



Choosing to be Amusing; Assessing an Individual's Receptivity to Therapeutic Humor

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While the use of humor in therapeutic settings continues to gain respect and we are becoming more serious about humor, skeptics continue to express concerns about “negative uses of humor.” Negative types of humor include sarcasm, put-downs, humor which is insensitive to the emotional experience of the receiver, and humor which is used to create distance from an emotional experience.

In order to avoid negative humor, it is essential for the helping professional to learn how to differentiate between potentially therapeutic humor and potentially harmful humor. Also, to use humor in therapeutic ways, it is important to determine the appropriate time when another person may be receptive to a specific type of humor.

To use humor therapeutically one must examine: 1) the target of humor (humor aimed at self, situations, and/or others); 2) the environmental conditions in which humor is presented (with whom, at what time, and in what setting); and 3) the specific individual's receptivity to humor.

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1. Target Of Humor

In general, the target of humor tends to be oneself, another person, or a situation. If healthy humor (that which brings people together, reduces stress, provides perspective, and feels good) and harmful humor (that which alienates others, increases hostility, and ultimately feels bad) were endpoints of a humor continuum, then humor aimed at oneself and humor aimed at another person would anchor those opposite endpoints. That is, humor aimed at oneself is more likely to be healthful—while humor aimed at others is more likely to be harmful. Humor aimed at situations falls in between these two extremes.

For example, when we use humor directed *at ourselves* we learn to laugh at ourselves. Furthermore, others around us feel safe as they are not the target of the humor. When we laugh *at situations* the humor is once again directed away from others. Conversely, humor that is directed *at others* is the most dangerous and potentially harmful.

Humor that insults or mocks specific individuals or groups of people has greater harm potential. Even when the giver of the humor is a member of the target group,

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others in the group may reject the humor and feel insulted or put down.

Therefore, as a rule of thumb humor directed at oneself as an individual is safest, while humor directed at situations is still relatively safe, and humor directed at others is most risky and, therefore, is located at the negative end of the humor continuum.

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Also, there are interrelationships between humor aimed at oneself, situations, and at others. Jokes about earthquake victims in California, flood victims in the Midwest, or freeze victims in the Northeast may help many deal *with* the crisis, but for those immersed *in* the crisis, such humor may be experienced as insensitive. In these particular *situations*, humor is experienced by the individual in crisis as directed *at* her. This occurs because during crisis individuals find it difficult to perceive the crisis as separate from themselves. Therefore, humor aimed at the crisis is experienced as aimed at them. Once one is able to generate emotional distance from the traumatic experience, humor about the trauma is experienced as separate from the individual and can be perceived as "funny." We are all familiar with the phrase, "It wasn't funny at the time," which implies that at some later time the situation was experienced humorously.

2. Environmental Conditions

As noted above, humor ranges from therapeutic to harmful, based on the target of the humor. Receptivity to therapeutic humor is also based on environmental conditions such as the nature and

bond of the relationship, the timing and circumstance when humor is shared, and the setting in which humor is presented. For instance, we may have a strong emotional bond with a loved one, but humor about death in close to the time of a significant death may be poorly timed. In addition, as medical professionals, we have a responsibility to be sensitive not only to the intended receiver of our humor but to others who might intentionally or unintentionally experience our humor.

All professions use humor to cope with stressors. This is particularly evident in the medical professions where humor is a powerful personal coping mechanism. However, the humor we share as medical professionals is often not appropriate for our patients or clients to overhear. We must be sensitive to others and the environment to be sure that our humor is experienced only by those for whom the humor was intended.

3. The Individual's Receptivity

Beyond the target and environment surrounding humor, we must consider "humor factors" that are idiosyncratic. That is, each individual's receptivity will be at least partially determined by her own "humor quotient." An individual's humor quotient is the extent to which she experiences humor.

There are four methods to assess an individual's humor quotient. These are: 1) observing current uses of humor; 2) soliciting the role of humor in the individual's life; 3) observing the individual's ability to laugh at herself; and 4) observing the individual's response to the humor of others.

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Observing Current Uses of Humor

The first and easiest way to assess another's receptivity to humor is to observe her own "presentation" of humor with you and with others. The more an individual uses humor in healthful ways the more receptive she will be to humor interventions. However, if the individual herself uses "distancing humor," such as sarcasm and put downs, then she is less likely to be receptive to therapeutic humor.

Soliciting the Role of Humor in the Individual's Life

The second way to assess an individual's humor is to ask her what role humor plays in her life. This can be done in a direct self-report fashion such as simply asking what role humor plays, or it can be assessed more playfully by asking questions about an individual's favorite cartoon, comedian, humorous movie, television comedy, joke, humorous story, etc. The quickness of another's response, along with the energy level of the response and extent of the response, indicate the importance of humor in the person's life.

Observing the Individual's Ability to Laugh at Herself

The third method to assess humor receptivity is observation of the individual's ability to laugh at herself. The more an individual is able to laugh at herself the higher her self esteem, and the more receptive he will be to humor interventions. Being able to laugh at oneself requires a solid level of self esteem and a strong self concept.

Observing the Individual's Response to the Humor of Others

The fourth humor assessor involves presenting humor to the person and observing her reaction. As the presenter of humor you may share a

joke, story, cartoon, prop, etc. As you offer humor, you observe the other's reaction. Laughter, smiles, an increase in energy, a willingness to share her own humor, etc. are all indicators of the other's comfort level with humor.

Therapeutic humor can be a powerful tool to facilitate emotional, cognitive, behavioral, and physiological well-being. Like many other forms of therapeutic interventions, it is not a neutral response—it can be healthful or harmful. As health professionals it is our responsibility to assess and evaluate our use of therapeutic humor so that we increase the probability that our humor interventions will be healthful.

This article explores how to assess an individual's receptivity to therapeutic humor. Future exploration is also needed to assess the individual health professional's motivation to use humor. That is, what is it that prompts an individual to respond with a humorous intervention? It is also important that we, as helping professionals employing therapeutic humor, ask ourselves, "Why am I offering this type of humor at this particular moment?" and "How will this humor intervention be beneficial to my patient/clients?"

