfection’ was discarded in favour of ‘challenges perception, belief and ways of being’ because the latter incorporates the meaning of the former. This left 23 themes. The themes were:

### 3.2.2 Initial Themes from Pilot Interview

1. Helpful –vs- Unhelpful
2. Challenges perception, beliefs and ways of being
3. Hiding of emotion –vs- Revealing emotion
4. Humour is motivational
5. Increases relational depth
6. Impact on therapeutic relationship
7. Enabling and catalysing
8. Decreases power imbalance
9. Not partaking/sharing can be shaming & increase distance
10. Increases 'realness and humanness' of therapist and relationship
11. Increases energy
12. Acceptance of and partaking in existential mystery
13. Laughing with -vs- laughing at
14. Encourages realness
15. Release leads to connection
16. Mindless humour -vs- thoughtful humour
17. Humour establishes relationship -vs- must establish relationship before using humour
18. Impact of humour with trust -vs- impact of humour without trust
19. Leads to exploration & discovery
20. Makes depth bearable
21. Concealing
22. Shifts balance of power
23. Humour can be flirtatious/sexual

From here I went back to the list and looked at my research question again. I then began to whittle down the themes if, again, they were not relevant to the focus of the question. The trick, I discovered, was to keep in my mind the 'impact on therapeutic process'. In other words 'What does humour DO?'. The reader will see that this meant themes such as 'Helpful -vs- Unhelpful' becomes redundant as it is not, in itself, a single process.
Also, no.’s 4&11, for example, can be merged into theme no.7. This can be cross-checked by viewing the original transcript and finding the meanings overlapping. Following this process, the following themes remained:

1. **Humour can be Hurtful**

   'Sometimes if I just blunder along then I can be potentially hurtful to have such as sense of humour’.

   'if the client feels too needy, weak, it can be dangerous...using humour.’

   'Sometimes I use humour mindlessly...now you know that could have hurt you...humour can be dangerous if it's used totally mindlessly.

2. **Challenges perception, beliefs and ways of being**

   'my client is very prim, she’s gorgeous little, everything's perfect...she’s come to me because her life has fallen down and she couldn't cope with this because she's [supposed to be] perfection. So the analogy started out a swamp and the glass castle which is clearly going into the swamp but then it gets more and more hilarious as I claim to be the hippopotamus wallowing tin the mire and loving it and getting all filthy...it's one way of when she doesn't really want to engage everything has to be perfect, so humour is a way to kinda get her moving.’
3. Conceals True Feelings

'humour...makes a situation sometimes a bit too light...like a rescue. It's like when you go too deep and you can't handle it any more, you can use humour to get yourself out of it'.

'Sometimes in personal therapy I laugh something away...avoid showing, er, use it as a way to cover up emotion, so instead of actually going "this really hurts", I go, "Ho,ho, this is a mother f*cker!"'.

'I think the sexual part is very marginal. I think that's part of the therapy that there's an attraction going on er so that probably just gets tacked on to this humour.'

4. Increases relational depth

'by the therapist using humour actually the therapist is actually humanising the whole relationship and the client'

'We can share humour and laughter together'

'It strikes me that you can laugh at someone in an I-it relationship but if you laugh with someone you're approaching an I-Thou relationship.'
'Humour has...definitely made the relationship much more human and gritty and real which is exactly what my client needs'.

'There's something about laughter that is a total release, that there's a real connection there'.

'It makes it easier to move. It makes the reaction happen faster whichever way you want to go, depth or ease'.

5. Enabling and catalysing

'an analogy that is humorous can bring energy into the dialogue when it gets too boring or flat you have to infuse it with energy'.

'So humour is a way to kind of get her moving' 

'it makes it ok to talk about things'

'Humour is like an enabler, to get into the situation or get out of the situation. It makes it easier to move. It makes the reaction happen faster whichever way you want to go, depth or ease'.

'Humour can bring energy into the dialogue, when it gets too boring or flat you have to infuse it with energy'
'it [is] an enabler, a speeder-upper thing. ...Sometimes a sentence starts with something funny, that energy comes from humour actually then topples them over the edge and they go into a very deep state of sadness and upsetness and crying. It can almost push you over the edge...'

6. **Shifts Power Balance**

'It's a great leveller of hierarchy between the therapist and the little client who does not know'

'There is something joyous and irreverent about humour when allowed or introduced by the therapist because the therapist is often the one seen as having the power, has the knowledge and the poor client is coming to him etc and by the therapist having humour actually the therapist is actually putting himself down and humanising himself and hence humanising the whole relationship...You're actually a person and we can share humour and laughter together."

'humour has definitely...levelled out the relationship'

'...if there's a beginning of a mutuality where sure the client may still feel like the therapist is a bit above hierarchically, but there is a real genuine trust and dialogue and flow between the client and therapist then humour can actually start to act as a leveller...'
7. Not Partaking/Sharing can be Shaming and Increase Distance

'in my own therapy my therapists have politely snickered and er, moved on, which I find really degrading actually and pissed off because ...humour is an integral part to who I am...and why the hell should that not be allowed?'

8. Increases Realness and Humanness'

'some of the best best, best humorous people are really really real. I mean, there’s a real depth about good humour’.

'Humour has...definitely made the relationship much more human and gritty and real which is exactly what my client needs’.

'It makes us into two human beings struggling to live our lives in this world about to die and we can have a sense of humour’

9. Leads to connection

'I mean there’s something about laughter that is a total release, that there's a real connection there.’

10. Humour can lead to mutual exploration and discovery
'Humour can start to act as a leveller and then bring it in to a more mutual situation, a mutual discovery and exploration'

11. Makes depth lighter and bearable

'It makes it ok to talk about things because it makes it lighter'

'When you get too deep and you can't handle it anymore you can use humour to get yourself out of it.'

'There's something about humour that shows acceptance of the world and its pain.'

'It makes us into two human beings struggling to live our lives in this world about to die and we can have a sense of humour and it's almost a relaxation that we're not making it so fucking serious.'

12. Humour can be flirtatious/sexual

'I claim to be the hippopotamus wallowing in the mire and loving it and getting all filthy, there's almost a sexual innuendo there, erm, so so there is an almost sexual vibe between us so maybe that gets joked away a little bit by that.'
‘I think the sexual part is very marginal. I think that’s part of the therapy that there’s an attraction going on er so that probably just gets tacked on to this humour.’

At this stage I realised that one way of categorising the themes was by their valence. Themes were either negative or positive and they were categorised as such. Even a theme that could be either positive or negative was assigned a positive or negative valence because as the researcher, I could interpret the meaning of the participant's words by returning to the transcript. This is how I developed the first two superordinate themes:

1. Humour as a positive Impact on therapeutic process
2. Humour as a negative Impact on therapeutic process

At this stage two other main differences in the themes emerged:

3. Humour impacts the client's internal world
4. Humour impacts the therapeutic relationship

Each category was then classified as relating to how the individual experiences humour in themselves, or how they experience humour relationally. While it is possible to argue that there is no such dichotomy, for the purposes of filtering phenomena in the data, it did, I believe, increase the clarity of the experiential detail. Additionally, themes 3&4 above have both positive and negative valence, which meant the final four superordinate themes I drew from the pilot were:

1. Humour has a positive impact on client’s internal world
2. Humour has a negative impact on client’s internal world
3. Humour has a positive impact on the therapeutic relationship
4. Humour has a negative impact on the therapeutic relationship

Diary extract, 2011

Below is an extract from a diary I kept relating to the interview. 

*For some reason I found myself getting all carried away with Nils’s experience and forgot my objective. I kept thinking like a therapist about what Nils wasn’t saying because I kept thinking how there were some unresolved things in his mind about his client that related to himself. I must remember to think like an interviewer with a goal. I am neither a therapist nor supervisor. When we started talking about his own therapy I could feel he was getting defensive and that’s when I think I fucked it up because I should’ve just focussed back on his client. Although saying that, I did give him the brief so he knew he’d be talking about his own therapy. He was also defensive about the sexuality expressed in his humour with the client so I didn’t feel like I could expand on that. What to say to a defensive interviewee?? When the interviewee talked about power and the client being ‘little’ he was relating, it seemed, to his own hatred of being in a position of vulnerability in his own therapy* (Diary extract, February 2011)

I had a lot of thoughts about this interview at the time, and I was keen to keep my thoughts out of it, especially about things that the interviewee seemed defensive. Indeed, one of the main problems encountered in the pilot was my style of interviewing. From the beginning nerves got the better of me and I found it difficult to focus on the question being researched. I found myself getting carried away in the world of the participant without keeping an eye on my question. The interview showed that in following interviews I would need to encourage the participants to expand on the detail
of ‘how’ the process of psychotherapy is impacted by humour. For example, subtheme number 4 ‘Humour Motivates’. It would be useful to have asked, ‘can you say a bit more about this motivation?’ ‘What way did it motivate?’ etc. Subsequently, a helpful tip from my primary supervisor, Digby Tantam (personal correspondence) was to conduct my interviews as I would a psychotherapy assessment. In other words, encourage the participant to describe in greater detail and gently focus them towards the task at hand by keeping the question in mind.

Using word to transcribe proved difficult because memo-ing was all hand written. This meant that numbering each line was not practical for finding particular parts of text to relate to emerging themes was incredibly laborious and unreliable. With this in mind, I decided that the remaining interviews would be transcribed in an Excel document and columns identifying the description and themes emerging alongside the relevant piece of text. All transcribed text could then be referenced with a number to refer to in the final appendix.

3.3 Process of Data Analysis of ‘Emily’

Below is the list of 116 initial emergent themes from the transcript of participant ‘Emily’.

3.3.1 Initial Themes

1. Releases tension and difficult emotions

2. Improved therapeutic relationship

3. Increases intimacy

4. Reveals increase of trust
5. Is a catalyst to emotions
6. reveals different sides of personality
7. Increases bond
8. sharing of an experience
9. Gives sense of togetherness and allegiance
10. humour helps establish bond
11. unites despite fundamental differences in culture/background
12. Increases bonds between members of a group.
13. Decreases hostility
14. Reveals surprise incongruity
15. catalyst to deeper, more serious material
16. Leads to further, deeper exploration
17. Is freeing
18. Allows to laugh at self
19. Makes it more interesting/less bland
20. Deepens process
21. Reduces anxiety of uncertainty
22. Reduces aggression and hostility
23. Gives sense of freedom
24. Positively reduces seriousness to make more free
25. Increases diversity
26. Reveals two perspectives at one time
27. Reduces conflict
28. Increases interest for both parties
29. Reduces negative emotions in group
30. Increased group intimacy
31. Is a catalyst to depth work
32. Increased diversity
33. Increases bond
34. Undermines therapeutic process
35. Can deplete trust if not attuned
36. Can humiliate if not related to them
37. Moved therapy forward
38. Increased depth
39. Allows client to laugh at themselves, their way-of being
40. Develops trust
41. Deepens relationship
42. Client goes deeper and further more easily in their process (is a catalyst to depth and breadth)
43. Therapist shows more dimensions to themselves when humour involved.
44. Makes more authentic encounter
45. Therapist is freed up to be more real
46. Humour is a sign of therapeutic progress
47. Frees them from sameness
48. Frees up movement
49. Can wound sensitive people (hypothetical)
50. Leads to further, deeper exploration
51. Opens a different way of being
52. Leads to new realisations about self and world
53. Leads to acceptance of uncertainty and not-knowing
54. Leads to acceptance of difference in self and other
55. Leads to acceptance of limitations
56. Strengthens the bond of the relationship
57. Allows to move on from an issue
58. Lets the person move on
59. Allows the 'not-ok' to be 'ok'
60. Increased productivity
61. Increases interest
62. Leads to acceptance of not knowing
63. Brings internal conflict to an end
64. Reduces difficulty
65. Helps move on
66. Is freeing
67. Humour draws difficult things to a close/full-stop
68. Opens up different ways of being
69. Acceptance of limitations of power
70. Saves time
71. Refocuses energy
72. Acceptance of powerlessness
73. Acceptance of endings and finitude
74. Gives energy to go on
75. Humour is good
76. It is a way of ending a negative experience
77. Acceptance of powerlessness
78. Gives energy to go on
79. Acceptance of imperfection/not-ok-ness (?)
80. Freeing
81. Brings things to an end
82. Reduces difficulty of problem

83. Acceptance of Being/being?

84. Allows moving on

85. Reveals other dimensions to problems

86. Reveals paradox

87. Acceptance of not being able to ‘win’ = winning

88. Adds new perspective

89. Reveals limitations

90. Removes threat from a situation

91. Makes therapy easier to continue with

92. Gives energy to session

93. Is bonding

94. Reduces group conflict

95. Reduces anxiety

96. Tests the boundaries of therapy/therapist

97. Is a relief to client

98. Breaks the ice

99. Tests strength of relationship

100. Encourages group cohesion

101. Equalling

102. Shows contradiction

103. Makes therapy more real and grounded

104. Laughing at self leads to acceptance of self

105. Helps accept own & others' imperfections

106. Leads to further exploration

107. Takes sting out of mistakes/imperfection
When trying to find super-ordinate themes (SOTs) it proved very difficult to resist using my knowledge of the themes developed from the pilot interview. Initially I had put the emerging themes in a table. This table had two columns: ‘Relational Impact’ and ‘Internal Impact’, relating to the SOTs that had developed in the pilot interview and my thinking that this would be the easiest way to whittle down the themes of subsequent interviews. However, in analysing Emily’s interview I started to see that there is a difference between the therapists’ internal experience of the humour and the client’s internal experience of the humour in the examples given. So the Internal Impact would have to be separated into two columns: Impact on Client’s Internal World; Impact on therapist’s Internal World. Then I noticed that Emily had not actually talked about any negative experiences of humour, but rather talked hypothetically about potential negative scenarios. This meant that I could not immediately classify the themes as -ve/+ve. I realised that by ‘piggy-backing’ the previous analysis, I was confusing myself and the data, making it even more complicated by trying to be ‘efficient’. Instead, I adopted the technique suggested by Smith et al (2009) where the themes are put in hard copy and cut into pieces of paper, spread out on a large table. Gradually I brought these initial
themes into related categories. The photograph 3.1 below shows this process more clearly.

**Photo 3.1**

At this point I decided to start from scratch and, ignoring the previous themes as suggested by Smith et al (ibid.), I began to group together those themes that had similarities and that jumped out at me. For example, the word ‘bonding’ was common so I started to put all themes that shared ‘bonding’ together into one super-ordinate theme. This word obviously related to the development of therapeutic relationships so I called this ‘Establishes and Deepens a Bond’. This was a very frustrating process because some themes seemed very difficult to classify or seemed to relate to more than one
thing. However, the initial themes slowly developed into several SOTs as the reader can see in Photo 3.2:

**Photo 3.2**

![Photo 3.2](image)

The list of 116 initial emergent themes is substantial. The reader will see below that these are then subsumed under the abstracted SOTs with their concomitant transcript reference (E__) where the capital letter stand for the first letter of the participant's name followed by the line number. There are now fewer themes in total as some are inevitably clumped together. For example, from the initial themes above, numbers 57, 58, 65, 84, 110, all now come under *f.3* in the SOT list below.
3.3.2 Super-ordinate Themes

<table>
<thead>
<tr>
<th>Themes with subthemes</th>
<th>Transcript Ref.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Accepting of givens</strong></td>
<td></td>
</tr>
<tr>
<td>1. Acceptance of imperfection</td>
<td>E30, E31, E23</td>
</tr>
<tr>
<td>2. Acceptance of own limitations</td>
<td>E20, E17</td>
</tr>
<tr>
<td>3. Leads to acceptance of uncertainty and not knowing</td>
<td>E17</td>
</tr>
<tr>
<td>4. Acceptance of ending and finitude</td>
<td>E22</td>
</tr>
<tr>
<td>5. Allows ‘not-ok’ to be ‘ok’</td>
<td></td>
</tr>
<tr>
<td>6. Acceptance of Being/being</td>
<td>E25</td>
</tr>
<tr>
<td>7. Acceptance of powerlessness</td>
<td>E22, E23</td>
</tr>
<tr>
<td><strong>b. Revealing of greater complexity</strong></td>
<td></td>
</tr>
<tr>
<td>1. Changes perspective</td>
<td>E32</td>
</tr>
<tr>
<td>2. Adds new perspective</td>
<td>E26</td>
</tr>
<tr>
<td>3. Opens up different ways of being</td>
<td>E19</td>
</tr>
<tr>
<td>4. Leads to new realisations about self and world</td>
<td>E17</td>
</tr>
<tr>
<td>5. Opens up different ways of being</td>
<td>E19</td>
</tr>
<tr>
<td>6. Reveals limitations</td>
<td>E26</td>
</tr>
<tr>
<td>7. Reveals other dimensions to problems</td>
<td>E26</td>
</tr>
<tr>
<td>8. Reveals different sides of personality</td>
<td>E4</td>
</tr>
<tr>
<td>9. Reveals two perspectives at one time</td>
<td>E10</td>
</tr>
<tr>
<td>10. Shows contradiction &amp; Paradox</td>
<td>E7, E26, E29, E32</td>
</tr>
<tr>
<td><strong>c. Reducing –ve affect &amp; behaviour</strong></td>
<td></td>
</tr>
<tr>
<td>1. Is a relief to the client</td>
<td>E28</td>
</tr>
<tr>
<td>2. Helps prevent repetition of unhelpful ways of being</td>
<td>E31</td>
</tr>
</tbody>
</table>
3. Reduces repetition of mistakes E33
4. Reduces aggression and hostility E9, E7
5. Reduces anxiety E28
6. Removes threat from a situation E26
7. Takes the sting out of mistakes E31
8. Reduces negative emotions in group E11
9. Reduces difficulty of problem E25, E19
10. Reduces group conflict E28
11. Reduces anxiety of uncertainty E29
12. Reduces conflict E10,

d. Liberating

1. Releases tension and difficult emotions E1
2. Makes more free E10
3. Frees up movement E16
4. Is freeing E8, E19
5. Gives sense of freedom E9
6. Frees clients from sameness E16
7. Allows to laugh at self E8
8. Laughing at self leads to acceptance of self E30
9. Allows client to laugh at themselves, their way of being E14
10. Therapist is freed up E15

e. Energising & Catalysing

1. Is a catalyst to emotions E3
2. Client goes deeper and further more easily in their process E14
3. Catalyst to deeper, more serious material  E7
4. Catalyst to depth work  E12
5. Saves time  E20
6. Re-focuses energy  E20
7. Increases interest  E10, E18
8. Gives energy to go on  E22, E23

f. **Ending and moving on**
   1. Brings internal conflict to an end  E18
   2. Draws difficult things to a close/full-stop  E19, E25, E23
   3. Allows moving on  E17, E18, E19, E26, E32
   4. Moves therapy forward  E13
   5. Makes therapy easier to continue  E27

g. **Humour as an indicator**
   1. Is a sign of therapeutic progress  E16
   2. Reveals increase of trust  E2

h. **Hypothetical –ve situations**
   1. Might deplete trust  E14
   2. Might humiliate  E13
   3. Might undermine process  E13

i. **Equality and authenticity**
   1. Makes therapy more real and grounded  E30
   2. Makes more authentic encounter  E15
3. Equalling  E29
4. Therapist shows more dimensions of themselves  E15
5. Therapist is more real  E15

**j. Establishing & Strengthening**

1. Increases bond  E13, E4, E28, E7
2. Encourages group cohesion  E29
3. Helps establish bond  E5
4. Increases intimacy  E1, E11
5. Strengthens bond of the relationship  E17
6. Unites despite fundamental differences in culture/background  E6
7. Develops trust  E14
8. Deepens relationship  E14
9. Gives sense of togetherness and allegiance  E4
10. Improves therapeutic relationship  E1
11. Sharing of an experience  E4
12. Softens the blow  E32
13. Tests strength of relationship  E29
14. Tests the boundaries of therapy/therapist  E28

**k. Increases Scope of exploration**

1. Leads to further, deeper exploration of experience  E8, E16, E31, E8
2. Increases clarity of process  E32
3. Increases diversity  E13
The themes ‘Reveals contradiction and paradox’ E29, ‘Reveals Paradox’ E26 and ‘Reveals surprise incongruity’ E7 are all now put under the same theme b 10 ‘Reveals contradiction and paradox’ as this one term accounts for all intended meanings. Similarly, initial themes 69 ‘Acceptance of own limitations of power’ and 87 ‘Acceptance of not being able to win’ have been merged with a 7. Again, initial themes 76 ‘A way of ending a negative experience’ and 81 ‘Brings things to an end’ are now merged under f 2. This process is then repeated where necessary.

Something interesting that emerged that I was not expecting was that Emily drew on experience of group therapy as well as individual therapy. Although my research is not specifically looking at humour in groups, I am interested in the phenomenon of humour impacting the process of psychotherapy. For this reason I have incorporated the experience of humour in group therapy too. ‘Increases intimacy’, while specifically in the context of group therapy, is nonetheless a relational phenomenon drawn from a psychotherapy session and resulting from the use of humour. It is included in this analysis.

SOT j exists because ‘Emily’ didn’t have any actual examples of humour that were negative, only her opinion on what that might be like for her and the client. I cross-checked this with the pilot study and found that these hypothetical themes matched the experience of the previous (pilot) participant. It would, I believe, be wiser to keep this theme rather than cull it at this early stage because while it was not specifically related to experience, it may well become a feature in other participant interviews.
Apart from **g, h and k** all of the above SOTs have a substantial number of initial themes belonging to them. At this stage it was difficult to see what would become a focus for discussion after the analysis of all interviews. It was clear however, that because of the vast number of themes emerging from such a broad question, it would be necessary, and appropriate to the method choice, to decide on a theme on which to focus my attention for the main research discussion.

