

ISTANBUL BILGI UNIVERSITY  
INSTITUTE OF SOCIAL SCIENCES  
CLINICAL PSYCHOLOGY MASTER'S DEGREE PROGRAM

HUMOR IN PSYCHOTHERAPY THROUGH THE EYES OF THE  
PSYCHOTHERAPISTS

Derya GÖKALP  
115629002

Asst. Prof. Zeynep ÇATAY ÇALIŞKAN

İSTANBUL  
2019

# Humor in Psychotherapy Through the Eyes of the Psychotherapists

## Psikoterapistlerin Gözünden Psikoterapide Mizah

Derya Gökalp

115629002

Thesis Advisor: Dr. Öğr. Üyesi Zeynep Çatay Çalışkan  
İstanbul Bilgi Üniversitesi



Jury Member: Dr. Öğr. Üyesi Alev Çavdar Sideris  
İstanbul Bilgi Üniversitesi



Jury Member: Doç. Dr. Elif Mutlu  
İstanbul Gelişim Üniversitesi



Date of Thesis Approval: 21.05.2019

Total Number of Pages: 104

### Keywords (Turkish)

- 1) Mizah
- 2) Psikoterapi
- 3) Savunma Mekanizmaları
- 4) Aktarım
- 5) Karşı-aktarım

### Keywords (English)

- 1) Humor
- 2) Psychotherapy
- 3) Defense Mechanisms
- 4) Transference
- 5) Counter-transference

## **Acknowledgement**

I would like to thank to Associate Prof. Zeynep atay alıřkan, my thesis supervisor, for supporting me, being open to new subjects and suggesting solutions in difficult times of my thesis writing process. I would also like to thank to Asst. Prof. Alev Cavdar Sideris whom I attended her lessons always with excitement, who helped me to gain new perspectives in the psychotherapy field and also thanks to Asst. Prof. Elif Mutlu for accepting being a part of this study. Also, I would like to thank to Dr. Nur Yenieri for her contributions to the study. Surely, I want to express my gratitude to the volunteered participants for giving their valuable time at first, for sharing their experiences about humor and for their contributions to this study with great creativity.

I want to thank to the Istanbul Bilgi University Clinical Psychology program, giving me the opportunity to meet with my supporting classmates who play a major role in my presence as a psychotherapist. I am also thankful for the members of the program, giving me a space to learn from my experiences and for being open when I needed support in difficult times. I cannot ignore the effect of humor, this year specially; humor has been my best companion, thank you for making everything easier. Lastly, I would like to thank to my family and my close friends, thank you very much for being there.

## Table of Contents

<b>Acknowledgement</b> .....	<b>iii</b>
<b>List of Tables</b> .....	<b>vii</b>
<b>Abstract</b> .....	<b>viii</b>
<b>Özet</b> .....	<b>ix</b>
<b>Introduction</b> .....	<b>1</b>
<b>1. Humor</b> .....	<b>4</b>
<b>1.1. Humor Styles</b> .....	<b>6</b>
<b>1.2. Development of Sense of Humor</b> .....	<b>7</b>
<b>1.3. Relationship Between Humor and The Inner World</b> .....	<b>8</b>
<b>1.4. Humor As A Defense Mechanism</b> .....	<b>9</b>
<b>2. Humor in Psychotherapy</b> .....	<b>10</b>
<b>2.1. The Functions of Humor In Psychotherapy</b> .....	<b>11</b>
<b>2.1.1. Defensive Use of Humor in Psychotherapy</b> .....	<b>12</b>
<b>2.1.2. Supporting the Client With A Humorous Stance</b> .....	<b>13</b>
<b>2.1.3. Strengthening the Therapeutic Relationship</b> .....	<b>14</b>
<b>2.1.4. Expression of Transference and Countertransference Dynamics         Through Humor</b> .....	<b>16</b>
<b>2.2. Development of Sense of Humor In The Psychotherapy Process</b> .....	<b>18</b>
<b>2.3. Possible Risks Of (Not) Using Humor In Psychotherapy</b> .....	<b>18</b>
<b>3. Method</b> .....	<b>21</b>
<b>3.1. Primary Investigator (PI)</b> .....	<b>21</b>
<b>3.2. Participants</b> .....	<b>21</b>
<b>3.3. Procedure</b> .....	<b>22</b>
<b>3.4. Data Analysis</b> .....	<b>23</b>
<b>3.5. Trustworthiness</b> .....	<b>24</b>
<b>4. Results</b> .....	<b>25</b>

<b>4.1. The Process of Decision Making When There Is One, For The Use of Humor .....</b>	<b>26</b>
4.1.1. Evaluation of Transference and Counter-transference Dynamics	26
4.1.2. Evaluation of Defense Mechanisms of the Patient.....	28
4.1.3. The Matter of Timing .....	30
<b>4.2. Embracing The Feelings That Are Hard to Express .....</b>	<b>32</b>
<b>4.3. Supporting The Patient .....</b>	<b>34</b>
<b>4.4. Building The Relationship .....</b>	<b>37</b>
4.4.1. Spontaneity .....	37
4.4.2. Playfulness .....	39
4.4.3. Common Language.....	41
4.4.4. Using Humor Relevant With the Patient's Discourse .....	45
4.4.5. Intimacy .....	46
4.4.6. Being Remembered.....	48
<b>4.5. Inviting The Patient to The World of Symbolizations .....</b>	<b>51</b>
4.5.1. Humor is A Language .....	51
4.5.2. Humor is A Dream-like Phenomenon.....	54
4.5.3. Caricaturizing the Situations.....	56
<b>4.6. Humor and Defenses.....</b>	<b>58</b>
4.6.1. Using Humor As A Coping Mechanism.....	58
4.6.2. Recognition of Defensive Humor and Taking Action.....	63
<b>4.7. Being Aware of The Possible Risks .....</b>	<b>65</b>
4.7.1. Seductive Environment Might Occur .....	65
4.7.2. Contributing to the Defenses .....	66
4.7.3. Possibility of Causing Rupture .....	67
<b>5. Discussion .....</b>	<b>70</b>
5.1. Building the Relationship.....	72
5.2. Humor and Playfulness .....	73
5.3. Humor and Intimacy .....	75
5.4. Supporting the Patients with Humor .....	77
5.5. Humor and Symbolization .....	78

<b>5.6. Pitfalls of Using Humor in Psychotherapy .....</b>	<b>80</b>
<b>Conclusion .....</b>	<b>85</b>
<b>    Possible Contributions to the Field of Psychotherapy.....</b>	<b>87</b>
<b>    Limitations and Future Studies .....</b>	<b>88</b>
<b>References.....</b>	<b>90</b>
<b>Appendix 1: Informed Consent Form.....</b>	<b>98</b>
<b>Appendix 2: Interview Questions .....</b>	<b>100</b>
<b>Appendix 3: Demographic Information Form.....</b>	<b>102</b>
<b>Appendix 4: Journal Writing Guide .....</b>	<b>103</b>

## **List of Tables**

### **Table 1: Information of Participants**

## **Abstract**

The aim of this study is to understand significant issues around psychotherapists' use of humor in psychotherapy sessions. The main research questions were: how and when do psychodynamically and psychoanalytically oriented psychotherapists use humor in sessions and what are the benefits and pitfalls of using humor in psychotherapy according to psychotherapists? In order to explore this subject, two face-to-face interviews were conducted with 6 psychodynamically and psychoanalytically oriented psychotherapists who had at least ten years of experience as a psychotherapist. Between the interviews during two weeks, the participants were asked to keep a journal and record any humorous moments that occurred in their sessions. These journals were then collected and referred to during the second interview. The interviews were audiotaped, then transcribed and finally transferred to MAXQDA software program in order to conduct a thematic analysis. As a result, seven super-ordinate themes emerged: a) process of decision making when there is one for the use of humor, b) embracing the feelings that are hard to express, c) supporting the patient, d) building the relationship, e) inviting the patient to the world of symbolizations, f) humor and defenses, g) being aware of the possible risks. Consistent with the literature it has been found that, humor in psychotherapy could strengthen the therapeutic relationship, enhance the symbolization capacity and could create an open, relaxing space to share more. On the other hand, psychotherapists identified possible pitfalls of humor as being used defensively to avoid certain issues or to contribute to a seductive environment again preventing the therapeutic work. This study might contribute to the psychotherapy field by creating awareness about the use of humor in psychotherapy and could trigger new questions among the psychotherapists.

**Keywords:** humor, psychotherapy, defense mechanisms, transference, counter-transference, laughter.

## Özet

Bu çalışmanın amacı, psikoterapistlerin terapi seanslarındaki mizah kullanımları ile ilgili ortaya çıkan meseleleri anlamaktır. Temel araştırma soruları şu şekilde özetlenebilir: psikodinamik ve/veya psikanalitik yönelimli psikoterapistler terapi seanslarında mizahı nasıl ve ne zaman kullanıyor, psikoterapistlere göre terapide mizah kullanımının getirileri ve olası riskleri nelerdir? Bu konuyu araştırmak için psikoterapist olarak en az on yıllık tecrübesi olan, 6 psikodinamik ve psikanalitik yönelimli psikoterapist ile ikişer tane yüz yüze görüşme gerçekleştirilmiştir. İki görüşmenin arasında katılımcılardan günce tutmaları ve seanslarında yaşanan mizahi anları güncelerine not etmeleri istenmiştir. İkinci görüşme katılımcıların güncelerine yazdıkları mizahi örnekler üzerinden yürütülmüştür. Görüşmelerin ses kaydı alınıp daha sonra çözümlenmiş, ardından MAXQDA yazılım programı ile tema analizi gerçekleştirilmiştir. Sonuç olarak, yedi adet ana tema ortaya çıkmıştır: a) mizah kullanımında karar verme süreçleri, b) ifade edilmesi zor duyguların kapsanması, c) hastayı desteklemek, d) ilişkiyi inşa etmek, e) hastayı simgeler dünyasına çağırarak, f) mizah ve savunma, g) olası risklerin farkında olmak. Literatür ile paralel olarak bu araştırma sonucunda psikoterapistlere göre mizahın terapötik ilişkiyi derinleştirebildiği, simgeselleştirme kapasitesini artırdığı ve paylaşımına açık, rahat bir ortam yarattığı bulunmuştur. Diğer yandan psikoterapistler, mizahın bazı meseleleri konuşmaktan kaçınmak için savunmacı olarak kullanılabilirliğini ve yer yer baştan çıkarıcı bir ortam yaratarak terapi çalışmasına zarar verebileceğini belirtmişlerdir. Bu çalışmanın, psikoterapi alanına terapide mizah kullanımı ile ilgili farkındalık yaratması ve psikoterapistlerin zihinlerinde çalışma şekilleri ile ilgili yeni sorular tetiklemesi bakımından katkısı olacağı düşünülmektedir.

**Anahtar kelimeler:** mizah, psikoterapi, savunma mekanizmaları, aktarım, karşı-aktarım, gülmek

## **Introduction**

Humor in psychotherapy is a subject that has been overlooked for many years. Mainly the effect of humor on human's life has been tackled theoretically in the past years. For instance, Freud (1905) evaluated humor as part of the unconscious processes and considered jokes as defensive transformers of disturbing feelings into pleasure that would normally create discomfort. Since humor does not repress the stressful feelings and instead it turns them into another form that creates laughter, it is among the mature defense mechanisms (Bowins, 2004; Vaillant, 2000; Metzger, 2014; Dooley, 1941; Sands, 1984).

According to the literature, using humor in psychotherapy has both positive and negative results in the therapy room. Majority of the articles consider humor as a playful tool creating a spontaneous, authentic and relaxed environment in the therapeutic work (Bloch & McNab, 1987; Fabian, 2002; Schimel, 1978; Kindler, 2010; Bader, 1995; Macewan, 2008; Anzieu-Premmereur, 2009; Graham, 2010; Lachmann, 2003; Winnicott, 1971a; Ehrenberg, 1990; Guitard, Ferland, & Dutili, 2005; Richman, 1996). The playfulness can bring a feeling of relief to the session and the patient might share more openly without experiencing humiliation or guilt (Ehrenberg, 1990).

On the other hand, the humorous atmosphere carries a risk of creating a manic excitement in the psychotherapy room and might also block the way to feel the true feelings inside (Christie, 1994; Akhtar, 2010). Therefore, there are several issues to take into consider while using humor or contributing to the humorous atmosphere in psychotherapy as a psychotherapist: it should be for the benefit of the therapeutic work, it has to be appropriate with the patient's discourse and the issue of timing is equally important (Baker, 1993; Schneebeli, 2003; Sands, 1984). Therefore, there are certain risks of using humor too: It could hurt the patient's feelings, create a seductive environment and might prevent the patient's free association processes (Kubie, 1971; Kindler, 2010; Nelson, 2007; Ehrenberg, 1990; Baker, 1993; Bader, 1993; Bloch & McNab, 1987). Besides all the elements

discussed above, the transference and counter-transference dynamics exist, which complicates all the conscious processes and so-called the wishes to control the spontaneous feelings between the patient and the psychotherapist. According to Corbett (2004), the therapeutic work functions behind “these cracked moments” of laughter through the feelings of transference and counter-transference (p.466). For instance, Ogden used these humorous and playful atmospheres in service of the therapeutic work with a patient who experiences erotic-transference in the therapy room. He considers the humorous interpretations as follows: “It was self-regulatory for both of us: It modulated the intensity of her rage and hurt linked to my perceived withholding, and it softened my frustration and sense of helplessness when I felt much of my commentary was under fire” (p. 602). Thus, humor could be both a useful and a disadvantageous tool in psychotherapy depending on the way it is used and experienced.

The aim of this study is to gain a deeper understanding on how the psychotherapists experience and think about the use of humor in psychotherapy. Six psychotherapists with psychodynamic and psychoanalytic orientation volunteered to participate in this study. Two face-to-face in-depth interviews and a journal-writing process in between were conducted with each of the participants. The research questions before starting this study were: how humor is used in the psychotherapy room, how do the psychotherapists experience it, how does humor effect the therapeutic alliance and the psychotherapy process of the patients and are there any decision making process functioning beneath the psychotherapists’ use of humor in the psychotherapy?

There are limited amount of qualitative studies in this subject, therefore this study could contribute to the psychotherapists who are at the beginning of their practice and might help them to create awareness around their feelings when humorous atmospheres occur in a session. The reader might put him/herself to the positions of the participants in the humorous examples and start asking questions as follows: “how am I experiencing humor in my sessions, how do I position myself in a humorous moment with my patient or my psychotherapist?” Also, the educational field of psychotherapy could benefit from this study since supervisor

could a) get help from humor during supervisions which might help the supervisee to feel more relaxed and share more or b) might understand the humorous moments occurring in the supervisee's sessions more deeply and could be more helpful as a supervisor.

Also, this study could be advantageous for the psychotherapy literature since a journal writing process has been included in the method, which helped the participants to observe their subjective experiences and kept humorous examples vivid even after they occurred. Thus, the future studies could make use of this method and grasp such ephemeral phenomena through recordings and journal writings.

