

## Academic/Research Article

# The Impact of Humour on Clients in Psychotherapy

By Kara Cronin



## Introduction

Humour is recognised as “a universal phenomenon that occurs in all cultural groups and all settings” (Adamle & Turkoski, 2006, p. 639) and Franzini (2001) suggests that it is a potentially major therapeutic source that remains insufficiently evaluated and used. Whilst most of the literature supports the use of humour in psychotherapy with a wide range of beneficial effects being suggested (Franzini, 2001), there is also criticism of its use (Kubie, 1970). Positive and negative aspects of humour in psychotherapy need, therefore, to be evaluated. This article looks at humour in psychotherapy and summarises some of my own research findings on the matter.

## Defining Humour

Sultanoff (2013) suggests that the client’s experience of therapeutic

humour is dependent upon the interaction between the client’s qualities, the skills and qualities of the therapist and the nature of their relationship. Jiang et al. (2019) also highlights that culture, age, and many other factors influence what people experience and perceive as humorous. One of the difficulties in studying humour is the lack of agreement on a definition. For the purpose of this paper, I choose the following: Humour is “an affective, cognitive, or aesthetic aspect of a person, stimulus, or event that evokes such indications of amusement, joy, or mirth as the laughing, smiling, or giggling response” (Saper 1987, p. 364).

## Scanning The Literature

Many theorists support the view that humour enhances the therapeutic relationship (Borsos, 2006; Dziegielewska et al., 2003

and Sultanoff, 2003, 2013). Gelkopf (2011) conducts a review of humour in mental illness and suggests that humour’s primary contribution is its benefit to the therapeutic relationship. This supports Richman’s (1996) theory that humour can enhance the therapeutic alliance by increasing clients’ feelings of acceptance, perceived empathy and sense of belonging. Cann et al. (2014) proposes that humour also strengthens the therapeutic alliance by enhancing connection.

The view that humour contributes to the therapeutic alliance is supported by findings from a quantitative study conducted by Marci et al. (2004) which looks at skin conductance responses and the frequency of laughter of ten therapist /client pairs within a psychodynamic therapy session. Whilst the study doesn’t explore how humour impacts on therapists and clients, it shows that shared laughter is a co-constructed activity that is highly coordinated. These findings are consistent with play theories which advocate the importance of humour in social bonding and connection (Morreall, 2016).

A mixed method study conducted by Longe (2018) explores clients’ experiences of humour in psychotherapy. This is a comprehensive study in which 72 participants are surveyed, six of whom participate in semi-structured interviews. It finds a link between the presence of humour and a good therapeutic relationship and indicates that humour can enhance the therapeutic bond.

Another finding is the need for clients to feel comfortable with their therapist for humour to arise which is related to feelings of safety and trust in their relationship. This supports Thompson's (1990) view that humour in therapy should only be attempted after establishing a strong therapeutic relationship and Saper (1987) who suggests it is important to gauge whether a client is able to accept their therapist in a humorous role. A limitation of Longe's (2018) study is the use of trainee psychotherapists as clients', who may have certain biases towards the use of humour in psychotherapy. Findings therefore may not reflect a more general sample of clients and it is worth noting that participants primarily focus on the positive experiences of their therapist's humour in psychotherapy.

### **Psychotherapeutic Process**

The potential positive effects of humour on psychotherapeutic processes are widely recognised by theorists from different theoretical approaches. Renowned existentialist Rollo May (1953, p. 54) proposes "humour is a healthy way of feeling a 'distance' between oneself and the problem; a way of standing off and looking at one's problem with perspective", and leading psychoanalyst Winnicott (1971) suggests humour can encourage and create a space to play, allowing for themes to be shared and explored in a non-defensive way. From a Gestalt perspective, Joyce and Sills (2018) suggest that humour can be used to bring into awareness disowned or split off parts of self and help clients become more flexible, see other possibilities and choice in their response. Kuhlman (1984, p. 2) says: "Humour can serve as a potent force in change processes and has a place within the psychotherapeutic relationship as it does in all other forms of human relationships." This

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view is supported by Sultanoff (2003) who developed a model proposing that humour has the potential to activate a "dynamic, interactive process between and among a client's feelings, behaviours, thoughts, and physiology, making it a potentially powerful tool in the psychotherapeutic process". (Sultanoff, 2013, p. 392). Richman (1996) asserts that humour can offer a sense of proportion and Sultanoff (2003) believes it encourages a different perspective towards problems. Gelkopf (2011) argues that humour can initiate a change in attitudes and encourage self-observation by briefly suspending taboos and creating some distance from obsessive thoughts.