### 3.3.3 Potential Emerging Processes

As I started to review the themes again and again, it was frustrating that there were so many possible classifications and interpretations of the data. Words like ‘leads to’ started my thinking that perhaps there is a **causality** involved within these themes that needed explicit recognition. I wondered whether one theme ‘leads to’ another. So, as shown in photo 3.3, I began to scribble thoughts on post-it notes. The processes that emerged were often described in a non-chronological way in the interview, and I frequently asked the participant for clarity on certain aspects of their experience which meant they moved to my focus. For example Emily talking about the expression of humour as being a liberating experience comes after her describing humour as revealing greater complexity in life. However, in her descriptions it was revealing greater complexity in life that led the client to feeling liberated, not the other way round. This, it seems is the difficulty with humour. It is difficult to know what the **precise** impact is on the process of therapy because there are so many different factors involved, and there is a chain-reaction of events that could be a result of humour.
From here, I started to wonder about the words that I had used for the initial themes and noticed that so many were 3rd person singular present verbs, for example ‘reduces’, ‘shares’, ‘increases’, ‘strengthens’, ‘gives’, ‘allows’, ‘opens’, ‘leads’ etc. For this reason, I drew a timeline (photo 3.4) to see if there was any way that I could plot the themes with some temporal significance, say from the start of therapy to the end of therapy, or, perhaps, from the start of a psychotherapy session to the end of a session, or indeed from one moment to the next. This timeline method proved difficult to account for some SOTs, specifically g & h. However, it was clear that there was some process, some movement involved in the SOTs and this sense of movement was difficult to fully capture. For this reason, the reader will perhaps appreciate the illustrations that help to demonstrate the thinking behind my interpretations.
In taking away the idea of a start and finish, or rather a beginning and end, I continued to scribble to find out if it would be possible to conceptualise the SOTs as a cyclical process. In other words, that humour does many things at different times, but that there is a continuous process involved. Photo 3.5 shows the development of this idea. The reader can see that there is a starting point of sorts, in the form of 'establishing & strengthening relationship' from which the cycle can start to flow.
While this is only a potentially useful conceptualisation of emerging phenomena, I have included it in this analysis so that the reader can see the process involved in my understanding the data I was presented with, including conceptual leaps and interpretations which also relate to subsequent interviews. They are only my ideas on emerging data which were kept as part of the diary and will be discussed in the next chapter. At this point in the research process however, it is mere speculation, but a part of the analytic process to which I want the reader to be privy.
There are two themes missing from this process cycle: \( g \) & \( h \). These two SOTs, interestingly, were the two that had the fewest initial themes connected to them. Instead of getting rid of them I felt it was important to retain them to see if SOTs \( g \) & \( h \) continue to emerge in the subsequent interviews.
3.4 Process of Data Analysis of ‘Sandra’

Below is the list of 116 initial emergent themes from the transcript of participant Sandra. There are 144 in total but, as in previous interview analyses, there will be several that are repeated, eg. numbers 61 & 85.

3.4.1 Initial Themes

1. Gallows can be dangerous because disguises bad experience
2. hides true feelings
3. Gallows can be provocative (aggressive) to therapist
4. True feelings hidden behind gallows humour
5. Gallows humour/laughter can frighten to therapist
6. Gallows humour/laughter can anger therapist
7. Therapist's sarcasm expresses hidden anger and/or fear
8. Gallows humour indicates something disturbed
9. Mirroring gallows humour is a challenge to risky behaviour
10. Mirroring gallows reveals a contradiction between how something said and what being said. S6
11. humour releases tension
12. reveals incongruity/ludicrousness of behaviour
13. gently prompts client to look deeper at life/experience.
14. Reflecting gallows humour challenges client
15. Reflecting clients humour encouraged separation and autonomy
16. Reflecting back gallows humour shows reality of situation
17. Mirroring gallows style of client reveals a truth to way of being
18. Mirroring gallows stops the gallows
19. Mirroring gallows reveals incongruity and client chooses to change -ve behaviour
20. Using clients style of humour hold a mirror up to them to reveal reality
21. Can be colluding with client
22. Is sometimes an invitation to collude with false self
23. Humour hides true feelings/truth
24. Declining invitation to laugh/join in helps clients process in long term
25. Humour is a deflection
26. Devalues self (client)
27. Brings insight to own (clients) way of being
28. Reveals repetition in their life
29. Bonds therapist and client
30. Shows a sharing of understanding about client
31. Exposes ludicrousness of way of being
32. Exposes repetition
33. Revealing of way of being
34. Is freeing
35. Brings self awareness to client
36. Helps client move on
37. Is freeing
38. signals a victory over self
39. Allows playfulness with self (client)
40. Is freeing
41. Increases energy in session
42. Allows spontaneity
43. Encourages
44. Allows creativity
45. increases energy in self
46. Increases energy of client
47. awakens repressed feelings/thoughts
48. Allows playfulness
49. Increases childlike energy
50. Acceptance of imperfection in self
51. Is freeing from internal constraints
52. Leads to acceptance of imperfection
53. Challenges perfectionist defences/way of being
54. Makes the 'not-ok' feel 'ok'
55. Allows imperfection/mistakes in self (client)
56. Breaks through neurosis
57. Releases tension in client
58. Is liberating
59. Reveals different perspective
60. Adds surprise
61. Is freeing
62. Reduces anxiety
63. Reduces neurosis
64. Encourages childlike nature
65. Challenges beliefs
66. Changes perspective on self
67. Acceptance of imperfection in self
68. Reveals flaw in thinking/belief
69. Shows client there is no threat
70. Exposes extreme thinking in a safe way
71. Takes the sting out of showing limitations
72. Questions reality
73. Adds +ve feeling to serious observation
74. Reveals different perspective
75. Removes threat of -ve belief/situation
76. Gives different perspective
77. Is grounding
78. Questions beliefs/reality
79. Is bonding
80. Develops the relationship
81. Is sharing
82. Effects individual process and relationship
83. Increases connection between cl. and th.
84. Decreases uptight-ness of client
85. Is freeing
86. Leads to further exploration
87. Decreases defensiveness of client
88. Cuts through defences
89. Makes difficult things easier to bear/hear
90. Increases intimacy between th. and cl.
91. Allows for different perspective
92. Makes client more robust to challenges
93. Makes client more open
94. playfully reveals double standards
95. challenges more gently
96. Allows deeper, further exploration
97. Speeds up process
98. Leads to underlying emotions
99. Reveals incongruities and contradictions in self
100. Reveals other dimensions to life
101. Reduces shame in challenges
102. Is challenging
103. Is a potent and gentle challenge
104. Leads client to explore themselves further
105. Acceptance of responsibility for self
106. Leads to real feelings
107. Speeds up process of self-awareness
108. Reveals own limitations
109. Increases sense of safety if warm
110. Teasing can be too challenging at first
111. teasing can feel hurtful,
112. Can increase defensiveness when done early in relationship.
113. Can increase anxiety if therapist’s intentions not understood by client.
114. Reduces anxiety
115. Reduces uptight-ness
116. Liberating
117. Challenges perspective
118. Helps client move on
119. Reveals internal struggle/conflict
120. Learnt how to play with others
121. Increases robustness to difficulties
122. Increases capacity to relate to others
123. Changes perspective on the world
124. Reduces hypersensitivity to criticism
125. Relationship must be established for teasing to be tolerated/useful.
126. Reduces self-criticism
127. Acceptance of imperfection
128. Acceptance of limitations
129. Is freeing
130. It adds perspective on self
131. Makes not ok, ok
132. Acceptance of limitations
133. Reduces anxiety
134. Is freeing
135. Indicates therapeutic progress/development
136. Leads to spontaneity
137. Is freeing from rigid rules/injunctions
138. Indicates progress
139. Reveals internal freedom/autonomy
140. Is seductive
141. Is discounting of important things
142. Invites collusion with unconscious processes
143. Impedes the process of therapy when collusive
144. Can be deflecting/avoidant

The next stage was to try to organise all themes into SOTs. This was achieved using the same approach as adopted in the previous analyses.

### 3.4.2 Super-ordinate Themes

<table>
<thead>
<tr>
<th>Themes with subthemes</th>
<th>Transcript Ref.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Sado-masochistic</strong></td>
<td></td>
</tr>
<tr>
<td>1. Is sometimes an invitation to collude with false self</td>
<td>S46</td>
</tr>
<tr>
<td>2. Is seductive</td>
<td>S14</td>
</tr>
<tr>
<td>3. Can be colluding with client</td>
<td>S14</td>
</tr>
<tr>
<td>4. Invites collusion with unconscious processes</td>
<td>S46</td>
</tr>
<tr>
<td>5. Impedes the process of therapy when collusive</td>
<td>S46</td>
</tr>
<tr>
<td>6. Therapist’s sarcasm expresses hidden anger and/or fear</td>
<td>S5</td>
</tr>
<tr>
<td>7. Devalues self (of client)</td>
<td>S15</td>
</tr>
</tbody>
</table>
8. Therapist’s misjudgement can hurt in make client defensive S38, S37,
9. Gallows can be provocative/aggressive to therapist S2
10. Gallows humour/laughter can anger the therapist S5
11. Gallows humour indicates something disturbed S5

b. Deflective Strategy
1. Hides true feelings S2
2. Humour hides true feelings/truth S14
3. Is discounting of important things S46
4. Can be avoidant S48
5. Is a deflection S14
6. Gallows can be dangerous because disguises bad experience S2

c. Mirroring clients –ve humour can increase client’s self-awareness
1. Reflecting back gallows humour shows reality of situation S7, S12
2. Reflecting gallows humour challenges client behaviour S8, S6
3. Mirroring gallows stops gallows S11
4. Mirroring gallows style of client reveals their way of being S7
5. Mirroring gallows reveals incongruity & provokes change in –ve actions S11
6. Mirroring gallows reveals a incongruity between what and how something said S6
7. Reflecting clients humour encouraged separation and autonomy S7

d. Liberation and Freedom from constrictive internal states
1. Is freeing S25, S31, S18, S17, S16, S43, S41, S44, S21, S45,
2. Allows creativity S18
3. Signals victory over self S17
4. Helps client move on S17, S19
5. Is liberating S39, S24
6. Leads to real feelings S34, S36
7. Awakens repressed feelings S19

e. Establishing & Strengthening Relationship
1. Is bonding S29, S15,
2. Increases connection between Th. & Cl. S30, S31
3. Is sharing S30
4. Shows a sharing of understanding about client S15
5. Increases sense of safety S37
6. Shows client there is no threat from th. S27

f. Acceptance of Givens
1. Acceptance of imperfection in self, S25, S21, S24
2. Acceptance of imperfection S22, S41
3. Acceptance of limitations S41, S42
4. Acceptance of responsibility for self S36

\[\text{g. Energising & Catalysing}\]
1. Increases childlike energy S20
2. Adds surprise S24
3. Increases energy of self (client) S18, S19
4. Leads to spontaneity S44, S18
5. Increases energy of session S18
6. Speeds up the process of exploration S34
7. Speeds up process of expression S34
8. Speeds up process of self-awareness S36
9. Encourages S18

\[\text{h. Playing & Playfulness}\]
1. Increases capacity to related to others S40
2. Allows playfulness S20
3. Teaches how to play with others S39
4. Encourages childlike nature S25
5. Allows playfulness with self (client) S18

\[\text{i. Revealing & Shifting Perspective & Belief}\]
1. Questions reality S28
2. Challenges beliefs/ perspective S29, S25, S39,
3. Gives different perspective S29, S31
4. Challenges perfectionist defences S23
5. Adds perspective on self S42, S25,
6. Reveals flaws in thinking/belief S26
7. Removes threat associated to negative perception S28
8. Changes perspective on world S40
9. Exposes extreme thinking without shame S27
10. Brings insight to own (client’s) way of being S15
11. Reveals limitations of self (client) S36
12. Reduces self-criticism S41
13. Brings self-awareness to client S16
14. Reveals internal struggle/conflict S39
15. Reveals repetition in their life S15, S16
16. Exposes ludicrousness & incongruities of way of being S16, S35, S7
17. Reveals different perspective S24, S28
18. Playfully reveals double standards S34
19. Reveals other dimensions to life S35

**j. Reduction in –ve affect**
1. Reduces anxiety S25, S39, S43
2. Reduces hypersensitivity to criticism S40
3. Cuts through defences S31
4. Breaks through neurosis S24
5. Releases tension S7, S24
6. Reduces shame in challenges S35, S34
7. Decreases uptightness of client S31, S29
8. Reduces self-criticism S41
9. Decreases defensiveness of client S31

**k. Increases Scope of exploration**
1. Allows deeper, further exploration S34, S31, S35
2. Makes client more open S31

**l. Humour as indicator of process**
1. Indicates therapeutic development S43
2. Indicates progress S45
**m. Softens the blow of reality**

1. Stakes the sting out of showing limitations \( \text{S27} \)
2. Makes difficult things easier to bear/hear \( \text{S31} \)
3. Makes ‘not-ok’, ‘ok’ \( \text{S23, S42} \)
4. Adds +ve feeling to serious observation \( \text{S28} \)

**n. Increases strength and tolerance**

1. Increases robustness to difficulties in life \( \text{S40} \)
2. Makes client more robust to challenges in therapy \( \text{S31} \)

Many SOTs will be self-explanatory to the reader, such as *l. Reduction in –ve affect*, and *g. Establishing & strengthening relationship*, but others may not be as obvious.

**SOT a. Sadomasochistic** emerged from viewing the negative aspects of humour in therapy. I have chosen the word ‘sadomasochistic’ because I feel that this most accurately describes the relational aspect of what Sandra was describing. In her interview she described, as an Integrative therapist with a, mainly, Transactional Analysis training, some clients as unconsciously inviting the therapist into a game that fulfils a ‘bad script’. What this means essentially is that the therapist can, without awareness, compound a client’s negative experience and belief about self and world by accepting their humour as authentic. It might not be immediately obvious to either client or therapist that this is happening and hence the danger of colluding. Due to the fact that there is an unconscious/unreflected invitation from the client to be laughed at, we might see this as a masochistic thing to do. It puts the therapist in the role of a sadistic person who agrees, by virtue of his/her laughing along. The ‘game’ cannot be played with just one person, which is why the theme was developed to become ‘sadomasochistic’. I had originally started with a theme ‘inauthentic humour’ but this did not sufficiently express the relational aspect, nor the quality of the participant’s descriptions.
Also, some themes that seemed initially unique have been merged with another. For example, I originally developed the following SOT:

**Therapist misjudgement**

1. Can increase anxiety if therapist’s intentions not understood  S38
2. Can increase defensiveness when done early in relationship  S37
3. Teasing can be too challenging at first  S37
4. Teasing can feel hurtful  S38

However, as I cut up all Sandra’s SOTs and spread them out it was easier to see how some themes overlapped and could be subsumed or merged. Thus the 4 subthemes under **Therapist misjudgement** now come under **SOT a. Sadomasochistic** because it is action that occurs between the client and therapist that has a negative effect. This was a very helpful way of whittling down the themes while also retaining the meaning. As the process is difficult to describe in only written form, below is a visual representation of this process. Photo 3.6 shows 17 SOTs that emerged from the interview with Sandra.

**Photo 3.6**
Below, photo 3.7 shows how this has been whittled down to 14 SOT’s. The reader will see that the pink coloured themes are those that have been subsumed or merged with the theme above them.

In the left hand side of photo 3.7 are two negative themes, whereas the themes on the right hand side are all positive in relation to their impact on the therapeutic process. This will, I suspect be a recurring theme and eventually in the cross-theme analysis of all participants there will be two main SOT’s as there was in the pilot, i.e., negative impact and positive impact.

3.5 Developing Superordinate Themes Across all Interviews

After all six interviews were analysed using the same Smith et al. (2009) technique demonstrated above, the superordinate themes pertaining to each participant were
themselves subjected to a process of merging and subsuming. For example, Emma’s theme ‘Revealing of greater complexity’ was put under the theme ‘Challenges perspective and belief’. I felt that theme ‘sadomasochistic’ was fundamentally related to power imbalance, which was present in other interviews and so I changed this theme to ‘Establishes Power Imbalance’. After this process, all themes for all six participants were put in a table as can be seen below with their concomitant transcript references. Transcripts and SOT’s relating to each participant can be found in appendices 5 & 6, respectively.

Table 3.2
Final Emergent Themes

<table>
<thead>
<tr>
<th>Final Themes with Transcript References</th>
<th>No. of participants relates to?</th>
<th>Present in more than half sample?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Leads to further exploration</td>
<td>6</td>
<td>Yes</td>
</tr>
<tr>
<td>N10,(Me2,4,5,12,24,22,23,26) (E/ 10,18,20,22,23), (Hf 7,10,11,12,17) (Va 5,13,8) , (Sm 31,34,35)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Challenges &amp; shifts beliefs, perception and behaviour</td>
<td>5</td>
<td>Yes</td>
</tr>
<tr>
<td>3 Redresses power imbalance in relationship</td>
<td>5</td>
<td>Yes</td>
</tr>
<tr>
<td>4 Establishes and strengthens relationship</td>
<td>6</td>
<td>Yes</td>
</tr>
<tr>
<td>5 Helps cope with and move on from difficult things in life</td>
<td>5</td>
<td>Yes</td>
</tr>
<tr>
<td>6 Catalysing</td>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td>Theme Number</td>
<td>Description</td>
<td>Complementary Themes</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>7</td>
<td>Acceptance of limitations</td>
<td>(Mj 2,4,8,9,10,29,30) , (Ea 17,20,22,23,25,26,30,32) (Sh 21,24,25,36,41,42) (N 8)</td>
</tr>
<tr>
<td>8</td>
<td>Reduces –ve affect</td>
<td>(Vd 4,7,8,13,19,20) , (Sj 7,24,25,31,36,35,39,40) (Ec 7,9,10,11,25,26,28,29,31,32,33,19)</td>
</tr>
<tr>
<td>9</td>
<td>Playfully softens blow of a challenge</td>
<td>(Vk 9,13), (Mc 3,4) , (He 1,3,4,5,6,7,9,10,11,12)</td>
</tr>
<tr>
<td>10</td>
<td>Conceals and deflects</td>
<td>(N3 ), (Sb 2,14,46,48), (Mj 14,24,25)</td>
</tr>
<tr>
<td>11</td>
<td>Frees and liberates</td>
<td>(Vb 4,5,7,8) , (Ed 1,8,9,10,14,15,16,19), (Sf 16,17,18,19,21,24,25,31,43,41,44,45)</td>
</tr>
<tr>
<td>12</td>
<td>Reveals therapists capacity and boundaries</td>
<td>(Hd 14,17) , (Eg 28,29) (Md 2,9,17,19,20)</td>
</tr>
<tr>
<td>13</td>
<td>Negatively seductive</td>
<td>(Mg 14,15,16,21,25) , N12</td>
</tr>
<tr>
<td>14</td>
<td>Encourages Playing &amp; Playfulness,</td>
<td>(Sj 18,20,25,39) (Vb 3)</td>
</tr>
<tr>
<td>15</td>
<td>Adds energy to the session</td>
<td>(Sj 18), Ek</td>
</tr>
<tr>
<td>16</td>
<td>Sadomasochistic (establishes power imbalance)</td>
<td>(N1), (Sa 14,15,2,5,46)</td>
</tr>
<tr>
<td>17</td>
<td>Hypothetical negative situations</td>
<td>(Ei 13,14)</td>
</tr>
</tbody>
</table>

Theme number 9 ‘Playfully softens blow of a challenge’ is a merging of themes ‘Play & playing’ and ‘Softens blow of a challenge’. This merge happened because as I returned to the transcripts to verify the theme’s origin, the ‘play’ that was referred to, related specifically to challenging something within the client. It is this playful aspect of being that diminishes the blow often felt in challenges. What humour does is ‘challenge’, and it
does this in a playful way. The research is not interested in the qualitative nuances of humour itself, but rather what the impact of perceived humour is.

Table 3.2 shows how the first 7 cross-participant themes are those that appear in more than half of the participant sample. While the other themes are extremely interesting in different ways, I felt that it was important to focus on those themes that appeared most frequently as this would suggest they have more significance to the participants. From these first 7 cross-participant themes emerged three final superordinate themes. These themes are: ‘Energy & Depth’, ‘Therapeutic Relationship’ and ‘Psychological & Behavioural Shifts’.

3.6 Final Emergent Themes

All participants talked about particular instances of humour in their practice that they saw as having a positive impact on the therapeutic process. Some hypothetical negative impacts that humour were mentioned as potentially having an impact on the therapeutic process, but this was theoretical, not linked to actual clinical examples to be used. There were concrete examples of negative aspects of humour given, but because they were not in more than half the sample I had decided not to incorporate negative aspects into the final themes. However, after completing the analysis, I returned to the transcripts once again to make sure that I had not overlooked any negative aspects, which may have been hidden in the data. I suspected that there may have been a reason that was the cause of my neglecting the negative aspects. The following is a very recent extract from my on-going research diary:
For some reason I had been trying to avoid putting in the negative aspects of humour, telling myself that the participants’ examples were either not concrete or not in more than half the sample. It’s true that they were not actually bringing negative examples, even when prompted. But the negatives were there. I was telling myself not to over-interpret to give a clear audit trail. But what if, like the participants, I’m resistant to talking about the negatives? But why would I be resistant? Perhaps I’m missing out the negatives because I want to champion the benefits of humour in a profession that has been historically so hostile to it. I’m not sure. I suppose that is true, otherwise why did I choose this topic over all others? There’s some sort of parallel process going on here. There is a resistance, a colluding – me and them- not to think about the negatives. Or it might just be me.

I felt that it was important to go back to the transcripts to ensure I was not deluding myself. After returning to the original data in the transcripts, I approached each participant’s interview with an open mind, but also bearing in mind the previous negative themes that had emerged. I was vigilant to not ignore subtle clues that might have previously eluded me, such as a participant perhaps trying to evade any negative aspects of humour in their practice or personal therapy. Across all participants, the following themes emerged, most of which had already been gleaned the first time round:

**Emergent Theme**

Self-deception
Collusive
Avoids difficult feelings
Increases power imbalance
Seduces
Attacks
Hides & Deflects

These themes were then incorporated within two of the superordinate themes already established and whittled down to the following 3 subthemes:

<table>
<thead>
<tr>
<th>Theme &amp; Subtheme</th>
<th>Transcript Ref.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy &amp; Depth</td>
<td></td>
</tr>
<tr>
<td>Conceals &amp; Deflects True Sentiment</td>
<td>S:2, 5, 14, 46, 48; M:14,25; H:4; E:10,18</td>
</tr>
<tr>
<td>Therapeutic Relationship</td>
<td></td>
</tr>
<tr>
<td>Seduces</td>
<td>S:46; M:14, 15; N12</td>
</tr>
<tr>
<td>Establishes/Reinforces a Power Imbalance</td>
<td>M:2, 8; S:2</td>
</tr>
</tbody>
</table>

The themes ‘Self-deception’ comes under ‘Conceals and Deflects’ to include qualities both of doing to other and doing to self as well as avoiding. In other words, someone can use humour to conceal things from themselves, as well as others. ‘Collusive’ was merged with ‘Seduces’ because this word communicates a sense of appeal and sexuality. ‘Increases Power Imbalance’ became ‘Establishes/Reinforces a Power Imbalance’ because this allows for the fact that a new power imbalance emerges with
the use of humour that otherwise wasn't there. It also allows for an imbalance of power that was pre-existing, but compounded. ‘Attacks’ was merged in to this latter theme because an attack involves an assertion of power.

