The Therapeutic Applications of Humour
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John Digney, PhD

The CYC-Net Press
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Foreword

Gordon Allport, an American psychologist and one of the first to focus on the study of personality, once said, ‘So many tangles in life are so ultimately hopeless that we have no appropriate sword other than laughter’.

When we consider that humor is the default for many people (in even the most stressful situations) and is used often with little thought or reflection, it emphazises the importance of investigating the therapeutic application of humor.

Indeed, the benefits of humor are bountiful. Humor is a workout for the brain, like lifting weights for the body. It makes us think about subjects from multiple perspectives and to consider the unlikely. Lee Berk a researcher on humor puts it this way;

... with laughter it’s as if the brain gets a workout. It allows for the subjective feeling states of being able to think more clearly and have more integrative thoughts. This is of great value to individuals who need or want to revisit, reorganize or rearrange various aspects of their lives or experiences, to make them feel whole or more focused.

Studies have shown that teachers with a sense of humor are preferred by students and are more effective in the facilitation of learning. In times of crisis, laughter helps the brain regulate the stress hormones cortisol and epinephrine. There is even a link between laughter and the production of endorphins – natural pain killers.

In several studies, a sense of humor is one of the most sought out characteristics when choosing a partner. Possibly more important, in studies of happy marriages, especially those lasting more than a half century, the couples report that the ability to laugh together is one of the main secrets to marital bliss. Humor can help
us identify the similarity of our values and affiliations or navigate our differences (political jokes, ethnic jokes, gender humor). But, humor’s ability to create bonds goes beyond the logical application. It is chemical and wired into our neurology. Laughter sets up the release of oxytocin and vasopressin in the brain, peptide hormones linked to bonding and attachment. Laughter can turn crowds into communities, strangers into friends, and friends into lovers.

However, while humor is a default in difficult situations and its effect powerful, the outcomes are not always positive. Humor can also be one of the strongest ways to offend. Becoming the ‘butt of a joke’ is one of the most often stated fears and being laughed at by a group has caused ostracism and even resulted in suicide.

Yes, John has been wise in not falling into the course of just following instinct, but instead studying and analyzing the phenomenon and he is the perfect candidate to do so. I have experienced John’s ability to relate and connect first hand. Whether telling a good story or sharing his take on the use of humor to care, connect, communicate, cajole, conceal, or cope, John applies his sense of humor and, while making his point, he deepens his connection with you. While John’s ability to relate to people and his quick use of humor seem to come naturally, he has studied his craft, honed and polished his skills, analyzed both the obvious and more subtle elements, and now generously shares them.

It has been said that, “Analyzing humor is like dissecting a frog. Few people are interested and the subject dies from it.” (E.B. White) Regardless of this warning, John takes us along as he bravely leaps in and addresses the subject. In the process, I believe he defeats both concerns. But, while he manages to keep “humor” alive, make no mistake, John is serious about humor.

Mark A. Strother
Texas, August 2014
An Introduction to the Therapeutic Applications of Humour

TransformAction International has had many occasions to deliver training in various parts of the world for Child & Youth Care Workers, Social Care Workers, Social Pedagogues, Foster Carers and others working with children and youth. Frequently in these trainings, when considering how they might intervene into a ‘moment of opportunity’ with a young person or others, participants have identify that they would use humour. Yet seldom, it seems, in the literature has much careful reflection been given to the possible impact of humour with a particular person in a particular moment.

Humour is one of the most common of human expressions. Seldom does a day go by without humour appearing, even if only briefly, on occasion it is merely due to a seemingly accidental quirk of fate. Sometimes humour appears because of some haphazard intersection of moments, or because of someone’s intentional decision to make something funny, tell a story or just act foolish. In those intentional moments when humour is used, often, the instigator of the humour does not think about possible interpretations of humour other than their own. Yet, humour, like everything, may be interpreted differently by different people. Just because one person thinks something is funny, it does not mean that someone else may think it so. Therein, lays the risk of using humour without stopping to think about it. While humour may be helpful in relationship formation or as relationships grow and develop, it can also have the opposite effect.

That is what this volume is about. John Digney has brought together in this volume a collection of articles which encourage us to think about how we use humour in direct work with children and young people. Dr. Digney offers us a framework for reflecting on various applications of humour in direct care work, highlighting
ways in which the use of humour offers great potential to help and at the same time pointing out the potential for hurt.