Several theorists emphasise the potential for humour to be harmful to the therapeutic process. Kubie (1970) for example believes that humour can blur therapeutic boundaries, can result in collusion with client defences, can lead to clients feeling their issues aren't being taken seriously, and can be used inappropriately by therapists to defend against their own anxieties or to demonstrate their perceived superiority. Kubie's ideas are not based on empirical research but rather anecdotal evidence (Marci et al., 2004). Further concerns are raised by Kuhlman (1984) who believes that if poorly timed, humour can impair the therapeutic process by reducing trust. Saper (1987) also highlights how humour in psychotherapy can be harmful if it humiliates, or undermines a clients' intelligence, wellbeing or self-esteem.

A quantitative study by Panichelli et al. (2018) of 110 psychotherapy clients and their therapists, finds a strong positive correlation between the presence of humour and effectiveness of therapy which is identified by both clients and therapists. The study does not, however, explain the nature of the relationship between humour and the effectiveness of therapy.

Findings from a qualitative study by Gibson and Tantam (2018) that examine therapists' experience of humour, indicate that humour is a way for the therapist and client to reach out to each other. They also find that humour helps increase clients' awareness of ambiguities in their way of being and contributes to positive psychological shifts in clients. The study also highlights that if humour is poorly timed or used defensively by the therapist, it can limit the client's process by preventing self-awareness and interrupting deep understanding. A limitation of this study acknowledged by the authors is its focus on the positive impact of humour on clients with little mention of the negatives and it that it is all from the therapist's perspective.

### **My Own Client-Side Research**

The purpose of my own recent research project on the matter was to gain a deeper understanding of the impact of humour in psychotherapy from the clients' perspective and to contribute towards research that informs therapists about clients' experiences of humour and the potential benefits and risks of using humour in therapy. I did a qualitative study, using semi-structured interviews to explore the impact of humour on clients in psychotherapy, using a phenomenological approach, providing specific, detailed information on how humour impacts on clients in psychotherapy. Ethical considerations were foremost in the work. A question guide consisting

of open-ended questions was used for the interviews which had been developed by me in consultation with research peers & research supervisors. Thematic analysis was used to analyse data as it related to phenomenology with emphasis on the participant's perspective and experiences. It also allowed for flexibility and theoretical freedom. From the thematic analysis approach, four themes were identified.

### **Theme 1: Therapeutic Relationship & Alliance**

The impact of humour on the therapeutic relationship and alliance is a strong theme across all participants. Participants experience humour as enhancing understanding, mutuality and the felt connection with their therapist. They feel humour is beneficial when it emerges later in the therapeutic relationship. This aligns with Longe's (2018) study that finds humour generally occurs once clients start to feel comfortable in the relationship with their therapist and safety and trust are present. It supports Sultanoff's (2013) theory that the strength of the relationship bond between therapist and client can enhance the experience of humour and act as a psychological buffer against humour being misunderstood. He believes when 'core conditions' (Rogers, 1957) are present, clients are more likely to perceive and positively receive humour.

Overall there is a strong indication from participants that humour enhances the relationship with their therapists, which is significant as research has shown the quality of the therapeutic relationship is key to success regardless of theoretical orientation (Cozolino, 2014). They emphasise that humour facilitates connection with their therapist which supports Cann's (2014) view. As the therapeutic alliance is considered one of the most influential factors of psychotherapy outcomes (Lapworth

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& Sills, 2010), this finding is relevant to the practice of psychotherapy.