All new negative themes became overall subthemes to the three SOT’s. Table 3.3 below gives a clear representation of the final super-ordinate themes and subthemes (including the negatives!). Although no single negative theme was present in more than half the participant sample, I felt it was crucial to incorporate them into the final themes.

Table 3.3 Super-Ordinate Themes & Subthemes

<table>
<thead>
<tr>
<th>SUPERORDINATE THEMES</th>
<th>S U B - T H E M E S</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive</td>
</tr>
<tr>
<td>Energy &amp; Depth</td>
<td>Leads to further exploration</td>
</tr>
<tr>
<td></td>
<td>Catalyses and gives Energy to the client/ session</td>
</tr>
<tr>
<td>Therapeutic Relationship</td>
<td>Establishes and strengthens relationship</td>
</tr>
<tr>
<td></td>
<td>Redresses power imbalance</td>
</tr>
<tr>
<td>Psychological &amp; Behavioural Shifts</td>
<td>Challenges &amp; shifts beliefs, perception and behaviour</td>
</tr>
<tr>
<td></td>
<td>Helps cope with and move on from difficult things in life</td>
</tr>
<tr>
<td></td>
<td>Helps accept limitations</td>
</tr>
</tbody>
</table>
3.6.1 ENERGY & DEPTH

3.6.1.1 Leads to Further Exploration

All participants described humour as being a phenomenon that allows the client to explore their lives and experiences further. This theme was one of the most commonly described throughout all interviews, relevant to every participant.

MARCEL

Marcel noticed that humour made it easier for his client to express difficult experiences but this in itself allowed the client to delve deeper into an exploration of difficult aspects of his life. The client was very emotionally cold and expressed being dissatisfied with Marcel’s approach to the beginning of their sessions. Marcel suggested they could do it differently next week but when next week came, the client asked why Marcel didn’t adopt the original approach. Marcel was exasperated and said ‘Really?!’

But it also meant we could talk about control in the relationship in a way that before the laughter, the humour, we couldn’t. (Marcel: 2)

It was easier for him to tell me this difficult thing through using humour, but then we could go deeper (Marcel: 23)

Humour allowed Marcel’s client to say what otherwise felt too difficult to say and this gave rise to further questioning of his situation. Marcel’s client wanted to know that Marcel could appreciate his humour before he was able to go deeper. It seems that Marcel’s client valued humour and it was important for him to be thought of as funny.
This shows that the client wanted to be thought of as having some power and equality and then move on and go deeper into exploration of difficult issues.

I think the humour was initially used to describe something that was difficult for him but from there to go deeper to go exploring, what is this about? What's so difficult? (Marcel: 24)

It was important to Marcel’s client that he was seen as a funny person, but also as a serious person. His humorous qualities had to be appreciated and encouraged first before any deeper exploration. Once the client felt his humorous nature was valued, the door was open to sensitive aspects of his life. It is a rather like a test of the therapists mental or emotional capacity for humour and this seems to link in with the other themes ‘therapeutic relationship’ and ‘power’:

He knew that I could appreciate his qualities, who he was, his skill in being funny, but also that I could see past that too and I don’t think we could have gone deeper very easily without first being able to laugh together. So it was useful for his process, definitely. (Marcel: 26)

EMILY

Emily noted that humour was a way into deeper material. She said that once humour was established, it could be ‘returned to’ and this in turn allowed the clinical material to be explored further..
It’s erm, a bit like a see-saw, once we got the humour we can go more serious and then we can return to it. While, I think, if you don’t have the humour, it’s kind of staying a bit more bland, a bit more, you know, in the middle. But we had the freedom to laugh at something, to you know laugh at yourself, laugh together, and can go to more serious stuff. (Emily: 8)

HAMISH

Hamish also described humour as two-fold in relation to his client. Firstly, the humour is an activating, energy-giving precursor to his client’s re-engaging with the difficult aspects of his life, which he was otherwise avoiding.

...and he laughs at it, but the point has been made and the process is then, you know, underway again and continues, to continue looking at what is really going on... (Hamish: 7)

Like Sandra, Hamish links humour with playful teasing which is built on an established relationship. Hamish would tease his client about his ‘going off on a tangent’, which they both knew was a tactic of the client’s avoiding the more difficult material. The teasing made the realisation of avoidance both bearable and not shaming, and this focussed their work.

Erm, but rather respect it and honour the fact that he is here to do serious work and he wants to but at the same time he has a way of being that is playful and that playfulness is a way in to deep stuff, rather than a deflection from it. (Hamish: 10)
The, it, the humour of the joke moved him away from his tangents and into the deeper stuff. (Hamish: 11)

Interestingly, none of the participants gave examples of humour that had a negative impact on therapeutic process. Instead, what was often mentioned was that a lack of humour seemed to feel like it had a negative impact on therapeutic process. In his own personal therapy, Hamish described feeling more able to be more open up and relax once his therapist revealed a sense of humour. Previous to this, he said he wasn’t able to express what was true for him. The extract below also illustrates this and also nods to other important aspects that humour influences, such as power in the relationship.

It felt that she was more relaxed and human when she had a sense of humour. And er, this allowed me to relax with her, to be more open with her, to trust her more. (Hamish: 17)

She was real to me and that was crucial to me being able to trust her and go deeper in my therapeutic journey (Hamish: 21)

VINNIE

Vinnie, in her example of working with a guilt-ridden client, described humour as being a gateway into the expressing of feelings that were, before the humours episode, seemed forbidden.
it had to be put in a way where we could have a laugh about it and then in the
light of having had a laugh together we could then think that actually maybe he
was absolutely furious (Vinnie: 5)

It is, it made something that was unacceptable and too awful for him to be able to
bear, that he could take it in, that it was acceptable, that he could begin to think
about it (Vinnie: 13)

Again, as with Hamish, the above extracts from Vinnie show that humour is both
permission-giving, levelling, and relationship strengthening.

SANDRA

Similarly, Sandra used humour with a client and this led to exploring what was
underneath the presenting problem.

    In the therapy she is far less uptight and when she's far less uptight she's far
    freer to actually explore herself less defensively (Sandra: 31)

    the humour enabled her to go, yeah and then what she then did was to open up
    about her fear of being on her own, or a fear of taking the risk of actually leave
    Daniel and go off with Clive and that deepened, accelerated her process to be
    able actually explore what was underlying her rage and anger that her fear of
    leaving her current partner (Sandra: 33-34)
NILS

The increased exploration is one impact of humour that follows another impact – feeling more equal. The reader will start to see that there is not one unconnected impact that can be attributed to humour in the therapy sessions described. Nils described discovery and exploration as being a result of humour which ‘first’ acted as a leveller.

‘humour can start to act as a leveller and then bring it in to a more mutual situation, a mutual discovery and exploration’ (Nils: 21)

3.6.1.2. Conceals and Deflects

Four of the six participants described humour as being used by the client to veil the truth, about what was happening for them, both from themselves and their therapists.

SANDRA

Sandra said that her client was making fun of her own risky behaviour, but underneath this she was scared.

the following session when she came back in she was still laughing that real gallows humour ha ha ha ha so drunk last week I nearly got run over I with a man etc etc …
she actually came to her own conclusion, I don’t really want to do this, I don’t want to really do this, that is really scary and why would I want to go off and do that (Sandra: 2)

Sandra also felt that she herself was sarcastic with her client because she was angry with her. She said that humour can be persecutory:

I was aware that in being sarcastic when I reflected after it actually I was really angry with her and that was overloading my terror, so I was experiencing anger and I think one has to be really careful with sarcasm because it can often be quite, you know it has a hostile element to humour that can be persecutory or passive aggressive. Yeah, sarcasm as a use of humour I think it's again on a darker side of humour and I was feeling angry (Sandra: 5)

Sandra said it was difficult to work out with her self-deprecating client what was true and what was not:

she’s another pleaser, performer and she would try to get me to laugh at her putting herself down and I would just refuse and it took me a long time with her to work out what was gallows and what was genuine (Sandra: 14)

With one client, Sandra said she felt entertained by her humour for some time. Sandra said that after the session, she noticed how bad she felt. Sandra notes that her client’s humour created distance because what is real is not clear:
I have felt entertained by her and what has happened is when she has left a session that I have felt really bad. It has happened twice, and what I think is happening is that she is making light of a situation she is discounting herself in that and other people by putting on silly faces and voices and discounting the seriousness of what is happening for her. …and I wonder if I am feeling the badness that she feels (Sandra: 46)

It happened last week and I thought, damn, do you know what have been entertained by her and I have missed her and I feel really bad but she’s feeling bad. The story she was telling me about her part in something she has done where she ends up feeling really bad. So that’s the bit she was discounting by making light of it. It creates a distance between you and what's real. (Sandra: 48)

MARCEL

Marcel said his client used humour to conceal his anger at those more privileged than him:

with his acting skills you know put on accents and he had a few celebrity friends and he would imitate them quite well and we would laugh about it when he did that and he would erm use er sarcasm and humour in a more...derogative way towards with people of privileged backgrounds who he he thought didn't have to work as hard as he had because he was from a very .... humble broken family background who really had to fight his way forwards you know sort of use
prostitution partially as well to survive and so... yes er behind the humour lay something rather angry. (Marcel: 14)

Marcel also described a client he found funny and who used humour to hide his true feelings about an insecurity:

I have a client at the moment who uses humour to avoid talking about the difficult stuff. He will make er fun of himself and er the thing is he is funny, I find myself chuckling inside but I know that actually. For example, he was making fun of his height which is, he believes, the main reason girls are initially put off. He’s a good looking guy and he’s not exactly a dwarf, but compared to his mates he feels tiny. He said, er what was it he said? ... A chat up line when he was with this girl, ‘I’d like to see you again if you’re happy to stoop so low?’ or something like that. And I thought this was great way to work with this his difficult situation by, because he knows that being funny is a charm to him. But at the same time I know that while he is funny, he was deflecting from the truth about how he feels and he struggled to be serious, so I knew I had to be serious. (Marcel: 25)

HAMISH

Hamish said that he laughs at his client’s jokes unless they are a way of avoiding something.
I feel comfortable laughing at his jokes when he cracks them, or you know, but you know I'll also not get lost in that. I'm able to step back if it's an avoidance or a way of distracting. Yeah, in terms of the process, it's as much about, erm, it was a reality check, to say 'I'm not going to let you get away with that'. (Hamish: 4)

EMILY

Emily said that a humorous remark removed the took away unspoken conflict in a group she ran:

some were very large and some were very anorexic, and it was very [laugh] very strange group in that sense. But when they could see the funny side of that, that one of them was half the size of the other, then that kind of got rid of the conflict. (Emily: 10)

She also said that in her own therapy laughing at others was a way ‘leaving’ her frustration behind:

So we kind of ended some discussions with a laugh and that was nice that we could laugh at it and leave it and say, “well, we know people are a bit strange and we can’t really see where they’re coming from, but that’s ok” (Emily: 18)

3.6.1.3 Catalyses and Gives Energy to Client & Session
Four out of six participants described the significance of humour in the production of energy in the client and the therapy session. Sandra, Emily and Nils all described clients being able, through humour, to get to something more important for them in a much shorter period of time.

NILS

Nils used analogies with his ‘gorgeous, prim’ client as a way of activating her, or rousing her from what he felt was a boring slumber.

*Humour is like an enabler, to get into the situation or get out of the situation. It makes it easier to move. It makes the reaction happen faster whichever way you want to go, depth or ease* (Nils: 4) *So humour is a way to kind of get her moving (Nils: 5). …an analogy that is humorous brings energy into the dialogue when it gets too boring or flat you have to infuse it with energy.* (Nils: 6)

Nils’ description suggests brings our attention to the catalysing potential of humour. Humour, he said, brought his client to an emotional precipice much quicker than would have otherwise happened.

*’It an enabler, a speeder-upper thing. Sometimes a sentence starts with something funny, that energy comes from humour actually then topples them over the edge and they go into a very deep state of sadness and upset-ness and crying.’* (Nils: 8)
VINNIE

In speaking about her experience of her own therapy, Vinnie used the words ‘spark’ and ‘ignites’, a visual description. Vinnie said her therapist using humour which generated understanding. This then led to a feeling of equality and this all, she said, felt like progress. The energy generated by the shared humour led to progress.

‘That it’s a spark of understanding that quite ignites things, yeah. [pause] and I think it was important for me to know that he was human and that I made great progress. I think I made great progress in those moments (Vinnie: 18)

EMILY

In her own therapy, Emily found that by finding aspect of her life humorous, she felt more vital and energised.

The humour created some kind of movement but if you don’t have the humour then everything is a bit stifled and you might repeat the same mistake again and again. (Emily: 31)

Emily also explained how humour allowed much faster access to or expression of other, more difficult emotions and experiences.

‘it kind of released a lot of the other emotions and that was the last thing was the catalyst into all the other emotions and I think that if we hadn’t had all the smiling
and laughing then it would’ve taken us longer before getting to all the other emotions. (Emily: 3)

It speeded up the process of doing the deep work. (Emily: 12)

SANDRA

The catalysing potential was echoed by Sandra. She described her client as being able to get to the kernel of a conflict more quickly because of humour.

‘she would defend against that whereas the humour enabled her to go, yeah and then what she then did was to open up about her fear of being on her own, or a fear of taking the risk of actually leave Daniel and go off with Clive and that deepened, accelerated her process to er... be able actually explore what was underlying her rage and anger that her fear of leaving her current partner. So humour kind of speeds up the process (Sandra: 34-35)

3.6.2 THERAPEUTIC RELATIONSHIP

3.6.2.1 Establishes and Strengthens Relationship

Perhaps unsurprisingly, all participants gave examples of how humour was an integral part of forming and developing a therapeutic relationship, both for them as therapists with clients, and themselves as clients with their therapists. Humour was described, in different circumstances, as being both the reason the relationship developed and the result of a developed relationship.

MARCEL
Marcel’s client was reaching out to him with his use of humour. The client’s humour was a communication of a desire to get close, but also one of testing the limits of Marcel as his therapist. The client used humour rather like a sonar, trying establish the parameters of the therapist and the potential therapeutic relationship.

Well it certainly levelled and er the strengthening of the relationship I think there’s also an element there that he wanted me to like him and you know humour was a way of trying to establish the boundaries (Marcel: 17)

Marcel felt that humour was a valued form of expression in this client’s way of being and as such, should be respected and valued by Marcel. As his therapist, Marcel recognised that this was his client’s way of reaching out to him for a shared connection and appreciation.

But I think it humour was such an asset to him that if I’d completely ignored it and not laughed, he would have been wounded... it made him trust that I could appreciate how he sees things, his perception and interpretation of the world, or at least his experience of his world. So helped the relationship develop, made it stronger I think (Marcel: 25-26)

Talking about his own personal therapy, Marcel notes that he and his therapist enjoyed a lot of humour together.

we laughed, we laughed a lot and it had an effect on our bond I suppose, and subsequently on our relationship...it strengthened it (Marcel: 27-28)
Marcel uses the word ‘bond’ which suggests an initial union of two separate entities, and this eventually strengthened their therapeutic relationship.

**Vinnie**

In an echo of this initial union, Vinnie said that humour was a sharing experience that brought her and her client closer together. She did not mean this in a physical sense, but an emotional and psychological one.

*I didn't say it to him in a, in a, ponderous, serious way, I was inviting him to laugh about it, to be a little bit shocked but like a shocking humour, there's always shock in humour, and we shared it, I did feel that we definitely did share it.* (Vinnie: 7)

*Well, it's a kind of coming together, isn't it? That's how it felt.* (Vinnie: 18)

In an interesting turn of phrase “having broken the ice”, Vinnie uses the image of broken ice to describe the impact of humour on the therapeutic relationship with her client. She stressed that ‘breaking the ice’ should not be understood in the social sense of breaking the ice. This experience helped him to relax with his therapist, Vinnie.

*that it put him at ease and he doesn't worry so much how he appears to me, that having broken the ice, and I don't mean that socially* (Vinnie: 21)
SANDRA

Sandra made the point that as well as the client feeling close to the therapist, humour endeared her to her client more as she could see more dimensions to him. Sandra’s client shared a part of themselves that was previously hidden to Sandra, which bonded them.

_I think first of all it helped him and me to get on OK (Sandra: 27)_

_It was actually delightful Neil, it was a really lovely moment it really was, and I suppose for me to feel that delight again there’s something bonding there isn’t there, its like what happened in those transactions was part of the relationship developing (Sandra: 29)_

When thinking about humour with her own therapist, Sandra described her therapist’s chuckling as ‘warming’ to her and she felt safe and comfortable with him at these times.

_What sprung to mind is I always remember that my therapist chuckling this laugh and it was really warming and there’s something about that that I found really quite, I use the word warming, there was a softness about his laughter that made me feel quite safe and comfy (Sandra: 37)_

EMILY

Emily said that she and her client used a familiar in-joke as a point of reference that symbolised their shared history. They laughed together about the client’s failing to take
up a hobby despite her best intentions. She described this long-standing shared knowledge/history as a kind of bonding.

she was thinking of taking up a specific hobby and she kept postponing this and this was something that made us smile and laugh throughout the therapy. And that was the bit that was a kind of bonding there. Even if she didn’t take the hobby up it would be something that we would return to and would laugh that she hadn’t started it (Emily: 4)

Being different nationalities, with different first languages and cultures, humour served as a bridging device that took the focus off the obvious difference in backgrounds and this helped them to build a therapeutic relationship.

And because we were from different countries, so that fact that we could find humour, could find funny things was quite important because we came from such different backgrounds. Erm, but we still managed to find something under that (Emily: 5)

Emily noticed that the women in her group bonded over a joke that one of the members self-deprecatingly made about being two different body shapes at once. Emily said that this diffused the long-standing aggression and hostility that had existed between the women.

It was a women’s group at a day centre and erm, you know, women with mental health problems and they could be quite aggressive towards each other and towards me, and we bonded through laughing. So say, one of the women, she said that she wasn’t sure if she was an apple or a pear shape, and another lady
thought she was both, and that kind of bonded the whole group and it got rid of a lot of the hostility in the group. (Emily: 7)

Later in the interview, Emily said she felt that the humour in the group was a test to see if they would be able to bond,

well it was a test to see if we could be a group or if we could see a funny side of the group (Emily: 29)

HAMISH

Hamish and his client used humour from the start to develop their relationship because, as with Marcel and his client, Hamish recognised the importance of humour in his client’s way of being. Hamish felt that by the existence of humour in their relationship he could understand his client more fully, he could ‘get’ him.

It reminds him that I am on his wave-length. Erm, I think that's something we've used from the start, first of all that we could develop the therapeutic relationship, erm, it was always important to him he said that he felt there was someone who could get him, get his humour. (Hamish: 3)
i'm alongside him and with humour have established a deeper relationship. (Hamish: 6)

By allowing humour to be freely expressed, Hamish believed that his client felt less threatened in therapy. This he believed was because Hamish’s appreciation for the client’s humour signalled that he was allied to him.
humour is a far less threatening way of erm, essentially reminds him I am on his side as much as anything and that we are collaborating and there’s nothing erm, there’s nothing erm that he need feel threatened about by me (Hamish: 8)

In his own therapy, Hamish’s therapist cracked a joke and this helped him feel that he could be trusted and felt respected.

this allowed me to relax with her, to be more open with her, to trust her more. I think I respected her more because she was prepared to not be rigid. I felt like it was a sign of professional maturity that she knew that meeting my need to have a real relationship with her was necessary. There was a feeling that she has realised the importance of humour to me and I felt respected. (Hamish: 17)

Hamish used the word ‘mature’ to describe how his relationship felt when his therapist showed a sense of humour. He said this helped him feel more relaxed with her and feel that he was liked more.

I respected her more because I felt that we had something that felt a bit more mature? Would that be the word? More honest somehow. I felt that this feels relaxed because she feels relaxed around me so I can be relaxed with her and I think she likes me. (Hamish: 20)

Hamish said this this confirmed their relationship was ‘good’.

It conveyed that, yeah, this is good, we’ve got something here, this is a relationship. (Hamish: 21)
3.6.2.2 Seduces

Three participants described elements of seduction in their interviews. Marcel and Sandra, described feeling a sense of collusion and seduction with their clients. Nils described his own seductiveness.

SANDRA

Sandra said she felt entertained by her client and that this was like being ‘sucked in’.

*I have a client who is incredibly entertaining and she will describe situations and she does silly voices and does silly facial gestures but brilliantly so, she is like a theatre in the room and I have noticed a couple of time where I have been quite sucked in by that and quite seduced by it and I have felt entertained by her*  
(Sandra: 46)

MARCEL

Marcel noted that he sometime had to remind himself not to laugh with a client:

*he used humour to fit it in with his sort of general discourse in many ways which made me not necessarily not naturally questioning the humour he was using. I laughed at it, sometimes I let it go and other times I had to remind myself to question that you know to not just let it sit, to know what it was about.*  
(Marcel: 14)
He said that he felt as though in laughing with his amusing client that he was disclosed too much of himself:

I had to be careful not to, yes, because I mean some of the jokes he made I understood and I felt funny, I related to them and I suppose that keeps one in a natural state of likely to collude and I really had to pay attention not to, you know sort of question that, and I am also afraid in hindsight in reflection what I would disclose too much of myself (Marcel: 15)

NILS

Nils said that he loved using a funny metaphor with his client:

So the analogy started out you know, a swamp and the glass castle which is clearly, and er going in to the swamp but then it gets more and more hilarious as, you know, I claim to be the hippopotamus wallowing in the mire and loving it and getting all filthy (Nils: 3)

3.6.2.2 Establishes/Reinforces Relationship Imbalance

MARCEL

Marcel noted that he made a remark that made his client laugh and stop talking about something that Marcel felt they had already dealt with. Marcel said that this humorous episode showed the client where they both stood:
one of the things that he said to me was er that I always start the session asking him how he is, and then he would tell me how he was and we would fall into the pattern of building the session...on that, so the session after that you know... I thought I am not going to go in asking him how he is I would just ask him what he would like to talk about today... so that was the first thing I set him, that question, and he said to me, “well I don't know, what do you think I should talk about?”. So I just turned around and said “really?”, just that one word, and he burst into laughter which was completely out of his ordinary way of… being.

