

The Therapeutic Humor Professional (THP)

Rationale for Establishing and Defining a Professional Identity for Those Practicing Therapeutic Humor

I am proposing that any effective definition of professional identity (medicine, law, education, etc.) must be primarily driven by the process the professional undertakes. That process then maximizes the potential for positive outcome. In defining the professional, the process (what the professional does) must be of primary importance. Once general outcomes have been established as a result of specific professional interventions, then achieving a specific outcome for any particular individual becomes less important in the definition of professional behavior. In medicine, for example, there are recognized medical interventions for a variety of illnesses and symptoms. These interventions have been verified as beneficial to patients, in general. A doctor who employs these interventions is practicing medicine. On an individual basis, however, if a particular patient does not benefit from an established intervention, the doctor is still practicing medicine. The doctor's process defines the practice even if the outcome is not successful.

That being said, outcome, while being relatively unimportant in defining professional actions, is critically important in initially establishing the more global validity of professional behavior. In other words, while what a professional DOES (process) primarily defines each professional as a professional, these "actions" must initially be based on evidence that indicate that the professional interventions are, in fact, effective. However, "interventions" are not always effective. The action of a professional remains "professional" even if the desired outcome is not achieved.

If a definition is based on outcome then the professional is only acting as a professional when the desired outcome is achieved. In addition, those who are not professionals but achieve desired outcomes would erroneously be defined as professionals. For example, a doctor is still practicing medicine when the treatment is not effective. A negative outcome does not mean the doctor was not practicing medicine. A mother administering chicken soup which results in a positive outcome is not practicing medicine. In an outcome based definition the doctor would not be practicing medicine and the mother would be. Based on evidence of "what works" each professional learns skills and behaviors that maximize the potential that an intervention will work. It is the process of consciously intentionally, and purposely using a set of established skills that define professional actions for each individual.

You may be asking why any of this even matters and how does it relate to therapeutic humor professionals? It matters as any profession tries to establish itself as a distinct entity worthy of its services. We, as therapeutic humor professionals, are trying to define ourselves, and to do that, we must be able to share what distinguishes us from others. If we define ourselves by the outcome of our humor (such as health benefits--physiological, emotional, cognitive, and physical), then comedians, casual joke tellers, sitcoms, etc. would all be providers of therapeutic humor if their humor generates health benefits. (Generally these groups are providers of entertainment). Entertainers can be providers of humor that is, in part, therapeutic, but they (by definition) are not therapeutic humor professionals. They are indeed entertainers who, as they entertain, may also provide an unintended health benefit. In the same way we, as therapeutic humor professionals, offer a side effect of being entertaining even though our primary goal is to offer a humorous intervention that provides a health benefit.

Therapeutic Humor Professionals (THPs) may be health professionals (e.g. doctors, nurses, psychotherapists, social workers, dentists, acupuncturists, physical therapists, occupational therapists, etc.), other professionals (e.g. lawyers, teachers, clergy, businesspeople, financial advisors, etc.), or laypersons. THPs have been trained to use humor intentionally, purposefully, and for the benefit of others. THPs strive to use humor in positive ways, but also understand that not all intentional humor (to benefit others) will be experienced as beneficial.

THPs encompass a wide range of occupations and life paths, and share common core characteristics including 1. They have been **trained** in the therapeutic use of humor; 2. Their humor is intentional (They are consciously and actively choosing to be humorous); 3. Their humor is purposeful (Their humor has a therapeutic thrust rather than an alternative purpose e.g. to entertain, engage, be social, etc.); and 4. Their humor is designed to benefit the receiver by positively impacting the receiver's physiology, emotions, thoughts, and/or behaviors.

Unlike those who use humor that is not specifically for therapeutic purposes (comedians, clowns, and others who trigger humorous responses); THPs distinguish themselves by sharing humor that is intentional and for the purpose of stimulating health benefits. Also noteworthy is that generating a humorous response by itself does not necessarily create a therapeutic benefit, and being funny or triggering a humorous response is not sufficient to distinguish one as a THP.

As a society we distinguish professionals from those who may engage in similar activities but are not acting as professionals. Medical professionals are distinguished from others who offer health treatment (e.g. a mother caring for a sick child is not a doctor). A math whiz assisting someone with taxes is not a tax professional. A friend "counseling" another on a career path is not a counselor. A layperson offering legal advice is not a lawyer. A bar tender listening to the problems of the patrons is not a psychotherapist. Yet, in these circumstances, while the behavior is not that of a professional, it may offer a benefit to the receiver. In the humor profession, a comedian tickling the funny bones of the audience is not a THP.

Society has clearly distinguished the practice of medicine, law, education, or counseling, etc. As therapeutic humor professionals we must define ourselves and differentiate ourselves from those who offer humor but are not THPs.

Examples of health professionals who are also THPs include doctors purposefully using humor to help patients reduce anxiety or psychotherapists using humor to demonstrate how patients' emotions shift as they experience humor.

Examples of non-health professionals being THPs include a clown, teacher, or layperson who has been trained in the therapeutic humor, and uses it with the intention and purpose to benefit an individual or individuals.

Examples of individuals who would not be considered THPs include comedians, circus clowns, professional speakers, etc. who are using humor for another purpose (e.g. to entertain) and not primarily for the therapeutic benefit of their "audience." While entertaining humor may have a therapeutic benefit to an audience, it is not therapeutic humor.