All participants strongly indicate that humour in psychotherapy is a shared experience, often referring to a feeling that they are in it together with their therapist. I believe this finding is consistent with play theories which highlight the role of humour in social bonding and suggest that humour and laughter are a social experience which develop connection (Morreall, 2016). This finding supports the view that humour is a co-creation that has the potential to heal through contact and connection. Evans (2012) suggests that humour can access the preverbal experience of the client, bringing laughter and joy which may have been lacking in infancy. Shared humour between client and therapist can meet the clients developmental needs by the therapist mirroring and being emotionally attuned. The feeling that their therapist was attuned and "got them" is strongly implied by study participants. Participants also infer that humour facilitates a sense of acceptance by their therapist, supporting Richman's (1996) belief that humour can increase feelings of acceptance, enhance empathy and a sense of belonging which strengthen the therapeutic alliance.

One participant alludes to humour being an authentic way of both her and her therapist relating, saying it provides a "window into my counsellor" and helps her gain a better understanding of her therapist. This experience is consistent with Olson's (1994, p. 197) view that humour provides "a common bond for mutually shared experiences" in which people drop their guard and

relate authentically. Olson (1994) suggests through humour, therapists can demonstrate their humanness and help remove some of the perceived barriers in therapy, a view shared by Richman (1996).

### **Theme 2: Emotional Effect**

There is a strong theme across all participants in my research of humour having a positive impact on their emotions. All participants indicate humour helps alleviate their pain or discomfort in counselling sessions. All participants feel humour makes it more comfortable and easier to disclose. It reduces burden and shame, a particularly strong theme for one participant being that she feels if humour is present she isn't overburdening her therapist, which is important for her.

Participants strongly indicate humour that alleviates their pain or discomfort when talking about difficult experiences or feelings, which supports relief theories that assert that humour releases pent-up energy caused by suppressing feelings and emotions (Morreall, 2016) and relieves emotional conflict (Rosenheim & Golan, 1986). My findings also support previous studies which indicate that humour reduces anxiety and negative mood (Strick et al., 2009), and that it brings about relief (Longe, 2018).

Like the findings of Gibson and Tantam's (2018) study, all participants' indicate humour is a safe means by which they can reach out to their therapist. This finding is consistent with Poland (1971) and Mindess (1976) who suggest laughter can reduce anxiety and can make it easier to share emotions, and McGhee (1979) who advocates that humour can foster contact by creating a relaxed atmosphere, thereby facilitating communication of sensitive issues and providing relief in a safe non-threatening way.

The theme of humour reducing shame and burden (which is strongly

indicated by one participant) supports Kaufman's (1989, p. 103) belief that "laughter and humour, shared human activities that recruit enjoyment affect (smiling), are effective means of reducing intense negative affect, particularly shame". Kaufman (1989) and Nathanson (1992) suggest that humour is a defence strategy used by humans to deal with shame which I feel fits with this participant's experience.

### **Theme 3: Changes In Perspective**

All participants feel humour has changed their perspective. One remarks that seeing a funny side to her experiences makes them feel more manageable and another says that being able to recognise absurd and ridiculous elements helps her to see a broader perspective. Another strong theme identified by all participants is that humour positively alters their perspective which is consistent with Longe's (2018) study that finds humour helps reframe a situation and Gibson and Tantam's (2018) study that suggests humour can enhance clients' awareness. My findings support the view that humour can encourage self-observation by initiating the reorganization of attitudes, by providing a sense of proportion (Richman, 1996) and by advocating an alternative perspective (Sultanoff, 2003). Panchelli (2013) suggests that humour allows a therapist to offer a reframing of a client's perspective while remaining joined to the client, which I believe is reflected by participants in this study who indicate that when their therapist uses humour to gently challenge them or offer an alternative perspective, they feel their therapist is with them in humour rather than laughing at them.

### **Theme 4: No Experience Of Harm**

All participants in the research say they have not had a negative experience of humour in their

counselling sessions. Despite giving equal attention to asking participants about negative experiences of humour, like in Gibson and Tantam's (2018) and Longe's (2018) study, participants focus strongly on the positive impact of humour, recalling no negative experiences in their psychotherapy.