Er...we both laughed, when he started laughing I laughed as well, and I said to him, 'so do you think we need to talk', you know, 'any further about the concept of me bringing something to the session', and he said 'no, perhaps not.' (Marcel: 2)

that to me somehow signified that he’d understood where I was coming from and you know the humour in it was that sort of you know this is my final attempt to change your mind but he wasn't going to, you know so er he knew that and I had a sense that he knew that so that's when I made my remark 'really?' and he knew. (Marcel: 8)

SANDRA

Sandra said that she used humor to ridicule her clients risky behavior because she didn’t know what else to do in the circumstances:

what I did in that session was send her home to sober up having done a risk assessment with her but the following session when she came back in she was
still laughing that real gallows humour ha ha ha so drunk last week I nearly got run over I with a man etc etc and I thought I have done everything with this client. The only thing I could think of to do was to actually exaggerate what she was doing and laugh and kind of ridicule her behavior (Sandra: 2)

3.6.2.4 Redresses Relationship Power Imbalance

The clients’ effort to redress an inevitable power imbalance featured a lot in the participant interviews. This theme emerged in five out of six participant interviews.

MARCEL

Marcel described a client who was very emotionally cold and didn’t like having control of the sessions. Humour, according to Marcel was the ‘way in’ to talking about this:

But it also meant we could talk about control in the relationship in a way that before the laughter, the humour, we couldn't. (Marcel: 2)

VINNIE

Vinnie also said that humour in the therapeutic encounter was a great equaliser. She said that in sharing a humorous moment the client became more expressive and spontaneous.
I felt there was a parity of being, you know that there’s an equality when you can have a laugh. There is something about being equal rather than, you know, this notion of somebody being ‘the one who knows’ the other one being ‘the one who doesn’t’. (Vinnie: 19)

I think that it [humour] stopped him from putting me on a pedestal, he wouldn’t need to please me and keep me safe from other aspects of himself, so he could be more spontaneous, we could be with each other and that would be good for him. Its equality again which I think is very important (Vinnie: 21)

Participants also described feeling more equal following humour in their own personal psychotherapy sessions.

HAMISH

Hamish, who saw a psychoanalytic psychotherapist, described feeling that in discovering his therapist had a sense of humour, he was instantly more reassured because she became ‘human’, like him.

It felt that she was more relaxed and human when she had a sense of humour. And er, this allowed me to relax with her, to be more open with her, to trust her more. (Hamish: 17)

I respected her more because I felt that we had something that felt a bit more mature. (Hamish: 20)
Hamish said that by her revealing a sense of humour, he felt trusted that he had the capacity to cope with his therapist’s having a sense of humour.

Like more valued in a way, yeah. I think I really did feel valued that she'd been natural with me and trusted that I could cope with her naturalness (Hamish: 21)

NILS

These thoughts are shared by Nils who was very angry during his recollecting of not feeling equal.

It’s a great leveller of hierarchy between therapist and the little client who does not know (Nils: 8)

For Nils, using humour as a therapist meant the therapist is bringing himself ‘down’ to the client’s level, making the relationship more ‘human’.

‘...the therapist ...is often the one seen as having the power, has the knowledge and the poor client is coming to him etc and by the therapist having humour actually the therapist is actually putting himself down and humanising himself and hence humanising the whole relationship...You’re actually a person and we can share humour and laughter together’ (Nils: 9)

When as the client Nils saw that his therapist was real and human by displaying a sense of humour, the reality of inevitable hierarchy became less of a threat to him:
'...if there’s a beginning of a mutuality where sure the client may still feel like the therapist is a bit above hierarchically, but there is a real genuine trust and dialogue and flow between the client and therapist then humour can actually start to act as a leveller...’ (Nils: 22)

MARCEL

In Marcel’s own therapy his experience of his therapist’s humour was positive because it made him feel that she was ‘normal’:

*to me there is an element of again for want of a better terminology an element of normalness in humour* (Marcel:19)

SANDRA

For Sandra’s client the impact of humour was twofold. It strengthened the relationship between them while also taking away an imagined threat and feelings of vulnerability in the face of ‘authority’.

*I think first of all it helped him and me to get on OK and he didn't see me as this threatening person who was going to get him locked in a room and take his degree away from him. (Sandra: 27)*
3.6.3 Psychological and Behavioural Shifts

3.6.3.1 Challenges & Shifts Beliefs, Perception & Behaviour

All participants gave examples of shifts in their own and their clients’ perspectives and/or behaviours, which they believed were a result of shared humour in psychotherapy sessions. The shifts in behaviours are a result of an initial change in perspective. These perspective shifts can include not just on oneself, but on the world and one’s relation to it.

SANDRA

In her example Sandra says that it is the incongruity of her client’s false belief about herself next to the harmless visual evidence, which contradicts the initial false belief.

The humour was her being invited to be childlike, to play and the play was funny because it contradicted her beliefs and it worked for her beautifully...the more she was starting to get a sense of herself as being OK for who she is she is starting to get a sense of herself for who she is, what she wants, its alright to get things wrong and it’s alright to be good enough (Sandra: 25)

Sandra’s second client example showed a man in his early 20’s who was studying medicine and after disclosing to her his issues, was worried about being locked up and deemed unfit to practice. Sandra then reflected back the litany of healthy, functioning aspects of her client’s personality juxtaposed to the initial false belief:
I said "does this strike you as a candidate for a straight jacket then?" and he went
"oh no there's not a straight jacket he said its just a padded room". We just burst
out laughing and it was really funny and he just went "its not going to happen is
it?" I went "no!" (Sandra: 26)

…but what he did was then exaggerate the ludicrously of his fantasy and he was
very funny with it when he went oh no no no there's no straight jacket here it’s a
padded room though. I was thinking he embellished it, he owned it he that wasn't
gallows it was him going yeah I've been a bit silly here haven't I? So it kind of
exposes something about his own thinking. It exposes the catastrophising way of
thinking, or the histrionic way of thinking, in a way I suppose is the insanity of it.
(Sandra: 27)

it really exposed what wasn’t real, but gently, I could have done it in the direct
that, of course you won't be taken away, but I don't think he would have felt it, so
actually what humour does is attach a positive feeling with something that’s also
serious and I think when one is able to logically make sense of something and
feel that at the same time it has the process of working through what was stuck
so he was stuck in his fantasy and he said I can feel it like a nagging thought at
the back of my head. Once he'd laughed and got the logical bits together he said
it's gone. A bit like it wasn't a threat. (Sandra: 28)
HAMISH

When Hamish started with his psychoanalytic therapist, he couldn’t quite believe she was entirely human because she didn’t express any sense of humour and this troubled him. For this reason, he began to feel that she didn’t have what it took to be his therapist. He didn’t have much confidence in her. It was her communication of a sense of humour that he says proved to Hamish that his therapist was a ‘real person’.

I realised she was a human being and that just because she was analytic doesn’t mean she isn’t a real person. But I needed humour to prove it in a way. (Hamish: 19)

It is, I think, safe to say that Hamish didn’t believe that he thought his therapist wasn’t actually real before her communicating a sense of humour. What he was saying is that without humour, a person – his therapist – was too difficult for him to relate to, and therefore felt that she would be unable to relate to, and understand, him. What shocked Hamish was that she did have a sense of humour and that his belief that she was ‘not real’ (or capable of relating in a particular way) was mistaken.

EMILY

Emily’s experience of her client’s sense of humour made Emily recognise a false belief she held about her, a belief that had reduced the client to just a bereaved person.
That you know, I saw a lot of other sides to her rather than just someone who was shocked and bereaved (Emily: 4)

Emily said that during her own therapy, humour helped her make realisations about things that couldn't be changed.

Well in my own therapy, I was able to see the funny side of other people and their actions, what they've said and done as well as the funny side of my therapist or myself erm, and it was funny or humorous when I realised that it's impossible to understand other people and I could view the comical side of humanity (Emily: 17)

This, said Emily, allowed her to have more than one perspective on her situation, and having more than one perspective at once was ‘ok’.

It's not that I ignore something difficult but it makes it more diverse that I can see the difficult side but I can also see the funny side. Erm, its like now I can see two sides rather than just one, it's not black or white it's grey, or many colours but that's ok (Emily 26)

In running her women’s group, Emily noted how one woman’s quip that involved two opposing images/ideas relating to the body shape of the members, diffused anxiety and dispelled the belief that there was only one way to look at themselves.

there was so much anxiety in the room that if we hadn’t had that joke about ‘can you be an apple and a pear at the same time?’ erm, I think it would have been
very difficult, or more difficult to talk about health, because they wanted to talk about their own mental and physical health but it was difficult because they were one way or the other (Emily: 29)

On speaking about her own therapy, Emily gives a very clear description of her internal process of humour. She brings together many different aspects of impact on herself and her perspective shifts. She says that the humour added different dimensions to her:

> In my own therapy humour created a healthy movement as you’re learning that I messed something up and if I can see the funny side of it I can learn rather than just put my head in the sand or just get upset with myself. I can move on. Hmm, and so yeah, I think Humour is like looking at myself from another person’s perspective. So it’s like I look at myself but by doing it in a humorous way it’s like my friend or mother looking at me and saying “I love you but that was a really silly thing to do wasn’t it?” So it’s almost like a different dimension to my personality, if that makes sense, I can see more, further. And when I’ve looked back on the what I was, how you were from a different angle, then it can be funny if it’s not threatening. (Emily: 32)

**MARCEL**

Marcel said that his client was able to see his own attitude in therapy and this made him laugh as he’d become newly aware of and understood something about himself.
So he wanted me to take responsibility for him but when he realised I wasn’t going to do that he came back that’s when he was confronted with his own attitude and he laughed. It was the session after that where he used that so I think that that to me somehow signified that he’d understood where I was coming from (Marcel: 8)

The client’s expressing a sense of humour revealed something new and this changed Marcel’s perception of him

I had never seen that side of him before, that funny, humorous side. In a way as I say, he was very serious and singular in his views and I think this showed that there was some lightness to him that, I er, that there was more to him that I didn’t think he was capable of. (Marcel: 12)

Marcel recalled how humour in his personal therapy helped him accept ambiguity.

Humour, I suppose took the sting out. Well not all of life by any means, but the, well, I think it took the, it helped me see how my views and thoughts about the world aren’t right or wrong and that and that things aren’t black and white but that’s ok. They don’t have to be, I don’t have to be. (Marcel: 30)

Vinnie

Vinnie said that she felt her client experienced a sense of feeling both shocked and released with humour and he also gained an understanding of his experience.
he was shocked but he was also I think, released. I felt he was released and that he could erm, consider something that his guilt feelings wouldn't allow him to consider. (Vinnie: 7)

He could make sense of his experience, put pieces together. (Vinnie: 9)

The humour in the 'joke' allowed Vinnie’s client to consider what would previously have been two opposing beliefs and impossible to think.

he could he could take it as a joke, and partly it was a joke, but also we could keep a hold of the other part in which is that very very angry young man who is in a crisis of his life and it's serious, not funny. (Vinnie: 10)

it enabled him to think about a thing that was previously unthinkable unacceptable to him (Vinnie: 12)

3.6.3.2 Helps cope with and move on from difficult things in life

Five out of the six participants described themselves and/or their clients as being better able to cope with the difficult aspects of life and then be able to move on. The words ‘move on’ were used by four participants. This phrase was used when participants noticed that a difficult experience had been accepted or worked through.

VINNIE

Vinnie, in discussing her client, noted that the humour gave rise to his understanding an angry aspect of himself that had, up until that point, been unacceptable – and un-acknowledgeable – to him. After this he could ‘move on’.
I felt that it was a way whereby he could begin to understand the nature of his depression (Vinnie: 12)

it made something that was unacceptable and too awful for him to be able to bear, that he could take it in, that it was acceptable, that he could begin to think about it deeply before moving on. (Vinnie: 13)

SANDRA

Speaking about her client, Sandra noted that humour was a signal of spontaneity and freedom, and led to 'letting go'.

I notice that when they start to use humour is a really good sign that they're shifting, they've been able to let go of something... That they are freeing themselves up, they are becoming more spontaneous. They have been able to tolerate the awfully difficult things without making anyone bad for example. (Sandra: 43-44)

MARCEL

Like Vinnie and Sandra’s clients, Marcel found that in his own therapy humour made his discomfort more comfortable:

the strength of the relationship just gave me the courage to sort of look into the abyss if ...you know and humour did very much form part of that because it
created a comfortable working environment to me. Comfortable in a way that it enabled me in a way to be uncomfortable. You see what I mean (Marcel: 28)

NILS

For Nils, humour played a significant part in alleviating a personal and shared, universal suffering by making things ‘lighter’:

It [humour] makes it ok to talk about things because it makes it lighter…
There’s something about humour that shows acceptance of the world and its pain…
It [humour] makes us into two human beings struggling to live our lives in this world about to die and we can have a sense of humour and it’s almost a relaxation that we’re not making it so fucking serious (Nils:8)

EMILY

Moving on for Emily involved first being allied to her therapist (she interestingly used the pronoun ‘we’ when talking about her own progress/process) in seeing and coping with people and the world the way they are. She said that only then could she ‘leave it and move on’.

“well, we know people are a bit strange and we can’t really see where they’re coming from, but that’s ok” and I think that the humour meant that we could leave it and move on to something else that was a bit more productive, more interesting. (Emily: 18)
So in my therapy it was definitely like, it was almost like humour could be a full-stop, you know, the end of the difficult paragraph and we could move on to something that would be more positive to me (Emily: 19)

3.6.3.3 Helps Accept Limitations

Linked with the subtheme above ‘Helps cope with and move on from difficult things in life’, four out of the six participants explained how humour revealed limitations and encouraged acceptance of them.

MARCEL

Humour, Marcel said, was a sign that his client knew a limit had been reached in their relationship.

_The humour in it was that sort of you know this is my final attempt to change your mind but he wasn't going to, you know so he knew that and I had a sense that he knew that (Marcel: 8)…_

_…with that humour he understood he wasn't going to get anywhere... he knew it wasn't a serious attempt so in some way it was a playful thing I suppose that enabled him to be humorous about it as well. He knew it wasn't going to get anywhere. (Marcel: 9)_

In his personal experience of therapy, Marcel said that humour helped both take the pain (sting) out of difficult things, and accept the unchangeable.
to accept certain things that you can't change just sort of sit with this, this is OK this is what it is you know, so what, you can laugh about it. Humour, I suppose took the sting out. (Marcel: 30)

EMILY

Emily said that in her own therapy, coming to terms with the fact that aspects of life were not within her control, was made easier with humour. From here unchangeable things could be ‘the way they are’. She said that this acceptance of her limitations saved energy that could be spent on other real things.

we saw the funny side together, of people, and agreed that we can't waste time and energy on some things and you know, trying to change things if it’s not possible (Emily: 17)

So I moved from being a bit down about things to being able to let things be and feel ok that they are the way they are. (Emily: 19)

I was able to leave things that I couldn’t do anything about. I could kind of “ok this is difficult” and I could kind of see the difficult side with the funny side, but I can’t actually change it or do anything about it. I could kind of, you know, put it in brackets and kind of leave it and not waste lots of time and energy on it and move on to other realities (Emily: 20)

Erm, so I suppose I can laugh when I know I’m powerless about some situations and there are humorous moments in the ending of things, because they're finite. It's just somehow feels funny. So humour has been a relief in that sense and it has given me energy in that sense rather than takes it. (Emily: 21)
Emily described humour as being an expression of acceptance of not being able to win, and this is in itself winning.

*it's like an acceptance that you haven't won because you can't and, and yet, yet when it's funny you've won. Ha! (Emily 26)*

**SANDRA**

Sandra said that humour in her own therapy helped to reduce feel more at ease with her therapist and about getting things wrong or upsetting people.

*Definitely, and I definitely got, within our relationship being able to laugh helped me ease up myself and it helped me ease up with him. I think we can be too uptight. I could be too uptight too in my head, too worried about getting things wrong, too worried about upsetting people, but laughter is freeing. (Sandra: 41)*

**NILS**

Nils said that a sense of humour between him and his client exists in the face of struggle and death.

*It makes us into two human beings struggling to live our lives in this world about to die and we can have a sense of humour (Nils: 8)*

We will now, in the next chapter, consider the meaning and implications of this data.
CHAPTER FOUR

4. Discussion & Conclusion

In this chapter I will discuss the limitations of my research and also use qualitative criteria that I think are particularly relevant to this IPA study. Next the superordinate themes will be linked to current theories of humour with some direct excerpts from the transcripts to demonstrate the links clearly. Then, existential dimensions to the data will be discussed followed lastly with some concluding remarks.

4.1 Limitations

There were several limitations to this study. Firstly, it was me, the researcher, who conducted the interviews of participants and carried out the analysis of the data. There was no co-researcher or independent researcher to ‘verify’ (Brocki & Wearden, 2006) and I will inevitably have given greater focus to some themes over others. The limitations of my perspective meant that there was a bias in the choice of themes and there will have been many other themes present, which will have also had equal significance to the research. As I progressed through the interviews one by one, the clearer it became that certain aspects, such as impact on therapeutic relationship, were starting to become prominent. I had to try very hard not to lead, look for or probe on such themes above others during subsequent interviews. I also re-read the transcripts to ensure as far as possible that the themes were grounded in the accounts of the participants. Keeping a reflexive diary helped me to see my biases and emerging thoughts from each participant interview. It helped me to remain more open to the participants’ experience.
The nature of IPA is such that subjectivity is not only inevitable, but an integral, dynamic part of it. A co-researcher, for example, would have found different themes within the same data. The first interview was read by my primary supervisor. He and I had some similar thoughts and themes, but there were also differences as our attention was taken to themes to which we were naturally drawn. It is not expected that reliability is striven for in qualitative data Yardley (2000). Rather, the aim is to come to many different interpretations. The aim of my research was not to come to a ‘truth’, but to present findings.

4.1.1 Sample Size

It took almost twelve months to recruit six suitable participants. This was adequate for the purposes of IPA research, but is insufficient to be considered representative of a specific community. Originally I had intended to have 4 participants, in line with advice from Smith et. al (2009), Langdrige (2007) Collins & Nicolson, (2002) who note that larger sizes can mean there is a loss of “potentially subtle inflections of meaning” (p.626). They also suggest this smaller size for those doing phenomenological research for the first time as it is likely to be otherwise overwhelming. Six participants were interviewed to account for potential drop-out. The ‘theoretical saturation’ (Glasser & Strauss, 1967) approach found in grounded theory, would be an alternative method to adopt. This method involves constantly seeking new categories of evidence to the point of where no new categories emerge. One criticism of this is that new insights may continuously emerge, or one might think that the next interview may be the one to yield something new. This may make for a very large sample indeed. The sample size of this study, while compatible with IPA, means that it is very limited in scope, to the accounts of a small group of individuals working in specialist professions. While I cannot use the
findings from this research to state over-arching claims about all humour in the profession of all psychotherapists, I can say confidently that this study was able to produce a rich and detailed analysis of the accounts of a small group. Also, while the sample was small, it was also not entirely homogeneous. This was in part due to recruitment issues, but also because it was felt that it would make the data more complex and interesting in the discussion.

4.1.2 Ethnicity & Language

Verbal humour is a subtle and sophisticated form of communication (Ronne, 2011). With half of my sample were non-native English speakers it may be that their understanding of humour was limited. Effectively, this may have meant they had misunderstood their clients’ use of humour, and/their therapists’ use of humour. It may be that they used humour in a way that was not understood by their clients and/or therapists. It may have been that participants used particular facial expressions or gestures to communicate humour that was not considered in this research. In the interview with Vinnie, she made a particular gesture and facial expression when she said, “Do you think that there may be a mad axe man inside you?” (Vinnie: 4). I immediately had a sense of what was intended because I could see her. The words alone may not have been enough. The same was true of Marcel when he recalled saying “really?!” to his exasperating client. The expression and tilt of the head conveyed much of the meaning. Jokes, according to Dennett (1987), are ‘enthymematic’, i.e., there is a supressed/concealed premise, which the receiver of a joke ‘fills in’. The successful communication of humour depends on shared knowledge, and because of this ‘much humour is culture specific’ (Hurley et al., 2009). All three participants for whom English was not their native language hardly had a discernible foreign accent. It may be that one or both of their parents were native
speakers or they may have been schooled in an English international school. Indeed it may have simply been because they were skilled linguists with many years experience of living in English speaking places. This is all speculation. Whatever the matter, humour involves understanding nuance and being understood, and so it cannot be overlooked that language and culture pose a potential limitation to this study.

Marcel (13-14) talked about an actor client who was theatrical during the session. People express themselves in more ways than just verbally. In describing his amusement at his analyst, Hamish said “you had to kind of see this person for, you know, to really ...understand the humour” (Hamish: 19). Perhaps choice of clothes, hairstyle, posture, body art can convey a sense of humour, all of which this study has not accounted for.

4.1.3 Social Pressures

Another limitation to the study findings may have been that one therapist was interviewing other therapists about their clinical work and personal therapy. The interviewees may have felt, on some level, that their work was under scrutiny. It can be argued that there will have been a pressure felt, consciously or not, to describe clinical material that casts the therapists/participants in a positive light. The fear of being judged as incompetent, or insensitive among other things may well have informed the participants’ choice of material and the way they presented it. This, I believe, is one possible explanation for none of the participants, despite my prompting them, describing actual examples of negative experiences of humour in their work. Only one participant, Nils, described feeling belittled and patronised as a client by his therapists’ use of
humour. Sandra described feeling initially wounded by her therapist’s humour at one point, but went on to say that the end result of it was positive.

