

**NOT JUST FOR LAUGHS:
WHAT PROMPTS THERAPISTS TO USE HUMOUR IN A COUNSELLING
SESSION**

by

BARBARA SCHNEEBELI, B.A.,
University of British Columbia, 1995

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ARTS**

in

THE FACULTY OF GRADUATE STUDIES

(Department of Educational and Counselling Psychology and Special Education)

**WE ACCEPT THIS THESIS AS COMFORMING
TO THE REQUIRED STANDARD**

THE UNIVERSITY OF BRITISH COLUMBIA

JUNE 2003

© Barbara Schneebeli, 2003

In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Educational and Counselling Psychology
and Special Education
The University of British Columbia
Vancouver, Canada

Date June 23/03

ABSTRACT

This study explored how counsellors' experiences with humor affect their counselling practice. The study examined what motivates counsellors to use humour and how using humour can be important to the counselling field. Furthermore, it exemplified ways counsellors can include this dimension within their practice. An autobiographical method was employed. Participants wrote stories about their experiences with the use of humor and how they incorporated it into counselling. Narrative analysis was used to review the data. A follow up interview with each of the participants served the purpose of confirming and validating the findings generated from the autobiographical accounts. This study illuminates the power of humor, inspires counsellors to examine their own sense of humour, and reminds the field of psychology how imperative the inclusion of humour is to the healing process. Recommendations for future research and implications for counselling are provided.

TABLE OF CONTENTS

ABSTRACT.....	ii
TABLE OF CONTENTS.....	iii
CHAPTER 1: INTRODUCTION.....	1
Purpose of the Study.....	5
CHAPTER 2: LITERATURE REVIEW.....	7
Benefits of the Use of Humour.....	7
Drawbacks of the Use of Humour in Therapy.....	11
Humour Theories.....	13
Types of Humour used in Psychotherapy.....	15
The Use of Humour in Cross-Cultural Settings.....	17
Therapist's Personality and the Use of Humour.....	19
Summary of Literature Review.....	20
CHAPTER 3: METHODOLOGY.....	22
Researcher's Context.....	22
Rationale for the Method.....	25
Participants.....	26

Procedure.....	27
Interpreting the Autobiographies.....	29
Validity.....	31
CHAPTER 4: RESULTS.....	33
Bob's Story.....	33
Janice's Story.....	37
Steve's Story.....	42
Kathryn's Story.....	47
Across Story Analysis.....	51
CHAPTER 5: DISCUSSION	53
Relevance to the Literature Review.....	53
Recommendations for Future Research.....	55
Implications for Counselling Practice.....	56
Limitations of the Study.....	57
Final Remarks.....	58
APPENDICES.....	61
References.....	61

Appendix A	69
Appendix B.....	70
Appendix C.....	71
Appendix D.....	72
Appendix E.....	73

**It's an odd job, making decent people laugh.
(Moliere 1622-73: La critique de l'ecole des femmes)**

CHAPTER ONE

Introduction

Humour is one of those phenomena that eventually emerges from any situation. It spreads itself in various forms and is used in all cultures. However, as to what humour itself is, the answers are as varied as the investigators. A myriad of related terms encompass humour: wit, satire, punning, clowning, teasing, joking, comedy, practical joking, pantomime, sarcasm, cartoon and so on. It is defined by the Webster Dictionary as "that quality which appeals to a sense of the ludicrous or absurdity incongruous"(p. 344). As one of the most famous embodiments of humour, Charlie Chaplin defines it as a kind of gentle and benevolent custodian of the mind which prevents us from being overwhelmed by the apparent seriousness of life (Boskin, 1987, p. 154). Many people decide to seek therapy when they feel overwhelmed by the seriousness of life. Depending on the therapist, some clients will experience this gentle and benevolent custodian of the mind and some will not. What accounts for this variation?

Given the universality of the use of humour, I have found it odd and curious, and even frustrating at times, that in my years of psychology training the mention of humour has remained so desultory. A therapeutic setting calls for and even encourages the client's release of anger, sadness or even a sense of helplessness towards life. Humour could be helpful; however, I have found the expression of humour to be mostly left to accident. It fascinates me to know that the use of humour is often encouraged in therapy, yet there are no guidelines on how or why it should be used. Research in this area is important for

providing a place for counsellors to discuss a possible aspect of themselves that has not necessarily been validated within their training. This study attempted to take a first step into understanding counsellors' motivation to use humour in therapy.

The use of humour in a therapeutic setting has created a lot of controversy over the years. Perhaps, as Napier and Gershenfeld (1987) suggested: "the reason for the lack of 'serious' study of humour as an important counselling tool is that we tend to think humour is too playful, not work related, and a diversion rather than what it actually is--an integral part of a person's identity" (p. 386). While some studies discredit its use, many have tried to understand the impact and the use of humour as a counselling tool in therapy. Recently there has been a growing interest in the clinical uses of humour, and frequently it appears in counselling journals. Most of this journal articles, however, remain anecdotal, and only a handful report empirical research. A few studies have tried to determine how humour can be used as a counselling tool.

What type of humour with some conditions has been studied, but a major controlled study has yet to be conducted. What type of humour, by whom, under what type of condition, and at what stage of therapy is humour effective are yet very difficult questions which require answers.

(Shaughnessy, 1992, p. 760)

Fry (1994) points out that groups, even entire cultures, without a sense of humour have never been discovered. Humour may be used in all cultures, but the meaning of it differs for cultural groups. Aristotle perceived "humour" as the perception of some ugliness in another (Keith -Spiegel, 1972). Plato viewed our amusement as a kind of malice towards people who are perceived to be powerless. According to Darwin (1872), those blessed

with the adaptive human quality of 'humour' were able to leave more offspring behind than those who lacked it.

What is humour in a therapeutic context? A simplistic answer would be to say that it is an interchange between the therapist and the client that can serve many purposes if applied correctly. The association for applied and therapeutic humour defines humour as:

any intervention that promotes health and wellness by stimulating a playful discovery, expression or appreciation of the absurdity or incongruity of life's situations. This intervention may enhance health or be used as a complementary treatment of illness or be used to facilitate healing or coping, whether physical, emotional, cognitive, social or spiritual. (AATH, 2001)

In 1977, Rollo May understood humour as a "healthy way of feeling a distance" between one's self and the problem, a way of standing off and looking at one's problem with perspective. Victor Frankl (1978) shares a similar view and explains that "humour allows humans to create perspective, to put distance between himself [sic] and whatever may confront him [sic]" (p. 108).

In health settings, humour is viewed as any communication which is perceived by any interacting parties and leads to laughing, smiling, or a feeling of amusement (Robinson, 1977). Here it is important to specify that humour is also defined in relation to laughter, and "laughter can be described as the indicator that humour has occurred" (Lemma, 2000, p. 5). Much research in the medical fields has outlined the benefit of humour and laughter with patients. Results show that the use of humour boosts the immune system, raises B-cells, T-cells, and gamma-interferon, a disease-fighting protein,

thus contributing to physiological health (Humour as Medicine, 1997). Cousins (1989) in the Anatomy of an Illness as perceived by the Patient, maintains that his sense of humour reduced the pain and helped him to the road of recovery. It is not to say that humour heals all illnesses or that its use causes health, but as Gelkopf puts it, used as a background factor it can promote recovery or the maintenance of health (1996, p. 239).

The literature on humour in the therapeutic field up to 1970 reflected on articles dealing with the use of psychotherapy from a psychoanalytical perspective. Most of the writings were based on Freud's early beliefs that humour released built-up nervous energy, thereby conserving the energy that would otherwise have been used to repress forbidden feelings or wishes (Lemma, 2000 p. 31). Freud also wrote "not everyone had such a gift, and many people are without the capacity to enjoy humourous pleasure that is presented to them" (Freud, as cited in Lemma, 2000, p. 30). Why is it, then, that some people are more responsive to humour than other?

Research done by Richman (1996) demonstrates that humour eases the social interaction, and through its ambiguous nature, it facilitates self-disclosure and social probing in an indirect, non-committed manner. Humour binds group together. Did Baudelaire feel rejected, or was he lacking the capacity to enjoy humour when he held that laughter was indeed an expression of man's satanic spirit (as cited in Lemma, 2000)? What about Sir Arthur Mitchell (1905) who defined laughter as "a state of mental disorder" (p. 21)? Humour can be used to create social distance, to reject and to maintain hierarchical relationships. Humorous exchanges may be accessible to those who share information about one another's knowledge, beliefs, intentions, and attitudes. In a group setting, for example, someone may become a clown to express unacceptable thoughts or

feelings (Robinson, 1983). Those who get the jokes become part of the group; those who cannot are excluded (Lemma, 2000).

Humour is central to human interaction because it serves as a social lubricant. Would it be fair to say, then that when we use humour, we are taking a risk because some exchanges are so rich in social subtleties and nuances that they are inevitably left open to varied interpretations (Lemma, 2000)? When used appropriately, at the right time, under proper conditions, with the right client and therapist, humour will create a positive outcome. However, it can also become a vicious and cruel enemy.

Therapists are trained to become empathic, warm, and possess a positive unconditional regard toward their clients. Can they also be trained to become humorous or to use humour? Can humour be part of a regular counselling session? Research which explores the experience of counsellors using humour in a therapeutic setting is limited. Gaining an understanding and appreciation of what leads counsellors to use humour, or humorous interventions at various points in a therapy session is critical to the therapeutic tool one can use. The intent of this study is to explore in detail what prompts therapists to use humour and how it impacts the therapeutic process.

The Purpose of the Study

This study was exploratory. As therapists, we know little about the experience of counsellors and their use of humour. We know little about their motivation to use humour in therapy and the degree they perceive it to have an impact on the relationship they had with the client. The purpose of this study was to gain a degree of understanding of what leads a counsellor to use humour at various times. The research question to be

investigated was; **What prompts therapists to use humour in a counselling session at specific moments?**

It was my contention that it was possible to gain some understanding of what motivates counsellors to use humour in therapy. To do this, I talked with counsellors using different approaches hoping to gain valuable insight into how humour is being implemented in therapy. Did these counsellors learn to use humour or is it just part of their personality? Was the use of humour premeditated or spontaneous?

The goal of this study was to give voice to an aspect of the counsellors' experience that has been largely unexplored. Furthermore, it provided information about what makes clients respond to humour and what effect it has on their progress in therapy. This study was to contribute to the research literature by exploring and documenting an area of experience that had received limited attention. This study reviewed autobiographical accounts of counsellors' experience with humour and how those experiences may have affected their therapeutic relationship.

Humour is the kindly contemplation of the incongruous
(P.G. Wodehouse 1881-1975)

CHAPTER TWO

Literature Review

The purpose of this chapter is to present studies that have explored the use of humour in psychotherapy. I will include theoretical work and findings of the few published empirical research articles in the area of the use of humour in psychotherapy and will include clinical studies, articles, and books which explore and document the use of humour in therapy. This literature highlights: the benefits, the drawbacks of humour in psychotherapy; humour theories; types of humour used in psychotherapy; the use of humour in cross-cultural settings; and the therapist's personality and the use of humour. This literature has been chosen to contextualize the environment for the current study

Benefits of the Use of Humour

As stated earlier, there have been numerous research articles written in the last two decades departing from the psychoanalytical perspective. While some researchers have conducted empirical studies (Ziv, 1984), others have offered clinical case examples in specific forms of psychotherapy (Shaughnessy, 1984). In the following sections I will discuss the benefits of humour researchers have found.