### **Theme 5: Potential to Harm**

All participants give examples of how they believe humour could cause harm or be unhelpful. There is the risk of misunderstandings if humour is used over the telephone. Humour can potentially be hurtful if the therapist is using it to mock or minimise something important to the client or humour can be hurtful if used at the wrong time. If humour is introduced too early in a session it can blur boundaries and be a distraction preventing deep processing. When used as a defence strategy to deflect how the therapist or client are feeling, it can prevent real contact.

Participants imply that humour can cause misunderstanding, particularly in the early stages of relationship which supports Olson's (1994) view that therapists should know and understand their client before using humour in therapy. One participant indicated that humour has the potential to be harmful if used to minimise issues which supports Kubie's (1970) concern that humour in therapy may lead to clients feeling like their therapist isn't taking their problems seriously. Another participant highlights humour can be harmful if poorly timed. This is consistent with Kuhlman (1984) and Borsos (2006) who believe that introducing humour at an inappropriate time may have a negative impact in counselling and supports findings from Gibson and Tantam's study (2018) that indicate that poorly timed humour can disrupt the

clients process preventing deeper understanding and awareness.

Participants highlight the potential for humour to be harmful when used as a defensive strategy which is consistent with Kubie's (1970) belief that humour could blur therapeutic boundaries and collude with clients' defensiveness. Cooper & Knox (2017) identify humour as one of the chronic strategies of disconnection and suggest that it is a technique learnt in early close relationships to protect ourselves from painful feelings. Interestingly, two participants indicate that even though they recognise humour can be a block to connection, when their therapist draws attention to their use of humour as a defence, it enhances their awareness which is helpful. Gestalt theory argues that if the process of awareness is increased then the client may receive feedback from themselves, others and the environment more efficiently (Yontef, 1993). Yontef (1993) also suggests humour as a deflection can be helpful when with awareness it is used to calm down a situation and allows us to stay in contact rather than to withdraw or to attack.

### **Limitations and suggestions for future study**

To avoid attracting participants with only positive experiences, a future study focusing solely on the negative impact of humour in psychotherapy may be warranted. All participants struggle to recall specific examples of humour in their sessions, instead speaking generally about their experiences. Due to time constraints and difficulty accessing more clients, the sample size was small and therefore cannot be extrapolated to the wider population. A larger, diverse study of clients' experiences of humour in psychotherapy that takes into consideration differences between cultures, genders, racial and ethnic backgrounds would be beneficial.

## Conclusion

In summary, the findings strongly indicate that humour has a positive impact on clients in psychotherapy. This applies particularly to the therapeutic relationship and alliance, clients' emotions and processes and how they perceive their experiences. Whilst no participants recall experiencing humour negatively in their psychotherapy, all acknowledged humour had the potential to harm or be unhelpful. Findings from this study strongly support previous research and theories that advocate the benefits

of humour in psychotherapy and are consistent with Lapworth and Sills (2010, p. 30) belief that humour "can be a vehicle for insight, an affirmation of the working alliance, a true moment of meeting in the person-to-person relationship or a gentle means of confrontation."