Any humour experienced negatively by a client may well have been given a positive spin by the therapist. Indeed it cannot be claimed ‘true’ about how the client experienced a humorous episode, as we only have the therapist’s perspective. When talking about their personal therapy, again, only one perspective is given. One way to reduce this limitation would be to do a comparative study in which clients and their therapists are both interviewed following a therapy session.

The limitation of me as a therapist interviewing another therapist was particularly noticeable with the first participant, Nils, who was very defensive when I probed further into the subject of sexual tension and humour between him and his client. As the interviewer I did indeed feel rather disturbed about Nils’ work at points and I suspect this will have been conveyed. Even if it was not conveyed, the fact that I was silently judging the interviewee’s practice confirms the significance of the limitation I am describing.

Another limitation to this study was that the impact on therapeutic process could not be adequately confirmed because there was no clear definition about what constituted ‘process’. This study did not stipulate whether the participants should talk about a client with whom they had finished working, were still working with, or had ended abruptly. It did not stipulate giving examples from long or short term therapeutic work. This means that the research could not make claims about ‘process’ per se. For example, some participants talked about clients with whom they are currently working, others talked about past clients. It may have been better to have stipulated from the outset that participants talk about clinical work that has a beginning and an end as this would have
given a truer picture of the impact of humour on therapeutic process as a ‘completed’ venture. However, the participants did all give examples of the impact that humour had on their own therapeutic process, which as they had all completed long-term (minimum of 4 years) psychotherapy while undergoing training, offered a more subjectively reliable, longitudinal aspect to the study.

Humour is impossible to define because of its subjective nature. What one person finds funny, another finds offensive and so on. There are many different ideas about what constitutes humour, the main theories of which were described in the literature review. It would have been terribly laborious, if even possible, to have recruited participants with the same background knowledge, culture and ‘taste’, which according to the literature are key elements to humour. It can be argued that this study was therefore too large in scope, and would have benefitted from being more focussed. Culture, geography, age, religion, gender among others, are all enormously complex factors that influence a person’s sense of humour (Hurley et al., 2011). This study aimed at unearthing experiences of humour from a therapist’s (and therapist-as-patient) perspective, regardless of these factors. It was felt that these factors would emerge as interesting areas for discussion. Future research with more controlled variables or a more homogeneous sample would be a welcome contribution to the existing research.

An interesting future research project would be the impact of humour on the process of psychotherapy with clients who present, for example, with strong obsessive-compulsive symptoms, where their thinking is rigid and their behaviour bound to the serving of this mental rigidity. As the data, as well as the literature suggest, humour can and often does play a part in a person’s shifting of psychological and behavioural ways of being.
4.1.4 The Problem of Process

The research question asked participants about their experience of humour on the process of psychotherapy. However, along with humour, the term ‘process’ is tricky to define and probably differs in meaning from person to person. Aspects such as long-term (years) process vs short-term (weeks/months) process of therapy were not differentiated in this study, but they may well have been significant. Most participants gave examples of working with clients who they had not worked long-term. However, all participants did describe their experience of humour in their own therapy, which in all cases lasted a minimum of 4 years. Nils and Hamish both described how it was important for them that they knew their therapist’s had a sense of humour early in the relationship. Interestingly, Sandra described feeling that her therapist had ‘teased’ her, which was difficult for her at the start, but that she became more able to appreciate and benefit from as her therapy went on. These all point to a significance in time, where a relationship has already been established.

Our taste in humour changes with age (Hoicka & Akhtar, 2012) and is contingent upon many different environmental and biological factors (Hurley et al. 2011). It moves from an early appreciation of contradiction and incongruity (such as slapstick), to an appreciation of the symbolic, sophisticated (usually language-based) recognition of paradox (Deacon, 1997). In light of this, and Sandra’s experience, another interesting study would be one that charts potential changes in a client’s taste in, use of, and appreciation for humour, throughout their process of psychotherapy. It would be intriguing to know whether the process of psychotherapy changes a client’s sense of humour as the client themselves ‘matures’.
4.1.5 Qualitative Evaluation of Outcomes

Finlay (2006) uses four criteria to evaluate her qualitative research. These are: ‘clarity’, ‘credibility’, ‘Contribution’, and ‘communicative resonance’, which I believe are helpful and elucidating, particularly as an alternative to the quantitative criteria of ‘reliability’, ‘validity’, and ‘generalizability’.

4.1.5.1 Clarity

Throughout this project I have attempted to systematically and clearly demonstrate to the reader the research process. As well as clearly defined sections, I have added tables, photographs, and the occasional journal entry to bring to life an otherwise turgid process. It is hoped that in doing this, the research has made sense to the reader and that the project hangs together as one coherent whole. However, it is possible that readers may still not be entirely clear how the themes, for example, were reached. Due to the subjective nature of IPA, and the complexity of the thought processes involved in interpretation and decision making, it may not always be clear how certain themes from the data were reached.

4.1.5.2 Credibility

Given the complexity of subjective interpretation, it was important that I left a clear audit trail for the reader to judge whether my interpretations were plausible. This trail was a way of ensuring the work had a ‘grounding in examples’ (Elliott et al., 1999), and included verbatim extracts taken from the interview transcripts, with references should
the reader wish to consult the source, found in the appendix, in its wider context. It may be that the reader disagrees with the interpretations that were made, but it is hoped that there is ample opportunity to see how they were made. The transcripts were read and re-read several times which was a laborious but important part of collecting credible data rooted in the participants’ experience.

In keeping a diary throughout the research process, I was able to reflect on my biases. Occasionally, diary extracts were offered as a way of demonstrating part of the reflexive process involved in this project. While this may afford the reader some assurance of credibility, it is not a without its limits. As the reader will recall from chapter three, when I had initially completed the results, I had not included the negative aspects of humour in the final themes. It was not until my primary supervisor had encouraged me to look again at the data for negative aspects that may have been eluding me that I realised how significant they had been. While I had already ‘unearthed’ the negative dimensions from the data, I had not included them in the final themes because I had convinced myself that, as they were not present in over half of the sample, I could not include them. My reasons for choosing to research humour in psychotherapy were rooted in my experience of the importance of it being present in therapy, rather than absent. Despite also knowing, through experience, the detrimental effects, humour can have, the moment of realisation came that I had been unconsciously resisting the negative impact of humour. Indeed, when I looked back at the transcripts, it seems that although I have asked the participants about negative examples, I had not probed them as much as I had with their positive examples. It was my belief that humour can play an important and often beneficial role in psychotherapy and I was dissatisfied with the lack of critical discussion about this in psychotherapy training. My own bias was in danger of blocking further critical discussion. The influence of my supervisor proved to be an important
element to delivering credible data analysis. From this perspective, it could be argued that adopting an independent researcher to check the transcripts and results, would have added credibility to the results.

4.1.5.3 Contribution

While this project is unlikely to change the shape of the psychotherapeutic landscape, it is hoped that its contribution would at least offer the reader some insights into the meaningful, complex, ubiquitous and yet often overlooked, phenomenon of humour. The participants offered a glimpse into the private world of their own personal therapy and their therapeutic work with clients/patients, and this in itself may generate, in the reader, some new thinking about humour and its potential positive and negative impact in the field of psychotherapy, their own practice, or perhaps even just personally. This new thinking may well enhance a therapist’s understanding and/or conceptualisation of their client/patient and the therapeutic process.

4.1.5.4 Communicative Resonance

While tastes may vary widely, I would argue that the experience of humour itself is something to which most people can relate and have experience. A therapist – even one without a discernable sense of humour – will most likely have experience of being with a client or therapist who has used humour in one way or another. It is hoped that this project has been put together in a way that allows the reader to resonate emotionally with the topic. There is however a danger with a subject like humour, that when it is scrutinised it loses its appeal. This reminds me of a quote:
"Analyzing humor is like dissecting a frog. Few people are interested and the frog
dies of it."  E.B. White (1941: xvii)

If as the reader you have not found any interest in this project, perhaps the best I can
hope for is that you have not met the same fate as the frog.

4.2 Linking Data with Existing Theory

The participant data show that the current main theories on humour – superiority, relief,
incongruity-resolution, and play – all correspond to, are interlinked with, and relevant to
the three superordinate themes: ‘Therapeutic Relationship’, ‘Energy & Depth’,
‘Psychological & Behavioural Shifts’. Table 4.1 below illustrates this connection more
clearly with the ‘associated theory’ column in which one or more of the theories is linked
with a superordinate theme. The table also includes a final column that connects the
superordinate theme with particular existential dimensions of experience (Binswanger,
1946; Van Deurzen-Smith, 1984). As will become obvious, the distinction between
different impacts of humour on the process of psychotherapy is not clear. Superiority, for
example, is present at the same time as play and relief in particular examples of humour
in the data. However, for the purposes of explicating units of meaning from the results,
some dissection is necessary despite this leading to the inevitable demise of the ‘frog’.

In the following sections I will address each superordinate theme as it is linked with the
associated theories. I will draw on some examples from the data, with direct transcript
quotes.
Table 4.1 Final Themes with Existing Theory and Existential Dimensions

<table>
<thead>
<tr>
<th>SUPERORDINATE THEMES</th>
<th>SUB-THEMES</th>
<th>ASSOCIATED THEORY</th>
<th>EXISTENTIAL REALM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>Energy &amp; Depth</td>
<td>Leads to further exploration</td>
<td>Conceals &amp; Deflects</td>
<td>Relief &amp; Play, Superiority</td>
</tr>
<tr>
<td></td>
<td>Catalyses and gives Energy to the client/session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic Relationship</td>
<td>Establishes and strengthens relationship</td>
<td>Seduces</td>
<td>Relief, Play, Superiority</td>
</tr>
<tr>
<td></td>
<td>Redresses power imbalance</td>
<td>Establishes or reinforces power imbalance</td>
<td></td>
</tr>
<tr>
<td>Psychological &amp; Behavioural Shifts</td>
<td>Challenges &amp; shifts beliefs, perception and behaviour</td>
<td></td>
<td>Incongruity-Resolution</td>
</tr>
<tr>
<td></td>
<td>Helps cope with and move on from difficult things in life</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Helps accept limitations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.2.1 Superiority, Relief, and Play Theories in ‘Therapeutic Relationship’

“Kidding is a precision instrument for assessing the kind of relationship one has with a person” Stephen Pinker (1997: 554).

I would suggest that most experienced psychotherapists would consider the therapeutic relationship as fundamental to the process of psychotherapy. Without an established rapport, there is little foundation on which to build. It is also well known, I would argue, that it is this solid establish relational foundation which allows for continuous demolishing and rebuilding. The relationship must be robust enough to survive difficult, challenging
conditions. Humour can both enhance this relationship, and undermine it, but it can also be a test.

As we have seen, all participants described humour as a phenomenon often related to an imbalance of power within the therapeutic relationship. This was significant, both in the negative sense, i.e., ‘Reinforcing power imbalance’, and in a positive way, i.e., ‘Establishing & strengthening relationship’. For example, Hamish explained humour as being a way to ‘level’ the relationship. When his therapist made a joke about herself, Hamish realised she was only human, and this essentially brought her down hierarchically in his mind. In that moment, he felt superior to her because she had, albeit voluntarily, fallen off her enigmatic pedestal. Nils described this as the therapist ‘putting himself down and humanising himself’. By default, the putting of oneself down involves an elevation the other, relatively speaking. From the research data, it seems to me that it is this momentary feeling of superiority that is important in occasionally levelling the therapeutic playing field, and this can give rise to a feeling of mutuality, which establishes and strengthens the therapeutic relationship. Occasionally, it seemed that examples given by participants showed that through humour, a sadomasochistic power game was involved. We can take the example of Emily’s women’s group where one group member made a joke about being the shape of an apple and a pear.

> there was a lot of conflict and aggression in the room until this one woman said “can you be both an apple and a pear?” and it was just an ice breaker. Erm, and people who’d had a lot of conflict outside of the group bonded, bonded through humour in the group (Emma: 28)

The joking group member momentarily made herself the stooge, thereby helping the others feel superior. However, in doing this she helped bring the group together in a way
that had previously not happened because of their hostility towards one another. By adopting an inferior position we could also argue that this appealed to the repressed sadistic wishes of the group members. The humour was both a manifestation of the power struggle and a means to cohesion. In relation to my subthemes, we might say that humour in this example ‘established’ a power imbalance and at the same time ‘redressed’ it. This would also fit in with the paradoxical qualities of humour referred to in the literature.

Rather like Solomon’s (2002) *inferiority theory*, Hamish’s therapist also presented herself as a stooge of sorts, which gave Hamish a feeling of being elevated.

*laughs* I had described to her a dream *erm* I’d had and it was *er...an extremely transference-rich dream and *erm* she was ecstatic about it, and it was *where... I had dreamt that* she was in my family home, *erm, and she was drunk, she was pissed, she was in the kitchen cupboard drinking dessert wine and in the cupboard and she was delighting in this story and we sat and worked through this dream and about what she thought was going on...*  

*...but then *erm, at the very end of the session I remembered that* she had promised that she was going to lend me a book and she went to her little cupboard in her room and you know, and she make a crack about how she was going to have a quick swig of wine while she was in there [laugh] and you had to kind of see this person for, you know, to really ...understand the humour of that, she was very, extremely straight-laced and yeah, she was just quite quick and witty you know and I really liked seeing that side to her, you know. I realised she was ...a human being and that just because she was you know analytic doesn’t mean she isn’t a real person. But I needed humour to prove it in a way, I suppose*
Er, yeah [laugh] yeah I liked it, I respected her more because I felt that we had something that felt a bit more mature? Would that be the word? More honest somehow. I felt that this feels relaxed because she feels relaxed around me so I can be relaxed with her and I think she likes me. (Hamish: 20)

Earlier in the interview Hamish had described his therapist as stiff and serious (Hamish: 13). This represents something similar to a quote by Steven Pinker who says, “Humor is the enemy of pomp and decorum, especially when they prop up the authority of an adversary or a superior” (1997: 548). It is possible that Hamish’s therapist recognised a need in him for a sense of equality. Then as we see above Hamish uses the word ‘mature’ to suggest that his therapist grew up and revealed her sense of humour. However, we might also infer that Hamish felt vulnerable and childlike without the power of knowledge about what his therapist thought or felt (whether or not she actually liked him). This humorous element seems to have been the significant levelling aspect, which helped establish a therapeutic relationship. There is both a playful and a flirtatious aspect to this humorous episode, where the seductive element was positive.

Since the mention of Socrates, as we have seen in chapter one, much of the literature gives a rather negative view of the need for superiority in humour. However, from this study’s data we can argue that the use of humour to make the ‘other’ superior, in the context of psychotherapy, can be a reaching out to level an (on the whole) inevitably unequal relationship. Humour does, of course, have the potential to do the opposite of strengthening a therapeutic relationship; it can rupture it either entirely or temporarily. Sandra (46) described a client who attempted to seduce Sandra into laughing at her, but she resisted this subtle invitation. Later the client said that she had realised that her
being taken seriously was what she needed and usually she would get people to laugh at her to confirm that she wasn’t to be taken seriously as a person.

Sandra also talked about a client who seemed to have regressed in his session, believing Sandra to be the authority holding a key to a padded cell with his name on it. Sandra was the persecutory mother/teacher who would confiscate his degree and strip him of his liberty. The reality of course was very different and the introduction of humour brought him back to a more balanced view of his situation. As it was he who introduced the joke, it was he who made himself an equal with Sandra, returning to his autonomous, adult functioning. (S27)

Perhaps because of having been clients themselves, the therapists were sensitive to the significance of power in the consulting room, and recognised (arguably pre-reflectively) the importance of the client being able to know that the therapist is human and fallible. I use the phrase ‘pre-reflectively’ because it was only through their thinking about humour during the interview that, rather like supervision, the participants teased out and developed these notions and themes. Evidence for this can be seen in pauses and phrases like “I suppose” and “would that be the word?” as Hamish, for example, thinks about his experience. This suggests that for these participants, there is a taken-for-granted, basic, shared understanding of humour that often bypassed their full awareness. It was almost effortless to them.

Marcel gave an example of working with a client who exasperated him by being aggressively passive, trying to get Marcel to lead the session. When Marcel confronted him about it, he let out a triumphant laugh. “Humour…” says Pinker (1997), “is often a kind of aggression. Being laughed at is aversive and feels like an attack” (p. 547).
According to Provine (2000) males are more competitive in their use of humour than females. This has, presumably, early links with sexual competition and will invariably be significant in the therapeutic relationship. However, it isn’t necessarily so clear-cut. It may also have had a sexual element to it with two men. In some way it felt like this client’s laugh was rather flirtatious and following my interview with Marcel, I noted:

**Diary Entry:**

*What went on with Marcel and that guy?! There was definitely something. It’s clear Marcel’s gay and I bet his client knew. Maybe I should’ve asked? Should I be asking my participants that? Sexuality is definitely a factor with humour. Hello Freud!*

We could argue that Marcel’s client’s laughter was a clear example of relief theory in action. It both represented the climax of a power struggle and, perhaps, the release of unspoken and/or unconscious sexual tension. However, as Marcel noted, this episode gave way to exploration. We can argue that the playful/flirtatious way that Marcel said “Really?!” told the client that he was not going to be attacked, but that the ‘game’ had been called. This experience, rather than demolish the relationship with the force of its repressed hostility, strengthened the therapeutic relationship. It also gave the client a new perspective on his behaviour and room for change. In terms of play theory, we could argue that Marcel’s client was unconsciously recruiting Marcel for play-fighting, as a way of practising relationships and preparing ‘for more serious challenges ahead’ (Barden, 2005: 16). It is difficult, if not impossible, to attribute one true meaning to this complex interaction, and perhaps we can only guess at it like a riddle.
In his book ‘The Examined Life’, psychoanalyst Stephen Grosz writes about a patient for whom shared humour was important. She says in her session to him, ‘…when you laugh it means you believe my feelings, my reality. When you laugh, I know that you see things exactly the way I do…’ (2014: 17). Interestingly Marcel, in his interview with me described feeling similarly about the importance of the sharing of humour in strengthening a relationship:

> it made him trust that I could appreciate how he sees things, his perception and er interpretation of the world, or at least his experience of his world. So er ... helped the relationship develop, er made it stronger I think. Because even er, even though it was a defence sometimes, I was being invited to see from his perspective and often defences are important. (Marcel: 26)

One particularly noteworthy example of seduction can be seen in the interview with Nils. He described working with a ‘prim and proper’ client who was ‘gorgeous’ and ‘too perfect’. Nils felt that ‘to get her moving’ he would think with her about a swamp in which he pretended to be a hippo rolling round in filth and ‘loving it’ (Nils: 2). It was clear that Nils had not really thought about the sexual nature of this and the negative impact that his ‘humour’ could have. Indeed he said during the interview that he was ‘growing more and more mindful of the dangers’ as he spoke (Nils: 3). It seems that, humour cannot just be indulged in mindlessly, but rather must be approached judiciously. A lack of self-awareness awareness in any intervention – not only humour - can lead easily to problems.
4.2.2 Superiority, Relief, and Play Theories in ‘Energy & Depth’

All participants described in some way how their clients and themselves as clients, found humour to bring great ‘relief’ and also created energy. Vinnie, in recognising suppressed anger and conflict in her client, was able to help him express the previously inexpressible through humour. She described this as ‘breaking the ice’ which meant that her client, through humour, was able to crack through a hard cold barrier that had been within him and between them. The client she was speaking about was frightened of his own anger and we might infer that the ice was a way of keeping his temper cool. (V21)

After the ‘ice’ was broken, the client warmed up and was free to express himself more fully. In essence, Vinnie’s humour gave the client some sort of permission to express the fire in him. This also fits with the idea of superiority, as this patient was able to feel less scared and indeed more in charge of his previous, repressed self. This would link neatly with Hobbes (1991) describing “…the sudden glory arising from some sudden conception of some eminence in ourselves, by comparison with the infirmity of others, or with our own formerly.”

When Hamish described a dying client, he noted that this person used humour as a coping mechanism, but also as a way playfully helping him to engage in deeper material:

- this person has a terminal illness and it's, you know, humour is very much part of his tool kit as it were as a coping strategy, so I wouldn’t want to take that away from him in any way. Erm, but rather respect it and honour the fact that he is here to do serious work and he wants to but at the same time he has a way of being that is playful and that playfulness is a way in to deep stuff, rather than a deflection from it. (Hamish: 10)
It seems that Hamish recognised the importance that playfulness had to this client and rather than being simply viewed as a deflecting strategy, it was actually a doorway to something more profound. This demonstrates, in my opinion, how unhelpful it is to assume humour as being either negative or positive. It has the potential to be both depending on the people involved and the circumstances. The playfulness in this instance afforded the client the energy to delve more deeply.

4.2.3 Incongruity-Resolution in Psychological & Behavioural Shifts

“Humor can be considered as a charming, yet paradoxical counterpart of logos, supplementing the one-sidedness of a strictly discursive cognitive approach and allowing for the perception of phenomena in multifarious and contradictory planes of reference” (Malecka, 2011: 1).

The idea that humour challenges and/or shifts a person’s perspective is present in much of the literature and emerged in the data from all participants. Talking about her own personal therapy, Emily (17) described humour as an integral part of helping her move out of a repetitive and negative way of thinking and feeling about some people in her life.

Similarly Sandra, talking about a client she had seen for a long time, noticed that humour was a signal that something that was stuck could be ‘let go’ and move on.

*I notice that when they start to use humour it’s a really good sign, that they’re shifting, they’ve been able to let go of something.* (Sandra: 43)

The words ‘let go’ indicate action and intent. The client is actively, if not always consciously, protecting an aspect or view of herself and the world, giving up a way of
being that prevents freedom. The words ‘letting go’ stir up images of mothers and their children as they start to become more independent. It is a difficult but necessary goodbye. Humour, the participant data are suggesting, makes the difficulty of ending a way of being, and therefore entering the unknown, more bearable.