## SECTION ONE

### HUMOR

The Latin word *humor* means “moisture” and in medieval physiology, “humor is a fluid or juice of an animal or plant; specifically: one of the four fluids entering into the constitution of the body and determining by their relative proportions a person's health and temperament” (Merriam Webster Dictionary, 2018). Humor leads to a feeling of pleasure through a comical way of looking at the anxiety provoking events (Dooley, 1941). In *Jokes and their Relation to the Unconscious*, Freud (1905) describes the pleasure coming from the humorous situation as follows: “The pleasure of humour, if this is so, comes about—we cannot say otherwise—at the cost of a release of affect that does not occur: it arises from an economy in the expenditure of affect” (pp.228-229). According to Fabian (2002), it is a version of social connection that transcends cultural differences occurring naturally without any borders and could be recognized by anyone easily (p.401). Additionally, humor is also about recognizing limits: limits among the society, within the body, between the real and the unreal, the others and the one’s own self (Anzieu-Premmereur, p.139).

Studies demonstrate that individuals with higher levels of sense of humor have greater ability of coping with everyday stress than individuals with poor sense of humor (Lefcourt & Martin, 1983; Abel, 2002). Looking from a distance to the stressful events is the common coping strategy between the problem solving skills and humorous view of the world (Nezu, Nezu & Blissett, 1988).

As Vaillant (2000) associates humor with a rainbow in terms of its ephemerality, Loewald (1976) states that: “As soon as it is seriously investigated, it tends to vanish like a tertiary star when looked at directly” (p.209). Once a humorous moment has been passed, the comicality is lost and could not be reached again by telling it twice (Vaillant, 2000, p.95).

According to Meerloo (1966) laughter is an epidemic shared experience and belongs to the earliest biological structures of humanity (p. 25). Its mutuality creates a harmonious environment that helps to bring parties together with a feeling of unity (Panksepp, 2000, p.184). While laughing, two major movements occur within a body: first one is an exhalation caused by the muscles connecting the ribs and in the second one, the whole body joins the experience like a spasm of laughter (Kris, 1940, p.320). As Bergson (1911) states, laughter comes when a “mechanical inelasticity” takes place. These humorous moments occur when the flexible and the adaptive qualities of human behavior is interrupted with a rigid machine-like incident. Bergson (1911) here gives two examples; first the man who lives like a clockwork finding himself on the ground trying to sit on a chair, or when trying to use his pen finding out that there is mud instead of ink and secondly, a running person falling on the ground suddenly. According to Bergson (1911), this inelasticity is seen as a deviation from the societal norms and therefore should be overcome by a “social gesture” that is, laughter (p.9a).

Holland (2007) states that there are three causes of laughter other than neurologic impairments: a) tickling, b) social reasons and c) jokes and cartoons. According to his article, these reasons contain a probable threat to our identity and finally a feeling of relief since the danger has been eliminated. In the case of jokes, the possible threat originates from a surprise, a strange experience, leading to a feeling of ambiguity before understanding the humorous element of the joke and when the joke is understood the “coherence” of our identity is regained. When the moderate feeling of danger is removed, laughter occurs both in the situations of being tickled or listening to a joke. “And that answer deals with the often-asked question: Why can't we tickle ourselves? Because we can't threaten ourselves” Also, to be able to laugh, the frontal inhibition processes should be switched off as it appears in the case of being tickled (pp. 53-54).

## 1.1. HUMOR STYLES

In order to understand humor clearly, its difference from the other forms of comic should be discussed too. Jokes create a greater laughter and require at least three people: the person who is telling the joke, the listener and the person who is the object of the joke. Besides, for humor only one person is adequate to create a smile (Baker, 1993; Lothane, 2008; Kris, 1938). It is also possible to interpret jokes similar to dream-work by means of psychical processes of “condensation” and “substitute-formations” (Freud, 1905). Irony on the other hand, is characterized by the wordplay requiring an understanding of double meanings (Sands, 1984). According to Slap (1966), the recurrent use of sarcasm is a way of declaring the “oral rage” to the subject of the frustration and seems to manifest itself among individuals who tend to experience depression more (p.106).

Besides the other forms of comic, humor also has different styles: According to a research by Kuiper and McHale (2009), there are two adaptive and two maladaptive humor styles: Adaptive humor styles contain affiliative and self-enhancing humor, which is a way of dealing with difficulties either alone or through forming relationships without damaging others. Maladaptive humor styles including aggressive and self-defeating humor are sarcasm, ridicule and teasing, which might result in abusing self or others (p.359). Also, as Fabian (2002) states, destructive humor styles that are linked to aggression such as cynicism, malignant irony and sarcasm could be defined as pathological humor. These aggressive humor styles also may indicate difficulties in drawing borders between the self and the others and could also damage the interpersonal relationships. Fabian also puts the lack of sense of humor in the category of pathological humor. For him, it is a sign of depressive state and of impairment in building relationships. (p.402).

While Ozyesil (2012) states that there is a positive correlation between the self-enhancing humor and self-esteem, Hampes (2010) points out a significant positive correlation between self-enhancing humor and empathic concern. Additionally, the adaptive humor styles are also positively correlated with emotional intelligence (Ogurlu, 2015).

## **1.2. DEVELOPMENT OF SENSE OF HUMOR**

The first closest experience to laughter is the smile occurring on the infant's face when fed by the breast and feeling satisfied (Freud, 1905). In Anzieu-Premmereur's (2009) article about the development of sense of humor in young children, it is stated that babies at the age of approximately six months begin to laugh, when they are nearly one year old they make others laugh by their own comical acts and later on, when their verbal abilities develop, playing with words, making puns starts (pp.137-138).

Sense of humor develops throughout childhood by playful interactions between the child and the caregiver creating new perspectives for the child to cope with anxiety provoking experiences (Christie, 1994). It is possible for both the infant and the adult to fully realize and explore oneself during the play with creativity (Winnicott, 1971a, p.65). Even at the very early years of life, a child could understand a humorous side in a situation, like in the game of "pick a boo" (Fabian, 2002).

Loewald (1976) discusses the development of sense of humor in childhood through an example of a case: a child at the age of 4, with 2 years of psychotherapy, gains the ability to express libidinal and aggressive drives through a socially acceptable way by using humor. Winnicott (1971b) considers the sense of humor in children as signal of being creative, imaginative and joyful contrary of being rigid. He states: "A sense of humour is the ally of the therapist, who gets from it a feeling of confidence and a sense of having elbowroom for maneuvering" (p.32).

In another study in this field, Wolfenstein (1951) asked children between the ages of 6 to 12 to tell their favorite jokes. They told jokes that consist of dangerous situations and words with double-meanings. When they were asked about the reason they laughed at these jokes, none of them talked about the word plays. The

pleasure they received from these jokes came from the ability of being in control over the dangerous situations (pp.337-338).

According to Bader (1993), the ability to make jokes plays an initiative role towards the development of a mature sense of humor. While there is a need to defeat the superego together with the audience in the case of producing jokes, there is acceptance of conflicting and disappointing situations in the mature sense of humor (pp.218-219).

The relationship built between playful and accepting parents and their children enables the formation of a less strict, gentle superego leading to a mastery over anxiety with a sense of humor in later life (Christie, 1994). “It (the humorous fantasy) seems rather to be like the father who is strict in his requirements, enforcing discipline, yet tender and benevolent, loved by the child for both attributes” (Dooley, 1941, p.44). Thus, for an enduring sense of humor, the libido should be accessible in the superego (Schafer, 1960, p.175). There is a very strong connection between the comic and the ability of regression, the capability of going back to the happy place of childhood. This way, the rational world of adulthood could turn into a world of freedom and could bring the feeling of amusement that comes from the “meaningless talks” (Kris, 1938, p.79). Otherwise, when superego is too strict and regression is not allowed, there is no place for humor and laughter for the individual (Levine & Redlich, 1955).

### **1.3. RELATIONSHIP BETWEEN HUMOR AND THE INNER WORLD**

As Marshall (2004) states: “if dreams are “the royal road to the unconscious,” humor can be considered to be a “language of the unconscious””(p.66). Thus, humor is deeply related to the inner world of humans. For instance, condensation, a part of the transformation elements presented in “dream-work”, also plays a role in the process of generating jokes due to its conciseness (Freud, 1905). The source of a joke might also be unknown to the individual similar to a dream, but in the production of a joke, the ego is more present (Christie, 1994).

Using and following humor, whether it is manifested through words, gestures, different tones of voice or mimics, is constantly generated by the unconscious (Pasquali, 1987, p.232). As Robbins (2012) states: “Humor, then, serves to open a door into preconscious expression that is full of images and meaning” (p. 236).

Humor can be an expression of aggressive or sexual wishes without creating guilty feelings in the individual (Schimmel, 1978, p.369). For instance, the telling of a joke and listening to it resembles to a sexual intercourse in terms of the interaction between the two fields of energy. In both cases, a tension rises and then a discharge takes place. Therefore, the discharge of laughter after a joke is similar to the reflex of orgasm (Lothane, 2008, p.186). According to Levine & Redlich (1955), since the laughing individuals become more vulnerable, they are no longer a threat to the performer and therefore, the wish to make others laugh could be considered as an aggressive desire too (p.570).

#### **1.4. HUMOR AS A DEFENSE MECHANISM**

Difficult life events transform into a funny pleasantry through a humorous lens (Dooley, 1941). It is therefore a creative production that changes the way a person sees the world (Metzger, 2014; Fabian, 2002). Although the unpleasant situations seem to be less stressful with humor, there is no denial in its quality when it is used as a mature defense mechanism (Vaillant, 2000; Dooley, 1941). As Poland (1990) puts, “the adult gift of laughter” involves an acceptance of the painful aspects of life without denial and brings relief to the person (p.199).

The inability to understand a joke occurs when the joke touches unconscious struggles within an individual and because the defense mechanisms start to operate (Levine & Redlich, 1955; Zwerling, 1955). The failure to gain pleasure from humor is also related to the lack of detachment from the comic moment (Kris, 1938).

## SECTION TWO

### HUMOR IN PSYCHOTHERAPY

Using humor in a psychoanalytic setting could only be efficient if it is unplanned though controlled and should be beneficial for strengthening the therapeutic alliance (Baker, 1993). It is blurry whether it is the patient, the therapist or whether both of them introduce humor in the therapy room and the best humor is the one occurring mutually (Marshall, 2004; Lachmann, 2003). As a result of a doctoral dissertation, a study examining humorous moments in psychotherapy sessions with six participants through recordings, it has been reported that “some notable trends included a tendency of humor to occur near the end of conversational turns, and a frequent overlap of humor with transitions in the therapeutic conversation and relationship” (Gregson, 2009, p. 205).

According to Fabian (2002), humor and playfulness should be present in all of the psychotherapy practice and the therapists should be able to use humorous comments since the “nonverbal humor” builds the therapeutic relationship. According to Baker (1993), although humor is considered to pave the way for a softened interpretation that otherwise will cause more anxiety, it also carries possible problematic transference dynamics. Still, he states that without ignoring the previous meanings, using humor in therapy could bring creativity to the process of therapeutic growth (p.957).

When the patient is experiencing an authentic happiness in a psychotherapy session, other than the defensive uses, the therapist should be able to appreciate it without missing the possible meanings of what is happening at that particular time (Akhtar, 2010, pp. 236-237).

## **2.1. THE FUNCTIONS OF HUMOR IN PSYCHOTHERAPY**

No matter what orientation a psychotherapist belongs to, humor is a concept that meets them all on a common point: humor is a way of praising life and the outcome of laughter when met with psychotherapy could form a creative product (Richman, 1996). The use of humor shows an affective engagement and forms a sense of unity in the therapy room (Schneebeli, 2003). Humor might mask the difficulties and contribute to the resistances or might strengthen the analytic work (Bader, 1993).

A study by Bloch & McNab (1987) demonstrates eight elements that 140 British Psychotherapists found to be efficient in using humor in psychotherapy: (1) humor promotes the harmony between the patient and the therapists, (2) humorous interpretations breaks down the defenses in a more compact way, (3) humor creates a broader way of looking into life events, (4) humor generates relief in difficult sessions, (5) humor is a part of humaneness and could not be removed from therapy, (6) the playful aspects of humor could bring spontaneity into the therapy room and could help to reduce resistances, (7) humor helps to articulate difficult emotions, (8) the appreciation of humor could be used as an assessment instrument to determine the psychological maturity of a patient.

According to Richman (1996), there are three elements that is shared between therapy and humor: (1) humor is an interactive agent that grows out of a lively environment, (2) humor is formed spontaneously between individuals, (3) whether humorous or non-humorous the interpretations are, it is an expression of the therapist's character and therapeutic orientation.

Also, Richman (1996) summarized the stance of certain schools of psychotherapy in the face of humor in therapy as follows: "Analytic therapists interpret, experiential therapists interact, behaviorists reinforce, decondition, and guide imagery. Humanistic or client centered therapists listen and respond empathically.

Most skilled and experienced therapists cut across schools and may use any and all of the above.” (p. 565).

As Mitchell & Black (1995) states, in years, the psychoanalytic approach has been changed and the practice in the therapy room has evolved into a two-person work, incorporating the subjectivity of the psychotherapist or the psychoanalyst. Therefore, from the contemporary psychoanalytic perspective, compared with the classical psychoanalysis, the analyst is more active with higher emotional engagement (pp. 250-251).

Also, according to Beebe & Lachmann’s (1998) systems theory, the relational interactions constitute the basis for creating both inner and relational worlds. The individual co-constructs these worlds with the other and this interaction affects the emotional regulation for both parties. Therefore, the role of the humorous moments in psychotherapy could be interpreted differently based on the various schools of thought.

### **2.1.1. Defensive Use of Humor in Psychotherapy**

Some authors state that humor is not always a creative product occurring in psychotherapy, it can also be a part of “manic excitement” and when the therapist joins to this kind of a defensive use, it would be harder to reach to the repressed material instead of building an insight (Christie, 1994, pp.481-486). According to Freud (1905), jokes are made to fulfill desires; whether it is sexually driven or aggressive, jokes overcome the existing barriers and help to gain pleasure from it at the end (pp.100-101). Thus, Bader (1993) evaluates any humor initiated by the patient as defensive and as resistant (p.23).

Akhtar (2010) draws attention to the moments of, what he calls, “false happiness” in sessions when bearing the painful emotions starts to be very difficult for the patient and he states that the psychotherapist should be able to hear the stressful material underneath the humor although it is very easy to get carried away by the humor (p.235).

For instance, according to Stein (1985) the reason behind the use of irony as a defensive tool in psychotherapy is the overwhelming feeling coming from transference dynamics or a need to resist. Additionally, using irony could be a way of equating the position of the analyst with the patient as if he or she is a companion in the room (p.42).

Sands (1984) on the other hand, describes the analyst's use of humor as a tool for braking the defenses off of the patient that normally would not be heard by him or her (p.458).