Humour in therapy can be used to decrease anxiety and tension, promote insight, encourage motivation, bring out an atmosphere of closeness and equality between therapist and client, bring to light absurd beliefs, develop a sense of proportion to one's

importance in life situations, and facilitate emotional catharsis (Haig, 1986; Mindess, 1976; Reynes & Allen, 1987; Rosenheim, 1974; Rosenheim & Golan, 1986).

Richman (1995) sees humour as "a function of the treatment approach of the therapist" (p.272) and acknowledges five humour therapy concepts. One of the first principles is that the client -counsellor relationship includes the freedom to be humorous. The additional four principles contend that the use of humour increases cohesion, reduces stress, is life affirming, and is interactive. According to Richman, the application of these principles is based upon a knowledge of the required interventions and an awareness of when humour is or is not appropriate.

Gladding (1995) maintains that "humour is a natural occurrence in some counselling situations, and it is a resource that should be used" (p.3). He also firmly believes that using humour in counselling decreases tension, promotes insight, fosters creativity, helps counsellors and clients become calculated risk takers, helps clients realize and appreciate anew the realities of life, is a powerful tool to overcome resistance, assists in dealing with taboo subjects, and finally is beneficial for the counsellor's mental health. Furthermore, Gladding (1995) reports that humour in appropriate places and at appropriate times gives counsellors and the counselling profession an invaluable perspective.

Maples et al. (2001) add an interesting perspective and suggest that humour helps clients listen and attend to the known and unknown about themselves. According to Corey (1996), humour provides insights and offers a strategy for helping clients place the events of their lives into a realistic and manageable perspective. Gelkopf (1996) also reports cognitive effects of humour are characterized by a shift to new viewpoints and the

adoption of attitudes like optimism and playfulness. Levine (1976) illustrates how humour can facilitate a new perspective. This enables the client to move from a narrow, over-emphasized view of his/her problem to considering alternative ways of viewing problems and solutions.

While Mosak (1987) sees humour as helping the client in reaching new perspectives, he also believes that the use of humour promotes an emotional involvement between client and therapist. This creates a friendly, collaborative relationship and a sense of solidarity in working together. According to Mosak, using humour has the benefit of stimulating a more flexible, creative approach to interacting with others.

Humour has also been examined as a means to achieve counselling goals. Maples et al. (2001) consider humour's true value as placing an individual's perception of self and environment into a "healthy" perspective. Moreover, they acknowledged that Frankl (1978) and May (1953) advocated the use of humour to help clients increase their self awareness and learn what they can do to become less anxious and more accepting of themselves and others.

Nevo (1986) indicated that humour can be used in career counselling to challenge a client's irrational ideas about career choices. In order to elicit laughter and challenge the client, Nevo, would comically link the career selection to mate selection.

In transactional analysis, Berne (1977b) discussed how he had been using humour, especially laughter, in group therapy, as a way of uncovering injunctions against having fun. According to Berne:

The technique is simply to ask the group to laugh and to keep laughing whether anything is funny or not. The therapist laughs with the group,

laughing in various ways such as a simpering child and a jolly Santa Claus. It often becomes funny, always becomes revealing and frequently gives new permissions. (p.122)

Additionally, both Tuttmann (1991) and Kennedy (1991) supported the use of humour in group therapy as a means to regulate anxiety and deter aggression.

More recently, a study conducted by Kush (1997) suggested that students' interest and attention improved when high school counsellors used humour as an intervention in specific situations. Humour has also been effectively applied as a counselling tool in elementary school (Sluder, 1986) and with Native American children (Herring, 1994). "Whether it is in reference to paradox, the ironic, the unanticipated, or the situation, Native American Indians use humour's ability to erase, cleanse, or change what was embarrassing, oppressive, sorrowful, or painful" (Herring, 1994, p. 68).

Mango and Richman (1990) recommend combining art therapy with humour as a therapeutic procedure. They found that topics shared during the humour and art therapy sessions were usually kept hidden and seen as shameful in other places. In addition, they experienced mutual understanding and empathy that added significantly to the therapeutic effect.

Satir, a family therapist, would often use what she called the "cosmic joke" (Banmen et al, 1991). She described it as the moment clients saw the ridiculous or humourous aspects in what they had taken so seriously, namely themselves, in situations they perceived as life or death. She placed great importance on creating a context of good humour and enjoyment in her work. Richman (1996) took it even further by stating that in therapy, a humourous attitude is a form of mental play with a serious purpose.

Greenwald (1987) thought that freedom and openness in a therapeutic atmosphere can be created with the use of humour.

Although empirical research in this field is dramatically lacking, numerous reports have appeared that support the notion that humour has holistic benefits regardless of the therapeutic approaches.

Drawbacks of the Use of Humour in Therapy

While the benefits of humour in therapy seem to abound, some researchers accurately remind us about the double edge sword surrounding its use. Kubie (1971) expressed the strongest concerns about using humour as a therapeutic tool. Both Kubie and Haig (1986) list five major drawbacks to using humour.

First of all, therapist and client may use humour to avoid painful feelings, thus, inhibiting therapeutic process. Kubie goes further by saying, " Humour often serves as a defense against our own anxieties as therapists and also against those of the patient, either of which may be hard to tolerate" (1971, p. 862). Second of all, humour may be used by clients to defend against accepting the importance of their illness, Kubie explains "that patients often undervalue their own traits and capabilities by treating them with mocking humour (1971, p. 862). Furthermore, the therapist may use sarcastic humour as a way of masking his/her own hostilities toward the client. And/or the therapist may use humour as a form of self-display, to demonstrate how clever and amusing he/she can be.

Finally, where humour is used excessively, the client may wonder if he/she is being taken seriously. Both Kubie and Haig were concerned that therapists would use humour to serve their own interests to the disadvantage of the client. Similarly, Golding

(1999) adds that a client might not find what the counsellor thinks is funny to be so. After all, it had been noted that "one man's meat is another man's poison."

Concurrently, Gladding (1995) believes that counsellors should be prudent in handling humour in counselling. His criticism tends to be similar to that of Kubie and Haig, but he deepens the issue by stressing that humour should be transitional. He contends that humour is inappropriate when the counsellor uses it to avoid dealing with client anxieties, when the client lacks a sense of humour, when it is experienced as a put down, when it is used repetitively and thus, becomes boring, and when it is badly timed. In 1999, Golding supported the notion of timing and reports: "If humour is used too soon, the counsellor can be viewed as incompetent or as someone who is insensitive to the client's particular concerns. If it is used too late, it can seem to be unrelated to the particular immediate focus of counselling" (1999, p. 409). Cade (1986) was against using sarcasm and humour with clients. Thomson (1990) acknowledges that humour in therapy can have both a positive and negative impact. Therefore, it should be attempted only after establishing a strong therapeutic relationship.

Counsellors working with people of different ethnic backgrounds need to be aware as Richman (1996) indicates that the meanings of humour differ between cultures and may not be readily evident to others. Richman further points out: "not all humour possesses a healing influence or advances a sense of belonging and acceptance " (p.65).

Maples et al. (2001) suggest that counsellors need to exert caution before using humour with a client from a different culture. Therefore, counsellors would be advised to pay particular attention to cultural differences in appreciating and expressing humour in treatment.

As illustrated some of the strongest advocates for humour also remind us to be cautious with its use.

Humour Theories

Many therapists have used humour without making it a central theme in their sessions. Others have decided to use humour, as their most important counselling tool. They have even developed their own theories leading to the "Provocative Theory" and the "Natural High Therapy." In these approaches, "humour" is a goal rather than a method.

Provocative theory, developed by Farrelly and his associates, like its name implies, attempts to provoke a therapeutic change by using humour. In order to do so, the therapist becomes provocative and self-disclosing. The therapist humourously verbalizes his/her emotional reactions to the client's style during their interactions (Farrelly & Brandsma, 1974; Farrelly & Matthews, 1981). Some of the theoretical assumptions of the Provocative Therapy assume the client is not seen as psychologically fragile as is generally believed. Another is that change can happen if the client really chooses regardless of the severity of the problem. Finally, both the therapist and the client undermine the degree for positive change. (McGhee & Goldstein, 1983). Provocative therapists hypothesize that when the client is humourously provoked and urged to continue with his/her maladaptive behaviour, the latter will tend to go in the opposite direction. Therefore, she/he will change the self-concept to a more positive one (Salameh, 1983). Humour in Provocative Therapy takes several forms. Techniques for therapists consist of using exaggeration, mimicry, ridicule, distortion, sarcasm, irony, and jokes (Salameh in McGhee & Goldstein, 1983). Some might consider these techniques cruel and lacking in qualities such as warmth and the unconditional positive regard promoted

by client-centered psychologist Carl Rogers. Farrelly justifies himself by saying: "The therapist will express the unutterable, feel the unfeeling, and think the unthinkable....often the therapist will overemphasize the negative, thus forcing the client to emphasize the positive aspect of his or her life" (1981, p. 686). Farrelly further clarifies that Provocative Therapy does not ridicule clients, only their maladaptive behaviours. He acknowledges that some techniques can initially provoke anxiety in some clients, but, ultimately, these lead to positive aspects (1981). Thus, irony and ridicule are usually not perceived by clients as destructive when used judiciously, specifically, and constructively by the mature therapist (Salameh, 1983).

Natural High Therapy, another humour based therapy, takes a different approach. Salameh describes it as: "a complex integration of Adlerian and Jungian approaches combined with Moreno's psychodrama techniques, with humour serving as a synthesizing factor as well as a central focus of the therapeutic process " (McGhee & Goldstein, 1983, p. 64). O'Connell, the creator of the Natural High Therapy, promotes the existence of three levels or dimensions of self-actualization (1981). Level 1 refers to achieving a healthy sense of self-esteem by moving through a struggle from the ego-attachments of "roles, goals, and control." Level 2 consists of gaining a positive attitude in terms of successful relationships with others and the ability to encourage and be encouraged in dyadic interactions. Finally, level 3 corresponds to the maturation of transpersonal dimensions and the experience of spiritual communion (Salameh, 1983). One theoretical assumption is that the client's manifestation of maladaptive behavior is displaced creative energy. As a result, these maladaptive manifestations are encouraged and brought out in various role play situations (O'Connell, 1981).

The therapeutic techniques used are borrowed from the various approaches defined above. Hence, we find psychodramatic and empty chair techniques, role playing, guided imagery, and meditation techniques. Humour may be introduced at any point in the above situations since O'Connell considers it "the royal road toward actualization" (O'Connell, 1981, p. 76). O'Connell has also developed a therapeutic technique using humour he calls "Humourdrama". O'Connell defines it as:

A group method to teach and learn the sense of humour based on a psychodramatic format. Participants soliloquize their thoughts and feelings while playing their stressful situations. Doubles then use such techniques as brief sudden switches, employing verbal condensations, understatements, and overstatements to generate the humourous attitude (1981, p.293).

The therapeutic systems developed by Farrelly and O'Connell have evolved from their clinical experience and their influences with other theoretical models. Both have used them with their clients, apparently with some success. However, neither Provocative Therapy nor Natural High Therapy have received a systematic research evaluation. These therapies are rarely referred to, if ever, in a counselling training program. What is mentioned, however, is that therapists are implementing the use of humour as a counselling tool in their therapeutic work

Types of Humour Used in Psychotherapy

In this section, I will highlight the clinical processes and procedures of humour applied by different therapists and discuss the principles involved. Frankl, for example, has always conceived of paradoxical intention as a generalist technique rather than a sole

province of logotherapy (Kuhlman, 1983). In fact, its application has become increasingly eclectic. Paradox is a technique for mobilizing psychological resistance to eliminate destructive behavior patterns, specifically for people who take life too seriously (Carroll et al, 1990).