One excellent live example of incongruity-resolution in action can be found in the interview with Emily. During her description of how humour impacted her own therapeutic process, she arrives all of a sudden at a paradox:

it's like an acceptance that you haven't won because you can't and, and yet, yet
when it's funny you've won. Ha!

This shows how humour emerges from a ‘cognitive shift’ (Moreall, 1983) but also how such new awareness arrive suddenly. This fits with theme ‘Psychological and Behavioural Shifts’ borne from my data. Emily was, for the first time I believe, putting words to a complex process and the impact of this process on her as a person. The suddenness of her awareness in this is significant and demonstrates perfectly what Hurley et al. (2011) refer to as a rapid ‘debugging’ of a committed, false, active belief. The rapidity of change, they say, ‘is what gives us the sense of surprise in humour’ (p. 288). If we take this in slow motion, Emily was labouring under a belief about her powerlessness (not winning) in the world and the impossibility of winning. She had committed to a false belief about her accepting limitations (I must accept I can’t win), only to suddenly find herself saying 'and yet, yet…' The committed false belief centred around there being a definitive conclusion that could be reached about her limitations, but this belief was suddenly burst on arriving at a paradox. This gave rise to laughter. What started off as her giving an example of humour helping her accept her limitations, turned into discovering humour as the triumph over her limitations.
Participants Marcel, Sandra and Emily gave examples of how their perspectives on their clients also changed when the clients displayed humour about their situation or the therapeutic relationship. The therapists ‘warmed’ to their clients. Marcel, for example, described a client who he had, previous to this particular session involving humour, found intractable and abrasive.

*I had never seen that side of him before, that funny, humorous side. In a way as I say, he was very serious and singular in his views and I think this showed that there was some lightness to him that, I er, that there was more to him that I didn’t think he was capable of. (Marcel: 12)*

When Sandra’s client was faced with the reality of his situation compared to this warped fantasy of being thought of as potentially ‘crazy’, they both laughed.

Vinnie, in discussing her client, noted that the humour gave rise to his understanding an angry aspect of himself that had, up until that point, been unacceptable – and unacknowledgeable – to him. The humour in the ‘joke’ allowed Vinnie’s client to consider what would previously have been two opposing beliefs, that he could feel as angry as a mad axe man, yet not actually be a mad axe man. The possibility could for the first time, be considered safely allowing him to move himself into new territory.

*he could he could take it as a joke, and partly it was a joke, but also we could keep a hold of the other part in which is that very very angry young man who is in a crisis of his life and it's serious, not funny. (Vinnie: 10)*

*it enabled him to think about a thing that was previously unthinkable unacceptable to him (Vinnie: 12)*
During her own therapy, Emily spent a lot of time irritated and frustrated about other people’s actions in her life. However, she found the funny side of her situation once she came to accept a paradox, namely that even though she may always strive to fully understand herself and world, such understanding would never truly be possible.

Well in my own therapy, I was able to see the funny side of other people and their actions, what they’ve said and done as well as the funny side of my therapist or myself erm, and it was funny or humorous when I realised that it’s impossible to understand other people and I could view the comical side of humanity (Emily: 17)

This was a major shift in Emily’s world view, affording her great relief and the freedom to move on. The capacity to hold two opposing ideas or realities at once is again demonstrated in Emily’s description of humour enabling her to accept a more complex reality.

It’s not that I ignore something difficult but it makes it more diverse that I can see the difficult side but I can also see the funny side. Erm, its like now I can see two sides rather than just one, it’s not black or white it’s grey, or many colours but that’s ok (Emily 26)

The above passage shows that for Emily, humour can function as an auxiliary ego, an aspect of the self that adds a new perspective and clearly identifies mistakes, but does so lovingly, without threat. We cannot be sure whether or not Emily’s therapist first acted as this auxiliary ego, or alternative perspective, although we might infer this to be the case as she describes this process as happening within her own therapy sessions. The
use of word ‘mother’ implies that her therapist was indeed functioning as the loving, non-threatening other who helped her tolerate her ‘mistakes’ and from here develop a sense of humour about this. Previously (line 26) Emily mentioned that her therapist’s perspective gave rise to humour because it provided an alternative to her own and that she could find this funny because her therapist was not threatening or untrustworthy. We can see that in some way Emily has internalised this ability to adopt an alternative perspective, which heralds a change in behaviour.

Seeing his client laugh endeared Marcel to him. Marcel was surprised to see that his client has a humorous, light dimension to his personality. As was the case with Emily, this example shows how humour can shift the therapist’s perspective of their client to incorporate added facets.

*I had never seen that side of him before, that funny, humorous side. In a way as I say, he was very serious and singular in his views and I think this showed that there was some lightness to him that, I er, that there was more to him that I didn’t think he was capable of.* (Marcel: 12)

Humour was a key component in coming to a paradoxical conclusion, that things are neither right nor wrong, black nor white and this opened up a new horizon of possibility where he himself could think and act differently from before.

*Humour, I suppose took the sting out. Well not all of life by any means, but the, well, I think it took the, it helped me see how my views and thoughts about the world aren’t right or wrong and that and that things aren’t black and white but that’s ok. They don’t have to be, I don’t have to be.* (Marcel: 30)
4.3 Existential Dimensions to the Data

"What if everything is an illusion and nothing exists? In that case, I definitely overpaid for my carpet."

Woody Allen

Humour is existential. The data from the research show that humour is a social (Mitwelt), embodied (Umwelt), personal (Eigenwelt), and even spiritual (Überwelt) phenomenon. We will now briefly survey these existential dimensions of humour in relation to the superordinate themes.

4.3.1 Mitwelt

The use of humour reveals a lot about a person, not only when it is broken down for the purposes of a project like this. Humour is intrinsically a social phenomenon. It evolved, it is suggested, through tickling (van Hooff, 1972), and grooming (Dunbar, 1996) in primates which is linked to social bonding, and this bonding reduces social conflict (Jung, 2003) which is advantageous to the survival of groups.

Psychotherapy is a relating enterprise, and humour as we have seen is a relational interpsychic phenomenon. The data show the degree to which participants value humour and the impact it has on the therapeutic relationship, both negative and positive. The impact of humour generated greater energy in the sessions and also made the ‘other’ more appealing (including sexual attraction) to be with. Humour has revealed elements of dominance and passivity in the therapeutic relationship. It can be seductive and in so doing, deceives self and/or other. It is active. We have seen in several
participants’ examples the power differential and struggle involved in therapy and how humour has the potential to reinforce or redress the imbalances here.

4.3.2 Umwelt

This physical dimension is not only about our bodies and senses, it is about environment, natural laws, possessions, and crucially our mortality. In the data words such as ‘warm’, ‘ice’, ‘stiff’ emerged and phrases such as ‘burst out’, and ‘break through’ were mentioned a great deal. In using these words, participants were adding a physical texture to their descriptions. Some participants, like Sandra, described feeling seduced by their clients, others like Nils and Hamish, were acting seductively with their clients. Sexual tension or excitement, I would suggest, was difficult to speak about for these participants who seemed to have concealed this aspect of the Umwelt from themselves.

4.3.3 Eigenwelt

The Eigenwelt is a psychological or personal dimension, relating to how a person thinks of themselves in the world and how intimate a person is with themselves and others. It is the realm “most associated with psychotherapy” (van Deurzen & Kenward, 2005: 79). Power struggle, I would argue, is not only a social phenomenon. Power struggles exists intrapsychically, as Vinnie demonstrated with her vignette of a patient who was battling different aspects of himself. The internal conflict was alleviated through the humorous encapsulation of his dilemma, conceived by Vinnie in the image of a ‘mad axe-man’.

As we have seen, there were many examples in the data of psychological ‘shifts’. As therapists, the participants described that, through humour, they thought and felt differently about their clients/patients. As clients/patients, they thought and felt differently
about their therapists when humour emerged in their therapy. This was both positive and negative. One thing that stood out in the interviews was that an absence of humour in therapy was an indication of something lacking in either the individual or the relationship. Hamish gave the best example of this in describing his analyst’s initial lack of humour to her later making a joke about herself from his dream. This humorous episode impacted his therapeutic process in different ways. Firstly, it improved their relationship (Mitwelt), and secondly changed the way he thought/felt about himself (Eigenwelt). With regard to its impact, humour it seems, can span more than one existential realm at a time and has some directional movement to it.

4.3.4 Überwelt

Often referred to as the ‘spiritual’ dimension, the Überwelt is the existential realm that reveals one’s attitude to life, the beliefs one has about the world, conscious or not. It can be thought of as the realm which relates to our ethical concerns. It is in this sense, the Überwelt relates to the superordinate theme ‘Psychological & Behavioural Shifts’.

Participants recalled how humour had featured in a re-establishing of their values or beliefs about the world. For example, Emily (17) described in her therapy discovering that it may not be possible to understand everybody and that other people have a different way of being and thinking from her.

_and it was funny or humorous when I realised that it’s impossible to understand other people and I could view the comical side of humanity and me and my therapist kind of bonded over that. I know once she said that “that’s how you reason, and that’s how I reason but that’s not necessarily how everybody else reasons” and we sort of bonded over that. We kind of left it, we saw the funny_
side together, of people, and agreed that we can’t waste time and energy on 
some things and you know, trying to change things if it’s not possible. So we kind 
of ended some discussions with a laugh and that was nice that we could laugh at 
it and leave it... (Emily: 17)

Humour in this instance spans Überwelt and Eigenwelt. It accompanied a realisation of 
her limitations and changed her beliefs as she had, prior to this believed, although 
perhaps not in full awareness, that ‘others’ should think in a way similar to her or 
derstandable to her. It is an example of how humour tempered the brutality of reality, 
preventing collateral damage to her ego, and allowing a shift in perspective and belief.

Marcel described a paradox where humour afforded him the capacity to be 
uncomfortable. He found that in his own therapy humour made his discomfort with the 
unbearable more bearable. The humour furnished him, we might argue, with an 
emotional robustness to face his fears. Without the positive feeling of humour, Marcel is 
saying that looking into the depth of his dis-ease about the world and himself would have 
been much more difficult.

the strength of the relationship just gave me the courage to sort of look into the 
abyss if ...you know and humour did very much form part of that because it 
created a comfortable working environment to me. Comfortable in a way that it 
enabled me in a way to be uncomfortable. You see what I mean (Marcel: 28)

Marcel is describing how humour can help one tolerate existential angst. We are 
reminded here of the predicament of Camus’ Sisyphus who, while forever stuck between 
a rock and a hard place, found some meaning in his absurd existence. It also reveals 
how contradiction is a part of la condition humaine. According to Oden (2004) “the self is
an embodied synthesis of the temporal/eternal, body/soul, finitude/freedom predicament. Hence the most deeply self-aware person becomes most intensively enmeshed in comic consciousness” (p. 27).

4.4 Humour Impact Processes within the Process of Psychotherapy

The therapeutic process is intrinsically relational and the data show that there are positive and negative impacts on the process of psychotherapy. Humour is a complicated process with many different components. Although it is often difficult, from the data, to decipher the causality of impacts on the process of psychotherapy, there is evidence that a directional movement of sorts takes place. This movement is represented in diagram 4.1 below. The reader will see that this cycle represents the positive impact of humour. Numbers 1 & 2 in this cycle relate to the Umwelt and Mitwelt. Numbers 3-6 relate to the Eigenwelt and Überwelt. This movement should not be thought of in strictly linear terms. It demonstrates merely a very slowed-down movement of impact we might say begins with the shared relational phenomenon (humour), which may lead to internal movement in the patient and/or therapist culminating in a change of perspective, values and/or behaviour. It is also perfectly reasonable to consider that a patient may move from number 4 to a new shared humorous episode or from number 4 to number 2 again, and so on. However, what is clear, is that there is a positive feedback current in shared humour that can be positive to the process of psychotherapy rather like the movement of an upward spiral.

In a way similar to a bird gaining height on a thermal, humour acts as a current of warm air on which the client and therapist travel, gaining a wider view of the world. What goes up must come down, and at times the relationship may take a nosedive, for a multitude of reasons, including negative aspects of humour.
The negative themes, I would argue, reveal an impeding of movement in the upward relational spiral. The reader will see in Diagram 4.2 that the three negative impacts that emerged from the data do not feed into a cycle. This does not mean that the therapeutic endeavour is lost entirely if there is seductive humour for example, but that in the examples from the participants, the negative impact of humour disrupted the process and flow of the upward relational spiral. The inhibiting nature of the negative themes
means they do not span all existential realms, and so movement is limited. Although not reported by the participants, it would be reasonable to assume that there is a downward spiral process with negative aspects of humour, leading to termination of the relationship if it is unaddressed. It is worth remembering what Ronne (2011) says about humour’s power to conceal from self and other in the therapeutic relationship:

“It can, however, be so subtle that we cannot accurately identify it. It is when aggressive destructive humor is ego-syntonic (for either the analyst or the patient) that problems arise. There is no “observing ego” that informs either the patient or the analyst about the hostile destructive effect of their use of humor. This feels like business-as-usual. Often these cutting remarks are followed by the disclaimer, "It’s only a joke!”

This, of course, is like any other aspect of therapy where a therapist must remain vigilant to the explicit and implicit in the therapeutic process. There will always be unconscious or pre-reflective processes in therapy that impact the process. It is the task of the therapist to try to uncover, shed light on and consider these subtle dimensions to therapy. In this way the negative impact of humour can also be effectively worked with if the therapist is reflective enough to think about his/her humorous responses and consider the potential in them for seduction, concealing, and creating power imbalance.
Diagram 4.2

Negative Impact of Humour on the Process of Psychotherapy

4.5 Conclusion

Although already an advocate of humour in the consulting room, it has been a surprise to me to see how far-reaching the impact of humour, negative and positive, on the process of psychotherapy can be. Humour is a mental and embodied intentional stance, and in therapy I believe it is indicative of a ‘reaching out’.

Sartre (1943) introduces us to his concept of a project – the fundamental project of being in which we are condemned to be free. He says that we choose even when we think we’re not choosing. For my participants and their clients, humour functioned as a
gateway to awareness of choice, the possibility of movement away from (negative) or towards (positive); of intimacy with themselves and the ‘other’ (positive) or estrangement (negative). With regard to the positive, constructive aspects to humour in therapy, I would suggest that humour not only identifies our failure or false beliefs, it lets us see in that instant that the false belief belongs to the past and we are left suspended, grasping, reaching. There must be something to grasp, a new belief, and an inevitable re-falling into bad faith. As Sartre says, “A life develops in spirals: it passes again and again by the same points, but at different levels of integration and complexity” (Sartre, 1960: 71).

Interestingly, Sartre (1943) argues that in bad faith we labour under ‘the spirit of seriousness’ (p. 796) by which he means a belief or attitude by which one defines oneself and thereby adopts a state of inertia or rigidity. In contrast to this, psychotherapist Betty Cannon (2013) has proposed a ‘spirit of play’, which she describes as a,

“life stance that embraces the awareness that we are not determined by hereditary, environmental, or unconscious forces, but rather that we make ourselves on the face of the particular set of circumstances in which we find ourselves. It is a worldview that may arise when the encounter with double nothingness leads to a repudiation of the spirit of seriousness. One then feels light, playful, responsive, free where before one had felt weighed down by the world and the supposed exigencies of one’s own nature” (2013: 8).

The ‘double nothingness’ to which Cannon is referring is a Sartrean concept that she is using to show a psychological shift. Essentially, double nothingness is a moment in which a person choses/is brought to a different perspective on their past and therefore their future. They are suspended over an abyss (as Marcel described), a nothingness,
with no past or future to hold on to in the same way. The double nothingness is a simultaneous letting go and reaching out. Humour, I would suggest, is a way of bringing into awareness this double nothingness.

While the psychotherapy consulting room, is not – nor should be - a set purely for comedy, it should surely not be precluded. Perhaps through this research, practitioners can become more attuned to the negative and positive aspects of humour. They may feel more confident that humour can have some part to play in an otherwise very serious enterprise. The participants in this study have all, arguably optimistically or defensively, over-stated the positive impact of humour in their practice and personal therapy. They all seem to share the experience that humour is a way of the therapist reaching out the client and the client reaching out to the therapist. I have tried to unpick and present the quality and utility of this ‘reaching out’ across the psychic gap between therapist and client (interpsychic), and the clients and their ‘selves’ (intrapsychic), by developing themes that emerged from the participants’ experiences. Humour is part of a large expressive repertoire that allows a fuller understanding and communication of our selves. Iain McGilchrist (2009) claims that it is the ‘right brain’ that allows such important functions:

“We know that it is the right frontal lobe which enables us to achieve all the rest of which language is capable; which makes empathy, humour, irony possible, and helps us to communicate and express not just facts, but our selves. Here language becomes not a tool of manipulation but a means of reaching out to the ‘Other’.

Where the left hemisphere’s relationship with the world is one of reaching out to grasp, and therefore to use, it, the right hemisphere’s appears to be one of reaching out – just that. Without purpose” (McGilchrist, 2009: 127).
We may often believe ourselves and the world to be known to us. It is familiar or has some hallmarks of familiarity, at least. We don't know what we don't know, and sometimes we don't let ourselves know what we do actually know, like our limitations, dying. Comedians are adept at delighting us because through humour they bring into, or bring back, our awareness of ourselves and/or the world. We might say that humour opens a door and lets light flood into a darkened area of a cavernous psyche. “Humour…can be used as a sort of cognitive sonar probe that generates perceptible echoes of otherwise ‘invisible’ mental contents” (Hurley et al., 2009: 302).

The research participants all gave personal and professional examples of humour heralding psychological shifts as well as resulting in them. I would suggest that in line with the literature, humour simultaneously and suddenly identifies the abyss (Sartre, 1943) or mistakes in our mental spaces (Hurley et al. 2011), while attributing positive affect (mirth) which makes it possible/bearable to (re-)reach out to the unknown, the new. In other words, there is a continuous spiral of discovery of mistakes, glitches, ambiguity in patients’ ways of being and this discovery can be greatly facilitated by humour. Awareness can, of course, be reached without humour, but the experiential nature of humour allows a realisation to be reached in therapy with a (mostly) positive impact. I believe humour can be limiting and interrupt deep understanding. It can conceal, prevent and stifle awareness of oneself and the world. In therapy, a therapist must be clear about their own history, beliefs and biases about humour so that the potentially limiting aspects of humour do not sabotage the therapeutic process. This is like any other aspect of practice, and does not mean humour should not be embraced.

Harris (1967) viewed a healthy life position as being one in which the relationship between self and other is harmonious. This position is represented in his famous phrase “I'm ok – you're ok”. However, this does not take into account the paradoxical
dimensions of being. Perhaps a more existential position would be “I'm not ok – you're not ok. But that’s ok”. Through humour, reality asserts its paradoxical, unfathomable nature in a way that is bearable. Humour allows a lingering glimpse of the ultimate concern, temporarily befriending death. If a patient can begin to think with their therapist about their lives with humour as well as seriousness, then a ‘tragi-comic’ position or attitude has been adopted which we may say is indicative of existential maturity.

It makes no sense to see humour as either positive or negative. Like seriousness, it can be both, and like all phenomena and interventions in psychotherapy, should be considered carefully and employed judiciously. It is my intention that this dissertation will be published in journals and presented at conferences. Offering workshops on humour where time is devoted to looking closely at clinical examples of humour in therapy will be of benefit to clinicians who may be interested in the topic, or cautious about it. As briefly mentioned above, practitioners working with clients who present with particularly rigid world views or ways of being, would find it helpful to consider humour as a way to combat an obsessive-compulsive defense. Based on my research, the expression of positive humour indicates a capacity for movement in the individual, and this should be nurtured. In a similar vein, therapeutic and support groups or networks for those on the autistic spectrum may well also benefit from this research. Humour reveals contradictions in logic, without threat, and develops relational intimacy.

Over time I hope to develop a module on humour in psychotherapy to be taught in psychotherapy training institutions as currently nothing substantial is offered on this topic. This will be an important step in therapeutic training because it will highlight the impact, complexity, and power of humour in both positive and negative ways,
discouraging a cavalier attitude towards it, and encouraging better, more informed practice.
Appendices
Appendix 1

Middlesex University School of Health and Social Sciences

Psychology Department

Written Informed Consent

I have understood the details of the research as explained to me by the researcher (Neil Gibson) and confirm that I have consented to act as a participant.

I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.

I further understand that the data I provide may be used for analysis and subsequent publication, and provide my consent that this might occur.

Print name:

Sign Name: Date:
Appendix 2

Information Sheet

Date:  
Researcher: Neil Gibson  
Institution: Psychology Dept., Middlesex University, Queensway, Enfield, Middlesex EN3 4SF  

You are being invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully, and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take your time to decide whether or not you wish to take part.

Currently there is very limited specific qualitative research on the impact of humour in psychotherapy. This research aims to understand psychotherapists’ experience of humour in their clinical practice and also in their own personal psychotherapy. It is hoped that this research can be used to illustrate any impact humour has on the process of psychotherapy, and this will be gleaned from both your personal and professional perspectives of therapy. Your co-operation will help raise awareness of humour as a meaningful phenomenon in psychotherapy. As part of this research your input will be useful to qualified, training and trainee psychotherapists as well as clinical supervisors and organisations interested in the nature of human communication.

You will be invited to talk with me in a private consulting room in Newcastle, or your own consulting room if this is more convenient.

Interpretative Phenomenological Analysis (IPA) is the method of research used in this study. As such the interview is informal and lasts for a maximum of 60 minutes. I will invite you to talk about your personal and professional experiences of humour in psychotherapy. This includes both your clinical work and your own personal therapy.

You will be given a copy of this information sheet and asked to sign a consent form prior to taking part in the research. Participation in this research is entirely voluntary. You do not have to take part if you do not want to. If you decide to take part you may withdraw at any time without giving a reason.

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The Middlesex Psychology Department’s Ethics Committee have reviewed this proposal.

Thank you for reading this information sheet.
Appendix 3

Pilot Transcript: Nils
(without analysis notes)

NG: So the first thing is really just for you to tell me one of your experiences that stands out erm in relation to humour in therapy

1. NILS: ooh. One of my experiences...oh yes, oh yes...I mean I have a client where we’re using a metaphor, like a menagerie of metaphors that are humorous that is helpful and unhelpful at the same time. I don’t know how much you want me to go into it

NG: As much as you like

2. NILS: ok so basically my client is very prim, she’s gorgeous, very like, very like, yeah, very British, gorgeous little, ooo everything’s perfect, yeah. And she’s come to me because, this is confidential, right?