### **2.1.2. Supporting the Client With A Humorous Stance**

Certain authors point to the advantages and risks of using humor with certain patient groups such as trauma, psychosis, obsessive-compulsive disorder and major depressive disorder. For example, Bader (1993) states that patients who had traumatic experiences with depressive and narcissistic parents in childhood could revive these painful experiences when the therapist is too blank in affects. Therefore, with traumatic patients being open to humor in sessions could be beneficial. A case study by Atlas-Koch, demonstrates how a language consisting tenderness and humor formed together by the traumatized patient and the therapist might contribute to create a secure environment that enabled a therapeutic change in the patient's life (2010). Working with trauma in psychotherapy also requires re-exploring the humorous parts of the patient and acknowledging the joyful moments in life to be able to lessen the anxiety provoked by the painful experiences. This way, the patient could be seen as a whole with strengths and weaknesses rather than a narrow view of negativities of past experiences (Garrick, 2006).

On the other hand, with children, psychotic or psychosomatic patients whose perception of the world could be concrete and not flexible, certain forms of comic such as irony could be understood as abusive. Another reason for this situation is that they could sense the aggressive tone in irony intuitively (Fabian, 2002).

Besides, Anzieu-Premmereur (2009) associates dealing with sense of humor and working with children as a psychoanalyst in terms of such qualities: preserving the capability of thinking in times of trouble, not losing the ability to get surprised and be curious and being able to bear the uncertainties (particularly important when the child does not speak). She also adds that the analyst should also be present for the child as a “container” for all of the difficult feelings the child experiences (p.141).

Humorous setting in psychotherapy is also helpful with patients having obsessive-compulsive disorder since humor could be a way of coping with anxiety provoking situations while trying to resist compulsions (Ortiz, 2000). Psychoanalytic work offers a surrounding that enables free association and mental play thus, leading to less rigidity in perceiving life (Poland, 1990).

According to a research by Bokarius et al., the ability to acknowledge humor remains with the patients that suffer from major depressive disorder and the inclusion of humor in the convenient ways to the therapeutic process is recommended (2011).

### **2.1.3. Strengthening the Therapeutic Relationship**

Humor is a relational phenomenon, because it only reaches to its goal, a narcissistic triumph or yet a need to feel vital, through the laughter of the other, whether real or imaginary the participant is (Anzieu-Premmereur, 2009, pp.140-141). Studies demonstrate that humorous experiences in psychotherapy improve the therapeutic alliance by building a secure setting (Schneebeli, 2003; Fabian, 2002; Richman, 1996; Bader, 1995). Aside from the psychoanalytic techniques, the authentic existence of the therapist as a unique individual in the therapeutic setting is essential in forming a real relationship for the patient (Bader, 1995). Since, sincerity and openness are qualities that are greatly acknowledged by the clients in psychotherapy, an honest therapist who can laugh together with the client in therapy and declare certain topics that are unknown to him or her is very

important (Macewan, 2008). While laughter plays an important role in strengthening attachment and forming closer relationships it could also push away others with an aggressive tone, could be seductive or be a part of a defense mechanism, which could also be seen in psychotherapy (Nelson, 2007, p.48).

The affective engagement between the client and the psychotherapist could be built through humorous interactions too (Schneebeli, 2003). According to Newirth (2006), meeting through a mutual affect, such as laughter, brings two parties together and a “double process of symmetrization” occurs which is an inter-subjective and intra-psychic process at once. This process is essential in building close and affectionate relationships (pp.569-570). It is deeply related with the repetitive mutual affective moments between the infant and the caregiver in terms of the concept discussed by Beebe and Lachmann (1988) “a delicately responsive interactive process: actions-of-self-in-relation-to-actions-of-other” (p.21). As Mahler (1967) states, if mother’s mirroring is not predictable or stable for the infant and even aggressive, the infant has less of a solid ground to rely on while individuating (p.750).

According to Marshall (2006), the major purpose of mirroring in psychotherapy is to activate the initial affective experiences with the parents and thus forming the transference and counter-transference dynamics through projective-identifications in the therapeutic process (p.292). Besides, this kind of an attunement requires spontaneity since the affects change moment by moment. Therefore, as contemporary psychoanalytic theory proposes being spontaneous and improvising in sessions create a natural discourse in between (Kindler, 2010).

Psychotherapy is a play between two individuals and if playfulness lacks in the room, the therapist leads the patient into a playful interaction (Winnicott, 1971a, p.38). Playfulness in therapy needs spontaneity and could only rely on analytic intuitions, which does not mean behaving inconsiderate (Ehrenberg, 1990). The repetitive creation of playful fields in the psychoanalytic setting forms a reliable “thinking object” for the ego of the patient and each time, it leads to a reconstruction of recognition, symbolization, a capacity of transformation of emotional material and a development of imagination (Norman, 1999, p.188).

According to Ehrenberg (1990), these playful moments are also an occasion for the patient “to test the limits of his or her fantasized omnipotence and/or fragility” (p.81).

Play in the therapy with adults should be equally predicted as it is done with children although it reveals itself in adults through the sense of humor (Winnicott, 1968, p.592). The results of a study by Guitard et al. (2005) demonstrates that playfulness in adults is defined by five elements: (a) creativity, (b) curiosity, (c) sense of humor, (d) pleasure, and (e) spontaneity (p.14).

#### **2.1.4. Expression of Transference and Countertransference Dynamics Through Humor**

As stated by Loewald (1986), transference and countertransference dynamics have been considered as obstacles to the psychoanalytic process in the history of psychoanalysis. Most particularly, countertransference was seen as an element that should be removed because it had a disruptive effect on the neutrality of the analyst. However, the recent psychoanalytic theories deal with these dynamics as inseparable components of our inner and in between psychological lives (p.276). Similarly, Spitz’s (1956) definition of countertransference demonstrates that it is an inherent element of the psychoanalytic relationship and is rooted in the analyst affected by the patient’s character traits, transference dynamics and attitudes (pp.256-257). Besides, according to Ogden (1995), “...countertransference experience is utilized in the process of creating analytic meaning, i.e. in the process of recognizing, symbolizing, understanding and interpreting the leading transference-countertransference anxiety.” (p.696).

Endings of the sessions are very important in terms of the expression of transference and counter-transference dynamics because they seem to carry the past separations from the first relationships and trigger the feelings that have felt during those moments (Gabbard, 1982, p.598; Marshall, 2006, p.292). Also, as Ogden (1992) states, the analyst becomes a part of the transference dynamics of

the patient already before the first meeting with the attributions to the analyst as the “healer”, “the healing mother, the childhood transitional object, the wished-for oedipal mother and father, and so on” (p.227).

Humor and laughter could also be an expression of diverse emotions in psychotherapy sessions such as aggressive and sexual drives (Schimmel, 1978). Thus, being aware of the transference and countertransference dynamics including humor would be highly beneficial for the analytic work since using humor could create both a seductive and destructive environment (Baker, 1993). Also, using humor might sometimes play a defensive role in order not to tap on the difficult issues and not to feel the anxiety the patient is feeling (Schneebeli, 2003; Poland, 1990).

Ogden (1999) describes in a case study how he worked with erotic transference by using play and sense of humor as elements that create affective moments and self-regulation for both parties, enabling the patient to feel accepted unlike the early relationships: “For Patty, our laughter or spontaneous exchange meant that no one was hiding, no one was diminished, and that at least for a moment, there was full access. It represented the father who was not depressed and the mother who was not overwhelmed” (p. 599). On the other hand, Kubie (1971) considers using humor in therapy as “the most seductive form of transference wooing” and a way of exhibitionism for the therapist while the patient is in pain quietly (p.864).

The playful remarks of the patient could have different meanings such as; trying to understand the limits of that particular relationship, the influence of one’s on the analyst or demonstrating the affectionate feelings to the analyst (Ehrenberg, 1990, p.78). Similarly as with patients’, analysts’ use of humor might differ in expression: (a) ability to manage and contain the projective identifications directed by the patient, (b) analyst having a larger repertoire, not only depressively leaving the patient alone or defensively claiming a superiority over the patient, (c) analyst being able to acknowledge the aggression coming from the patient and with positive feelings forming a reciprocity (Bader, 1993).

## **2.2. DEVELOPMENT OF SENSE OF HUMOR IN THE PSYCHOTHERAPY PROCESS**

Being in a psychoanalytic process helps to create different perspectives in seeing one's own being, leads to an increase in free associations and thus, develops the sense of humor through a setting that enables playing with words more frequently (Poland, 1990). Lachmann (2003) describes how his patient's use of metaphors and representations grew during the therapy sessions through a case study. He adds that the discourse consisting playful verbalizations adopted both by him and his patient decreased the patient's fear of being embarrassed by the therapist and helped him to talk more openly about his aggressive feelings (p.300). Additionally, for Sands (1984), when psychotherapy sessions that lack humor in advance, starts to consist humor could be interpreted as a good signal since it leads to adaptive behaviors rather than raw aggression for instance (p.452).

## **2.3. POSSIBLE RISKS OF (NOT) USING HUMOR IN PSYCHOTHERAPY**

According to Kubie (1971), although at times humor communicates through warm and affectionate ways, it should not be ignored that it is also a way of hiding aggressive feelings with a friendly appearance or could be used as a softener of controversies occurring between the patient and the therapist. He also adds that, although therapists with more experience might use humor without any damage, the therapists new to the practice should be more careful, since it is the time when it is the most risky and the most appealing way of relating to the patient at the same time. As Kubie (1971) states: "Too often the patient's stream of feeling and thought is diverted from spontaneous channels by the therapist's humor, it may even be arrested and blocked" (p. 861).

On the other hand, Kindler (2010) gives a great example of how a therapist's fear of joining the humor of a patient could result in feelings of shame for the patient. He describes that if the therapist could have met the humorous comment of the patient how the therapeutic process benefit from it by the creation of an open setting with less of a fear of humiliation (p.225). As Fabian (2002) states: "In my opinion, one should not warn as much about the dangers of humor as about the danger of a humorless therapist" (p. 410). The analyst who lacks the empathic responsiveness with smiling or laughing in the moments of humor could be very destructive and traumatic for the patients (Baker, 1993, p.956).

In summary, humor is widely seen as an adaptive defense mechanism that helps individuals to cope with stressful life events through creating new perspectives of looking at anxiety-provoking situations (Vaillant, 2000; Dooley, 1941; Fabian, 2002; Kris, 1938). In psychotherapy, as in everyday life, humorous moments might occur. These moments could be initiated either by the therapist or the patient whether consciously or not. In either way it creates a spontaneous, playful and authentic environment in the therapy room that could strengthen the therapeutic alliance (Baker, 1993; Fabian, 2002; Marshall, 2004; Lachmann; 2003).

On the other hand, many authors warn psychotherapists about the possible risks of using humor in psychotherapy such as the concealing factor of defensive humor on the feelings that are hard to experience (Kubie, 1971; Christie, 1994; Bader, 1993; Akhtar, 2010). It is noted that transference and counter-transference dynamics could be hiding underneath the humorous atmosphere too (Ogden, 1992; Gabbard, 1982; Marshall, 2006). However, putting aside the techniques of psychotherapy, the authentic stance of the therapist is also seen as a positive factor in forming the relationship between the therapist and the patient (Macewan, 2008; Bader, 1995; Schnebeeli, 2003). Although the analyst's position transformed into a subjective presence over the years, according to classical psychoanalytic approach the analyst should be able to preserve his/her neutrality like a "blank slate", which is hard to be trusted since it could generate feelings of suspicion with its concealing qualities (Hanly, 1998). Baudry (1991) listed the possible

factors that affect the anonymity of the analyst: “Many variables exist, such as intonation (degree of uniformity), manner, intensity, verbosity vs. pithiness, conviction vs. tentativeness, use of authority. Such elements are the counterpart of the patient's style. It is important for the analyst to be aware of their presence and potential impact” (pp. 924-925). Thus, the metaphor of colors that Bass (2001) uses could be beneficial to understand the inter-subjectivity of the therapeutic relationship. He states that, through playful interactions and understanding one gets to discover new colors from the other and widens his/her repertoire (p.691). The relational factor of humor arises from its resemblance to the playful experience and the attunement between mother and infant in the first years of life (Newirth, 2006; Marshall, 2006; Kindler, 2010).

Also, it should not be ignored that, using humor in psychotherapy could be very risky in terms of joining the patient’s defense mechanisms, leading to create a seductive atmosphere and hinder the psychotherapeutic work (Kubie, 1971).

Although several clinicians wrote about the value and risks of using humor in psychotherapy, there are very few qualitative research projects on the use of humor in psychotherapy through the psychotherapists’ perspective. In this thesis, the use of humor in psychotherapy will be described from psychodynamic and psychoanalytic approaches and the main focus will be on the relational factors of humor in psychotherapy process. This inquiry was set out with a particular goal of answering the following questions with humorous examples from the sessions: How humor is used in psychotherapy and how it is experienced in the therapy room, what are the possible meanings of using humor in therapy as a psychotherapist, are there any risks of using humor in therapy and what are the functions of using humor in the field of psychotherapy? These questions will be tackled through the data gathered from the interviews and the journal writing processes. The humorous examples are written just after they occurred in the sessions of the participants. Therefore, this research could pave the way for a deeper understanding of the humorous experiences occurring in the psychotherapy room and might create guidance for the psychotherapists that are new to this field.

## **SECTION THREE**

### **METHOD**

#### **3.1. Primary Investigator (PI)**

The primary investigator of this study is also the author of this thesis and is a female student in Istanbul Bilgi University, Clinical Psychology masters degree, adult track. The PI is interested in humor's effect on individuals, its meaning and its creative power of changing perspectives in life.

The aim of this study is to open a new route on an issue that has been overlooked for many years in the psychotherapy area. The possible meanings and risks of humorous moments in psychotherapy could be understood better after reading this study. Since, it is a qualitative study, the experiences of psychotherapists and psychoanalysts consist a detailed guide in the field for the other practicing psychotherapists too.

#### **3.2. Participants**

Criteria for participating in this study were to be a psychotherapist with ten years of experience and belonging to the psychodynamic or psychoanalytic orientation. Six psychotherapists who worked in Istanbul were interviewed for this study. Five of the psychotherapists were psychoanalysts or psychoanalysts in formation. One of the psychotherapists belonged to the psychodynamic school and only worked in a private hospital.

