PSYCHOTERAPIA 3 (182) 2017
pages: 93–100

Dominik Gawęda

ON THE DIFFICULT ART OF USING HUMOUR IN THERAPY

Private practice

humour in psychotherapy
psychoanalytic psychotherapy

Summary

Objectives: The aim of this article is to present situations in which in case of the ineffectiveness of traditional psychoanalytic interpretations or clarifications of what the patient says, humour is used to reduce the patient's resistance to change and be able to continue to work more effectively with conventional means of work. The conditions under which the use of humour is legitimate are clarified and the most common mistakes made when introducing humour into therapy are indicated.

Methods: To meet the afore-mentioned goal, analysis of examples of therapy during which there was an impasse in the therapeutic relation with the patient were analysed. Also humour interventions that were successfully introduced in order to overcome the impasse are quoted.

Results: The results obtained allow to think with optimism about the use of humour in therapy, providing that several of the conditions mentioned in the article are met.

Conclusions: The analysis of the clinical material presented in the manuscript leads to a conclusion that the use of humour in treatment can overcome an impasse in therapy.

"Humour has not only something that makes you feel free, like a joke and a comic - it also has something wonderful and refreshing" Freud [1]

In this article I attempt to demonstrate the appropriateness of supplementing, in certain situations, the traditional psychoanalytic activity that consists in providing an interpretation or clarification of what the patient is saying with a situation in which the therapist uses humour in therapy. The dictionary of contemporary Polish [2, p. 309] provides the following definition of humour: "Mental disposition consisting in the ability to observe amusing sides of life and treat them with indulgence and kindness". Therefore, the therapist uses it during a session when they feel it may be used and this allows them to notice amusing sides of life and treat them with kindness in the presence of the patient hoping that it will help to achieve a desired change. I believe that if a therapist knows what he wants to achieve by engaging into humour, it can break the impasse in situations where traditional analytical activity does not bring the expected results. Even classicists of psychoanalysis like Strachey [3] noted that in addition to interpretation, in the therapy process we do not renounce many different procedures such as suggestion, calming, releasing stress, and other similar activities.

Although the subject of humour has already been described in theoretical studies [4,5], and in the Polish literature a description of a therapeutic experiment in group therapy with the use of humour can be found [6], there are still only few reports saying it is worth using humour

in a session in place of interpretation, which, besides reducing the tension, would also have a therapeutic value. In this manuscript I will present two situations of that type. In the first one, excessive seriousness of both sides of a therapeutic relationship created an impasse which was effectively overcome by humour. In the second one, introducing the therapist's self-mockery into the therapeutic dialogue was a remedy for the patient's excessive sarcasm, blocking the therapeutic work. The initial conditions that make such a dialogue possible will also be taken into consideration.

Removing the armour. Humour in the service of overcoming an impasse

Mr. P., a middle-aged man, came for psychotherapy with depression, discouraged with daily activities, lack of satisfaction in life, and expecting us to "succeed through solid and hard work to make him feel better". After the initial interest in each other there was a time when we began to feel tired of each other. He consistently complained about how people let him down with their lack of solidity and consequence, and how it leads to lack of satisfaction in his life. In return, I provided him with equally tantalizing interpretations aimed at showing him how his unspoken anger towards those people and me led him to his sense of harm that took away the satisfaction in his life. One day, he was "giving me a weekly report" on who let him down that time, and then he talked about the lack of improvement despite pharmacotherapy. It brought one commonly known interpretation to my mind, namely : "you seem to say that, like many people in your life, I am disappointing you". If presented with it he would probably answer something like: "No. My grief does not concern you". This sequence was already known to us therefore it was safe and boring. Despite the fact that this thought came to my mind, I decided to ignore it. We were getting even more tired of ourselves. If only we could laugh at ourselves – I thought, seeing the difficulty of our situation and listening to his "weekly report". The desire to laugh at myself seemed to be very interesting and appealing. I began to think why we would do that. I thought about the specifics of his depressing world full of seriousness, harm, disappointment and sadness, completely deprived of amusing sides of life. Apparently he managed to invite me to this depressing world - I thought. The world in which another interpretation was just another sad duty for me, without hope for anything creative. I wanted something creative for both of us. I started searching for a reference to creativity. It brought up the sentence that once caught my attention. In his book entitled "Playing and reality" D.W. Winnicot wrote: [7, p. 87] "A therapist who knows too much can easily rob the patient of his creativity". I started to paraphrase it during the session. As a result I concluded: "A therapist who knows too much can easily rob himself of his creativity". And what if one stopped acknowledging the fact that the interpretation brings a change and make a joke for something. But what for? If he invited me to his depressing world, where there was no way to see the world's amusing sides, then maybe he should have been invited to the world in which there are such sides. The world in which the things that he believed to be sad and discouraging could also be funny. Where schematic thinking could give place to creative risk. The impasse in our therapy was caused by the fact that my interpretations ceased to be something creative, and the accompanying embarrassment began to resemble Mr. P.'s embarrassment - instead of being someone else. I became someone very similar to him. Gianfranco Cecchin [8, p. 41] described what he called "irreverence" as a desired effect in therapy, and described it as "constant