The collection of writings in this volume is not about how to be funny. There are no formulas offered here detailing how to construct a humorous intervention. In fact, one of the points being made is that using humour is not about trying to be funny. Rather this book offers guidelines for thinking about the use of humour and some of the ways in which it might be considered in our work with young people and others. It is about the therapeutic application of humour in daily life opportunity events and how the effective use of humour may help young people and others achieve outcomes that matter. It is about being, as John says, intentional in interaction.

In the first section of this volume, John discusses six important functions of humour: caring; connecting; communicating; cajoling; concealing; and coping. In our work with young people and others, we are constantly concerned about these functions of humour, either as used by ourselves or by others in their interactions with colleagues or young people. For each function of humour, John provides historical grounding that opens up the definitions so that we might see how different they are in practice and how each appears in our work with young people and others.

In the second section, John has drawn together additional writings (by himself and others) which seek to enhance the discussion and further explorations of humour, especially as it relates to how humour is used in daily life events with young people in care. Indeed he shows how the appropriate use of humour can help young people and significant others to achieve the outcomes that matter (otm©) through care and education relationships that pay closer attention to ways in which humour is used in daily life space encounters. Linking the uses of humour with planned interventions in daily life events in moments with young people, John shows how properly used, humour can be a powerful tool in care work with children, young people and families.
While this volume has been created as a resource for training in the Therapeutic Applications of Humour (tah©), it is likely to be of interest to anyone involved in direct care and therapeutic work with young people and others. In the context of the therapeutic use of daily life events (dle©) it demonstrates how humour has the power to heal (whilst acknowledging the potential for hurt), and so in reflecting on the insights provided here, we might become more successfully intentional in our interactions.

Thom Garfat  
Rosemere, Quebec  
August 2014

Leon Fulcher  
Wairoa, New Zealand  
August 2014
Authors Introduction

This short reader has been compiled primarily to accompany the training on the ‘Therapeutic Applications of Humour’ though is also a stand alone volume. It includes various articles, some of which have been re-edited and updated.

This little book does not set out to encourage individuals or staff teams to become comedians and neither is it about encouraging professionals to disregard or minimize serious and emotionally charged situations. Instead it is about helping to create a greater understanding of how we can use humour as part of our toolkit when working with children, youth and families in a positive way.

As with all TransformAction International resources, The Therapeutic Applications of Humour is predicated on the beliefs that:

Effective practitioners know to look for or create ‘moments’ in the life-space which can be used as vehicles for learning and positive change.

• Meaning making’ is a vital skill and if professionals are to be effective they must be able to make sense of each individual’s reality and way of ‘being’ in the world.
• A well-timed and well-constructed intervention can potentially change a life forever.
• Our gaze and focus should be on creating ‘outcomes that matter’.

Therefore, this volume is about increasing awareness of the value of humour in our work and seeks to improve our effectiveness or usefulness to others.

Some of the chapters make references to common theories of humour and also speaks to how other caring professions (such as medicine, nursing and psychotherapy) have embraced the thera-
peutic value of appropriate humour. These are all useful to understand as they link back into areas such as Child & Youth Care, Social Care, Social Work, Teaching and many others.

Whilst much of the content has a Child and Youth Care focus, this approach is universally applicable across all ‘care groups’ and in other areas such as intellectual disability, elder services, early years, education and justice.

In our work with children and families we seek to assist them in making their situation better, this infers we are striving to be ‘therapeutic’. When we engage in therapeutic work it can be said that we are working with others, using intentional interactions which seek to contribute to a positive outcome. To be truly intentional our interventions must be based on addressing an identified need and must be underpinned by an understanding of the potential impact – based on a through understanding of the writings and research in that area.

Section 1 presents information that can lead to a clearer understanding of the therapeutic potential of humour in the context of six main purposes (identified by the author) where humour can be used for a therapeutic reason.

Section 2 brings together other related articles that assist in expanding discussion and reflection on humour in our work. They include some personal experiences of using humour or how humour was experienced by others.

This volume has been created to increase awareness that the work of caring for others is a human function and that part of the human way of being in the world is about having some fun with each other and seeking to making things ‘a bit lighter’.

This does not mean to say that we don’t take things seriously; it just means we need to know when to ‘take a break’ from what is happening around us at any given time.

If we can fully understand the mechanics of humour and answer questions such as:
• Why do we use humour in our work?
• Why does it work so well?
• Why is it that sometimes it doesn’t work so well?
• What are the potential hazards of using humour?
• How do we know if it is the right thing to do?

... then perhaps we can feel more competent in this approach and not doubt ourselves or wonder if we are doing the right thing.