**Table 1.** Information of participants

<b>Participant</b>	<b>Gender</b>	<b>Age</b>	<b>Profession</b>	<b>Orientation</b>	<b>Working Place</b>
Miss A	F	52	Psychiatrist and Psychoanalyst	Psychoanalytic	Private Practice
Mr. B	M	54	Psychiatrist	Psychodynamic	Private Hospital
Mr. C	M	55	Psychiatrist and Psychoanalyst	Psychoanalytic	Private Practice
Miss D	F	39	Psychiatrist and Psychoanalyst Candidate	Psychoanalytic	Private Practice
Mr. E	M	47	Clinical Psychologist and Psychoanalyst	Psychoanalytic	Private Practice
Miss F	F	49	Psychiatrist and Psychoanalyst	Psychoanalytic	Private Practice

### **3.3. Procedure**

Criterion sampling technique was used for this study. The inclusion criteria were, a) belonging to a psychodynamic or psychoanalytic orientation and b) having ten years of experience in the psychotherapy practice. After getting the approval of the İstanbul Bilgi University Psychology Department's Ethical Committee, PI reached the contact information of the psychotherapists through psychoanalysis associations' web sites. The psychoanalysts and psychotherapists were sent an email explaining the study and asking for their participation. The psychotherapists who volunteered were contacted and the first meeting date was set.

Twelve face-to-face, semi-structured interviews were conducted with the participants in their private offices. For each of the participants two interviews were conducted. The second interview was made two weeks after the first meeting and in the two weeks time a journal writing process was required. In two weeks, participants were asked to take notes in their journals if any humorous moments happened during the sessions.

In the first interview, participants signed the consent form (see Appendix 1), a demographic information questionnaire (see Appendix 3) was filled and then a semi-structured in-depth interview was conducted (see Appendix 2). The goals of this interview were to open new channels about humor in the minds of the participants and make them think about their past experiences before the journal writing process and the second interview. At the end of the first meeting the second interview date was set. The participants were given a blank journal and a journal-writing guide (see Appendix 4) in order to keep a certain frame around the subject. In the guide there were questions to keep in mind while writing the sessions down, a warning that no personal information of the patients is required and that in the second interview the journal would be taken back. Interviews lasted for 40 minutes to 50 minutes because the participants could only give an appointment in between their sessions. All the interviews were audiotaped and then transcribed by the PI. All of the identifying information was eliminated to preserve the confidentiality of the participants and the patients. The journals were scanned and the original copies were destroyed. After the coding process ended, audio-recordings and scans of the journal writings have been deleted too.

### **3.4. Data Analysis**

PI started to read the transcripts several times and took notes before the coding process to be able to immerse herself in the data and try to make sense of the interviews in a deeper way. The transcripts were then transferred to the MAXQDA software program and PI started coding the data after that. After the codes were reviewed by an independent reviewer and several changes were made, the final codes created cluster of themes. Lastly, Thematic Analysis was made in order to understand the themes around the humorous experiences of psychotherapists in psychotherapy.

### **3.5. Trustworthiness**

Since the trustworthiness of the qualitative research methods has been a debated concept, diverse methods have been used to increase the trustworthiness of the study. During and after the interviews PI took field notes to be able to keep the “reflexivity” of the study stronger. PI also made recurrent readings of the transcripts and field notes and tried to understand the data deeply during a wide time interval, which could be considered as time consuming but very favorable in “immersion” of the data which is a very important step in qualitative research (Armstrong, 2010; Lincoln & Guba, 1985). Peer de-briefing has been conducted to be able to incorporate different perspectives into the coding process and to enhance the credibility of this study. Thus, an independent reviewer coded one of the transcripts, checked the existing codes and gave suggestions to the PI. PI took the independent reviewer’s opinions into consideration, compared the codes and made several changes among the codes and themes. This way an external eye was included in this study and the final themes have been gathered.

## SECTION FOUR

### RESULTS

Thematic analysis was used in order to make sense of the psychotherapists' experiences of humorous moments in therapy sessions. PI transcribed the interviews with the participants. The transcripts and field notes were read repeatedly before the coding process started. Then, PI coded the transcripts and formed the themes through MAXQDA Software program. An independent reviewer coded one of the transcripts, checked the themes and the codes. Then, suggested certain changes.

It has been found that during the first interview the participants experienced a higher difficulty on remembering the humorous examples and this seemed to create an anxiety among them. Majority of them expressed this feeling through these words: "I cannot find more examples, I wish I could". On the other hand, after writing the journals in two weeks, the participants talked more and brought more examples, thus the material got richer. The journals were only used for remembering the humorous moments occurring in the two weeks period during the second interview. Thus, the journal writings were not analyzed. The participants described their experiences through looking at the journal materials.

Consequently, seven super-ordinate themes have emerged from the data analysis process: a) process of decision making when there is one for the use of humor, b) embracing the feelings that are hard to express, c) supporting the patient, d) building the relationship, e) inviting the patient to the world of symbolizations, f) humor and defenses, g) being aware of the possible risks.

In this section, detailed explanations of the super-ordinate and the sub-ordinate themes can be found with relevant examples from the data. In cases when the participant did not mention the gender of the patient, which is possible in Turkish language due to the structure of the language, the patient will be referred to as she.

#### **4.1. THE PROCESS OF DECISION MAKING WHEN THERE IS ONE, FOR THE USE OF HUMOR**

One of the questions that is explored in this study was how the decision making process worked for the use of humor by the therapists. To what extent it was a conscious decision and what were the factors that went into the decision making process for using humor in the therapy sessions. Although it is found from the data that humor usually appears spontaneously as a part of the transference and countertransference dynamics, a fundamental decision making process exists with regard to use humor for psychotherapists in order not to make a serious therapeutic mistake. Therefore, it might not be an entirely conscious decision to use humor in the therapy room, because it may depend on various elements. The factors that came up in the participating therapists interviews were as follows: consideration of transference and counter-transference dynamics, evaluation of defense mechanisms and the matter of timing. These topics will be elaborated below:

##### **4.1.1. Evaluation of Transference and Counter-transference Dynamics**

Since humor is an outcome of unconscious drives, it is deeply affected by the transference and counter-transference dynamics that are created between the patient and the psychotherapist through the primal relationship patterns. Five of the six participants talked about the need to be aware of transference and counter-transference dynamics that may be at place when the therapist has the urge to make jokes in a session or is ‘too comfortable’ about laughing with them. They drew attention to the importance of evaluating the possible transference and counter-transference feelings occurring in the psychotherapy room in order to understand or make use of the humor. The following lines demonstrate the thoughts of the participants on the effects of transference and counter-transference dynamics on the use of humor:

“You want to be close to the patient. I mean you want to be in the patient’s life. You want to create a very strong bond in between. You want her to think about you all the time. You want to be liked and loved. And maybe, humor serves this wish of being close, to be loved and to be liked.” (Mr. C)

It is also possible to witness a patient’s wish to make the therapist, the mother laugh:

“There are patients trying to make me laugh, and if, let’s say, if once I could not hold my laugh and chuckled, particularly on the couch, I mean I do not chuckle, but they can feel the effect of laughter behind, then, they might try more... That is an issue of transference. Especially, a way of making the mother laugh, or to make the parents laugh. I interpret it of course.” (Miss A)

Two of the participants describe the moments of questioning the reasons behind a frequent laughter of oneself:

“If I laugh too much, if I am too relaxed with a patient, there is a counter-transference feeling that makes me curious. I mean, I question myself whether a session this relaxing, this pleasant is normal or not? Of course wishing to be the favorite one occurs when I am with narcissistic patients, because it is about the wish to stay in one’s mind, because humor generally remains in people’s minds.” (Miss D)

“The seductiveness of the humor in counter-transference is something that affects the patient negatively. The therapist should be aware of it. If the therapist uses this much humor, she should think: “one minute, what is happening here?” (Miss F)

The unconscious process of an instant wish to make a humorous comment related with the feelings of countertransference by the psychotherapist or the psychoanalyst is explained as follows:

“If the analyst feels the need to make a humorous comment, because normally we don’t laugh. And making jokes is not included in what we do. We are doing a really serious work, in one sense, because we are aware of everything we do. But if that (a humorous remark) comes to me, it may say something about the counter-transference. I might really be about to give what the patient needs at that moment. I think it is meaningful.” (Miss F)

#### **4.1.2. Evaluation of Defense Mechanisms of the Patient**

Since humor could be used in order to cope with anxiety provoking feelings in a psychotherapy session, four of the therapists talked about the need to understand whether the tone of the humor takes on the function of escaping from difficult experiences in psychotherapy or not. Thus, the decision making process of using humor follows an observation of the defense mechanism a patient applies and how it is operated in therapy. In this excerpt, the participant describes what he does in the face of a defensive use of humor:

“I use it (humor) particularly when I feel that I do not feed the patient. I do not use it (humor) when I feel that I might increase the defensive qualities of the patient.” (Mr. E)

One of the participants mentioned that a patient with narcissistic features uses intellectualization as a defense mechanism in the sessions and tries to make connections with theory in order not to get deeper. This is because it is very hard for that patient to take in the material that is discussed throughout the sessions:

“This is a patient with whom I do not use that much humor. Rather, this patient pushes me, the boundaries. I mean by expanding her own boundaries, she drives me to the corner. For now, I am letting her do this and interpret it to her. She is trying to make me laugh, trying to control me; therefore, if I use humor, it would be cooperating with her pathology. So, this is a patient with whom I try to stay neutral” (Miss A)

Mr. C describes the defensive use of humor as an “evasive” usage of humor. He explains his stance with a patient who tried to tell everything with humor and to make fun of every situation. He saw this patient face to face years ago, and in the first meetings, there was always a tone of humor, which led the therapist to interpret this comical effort:

“I asked, “Maybe, there is a reason behind your being this funny, this humorous all the time? Maybe you are trying to cope with something?” Because it was no longer funny, behind all these jokes and the constant state of aliveness, I began to feel the pain in those eyes. Then, as a matter of fact, the patient cried after this question.” (Mr. C)

Miss F describes a patient that uses defensive humor with these words: “making gags that are not even funny for a very long time”. In the course of analysis the patient’s sense of humor developed, but the initial years of the therapeutic work were mostly covered with gags, which made the resistances even stronger:

“In these “moments of performance”, I used to think: “what are we going to do now?” and “how should I wrap this all up, tell it and try to show that this situation is a defense?” Maybe sometimes I could explain it, make a confrontation, and sometimes I couldn’t, I just waited. Sometimes, waiting is needed; it might not be the time. Also, I think that we should work on

those defenses and try to understand the reasons behind the need to use those defenses.” (Miss F)

#### **4.1.3. The Matter of Timing**

According to the interviews, the participants stated that the matter of timing is also very important when using humor in psychotherapy sessions. The timing of using humor is evaluated under two different titles:

##### **4.1.3.1. Within the Therapeutic Process**

Strengthening the bond between the patient and the psychotherapist requires a certain amount of time that could vary according to the dynamics of the two parties. Still, five out of six participants stated that they do not prefer to use humor in the beginning of a therapeutic process, since the relationship has not been established yet. Here are the examples from the participants:

“When our relationship is new, when we do not trust each other... Meaning, humor could only happen when the patient feels from within that I do not laugh at her, but with her. To me, when the relationship is new with a patient or an analysand, it is very dangerous. Because, she could not distinguish, if I am laughing at her or with her.” (Miss A)

“Using dense humor at the beginning would draw away the patient.” (Mr. B)

“No, not in the beginning. I mean if I have caught a good material at the beginning I might, but at a later time, it would be deeper. I would be careful about it. I would be careful about it... Because in the beginning

one should focus on other things; cooperation, deepening, you teach a little about psychoanalysis, what does it mean, for example, “do you have any associations on this?”, what are the meanings of dreams... Focusing on the setting of the work is primary for me in the beginning. After you build up the setting, the humor comes along by itself.” (Mr. E)

“Of course if the therapeutic work has recently started, if the patient does not know me well. I would be careful about these... But, after the relationship and the therapeutic alliance is settled, humor is used inevitably, because it is a very long-term relationship.” (Miss D)

“It is very hard in the beginning. It should be someone I have known for a very long time... I mean it happens with them I guess. I do not talk much at the beginning anyways. No, it happens more in medium or in the long-term. It could be harmful for the relationship if it happens in the beginning. I mean the neutrality. I do not know the patient; I do not know the weaknesses, what are the wounds of the patient, where are they... I only know these as much as he/she tells me... There is also a part that we see... I do not know that still... Most likely, if I say something, it might hurt the patient.” (Miss F)

#### **4.1.3.2. Within the Session**

Apart from the therapeutic process, a participant discussed about the preference of using humor within a session:

“In my point of view, it (using humor) is very risky at the end of the session. Because you have not got the feedback, you will think until the next session “wonder what he/she thought?”... I mean, umm... how he/she received it, how it made him/her feel, it would have been better if

you had had time to discuss this. Surely, there is no right time for it, like, “in the 5<sup>th</sup> minute I will make a joke” but... Even though something funny in the end comes to my mind, I hold it in I guess...” (Miss D)

#### **4.2. EMBRACING THE FEELINGS THAT ARE HARD TO EXPRESS**

According to the interviews, humor is also used in order to show that any kind of feeling will be accepted and embraced and that everything can be discussed in the therapy room without any judgment. Thus, an accepting environment is also created with sense of humor, a way of appreciating life’s absurdities and adopting a flexible point of view for every experience. The excerpts from the interviews demonstrate the tone of acceptance with the use of sense of humor in the therapy room according to the participants:

“It (therapist’s use of humor) should be relevant to the situation and to the patient I think. I mean in that case, this could happen too: sometimes the patient could understand that, “aha, everything is really free here”, I mean, “Really, anything that comes to mind, could be said too” or, “oh, it could be looked at from this point of view too” (Miss F)

Mr. E described a moment that he wrote about in his journal: a session when a cat visits the garden and starts damaging the chairs while the patient is telling about envy, watching the cat with a smile. The analyst makes this interpretation with a humorous tone:

“I said “it is envious of me as well... it has scratched all of my chairs”. But there was nothing about envy at that time. Nothing. He was just telling about the envious feelings towards a friend. And I said “as well”, “it is envious with me as well”. The patient laughed of course. Then, in a deeper

and more relaxed way patient started to talk about her own envy through the cat.” (Mr. E)

Below is another example from the interviews that was noted by the participant in his journal about a session cancellation by the psychoanalyst and the reaction of the analysand:

“Feelings about this lost session, the feelings of anger came during the session. It was a period when the patient started to talk about important matters and that was hard. Moreover, I had vanished for a session... We talked about these for a while. It was very important for the patient to express the feelings of anger and this is always a relief for a patient... Then, suddenly, the patient said: “I will not be able to come to two sessions next week.” At that point, I said: “Oh, I get it, you are making a counterattack: “you left for once, I will be gone for two.”” The patient started to laugh at that moment. This was a session that we laughed together. These are obviously interpretations as well. Even though it is humor, we do it to convey certain things to the patient.” (Mr. C)

Additionally, another participant brought the interview a psychoanalytic session that is in termination phase. The feelings of abandonment and anger are contained with a humorous comment of the psychoanalyst:

“The patient said to me: “it is better if you could find another person for this position, I am not getting any better and I won’t. You are firing me anyway. You better find someone else for this position,” she said. Then I said: “Hmm... I do not know, it seems like you are the one who wants to fire me, as you are not getting any better...” Then, I wrote in the journal that separation causes too much anxiety, that is why the patient is doing this.” (Miss A)