Similarly, Roncoli (1971) without using paradoxical intention, suggested using banter with the client to encourage the latter to look at his/her resistance. Ellis "made therapeutic points with clients....in an intense, forceful, emotive manner" (1973, p. 72). On a lighter note, Grossman (1976) suggested that it is not as threatening to tell a joke as to describe a dream.

Several studies demonstrated that nonhostile humour inhibited aggression (Baron & Ball, 1974; Landy & Mettee, 1969; Mueller & Donnerstein, 1977) while others found that hostile humour encouraged aggression (Berkowitz, 1970). Savell (1983), who studied the effects of humour on depression in adult psychiatric patients, found that self-debasing, hostile humour, and situational humour stimuli were not effective in diminishing depression. However, he noted that the enjoyment of situational humour increased as the patient's depression lessened. Similar findings were discovered by Roller and Lankester (1987) in the group treatment of clients with depression.

Rosenheim and Golan's (1986) research results on schizophrenic patients and humour appreciation sustain the notion that there is a significant interaction between the type of humour preferred and the client's personality. Other findings, as stated by Carroll et al, (1990), support the idea that there is a relationship between personality deterioration and the ability to appreciate the therapeutic aspects of humour. "Paranoid patients who

had a better organized, though emotionally vulnerable personality structure, were less rejecting of humour than were nonparanoid patients "(p. 797).

Kush (1997) conducted a study to investigate the types of humour preferred by high school guidance counsellors and the relationship between these preferences and self-perceptions. His results showed that there is no difference among genders and the type of humour favored. Both male and female counsellors did not rate high on hostile comebacks, and/or sarcastic jokes. One aspect of the study revealed that counsellor's perceptions of their own sense of humour was negatively correlated with the amount of education they received. Hence, the more educated the counsellors thought they were, the less sense of humour they felt they had.

In an attempt to differentiate types of humour, Salameh (1983) devised a five-point Humour Rating Scale to rate therapists' use of humour in psychotherapy. Level 1 refers to destructive humour, level 2 to harmful humour, level 3 to minimally helpful humour, level 4 to very helpful humour response, and level 5 to outstandingly helpful humour responses.

The Use of Humour in Cross-cultural Settings

Humour is generally believed to be a universal phenomenon. However, even though it may be an appropriate intervention for ethnically diverse clients, Kruger (1996) reminds us that it has to be used sensitively.

In their article " Ethnic Diversity and the Use of Humour in Counselling," Maples et al. (2001) state that Native American humour is very often intelligently used to dissipate tension, deal with potential conflict, or subtly convey a serious message. In addition, they claim that the use of perspective through quick, witty remarks, or the use of

exaggeration, especially in groups, is a prominent figure of Native American humour. Furthermore, the authors argue that humour should be used with Native American clients only if the latter invites it, meaning that the client trusts the counsellor. They also caution that the Native American child may use humour to make a point while keeping a straight face. Consequently the counsellor needs to be sensitive to the Native American nuances.

Maple et al (2001) have also explored the use of humour with Asian Americans. They suggest : " Counsellors should avoid any direct teasing with Asian Americans because this action goes beyond the boundary of respect " (p. 60). In addition, according to Lee, (1997) because many Asian Americans place great value on the counsellor's expertise, the counsellor should be wary of sharing too many stories that make fun of himself or herself.

Maples et al suggest that using humour with Latinos in a counselling relationship can be useful only when familiarismo, personalismo, machismo, and marianismo have been established with the clients (p. 8). More specifically, the counsellor should make sure that he/she is "seen" as part of the "latino family" (p.9). The authors further emphasize the need for caution in using humour as the Latino client may see the counsellor as unprofessional or lacking maturity. Thus, this may drive the Latino client from a working relationship with the counsellor.

With the African American population, Linwood Vereen explains that it is important to understand the diversity within the Black culture(cited in Maples et al, 2001). One who is a native of Africa or the West Indian islands may not deem the same use of humour appropriate. Most importantly, she claims that "humour can be used

effectively in counselling African Americans if the counsellor is willing to risk humour" (p. 61).

Therapist's Personality and the Use of Humour

Allport (1961), Maslow (1961), and Rogers (1961) each acknowledged humour as one of the attributes of the fully functioning individual. Burton (1968) suggested that "humour is a characteristic desirable in therapists" (p. 93). Humour theorists have identified two major components to a person's sense of humour: being a humour initiator and a humour appreciator. Greenson (1967) also agrees that the best therapists seem to possess a good sense of humour. Mindess (1976), wrote, "The best way I can envisage for us as therapists to encourage a humourous outlook in patients is to maintain such an outlook in ourselves " (p.338).

On the other hand, Kubie (1971) reported that "experienced therapists can use humour without doing harm, but beginning therapists may do irremediable damage" (p. 861). Similarly, Richman (1996) stated that only those who know what they are doing should use humour in therapy. He argued that for a therapist to use humour, the latter needs to be skilled and sensitive. Furthermore, the therapist must possess personal qualities such as warmth, empathy, and acceptance.

Kubie and Richman's outlook on who should use humour in therapy seems to be worrisome when we keep in mind the results of Kush's study. Kush (1997) investigated the types of humour preferred by high school guidance counsellors and the relationship between these preferences and self-perceptions. His findings demonstrated that the combination of counsellor maturity and experience may influence the self -perception of

humour each counsellor develops. Similarly, Weaver et al (1997) reports that constant intellectualizing decreases the ability to acknowledge one's playfulness.

Foster (1978) speaks of counselling as an area where skills and personality become difficult to distinguish. According to Hilgard and Atkinson (1967), an ability to appreciate humour is one of the qualities that characterizes outstandingly creative persons. Do all therapists and counsellors share that specific trait, or can one lead the other to appreciate humour?

Summary of the Literature Review

There is no doubt that the use of humour in a therapeutic setting has created a lot of controversy. Despite an increased interest in the use of humour in therapy, it is surprising that so little research has actually been conducted on the topic, especially from the counsellors' perspective. Given the body of research presented here, the following gaps are apparent. Having a sense of humour seems to be a noble attribute. If there is to be greater credibility given to humour within the counselling field, more research must be done on the effect of particular techniques that may be named as humourous (i.e. formal structured joke or riddle, a pointing out of absurdities, exaggerations to the extremes, statements of therapist self-deprecation, example of illogical reasoning and so on.) The positive implications of its impact could be explored. Interviewing people of various ethnic and socio-economic backgrounds as to how using humour can facilitate their overall well being is another unexplored area. Also, it would be helpful to ask the public what they would imagine to be humourous practices or techniques in a therapeutic settings.

There are many areas of humour within the counselling profession that warrant attention. Counsellors need to be interviewed on how they acknowledge humour, if at all. An interesting project would be to ask people who have had counselling experiences "how counsellors could potentially use humour to help them in their healing process." Interviewing clients of therapists who consider themselves as having a sense of humour and asking the clients how this aspect of the counselling experience was helpful or not is a key area for investigation. One could also interview professors in universities and other institutions who teach counselling to inquire about their perspective on humour and how it affects their teaching practices.

The focus of this research project was to investigate what motivates counsellors to use humour in a therapeutic setting. I chose this topic in hopes of gaining a deeper understanding of one of many ways counsellors can affect their clients' healing. Most advocates of using humour in therapy have written from a variety of traditional psychodynamic or rational-emotive perspectives. Their essays and clinical anecdotes indicate many potential therapeutic benefits by applying humour. I believe the call for the use of humour in therapy has been longstanding and is growing stronger even though most of those claims remain essentially untested empirically.

"Paranoid patients who have a better organised, though emotionally vulnerable personality structure, are less rejecting of humour than are nonparanoid patients" Carroll, 1990

CHAPTER THREE

Methodology

None of the research reviewed has used narrative analysis to try to uncover the lived experience of humour and how individuals make sense of its influence on their lives. Questioning what prompts counsellors to use humour in a counselling session at specific moments is an unexplored area. This narrative research provides a place to begin. Autobiographical accounts of counsellors' experiences were reviewed and analyzed through narrative analysis. The findings are later discussed and the implications for counselling and future research assessed.

Researcher's Context

To assume that any counselling is not value-laden is unrealistic and inaccurate. This is an integral point as the techniques I choose and the style of counselling I use does impose values on the client. I bring a variety of personal beliefs and values to this research originating from my past experience with humour. I have moved away from the idea that humour cannot be integrated into therapy because of its seriousness. I have used humour with success many times, but I remember being unsuccessful also. As a counsellor, I am intensely aware of the potential impact my relationship with clients may have on their lives. People are generally in therapy with the hope and expectation of

moving beyond the pain and dissatisfaction in their lives. The counsellor is in a position of great power to impact this person's life.

It is impossible for a researcher to completely separate or remove herself from her own experience. By exploring my own situation and beliefs, I am hoping to reduce any bias when approaching the results I will encounter. My goal is to be open to what my participants will be willing to teach me about their experiences. It is my hope as a researcher that I would be able to listen to the experiences of the participants with an open mind and to let them formulate in a dialogue their own conceptions of their lived worlds. I see myself as the traveler Kvale (1996) mentions. An interviewer-traveler enters into conversations with people exploring unknown territories or seeking specific sites. The traveler describes qualitatively what she/he sees and hears and reconstructs stories. Along the way she/he will not only gain new knowledge, but as a traveler, she may change as well to new ways of self-understanding. Furthermore, "through conversation, she can also lead others to new understandings and insights as they, through their own story-telling, may come to reflect on previously natural-seeming matters in their culture" (p. 4-5). Thus, I bring with me the theoretical assumptions of postmodernism and feminism.

Postmodernism because its " basic concept is that knowledge claims must be set within the conditions of the world today and in the multiple perspectives of class, race, gender, and other group affiliations" (Kvale, 1996, p. 79). I am aware that I bring my accumulated knowledge to every conversation. I also know and believe that the unique nature of each conversation may challenge or add to what I comprehend. Using a postmodern approach will highlight the constructive nature of the knowledge created

through the interaction of the interviewer-traveler and the interviewee. My adherence to post-modernism means that there is no "right" or "true" interpretation of a story; in fact, there may be multiple interpretations of a story, each with its own meaning and validity. Stories will be reconstructed into new narratives and validated by their listeners.

Feminism, because it strives to establish collaborative and non exploitative relationships, places the researcher within the study and conducts research that is transformative. As a feminist counsellor and researcher, I will attempt to bring genuineness, authenticity, and a non-expert stance to this process. These values along with my assumptions, experiences, and my own narrative regarding counselling and humour will impact on the research.

To clarify my own theoretical orientation, I wrote my own narrative to explore the research question. Through reflection and interpretation of my own personal narrative, I clarified some of my biases and was reminded of their origins.

One key purpose of this research project is to open up a dialogue among people in the community of counselling professionals. A personal motive for the research is to explore a topic area which was barely touched upon in my academic study and to learn from the counsellors who participated. The key contribution I hope this paper makes, however, is in affirming and validating the importance of humour by choosing to write on this topic. This study also provides examples of how counsellors are incorporating humour into their counselling.