Knowing the value and pitfalls of any approach will make it more valuable and our ability to use it more effective. Understanding what we are doing and can do through humour will help us in our quest to provided moments and opportunities during the daily lives of young people and others, which might help facilitate some positive change for them. Perhaps then we can help to ‘professionalize’ this most common and under appreciated of approaches.

John Digney
Belview, Ireland
August 2014
Section 1
The 6 C’s of Humour in CYC

Humour to show caring

Our connections with clients through humor, love, and pain contribute enormously to our growth as individuals, add complexity to our lives, and increase our capacity for empathy and understanding. (Harvey, 2003)

Humour can be used by anyone (though some are better than others). Elsewhere, (Digney, 2006), identified six important functions of humour in our work with children and families: Caring, Connecting, Communicating, Cajoling, Concealing and Coping. If used well, humour can help fulfill these functions. These six functions are heavily influenced by or interwoven into relationships, and it the hard to describe dynamics of interaction and interdependence which compelled Laurence Peters (1982) to state, ‘humour is easier to recognize than to analyse or understand’ (p147). Through the provision of examples and research data, humour writers such as Adams (1993) and Kuhlman (1984), have made the point that the notion of relationship is of vital importance when examining the functions and reactions to humour or attempts at humour. So what of using humour to show we care?

What is caring?

Austin and Halpin (1989) wrote that the fundamental basis of child and youth care work requires a ‘caring relationship’ and that this relationship must exist, ‘between care-giver and child’ They also write, ‘... the assumption is that in the working out of this relationship, a healing, developmental process emerges’ (p. 1). Mark Kruger in 2000, reinforced this point when he stated, ‘child and
youth care is about caring and acting – about being there, thinking on your feet, interacting, and growing with children.’

As Social Care or Child & Youth Care workers, not only do we need to be ‘caring’ people, we also need to be able to express this to the people with whom we are in relationship, for how else can they know that we may be that one person, whom Uri Bronfenbrenner (1977) referred to when he said that ‘every person needs at least one adult who is crazy about him or her’. We need always be aware also that the people with whom we work, ‘… are not objects, they are subject beings and caring is always an action carried out by one subject being in regard to another subject being’ (Austin and Halpin, 1989, p. 2)

Different organizational cultures exist in each service or care program. A common and all too often shared concern is that of becoming too involved in the relationship with our clients for fear of being viewed as unprofessional. ‘Many staff in present organisational climates are wary of engaging in shared activities or in developing strong personal relationships’ (Kendrick and Smith, 2002). And yet in failing to do so, as also pointed out by Kendrick and Smith (ibid) they, ‘cannot fulfill some of the essential functions of the job’

In the world of Child & Youth Care and Social Care natural expressions of caring such as being tactile, can be considered taboo. Nelson-Jones (2005) states, ‘touch can be a wonderful way to express caring … we can express caring by a hug, a half-embrace, an arm over the shoulder, a touch on the arm’ (p. 356). So the dilemma exists for those who believe they cannot safely demonstrate caring (through physical touch), how can we show people that we really do care about them?

**Demonstrating Caring**

Showing we care may be conveyed in many less explicit ways and some of these can include the use of humour. Digney (2005) states, ‘… humour makes it possible to let young people see that you care. Sharing a laugh, for example can be a non-threatening
demonstration of empathy and caring … It is often easier for a young person to accept that someone cares about them if it is not explicitly stated’ (p. 12).

Below is a list of 30 ways to show that you care. These 30 ways, can all be connected in some ways to an approach using humour.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be silly together</td>
<td>Daydream with them</td>
<td>Notice them</td>
</tr>
<tr>
<td>Laugh at their jokes</td>
<td>Hang out together</td>
<td>Include them in conversation</td>
</tr>
<tr>
<td>Giggle together</td>
<td>Make time</td>
<td>Be sincere</td>
</tr>
<tr>
<td>Smile a lot</td>
<td>Unwind together</td>
<td>Talk directly together</td>
</tr>
<tr>
<td>Be relaxed</td>
<td>Be yourself</td>
<td>Tell them you like being with them</td>
</tr>
<tr>
<td>Enjoy your time together</td>
<td>Accept them</td>
<td>Look in their eyes when talking</td>
</tr>
<tr>
<td>Do what they like to do</td>
<td>Trust them</td>
<td>Create a safe, open environment</td>
</tr>
<tr>
<td>Be spontaneous</td>
<td>Play with them</td>
<td>Talk openly with them</td>
</tr>
<tr>
<td>Have fun together</td>
<td>Let them act their age</td>
<td>Help them learn something new</td>
</tr>
<tr>
<td>Be happy</td>
<td>Surprise them</td>
<td>Inspire their creativity</td>
</tr>
</tbody>
</table>