### 4.3. SUPPORTING THE PATIENT

One of the important uses of humor that emerged from the interviews was humor being a tool for supporting patients. It has been found that therapists feel the need to support the patients with lower personality organization and higher vulnerabilities at certain difficult times to be able to contain their anxiety. Following excerpts are some examples of supportive uses of humor by the participants:

For instance, the frequency and type of supportive humor is affected by the developmental position of the patient. One participant, Miss A explained how she makes these decisions related with humor inherently according to the personality organization of the patient as follows:

“I believe patients with higher level of personality organization have a greater ability of containing. Then, I do not interfere, neither with a humorous stance nor in any other way, I mean in difficult situations, so that they can process and metabolize it themselves...” (Miss A)

On the other hand, the same participant stated that she found herself adopting more of a humorous attitude in difficult moments during therapy with patients with a lower level of personality organization to help them contain and accept difficult elements:

“I mean, at that moment, I realize that I show containment with compassion to them. This is rather (happening) when people discover their own envy or certain patterns, when they discover things from their reactions and when all this feels too heavy, to help them carry... As if humor is stepping in more like a support.” (Miss A)

Also, again Miss A describes a patient with certain vulnerabilities. The patient is highly educated and intelligent but because of the difficulties of containing feelings, therapy is mainly supportive and the analyst claims to be more active throughout the sessions. The patient gets a new house and is having anxiety over the cats that might get in the house. Here is the example of a humorous moment in a session that the participant pointed out through the journal writing process:

“In a short time, we realized that the patient was afraid of the parasites or the sick parts within her internal world. And, when starting a new thing, the patient feels that this new thing will destroy all the good things inside. Which is also possible... After talking about all these feelings corresponding to a part within, I said to the patient: “It is clear what you’ll do...” She looked at me as if I was going to tell the solution, “...you’ll get a dog obviously!” Normally I do not do such things with a patient with whom I work in the Freudian way. I mean, these come to my mind, but I do not do it. With this patient, I wanted this... She is making too much microanalyses, and through these analyses, the patient is running away from experiencing the bigger and more intense feelings. Rather than experiencing these feelings, she is saying “Oh god, the meaning of the cat is my...” There is an effort to escape from all these feelings but this causes more anxiety within. So, I said it to surprise her. The patient laughed.”  
(Miss A)

The same participant described a humorous interpretation through her voice tone. This is also an example of the use of containing humor with a patient having self-destructive patterns and who experiences anxiety during a session:

“The patient came and told me about the intensity of her feelings. Those feelings were anger or at that moment it was despair. The patient said: “Actually I know there are other ways to get out of this state but...” So at that point I, here the humor was expressed through a voice tone, I said:

“Oh, the mind is also talking but the feelings are shouting so loudly that it is impossible to hear the sound of the mind”. It was more like a phonetic way of telling the patient that it was humor. Because the patient was in a way, testing in the transference... In the past the patient’s mother always reacted to her despair with anxiety and the things the patient described could lead a person to say: “Ok, stop!” because it is very harmful what the patient was doing –and still does. So, when I said something from another level, the patient nearly smiled, but it was more like containment and a feeling of being understood which was expressed in the following associations by the patient.” (Miss A)

Additionally, according to the data it has been found that psychotherapists also use humorous interpretations to contain the feelings of abandonment at the end of the sessions or at the termination phase. For instance, a participant described a patient who recalled a past separation experience with her father in a session: The patient, in childhood, described in the session that she used to climb up on a ladder when her father was leaving the house and watched him walk out of building. The patient also described that she could not descend from the ladder on her own and needed help from her brother.

“Then the session was over. I said “all right...” I always use something like that, like “let’s stop here”... Then, she sat up and said: “oh, I feel dizzy”. I said: “I guess it is not easy to get off of the ladder on your own”. At that point, she started to laugh. It was just at the end of the session. I mean it is an interpretation, it is not a comedy but it leads to a discharge, to an emotional discharge there. It is a thing that comes after a comprehension and it makes you laugh. When I got up, I realized I was smiling too.” (Mr. C)

Another participant described a vulnerable patient in a termination phase during which every symptom of the patient came back. According to Miss A, getting

better was only possible through a separation for this patient. Since separation seemed so frightening, the patient preferred not to get better. Therefore, they agreed on a final date and started to work on separation. Here is an example of using supportive humor as a soothing tool for the anxiety triggered by the termination phase and feelings of separation:

“The patient said: “Ok, I’ve found it, from now on I will bring a blanket with me so that it can be a transitional object between me and the analyst and then, I could take the blanket with me and leave.” Then I said to the patient: “Well, the blanket has arrived here now, with your words” and added, “you have a lot to take away with you from here...” (Miss A)

#### **4.4. BUILDING THE RELATIONSHIP**

The shared laughter brings people together and creates a joyful environment. Thus, humor has a very important role in social life with its positive affective experiences that lead to a stronger attachment and a feeling of solidarity. Humor’s effect on building relationships seems to be the most declared and elaborated theme among the participants. Participants addressed humor mostly as a relational factor. The relational characteristics such as spontaneity, playfulness, companionship, intimacy and humor’s quality of being remembered in everyday life and in psychotherapy have been described through the excerpts from the interviews.

##### **4.4.1. Spontaneity**

Four participants talked about the spontaneous character of humor and the fact that it cannot be planned in advance. In the therapy room, spontaneous humor creates a playful environment and strengthens the relationship between the patient

and the psychotherapist. Here are the examples from the interviews on spontaneous humor in therapy:

“It could also be used as a psychotherapeutic tool if its boundaries are carefully defined. Although, since I do not think that as an interpretation or, how should I say, as an explanation for an intellectual use, I find the spontaneous elements of humor to be more healing. I believe in this more and more with the presence of neuroscience. There are the moments of meaning for example, the moments when two people feel they understand each other. It is like between the mother and the child, those glances and those smiles. Those moments occur between the patient and the therapist too. In my opinion, humor is one of those moments. I mean the moments when the synchronization of emotion is built and when the patient feels understood.” (Mr. B)

Another participant mentioned a patient who does not feel fed with anything given, and therefore, is constantly in the search for a feeding breast. This situation is also experienced within the sessions with the therapist. The participant’s interpretations are never enough; there is always more to be expected:

“The patient comes and goes to the therapy but she still cannot reach the relief she expected. She starts to complain; this is something she does very often. She is expecting guidance, or other things she thinks that will feed her. I repeat this interpretation and as the search for a breast does not end, I say: “see Appendix 1” Then, the patient laughs. This is something I do not do often. (...) That came to me so spontaneously.” (Miss A)

The participant here talks about the function of the spontaneous humor in psychotherapy:

“Humor is not something like “let me make a humorous remark” thing. It is something that occurs spontaneously. We already go to supervision, so we do everything self-consciously in a session. If humor comes to us spontaneously, it means something. I mean, it comes, and when it does, it might be in favor of the patient to say it.” (Miss F)

One of the participants mentioned a spontaneous moment that made the psychotherapist laugh. It was the unexpected nature of the patient’s comment that caused this:

“This patient uses a very polite language. She chooses words neatly and gives importance to be very polite but the main issue she has is the inability to express her anger. She also uses reaction formation a lot. It has been approximately 5 years or so and I have not heard any bad language from her, no swearing about the situations she has been through, nothing... And, all of a sudden in the middle of a session, she said: “this job is shitty, everything is ruined!” And I could not hold it, I laughed. Then I said: “Oh, it is the first time you used something like that in a session!” Then, we talked about the rage she holds in (...) So I think of it as an opportunity to talk about all this. But, again, it was something that made me laugh because all of a sudden something like this came out of the patient.” (Miss D)

#### **4.4.2. Playfulness**

While talking about humor many participants talked about the playful nature of the therapy relationship. As Miss D stated: “a play develops between two people in the analysis room, humor is a good catalyst of this play”. Here the participant discusses the reciprocal side of psychotherapy through an example of a playful activity, playing Ping-Pong:

“Humor is a reciprocal thing. I am very neutral as I am a psychoanalyst. Therefore, I never start anything. I do not start the laughter either. Crying... Yes maybe, a word makes the patients cry but I am not that active in the sessions. I mean, in that sense, the way I hit the ball depends on the direction of the incoming ball. I mean it is like Ping-Pong. Words coming and going in between... I hit the ball to send it back, as the way the ball comes from there. (...) I mean, therapy is also like that, reciprocal, not just psychoanalysis. Umm... in therapy it is maybe even more reciprocal, the words come and go more. Sometimes, the words of the analysand could fall into the void. The ball goes... (Participant laughs)”  
(Mr. C)

The playfulness in therapy could also occur in word plays. Here, the participant is giving an example of a word play, but since it is a very specific word, she avoids saying the exact word she used in the session in order to conform the confidentiality rules:

“One of my patients, trying to make a choice between jobs, tells me how this place was judgmental, they made this and that test, the results were such and such... But the patient was telling it as if it was the ideal place to be with a very relaxing environment. The name of the place was describing happiness but I had a total opposite image of that place. I shared this and we had a humorous moment with the patient.” (Miss D)

While working with a patient who has patterns of self-destructive behavior, Miss A described a moment when she decided to make a rather different interpretation for the patient. This example was also presented in the previous sub-ordinate theme called “supporting the client”. The therapist made a comment by saying “oh, the mind is also talking but the feelings are shouting so much that it is impossible to hear the sound of the mind”. Here, the participant describes why she made this comment in a playful way:

“The patient was experiencing a feeling of despair rather than anxiety and had self destructive behaviors that she could not control, nearly in an obsessive manner... And, in this subject, I preferred to make my interpretation in the form of a metaphor, with a humorous voice saying that all of this resulted from her internal conflicts. In my intuition, the patient needed a playful comment rather than a “dry” interpretation at that moment” (Miss A)

Mr. B considers humor as a strengthening factor of therapeutic relationship and he also emphasizes the importance of feelings of enjoyment in therapy:

“I guess there is an image, as if the patient should be whipped in the sessions...I mean as if we should always pull the patient into distressful situations, make them tell their troubles all the time and the patient should get out of here in a very miserable way (participant laughing). There is an image like that, I feel that sometimes. I mean as if our aim is not to soothe the patient, not to feed nor to satisfy with anything... However, in my opinion, it is also important for the patient to have a good time here. I mean this does not hinder the patient from addressing serious matters.” (Mr. B)

#### **4.4.3. Common Language**

Many participants also described humor as a factor that created companionship in the therapy room between the therapist and the patient. They stated that through use of humor a feeling of equality and solidarity arose and this could help the therapeutic work getting richer. According to the interviews, the therapeutic relationship is also built by humor’s qualities such as creating a common language and its facilitating effect on communication. These qualities may result in

experiences of being equal both for the therapist and the patient, which can be discussed through the dynamics of transference and counter-transference. Also, as the participants mentioned, using appropriate humor for the patient's discourse plays an important role in maintaining the therapist's position closer to where the patient stands. The following excerpts demonstrate the effect of creating a common language through using humor:

“You use that common language. It is the language of the unconscious. You create a language.” (Mr. E)

“Sometimes, some words, I can't think of an example right now but, they turn into another thing between you and the patient. I mean, when you say that word, the patient understands it as well.” (Miss D)

The participant describes the need to increase the laughter of a patient when he is asked the reason behind contributing to the humor of the patient:

“Maybe the patient is touching something in me in one sense... I do not know. I may even want to laugh with the patient as well. As I said before, it is a thing that makes you closer maybe at that moment, I want to get closer to the patient, want to feel the closeness. As if I want to show the patient that we have a common language. I mean there is something built between us. A common language has been built. Humor is helping this to happen. It is not like that only in therapy sessions, it is the same with the other relationships. Humor serves to create a common language. I mean after a while, a discourse is established among people through humor. So, it functions as an attachment tool as well.” (Mr. C)

This is another example of using a common language in the sessions:

“With this patient, I use, we use a lot of humor in sessions. For instance, this patient does not want to say “sessions”, instead we call the sessions let me find another word for it; let’s say, “mushroom”. We call it our mushroom.” (Miss A)

One of the participants talked about the concept of laughing at the same thing and that this common laughter creates a common sense of humor, forming stronger relationships with a mutual language also outside the therapy room:

“It is quite valuable to laugh at the same thing. We always say as the graduates of the same high school, we think we are together because we are laughing at the same thing. Sometimes it is like a common language I mean, because sense of humor could also be a language too.” (Miss F)

#### **4.4.3.1. Facilitating Communication**

As mentioned above, humor and laughter also have a facilitative quality on communication between individuals. Here is an excerpt from the participants about the facilitative effect of humor outside the therapy room:

“It is relieving and it facilitates communication. It is also relieving while communicating with your surroundings. It is a warm act. I mean, I could easily go and meet a person who smiles... It is easier. If I were to meet someone, and there are two people, I would go to the one who is smiling. If I were to ask someone something, I would prefer the smiling person.” (Miss F)

“Laughter has a welcoming effect on others and sometimes when someone is too serious it might feel like there is a wall in between. Although,

laughing makes the person in front of you express him/herself more easily.” (Mr. B)

Here one of the participants talks about using humor in therapy as a facilitator of communication:

“I use it (humor) in psychotherapy. I use it especially for the patient. It works for both of us. Sometimes when the tension is high, humor softens the environment and makes the communication easier.” (Mr.. B)

#### **4.4.3.2. Experiences of Being Equal**

As stated by the participants, these humorous moments could also end up in experiencing equality in both the therapist and the patient’s minds. The hierarchal organization between the therapist and the patient seems to dissolve in these moments and a feeling of friendship could arise:

“The transference gives us the role of a parent. The nature of the analysis contains a relationship that is not equal. The inequality is built even if you do not want to. I mean think about it, you make someone lie down and you are a voice coming from behind. And there are a lot of meanings that are attributed to you. First of all, the meaning that is attributed to you at the very beginning, while coming to analysis: “He/she will treat me”, “He/she will make me better”. As if here exists a perfect, magical thing. It comes with it. I mean I am already at a higher place. It is like this from the moment the patient comes in. Umm, but these moments (humorous moments), maybe those special moments are the moments that the equality is experienced for a second.” (Mr. C)

The same participant talked about the humorous moments when a deeper insight occurs and a feeling of relief is experienced on the chest of the both parties:

“For example, that moment, that special moment, when something is comprehended, that moment of “oh...” or “hahaha”, the instant that creates laughter is a special moment. I feel it too. I feel a relief. I feel the same way the patient feels. Sometimes, that comes to my mind, I mean it does not have to be a sharp laughter, sometimes a very simple word could also bring something to our minds and after that, a silence comes. That silence is where the thinking takes place, where the insight develops. I cannot give a specific example to this right now, but at that moment, both parties feel the relaxing experience on their chests and it spreads around... At that moment, I always feel, “I guess she is experiencing the same thing with me (Participant laughing).” (Mr. C)

#### **4.4.4. Using Humor Relevant With the Patient's Discourse**

It has been found from the data that the participants seem to give a great importance to use humor that is relevant to the patient's discourse. One of participants declared that, he does not use much of a humor but, he states that there are times that when a patient describes a situation which seems to be funny for him/her, and already had started the act of laughing, he adds a higher absurdity to this moment and increases the laughter of both parties. He describes how he uses humor according to the patient's discourse:

“It is related with the patient's discourse and is convenient with the patient's discourse. I mean, the thing that I am doing is not an effort to make the situation funnier by myself. I never do that. I mean, the patient is talking about a very serious matter for him/her and turning this into a

humorous pleasantry is not at all acceptable. If the patient has already started humor, I am just increasing it.” (Mr. C)

When a participant is asked: “how do you use humor in a session?” he responded as follows:

“Appropriate with the patient’s material. I mean, I do not tell an original thing, a joke to the patient, nor a saying. I use the thing that has been told, the thing that has occurred at that moment and I use my associations as a humor. I do something convenient with the material.” (Mr. E)

This example has been mentioned in the sub-ordinate theme called Spontaneity. Miss A has made a humorous remark as: “see Appendix 1” to a patient who is struggling for higher needs in therapy:

“If the patient did not bring that concept, for instance, it is “see Appendix 1” here, an external, foreign approach, I brought something from outside. It is not the patient’s words, not a concept that she brought. As a joke, I mean not an empty joke but... I made it for her to see the transference dynamics there and it came to my mind at that moment, as I said, it belongs to me. Therefore, I say that I do not do it frequently. I make my interpretations, or if humor comes, make a humorous comment according to the patient’s words and concepts brought by the patient.” (Miss A)

#### **4.4.5. Intimacy**

This super-ordinate theme frequently emerged from the interviews with the participants while discussing the effect of humor on relationships. According to the data, humor and laughter makes the relationship more intimate. The awareness of these feelings of intimacy is essential for the psychotherapist in the therapy

room and should be understood from the angle of transference and counter-transference dynamics too as it is discussed in the super-ordinate theme called “Evaluation of Transference and Counter-transference Dynamics”.