NG: It is, yes.

3. NILS: Good. So she is, she’s come to me because her life has fallen down once she actually picked death and failed there, she couldn’t cope with it because she’s dealt with perfection. So the analogy started out you know, a swamp and the glass castle which is clearly, and er going in to the swamp but then it gets more and more hilarious as, you know, I claim to be the hippopotamus wallowing in the mire and loving it and getting all filthy, there’s almost a sexual innuendo there, erm, so so there is an almost sexual vibe between us so maybe that gets joked away a little bit by that. It’s also one way of , she she doesn’t really want to engage everything has to be perfect so humour is a way to kinda get her [clicks fingers] get her moving. Erm but also sometimes humour is a way to sometimes she does contact deeper hurt in herself so then the humour is a way to kinda bring it up and go “lalala it’s all fine hahaha that’s a funny thing to say” erm...so it serves many functions and I’m growing more and more mindful of the dangers and also the uses inherent in in humour and hilarity ya.
NG: So there’s you talked about a sexual part and also the part that brings up deeper stuff that would have otherwise not surfaced

4. NILS: I think the sexual part is very marginal. I think that’s part of the therapy that there’s an attraction going on or so that probably just gets tacked on to this humour. I think that the main part is that it...what does it do?..makes it ok to talk about things because it makes a situation lighter instead of having having a deep psychotherapy there is a bit of lightness thrown in. It...yeah so it makes the situation nicer, it makes a situation sometimes a bit too light, it like, it’s a bit, basically its not too light, it’s like a rescue, it’s like when you get too deep and you can’t handle it anymore you can use, you can use humour to get yourself out of it, so she can use humour by referring to this analogy, this hilarious analogy to get herself out and I can then choose to join in or should, should I deem it that actually I think she could take it. Actually not joining in and just noticing that’s one way of looking at it but let’s get back to it. So, so it’s almost like, like i was going to say accelerated but that not what I mean, it’s more like a total control thing of turning up the heat or turning down the heat, moving away from the issue or moving to the issue. Humour is is like an enabler, to get into the situation or get out of the situation. It makes it easier to move. So compare it to platinum in a catalyst it makes the reaction happen faster whichever way you want to go, depth or ease. Yeah. I’m making this up as I go

NG: Sure. So and are there, are there any other examples that come to mind where humour has been used, like an example of humour. It could be from work with clients or humour that you remember from your own therapy?

5. NILS: Hmmm, from my own therapy, no. I don’t think I’ve had humour in my own therapy. I’ve had, I’ve said jokes in my own therapy and my therapists have politely snickered and er...moved on.

NG: Tell me a bit more about that...
6. NILS: Yeah yeah yeah, which I find really degrading actually and pissed off because yeah, because jokes, humour is an integral part to who I am and you are an many of us and why why the hell should that not be allowed? But it's all like "no no no this is serious we cannot use humour". Whilst in fact some of the best best best humorist peoples are really really real. I mean it's it's it’s, there's some, a real depth about good humour. Erm...but as for my person therapy and also notice that sometimes in personal therapy I laugh something away, I, I, I, erm... avoid showing er, use it as a way to cover up emotion so instead of actually going "this really hurts" I go, "hoho, this is a mother fucker!" so it, its, yeah. That's actually the way that I use humour, it strikes me, as a therapist, by sometimes using the expressions that are...I don't know if this is humour for you, bad humour, but using er kind of Americanisms or using er, a slang or using a funny expression. Er...yeah and I think that an analogy that is humours that can brink energy into the dialogue when it gets too boring or flat you have to infuse it with energy.

NG: it impacts on the energy it gives the client

7. NILS: Yes, yeah.

NG: Hmm, what else springs to mind when you think of humour?

8. NILS: It strikes me that I mentioned that it was kind of an enabler, a speeder-uper thing. Um, I notice with, especially this client I mentioned, but also with other clients that sometimes what starts, a sentence that starts with something funny like, "haha, she did that!" that kind of energy that comes from humour actually then topples them over the edge and they go into a very deep state of sadness and upsetness and crying. It can almost push you over the edge, you kinda roll with the humour. Erm...It’s a great humaniser, it’s a great leveller of hierarchy between the therapist and the little client who does not know. And it it it makes us into to two human beings struggling to live our lives in this world about to die and we can have a sense of humour and its almost a relaxation that we’re not making it so fucking serious. There’s something so existential about you
know, knowing that we’re going to die, knowing that we’ve got fifty years left, thirty in my case or something like that, is that is that yeah, there’s something about humour that shows acceptance of the world and it’s pain. It almost sounds absurd to say that but a really ingrained humour is something about it speaks to the to fascinating mystery of being in the world. I don’t think, I think humour is a central component to being in the world and partaking in the mystery that being in the world is. As is intense sadness. But I think both, therefore, need to be in the psychotherapy room

NG: That it’s linked to suffering somehow

9. NILS: Yeah, yeah. I mean the classic example of suffering in meaning would be for me at least, Camus, Sisyphus and you know, he pushes a stone up a hill and it rolls, the fucker rolls down and he has to do that all over again and that’s…but the central part of that, according to Camus, is that Sisyphus actually gives a big finger to the Gods, tells them to fuck off because he has meaning. There is something humorous about that you know that, yeah, you have a shit job but you’re doing it. There is something joyous and irreverent about humour which I like when allowed and introduced by the therapist because the therapist in the situation in the therapy room is often the one seen as having the power, has the knowledge and the poor client is coming to him etc and by the therapist having humour actually the therapist is actually putting himself down and humanising himself and hence humanising the whole relationship and in fact humanising the client as well because I’m sharing things with you, I’m , you’re not just a client who comes to me with your clumsy way of being you’re actually a person and we can share humour and laughter together. Yeah.

NG: so it’s a mutually humanising catalyst?

10. NILS: Yes, yes. I really don’t know my Buber to say this with confidence but its strikes me that you can laugh at someone in an I-It relationship but if you laugh with someone you’re approaching an I-Thou relationship
NG: And in your experience with clients in the examples you give you feel that the use of humour was an I-Thou experience or...?

11. NILS: Maybe that’d be going too far but sometimes. But but I would definitely say the use of humour has definitely, horizontal... er, er, er how do you say when you put authority at the same level?

NG: levelled out

12. NILS: levelled out the relationship. Definitely levelled out the relationship, made it much more, much less presumptuous and fancy, made much more human and gritty and and real which is exactly what my client needs

NG: That real thing, it has adds realness to it, a reality?

13. NILS: Yes, yes, yes. We therapists are so fucking wordy. “So how is that for you?”, “What are your words around that?” but what about actually communicating with laughter. I mean there’s something about laughter that is a total release, that there’s a real connection there. Yeah.

NG: like a release of something

14. NILS: Mmm. Yeah and I mention that there’s a mutual release of something and then of course the thought, the thought of sex comes in is is that there is a sexual vibe to sharing laughter together. Or there can be, there can be.

NG: So what would be an example of that?

15. NILS: well um again that client I mentioned I first mentioned is is that there is an element of of laughing together of of er shared laughter, it’s not overtly sexual but it just strikes me that there’s something of that going on, I can’t really put my finger on

NG: It’s difficult to put your finger on exactly what it is but but you can sense that it’s there, and its sexual, there’s sexuality in the humour


NG: Is there anything else that’s coming to your mind?
17. NILS: Nope.

NG: How do you think that humour that you might have used has impacted your clients?

18. NILS: well sometimes, I mean I’ve been talking about humour in a very good light here, but sometimes I use humour mindlessly. Sometimes I , because of laziness or mindlessness or er I just put in this, I’m sure I’ve done it in this interview if you play it back you’re probably gonna hear it, I have to put in some funny thing about whatever, even when we started this session I said ‘the belt and braces approach’, which is kind of a jock, mocking the ‘belt and braces’ approach. That came quite naturally to me. Now, you know, that could have hurt you, that could have made like, I dunno, I think humour can be dangerous if it’s used totally mindlessly and I think I don’t, I don’t think, I haven’t noticed that a client has been hurt but I know, I have noticed when clients have been er...flabbergasted? Like not, not appalled, but erm....taken aback, like “what are you talking about?” but then moving on yeah, and me resolving in my head never to do such things again. Just by little innocuous things cause, even though humour is a levelling thing and all that your clients are coming to you with very very serious stuff, the the, it’s their whole life that’s at stake and it’s crucial that they do not feel that as if I’m laughing at them. So I guess the connection has to be them, the respect, the mutuality has to be there first in order to allow, or to ensure that the laughter is seen as laughing with. It is only when you know that I care for you and do hear your pain that we can together smile at this shit predicament that you’ve got yourself into with your partner or your work or whatever it could be. Erm...

NG: Sometimes you’re saying that doesn’t work

19. NILS: Sometimes if if I just blunder along then I can be potentially hurtful to be to have such a sense of humour. Sense of humour has to have, you have to have a solid base of er... You can create that solid base in ten minutes, and and it can be done quickly where you have a sort of respectful presence together so that humour is is ok to
use. But unless, but if you don’t have that I would be quite cautious about being humorous about things.

NG: The solid base is important, that’s your starting point.

20. NILS: hmm, hmm. In fact it does remind me I had a session with one therapist in Sweden, my home country, err, just for obvious reasons it was only one session and he was quite... he was very sure about himself, very sure about his theories and very quickly told me what I should do with my life and such and it drove me bananas, and he was using humour but that felt humiliating, that felt degrading and er that felt like err, yeah, so humour can be degrading if respect of the hierarchy again... there, it has to be level.. Humour can be a leveller of hierarchy but only when there is trust and and the the movement towards that is likely. If if there is tension between the client and the therapist, humour can be really really dangerous.

NG: Say a bit more about that, about the danger.

21. NILS: If the client is very much holding the upper hand and the client does feel very very much needy, weak...

NG: If the client’s holding the upper hand or?

22. NILS: If the therapists holding up the upper hand and the client is er...insecure, then that’s when it’s very very dangerous for the therapist to try and level with the client using humour. That would be inane. However, if there’s a beginning of a mutuality where sure the client may still feel like the therapist is a bit above hierarchically, but there is a real genuine trust and dialogue and flow between the client and therapist then humour can actually start to act as a leveller and then bring the er, it into a more mutual situation, a mutual discovery and exploration. I think. Yeah, that’s all.

NG: Ok. Then we’ll stop there.

23. NILS: Yes, thank you.
Appendix 4

Pilot Transcript

(Scanned with analysis notes)
It's also one way of, she doesn't really want to engage everything has to be perfect so humour is a way to kinda get her [clicks fingers] get her moving. Erm but also sometimes humour is a way to sometimes she does contact deeper hurt in herself so then the humour is a way to kinda bring it up and go "lalala it's all fine hahaha that's a funny thing to say" erm...so it serves many functions and I'm growing more and more mindful of the dangers and also the uses inherent in in humour and hilarity ya.

NG: So there's you talked about a sexual part and also the part that brings up deeper stuff that would have otherwise not surfaced

INTERVIEWEE: I think the sexual part is very marginal. I think that's part of the therapy that there's an attraction going on or so that probably just gets tackled on to this humour. I think that the main part of it...what does it do?...makes it ok to talk about things because it makes a situation lighter instead of having a deep psychotherapy there is a bit of lightness thrown in. It...yeah so it makes the situation nicer, it makes a situation sometimes a bit too light, it like, it's a bit, basically its not too light, it's like a rescue, it's like when you get too deep and you can't handle it anymore you can use, you can use humour to get yourself out of it, so she can use humour by referring to this analogy, this hilarious analogy to get herself out and I can then choose to join in or should, should I deem it that actually I think she could take it. Actually not joining in and just noticing that's one way of looking at it but let's get back to it.

So, so it's almost like, like I was going to say accelerated but that not
what I mean, it's more like a total control thing of turning up the heat or turning down the heat, moving away from the issue or moving to the issue. Humour is like an enabler, to get into the situation or get out of the situation. It makes it easier to move. So compare it to platinum in a catalyst it makes the reaction happen faster whichever way you want to go, depth or ease. Yeah. I'm making this up as I go.

NG: Sure. So and are there, are there any other examples that come to mind where humour has been used, like an example of humour. It could be from work with clients or humour that you remember from your own therapy?

INTERVIEWEE: Hmmm, from my own therapy, no. I don't think I've had humour in my own therapy. I've had, I've said jokes in my own therapy and my therapists have politely snickered and er...moved on.

NG: Tell me a bit more about that...

INTERVIEWEE: Yeah yeah yeah, which I find really degrading actually and pissed off because yeah, because jokes, humour is an integral part to who I am and you are an many of us and why why the hell should that not be allowed? But it's all like "no no no this is serious we cannot use humour". Whilst in fact some of the best best humorist peoples are really really real. I mean it's it's it's, there's some, a real depth about good humour. Erm...but as for my person therapy and also notice that sometimes in personal therapy I laugh...
something away, I, I, err... avoid showing it, use it as a way to cover up emotion so instead of actually going "this really hurts" I go, "hoho, this is a mother f**ker!" so it, its, yeah. That's actually the way that I use humour, it strikes me, as a therapist, by sometimes using the expressions that are... I don't know if this is humour for you, bad humour, but using er kind of Americanisms or using er, a slang or using a funny expression. Er... yeah and I think that an analogy that is humour that can bring energy into the dialogue when it gets too boring or flat you have to infuse it with energy.

NG: it impacts on the energy it gives the client

INTERVIEWEE: Yes, yeah.

NG: hmm, what else springs to mind when you think of humour?

INTERVIEWEE: it strikes me that I mentioned that it was kind of an enabler, a speeder-upper thing. Um, I notice with, especially this client I mentioned, but also with other clients that sometimes what starts, a sentence that starts with something funny like, "haha, she did that!" that kind of energy that comes from humour actually then ripples them over the edge and they go into a very deep state of sadness and upsetness and crying. It can almost push you over the edge, you kinda roll with the humour. Erm... it's a great humaniser, it's a great leveller of hierarchy between the therapist and the little client who does not know. And it it makes us into two human beings struggling to live our lives in this world about to die and we...
Humour actually the therapist is actually putting himself down and humanising himself and hence humanising the whole relationship and in fact humanising the client as well because I'm sharing things with you, I'm, you're not just a client who comes to me with your clumsy way of being you're actually a person and we can share humour and laughter together. Yeah.

NG: So it's a mutually humanising catalyst?

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INTERVIEWEE: Yes, yes, yes. We therapists are so fucking wordy.

"So how is that for you?" "What are your words around that?" but what about actually communicating with laughter. I mean there's something about laughter that is a total release, that there's a real connection there. Yeah.

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NG: So what would be an example of that?

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NG: It's difficult to put your finger on exactly what it is but but you can sense that it's there, and its sexual, there's sexuality in the humour

INTERVIEWEE: Yeah. Yes.

NG: Is there anything else that's coming to your mind?

INTERVIEWEE: Nope.

NG: How do you think that humour that you might have used has impacted your clients?
INTERVIEWER: Sometimes if I just blunder along then I can be potentially hurtful to be to have such a sense of humour. Sense of humour has to have, you have to have a solid base of er... You can create that solid base in ten minutes, and it can be done quickly where you have a sort of respectful presence together so that humour is is ok to use. But unless, but if you don't have that I would be quite cautious about being humorous about things.

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INTERVIEWER: hmm, hmm. In fact it does remind me I had a session with one therapist in Sweden, my home country, err, just for obvious reasons it was only one session and he was quite...he was very sure about himself, very sure about his theories and very quickly told me what I should do with my life and such and it drove me bananas, and he was using humour but that felt humiliating, that felt degrading and er that felt like err, yeah, so humour can be degrading if respect of the hierarchy again... there, it has to be level. Humour can be a leveller of hierarchy but only when there is trust and and the the movement towards that is likely. If if there is tension between the client and the therapist, humour can be really really dangerous.

NG: Say a bit more about that, about the danger.

INTERVIEWER: If the client is very much holding the upper hand and the client does feel very much needy, weak...

NG: If the client's holding the upper hand or?
INTERVIEWER: It’s very dangerous for the therapist to try and level with the client using humour. That wouldn’t be nice. However, if there’s a beginning of a mutuality between the client and therapist then humour can actually start to be used.

INTERVIEWER: If the therapist holding up the upper hand and the client is or insecure, then that’s very very dangerous for the therapist to try and level with the client using humour. That wouldn’t be nice. However, if there’s a beginning of a mutuality between the client and therapist then humour can actually start to be used.

INDEX: discovery, discovery exploration.

INTERVIEWER: Yes, thank you.
Appendix 5

Interview Transcripts
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Room/Service</th>
<th>Action</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/19</td>
<td>10:00</td>
<td>Surgery</td>
<td>Prepped</td>
<td>Ready for surgery</td>
</tr>
<tr>
<td>10/19</td>
<td>11:00</td>
<td>OR</td>
<td>Operated</td>
<td>Successful outcome</td>
</tr>
<tr>
<td>10/19</td>
<td>12:00</td>
<td>ICU</td>
<td>Monitored</td>
<td>Stable condition</td>
</tr>
<tr>
<td>10/19</td>
<td>13:00</td>
<td>ER</td>
<td>Treated</td>
<td>Diagnosed and prescribed medication</td>
</tr>
<tr>
<td>10/19</td>
<td>14:00</td>
<td>ER</td>
<td>Discharged</td>
<td>Home with instructions for follow-up</td>
</tr>
</tbody>
</table>

Note: All patients received appropriate care and treatment as per standard protocols.

---

207
<table>
<thead>
<tr>
<th>Code</th>
<th>M#</th>
<th>Expected Score</th>
<th>Method</th>
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<tbody>
<tr>
<td>1729</td>
<td>7</td>
<td></td>
<td>3rd/4th Graders learning about past events (History) with the use of biographies, photographs, and interactive websites.</td>
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<tr>
<td>618</td>
<td>8</td>
<td></td>
<td>MAP, No data available.</td>
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<tr>
<td>Exercise Title</td>
<td>Training Method</td>
<td>Duration</td>
<td>Intensity</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>1: Total Body Strength Training</td>
<td>Deadlifts, Squats, Bench Press</td>
<td>30 minutes</td>
<td>Moderate</td>
</tr>
<tr>
<td>2: Explosive Power Training</td>
<td>Box Jumps, Medicine Ball Throw</td>
<td>20 minutes</td>
<td>High</td>
</tr>
<tr>
<td>3: Endurance Training</td>
<td>Running, Cycling</td>
<td>60 minutes</td>
<td>Low</td>
</tr>
<tr>
<td>4: Cardiovascular Training</td>
<td>Tabata Intervals</td>
<td>12 minutes</td>
<td>Moderate</td>
</tr>
<tr>
<td>5: Flexibility Training</td>
<td>Yoga, Stretching</td>
<td>45 minutes</td>
<td>Low</td>
</tr>
</tbody>
</table>

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**Notes:**
- Training sessions should be followed by a warm-up and cool-down to prevent injury.
- Hydration and nutrition are crucial for optimal performance.
- Rest and recovery are just as important as training sessions.
- Adjust intensity and duration based on individual fitness levels and goals.
<table>
<thead>
<tr>
<th>Entry</th>
<th>Title</th>
<th>Concept Name</th>
<th>Situation</th>
<th>Description</th>
<th>Implications</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>1043</td>
<td>2.12</td>
<td>Inferiority complex</td>
<td>I believe that I am not as good as others and that I should try harder to be better.</td>
<td>My self-esteem is low, and I feel embarrassed and inferior.</td>
<td>I may avoid situations where I might fail.</td>
<td>May lead to isolation and decreased confidence.</td>
</tr>
<tr>
<td>1044</td>
<td>Inferiority complex</td>
<td>Self-doubt</td>
<td>I doubt my abilities and question my worth.</td>
<td>My self-confidence is low, and I feel unsure of myself.</td>
<td>I may avoid challenges that I perceive as too difficult.</td>
<td>May lead to procrastination and avoidance.</td>
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<tr>
<td>1045</td>
<td>Inferiority complex</td>
<td>Social anxiety</td>
<td>I feel anxious in social situations.</td>
<td>My fear of being judged or rejected is high.</td>
<td>I may avoid social interactions.</td>
<td>May lead to isolation and decreased social skills.</td>
</tr>
<tr>
<td>1046</td>
<td>Inferiority complex</td>
<td>Performance anxiety</td>
<td>I worry about performing poorly.</td>
<td>My fear of failure is high.</td>
<td>I may avoid important tasks.</td>
<td>May lead to decreased productivity and performance.</td>
</tr>
<tr>
<td>1047</td>
<td>Inferiority complex</td>
<td>Academic anxiety</td>
<td>I feel nervous about academic tasks.</td>
<td>My fear of not performing well in school is high.</td>
<td>I may avoid challenging assignments.</td>
<td>May lead to decreased academic performance.</td>
</tr>
<tr>
<td>1048</td>
<td>Inferiority complex</td>
<td>Physical anxiety</td>
<td>I feel nervous about physical tasks.</td>
<td>My fear of physical failure is high.</td>
<td>I may avoid physical challenges.</td>
<td>May lead to decreased physical fitness and performance.</td>
</tr>
<tr>
<td>1049</td>
<td>Inferiority complex</td>
<td>Emotional anxiety</td>
<td>I feel nervous about emotional situations.</td>
<td>My fear of emotional failure is high.</td>
<td>I may avoid emotional challenges.</td>
<td>May lead to decreased emotional resilience.</td>
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M10 [516]

214

214
<table>
<thead>
<tr>
<th>Marital</th>
<th>When</th>
<th>Enacted House</th>
<th>Variables</th>
<th>Description</th>
<th>Implication</th>
<th>Conceptual</th>
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<tr>
<td>Married</td>
<td>5.75</td>
<td>2</td>
<td>Same-sex relationship</td>
<td>Would indicate that at the heart of it would be feelings and emotions.</td>
<td>Not shown in the chart.</td>
<td>Not shown in the chart.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Both partners were feeling the same way and shared the same values.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Would suggest a strong bond and a deep love for each other.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>This could indicate a strong sense of commitment and dedication to the relationship.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>There may be a strong desire to remain together and work through any challenges that arise.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>There could be a focus on creating a strong foundation for the future.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** This is an excerpt from a larger document that is not fully visible in the image. The table contains information related to marital status, house positions, and implications of those positions in the context of a relationship. The conceptual implications are not detailed in the visible portion of the image.
And then we asked what would have happened if...? 
End. 
(Emotional experience of not being able to or not wanting to share the story of the relationship that was ended, and not wanting to share information about it with others.)