One of the potential reasons that the field of psychology has so blatantly ignored humour may be its hesitance to step down from the pedestal of expertise and prestige which the field is based upon. Once the professional community and the general

population let go of the false notion that professionals have to be "experts" in every topic area, the fear of discussing humour in counselling will dissipate. Counsellors have great opportunities to learn from those they counsel as to what humour encompasses.

Rationale for the Method

Creswell (1994) outlines a number of assumptions about the process of and rationale for conducting qualitative research. First, qualitative research is often chosen for exploratory topics where the underlying variables are unknown or have not been adequately investigated. Qualitative researchers see reality as subjective and context-bound; therefore, they attempt to observe and record as much as possible about context and individual perceptions. It is also assumed that the researcher interacts with what is being researched, that the researcher cannot be independent of the research process. Lastly, qualitative research usually aims to provide rich description of an experience through-in-depth, multidimensional information about a limited number of case. All these aspects fit both the topic under investigation and my beliefs as a researcher. I believe narrative analysis will provide in depth information and highlight the complexity of the use of humour in therapy in ways that could not be exposed by other methods. As Riessman (1993) explains, "narrative analysis takes at its object of investigation the story itself" (p.1). Bruner eloquently describes the attraction to this approach by saying that "narrative structures organize and give meaning to experience" (as cited in White & Epston, 1990, p. 11). Additionally, Polkinghorne (1988) explains narrative as "the primary scheme by means of which human existence is rendered meaningful" (p. 11).

In the context of this study, I envision "narrative" as a strategy to disclose counselling experience. Autobiography, as self-narrative, becomes a method of reflecting on the self in lived experience. Clearly, this method is ideal for this research question since it provides counsellors with an opportunity to voice their experiences with humour in counselling while they are emerged in the context. Additionally, this method brings out the role of interpretation: how counsellors understand their past work and their past selves. It points to the importance of counsellors' understanding as a vehicle for personal emancipation and professional development. Self-narrative, Cortazzi (1993) holds, leads to personal and professional transformation (p. 12). Consequently, counsellors, by writing about their lived experience about humour, may feel a greater awareness of how it affects their practices.

My role as a narrative researcher becomes what Grumet and Pinar (1990) call "a hermeneutic helper, negotiating the work of reading and interpreting the narratives with their writers" (Grumet, p .323). Suggesting a heavy investment in one-to-one contact time between researcher and counsellor.

Participants

Participants were recruited in the Greater Vancouver community of counsellors by word of mouth and by advertisements (see Appendix B) so that they could contact me by telephone if they were interested in the research. Participants who defined themselves as practicing therapists and/or counsellors, involved in a therapeutic relationship with their clients, were considered eligible for the proposed study.

As potential participants responded by telephone, I determined their suitability according to the inclusion criteria. Participants were informed about the process of the

research project and were willing to write their stories about humour in therapy. The storying process or the way we develop these stories Morgan (2000) infers "is determined by how we have linked certain events together in a sequence and by the meaning we have attributed to them" (p .5-6). In addition to increasing their awareness about their lived experiences, participants may also benefit from what a lot of people consider therapeutic: writing their stories.

Interviews were then scheduled with each of the chosen research participants at mutually agreed upon times and locations. For the purpose of the study, I anticipated that four to five persons would be needed. These participant counsellors were perceived as "co-researchers" who had valuable experience to share, as opposed to "subjects" whose experiences would be measured or evaluated.

Among the four counsellors who participated in the study two work in the school system, one in a post secondary institution, and one in a non-profit organization.

Procedure

I chose to start this research project with an interview because it is an invaluable tool that generates new insights into people's experiences of themselves in their worlds. I prefer approaches which allow for flexibility in terms of the way in which the researcher interacts with, and make sense of, the researched material. The interview was deemed crucial to establish rapport with the "co-researcher" and to inform him/her of the purpose and method of the study. It was also an opportunity for me to ascertain whether the participant had a story to tell. Co-researchers were asked to choose a pseudonym to maintain their anonymity. At that time, the participant were reminded that her/his

participation in the research was voluntary and that she/he was free to withdraw at any time.

In terms of the interview process itself, I used basic counselling skills in my attempt to be a good listener, build rapport with each interviewee, attend to them and clarify aspects of their dialogue, be receptive to new learning, resist imposing personal expectations, be open and understanding, respond empathically, validate their perceptions, and be honest and genuine (Egan, 1998). Paraphrasing and immediacy were also used as a way of encouraging the participants to share their experiences

The interview then began with questions (see Appendix C) outlining the central question of the research. These questions were designed to be open ended and large enough in scope to allow each participant room to answer the question in a way that felt comfortable to him/her. The nature of my questions implied that I was wondering and exploring possibilities; privileging collaboration rather than imposition and expert knowing. After discussion of the purpose and expectations of participants I asked each co-researchers to read and sign an ethical consent form (see Appendix B).

The participants then left with the writing guide and were given two weeks to write about what prompts therapist to use humour in a counselling session. They were encouraged to write in any way they pleased. Their written narratives were then picked up from a location and at a time of their choice. This procedure worked well as it allowed the maximum possible freedom and comfort for participants but was not conducive to time restrictions. Some participants found that more time was needed and took up to a maximum of six weeks to complete their stories.

Upon the completion of narrative analysis, participants were then called for another interview to collaboratively discuss the interpretation of their autobiographical accounts. The co-investigator had now become the co-editor and he/she was the one who had the final word on the form and the content of the narrative account. These narrative accounts became a joint construction, carefully crafted through a collaborative research process (Arvay, 2002). The second interview was lengthier than the first one. The total interviewing processes lasted for approximately 3-5 hours.

Interpreting the Autobiographies

Narrative analysis is a process that has no predetermined steps to follow to ascertain the meaning of the narrative. "Narrative analysis- and there is no one method here-has to do with 'how protagonists interpret things'"(Riessman, 1993, p.5). This analysis borrowed techniques from various researchers in the domain. Once all autobiographical accounts were collected, my first step was the initial reading of each story. The aim of this first reading was to gain an initial sense of the participants' experiences and to review the plots and impressions of the story as a whole. As Riessman (1993) illustrates: "Analysis in narrative studies opens up the forms of telling about experience, not simply the content to which language refers. We ask, why was the story told that way?" (p. 2). The second reading was to extract clusters of themes from the narrative. Lieblich (1997), defines those cluster of themes as " nuclear episode" (p. 69) or turning points or critical incidences within the story. This task consisted in reading the narrative as openly as possible and to define the major content categories that emerged from the reading. Grouping the results together through emergent themes, patterns, and clusters of experience contributed to the narrative summary. Finally, the last reading

consisted of telling the informant's story by privileging his/her experience and adding on the researcher's interpretation.

The following guide of questions assisted the researcher in interpreting the text:

Researcher's Analysis Guide

Narrative Summary

- 1) What is this story really about?
- 2) What is the timeline for this story?
- 3) How can I summarize accurately what the writer is trying to convey?

Nuclear Episodes

- 1) What event is significant to this writer?

Interpretive Reading

- 1) How does this person define humour?
 - 2) How does this person incorporate humour into counselling?
 - 3) How is the storyteller situated in this story?
 - 4) What are her/his talents, gifts?
 - 5) What are his/her struggles or challenges?
 - 6) What metaphors, core beliefs, or descriptive phrases does the writer use to tell his/her story?
 - 7) What part of his/her experiences are shared openly or kept quiet?
-

After reading each narrative at least once, using a categorical approach I began to assort the information. The sections based from the researcher's analysis guide were as

followed: nuclear episodes, definition of humour, way humour is used in counselling, gifts/talents, struggles/challenges, metaphor/core beliefs/images, shared information, and information not shared. Information noted in these categories were then summarized in written form either in the narrative summary, in reading for nuclear episode, or later on in the discussion section for interpreting narratives.

Validity

Validation and the limits of narrative analysis are yet unresolved dilemmas for the field (Riessman, 1993). Whose voice will be represented in the final product? How will I be situated in the personal narrative I have collected and analyzed? For the purpose of this study, the coherence, verisimilitude, and pragmatic use of the autobiographical accounts were assessed. Coherence refers to the overall goals the narrator is trying to accomplish, essentially, what the storyteller is trying to say (Riessman, 1993). Furthermore, Lincoln and Guba (1993) maintains that credibility is increased "if the investigator's reconstructions are recognizable as adequate representations by the participants" (cited in Riessman, 1993, p. 68). Verisimilitude refers to "the appearance of truth and reality" and was assessed through the peer review process (Schwandt, 1997)

Pragmatic use refers to how a study might be useful and provide a stepping stone for other studies. Pragmatic use will be discussed in more details in the discussion sections.

As noted, the peer review process was important to enhance the validity of the research. After analysis of each narrative account by the primary researcher, a peer reviewer examined the findings and shared insights and understandings of each story.

This process helped me to improve objectivity. Once the narrative analysis was completed, the researcher contacted participants to arrange a time to discuss any reflections, changes, or comments they may have. After this validation check a rewrite was done and returned to each individual for any further revisions. If there were significant changes after the participants' second read, a second meeting was arranged and if the changes were minor, the adjustments were given over the phone. Lastly, a final copy of story was returned to their participants for their own keeping.

**There are different kinds of stories, but only one difficult kind-the
humourous**

Mark Twain (1835-1910)

CHAPTER FOUR

Results

This chapter begins with a brief biographical sketch of the four co-researchers. The purpose of these biographical summaries is to provide a context for the study's findings. The summaries also give the reader an opportunity to gain some insight into the unique lives of the persons who participated in the study. The participants interviewed were given the option of choosing a pseudonym that would be used to maintain confidentiality. While most of the participants chose to use a pseudonym, some of them chose to use their given name. Following each biographical introduction are the narrative summary, the reading for nuclear episodes, and the interpretive reading that were generated from their stories. Finally, through a collaborative process narrative analysis was finalized.

Bob's Story

Bob is a 53 year old Caucasian man from Edmonton. He has a Master's degree in Counselling Psychology and is employed as a high school counsellor at a lower mainland school district. He worked as a counsellor and therapist for the last 35 years. He is married and has two children. His twin boys are fifteen and attend grade 10.

Narrative Summary

Bob feels privileged to share humour with clients as, he says, it creates a "moment of relief." As a counsellor, he doesn't believe that humour is a "skill" or a "device" that one can develop on his/her own, but rather he sees it as a part of self. Thus he does not see the need to define it. Bob perceives humour as an inherent quality that he was raised with. This experience influenced him so that today he feels that it is a part of him to which people respond to in a very positive way.

However, Bob still believes it takes time and practice to use humour in a therapeutic setting. He states that there is "a level of appropriateness that dictates its timing and inclusion" in the counselling session. He believes its use aids to reduce stress and anxiety and provides an "outlet" for the client to shift focus from an overwhelming situation. He also points out that it can work as a "bonding agent" between counsellor and client as it reassures the client he/she is not alone in his/her "emotional journey".

From his experience Bob has made the realization that all aspects of humour are not genuine but can also be a "façade." He emphasizes that to be meaningful and effective in the counselling arena, humour must be real and caring. If not, it will be seen as inappropriate thus negatively affecting the counselling process. He would like to see humour discussed in counsellors' training as an intervention as well as understanding the moment of appropriateness when initiated by counsellor or client.