Here are the examples from the interviews about the intimacy that humor creates in life, in general:

“I guess it makes you closer. I mean, you feel closer to the person you laugh with. And, it is like a message from the future, that you could laugh and find pleasure in things together.” (Mr. C)

“It (laughing with another person) makes you closer and really, a lot of things, like friendships, are built on it. And it is really a pure thing for me. Laughing to a very funny thing brings people together. My experience was like that.” (Miss D)

One of the participants Mr. E drew attention to the link between sexuality and humor in everyday life:

“You fuse into one another, I mean not just in the eroticized field. It is at the same time like having sex. There is a penetration in both ways, you blend with, you transfer and humor is like that. It is a thing that is eroticized. A great part of humor is already built on the erotic things. But it is understood, contained...” (Mr. E)

Miss D describes a patient using “sparkling humor”, which creates a flirty atmosphere in the therapy room and shortens the distance between the therapist and the patient. According to the journal writing of the participant, the patient, not religious, is trying to stop drinking, he makes a joke about it and says, “I forgot about the rules of my religion and I drank beer” and they laughed in the session:

“This patient makes a lot of “sparkling humor”, but in my opinion the jokes should be stopped at that point by talking about the materials that the humor brings. At those moments, I feel that there is an effort to get closer. Umm... Of course, these are also the qualities that make the patient’s life easier in daily life, but I am more on the side of being cautious in the therapy room. I mean, if the patient is coming closer than the usual distance, then, “what is the meaning of it?” One should draw attention to this” (Miss D)

#### **4.4.6. Being Remembered**

This sub-ordinate theme emerged from the answers of the participants to this question: “Do you remember any humorous moment shared with your therapist/psychoanalyst in your therapy/analysis process? If you do, how did it make you feel?” Five of the six participants have been through their psychoanalysis process and all of them remembered the humorous moments. Moreover, if the analyst joined the humor in the sessions, it is still remembered with positive feelings. Here are the examples from the interviews:

“My analyst was a very serious analyst. But I cannot say that he/she had never made any humorous comment. I keep remembering and laughing at one of his/her humorous comment repeatedly. I did not laugh when I was there, but afterwards, I’ve said to myself “wow, how wonderfully he/she said that”” (Miss F)

“A person reminded me of a joke during a session. It was the equivalent joke to this person’s attitude and a joke that was mocking with that attitude. I remember that way. I told this. I laughed a lot during that session and I realized that I was making my analyst laugh as well... My analyst’s laughter made me feel very good I could say that. Very, very

good. “I made him/her laugh alongside myself. This is a very good feeling.” (Mr. C)

“It felt good, we experienced those humorous moments and I am thinking, very bravely at the beginning... I have been in analysis at a very young age and how to say... I was rigid... It softened my rigid way of looking at things. It was very useful for me. It is a moment that makes you say: “yes, of course!”, makes you more flexible, softer and creates a room to breathe. A play occurs between two people in the analysis room, and the catalyst of that play is humor I guess. But of course, somebody who is good at it, I do not believe in myself that much in this case, so I do not use it very often maybe.” (Miss D)

“I made a lot of jokes. I remember. My analyst too used to laugh behind. Not doing much... It made me feel accepted.” (Mr. E)

When Miss A was asked whether she remembers a shared laughter with her analyst, she responded: “not so much” and she said:

“I remember at the beginning that I used to try to make my analyst laugh due to my more lower order defenses. Not being able to use humor, not being able to play... If they are not approved, it leads the experience to lack something... When this is the case, humor is made through sarcasm. That kind of a psychoanalysis could not succeed.” (Miss A)

Additionally, participants gave examples from their experiences with their patients that the humorous moments mostly stay in both minds to be re-visited later, during the therapeutic process:

Miss A talked about a patient who is seeing someone else out of the therapy room as an extension of the analyst and a reference to the previous joke that the analyst made about it brought more laughter and a deeper insight to the session:

“The patient experiences a person as an extension of the analyst. This time, she brought this person with another incident. Umm...this is not an acting out. These are more like a fantasy. Again she brought an issue that is between us through that person outside. I said: “aa we have talked about it, it is like the new smart phones, we discovered a new function again!” After that, I explained... The person is the extension of her analyst and it functions differently at certain times. I explained it before too. I explained it again. She laughed again. She laughed harder this time. In the first time when I said it she was more like... (Participant laughing) She was surprised and could not make sense of it. She laughed more this time though.” (Miss A)

Miss D, was asked how she felt when a patient makes her laugh and she responded as follows:

“First, a relief, and then a discomfort. Because if I am this relaxed, who is doing my job? (Participant is laughing) The patient brought this for a reason and where is the person to think about this? Where have we gone? It is this kind of a feeling, but when you put it right and talk about it, it turns into a memory that together we go back and revisit with a more relaxed laughter afterwards in the long-term relationship. It stays as a thing that we stop and stare at from time to time.” (Miss D)

## **4.5. INVITING THE PATIENT TO THE WORLD OF SYMBOLIZATIONS**

Another important theme that emerged from the interviews was that psychotherapists use humor in order to invite the patient to a deeper narrative with symbolizations. This way, the capacity of transforming and expressing difficult feelings might develop in time. First, humor is considered as a language, a way of expression. Therefore, the use of humor in difficult situations could open a new channel to verbalize the feelings that are hard to express rather than suppress. Secondly, as humor is part of the unconscious, it is a medium, which consists of elements closer to a dream-like phenomenon. Thus, some of the participants stated that a deeper insight could arise from the materials it brings. Also, it has been said that humorous expressions consist of consolidation and could be a reminder of numerous experiences with just one word, a metaphor or a “caricature”.

### **4.5.1. Humor is A Language**

Humor is considered to be a form of language among the participants. Here are the examples from the interviews:

“Humor tells something to the person in front of you. Humor is something that is understood. I mean humor is a language in my opinion. That is why it is different from comicality. I could make a joke, but you may not laugh. But, humor, if I am doing humor in the right place, I am telling you something. I am telling you something even if it does not make you laugh.” (Miss F)

The participant, Miss D is in a process of change in her personal life and it has become visible in the sessions to the patients too. According to the example that Miss D gave, one of the patients did not come to four sessions and thus, they could not talk about it. Then, the patient came to the session and she made a humorous comment in the third session of the week in order to verbalize her feelings through words: “Oh, you did not change your hair this week! I wonder if you are also against changing?”

“It was a moment that it was verbalized. I mean change was something that she could not ignore anymore. It came with a denial in the humorous comment maybe, but it has been said. In a sense, she could not even come to the sessions, not herself physically. But then, she came.” (Miss D)

Mr. B mentions an older patient who lives with a nurse. One of her sons is taking care of her. There has been some kind of a tension between them before coming to the session and at the moment she sat down in the room, she started to cry and said: “my son yelled at me”. Mr. B sees her alone first, and then her son comes to the session at the end. She was brought to the therapy room with a wheelchair. Mr. B took her to the sofa because it creates an impression of “I am able to talk, I am still able to stand”. A humorous comment, also an old Turkish song’s lyric, came from the patient while, she was taken back to her wheelchair at the end of the session:

“She said to me: “ask me about that morning”. Through a song with a humorous way, she reminded me of what she has been through that evening with her son. Her son was there too. So, there was something like this: Ok, it has been great to talk about this. We have been understood. My son also saw that I was sad. Let me remind you this through humor too (participant is smiling)” (Mr. B)

The same participant, Mr. B, said that he is using humor to make things understood better.

“Sometimes, when empathizing is too difficult, when it is hard to put ourselves in the same position with the other person I may say... And there is a thing called psychological thinking. Sometimes people can get stuck, because they are used to think in a certain way. The things that have been said could not be understood by any of us. I use it (humor) as an invitation to the psychological thinking.” (Mr. B)

Another participant focused on humor’s function of symbolization, which is also a key factor of verbalizations:

“Humor is somewhere in the symbolization process, part of the symbolization process of the frame. It needs to be symbolized and to symbolize. Let’s think about it as a product that comes from a digestion from what is symbolized and smashed into pieces. These are new transformations. Humor is the product of those new transformations. Good humor, in a deepening psychoanalysis process, good humor is done mutually. Because it is the product of transformation.” (Mr. E)

Also, a moment that participant Mr. C described could be another example of humor being a language full of symbolizations and creating moments of understandings. This example was also given in the sub-ordinate theme called “Supporting the patient”. A patient recalled that when her father was leaving the house she was watching him from a ladder:

“It was just at the end of the session. It was a beautiful moment. I mean a moment that she laughed, comprehended and realized something all at the same time.” (Mr. C)

#### **4.5.2. Humor is A Dream-like Phenomenon**

According to the data, humor is considered to be a part of unconscious processes and therefore hearing humor from that point of view is very valuable to reach the materials from the unconscious. Also, since humor is related with the unconscious, the patient could also grow a deeper insight through understanding the current feelings and through the interpretations of it by the psychotherapist. Here are the examples from the interviews:

“I would certainly interpret humor in a session, because it is unconscious in the end. It is like a dream. It is the dream in the analysis. I mean, it is a part of dream. The unconscious sometimes comes through slips of tongue or through humor.” (Mr. E)

He also added:

“Humor is an entrance. Just like dream. I mean, I have jokes that I have worked with for months. I do not remember it but there is one. The patient starts to laugh. Then, I repeat, the patient laughs again. I would say “what does it reminds you of?”, “you laughed a lot, there should be a reason”, “what do you recall from the past, to what did you laugh this much at?”, “what was so funny?”, “you are still laughing”, “it has been two weeks and you are still laughing”, “and you bring it all the time by asking what was it”. Surely, something related with the material will come. Surely. They do not laugh without reason.” (Mr. E)

Another participant gave an example of humor bringing a deeper insight to the patient:

“I have a patient who has a psychotic core. I am thinking about that patient. We have very very pleasant sessions that I associate with humor. I mean, we have very difficult sessions, but in certain periods we are having very pleasant sessions too. It is a defense there, it is tragicomic but it is what it is (participant smiling). It has a certain defensive aspect. I think humor is a penetrating awareness. Therefore, while the psychotic core is still operating behind, you arrive at that point for a moment. It is like regard; we could look at the things that are going on with the patient. It is a moment of getting closer and sharing as I have said.” (Miss D)

When she was asked to explain the concept “penetrating awareness”, she responded as follows:

“It is an insight, an awareness but with a higher tolerance. Maybe it is thanks to the mutual unconscious. Because the joke is also a part of all of the value systems, all of the knowledge... I mean it is something that comes cumulatively with all of the value and knowledge systems. So, it is a way of looking at oneself with the power of all these systems and doing it softly without hurting yourself.” (Miss D)

Participants also talked about psychotherapist’s use of humor as a summary of past interpretations with a higher emphasis on humor’s role on creating a deeper insight:

“Let’s say I have made several interpretations in a row on the same subject at different times and the patient did not see it somehow... But the patient says such a thing that, you know what they say, like passing something to you... Thus, saying that in a humorous way containing all the past interpretations could make the patient say “aha!” and yes in my opinion, it could increase the insight.” (Miss F)

When Miss A was asked about how the atmosphere changes with the use of humor in the given examples she responded as such:

“Now, it is generally something like the act of letting gas out. I mean generally it causes something like a relief or like alleviation. Among these examples, maybe in two of them there was an ongoing development to a deeper insight. It was not just like a relief. We had a chance to talk about a deeper awareness.” (Miss A)

Another example of an observed developing insight in the patient is given below:

“That patient uses a lot of humor. It is more like an escape from the tragic situations. It is now happening less and when she uses humor she says with recognition: *“now I am laughing but I know that later, we will look behind it”*” (Miss D)

#### **4.5.3. Caricaturizing the Situations**

According to the data there is also a need for describing situations through caricaturizing and thus, making it be understood easier, creating a bigger influence on the patient. Here are the excerpts from the interviews on this subject:

“I have a patient, a female student. I took this patient with her boyfriend we had the session together. Her boyfriend started to talk about the things she could not do well. I cannot remember the details very well now. I told her that her boyfriend is blaming her because she is not able to think very well. I asked her: “What do you think about it?” She said while laughing: “yes I understood but actually it is this way...” I mean, blaming her not being able to think very well means nearly calling her dumb. When I asked her “what are you saying to this statement”, she got it, she realized

it. He was not saying it directly like that, but she started to explain by saying “this, this and that proves that I am able to think” (participant laughing) So I kind of vulgarized what the boyfriend said. I sometimes caricaturize the situations. This could make the situation be understood easier because when you talk just like the way you talk in daily life, it may not be understood very well. This could be more striking” (Mr. B)

According to the same participant, laughing has a facilitating influence on the person in front of you to express more. He describes patients with anxiety disorder going to emergency services some fearing that they are dying. In order to demonstrate the link between psychology and biology, he sometimes uses humor and caricaturizes certain situations with these patients who are trapped in their points of view:

“I mean, asking the patient how she really thinks she is going to die in order to strengthen that link includes elements of humor. I mean, let’s say that she is going through all of this and thinks that she is going to die. Okay, let’s accept that all of this is going to happen and she will die. Let’s carry on...continue with this scenario. “How are you going to die?” I mean even though it seems tragic, it is very humorous. Thinking that tachycardia will kill her... Patient at the age of 20 or 30 even... So the patient discovering the element of humor in this situation is very important for me. One could realize that she is taking things too seriously through this way...” (Mr. B)

Miss A’s humorous interpretation, “see Appendix 1” could also be considered as an example to this super-ordinate theme. This interpretation was made in order to show the transference issues to the patient in an abbreviated way. The following example has been repeated for the third time among the themes. It has been discussed in the sub-ordinate themes called Spontaneity and Companionship other than this theme:

“When I said it, I felt a relief in the counter-transference, because I made a very brief interpretation addressing an essential issue. I had demonstrated the transference dynamics to her and she understood what I meant.” (Miss A)

#### **4.6. HUMOR AND DEFENSES**

One of the important themes that emerged from the interviews concerned defensive uses of humor. Participating therapists observed that at difficult moments, one could reach out to humor in order to feel better.. Patients and psychotherapists coped with stressful experiences through using humor in their everyday lives and in the therapy room too. According to the data, when therapist observes a defensive use of humor, there seems to be different ways of handling it: while some of the therapists choose not to participate in the defensive humor and they stay neutral, other therapists might choose to lead the patient to have a confrontation about true feelings at that moment. Here, the examples on this subject are presented from the interviews with participants.

