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Regaining a healthy lifestyle after bereavement – the therapeutic use of humour in counselling therap

INTRODUCTION

The focus of this study was suggested by Bonanno 1999, "recent studies, emphasise the enhancing effect of laughter "

I partake in a collaborative impromptu form of humour during counselling. On reflection I realised that it's purpose was to develop client, counsellor rapport. I observed that client 'movement' was facilitated, but I had no understanding of how that movement had been facilitated. This research topic was chosen in order to achieve a better understanding of my practice by evaluating the effect of humour when used during counselling.

Pierce1985 writes; "A humorous statement is one that is made quickly, without planning, and one which involves our unconscious to a significant degree." In clarifying my use of humour I found that; it was always client centred and invariably generated by the client either directly or indirectly.

I also used humour to challenge repeated 'Adapted Child' behaviour Midgley 1999, an example would be; "and how are you acting now?" said with a smile. The client when recognising their lapse in behaviour would reply, "I am doing it again aren't I?" In laughing together the recognition is emphasised.

Palmer 1994 writes..."the more we laugh the more we see the point of things ... the better we are at reconsidering what the world is like."

I had two clients with whom humour was rarely used: one was unresponsive to humour, Raskin1985 describes people whom, 'lack' a sense of humour". They... will not respond to funny stimuli readily or frequently; in fact in many cases they will not find that there is anything funny. ... it is just that other or fewer things strike them as funny".

The other client was extremely anxious and I judged that the use of humour was not appropriate with her, at that time. Weisfield (1993) wrote, ... "anxious individuals exhibit less appreciation of humour".

In conducting the literature search, the focus of the search was on humour;

I explored the differing ways in which humour is used and works, it's various forms, and differing humorist's approaches. I recognised that there are forms of humour that I avoid during counselling practice. I avoid humour that is demeaning toward the client, such as sarcasm or anything that would belittle them or their life experience and concentrate on the positive, or 'felt' humour.

The place of humour in established models of counselling was then examined.

I found it in Rational Emotive Behaviour Therapy humour being used to combat exaggerated thinking and gaining a new perceptive on the situation. Dobson and Craig 1996 Describe use of humour as a "... cognitive change procedure that ... by assisting clients in gaining cognitive distance or perspective shift ... Humour should be of the silly type ... that is, becoming aware of the impact of humour and developing, rehearsing, and transferring new humours self-dialogue and imagery for anger control."

At my present stage in my counselling career I would feel uncomfortable in using, and does not equate with my view of 'unconditional, positive regard'. There is also the wide field of 'humour therapy' which at this stage I avoided because my research is around spontaneous 'felt' humour and not manipulated or forced humour.

Research reports in professional journals were found; I found only a few reports on humour, and nothing of its therapeutic use from the client's viewpoint.

Other journal articles included;- practitioners experience of the value of humour in their individual practice and warning of negative or ' psyconoxious' ways in which humour could be used. Richman (1994) writes 'psyconoxious humour ... " is less likely to occur when the therapist is tolerant, benign, kindly and basically accepts the patient", which supports my personal philosophy. I next turned to the differing research methods: I decided that my objective of gaining insight into the therapeutic effect of humour in therapy, from the client's viewpoint, would be best served by using a qualitative method of research.

- I decided to use existing clients because of the transient, spontaneous nature of the way in which I have used humour, but two clients with whom I rarely use humour were excluded.
- From the pilot interview, firstly the tape recorder had been faulty. Consequently there is no transcript to compare with the final outcome. I had decided to use an unstructured interview ,initially establishing that her view of humour was compatible with the study, then ask what the experience of our humorous interchange had been. That was following a session when there had been an explosion of laughter in the middle of recounting a bleak experience. The response was rich with description of the darkness suddenly being stopped by her seeing that there was a way forward and potentially a good future. This initial finding was rewarding in relation to my understanding of the client's psychodynamics', but for the purposes of this study was restricted. I redesigned the questionnaire using a semistructured format , basing the questions around my findings in the literature review.

Humour is universal in the human character and culture, Hodgkinson 1987 writes " The ability to smile.. constitutes one of the main physiological differences between humans and animals", and Jeffers 1996 observes that babies spontaneously laugh and smile at a very early age, unlike speech that has to be learned over a period of time. Weisfeld 1993 refers to Darwin 1872 who suggests ,this capacity for humour in babies rewards caretaking by adults and in turn ensures their survival.

- Humour is a basic foundation of our humanity and rarely accredited as an important Humour is a basic foundation of our humanity and rarely accredited as an important factor in our interaction with clients. Wasket 1999 writes ..."humour is excluded from accounts of therapy", she continues; "There is a place for the life giving breath of humour in even the

most harrowing of therapeutic encounters." This, 'life giving breath' is a quality that I will be aware of, whilst gathering information during the study.