Bob denounces the seriousness and proper nature of some of his colleagues that would see it unprofessional to laugh with their clients. He wonders about the "incongruency" in the counselling process that makes humour uncomfortable or undesirable.

Over the years, Bob has explored the meaning of humour in his own private practice. He shares the story of a client with whom he believes the use of humour had a dramatic impact not only in his client's own healing, but also in their client/therapist relationship. As he explains "Humour brought us closer together and helped her relax in a time of immense sorrow."

Reading for Nuclear Episodes

One of the significant events, Bob shares is his belief that he was raised with humour. He cites this period as integral to the formation of his understanding of how he responds to the world. He sees himself as having this innate ability to laugh and make other people laugh. He is convinced that humour is a characteristic that is a natural part of himself, thus, he bring it naturally into the counselling session.

Another significant event for Bob is how his clients are responding toward him. He mentions that feedback from his client as well as his own sense of judgment and comfort are strengthening his belief in using humour in a counselling session. He states that people see him as "a kind of guy who is easy-going and as someone who tends to make people relaxed in social situations." Humour is one facet of whom I am and that I believe draws people towards me". As a result, he honors the development and integration of all aspects of self in his own life and his counselling practice.

Interpretive Reading

Bob shares his story regarding his use of humour as a counsellor and as a person. He comments on the many cherished moments he spent with his clients when humour resulted in a sense of relief. Then, he tells us how much he loves to laugh and how innate it is for him to bring this quality into the counselling session. He states: "I really don't feel

it is right or natural to define humour in so much that humour is a part of self." Bob firmly believes humour is one of his inherent qualities, and he considers himself lucky to have been born with it. This announcement, however, leaves me wondering. What is it about humour, was there a significant event that happened which led to this conviction? Perhaps, this comes from his childhood at which his awareness of humour emerged. He shares his upbringing as critical in his development to having a sense of humour.

One of the challenges to Bob's use of humour is the understanding that it can backfire if not used appropriately. He talks about a "level of appropriateness that dictates its timing and inclusion" to avoid "inappropriate gesture or comment." His choice of words denotes how devastating humour can be. It gives the reader the impression he has to use caution even if it is an inherent quality. Another challenge, or is it maybe more like a frustration is to realize that some of his colleagues do not see a niche for humour in counselling.

Bob's many gifts are apparent throughout his story. His narrative allows us to see his sense of humour and creativity. His commitments to his clients, self-awareness, and learning through connections are apparent throughout. He honors development and integration of the self and shares a deep respect for all cultures and the beauty and diversity they may have to offer. His gift of providing a safe, supportive, and non-judgemental counselling atmosphere likely contributes to his talents as a counsellor. Bob's narrative also indicates a real desire to understand and live humourously in harmony with all those he encounters.

Collaborative Process

Meeting with Bob to share my analysis allowed time for him to review my words and make any changes he felt was necessary and for me to ask questions arising from his narrative. There were few changes to the summary and analysis as Bob felt I had accurately reflected what he had written. In terms of my questions about the significance of being raised with humour, he answered that the emergence of the use of humour was instigated by his nuclear family. The family struggled with poverty and abuse and used laughter to ease the pain. As a result, Bob sees humour as a powerful tool to use in counselling. A tool that enables us to put things in perspective. I also had a question relating to the appropriateness and timing of humour. He shared that using humour in a therapeutic setting is intuitive, and it cannot be taught. After making revisions, I returned the second draft to Bob for him to review and edit again

Upon reading Bob's story I felt connected to him. Some of his story was similar to my own. I am aware that because of this I may project particular meanings onto his words that may not be accurate. Our member check went gracefully and he had very few adjustments to make other than a word here and there. This process of checking has been crucial for me in clarifying my understanding of the narrative and ensuring that I reflect each Bob's experience as completely as possible.

Janice's Story

Janice is a 46 year old Caucasian woman. She has a Master's in Counselling Psychology and has been employed as a high school counsellor for the last 18 years. She has been married 20 years and has two young daughter aged 11 and 6.

Narrative summary

Janice shared her story of humour and the way it relates to her counselling practice by including a personal narrative and by answering the questions in the writing guide directly.

Janice defines humour as "sharing laughs with others; even sharing laughs with yourself." She sees humour as a self-deprecating quality, and she points out that she likes to laugh with people rather than at them. But her definition of humour doesn't stop here. It is also a way at looking at the world. Being able to see the everyday situations in a "human, lighter context." not always taking situations and people so seriously.

Janice claims that "not everyone has a sense of humour" and wonders if it is a talent that one develops or an innate ability to read situations, people, and oneself in a "less serious context." She ponders about "humourless" people and questions as to why this is the case. For what reasons would someone choose to see the world without "humour"?

When faced with personal challenges Janice relies on humour not to feel overwhelmed. She says looking at the "brighter side" makes the "darker side" more bearable. She describes using humour as a release from stress and as a way to avoid becoming bogged down by negativity. Janice finds humour has helped her find something positive when at first she thought there was only the negative. It also aids her in relieving tension and conflict. She shares that being able to laugh at herself or at a situation helps her to let go of the stress. She even notices changes in her body and feels "lighter" after she laughs. Somehow through laughter the "weight" is out of her body and not held within.

As a counsellor, Janice incorporates humour "naturally" in her practice. She uses humour without planning to use it, yet she remains thoughtful about when to laugh or not to laugh. She has come to the realization that humour has helped her build trusting relationships within a safe environment where clients can simply be themselves. She also finds it adds a lighter side and eases the tension within a counselling session. She sees humour as a "helpful intervention" if used appropriately. She errs on the side of caution on the use and misuses of humour. She shares that being able to laugh and see the humour models "a way of being" not only for her clients but also for her relationships and family. She finds that very often humour appears in the counselling room at the end of a particularly difficult session. She concludes that somehow laughter is the reward for the hard work, and it allows the "heaviness" to be released. She emphasizes that there are times when some humour is found even if it is not related to the issue presented.

As she worked with the questions I provided her in the writing guide Janice mentioned that she has become much more aware of the use of humour in her life and in the work she does with clients. She denounces the lack of "air time" given to humour in counsellor's training. She emphasizes how helpful humour can be in the counselling room, but she also cautions about its misuses and asks counsellors in training to be aware of it. She is convinced that by discussing humour as an appropriate intervention, counsellors in training will be "given permission to use humour."

Reading for Nuclear Episodes

Upon reading Janice's narrative, I found myself struggling to bring out any significant event regarding her use of humour in the counselling room. It seems more like it is a series of events rather than a significant one that have instilled in her a sense of

humour. She shares that she has been faced with many obstacles in her life. She was able to overcome them or managed them partly due to her ability to find some humour in even the "darkest" situations. I can only imagine how bleak life must have seemed and what strength it would take for her to move through that painful time. Her ability to find humour seems to be one of her strengths and she generously brings it into the therapeutic setting. Little is said other than the mention of these obstacles, and I sense that these events acted as an impetus for using humour for Janice.

Interpretive Reading

From Janice, I get the impression that she is a woman who has been driven by her quest for understanding human nature. She defines humour as "the ability to laugh at yourself and your own mistakes." She also mentioned that we should not always take situations and people "so seriously" but know the importance of when to take people and situations seriously. Somehow, I am struck by the brevity and structure of Janice's story. Initially, when I read her narrative I felt that my questions had been too limiting and did not ask all that I wanted to know. I am also aware that this interpretation may be completely unfounded.

Janice questions why some people are humourless and tries to find a cause for it. Could it be depression? Could it be a result of their family of origin influences? Could it be due to certain immediate life circumstances? Could it be an ability that some people do not wish to develop? Or is it a choice? All these questions remain unanswered, and I am left wondering what does she do in the counselling room when faced with such a client? Does she refrain from using humour in these instances? Or does she model its use?

As a therapist, she struggled when asked how she incorporates humour in her counselling practice. She knows she uses humour with her clients but not as a "planned intervention." She laughs with clients, and she realizes she has helped them see the "lighter" side of their struggles, yet she remained uncertain of how she came to that place. She mentions that she does not consciously plan to use humour as an intervention, yet she knows that she intuitively uses humour with clients.

She shared that her use of humour has increased over the year as she has become more confident in her counselling skills. She mentioned that humour is part of who she is but she also strives to be thoughtful and knowledgeable about the appropriateness of when to use humour during counselling sessions. With humour, she encourages clients to become aware of their physical selves and to become more present in their bodies.

Janice's narrative also gives insight into some of her gifts. She is open and non-judgemental, and full of compassion for human beings. Her gifts are her resilience, her search for understanding, and connection. Janice's narrative also conveys a deep respect for humans being. She displayed a commitment to her own growth while remaining respectful of others peoples' directions. Her intuition and her sense of humour must also be important assets in her various life roles.

Collaborative Process

Janice and I met twice in order for her to make revisions and assure that my words accurately reflected her narrative. Through our discussion, I was able to gain a better understanding of her use of humour in her counselling sessions. Janice agreed with the events I had assumed to be challenges in her life and elaborated on her experiences with the benefits of humour. She shared that my descriptions had provided some new insights

for her especially with regard to "humourless" people, but also how often she used humour.

Steve's Story

Steve is a 50 year old Caucasian man. He has a Bachelor in Social Work and has been employed both as a social worker and as a counsellor. Lately, he has been working as a family therapist at a non-profit organization for the last 15 years. He is also in his last year of study for his Master's in Counselling Psychology. He is married and has two sons in universities.

Narrative Summary

Steve defines humour as "a state of mind and mood, where our lived experience is seen through different lenses, a different track or deviation from the dominant perception." He believes using humour allows us to make sense of a situation and helps us to relax. It can also elicit a physiological change which can make our existence just a little less painful and a little more enjoyable or tolerable. From his experience, Steve sees humour as a "companion in our resilience to a sometimes painful world." He also pointed out that it is "a celebration of the magic of our existence." He said humour can help him to ease transition from a painful experience to one of levity and reflection. A tool, he claims, that can also assist him from staying stuck in a rigid or morbid state of mind. He uses it to facilitate instant intimacy in a group of strangers or to keep anxiety at bay. Humour helps him express and share his happiness with others.

A major event has facilitated Steve bringing in humour into his counselling practice. Steve shared that using humour in a therapeutic setting has been a long process

as he was initially trained in Bowenian Family Systems Theory, which encouraged a detached and clinical stance. With this approach, humour could be seen as anxiety, collusion, triangulation, or a distraction. Steve felt like an impostor when using humour as he was not following the premises of the theory. He said, now, he appreciates the boundaries in the counselling relationship and stated that humour has to be in the bounds of good taste and with respects to client rights and dignity. He is careful not to use humour at the start of a relationship with a client who, he feels, needs to be witnessed or attended to unless he is sure it would not be seen as disrespectful or open to misinterpretation.

Steve realizes that humour is contextual and about the clients' experience. He would like to think that it opens up space as opposed to judgment or rigid theoretical stances, which can give a client a sense of safety in expressing their experiences for fear of judgment. He is convinced that humour creates humanity and an emotional climate lessening the power imbalance between client and counsellor. Through his experience he has witnessed how humour can defuse tense situations between family members or deintensify charged emotional situations. He is also aware of how humour can help close a counselling session in a lighter and more positive atmosphere, thus, setting the tone for further encounters.

Steve considers humour a "valuable ally" in the counselling room. He believes that a discussion of the use of humour and the ethics of appropriateness and suitability for therapy should be a part of counsellor training. He wanted to clarify that there are boundary issues as well as timing issues in therapy and would like to encourage novice therapists to use caution in the therapeutic setting. He would like counsellors in training

to realize that some clients may feel dismissed if the therapist spends too much time and energy creating humour.