questioning, astonishment and curiosity over beliefs, models, and particular forms of practical activity". The desire to joke during a session was my desire to revive the creativity, which ceased to exist. The desire that he would not have to make reports, and I would not have to mechanically interpret them. I wanted to become a creative therapist again, ignore my belief of the authorship of interpretation and to have more freedom and means to use in the session. I thought about humour. I started seeing that that hopelessness of our situation was even funny and I was very willing to admit it. I had a feeling that Mr. P. would also be willing to get invited to that undertaking. I knew him well enough, and I could see his freedom was blocked, which was a burden to him. He had his habits, he was official and schematic in his way, but also curious. At some point, his curiosity became visible. He noticed a partly opened closet during our session. The following part of our session is used with his consent.

Patient: You did not close the closet.

Therapist: Oh, indeed. There is a risk that you will see the corpse in the closet.

P: /laughter/ Corpse? I always thought there is a skeleton in the closet.

T: It's probably a later version, when the corpse is inside for a very long time.

P: Uh-huh. So it's a fresh crime.

/we laugh together/

The above part of the session is an illustration of the way in which we succeeded in gaining more freedom in our therapy and which continued in several successive sessions. By using humour (partially in self-defence) I tried to deal with my feeling of embarrassment and fear of shame. I endeavoured to deal with the false alternative that I may be either a serious and embarrassed therapist or a compromised therapist behaving like a clown. I needed some smile and freedom not to release my emotions unreflectively but to think creatively. This freedom brought some valuable material at subsequent sessions. By becoming creative again, I could try to be interested in his person and understand him. I had doubts whether to introduce humour into the therapeutic relationship at that moment or not. I suspected the benefits that it would have brought if this attempt had been successful. Based on the information obtained during his therapy, I also assumed some risks of using humour at the wrong time. I agree with Goldin and Bordan [9] that sensing the optimum moment is crucial for an effective use of humour in therapy. Mr. P. spoke at the therapy consultation that he had grown up "in a serious home". I was interested in the term "serious home". When I asked him what he meant he said: "There were many things that were considered impolite to do". Serious people come from serious homes, people who should not do certain things as it is “impolite”. Before he came to me he had already participated in therapy consultations. Eventually, he did not start the therapy because of what he described as: "the too American approach of the therapist". The therapist was too open for Mr. P., too direct, too exotic. Chrząstowski and de Barbaro describe the Andersen’s optimal difference construct as follows: "The conversation can become a carrier of change (solution to problems, resolution of symptoms, etc.) but the difference between what was in the patient's mind so far and what is emerging during the conversation should not be too large. When people confront something that is too unusual for them, the difference between what they are accustomed to and what is new to them is too big, and this big peculiarity rather brings people closer to a change rather than makes it possible. If what they deal with is little unusual, no change takes place because there is no difference between what had been before and what is new" [10, p. 98]. Introducing humour to our relationship too early could also be too