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## REFERENCES

- Adamk, K. & Turkoski, B. (2006). Responding to patient-initiated humour: Guidelines for practice. *Home Healthcare Nurse, 24*(10), 638-644. <https://doi.org/10.1097/00004045-200611000-00007>
- BACP. *Ethical Guidelines for Research in the Counselling Professions*. (2019). <https://www.bacp.co.uk/media/3908/bacp-ethical-guidelines-for-research-in-counselling-professions-feb19.pdf>
- Borsos, D. (2006). The use of humour in the counselling process. In A.J. Palmo, W.J. Weikle, & D. Borsos (Eds.), *Foundations of mental health counselling* (3rd ed., pp. 172-181). Charles C. Thomas.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.
- Cann, A., & Collette, C. (2014). Sense of Humour, Stable Affect, and Psychological Well-Being. *Europe's Journal of Psychology, 10*(3), 464-479. <https://doi.org/10.5964/ejop.v10i3.746>
- Cooper, M., & Knox, R. (2017). Therapists' self-reported chronic strategies of disconnection in everyday life and in counselling and psychotherapy: An exploratory study. <https://doi.org/10.1080/03069885.2017.1343457>
- Cozolino, L. (2014) *The Neuroscience of Human Relationships: Attachment and the Developing Social Brain*. WW Norton & Company.
- Dawson, C. (2019). *Introduction to Research Methods: A Practical Guide for Anyone Undertaking a Research Project* (5th ed.). Robinson.
- Dziegielewska, S.F., Jacinto, G.A., Laudadio, A., & Legg-Rodríguez, L. (2003). Humour: An essential communication tool in therapy. *International Journal of Mental Health, 32*(3), 74-90. <https://doi.org/10.1080/00207411.2003.11449592>
- Evans, K. (2012). Humour in Gestalt Psychotherapy. *Gestalt, 42*, 13-26. <https://doi.org/10.3917/gest.042.0013>
- Franzini, L.R. (2001). Humour in therapy: The case for training therapists in its uses and risks. *The Journal of General Psychology, 128*(2), 170-193. <https://doi.org/10.1080/00221300109598906>
- Gelkopf, M. (2011). The Use of Humour in Serious Mental Illness: A Review. *Evidence-Based Complementary and Alternative Medicine: ECAM, 2011*. <https://doi.org/10.1093/ecam/nep106>
- Gershetski, J., Arnkoff, D., Glass, C., & Elkin, I. (1996). Clients' Perceptions of Treatment for Depression: I. Helpful Aspects. *Psychotherapy Research, 6*(4), 233-247. <https://doi.org/10.1080/10503309612331331768>
- Gibson, N., & Tantam, D. (2018). The best medicine? Psychotherapists' experience of the impact of humour on the process of psychotherapy. *Existential Analysis: Journal of the Society for Existential Analysis, 29*(1), 64-76. <https://existentialanalysis.org.uk/publications/journal/>
- Hussong, D.K., & Micucci, J.A. (2020). The Use of Humour in Psychotherapy: Views of Practicing Psychotherapists. *Journal of Creativity in Mental Health, 15*(4), 176-199. <https://doi.org/10.1080/15401383.2020.1760989>
- IACP. Code of Ethics and Practice for Counsellors/Psychotherapists (2018). <https://iacp.ie/files/UserFiles?News-Links/IACP-Code-of-Ethics-and-Practice-Current.pdf>
- Jacobs, S. (2009). Humour in Gestalt Therapy: A Curative Force and Catalyst for Change: A Case Study. *South African Journal of Psychology, 39*(4), 498-506. <https://doi.org/10.1177/008124630903900411>
- Jiang, T., Li, H., & Hou, Y. (2019). Cultural differences in humour perception, usage, and implications. *Frontiers in psychology, 10*, 123.
- Joyce, P. & Sills, C. (2018). *Skills in Gestalt Counselling & Psychotherapy*. (4th ed.). Sage.
- Kaufman, G. (1989). *The Psychology of Shame. Theory and Treatment of Shame-Based Syndromes*. Springer Publishing Company.
- Kubie, L.S. (1970). The destructive potential of humour in psychotherapy. *American Journal of Psychiatry, 127*(7), 861-866. <https://doi.org/10.1176/ajp.127.7.861>
- Kuhlman, T. (1984). Humour and psychotherapy. Dow Jones-Erwin Dorsey Professional Books.
- Lapworth, P. & Sills, C. (2010). *Integration in Counselling & Psychotherapy: Developing a Personal Approach*. (2nd ed.). Sage.