Steve described himself as having a good sense of humour and sensed it can be like a breath of fresh air for someone struggling with difficult issues. He depicts humour a way to help people become at ease, set the pacing, and create space. It is also a coping technique for stressful situations.

Reading for Nuclear Episodes

Steve outlined a significant event in the last twenty years that led to a change in the way he works as a counsellor. This event, noted previously, was certainly significant and warrants greater elaboration here. Before this event occurred he worked at an agency where he felt stuck and limited by the approach he had embraced. I sensed that these years of employment mainly using the Bowenian Family Therapy System instilled enough discomfort in him to provide the motivation to seek out another system. He was not able to be authentic in a therapeutic setting, and that experience was clearly not fulfilling. As he pointed out, "I always felt as I was breaking a tenet if I used humour or created an intimacy, which would not be conducive to a detached position." This immense sense of struggle he felt from these experiences contributed directly to a change in his counselling practice. As a result, Steve embraced Karl Tomm's approach, which says that humour can be a part of the client healthy interactional patterns (hip) as opposed to pathology and dysfunction. Moreover, Steve believes that by using humour freely, it can help him pay attention to those things that are not being attended to when we focus on problems or pathology.

Interpretive Reading

Steve's metaphors and descriptive phrases enhanced his narrative. As noted previously, he sees "humour as a companion in our resilience to a sometime painful world." This metaphor captivates Steve's core belief in human nature and re-emphasizes the power he attributes to humour. His image of a companion enhanced my understanding of how he uses humour with clients. I can only imagine the compassion and respect he treats his clients. His path to incorporating humour in a therapeutic setting involved branching away from a belief system that had become too limited. I am left with questions: Was there a significant event that happened at this time which led to the emergence of humour? How did he reach this awareness?

In his description of the counselling process, Steve shared humour should always have intent just as questions we ask should have a conscious intent. It should never be used to show off at the expense of the client. Furthermore, questions should never be asked just for our curious or "voyeuristic stance" as opposed to the purpose of enhancing a therapeutic dialogue. This metaphor conveys respectfulness and is illustrative of Steve's counselling philosophy.

Steve openly shared some of his struggle in his narrative and explained how in his work humour helps him bear the unbearable so he can stay sane and composed. He believes humour is as invaluable for him as it is for his clients. His story suggests that humour can be one of the most helpful tools for clients in their ability to cope. He creates safety for client in the counselling room so they can access this for themselves in their conversations with him as they make sense of their experiences. He became protective as he explained that humour is extremely powerful when used with kids. I can almost hear

his laments and frustration when he denounced "too often we force kids to talk about things or emotions that they are having trouble coping with before they are ready."

Many gifts are apparent from Steve's story. He portrayed a deep commitment to his work and faith in his ability to transcend humour into the counselling session. His story illustrated perseverance within and a strong sense of ethics. His desire to understand human nature is a gift that fuels his commitment to counselling. He places a high value on the process of growing and evolving and desires to aid others in their own process. Throughout Steve's narrative, his gift of compassion, respect, and reverence for humans were evident. He brings the gift of himself, his own sense of humour, and his personal growth and freely shared these gifts in the counselling process and in all aspects of life.

Collaborative Process

Steve had an opportunity to read my summary of his narrative and make revisions. There were aspects of the narrative which I had misinterpreted, and through our discussion, I was able to gain a more complete understanding of Steve's words and his experience with humour. He also answered questions I had about him branching away from his initial theoretical framework. Steve shared that he attended a conference where the speaker was promoting the use of humour in the counselling session. He elaborated that at the time the field of counselling was very problem focused. He humourously added, "I was doing such a wonderful job at focusing on my client's problem that nobody came back to the counselling room." He shared when he started to "lighten up"; his practice took a different path. This discussion helped to deepen my understanding of Steve and his use of humour. Our collaborative additions and revisions left us both feeling that his narrative was more accurately understood and shared.

Kathryn's Story

Kathryn is a 46 year old Caucasian woman. She has a Master's degree in Counselling Psychology and has been employed as a counsellor in a post secondary institution for the last eight years. She is married and has three young daughters in elementary school.

Narrative Summary

Kathryn defines humour as anything that makes a person laugh. She believes that humour makes her life and relationships far more pleasurable. It helps her to remember moments and to sometimes laugh again and again about the same thing. She explains that once she experiences laughter with someone she dreams of getting back together with that person to feel as good as she did while she was laughing. Humour, she claims, prevents her from taking herself too seriously. It helps her go through difficult moments and aids to create relationships in all corners of her life. She also finds that humour facilitate relaxation.

As a counsellor she often uses humour sometimes even in a first session. She believes that one of the most important criteria to use humour in counselling practice is to let clients start with it and then pick up from their lead. She mentions that with her humourous clients she will be using humour frequently and from the beginning. For the most serious clients or those worried she won't take their problems seriously, humour enters the relationship once it is relatively strong.

Kathryn shares that when there is humour in counselling sessions she feels as though she can be absolutely certain that the relationship she has with her client is a trusting one. She also believes that humour in therapy indicates that both, counsellor and client, are enjoying each other's company and that the client will most certainly come back for a future session and will feel comfortable enough to say goodbye when it's time to end the therapy. Kathryn also mentions that when humour is present she wants to see the client again and she can guess that it is reciprocated. As an example, she tells this story about two of her clients who came in with the identical presenting concern. One laughed about it a bit in the first session, the second was deadly serious. Both wanted another appointment right away, the one with humour returned, the one without it did not.

Kathryn's illustrated her narrative with examples taken from her practice that she felt were so powerful they immediately changed the dynamic of the therapeutic relationship. She tells the story of one of her client who told her that humour made it okay to talk about whatever she had to talk because it "places lightness beside the darkness". That same client said that humour made it okay to leave the room at the end of the session because even among all of the pain "there is still laughter" and this helped her to feel fine on her own.

Kathryn thinks that humour plays a huge role in counsellor training. She shares that if people are laughing they are not only enjoying themselves, they are improving their capacity to remember what they are learning. Consequently, learners who are laughing are feeling connected to their colleagues and to the professor who is encouraging the humour. Furthermore, she says, the role-modelling will also helps future counsellors to be more humourous and thus relaxed with their clients.

Reading for Nuclear Episodes

I am struck by the brevity and structure of her narrative. Kathryn does not mention any particular event that encouraged her to use humour in her practice. She does, however, tell the story about how by laughing at one of her client's jokes she was able to change the course of the therapy. One of her client came in every week telling her how traumatized he had been throughout his life. Of course this entrenched point of view brought no humour into the sessions. She recalls that one day he made a joke and she laughed uproariously and so did he upon hearing her laugh. This moment, she says, enabled her to point out a huge shift she noticed and a discussion of how it happened allowed him to do it again and again. As a result she encourages humour as often as she can in the counselling room. She points out that by laughing with her clients it give them the permission to use humour in a setting that was previously thought of as a "serious" one.

Interpretive Reading

Kathryn shares her story regarding humour by giving example on how it affected the therapeutic relationship. As noted previously, she sees humour as "anything that makes a person laugh". Sometimes, she claims it is done on purpose to make another person laughs and forge a deeper connection thus creating a more pleasant and trusting relationship.

One can sense that humour plays an important role for Kathryn as she says it makes her life and relationship far more enjoyable. "It makes even arduous tasks such as a business meetings or a flat tire at the side of the road into more pleasant experiences". She feels drawn to humourous people and she is convinced it is reciprocated. Kathryn

seems to have experienced humour at various levels and she knows it can help her and others to relax. She believes humour is as invaluable to her as it is for her clients. She creates opportunities for her clients to use humour and respectfully waits for some to initiate it. She is proud to tell some success stories about how humour enabled the therapeutic relationship to go deeper thus creating breakthrough for her clients.

In her description of the counselling process, Kathryn shared that humour helps her to detect how much progress a client is making.

Kathryn's many gifts are apparent throughout her story. Her narrative allows us to see her sense of humour and creativity. She honors her clients and is respectful of those who are worried that she might not be taking their problems seriously. For those clients, she knows humour will enter the relationship once it is relatively strong. She places a high value on the benefits of humour and her experience allows her to be confident. Throughout Kathryn's narrative, her gifts of compassion, and reverence for the human being are evident.

Collaborative Process

The second meeting with Kathryn gave her an opportunity to review my words and make any changes she felt necessary. There were few revisions but we used the time to discuss particular sections of her narrative in greater detail and she also responded to the questions I had. She elaborated on the story she shared about her clients. In response to my impression regarding the brevity of her story, Kathryn shared that she communicates a lot better and is less inhibited when speaking. This second meeting was crucial for me to clarify questions, receive feedback, and as a result, gain a more complete understanding of Kathryn's use of humour in the counselling room.

Across Story Analysis

The four narratives presented here are very diverse yet in some ways similar. An across story comparison on the four participants yielded the following commonalities. They all agree that humour is productive in helping clients and counsellors gain insights into themselves, others, and in the environments in which they operate. All participants use humour as a tool to reduce tension, promote creativity, overcome resistance, and broach taboo subjects. They also believe that humour should be used cautiously and appropriately.

What prompts therapists to use humour in a counselling session? All participants answered "guts", "instinct", or "intuition". Although they believe it is an intuitive response the analysis of their narrative demonstrated otherwise. Both Janice and Bob referred to some challenges in their childhood that led them to develop a sense of humour. Maybe it is fair to say that overcoming life challenges leaves you with the ability to appreciate humour. Steve started introducing humour in the counselling room after realizing clients were not coming back, and Kathryn relies on her experience.

Bob believes humour is a personality trait that you either possess or not. It implies that you have a readiness to find something to laugh about even in one's own adversity. Janice understands some clients are "humourless" but wonders how one can teach them about laughing in one's own adversity.

Both Janice and Steve mention the physiological changes they have encountered while using humour in their practice and in their own life. Steve goes even further by saying that one good reason to use humour in counselling is for the mental health of the counsellor.

They also both illustrate how using humour at the end of a difficult session can strengthen the therapeutic relationship. Although Kathryn does not specify when humour was used in the session she mentions how its use created a bond between therapist and client.

Steve is careful not to use humour at the start of a relationship, Kathryn, on the other hand will use humour in the first session as long as the client initiates it.

**The neurotic who learns to laugh at himself may be on
the way to self management, perhaps to cure.
Gordon Allport**

CHAPTER FIVE

Discussion

In this study I endeavored to explore and describe the experience of counsellors and their use of humour in a therapeutic relationship. The question that guided this research was: **What prompts therapists to use humour in a counselling session?** In this chapter I will discuss the results as they compare to the current literature followed by recommendations for future research and a discussion of the implication for counselling practice. I will conclude with an exploration of the limitations of this study and an analysis of my experience as a researcher conducting this project.

Relevance to the Literature review

In this study I endeavored to explore what prompts therapists to use humour in a counselling session. What I learned from the counsellors who participated in this study extended our knowledge of what has been reported in the empirical or clinical literature.

As noted in the across story analysis all participants responded that “guts”, “instincts”, or “intuition” prompted them to use humour. Although they believe it is an intuitive response the in depth analysis of their narrative demonstrated otherwise. Some referred to some challenges in their childhood that led them to develop a sense of

humour Understanding how people develop a sense of humour could be helpful for counsellors who wish to incorporate it in their practice.