unusual for him. It is possible that if I started my contact with him with jokes, he would consider me as a non-serious person, far from his idea of a professional therapist. Taking away the seriousness of our meetings gave us a chance to be more authentic during the sessions. But to take away seriousness is to take the risk of being someone who is not serious. I suspected I could joke with him and laugh together, but not "the American way" or else the ocean would spread us apart. Often during our meetings I had fantasies about two knights in full armour. Shielded against each other well. We paid a high price for maintaining excessive seriousness. The price for hiding behind the tight armour was constrained and predictable moves. One had to dare open the closet and show the hidden corpse (skeleton) to gain more freedom. We risked, and humour helped us to remove the armour, though we were different and knew different versions of the same saying. If you want to practice humour during the session successfully, you should know the context, the cognitive map, and the weak points of your companion. This is not a simple thing and always takes time. Acquiring this knowledge helps to bring that kind of humour in the therapeutic dialogue which has the potential to help instead of harm.

Different shades of humour

According to Freud [1, 11], humour is a concession from the "superego" to comedy. In the terminology of his "superego" theory, he observes "I" from his supercilious position, making "I" a trivial matter. Thanks to humour we discover our own ridiculousness and we recognize it through laughter and smile. To have a sense of humour is to have a feeling of ridiculousness of yourself. Making his reflections on what makes us laugh in the writings of "Der Witz und seine Beziehung zum Unbewussten" and "Der Humor", Freud focused his efforts on showing jokes and humour in the context of his newly created theory. He did not deal with what his conclusions were for the therapeutic technique. Given that both works are divided by 22 years, it can be said that this subject matter, although not of main importance to him, absorbed him in various periods of his life. In his reflections on humour, his conclusion fascinated me: "If really the "superego" speaks in humour to the frightened "I" so tenderly, so comfortably, then here we would like to point out that many of us have to learn more about the essence of this "superego" [1, p. 269]. Some researchers of Freud's teaching, such as Critchley, directly state from his writings on humour that: "Humour acts like an antidepressant because it has an alternative, positive function for the superego" [12, p. 11]. However it is not about laughter the subject of which is someone else, as it is often the case with jokes when we laugh at someone else: other nations, blondes or mothers-in-law. It makes them look ridiculous, and us supercilious and thanks to those jokes we find a joyful outlet for our aggression. It is about the kind of humour that is called self-irony, and in which we laugh at ourselves with affection. When we can laugh at our insignificance without contempt we gain freedom. We do not have to choose between seriousness and contempt. We can be insignificant and at the same time worthy of the sympathy of cities of contempt.

It is also worth mentioning a kind of irony directed at someone in which instead of virulence or bitterness the affection dominates. There is a phrase often used by parents in contact with their children when they say affectionately: "My little strongman/strongwoman" or "my little, silly boy". Most often in this type of situations, the point is not to laugh at someone but to notice someone's insignificance with some irony and affection.

Sarcasm is something entirely different. It acts as an aggressive reaction. Its quintessence is a malicious, extremely pessimistic way of expressing the reality. It can be assumed that this way of expressing the reality is preceded by an extremely pessimistic way of seeing it. The meaning of the word sarcasm is interesting. It comes from the ancient Greek word *sarkazo* which means “I bite my lips with rage". Its main components are virulence, timidity and bitterness.

From sarcasm to self – mockery. The role of humour in healing emotional wounds

A young woman, Mrs. A., during her therapy stunned me with her sarcastic statements. She attended the therapy because she was not capable of maintaining relationships with men. She seemed depressed with those failures. She talked about the experiences of intimacy with men: "I think that men want to come closer to me to the depth of my vagina at most". She liked to hang out with casual men in pubs when they were having fun and provocatively ask: "Did you know that you can die tomorrow?" She was amused by the absurdity of the situation. She loved jokes about psychologists, psychiatrists and psychotherapists which had a special place in her contacts with me. I tried various comments to address the issue of her contempt for men and for me as a male therapist, and the issue of her fear of closeness which she dealt with by using the contempt in question, expressed in a sarcastic manner. The feelings, the verbal expression of which are the above-mentioned quotes, became the central matter of her therapy. In her opinion, any interpretation of this contempt (expressed by sarcasm) and the fear that followed was a proof of my defensive attitude and my excessive malice, typical for men. Although she rejected most of my interpretations and encouragement for reflection, she reacted to my sense of humour kindly and curiously, as illustrated in the following sections of our work, included in this article with her consent.

