

The Necessary Conditions for the Presence of Therapeutic Humor in Helping Relationships

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“Therapeutic humor” can be defined as the conscious and purposeful use of humor by a practitioner for the purpose of activating a positive therapeutic change in an individual’s behaviors, feelings, thoughts, or even physiology. It is the purposeful intention of using humor therapeutically, which distinguishes *therapeutic* humorists from comedians, class clowns, and other funny people.

Historically in the field of therapeutic humor, one critical missing piece has been the answer to the question, “What makes therapeutic humor *therapeutic* and how do practitioners *create* therapeutic humor to benefit others?” The Association for Applied and Therapeutic Humor (2005) developed an outcome oriented definition which describes therapeutic humor as “Any intervention that promotes health and wellness by stimulating a playful discovery, expression or appreciation of the absurdity or incongruity of life’s situations. This intervention may enhance health or be used as a complementary treatment of illness to facilitate healing or coping, whether physical, emotional, cognitive, social or spiritual.” In this definition, therapeutic humor is “therapeutic” based on the outcome of the humor. If humor promotes health and wellness, then it is therapeutic. As an outcome oriented definition, it does not provide guidance on *how* we can create therapeutic humor. This definition suggests that humor is therapeutic when it has a positive outcome. However, therapeutically intended humor may not be experienced as therapeutic by the receiver. It would be impossible to know when the therapeutically intended humor is going to be rejected by the receiver. Without conscious and purposeful creation, and some guidance as to what makes therapeutic humor therapeutic, therapeutic humor remains random, and the sender has no basis from which to create a humorous, therapeutic intervention.

Carl Rogers (1957) suggested that four aspects must be present for a receiver to experience the *therapy* of the sender. The same four elements must be present for therapeutic humor to be present and experienced in a relationship. These four elements are 1) the skills of the sender, 2) the nature of being (embracing empathy/compassion, genuineness and acceptance); 3) the receptivity of the receiver (being able to experience the sender); and 4) the bond of the relationship between the two.

1. Skills of the Sender

Humor skills like any other skills must be learned and incorporated into the therapeutic “set” of the sender. The sender must find ways to learn and practice humor interventions so that those skills become integrated into the sender’s interactions with others. Learning to effectively use humor takes practice.

2. Nature of the sender: Core qualities

In addition to being skilled in the use of humor, the sender of the humor must have conscious intent and embody three central core conditions or "ways of being". These ways of being are 1. Empathy/compassion; 2. Genuineness/congruence; and 3. Positive regard/acceptance.

Core conditions: the therapeutic ways of being.

1) Empathy.

The sender of the humor must experience compassion and caring for the receiver. Empathy embodies a "feeling" of understanding and compassionate sensitivity of the other person and of his/her situation in life.

2) Genuineness.

The sender of humor must experience genuineness or congruence within him/herself. Genuineness/congruence is the sense of internal consistency which will naturally result in presenting oneself as "real." There is no façade or phoniness in one's being and therefore no phoniness in one's presence. The sender of the humor is "real" and uses humor that is congruent with his/her way of being in the world. If the humor being used is incongruent, it will be experienced by the client/ receiver as fake, insincere, clumsy, and out of context.

3) Positive regard (acceptance).

The sender of the humor must embrace acceptance (positive regard) for the receiver. The humor is offered out of respect for the receiver and is specifically for the benefit of the receiver. The sender does not "judge" the receiver. The humor is not for the gratification of the sender by, for example, "teaching the receiver a lesson," correcting the receiver (hostile/judgmental), or sending a "corrective" message as in a hostile tease, but is for the purpose of (without bias or with minimal bias) activating the therapeutic process within the receiver. The humor is intended to benefit the receiver.

If these three conditions are present as an integral part of the sender then the relationship (as suggested by Rogers) will be a therapeutic one and the humorous interventions have the greatest potential to be beneficial.

3. Nature of the Receiver: The core qualities

The receiver must experience the core qualities (compassion, genuineness and acceptance) offered by the sender for the humor to be received as therapeutic. In addition to "experience" therapeutic humor the receiver must be able to perceive the intervention as humorous. To experience humor the receiver must perceive one or more of the universal stimuli that activate a humorous response. These stimuli that activate a humorous response include the experience of incongruity, ludicrousness, or ridiculousness, etc. (Sultanoff, 2002). If the client does not perceive a humorously intended intervention then, of course, it cannot have a humor based therapeutic impact. As Rogers suggests the receiver must "experience" the empathy, genuineness, and acceptance of the sender and in therapeutic humor must also "perceive" the humor as funny.

Blocks to receptivity.

The presentation of an intervention intended to be humorous does not guarantee that the receiver will perceive the humor. Occasionally receivers of humorous interventions are "locked in" to their present moments of thought or distress, and when locked in, they are unable to think "outside the box" which is essential in the perception of any humor. The narrow cognitive focus created by emotional distress may inhibit a receiver's ability to perceive an intervention as amusing. Unless the receiver can perceive the incongruity, ludicrousness, or ridiculousness, etc. of a humorous trigger, then it is not going to be experienced as funny.

4. The Nature of the Relationship: Bond Between Sender and Receiver

The strength of the bond between the sender and receiver may enhance the experience of humor or may serve as a psychological buffer against a humorous intervention that is experienced by the receiver as unpleasant, uncaring or even hostile. The experience of the positive core conditions can reduce or even eliminate the negative filters that might impede the receiver from experiencing the intervention as funny. If the receiver does not perceive the sender's empathy, genuineness, and accepting/non-judgmental presence; then the receiver may misinterpret the humor as uncaring, insensitive, or even hostile based on his/her automatic (unconscious) perception of the world.

Discussion

In summary, the experience of therapeutic humor is the result of an interaction between a practitioner who consciously and purposefully chooses the humor he/she uses based on specific behavioral skills including (the ability to create "funny" interventions) , who embodies compassion, genuineness, and acceptance, and a receiver who processes and perceives the intervention through one of the universal triggers of humor (Sultanoff, 2002) and who is at least minimally receptive to the positive/therapeutic intervention of the sender. When all of these conditions are present, the likelihood of the therapeutic humor being perceived and received by the receiver is maximized.

References

AATH - Association for Applied and Therapeutic Humor. (n.d.). *AATH - Association for Applied and Therapeutic Humor*. Retrieved October 7, 2011, from <http://www.aath.org/>

Sultanoff, S. (2002). Integrating Humor into Psychotherapy. in *Play Therapy with Adults*. Ed. Charles Schaefer, New York, NY: Wiley and Sons.

Rogers, C. (1957) 'The necessary and sufficient conditions of therapeutic personality change', *Journal of Consulting Psychology*, 21 (2): 95-103