Ross 1998 writes of humour as being; 'something that makes a person laugh or smile'." She also defines its essence, as containing; 'surprise, innovation, and rule breaking.' These are valuable attributes for counselling where clients are trapped into catastrophic view of their situation, humour unexpectedly gives an alternative view with new possibilities that were previously inconceivable.

There are noticeable physiological changes associated with the engagement of humour which cannot be 'faked or reproduced' Hodgkinson1987 along with others , writes of genuine or 'felt smiles' as being a spontaneous overflow of positive emotion, here the zygotic major and orbicularis ocoule muscles are activated (this involvement of the muscles around the eyes is also known as Deuchenne laughter and Deuchenne smiles, or non Deuchenne, according to the involvement of the muscles or not), she quotes Pease as describing further physiologically observable change in pupil dilatation. " When people are feeling angry and negative - even when they try to disguise it - the pupils contract....But when a person is happy or excited, the pupils may dilate up to four times their natural size". I looked for these indicators in order to help to differentiate between felt and unfelt laughter during proceeding counselling sessions.

Richman1995 writes that humour is interactive, imminent and impromptu.. half the humour originates with the patient and half with the therapist."

The concept of humour enhancing relationships is also relevant in the client /counsellor interaction. Raskin(1985), writes that humour creates a pathway to improve the relationship between therapist and client by emphasising their common humanity. Ryan and McKay1999 write of it's being used to set the right tone for the relationship, promoting a client centred approach and Adams2000writes "humour and a shared joke can be an important part of the process of developing trust ..."

Richman 1995 writes of examples where humour has effectively reduced stress in depressed and suicidal elderly clients, whilst Sutorius 1995 makes a valid observation on an aspect of laughing meditation"-as laughter is so healthy- very therapeutic." He recounts his experience as a dermatologist using laughter meditation alongside traditional treatments .."which helps to cope with the varying problems associated with skin disease....this does not mean that the patches and pimples are gone, but the patient looks differently at it." He quotes research carried out by himself and Wouter van der Schaar in 1985 on the effects of laughing meditation with chronic pain patients. " the pain was not always less - sometimes it was, sometimes not - but they could always handle their pain better."

Humour is not always positive, Pierce 1985 writes of three types of Psyconoxious humour as being; When humour is used to, belittle, laugh at or mimic, a client. Pierce 1985 disagrees with the recommendation that therapists never use humour in therapy. Instead; "where we are feeling angry with a client we either refrain from using humour or use it sparingly... When we don't feel we can trust our unconscious with a particular client or at a particularly stressful time in our lives, it makes sense to limit the freedom we might otherwise give it." I would seriously consider my professional conduct if I continued to counsel a client when feeling angry, or feeling particularly stressed.

Pierce1985 continues to write, "Demeaning humour... is without doubt harmful and to be avoided..." I include 'dark humour' in this category. Hilts 1974 writing of post-Skinnerian psychiatry (behaviour modifiers) writes "It is the special humour of the mod squad. It is a dark humour. An element present in nearly all of it is the play on the idea of control and manipulation ... their humour always circles back to the manipulation".

I judged interview to be an appropriate approach. Bell 1993 describes interviews as ranging from the structured, which is "completely formalised interview where the interviewer

behaves much like a machine ...to the informal interview (or unstructured) in which the shape is determined by individual respondents". I decided to use an unstructured format for my pilot interview (see appendix) but because the response became focussed on one aspect of the client's experience which was uppermost to her as being triggered by the humour it was decided to adopt a semi-structured interview for the main study, on account of it's being informal but guided.

For a qualitative research Youngman1978 writes that the researcher asks; Why interview?

Smiles and laughter are a part of our non verbal communication, some clients may have difficulty in recalling incidents, being face to face offers an opportunity to prompt exploration resulting in improved recall. The researcher is present to observe any non verbal cues as a result of confusion or misunderstanding and support the client.

As a way of promoting 'autonomy', participants were informed of the reason for this particular research, with whom the material would be shared and be given a choice of inclusion, or exclusion of the study.

It was clearly stated from the beginning that they had the option to withdraw at any time and consequently any record of their participation would be destroyed.

Participants would be known only by a letter, keeping individual identity anonymous. They decided how individual recordings of interviews would eventually disposed of in the manner of their choosing. A further aspect of preserving the participant's autonomy was my recognition that the counsellor does have a position of power over the client and so I made a conscious effort not to exploit this. Such exploitation would have taken autonomy from the client and affected the justice aspect in presenting a distorted research outcome, which in turn would also be unjust to other clients and other professionals wanting to repeat the study.