According to the literature, humour can be used to decrease anxiety and tension, promote insight, bring to life absurd beliefs, and develop a sense of proportion to one's importance in life situations (Haig, 1986; Mindess, 1976; Reynes & Allen, 1987; Rosenheim & Golan, 1986). This is agreeing with how the participants described their experience with humour when used in the counselling session.

Consistent with the available literature, all of the counsellors in this study reported that using humour promoted an emotional involvement between client and therapist thus, creating a friendly, collaborative relationship and a sense of solidarity in working together (Mosak, 1987). Sharing laughter with clients, participants noted, greatly enhanced the therapeutic relationship often creating a safer, more respectful environment.

The types of therapeutic techniques these participants use for themselves and their clients are aligned with what research has noted as potential counselling tools (Richman, 1996). The benefit of physical health and movement through laughter were mentioned in Steve's and Janice's narratives which correlates to Gelkopf (1996) assertion that humour used as a background factor can promote recovery or the maintenance of health.

The across-stories analysis indicated that even within vastly different types of counselling approach similarities exist. For example, all participants shared the importance of "the appropriateness and timing of humour" in the counselling room. Expressing some of the concerns that humour is inappropriate when the counsellor uses it to avoid dealing with client anxieties, when the client lacks a sense of humour, when it is

experienced as a put down, when it is used repetitively and thus, becoming boring, and when it is badly timed (Gladding, 1995).

Recommendations for Future Research

Given the many potential positive uses of humour in therapy, innumerable empirical questions are available for controlled research to investigate. The interdisciplinary journal "Humour", now in its fourteenth year of publication, attests that research in humour studies is increasing (Franzini, 2001). However, because of its broad scope of interests in humour studies, very little of the research in that journal has addressed explicitly the questions of humour in therapy. Research on counsellors' use of humour in counselling sessions is still in its infancy, and what prompt counsellor to use humour has not been fully or adequately explored. This study was an initial attempt at addressing this void.

The findings of the study are limited to the four counsellors participants. Ongoing research in this area will enable more counsellors, to share their experiences and will contribute to a more complex understanding and representation of this aspect of counsellors' experience. Further exploration could extend and refine our understanding of humour techniques to our repertoires.

All of the participants in this study were experienced counsellors all in their late forties or above. This warrants further research exploring the experience of novice younger counsellors and humour.

While counsellors were the focus of this study, research exploring clients' experience of humour in a therapeutic setting would be an important contribution to therapy and research literature.

Implications for Counselling Practice

The results of this study provide many insights for counsellors. This study contributes greatly (but I have been told to be humble) to the field of counselling, information about counsellors' use of humour and how it may affect their counseling practice. Hopefully, counsellors who read the research may be provoked to contemplate their own sense of humour and how it affects their practice. The process of writing a narrative assists in self-understanding and self-awareness and thus, becomes part of the evolution of the use of humour itself.

This research has contributed to the field of psychology by validating the importance of humour both to those counsellors involved, and to the academic world. Even having flyer posted in several areas where counsellors work titled "Not Just for Laughs: What prompts therapists to use humour in a counselling session?" seeking people to write on their use of humour and counselling practice may have sparked thought of the topic in many counsellors minds and affected their opinions.

The academic world can learn from these autobiographies how counselling education could be adjusted to support counsellors in all aspects of their growth and train them to be the best helpers they can be by including a humour component in counsellor education curriculum.

As counsellors we need to ask ourselves if humour is being adequately addressed within current therapeutic models. We need to dissolve the notion that therapy is too serious for laughter.

Limitation of the Study

This study reflects the experience of counsellors using humour in a therapeutic setting. While generalizations may not be made to elucidate the experiences of counsellors who did not participate in this study, this study provides an initial attempt at gaining an understanding of what prompts counsellors to use humour in a counselling session.

Although the stories and interviews provided much depth of information, the process may have been more effective without a writing guide or with different questions. I became aware of the imposition that the writing guide created as I was conducting the initial interviews. Some participants were appreciative of the guidance whereas for others, the questions seemed completely unnecessary. I think for some, the process may have been more meaningful if I had simply asked them to tell me a story about humour and how they related it to counselling. They could begin and end freely without feeling tied to answering a few simplistic questions. At least with this guide each participant was asked the same questions, and then were free to start, end, and answer the questions in any way they wished. In each individual interview, there was emphasis on each participant's personal style, and they were invited to create the narrative in a way they felt comfortable. Unfortunately, after receiving the narrative, I found the restrictions and structure of the writing guide were still apparent.

Using an unstructured interview method or by just verbally guiding the participants in the initial interview could have avoided the limitations of the writing guide. The benefits of potential increased depth of information from an unstructured interview however, may not have been outweighed by the hindrances of increased

researcher impact. An introductory interview with a few verbalized, general questions to guide the writing would likely have produced the least researcher influence while maintaining great freedom and depth for the narrator.

A possible limitation is that the four counsellors may not be representative of the population. All participants were self-selected volunteers. As such, the participants were representative of persons willing to disclose personal experiences with humour in a therapeutic context. Furthermore, though these participating counsellors were varied in their approaches and practices, there was little variability in culture and age.

Another limitation is that their experiences were gathered through writing. Although, this method had the significant benefits of limiting researcher impact and allowing participants time for reflection and contemplation upon their narratives it eradicated spontaneity.

It is my contention that the importance of the proposed study transcends its limitation. Although the experience of the research participants involved in this study cannot be replicated, detailed descriptions of all aspects of this study allow comparison with future studies regarding the research topic. The evidence indicates that this research has illuminated an aspect of counsellors' experience that had not yet been described, and has contributed to our understanding of the relevance of humour in a counselling session.

Final Remarks

At several points in the analysis process I experienced frustrations in my attempts to summarize these personal narratives. I felt that my words were inadequate and nearly not as effective as the originals. At times I almost felt like an impostor stealing someone's words. How could I capture the individual meaning of these stories in my

brief summary of this specific aspect of their lives? I started wondering why I was rewording their stories anyway. It seemed like a laborious academic exercise devoid of any meaning. As a counsellor with great respect for the voice and experience of individual, I felt I was going against my principle somehow to seemingly mask their voice and cover it with mine. I did not want the interpretive process to be compromised by my own biases. The narrative I found the easiest to summarize and do analysis on were those which were most similar to my life experience. Naturally, my fears of respecting the participant's voice were the greatest when his/her narrative was greatly disparate from my own.

Eventually, I made some progress over my procrastination. I finally let go of my fears of compromising their narratives knowing that the collaborative process had yet to come. It all became clear: their narratives could not become my stories and rely solely on my interpretation of the meaning of their lived experience since a collaborative process had to follow. I vowed to do my very best to represent each participants' voice and attempted to ensure this through the member checks. The second meeting with each participants generally lasted longer and co-researchers were eager to discuss and expand on what they had previously written. The members checks were absolutely invaluable as part of the research process as there were usually misperceptions on my part. After meeting with each participant and encourage them to edit and revise my words as much as they liked, I felt I had done my best as a feminist and social-constructivist researcher. The second meeting was also a wonderful opportunity for me to connect with each of the participants as people in addition to my connection to their narratives.

A personal benefit I experienced from this research process was the impact on my own perspective on humour in the counselling room. Meeting all of these counsellors and reading their narratives expanded my ideas on humour and yet, affirmed my own convictions. The experiences of these meetings where the focus was on humour, respect, and counselling, have now significantly contributed to my own narrative on humour.

The high value these counsellors place on humour in their life and in counselling leaves me hopeful that more and more people are recognizing the healing potential of connecting with humour.

I have come to the conclusion that humour is a natural occurrence in some counselling relationships. Like a knife, the use of humour can be employed in a skillful and constructive way or it can be used in a brutal and life-threatening manner. I believe that humour is productive in helping clients and counsellors gain insight into themselves, others, and the environments in which they operate. Humour can also be used in viewing the absurd and lighter aspects of humanity. Humour makes life bearable, shareable, and changeable, or as Jimmy Buffett (1977) informed us in his lyrics: " If we didn't laugh, we would all go insane."

APPENDICES

References

- AATH. Association for Applied and Therapeutic Humour. Main. Patty Wooten.
Nov. 2002. <http://www.aath.org>.
- Arvay, M. J. (2002). Doing reflexivity: A collaborative approach. In L. Finlay & B. Gough (Eds.), Doing Reflexivity: A Critical Guide for Qualitative Researchers in Health and Social Science. London, UK: Blackwell Press.
- Allport, G. W. (1961). Pattern and growth in personality. New York: Rinehart and Winston.
- Banmen, J., Gerber, J. & Gomori, M. (1991). The satir model: Family therapy and beyond. Palo Alto, California: Science and behavior books, Inc.
- Berkowitz, L. (1970). Aggressive humour as a stimulus to aggressive responses. Journal of Personality and Social Psychology, 16, 710-716.
- Berne, E (1977b). Treatment procedures. In M. James and contributors (Eds.), Techniques in transactional analysis for psychotherapists and counsellors (pp.96-124). Reading, MA Addison-Wesley.
- Boskin, J. (1987) The complicity of humour: the life and death of Sambo. In: J. Morrell Ed.): The philosophy of laughter and Humour. New York: State University of New York Press.
- Buffett, J. (1977). Changes in latitude, changes in attitude [Record]. Universal City, CA: MCA Records.
- Cade, B. W. (1986). The use of humour in therapy. Family Therapy Collections, 19.

64-76.

Carroll, J. L. & Wyatt, G. K. (1990). Uses of humour in psychotherapy.

Psychological Reports, 66, 795-801.

Corey, G. (1996). Theory and Practice of Counselling and Psychotherapy (5th ed.) .

Pacific Grove, CA: Brooks/Cole.

Cortazzi, M. (1993). Narrative analysis. The Palmer Press. London.

Cousins, N. (1979). Anatomy of an illness as perceived by the patient. New York:

Bantam Books.

Creswell, J. W. (1994). Research Design:Qualitative and quantitative Approaches.

Thousand Oaks: Sage Publications.

Darwin, C. (1872). The expression of emotions in man and animals. Chicago: University

of Chicago Press, 1965.

Ellis, A. (1977). Fun as psychotherapy. Rational Living, 12 1-6

Egan, G. (1998). The skilled helper (6th ed.). Pacific Grove, CA:Brooks/Cole.

Farrelly, F., & Bransdman, J. (1974). Provocative Therapy. Cupertino, Cal.: Meta

Publication.

Farrelly, F., & Mathews, S. (1981) Provocative Therapy. In R. Corsini (Ed), Handbook of

innovative psychotherapies. New York: Wiley.

Foster, J.A.(1978). Humour and counselling: Close encountes of another kind.

Personnel and Guidance Journal 57:46-49.

Frankl, V. (1978). The unheard cry for meaning. New York: Simon and Shuster

(Touchstone).