Patient: I read a story in the Patient Handbook entitled "What to say to the therapist so that he leaves you alone" /laughs/. I can tell you if you want me to.

Therapist: You should think about the title you created for this handbook.

P: Well, maybe I'll tell you the story. It's about a guy who argued with the king of England. This king sentenced him to be beheaded. When he was entering the gallows, he asked the executioner to help him out but only to climb up, because he would manage to get back on his own. A real-deal if I may say.

T: Were you impressed that even in a situation so dramatic for him he was able to cheer himself up with a sense of humour?

P: And amuse the executioner. I wonder what you would do if you were the convicted person.

T: Are you asking me if I managed myself on the way back, after beheading? I think I might have other things on my mind.

P: /smiling/ That's a good one. Your jokes are different than mine. There is no anger in them. There is a lot of it in me. Just please don’t fill me with bullshit about sadness covered with anger. You are not going to make me cry.

T: Probably if selling handkerchiefs to you would be my profession I would be broke. But if your handbook disappoints you and the therapist does not intend to leave you alone despite the story, then let's try to come back to the reflection on the title.

P: /Laughing/ You would sooner make a profit by trying to sell me some boxing gloves. What do you think about all this then?

T: I think your sarcasm is a form of crying. Maybe not the one in which handkerchiefs would come in handy, but it is crying.

The above, small part of our session is an example of work where with humour I tried to show her that you can see your limitations and at the same time speak without bitterness, benevolently. Humour helped us to deal with her resistance. Thanks to humour I was able to tell her, and she was able to hear, all of the things that may have not become an element of our dialogue in therapy in a different form. In the course of the therapy, the easier it was for us to approach one another with care, the less sarcastic she became. A particularly important moment in her therapy was the time when the place of her contemptible sarcasm was substituted by self-irony. This moment is illustrated by the following portion of one session:

P: When it comes to new things, I have recently listened to this new song by Chylińska - "Królowa łez" ("Queen of tears"). I could also write one.

T: What would be the title?

P: "A very wise queen who pays for her therapy although she knows everything better". /laughs/

In this fragment bitterness was substituted by friendly self-distance. Mrs. A. needed some distance to the harmed part of herself so she could approach me. Anyway, the song mentioned by her tells about the inability to open up to pain and fear. In that sense, her interest in the song was not accidental. That song described her huge dilemma and possible solution. Agnieszka Chylińska [13] asks herself the question: "How do I open up to this pain and fear?" Then she scares herself: "My whole world will fall apart." And concludes: "I do not know, I do not want, I prefer it this way". If you do not know something then saying that you do not want something and prefer something is a lie. In such cases, humour gives hope that you can learn to endure pain and fear and thus gives you the will to risk and see that with somebody's support the world may not fall apart. Instead of the overwhelming bitterness, you may look at the world with a friendly distance.

Warning

Years ago, at the beginning of my work as a therapist I found myself in a troublesome situation. While in the clinic, during a break, I received the following information from the people at the registration desk: "A patient you cannot see is waiting for you". Why? I asked. "She came with a dog. This is not a guide dog, the woman is fully functional, but she insisted she would wait for you. This is against the procedures. You cannot see her. Feeling some tension I went towards the smiling lady with a dog, knowing that I somehow had to deal with this troublesome situation. Fortunately, this part of the waiting room was empty at that time. Good morning - I introduced myself. Unfortunately, I was just told in the registration desk that we do not have a contract for treating couples, so I cannot see you today with your dog - I said without thinking, knowing that the purpose of this joke was to try to deal with the tension as I had no better idea how to solve the situation. The woman started laughing and agreed to schedule a different date, she explained that she had no one to leave the dog with, and if she left it alone in the house it would mess all of her apartment. She cared about the visit for which

she waited a long time, thus she decided to come anyway. She did not know the procedures of the clinic. Although the story ended happily and we managed to establish a constructive contact, it was not a good use of humour in contact with the patient. First, I did not know her and the things that brought her to me. Without this knowledge I could hurt her and discourage to therapy. Secondly, this joke was primarily to help reduce my tension in this difficult situation. There was a risk that the reduction of my tension would take place at this patient's expense. Luckily, I came across a good reception of this joke, but I can imagine many worse scenarios. A good joke makes two parties laugh. It's worth remembering.