True unbiased report could only be done through someone other than their counsellor but by taking these precautions it is likely to be minimised.

There are various types of humour, Richman 1994 writes of a variety of negative forms, which he refers to as 'psyconoxious humour', Pierce 1985 refers to "Demeaning humour" which "is without doubt harmful " In my counselling practice I avoid harmful humour (the principle of 'nonmalificence) This was true for all pre research counselling sessions, and wherever 'demeaning', or 'psyconoxious' humour was introduced I immediately challenged it's use, aiming to stop it's harmful potential. Remaining aware of the recommendation of Adams2000, ".. to laugh with the client, but never at the client." Care was taken throughout this study to avoid harming the client. Part of this precaution has been through regular discussion of proposals with college tutors, taking my proposals to supervision and to advisors of the voluntary counselling agency that provided the clients. A also precaution taken, was I arranged for the possibility of offering early counselling in the event that any participant found the questions evoked unforeseen painful issues.

Those who are affected by the study does not remain with the three participants but also other counsellors wanting to explore and expand their own practice and other clients in their therapy.

It is in the interest of those affected by this study (the justice ethic) that findings should be made available. Streubert et al 1995 writing of the ethical imperative to share findings; write .." It is essential to document these unique experiences and share them with each other in order to explore and describe the human experience fully"

Because humour is a transient aspect of my practice, I decided to work with clients that were currently in counselling. They would be more aware of the specific effect of humour on their psycodynamic and cognitive position and any changes made during the preceding

hour of counselling. Past clients would be less likely to recall the detail of interchanges after a space of time.

The next question was to ascertain whether humorous interchanges had been noted by the client. In the event of a negative response. There was second question, to see if they could recall any time during previous sessions where humour had been used. If the answer was yes we would continue from that point. In the event of this also being negative the incident would have been noted along with my recollection of our use of humour and my perception of the counselling dynamics over that period.

The pilot interview followed an unstructured approach, the questioning was vague, and the response was limited. Following the pilot interview it was decided to form the questions around areas that were identified in the literature search with the addition of an opening for client's other observations

Three clients were approached, each was currently in counselling, each had suffered one or more bereavements. Client A. is articulate and frequently uses pictorial visualisation, which is demonstrated clearly in her interview. Client's B.& C. have had some reluctance in accessing and expressing their feelings during counselling, which is again reflected in the interviews. The two clients excluded from this study rarely used humour during our counselling sessions. One was currently in a very anxious state and the other rarely showed appreciation of humour.

I offered equal time for each subject, no.1 used her time giving full answers, clients B.&C. gave shorter responses. Clients A.&C. were interviewed at the same location following their counselling session. Client B. requested to be interviewed some days after counselling and for it to take place in her own home.

I found that client A. was able to give more instances of the specific context of the humour with a detailed account of its resulting movement. Subjects B.&C. were less clear about where their laughing had occurred, but were able to remember the activity. They were more generalised in their view of humour's contribution in their therapy.

Question no1. "What do you understand by the word 'humour?

Each participant viewed humour as a positive feeling expressed through laughter.

Client A's description included 'a warm and happy feeling' which is suggested by Weisfield 1993 "..a distinctly pleasurable affect, often accompanied by laughter."

Question no 2 "Have we used humour during our session?"

Client B. Initially said 'it was good when we both laughed' then she included that she had used laughter as an avoidance of a specific issue (Pierce 1985 classes this as 'psyconoxious'..."and represents more loss of opportunity than genuinely harmful"; but this client, classed it as being positive because through my challenging it's appropriateness, she accessed hidden anger with her dead father, and eventually experienced relief, she said "when I laughed as a cover up and you stopped it, that was not nice to feel that pain, it helped me to get to that pain".

I interpret this as an example of the counsellor remaining congruent and person centred bringing a potentially negative form of humour into a positive arena, so for this client this avoidance laughter, resulted in gained opportunity rather than 'lost opportunity', so upholding the ethic of 'Non maleficence'. This client had resisted facing her anger for some time previously.

No.3 described it also as 'lightening the mood'

Feelings resulting from the appropriate use of humour together varied from;- " made to feel at ease", "feeling good," "a release", "a positive break, easing difficulty", to being "a space to give a clearer overview of the situation"

Each client had some difficulty in saying how feelings around their issue were affected:- no.2 added that by my challenging the 'avoidance laughter' she had identified her anger

around the issue." when you did not laugh with me, that brought it all to a head and helped me feel what I was hiding."