End. 

End. 

End. 

End. 

End. 

End. 

End. 

End. 

End. 

End.
<table>
<thead>
<tr>
<th>Session</th>
<th>DP</th>
<th>Extracted Theme</th>
<th>Description</th>
<th>Linguistic</th>
<th>Conceptual</th>
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<tbody>
<tr>
<td>S1</td>
<td>P</td>
<td>The first question is put to you in Chinese, but there is no requirement that you have had any impact on your clinical work.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S2</td>
<td>P</td>
<td>I find that humour allows the patient to express the seriousness of the situation by using other types of behaviour that are not usually present in therapy and that can also be helpful. I find that humour is often used in therapy to help reduce tension, but also to add a more serious element to the relationship.</td>
<td></td>
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<td></td>
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<tr>
<td>S3</td>
<td>P</td>
<td>Calmness can be dangerous because the patient becomes overconfident and does not engage in the therapy. Calmness can be seen as a passive-aggressive symptom.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S4</td>
<td>P</td>
<td>We can now see that the patient’s behaviour is still being displayed and it is not possible to do anything about it. The patient is still being displayed and it is not possible to do anything about it.</td>
<td></td>
<td></td>
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<tr>
<td>S5</td>
<td>P</td>
<td>The patient’s behaviour is still being displayed and it is not possible to do anything about it. The patient is still being displayed and it is not possible to do anything about it.</td>
<td></td>
<td></td>
<td></td>
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</table>

218
<table>
<thead>
<tr>
<th>Line</th>
<th>Text</th>
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</thead>
<tbody>
<tr>
<td>N6</td>
<td>E</td>
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**Table:**

<table>
<thead>
<tr>
<th>Id</th>
<th>Movement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N6</td>
<td>E</td>
<td>Meaningful laughter in a challenge to daily behaviors: laughter provokes a narrative. Children hear something said and laugh in a meaningful way.</td>
</tr>
<tr>
<td>N7</td>
<td>E</td>
<td>When you think about why you have focused on the particular experience of humor what would you say, what would you say about the particular event that you observed?</td>
</tr>
<tr>
<td>N8</td>
<td>E</td>
<td>The humor we experience reveals much more than the contents of humor. It is a key to understanding the nature of the relationship between the listener and the speaker.</td>
</tr>
<tr>
<td>N9</td>
<td>E</td>
<td>To the impact on your process of making humor, what do you think the impact was on her presence through the work? The focus on humor or reflecting her humor in recognizing it.</td>
</tr>
<tr>
<td>N10</td>
<td>E</td>
<td>The context of humor challenge’s different positions. Humor to enhance the presence and understanding. Reflecting back on the humor laughter, recall the actual situation.</td>
</tr>
<tr>
<td>N11</td>
<td>E</td>
<td>The story she told to her friend about her daily humor observations is keeping her from changing something that’s happened. It’s still not quite right.</td>
</tr>
<tr>
<td>N12</td>
<td>E</td>
<td>Observing the influence of humor on the child. It is a reflection of the social and the personal meaning behind the social.</td>
</tr>
<tr>
<td>N13</td>
<td>E</td>
<td>I suggest the influence on the child and the role of the social.</td>
</tr>
<tr>
<td>N14</td>
<td>E</td>
<td>The story she told to her friend about her daily humor observations is keeping her from changing something that’s happened. It’s still not quite right.</td>
</tr>
</tbody>
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**Image:**

219
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N10 E

We can’t light up anything, what am I aiming by that?

N40 P

You’ve mentioned difficulties, have you explored them?

N41 E

You feel that it has kind of drained your in some way.

N45 P

Definitely, self-judging,erotising, e.g., when some romantic relationship being able to laugh, to make the jokes, I mean that’s been a strain, a strain, to make the jokes, to make the jokes, to make the jokes.

N47 F

This is what getting things wrong means?

N47 P

Yes, getting things wrong, even once is a way of God. Easiest is there’s no place, it’s not getting, it’s not getting, it’s not getting.

N43 E

That being wrong or OK, or humor, that can be shown in an OK, not.

N43 P

Definitely. I was just thinking about, I was thinking about, what was I thinking about, what was I thinking about, what was I thinking about, what was I thinking about, what was I thinking about, what was I thinking about, what was I thinking about.

N44 E

You don’t understand why?

N44 P

Because they are getting things wrong. They are getting things wrong. They are getting things wrong. They are getting things wrong. They are getting things wrong.

N41 P

I think about humor, I think about humor, I think about humor, I think about humor, I think about humor, I think about humor, I think about humor.

N45 E

Humor breaks a skill in the child, a skill in the child.

N45 P

Definitely. I was just thinking about, what was I thinking about, what was I thinking about, what was I thinking about, what was I thinking about, what was I thinking about, what was I thinking about, what was I thinking about.

N46 E

You talk about, humor, humor.

N46 P

I think about humor, I think about humor, I think about humor, I think about humor, I think about humor, I think about humor, I think about humor.

N48 E

On your face there are times when you feel that humor has been good for you.

N48 P

Definitely. I was just thinking about, what was I thinking about, what was I thinking about, what was I thinking about, what was I thinking about, what was I thinking about, what was I thinking about, what was I thinking about.

N48 E

This is what getting things wrong means?

N48 P

Yes.

N48 E

This is what getting things wrong means?

N48 F

I think about humor, I think about humor, I think about humor, I think about humor, I think about humor, I think about humor, I think about humor.

N48 P

Yes.

N48 E

So how do you know when it’s good, that’s kind of a question.

N48 P

Can we do that?

N48 E

I think I had an experience. I think I had an experience. I think I had an experience. I think I had an experience. I think I had an experience. I think I had an experience. I think I had an experience.
So, that's negative and positive.
Yes, so there are opportunities that potential. Humour is like any other part of being with a person in the room.
Is there anything else you would like to add?
No.
Ok. Thank you very much.
Appendix 6

List of Emergent Themes for Each Participant

Emergent Themes for Sandra

<table>
<thead>
<tr>
<th>Super-ordinate Themes</th>
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<tr>
<td><strong>o. Sado-masochistic</strong></td>
<td></td>
</tr>
<tr>
<td>1. Is sometimes an invitation to collude with false self</td>
<td>S46</td>
</tr>
<tr>
<td>2. Is seductive</td>
<td>S14</td>
</tr>
<tr>
<td>3. Can be colluding with client</td>
<td>S14</td>
</tr>
<tr>
<td>4. Invites collusion with unconscious processes</td>
<td>S46</td>
</tr>
<tr>
<td>5. Impedes the process of therapy when collusive</td>
<td>S46</td>
</tr>
<tr>
<td>6. Therapist’s sarcasm expresses hidden anger and/or fear</td>
<td>S5</td>
</tr>
<tr>
<td>7. Devalues self (of client)</td>
<td>S15</td>
</tr>
<tr>
<td>8. Gallows can be provocative/aggressive to therapist</td>
<td>S2</td>
</tr>
<tr>
<td>9. Gallows humour/laughter can anger the therapist</td>
<td>S5</td>
</tr>
<tr>
<td>10. Gallows humour indicates something disturbed</td>
<td>S5</td>
</tr>
<tr>
<td><strong>p. Deflective Strategy</strong></td>
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<tr>
<td>1. Hides true feelings</td>
<td>S2</td>
</tr>
<tr>
<td>2. Humour hides true feelings/truth</td>
<td>S14</td>
</tr>
<tr>
<td>3. Is discounting of important things</td>
<td>S46</td>
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<tr>
<td>4. Can be avoidant</td>
<td>S48</td>
</tr>
<tr>
<td>5. Is a deflection</td>
<td>S14</td>
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<td>6. Gallows can be dangerous because disguises bad experience</td>
<td>S2</td>
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<tr>
<td><strong>q. Therapist misjudgement</strong></td>
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<tr>
<td>1. Can increase anxiety if therapist's intentions not understood</td>
<td>S38</td>
</tr>
<tr>
<td>2. Can increase defensiveness when done early in relationship</td>
<td>S37</td>
</tr>
<tr>
<td>3. Teasing can be too challenging at first</td>
<td>S37</td>
</tr>
<tr>
<td>4. Teasing can feel hurtful</td>
<td>S38</td>
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<tr>
<td><strong>r. Mirroring clients –ve humour can increase client’s self-awareness</strong></td>
<td></td>
</tr>
<tr>
<td>1. Reflecting back gallows humour shows reality of situation</td>
<td>S7, S12</td>
</tr>
<tr>
<td>2. Reflecting gallows humour challenges client behaviour</td>
<td>S8, S6</td>
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<tr>
<td>3. Mirroring gallows stops gallows</td>
<td>S11</td>
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<tr>
<td>4. Mirroring gallows style of client reveals their way of being</td>
<td>S7</td>
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<td>5. Mirroring gallows reveals incongruity &amp; provokes change in –ve actions</td>
<td>S11</td>
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<tr>
<td>6. Mirroring gallows reveals a incongruity between what and how s’thing said</td>
<td>S6</td>
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<td>7. Reflecting clients humour encouraged separation and autonomy</td>
<td>S7</td>
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s. **Reveals to client their attitude and outlook**
1. Reveals internal struggle/conflict \( S_{39} \)
2. Reveals repetition in their life \( S_{15}, S_{16} \)
3. Exposes ludicrousness & incongruities of way of being \( S_{16}, S_{35}, S_{7} \)
4. Reveals different perspective \( S_{24}, S_{28} \)
5. Playfully reveals double standards \( S_{34} \)
6. Reveals other dimensions to life \( S_{35} \)

**t. Liberation and Freedom from constrictive internal states**
1. Is freeing \( S_{25}, S_{31}, S_{18}, S_{17}, S_{16}, S_{43}, S_{41}, S_{44}, S_{21}, S_{45}, S_{25}, S_{18}, S_{17}, S_{19} \)
2. Allows creativity \( S_{18} \)
3. Signals victory over self \( S_{17} \)
4. Helps client move on \( S_{17}, S_{19} \)
5. Is liberating \( S_{39}, S_{24} \)
6. Leads to real feelings \( S_{34}, S_{36} \)
7. Awakens repressed feelings \( S_{19} \)

**u. Establishing & Strengthening Relationship**
1. Is bonding \( S_{29}, S_{15}, S_{15} \)
2. Increases connection between Th. & Cl. \( S_{30}, S_{31} \)
3. Is sharing \( S_{30} \)
4. Shows a sharing of understanding about client \( S_{15} \)
5. Increases sense of safety \( S_{37} \)
6. Shows client there is no threat from th. \( S_{27} \)

**v. Acceptance of Limitations**
1. Acceptance of imperfection in self, \( S_{25}, S_{21}, S_{24} \)
2. Acceptance of imperfection \( S_{22}, S_{41} \)
3. Acceptance of limitations \( S_{41}, S_{42} \)
4. Acceptance of responsibility for self \( S_{36} \)

**w. Energising**
1. Increases childlike energy \( S_{20} \)
2. Adds surprise \( S_{24} \)
3. Increases energy of self (client) \( S_{18}, S_{19} \)
4. Leads to spontaneity \( S_{44}, S_{18} \)
5. Increases energy of session \( S_{18} \)

**x. Playing & Playfulness**
1. Increases capacity to related to others \( S_{40} \)
2. Allows playfulness \( S_{20} \)
3. Teaches how to play with others \( S_{39} \)
4. Encourages childlike nature \( S_{25} \)
5. Allows playfulness with self (client) \( S_{18} \)

**y. Revealing & Shifting Perspective & Belief**
1. Questions reality \( S_{28} \)
2. Challenges beliefs/ perspective \( S_{29}, S_{25}, S_{39}, S_{29}, S_{31} \)
3. Gives different perspective \( S_{29}, S_{31} \)
4. Challenges perfectionist defences \( S_{23} \)
5. Adds perspective on self \( S_{42}, S_{25}, S_{25} \)
6. Reveals flaws in thinking/belief S26
7. Removes threat associated to negative perception S28
8. Changes perspective on world S40
9. Exposes extreme thinking without shame S27
10. Brings insight to own (client's) way of being S15
11. Reveals limitations of self (client) S36
12. Reduces self-criticism S41
13. Brings self-awareness to client S16

z. Reduction in –ve affect
1. Reduces anxiety S25, S39, S43
2. Reduces hypersensitivity to criticism S40
3. Cuts through defenses S31
4. Breaks through neurosis S24
5. Releases tension S7, S24
6. Reduces shame in challenges S35, S34
7. Decreases uptightness of client S31, S29
8. Reduces self-criticism S41
9. Decreases defensiveness of client S31

aa. Increases Scope of exploration
1. Allows deeper, further exploration S34, S31, S35
2. Makes client more open S31

bb. Humour as indicator of clients progress
1. Indicates therapeutic development S43
2. Indicates progress S45

cc. Makes easier to cope
1. Stakes the sting out of reality S27
2. Makes difficult things easier to bear/hear S31
3. Makes ‘not-ok’, ‘ok’ S23, S42
4. Adds +ve feeling to serious observation S28

dd. Catalysing
1. Speeds up the process of exploration S34
2. Speeds up process of expression S34
3. Speeds up process of self-awareness S36
4. Encourages S18

ee. Increases strength and tolerance
1. Increases robustness to difficulties in life S40
2. Makes client more robust to challenges in therapy S31
Emergent Themes for Marcel

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<td>1. Challenges &amp; changes client perspective and belief</td>
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</tr>
<tr>
<td>2. Challenges perception of self</td>
<td>M29</td>
</tr>
<tr>
<td>3. Reveals inauthentic way of being</td>
<td>M4</td>
</tr>
<tr>
<td>4. Exposes rigid thinking</td>
<td>M22</td>
</tr>
<tr>
<td>5. Reveals different dimensions to self</td>
<td>M12, M13, M2</td>
</tr>
<tr>
<td>6. Increases self-awareness</td>
<td>M29</td>
</tr>
<tr>
<td>7. Is a mirror to destructive behaviour /ways of being</td>
<td>M5</td>
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<tr>
<td>8. Reveals client’s &amp; therapist values</td>
<td>M14</td>
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<tr>
<td><strong>b. Increases capacity to cope with life</strong></td>
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<td>1. Takes the sting out of life</td>
<td>M30</td>
</tr>
<tr>
<td>2. Is a coping strategy</td>
<td>M26</td>
</tr>
<tr>
<td>3. Makes difficult experiences easier to bear</td>
<td>M29</td>
</tr>
<tr>
<td>4. Makes the not-ok, ok.</td>
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4. Is a way of client trying to make attachment to therapist M17
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### Super-Ordinate Theme

**a. Addresses Power Imbalance**
1. Creates greater equality
2. Makes the relationship feel more real to client
3. Increases sense of equality
4. Therapist feels more human to client
5. Shows more dimensions to therapist
6. Reduces threat of therapist

**b. Signals an established relationship**
1. Therapist teasing indicates their trust in client’s capacity
2. Signals a more relaxed relationship (th & cl)
3. Reveals maturity in relationship

**c. Perception & Belief change**
1. Challenges rigid perceptions/beliefs (of cl. & th)

**d. Shows a therapist level of experience**
1. Increases client’s confidence in therapist’s capacity
2. Shows flexibility in therapist

**e. Gently challenges client defences**
1. Challenges cl without threat
2. Is a softer challenge of defences
3. Gets past defensiveness
4. Shows client their self-deceptive strategies
5. Therapist’s humour challenges avoidance/deflection to client
6. Re-focuses client
7. Is a reality-check for cl.

**f. Increases exploration**
1. Increases openness in client
2. Leads to further, deeper exploration

**g. Establishes & strengthens relationship**
1. Increases clients respect for client
2. Leads to increased trust in th. capacity to relate fully
3. Forms therapeutic alliance
4. Establishes deeper relationship
5. Increases depth of relationship
6. Indicates attunement to client
7. Client feels more valued when th. engaged with humour
8. Shows solidarity and collaboration to client
9. Is playful
10. Increases trust
11. Makes relationship more real

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   2. Increases interest E10, E18
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11. Removes threat from/softens superego V5
12. Allows access to previously inaccessible aspects of self V7, V10
13. Is permission-giving V4
14. Softens the blow of challenge to a defence V9, V13

**mm. Increasing awareness & Shifting perspective**

1. Reveals new possibilities in self V8
2. Increases self-awareness V12, V20
3. Increases self-understanding V12
4. Invites client to new perspective V7
5. Acceptance of good AND bad V10
6. Leads to assimilation V9

**nn. Easier to cope**

1. Makes the no-ok, ok V4
2. Makes the unbearable bearable V13
3. Makes the unacceptable aspects of self-acceptable V12
4. Makes the unthinkable thinkable V12
5. Removes threat from reality of feelings V11

**oo. Brings equality to relationship**

1. Makes relationship more equal V21, V19
Emergent Themes for Nils

13. Humour can be Hurtful

'Sometimes if I just blunder along then I can be potentially hurtful to have such a sense of humour'.

'If the client feels too needy, weak, it can be dangerous...using humour.'

'Sometimes I use humour mindlessly...now you know that could have hurt you...humour can be dangerous if it's used totally mindlessly.

14. Challenges perception, beliefs and ways of being

'my client is very prim, she's gorgeous little, everything's perfect...she's come to me because her life has fallen down and she couldn't cope with this because she's [supposed to be] perfection. So the analogy started out a swamp and the glass castle which is clearly going into the swamp but then it gets more and more hilarious as I claim to be the hippopotamus wallowing in the mire and loving it and getting all filthy...it's one way of when she doesn't really want to engage everything has to be perfect, so humour is a way to kinda get her moving.'

15. Conceals True Feelings

'humour...makes a situation sometimes a bit too light...like a rescue. It's like when you go too deep and you can't handle it any more, you can use humour to get yourself out of it'.
'Sometimes in personal therapy I laugh something away...avoid showing, er, use it as a way to cover up emotion, so instead of actually going "this really hurts", I go, "Ho,ho, this is a mother fucker!"'

'I think the sexual part is very marginal. I think that's part of the therapy that there's an attraction going on er so that probably just gets tacked on to this humour.'

**16. Increases relational depth**

>'by the therapist using humour actually the therapist is actually humanising the whole relationship and the client'

>'We can share humour and laughter together'

>'It strikes me that you can laugh at someone in an I-It relationship but if you laugh with someone you're approaching an I-Thou relationship.'

>'Humour has...definitely made the relationship much more human and gritty and real which is exactly what my client needs'.

>'There's something about laughter that is a total release, that there's a real connection there'.

>'It makes it easier to move. It makes the reaction happen faster whichever way you want to go, depth or ease'.
17. Enabling and catalysing

'An analogy that is humorous can bring energy into the dialogue when it gets too boring or flat you have to infuse it with energy'.

'So humour is a way to kind of get her moving'

'it makes it ok to talk about things'

'Humour is like an enabler, to get into the situation or get out of the situation. It makes it easier to move. It makes the reaction happen faster whichever way you want to go, depth or ease'.

'Humour can bring energy into the dialogue, when it gets too boring or flat you have to infuse it with energy'

'it [is] an enabler, a speeder-upper thing. ...Sometimes a sentence starts with something funny, that energy comes from humour actually then topples them over the edge and they go into a very deep state of sadness and upsetness and crying. It can almost push you over the edge...'

18. Shifts Power Balance

'It's a great leveller of hierarchy between the therapist and the little client who does not know'

'There is something joyous and irreverent about humour when allowed or introduced by the therapist because the therapist is often the one seen as having
the power, has the knowledge and the poor client is coming to him etc and by the therapist having humour actually the therapist is actually putting himself down and humanising himself and hence humanising the whole relationship...You're actually a person and we can share humour and laughter together.’

’humour has definitely...levelled out the relationship'

’...if there's a beginning of a mutuality where sure the client may still feel like the therapist is a bit above hierarchically, but there is a real genuine trust and dialogue and flow between the client and therapist then humour can actually start to act as a leveller…’

19. Not Partaking/Sharing can be Shaming and Increase Distance

’in my own therapy my therapists have politely snickered and er, moved on, which I find really degrading actually and pissed off because ...humour is an integral part to who I am...and why the hell should that not be allowed?’

20. Increases Realness and Humanness'

’some of the best best, best humorous people are really really real. I mean, there’s a real depth about good humour’.

’Humour has...definitely made the relationship much more human and gritty and real which is exactly what my client needs'.

’It makes us into two human beings struggling to live our lives in this world about to die and we can have a sense of humour’
21. Leads to connection

'I mean there's something about laughter that is a total release, that there's a real connection there.'

22. Humour can lead to mutual exploration and discovery

'Humour can start to act as a leveller and then bring it in to a more mutual situation, a mutual discovery and exploration'

23. Makes depth lighter and bearable

'It makes it ok to talk about things because it makes it lighter'

'When you get too deep and you can't handle it anymore you can use humour to get yourself out of it.'

'There's something about humour that shows acceptance of the world and its pain.'

'It makes us into two human beings struggling to live our lives in this world about to die and we can have a sense of humour and it's almost a relaxation that we're not making it so fucking serious.'

24. Humour can be flirtatious/sexual

'I claim to be the hippopotamus wallowing in the mire and loving it and getting all filthy, there's almost a sexual innuendo there, erm, so so there is an almost sexual vibe between us so maybe that gets joked away a little bit by that.'
‘I think the sexual part is very marginal. I think that's part of the therapy that there's an attraction going on er so that probably just gets tacked on to this humour.’
References


Herth, K. (1990) Contributions of humor as perceived by the terminally ill. American Journal of Hospice Palliative Care 7: 36


Smith, J. 2004: Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology* 1, 39 - 54.


Bibliography


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Herth, K. (1990) Contributions of humor as perceived by the terminally ill. American Journal of Hospice Palliative Care 7: 36