Critchley cites an enlightening anecdote, illustrating in caricature how the introduction of humour into therapeutic relationships in the absence of knowledge of the patient and the patient's possible problems destroys therapeutic possibilities: "Surely you all know the story of a man who told the psychoanalyst that he had lost his sense of life. The doctor advised the patient to go to the circus and spent the evening laughing at Grock, the funniest clown in the world. <<As soon as you see Grock you will feel happier right away>>. The patient stood up from the couch, looked sadly at the doctor and was about to leave the room when the doctor noticed: "You forgot to introduce yourself". The man turned around, looked again with suspicion and excessive sadness, then said: "I'm Grock" [12, p. 12].

Summary

I have no doubt that psychotherapists have introduced and will introduce humour into the therapeutic dialogue. This can be a very fruitful and sensible treatment, however, inadvertent use of it may bring harm. Effects will depend on how much the process of introducing humour into therapy will be reflected by the therapist. It is worth conducting a reliable diagnosis of a patient in terms of sense of humour to know what hurts them, and what makes them laugh and to know why the therapist in the treatment process would introduce humour. Observing your intentions entails the need to study your countertransference. Although each of these types of interventions has its own specifics, there are some main rules. When introducing humour into therapy it is crucial to remember the following: 1: we may want to wait with the aspect of humour until we get to know the patient and his problems a bit, 2. we need to know what we are doing and why we want to introduce humour and make sure it makes sense for the treatment process (and that humour is not used to relieve our tension) 3. using self- mockery seems to be the best option.

References

1. Freud S. Humor. In: Freud S, Pisma psychologiczne. Warszawa: Wydawnictwo KR; 1997.
2. Słownik współczesnego języka polskiego. Warszawa: Wydawnictwo WILGA; 2000.
3. Strachey J. The nature of the therapeutic action of psycho-analysis. Int. J. Psycho-Anal. 1934; 15: 127–159.
4. Rancer AS, Graham EE. Theories of humour. In: DiCioccio RL, ed. Humour communication: theory, impact and outcomes. Dubuque: Kendall Hunt; 2012.
5. Martin RA. The psychology of humour: an integrative approach. London: Elsevier Academic Press; 2007.
6. Kmita M, Bronowicka A, Moszczyńska A, Zych R, Małyszczak K. Humor i śmiechoterapia. Psychoter. 2017; 2(181): 65–74.

7. Winnicott DW. Zabawa a rzeczywistość. Gdańsk: Imago; 2011.
8. Cecchin G. Budowanie możliwości terapeutycznych i ich lekceważenie. In: Cecchin G, ed. Mediolańska szkoła terapii rodzin. Kraków: Collegium Medicum; 1995.
9. Goldin E, Bordan T. The use of humour in counselling: The laughing cure. J. Couns. Develop. 1999; 77: 405–410.
10. Chrząstowski S, de Barbaro B. Postmodernistyczne inspiracje w psychoterapii. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego; 2011.
11. Freud S. Dowcip i jego stosunek do nieświadomości. In: Freud Z. Pisma psychologiczne . Warszawa: Wydawnictwo KR; 1997.
12. Critchley S. Dlaczego superego jest naszym kolegą? Wokół Freudowskiej teorii humoru, tłum. Tomasz Mizerkiewicz. Opcje 2009, 1: 8–15.
13. http://www.tekstowo.pl/piosenka,agnieszka_chyli_ska,krolowa_lez.html

email address: dominikgaweda@op.pl