They were in agreement that humour had aided their clarity of thought, recognising issues, enabling a clear view, getting things into perspective, turning anger around and getting into touch with issues that had previously been avoided. This supports Goleman (1996) finding when he wrote;" Good moods while they last enhance the ability to think flexibly and with more complexity ... easier to find solutions ... help people think more broadly and associate more freely."

The two questions that were outside the area of the literature search were as to whether attitudes and beliefs had been influenced, each participant was hesitant in their understanding of these questions. No.3 felt humour had helped to change her attitude, enabling her to see "something going for me". The remaining clients could not name changes, but during the course of our interview they outlined changed attitudes under other questions; "the humour of that situation warmed the way in which I was thinking towards him." .

Influencing their beliefs, No 3 replied that she now sees someone on her side'. No 2 could see no change and No.1 recognised that humour had enabled her to see that incidents were not as bleak as she had remembered, giving her insight into 'pockets of warmth and humour' that had been overlooked at the time.

Each claimed changed relationships with significant people in their lives:- No1 "feelings of disappointment and negativity changing to a warm fondness". No 2 was more relaxed with herself, making a better relationship with those close to her. No 3 said she was more relaxed with x resulting in an ability to laugh together.

Each agreed that humour had served to enhance their relationship with their counsellor:-
No1;" It gives me a feeling of you being in there with me, holding my hand, supporting, understanding, demonstrating that you are there with me in my memory"
No2 "Humour helps us get on, we gel".
No3 "Humour feels friendly, it helps us talk, and get on. It makes me feel understood"

These responses support Ryan and McKay 1999 " humour sets the tone of relationship, promoting a client centred approach."

When invited to make also comments:- No 1 added that she is more aware of humour in her general communications. Emphasising the 'stepping stone' perception of events during laughter, the humour allows her to take a breather strengthening her then to move on, proceeding to other issues, that otherwise, may have been too difficult to handle at that time. This allegorical reference is significant for no.1 because she has a severe form of asthma and a usual non verbal reaction to The challenging, and traumatic areas during counselling is a tightness in her chest, or 'shortness' of breath..

No.1 also referred to an earlier session; "I was feeling negative, unhappy, bleak and desolate, there was so much tension between X and I. Then; WOW ! we had such a big laugh, what a release from the black oppression! It enabled me to forgive X and things did not seem so desperate, there was hope there." This supports Dobson and Craig 1996 when they wrote " Humour ... assists clients in gaining cognitive distance.... by providing alternative interpretations and attributions." and Adams quoting Poland 94 "there are times when humour appears like unexpected clearings in internal conflicts, ... exposing new understandings and integration's."

No2 Said that it made her feel better as she walked out of the session, and No3 added that she now has a sense of humour, it gives her 'a release' helping her to be more relaxed.
They reported humour influencing their daily living:-

No1 Uses it to deflect verbal abuse and in the process altering her perception of words spoken, strengthening and putting herself into control of her own feelings and reactions. "it

gives me a sense of control and empowerment, I feel as though I now have a mechanism for dealing with his 'outpourings' instead of getting angry and hurt."
She continues with, "It helps us in difficult situations to communicate better dispelling tension from the air. Sometimes we can both appreciate the humour and laugh, then the tension just goes. Then we can talk together and get on with whatever is happening." This reflects the finding referred to in Keltner and Bonnano 1997 quoting Keltner and Monach 1996 "Couples who laughed whilst discussing a mutual conflict experienced less distress during the discussion and increased relationship satisfaction."

No1 continued, "I now more readily recognise humorous situations, it is good and helpful and I want to use it more, but sometimes it is difficult".

Clients who have made therapeutic progress are mostly happier , resulting improved relationships outside the counselling arena, prompting the question; had the use of humour during the research population's therapy been the only cause for changed relationships? Would some of these clients have had the same results had humour not been part of their therapeutic experience? Similar arguments may apply to the wider general and social context. Had the therapeutic change triggered the improvement, or the use of humour? This is difficult to justify with only a small sample of clients, a wider study should firstly be conducted with clients who both do and do not partake in humour. The immediate response to humour given recently after the counselling session, such as; clarity of thought, new perspectives, anger changing into warm regard, 'release from black oppression' and a means of respite enabling continued progression, are aspects of the study can probably be attributed to the use of humour.

It was an unexpected outcome that all clients viewed humour in terms of their personal reaction to it in isolation, none mentioned the fact that humour is shared, as they each manifestly do in practice during therapy.

When spontaneous, positive, non threatening humour is used in a therapeutic relationship the client's experience is of positive interaction, being 'distinctly pleasurable'. When 'non felt ' laughter was challenged, the therapeutic outcome was positive.