##### **4.6.1. Using Humor As A Coping Mechanism**

In this super-ordinate theme, there are excerpts from the interviews with participants about using humor as a coping mechanism at stressful times in the sessions.

###### **4.6.1.1. Coping With Anger**

Miss D brought two examples through the journal writing process about her patients using humor to cope with their anger during the sessions in the two weeks

period. One of the patients expressed his anger through a humorous tone in the session by devaluating his therapist, Miss D:

“He was talking about an incident and said: “I would say that but... it would be just like a woman’s behavior.” He was mainly describing a moment of hesitancy at that moment. I am a woman... Then, we talked about the meanings of “a woman’s behavior”... It was like an unpleasant humor. One session before, he was idealizing me and now it was more like devaluation... (Participant laughing) I said something like “it seems to be a bitter joke” in the session, I asked: “to what this bitterness corresponds in you?” Then, we started to talk about childhood memories and dreams.”  
(Miss D)

Another example about using humor to declare a part of the anger within was also included in the super-ordinate theme called: Humor is a Language. Miss D is experiencing a change that started to be seen by her appearance too. In this example, the patient of Miss D missed four sessions and came to this session:

“I had certain thoughts why this patient did not come to the sessions but we could not talk about it since she did not show up. She came to her session afterwards and said in the third session of the week: “Oh, you did not change your hair this week!” and made a joke: “I wonder if you are against changing too?” (...) I mean, there is a change and she notices this change in my opinion and this is why she cannot come to the sessions... And when she comes, she says: “Oh, you are denying change”(…). We laughed at it and started to talk about it. I said: “You are realizing a change in me and while you are denying this, you are deleting it from me either. You are trying to deny it”. In that session we talked about me nearly having the same hairstyle everyday. The next week she recognized that I was experiencing a new thing. This issue will be tackled further, but she started to take the risk of facing her own changes too...” (Miss D)

#### 4.6.1.2. Coping with Anxiety

According to the interviews defensive humor is mostly used when feeling anxious. Humor relieves stress for that moment and makes it easier to cope with difficulties in life. Here are the examples from the participants' uses of humor in their everyday lives to cope with anxiety. Most of the participants declared that they use humor when they feel anxiety to turn the situation into a less painful experience.

“Life would be so boring without humor. Humor is something that either results from joy or anxiety for me. When it is joy, laughing is different, but it is also a method of discharge to cope with stressful situations. Maybe it is a way to see the lighter side of the situation. It has two functions.” (Miss A)

Humor reduces the seriousness of the therapy and creates a less rigid, playful setting that helps discuss everything openly. The participant who finds himself using humor when he feels “stuck” describes this feeling and the urge to use humor at those times:

“I do not know, when it is difficult to discuss something... Umm...or when it is too serious, when the weight of this seriousness comes too much... I guess it (humor) has a relieving effect. It relieves the environment and me as well. The feeling of being stuck that I mentioned before is this weight I guess, the weight of the despair of a situation maybe I do not know... Sometimes it feels better to pass through these moments with a laughter.” (Mr. C)

Mr. C also draws attention to the use of humor in social environments when living with authoritative governments:

“I mean humor is a way of coping with painful experiences or situations that are hard to handle. For instance, as this can be a method that an individual uses in his/her personal difficulties, it can also be a social method in the periods of oppression. Humor also explodes in authoritative regimes where the society experiences great difficulties. It is therefore a coping tool for difficulties, repression and conflicts.” (Mr. C)

Miss D uses humor when she feels stuck and stressful because of limited time:

“Umm... Maybe it is like a manic defense in anxious moments but (participant laughing)... It increases when there is a difficulty of course. When there is the pressure of time limit, I feel that. I mean, when there is an effort to get something done on time. It is like a security valve, it is activated, it relieves you and passes.” (Miss D)

The participant, Mr. E, discusses the negative results of using defensive humor in psychotherapy process as follows:

“Humor with defensive quality is something that is only being laughed at. It is there to take away the anxiety or to run away from it, or to choke it. Choking the relationship, choking one’s own process. For example, there are patients who laugh instead of crying. However, it is not humor, you see it. It is a moment of high anxiety.” (Mr. E)

Here, participants gave examples from the sessions that they observed their patients using humor to cope with their own anxiety. One of the participants

talked about an intake session with a patient from another nationality. They spoke in English during the session.

“It was the first session and I was asking about the use of alcohol and other substances. I asked the patient whether she uses any other substance and she made a joke: “well, some time ago my sister made me eat a kind of vegetable that I had not tasted before but it did not make me high that much”. Yes, we both laughed. This way, although it was the first session, it made our conversation easier I guess.” (Mr. B)

When Mr. B was asked “what was the meaning of this joke for you?” he responded:

“I guess she broke the ice in the atmosphere, because it is hard for her too, to be in a country with a culture she is not familiar with. Anyway, she felt the need to come here because of certain doubts. It (humorous comment) was quite bold for the first session. It was disruptive for the normal flow of the session but it was also facilitating for our work. It relieved both of us.” (Mr. B)

“A patient was talking about his childhood sexuality in the session. That’s how I wrote here. He was talking about a memory he recalled about his childhood sexuality. He was also laughing while talking about his memory. He started laughing in front of me. (...) At that moment, I was thinking about transference related things with the scene being narrated. Umm... then the patient said: “I laughed because of the tension”, I was thinking about transference dynamics because while he was telling me about this memory (...) he was probably trying to cope with this through laughing. Here, the humor was a coping humor.” (Mr. B)

“This patient makes this very very often... She talked and talked and talked. She did not let me intervene. She did not want to listen. I mean to the point of not letting me interpret anything. She is talking and talking, taking the subject to different directions and so on. I made my interpretation somehow at one point. Then, she started to think about it. She said some stuff about the interpretation; thought about it, and said “I guess so...” But we were about to come to the end of the session. Actually I needed to say something more to her in my opinion, but she did not let me, but I said it. She was just thinking about it and when she tried to change the subject again, I made my second interpretation. Then, she said: “come one by one Miss F”, “come one by one” and in a way said: “take it slow”... It was too much for her, but it was very obvious because she was speaking like a machine. The parts she does not want to hear (...)We are both aware of this and try to work on it. Sometimes she says: “Is it really the time for it?” or she says: “I wish you stopped and I could get out of this place happily”. And now: “come one by one”... I think this is a way of saying, “It was too much for me” but also saying, “It was just at the right place”, I mean a way of saying “I heard the interpretation”.” (Miss F)

#### **4.6.2. Recognition of Defensive Humor And Taking Action**

There are also different attitudes towards the use of defensive humor of patients in sessions. Here are the examples of these different ways of addressing defensive humor from the interviews:

One of the participants, Miss F was talking about a change in the patient’s sense of humor. The patient used to make jokes with defensive quality at first and then after ten years she is now using very deep humor in sessions and it is very emotional for the participant that Miss F said with eyes filled with tears: “This makes me feel very good. I mean it is very exciting but I am really moved by

this...” At first, when the patient was making fun of everything the psychoanalyst, Miss F, was feeling as follows:

“Umm... (sighs) I was like, “how can I wrap this up and tell that there is some kind of a defense behind all this?” Maybe sometimes I can say it, I can confront it and sometimes I cannot, I just wait. Sometimes you need to wait. It might not be the right time. I think you need to understand why there is a need for all of these defenses.”

Miss A talked about a patient who also uses theoretical explanations in order not to take in any deeper interpretation. This excerpt was also presented in the superordinate theme called “Evaluation of Defense Mechanisms of the Patient”. Here is how this participant positions herself in humorous situations:

“She is trying to control me, therefore if I use humor it would mean cooperating with her pathology. Thus, she is a patient that I am trying to stay neutral with.” (Miss A)

Mr. C described a patient who uses humor all the time as a defense to avoid feelings of sadness and Mr. C is one of the participants who guides the patient towards confrontation in these circumstances:

“This patient uses humor very much. And this too... One should be cautious about this... Sometimes as I have said before, humor could be used for not facing difficulties as it is used for coping with certain troubles. I mean it has an “evasive side”. Therefore, this should be taken into consideration. In one sense, it could turn into a manic defense. Umm, in these kinds of situations, I might have disruptive interventions.” (Mr. C)

Mr. E does not use humor when he thinks the patient is using it for defensive purposes:

“First of all, I use it (humor) when I do not think that I feed the patient too much. Also, I avoid using humor when I think it might contribute to the patient’s defenses.” (Mr. E)

#### **4.7. BEING AWARE OF THE POSSIBLE RISKS**

All of the participants gave much importance to the possible risky situations that using humor could bring along. Participants pointed out the importance of setting a limit to the use of humor in the therapy room. Otherwise, the therapeutic work and frame would be disrupted: a seductive environment might occur and/or could contribute to the defense mechanisms. Also, some of the participants declared that humor should be used when the therapeutic relationship gets deeper. Or else, it could create misunderstandings and could end up with a rupture in the beginning of a therapeutic process.

“Humor in psychotherapy...Umm... Actually it is a subject that one should be very hesitant about. It is a subject that one should be very very cautious about.” (Miss A)

“Humor is a double-edged knife. In my opinion it can also be harmful.”  
(Mr. C)

##### **4.7.1. Seductive Environment Might Occur**

As it is pointed out in the previous sub-ordinate themes, humor brings individuals closer and creates a warmer relationship. As this connection could deepen the therapeutic relationship, it can also become a risky issue in the therapy room if not handled well by the psychotherapist.

According to one of the participants, always laughing with the patient could create a seductive atmosphere:

“To laugh at all of the jokes of the patient means to be seduced, you have been seduced by the patient.” (Miss F)

Miss D gave an example from a patient who is in an effort of seducing in the transference and who uses “sparkling humor”, a term she created for this patient:

“There is an attractive atmosphere in those moments. It is also a well-groomed, good-looking patient. In those moments, there is an effort to look seductive. It is also seductive in the counter-transference too; there are feelings of “let’s laugh” (participant laughing). There is a seductive side of the patient.” (Miss D)

#### **4.7.2. Contributing to the Defenses**

Humor could also be used as part of the defense mechanisms. Also in the therapy room, it could be evaluated as a coping mechanism with difficulties. Therefore, the participants also declared that the psychotherapists might contribute to the patient’s defense mechanisms by using humor and/or joining the humor of the patient, causing a shallower therapeutic work with the important issues left out of the therapy room.

Here are the examples from the interviews demonstrating the awareness of the participants about the risk of contributing to the defenses by using humor without any limits:

“Boundaries should be taken into consideration very well. Otherwise, this could turn into two people meeting at a cocktail place. I mean it should be

done when it is appropriate. I mean, think about it. If we talk about dreams every day... The daily life... To make an analysis of something we should talk about the past. We should talk about the daily life, the dreams and the transference. When there are jokes and only jokes, with humor we could miss the other fields. It is (humor) a tool to get deeper. I mean to deepen the relationship.” (Mr. E)

“In general, in my opinion humor has positive results, but without ignoring the fact that it might cover up certain issues. I mean laughing together might serve not to talk about a specific thing and to avoid it. One should use it and go back to it without ignoring this. Otherwise, it could turn into a chat with a friend. I mean one should draw a line... I am not too Orthodox, being neutral, not joining the patient’s emotions, not even moving my face and being like a mirror in order not to feed the patient... For a long time, I have been thinking that it is not true. I prefer to be more active. I am more on the side of sharing and showing the way I feel, but while I am doing this, I keep this possible danger in my mind and try not to forget about it. I mean, yes it is a good thing, a thing that enables the patient to talk freely, but also a thing that covers some of the issues up. Because after laughing, it might become difficult to talk about pain, problems or the conflicts in mind. Therefore, it is better not to use it frequently and to keep the balance on this subject.” (Mr. B)

#### **4.7.3. Possibility of Causing Rupture**

As humor can be a uniting factor in a relationship, it can also create walls between individuals, tear them apart with a feeling of being misunderstood. Also, at the beginning of a therapy process, since none of the parties know each other, and the relationship is not yet built, using humor could be risky. According to some of the participants, this could lead to an early ending, a rupture, at the beginning of a

therapeutic relationship too. Additionally, if humor comes from counter-transference it has been stated that the patient will have a bigger difficulty in metabolizing it.

“I mean, using humor to be nice or to form a relationship with the patient... As I said, humor has an effect of bringing people closer. If we are to use it in the sessions when we try to get closer, the patient can say, “What am I saying here and you over there?”... I remember a patient telling me an incident now. At the first meeting with another psychotherapist, the patient got out feeling misunderstood. I mean the patient was saying “I can tell it funny”, “I am telling that funny while laughing, but I am telling something which is important for me”. The patient got really angry when the therapist laughed and made another joke about it.” (Miss F)

Miss F also added:

“A bad joke could send away the patient without a return from here” (Miss F)

On the other hand, Mr. B declares that he uses humor in the first meeting if an appropriate atmosphere occurs:

“I use humor in the first meeting if a suitable atmosphere occurs and if it comes to my mind. The way the patient uses humor gives me a clue.” (Mr. B)

According to Miss A, when humor comes from an aggression linked with counter-transference, it is very difficult for the patient to metabolize it, which may cause a rupture in therapy:

“Once, a patient behaved in a way that pushed the boundaries much much further and at this time, I said something ironical which did not belong there. The content is not that important but I was aware of my anger and while saying it, I knew it was coming from there. And this caused a really big anxiety, then I addressed it, I tried to work through it. But, if it comes from countertransference, it is hard for the patient to metabolize it. (...) I observed from experience that when anger comes in a costume of humor from countertransference, it does not relieve the person towards you; instead it creates the “nameless dread” of Bion.” (Miss A)

## **SECTION FIVE**

### **DISCUSSION**

The main purpose of this study was to create a deeper understanding of the humorous experiences occurring in the therapy room from the perspectives of the psychotherapists with psychodynamic and psychoanalytic orientation. In this study, six psychotherapists, 3 male and 3 female, with ten years of experience, were interviewed twice. In between the interviews they were asked to journal all the humorous interactions that occurred in their psychotherapy sessions.