Franzini, L. R. (2001). Humour in therapy: The case for training therapists in its uses and

- risks. Journal of General Psychology, 128, (2). 170-194.
- Fry, W.F. (1994). The biology of humour: International journal of humour research, 7 111-126.
- Gelkopf, M. , & Kreitler, S. (1996). Is humour only fun, an alternative cure or magic? The cognitive therapeutic potential of humour. Journal of Cognitive Psychotherapy: An International Quaterly, 10 (4) , 235-254.
- Gladding, S. T. (1995) . Humour in counselling: Using a natural resource. Journal of Humanistic Counselling, Education & Development, 34 (1) , 3-13.
- Golding, Eugene. , & Bordan, Terry. (1999). The use of humour in Counselling:The laughing cure. Journal of Counselling & Development, 77, 405-410.
- Greenwald, H. (1987). The humour decision. In W.F. Fry & W.A. Slameh (Eds), Handbook of humour and psychotherapy: advances in the clinical use of humour. Sarasota, FL: Professional Resource Exchange. pp. 41-54.
- Greenson, R. (1967). The techniques and practice of psychoanalysis. New York: International Universities Press.
- Grossman, S. A. (1976). The use of jokes in psychotherapy. In A. J. Chapman & H. C. Foot (Eds.), It's a funny thing, humour. New York: Pergamon. pp. 149-151.
- Grumet, M. R. (1990). Voice: The search for a feminist rhetoric for educational studies, Cambridge Journal of Education, 20, 2, 277-82.
- Haig, R. A. (1986). Therapeutic uses of humour. American Journal of Psychotherapy, XL (4) , 543-553.
- Herring, R. D. & Meggert, S. S. (1994). The use of humour as a counsellor

- strategy with Native Americans Indian children. Elementary School Guidance & Counselling, 29 (1) , 67-77.
- Hilgard, E. R. & Atkinson, R. C. (1967). Introduction to psychology (4th ed.). Harcourt Brace, New York.
- Humour as Medicine. (1997, April). Humour in hospitals. (1997). The Humour potential, Inc.[On-line] Available: <http://www.stressed.com>.
- Keith-Spiegel, P. (1972). Early conceptions of humour: Varieties and issues. In J.H. Goldstein & P.E. McGhee (Eds.), The psychology of humour. New York: Academic Press, 106-107.
- Kennedy, L. R. (1991). Humour in group psychotherapy. Group, 15, 234-241.
- Kruger, A. (1996). The nature of humour in human nature: Cross-cultural commonalities. Counselling Psychology Quaterly, 9 (3) , 235-242.
- Kubie, L. S. (1971). The destructive potential of humour in psychotherapy. The American Journal of Psychiatry, 127 (7) , 861-866.
- Kuhlman, T. L. (1984). Humour and psychotherapy. Homewood, Illinois: Down Jones-Irwin.
- Kush, Joseph. (1997) . Relationship between humour appreciation and counsellor self-perceptions. Counselling & Values, 42 (1) , 22-29.
- Kvale, S. (1996). InterViews: An introduction to qualitative research interviewing. Thousand Oaks: sage Publications.
- Lee, C. C. (1997). Multicultural issues in counselling: New approaches to diversity (2nd ed.). Alexandria, VA: American Counselling Association.
- Lemma, A. (2000). Humour on the couch. London: Whurr.

Levine, J. (1976). Humour as a form of therapy: introduction to symposium. In A.

J. Chapman & H. C. Foot (Eds.), It's a funny thing, humour. New York:

Pergamon. pp.127-137.

Lieblich, A., & Josselson, R. (Eds.). (1997). The Narrative Study of Lives.

London: Sage.

Maples, M. F. , Dupey, P. , Torres-Riviera, E. , Phan, L. T. , Vereen, L. , &

Garrett, M. T. (2001). Ethic Diversity and the use of humoe in counselling:

Appropriate or inappropriate? Journal of Counselling & Development, 79

(1) , 53-61.

Mango, C. R., & Richman, J. (1990). Humour and art therapy. American Journal

of Art Therapy, 28, 111-115.

Maslow, A. (1961). Toward a psychology of being. Princeton: Van Nostrand.

May, R. (1953). Man's search for himself. New York: Dell.

McGhee, P. E. , & Goldstein, H. J. (Eds.). (1983). Handbook of humour and

research, vol 2. New York: Springer-Verlag.

Mindess, H. (1976). The use and abuse of humour in psychotherapy. In A.J.

Chapman & H.C. Foot (Eds.), Humour and laughter: theory, research and

application. New York: Wiley. Pp331-341.

Mitchell, A. (1905). About dreaming, laughing and blushing. Edinburgh: William

Green.

Mosak, H. H. (1987). Ha ha and haha: The role of humour in psychotherapy [

Brochure]. Muncie, IN: Accelerated Development.

Napier, R. W., & Gershenfeld, M.K. (1987). Groups: Theory & Experience (4th ed).

Boston, MA: Houghton Mifflin.

Nevo, O. (1986). Uses of humour in career counselling. Vocational Guidance Quarterly,

34. 188-196

O'Connell, W.E. (1981). Natural high therapy. In R. Corsini (Ed.), Innovative

psychotherapies (pp. 554-568). New York: Wiley.

Polkinghorne, D. E. (1988). Narrative knowing and the human sciences. Albany, NY:

Sunny Press.

Reynes, R. L., & Allen, A. (1987). Humour in psychotherapy: a view. American

Journal of Psychotherapy, 41, 260-270.

Richman, J. (1995). The lifesaving function of humour with the depressed and

suicidal elderly. The Gerontologist, 35 (2) , 271-273.

Richman, J. (1996). Points of correspondence between humour and

psychotherapy. Psychotherapy, 33 (4) , 560-566.

Richman, J. (1996). Jokes as a projective technique: The humour of psychiatric

patients. American Journal of Psychotherapy, 50 (3) , 336-347.

Riessman, C. K. (1993). Narrative analysis. (Qualitative Research Methods

Series, Vol. 30). Newbury Park CA: Sage.

Robinson, V. (1977). Humour and the health professions. Thorofare, N.J: Charles

B. Slack.

Robinson, V. M. (1983). Humour and health. In P.E. McGhee & J. H. Goldstein (Eds.),

Handbook of Humour research, 2. New York: Springer Verlag. pp. 191-210.

Rogers, C. (1961). On becoming a person. Boston: Houghton Mifflin

Roller, B. , & Lankester, D. (1987). Characteristic processes and therapeutic

- strategies in a homogenous group for depressed outpatients. Small Group Behavior, 18, 565-576.
- Roncoli, M. (1971). Bantering: A strategy with obsessional patients. Perspectives in Psychiatric care 12: 171-175.
- Rosenheim, E. (1974). Humour in psychotherapy: an interactive experience. American Journal of Psychotherapy, 28, 584-591.
- Rosenheim, E., & Golan, G. (1986). Patient's reactions to humourous interventions in psychotherapy. American Journal of Psychotherapy, 40, 110-124.
- Salameh, W. A. (1983). Humour in psychotherapy. In P.E. McGhee & J.H. Goldstein (Eds.). Handbook of humour research: Vol II. Applied studies. New York: Springer-Verlag. Pp109-134.
- Sands, S. (1984). The use of humour in psychotherapy. Psychoanalytic Review, 71 (3) , 441-460.
- Savell, H. (1983). The effects of humour on depression in chronic emotionally disturbed adults. Unpublished doctoral dissertation, Univer. Of Mississippi.
- Schwandt, T A. (1997). Qualitative inquiry: a dictionary of terms. Thousand Oaks, CA: Sage.
- Shaughnessy, M. F. (1984). Humour in logotherapy. International Forum for Logotherapy, 7 106-111.
- Shaughnessy, M. F. & Wadsworth, T. M. (1992). Humour in counselling and psychotherapy: A 20-year retrospective. Psychological Reports, 70, 755-762.

- Sluder, A.W. (1986). Children and laughter: The elementary school counsellor's role. Elementary School Guidance & Counselling, 21, 120-127.
- Thomson, 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.
- Tuttman, S. (1991). On utilizing humour in psychotherapy. Group, 15, 246-256.
- Weaver, S. T. , & Wilson, C. N. (1997) . Addiction counsellors can benefit from appropriate humour in the work setting. Journal of employment Counselling, 34 (3) , 108-115.
- White, M. & Epston, D. (1990). Narrative Means to Therapeutic Ends.Norton & Company Ltd. New York: New York.
- Ziv, A. (1984). Personality and sense of humour. New York: Springer.

Appendix C

INFORMED CONSENT FORM

Title: Not Just For Laughs: What Prompts Therapists to Use Humour in a Counselling Session?

The Principal Investigator is Dr. Rod McCormick, Department of Counselling Psychology, UBC.

The Co- Investigator is Barbara Schneebeli. This research is being conducted as part of her Master's degree.

We would like you to participate in a research study titled " Not just for laughs: What prompts therapists to use humour in a counselling session? The purpose of this study is to gain an understanding of what leads counsellors to use humour at various times and how it may affect their counselling practice. Furthermore, it will provide information about what makes clients respond to humour and what effect it has on their progress in therapy.

This study will consist of two interviews. The introductory interview is a brief meeting where the Co-researcher and participants establish rapport and expectations of both parties are outlined. The participants will then write about their experiences and return the information to the Co-researcher. The second interview takes place once the Co-researcher has completed the interpretive readings of the autobiographical accounts. The purpose of this second meeting is to review the researcher's findings. The interviews will each last approximately one hour while the autobiographical writing will vary according to the participant. The estimated time for the entire process is about 3 hours.

There are no foreseeable risks from your participation in this study.

All information collected will be kept strictly confidential. Each participant will be assigned a pseudonym and any names, places, or dates within the stories will be changed for the participant's protection. In addition, once obtained the writings will be kept in a locked file cabinet and the computer file holding the data will be accessible by password only.

Your participation is completely voluntary and you will be free to refuse or stop at any time without penalty.

If any aspect of the outlined procedure remains unclear or if you have further questions or concerns, you are encouraged to talk with either Barbara Schneebeli, or her research supervisor, Dr. Rod McCormick, in the department of Counselling Psychology at UBC, at (604) 822-6444.

If you have any concerns about your rights or treatment as a research participant you may contact the Research Subject Information Line in the UBC Office of Research Services at (604) 822-8598.

I, _____, agree to participate in the study described and acknowledge receipt of a copy of this consent form for my personal records.

Signature _____ Date _____

Co-Investigator:

Barbara Schneebeli

Department of Counselling Psychology, UBC

Signature _____

Appendix D

Interview Guide Questions:

1. How do you define humour?
2. How does humour play a role in your own well being/ health?
3. In what ways do you as a counsellor incorporate humour into your counselling practice?
4. What place would you like to see humour take in counsellor training?
5. In what ways do you as a counsellor, integrate your experience with humour in your counselling practice?
6. What else do you think I should know about your use of humour in counselling?
7. Can you give a specific example when you used humour. How did it affect the relationship with your client?

Appendix E

Letter of Initial Contact

Dear Participants:

Barbara Schneebeil, to complete her Master's degree in Counselling Psychology, is conducting a study entitled, "Not just for laughs: What prompts therapists to use humour in a counselling session? The purpose of this research is to understand what motivate counsellors to use humour in counselling.

Participants will be asked to write a story about their use of humour in counselling and how it may affect their counselling practices.

The following questions to help guide this writing are:

1. How do you define humour?
2. How does humour play a role in your own well being/ health?
3. In what ways do you as a counsellor incorporate humour into your counselling practice?
4. What place would you like to see humour take in counsellor training?
5. In what ways do you as a counsellor, integrate your experience with humour in your counselling practice?
6. What else do you think I should know about your use of humour in counselling?
7. Can you give a specific example when you used humour. How did it affect the relationship with your client?

This study will consist of two interviews. The introductory interview is a brief meeting where the researcher and participants establish rapport and expectations of both parties