Where the actual incident that triggered the humorous exchange was not recalled the clients each registered the fact that they had laughed at some stage and remembered it's effect which was always experienced as positive.

Humour has a marked influence on social relationships; with 'significant others' each felt a closer relationship, sometimes echoing the findings of Richman 1995 that humour reduces stress levels and in turn fosters good relationship with their partner, or other significant people in their lives. Or as this study showed; a client's changed perception of the partner and, by using her 'new found' humour as a means of self empowerment to defuse anger at times of discord. The client counsellor relationship was shown to be enhanced by the use of humour, giving the client a sense of person centredness. Humour brought perspective to apparently, insurmountable problem situations prompting alternative interpretations and attributions, turning anger to 'a warm regard'. Always making problems appear less threatening than had been supposed and clarifying new options which had been out of view earlier, prompting flexible thought that had previously been 'frozen', and it helped to empower the client in daily life. This supports Adams 2000 when she quotes Poland 1994 "humour offers sustenance and consolation throughout life ... exposing new understandings and integration's."

Both nos.1 and 3 use humour in a constructive way in their daily living
In the most harrowing of experiences humour was found to reflect the essence of the writing of Keenan 1993 " we chose to release those things through laughter ... always life saving." On a different scale of 'horrible life experiences' no1 reflected a similar sentiment when she said, "It is a positive way to deal with it instead of just reacting".

The warning of Adams 2000 "Humour is to be appreciated, but never to be trifled with." I repeat alongside the suggestions of Wasket 1999 " there is a place for the life giving breath of humour in even the most harrowing of therapeutic encounters. "

BIBLIOGRAPHY

1. Adams Marie April 2000 (p160,161) Humour in the Psychotherapeutic Relationship British Association for Counselling 11: 3 158 -161 (2000)
2. Bonanno George 1999 (p20) Laughter During Bereavement Bereavement Care 1999 vol 18
3. Bonnano George &Keltner Dachet1997 (p 127, 134) A Study of Laughter and Dissociation. Distinct Correlates of laughter and smiling During Bereavement. Journal of Personality and Social Psychology 73: No 4 687-702 (1997)
4. Dobson Keith & Craig K.D 1996 (p54-55) Advances in Cognitive Behavioural Therapy Sage Publications California
5. Goleman D 1996 Emotional Intelligence Bloomsbury Publishers London
6. Hilts Philip J 1974 (p213-8) Behaviour Mod Bantam Books Inc New York
7. Hodgkinson Liz 1987 (p13, 35) Smile therapy Macdonald & co Ltd. London
8. Keenan Brian 1993 (p 96) An Evil Cradling Vintage Pub. London
9. Jeffers Susan 1996 End The Struggle and Dance With Life Hodder and Stroughton London
10. Palmer Jerry 1994 Taking Humour Seriously Routledge London
11. Pierce Robert A 1985 (67-73) Use and Abuse of Laughter in Psychotherapy Psychotherapy in Private Practice 3 : 4 (1985)
12. Raskin Victor 1985 (p2) Semantic Mechanisms of Humour D Reidel Pub Co. Boston Lancaster Tokyo
13. Richman Joseph 1995 (p272) The Lifesaving Function of Humour with Depressed & Suicidal Elderly The Gerontologist 35 : 2 217 - 273.(1995)
14. Ross Alison 1998 (p109) The Language of Humour Routledge London
15. Sutorius Dhyan 1995(p368) The Transformatic force of laughter, with the Focus on Laughing Meditation. Patient Education and Counselling 26: 367 - 371.(1995)
16. Vergeer G, MacRae A. 1993 (p 678) Therapeutic Use of Humour in Occupational Therapy American Journal of Occupational Therapy August 1993 vol 47 no 8.
17. Wasket V 1999 (p 119) Therapeutic Use of Self. Routledge London
18. Wesfield G. 1993(p142,159) The Adaptive Value of Humour and Laughter Ethnology and Socio-biology 14: 141 -169 (1993)

ABSTRACT

This study explores the therapeutic use of humour during counselling. Clients found that 'felt humour', facilitated socialising with significant people in their lives and set a client centred tone to the counselling relationship. The feelings that were felt as a result of using humour ranged from, easing of difficulty, to a respite in the midst of trauma. Humour acted as a catalyst to clarify thinking, identify true issues, obtaining perspective on issues, recognising and accessing the possibility of new opportunities and turning anger and hurt into affection and warmth. Some positive change in previous attitudes and beliefs were identified and each of the participants reported a new found sense of humour, which they experienced as being 'good'.