- Longe, O. (2018). *Can I laugh Now? Understanding humour within psychotherapy from the client's perspective*. Submitted for MA in Psychotherapy from Department of Psychotherapy, Dublin Business School. [https://esource.dbs.ie/bitstream/handle/10788/3968/ma\\_longe\\_o\\_2019.pdf?sequence=1&isAllowed=y](https://esource.dbs.ie/bitstream/handle/10788/3968/ma_longe_o_2019.pdf?sequence=1&isAllowed=y)
- Marci, C.D., Moran, E.K., & Orr, S.P. (2004). Physiologic evidence for the interpersonal role of laughter during psychotherapy. *Journal of Nervous and Mental Disease, 192*(10), 689-695. <https://doi.org/10.1097/01.nmd.0000142032.04196.63>
- May, R. (1953). *Man's search for himself*. Norton.
- McGhee, P.E. (1979). *Humour: Its origin and development*. W.H Freeman and Company.
- McLeod, J. (2013). *An Introduction to Research in Counselling & Psychotherapy*. Sage
- McLeod, J. (2014). *Doing Research in Counselling and Psychotherapy* (3rd ed.). Sage.
- Mindess, H. (1976). The use and abuse of humour in psychotherapy. In A. J. Chapman and H. C. Foot (Ed.), *Humour and Laughter: Theory, Research and Applications* (pp. 331-342). John Wiley & Sons.
- Morreall, John, "Philosophy of Humour", *The Stanford Encyclopedia of Philosophy* (Winter 2016 Edition), Edward N. Zalta (ed.) <https://plato.stanford.edu/archives/win2016/entries/humor/>
- Nathanson, D. (1992). *Shame and Pride. Affect, Sex, and the Birth of the Self*. Norton & Company.
- Olson, H. (1994). The Use of Humour in Psychotherapy. In Streat, H. (Ed.), *The Use of Humour in Psychotherapy* (pp. 195-198). Jason Aronson.
- Panichelli, C. (2013). Humour, Joining, and Reframing in Psychotherapy: Resolving the Auto-Double-Bind. *The American Journal of Family Therapy, 41*(5), 437-451. <https://doi.org/10.1080/01926187.2012.755393>
- Panichelli, C., Albert, A., Donneau, A.F., D'Amore, S., Triffaux, J.M., & Ansseau, M. (2018). Humour Associated with Positive Outcomes in Individual Psychotherapy. *American Journal of Psychotherapy, 71*(3), 95-103.
- Poland, W.S. (1971). The place of humour in psychotherapy. *American Journal of Psychiatry, 128* (5), 635-637.
- Richman, J. (1996). Points of correspondence between humour and psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 33*(4), 560-566. <https://doi.org/10.1037/0033-3204.33.4.560>
- Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95-103.
- Rosenheim, E., & Golan, G. (1986). Patients' reactions to humorous interventions in psychotherapy. *American Journal of Psychotherapy, 40*(1), 110-124. <https://doi.org/10.1176/appi.psychotherapy.1986.40.1.110>
- Ruch, W. (1998). The sense of humour: Explorations of a personality characteristic. Mouton de Gruyter.
- Saper, B. (1987). Humour in Psychotherapy: Is it good or bad for the client? *Professional Psychology: Research and Practice, 18*(4), 360-367. <https://doi.org/10.1037/0735-7028.18.4.360>
- Strick, M., Holland, R.W., van Baaren, R.B., & van Knippenberg, A. (2009). Finding comfort in a joke: Consolatory effects of humour through cognitive distraction. *Emotion, 9*(4), 574-578. <https://doi.org/10.1037/a0015951>
- Sultano, S.M. (2003). Integrating Humour into Psychotherapy. In C.E. Schaefer (Ed.), *Play therapy with adults*. John Wiley and Sons.
- Sultano, S.M. (2013). Integrating Humour into Psychotherapy: Research, Theory, and the Necessary Conditions for the Presence of Therapeutic Humour in Helping Relationships. *The Humanistic Psychologist, 41*(4), 388-399. <https://doi.org/10.1080/08873267.2013.796953>
- Thompson, B.R. (1990). Appropriate and inappropriate uses of humour in psychotherapy as perceived by certified reality therapists: A Delphi study. *Journal of Reality Therapy, 10*, 59-65.
- Winnicott, D. (1971). *Playing and Reality*. Penguin.
- Yontef, G.M. (1993). *Awareness, Dialogue, Process: Essays on Gestalt therapy*. Gestalt Journal Press.
- Yontef, G., & Fuhr, R. (2005). Gestalt therapy theory of change. In A. L. Woldt, & S. M. Toman (Eds.), *Gestalt therapy: History, theory, and practice* (pp. 100-81). Sage. <https://dx.doi.org/10.4135/9781452225661.n5>