The first column speaks to the notion of humour directly in itself and requires little or no commentary as humour either creates or results in these actions. ‘Being silly together’ requires humour, ‘laughing at their jokes’ is humour in action, as is ‘giggling together’ and ‘smiling’. ‘Relaxation’ can both come from, and be a catalyst for humour, as with ‘enjoying time together’. ‘Doing what they like to do’, can quite frequently involve some humorous component and ‘being spontaneous’, ‘having fun’ and being ‘happy’ are clearly compatible with a humorous element.
What about the other 20?

Some of the actions listed in columns 2 and 3 can come about, or are augmented through the use of humour. If we consider the concepts listed in column 2 in the first instance we come to realize that ‘daydreaming with’, ‘hanging out with’, ‘making time for’ and ‘unwinding together’ can interact with the notion of humour. How often do we find ourselves just ‘being with’ others, chilling out and passing the time in moments of calm and end up having a laugh or a joke with them. In Irish culture we talk about having ‘the craic’ and this comes from sharing the experience of just being there with them in humour. In Ireland we have consider this ‘reverting to humour’ to be a Celtic phenomenon, but research tells us otherwise, it is in fact universal and is unanimously an expression of value and caring (though the author contends has it origins in Ireland!). Middleton and Moland (1959) on speaking to the idea of ‘social aspects of humour’, discuss how humour is utilized within groups as a way of bonding and developing solidarity (this is a cross-cultural experience that show a sense of loyalty and caring).

People know when we are interested in them and that this interest often indicates that we care about them. It is most potent when they see that we are comfortable with them, when we allow ourselves to ‘be ourselves’ and when we are seen to ‘accept them for who they are’. What better way to be ourselves and show we have our guards down, than to engage in a humorous activity with them, telling a funny story or doing a silly thing for no other reason than having a laugh and enhancing the relationship between ourselves and other. Indeed, it is through such acceptance of self and other that ‘trust’ can emerge.

If someone can see we trust them enough to be silly with them or include them in our fun, they are much more likely to begin to trust us. We can show we care by ‘playing with’, ‘allowing them be their age’ and ‘surprising’ them. Using humour to facilitate these actions is readily applicable, frequently done and is generally useful.
The actions in column 3 require some additional consideration and explanation, beginning with the need to ‘noticing them and involving them in conversations’. Henry Maier (1987) writes about rhythmicity being a ‘salient underlying force: the synchronization of child and caring adult’. When a staff notices someone else (particularly if they are in distress or trying to impress) this noticing is truly ‘felt’ by ‘other’ – a person can think, ‘maybe I am important to them, if they take the time to notice me and include me’. In Digney, (2007), an occasion is discussed where a worker noticed when a young person perceived that staff to be laughing at her. Immediately the worker acted to ‘include’ the young person in the reliving of a humorous story and this action had the effect of allowing the young person feel valued; she had a feeling of ‘being noticed’, important and cared about.

‘Being sincere’ is a fundamental care function, as people can see our sincerity when they ‘look in our eyes’. When in relationship with other it is the golden rule to be open and honest, ‘being truthful is the foundation to developing trust’ (Digney, 2008). Being with people, as they live their lives as discussed by Garfat (1998), provides numerous opportunities for demonstrating ‘sincerity’ and as humour can be a great social equalizer, it can help provide opportunities for legitimate and non-threatening eye contact. This personal connection may be critical to allow the person see that we want to make this level of contact, allowing them see into our hearts and witness our caring for them.

‘Telling them how we like being with them’, is made really easy when we are able to have a relationship with humour. Having a joke, sharing a laugh, swapping funny stories can ‘create a safe/open environment’, in which we can tell others how much we enjoy this time with them. Saying, ‘I really look forward to these times where we can have a bit of craic’, affirms our relationship as a caring relationship – and this can be even more helpful than saying ‘I care about you’ directly.

We need to, ‘talk directly together’ and ‘talk openly’ with anyone we are in a positive relationship with; if we wish them to know that we care. This can be very difficult to do with someone who
John Digney, MPM, MSc, PhD has worked with troubled youth and their families for almost 25 years. He has been a front-line worker, manager and clinical coordinator. John has been National Training & Development Coordinator for TUSLA (Ireland’s Child and Family Agency) since early 2014 and in addition provides consultancy and training internationally. John completed his PhD investigating the uses of humour in residential care at DKIT in 2010.