PI transcribed the records of the interviews, read them several times and took notes. Then, transferred the transcripts to MAXQDA software program to start the coding process. After the coding process, PI tried to group the codes and tried to find commonalities among them. The group of codes then created certain patterns and themes. An independent reviewer coded one of the transcripts, controlled the themes and proposed certain changes. With the changes, seven super-ordinate themes emerged: a) process of decision making when there is one for the use of humor, b) embracing the feelings that are hard to express, c) supporting the patient, d) building the relationship, e) inviting the patient to the world of symbolizations, f) humor and defenses, g) being aware of the possible risks.

The main questions of the PI before starting the study were as follows: how humor is used in psychotherapy, how do psychotherapists experience humorous moments in the therapy room, what are the possible risks of using humor in psychotherapy, are there any factors that psychotherapists consider while using humor in therapy and how does humor affect the psychotherapeutic relationship?

First of all, the participants mainly expressed their excitement about this subject but they also declared the difficulty of remembering the humorous moments experienced in the past during the first interview. They said they were curious about how the journal writing process will work out. After the journal-writing period, two of the participants evaluated the process as "homework" and made

jokes about feeling like a student. However, all of the participants were greatly collaborative about writing the humorous moments occurring in their sessions. It was easier for the PI to widen up the examples in the second interview since there were specific examples at hand. Additionally, nearly all of the participants stated that their awareness on the subject of humor in psychotherapy increased after their participation and started to perceive new things in their therapy rooms about humor during the journal-writing process.

For all of the participants, it has been found that humor has a very important role in their everyday lives. They all reported using humor and enjoying sharing humorous experiences with their social entourage. On the other hand, in the psychotherapy room, participants reported that they behave cautious when using humor. Although the participants claimed that they act carefully about this subject, there seemed to be moments where the unconscious processes interfered such as the transference and counter-transference dynamics.

According to the results, the way the participants experienced humorous atmosphere in the sessions differed depending on the relationship between the patient and the therapist. While some of the participants reported positive feelings such as, relief and joy, the other participants declared feeling angry, nervous and annoyed when a humorous atmosphere occurred in a session.

Also, according to the participants, the dynamics of the patients, the personality organization and the experiences of the early relationships with their caregivers play a major role in the use of humor in psychotherapy. Therefore, if the therapist uses humor consciously there are several issues that are taken into consideration according to the participants: evaluating the defensive quality of the humor, the transference and counter-transference dynamics, whether the relationship with the patient is built on a strong ground or not and the matter of timing.

In addition, participants declared that they found themselves in need of using humor in the psychotherapy to be supportive, to soften the atmosphere, to make the communication easier, to talk on a deeper level with symbolizations, to build a stronger relationship and to cope with difficult counter-transference feelings.

Putting aside the functional side of the humorous moments in therapy, the possible risks have also been declared by the participants: contributing to the defense mechanisms and missing out the important issues, causing misunderstandings and rupture in the therapy process, and finally a risk of contributing to the seductive atmosphere, again jeopardizing the psychotherapeutic work.

In sections below each of these themes will be further elaborated on.

### **5.1. Building the Relationship**

The super-ordinate theme, “building the relationship” was the most elaborated theme in the interviews. According to the interviewees humorous moments created positive affective experiences between the psychotherapist and the patient and led to a closer relationship. One of the participants, Miss D’s words describes the long-lasting effect of these positive affective moments: “It (humor) is like an anchor, a thing to hold on to”. Humorous moments though very ephemeral, might also stay with the individuals in the form of a feeling of closeness and help to strengthen the relationship. These moments transform into various meeting points to be revisited by both parties in the future sessions and could pave the way for a common language in the therapeutic process.

Spontaneous interactions form an authentic conversation between the therapist and the patient. As Bader (1995) states, the authentic presence of the therapist plays an important role in building a genuine relationship for the patient. Therefore, as humor generally occurs spontaneously, it also becomes a factor that brings the therapist and the patient together. A participant, Mr. B stated: “I find the *spontaneous* elements of humor to be more healing” and he added that these humorous moments resemble the glances between the mother and the child, “when a synchronization of emotion is built”.

## 5.2. Humor and Playfulness

In addition to the spontaneity, according to the interviewees playfulness, another sub-ordinate theme, had an important place in building the therapeutic relationship. Schimel (1978) finds playfulness and curiosity, the great parts of humor, to be features of humaneness. The playful moments in therapy with adults demonstrates itself through the selection of words, the fluctuations of the voice and surely in sense of humor (Winnicott, 1971a). According to Fabian (2002), it is the non-verbal humor that facilitates the therapeutic relationship and a feeling of trust in the patient. He also states:

“Humor and playfulness are therefore welcome features of every psychotherapy and should be attributes of every psychotherapist, especially if he or she treats psychotic patients, children, or juvenile patients.” (p. 407).

Similarly, the participant, Mr. C described his way of using humor through a play, *Ping-Pong*:

“I mean it is like Ping-Pong. Words coming and going in between...”

Ablon (2001) hesitates while describing play because of the loose and flexible structure of the meaning of the word. If the description becomes too rigid and structured it loses its relation with what is playful. Therefore he defines play “as a free-ranging voluntary activity that occurs within certain limits of time and place according to accepted rules” (p.347). Thus, the similarity between Ping-Pong and therapy seems to be very meaningful. Ping-Pong, a sportive activity, with certain rules and time limits, could be seen parallel to a session of psychotherapy with its setting. According to Ablon (2001) there are three types of play: exploratory, imaginative, and for amusement (p.346). Ping-Pong could be included in the last type, which is play for amusement. Besides, therapy seems to be a part of all the types of play, since there is an exploration of the inner world, a requirement for

imagination and an amusement that comes with the shared experience of psychotherapy.

The words, “coming and going” as the participant stated, forms a co-constructed language between the therapist and the patient. The co-narration of the unpredictable stories that are waiting to be explored in the therapy room is found to be an aspect of pleasure in psychotherapy and has a transforming effect on the patient (Ferro, 2017, p.77). Thus, with the help of humor, new words could be created and will be remembered throughout the therapeutic process. For example, one of the participants, Miss A, stated that since her patient does not want to use the word “session”, they are using another word instead, which is very irrelevant like calling it “mushroom” she said and this causes a humorous atmosphere. According to Christie (1994), when the caregiver is creative and uses a rich language, the child could create new coping skills with suffocating experiences. These moments require an “*adaptive regression*”, which brings playfulness and humor along (p.480). Thus, the creative presence of the psychotherapist could set an example for the patient to adopt new perspectives in life. As another participant, Mr. E states, there is a creative process functioning behind:

“You use that common language. It is the language of the unconscious. You create a language.”

In addition to that, it has been underlined by three of the participants that the use of humor should be appropriate with the patient’s discourse. They all stated that, in general, they do not bring a completely different concept through humor to the sessions; instead there is a tendency for using humor contingent with what the patient brings to the therapy, coherent with the patient’s material.

Winnicott (1968) sees playing as “*a form of communication*” in psychotherapy (p.593). Through the data analysis, it has been found that three out of six participants also consider humor, with its playful aspects, as a facilitator of communication in the therapy room. Mr. B declared that he uses humor to soften the atmosphere and to facilitate the communication as follows:

“Laughter has a welcoming effect on others and sometimes when someone is too serious it might feel like there is a wall in between. Although, laughing makes the person in front of you express him/herself more easily”.

Similarly, Miss F described finding humor and smiling as a “warm act” with a facilitating effect on communication. Therefore, communicating through a humorous channel relieves the tension in the therapy room and might also help to reach the issues that are hard to express. This atmosphere could also cause the asymmetrical setting fade away in the psychotherapeutic field and a feeling of equality could arise in the room. Newirth (2006) also considers humor as a tool for symmetrization of the therapeutic relationship and the humorous moments as a facilitator of mutual identification in the therapy room (p.568). Similar with Newirth’s (2006) opinion, participant Mr. C addresses humorous moments as “the moments that the equality is experienced for a second”. Besides, Stein (1985) states that the use of irony by the patients is also a way of experiencing the analyst as an equal companion (p.42).

### **5.3. Humor and Intimacy**

According to the study by Fraley & Aron (2004), through manipulating humorous interactions in the first encounters of the same sex individuals, it has been found that shared humorous experiences tend to create a feeling of closeness (p.73). Additionally, Zupancic (2008) considers comedy as an element of copula, which corresponds to a relationship with all of its dualities and oppositions (pp. 213-214). Thus, these associations of humor could also lead to a feeling of privacy and intimacy while experiencing it. This was quite visible with certain participants and a hesitancy of sharing the humorous moments in their sessions could be observed during the interviews: Miss D laughed a lot during the interviews and

for PI this could have been an indicator of a defensive stance. Additionally, other participants, Miss A, Mr. C and Miss F repeated frequently that they do not normally make humorous comments this much. For instance, Miss A said: “normally I do not do this, its rather rare but this happened two times for a patient in the two weeks time”. In my point of view, the possible reason behind frequently claiming that generally “a neutral position” has been kept in the therapy room could be rooted from the classical psychoanalytic education of the certain participants. Therefore, using or experiencing the humorous moments in the therapy room could also depend on the education and the orientation a psychotherapist/psychoanalyst adopts.

Also nearly all of the participants made jokes during the interviews. For instance, Mr. B asked at the end of his first interview: “Did I pass?” as if this interview was like an exam. These humorous comments by the participants during the interviews could also be seen as defensive or an effort to demonstrate the humorous side of them. Therefore, for certain participants sharing the humorous moments occurring in their therapy room seemed to be more difficult than the others.

While discussing the effects of humor on relationships, feeling of closeness was declared frequently by the participants. Humor was evaluated as a tool for creating a closer relationship. The feeling of closeness also brings other issues to be considered through the dynamics of transference and counter-transference. The wish to stay closer to the patient could be one of the reasons behind using humor as a therapist. Similarly, also a patient could wish to get closer to the psychotherapist and as Miss D puts, a “sparkling humor” could arise from the patient in an effort to stay in the therapist’s mind for a longer time. The wish to leave a trace behind with humor is logical since humor triggers various emotions. It has been found that emotional moments tend to occupy a wider space in one’s memory and are influential in remembering people according to the emotional value they possess (Armony et al., 2007). Besides, humorous remarks are remembered better since there is a condensed material fitting in a shorter, striking line (Summerfelt, Lippman, & Hyman, 2010). As Bader (1993) states:

“Among the fondest memories many people have of their analyses are of those moments when their analysts made a joke or expressed their sense of humor. Moments of humor are often important among those experiences of one's analyst's "humanness" and can become markers for the patient of the alliance and sense of partnership that were enjoyed” (p.23).

Zupancic (2008) also points out the dichotomy that comedy possesses: it is both very realistic, when compared with tragedy and also unrealistic at the same time. Zupancic describes the unrealistic side of the comedy as follows: “This unrealistic, “incredible” side of comedy is also related to its proverbial vitalism: a kind of undead, indestructible life, a persistence of something that keeps returning to its place no matter what . . .” (2008, p. 217). Here, the words of Miss D seems to be very parallel of the fact that comedy persists:

“When you put it (humor) right and talk about it, it turns into a memory that together we go back and revisit with a more relaxed laughter afterwards in the long-term relationship. It stays as a thing that we stop and stare at from time to time.”

#### **5.4. Supporting the Patients with Humor**

Since humor relieves the pain and creates a softer atmosphere, participants also declared that they also find themselves using humor when they feel the need for supporting and containing the feelings of the patients. One of the participants, Mr. E defined the experience of laughter as a “*lullaby*”. This word might summarize the softening and containing effect of laughter by linking it with the relaxing, musical sound of the mother, helping the child to fall asleep peacefully. One of the participants, Miss A stated that she found herself creating a humorous atmosphere with patients who have higher vulnerabilities and a lower personality organization to be able to contain their feelings of anxiety in the therapy room. As

Richards (1998) states: “Jokes can contain what direct narrative cannot. They can speak the unspeakable” (p.97). Another participant, Mr. C also declared that he uses humor to reduce the anxiety of the patients in certain times such as at the end of the sessions or in the termination phases. On the other hand, for Miss D, the use of humor at the end of the sessions are very risky since there has no time left to discuss the humorous moment. Marshall (2006) also states that feelings of rejection and abandonment could be activated at the end of the sessions, therefore one should take these into consideration when making interpretations in the end (p. 292).

From the patient’s part, at these last moments of the sessions, humor could be used with defensive needs or as a way of expressing difficult feelings that would otherwise be harder. As Gabbard (1982) said,

*“Final words are heavily invested because they bear the feelings deriving from earlier separations, complete with the longings to fuse with the earliest objects”* (p.598).

Thus, there seems to be a conflict about using humor at the end of the sessions between the participants. While two of the participants choose to make humorous interpretations at the end of the sessions in a containing stance, other two participants find this usage risky. Still, in light of the previous quotation the last moments of the sessions are widely open to the expression of feelings through transference and counter-transference dynamics and therefore, the final words are important and should be considered carefully.

### **5.5. Humor and Symbolization**

Through using humor one could transform the feelings into words and thus a symbolization process takes place. One of the themes that emerged from the data was inviting the patient into a narrative with symbolizations through using humor. The word “symbol” is originated in Greek language and means “throwing

together”, “syn” meaning “together” and “ballo” referring to “throwing” (Merriam Webster Dictionary, 2019). Thus, it can be said that symbolization process consists a connection of things and integrating them, whether it is the integration of external or internal worlds, subject and object or the past experiences with the latter ones (Segal, p.397, 1957). Symbolization process develops slowly from the first weeks of a child. It starts with the child learning the outer world and drawing the attention from oneself, one’s body to the others. Thus, the concentration on the primary wishes and instinctual needs gradually fades out. At first, the child perceives the similarities between things, which is the first step in forming the symbolic equation. Then, the differences too become visible and the symbolic representation develops. This way the child can identify what he/she experiences and with the available cognitive capacity, starts to express these experiences with the help of language (Edgcumbe, 1988). Through this narration to the others the child recognizes his/her subjectivity, which paves the way for the ability to differentiate the symbol, the symbolized and the thinker (Roussillon, 2015; Ogden, 1985). As Ogden (1985) states: “That space between symbol and symbolized, mediated by an interpreting self, is the space in which creativity becomes possible and is the space in which we are alive as human beings, as opposed to being simply reflexively reactive beings. This is Winnicott's potential space” (p. 133). Thus, sense of humor too could be given as an element of the potential space since it is a creative product with the use of symbolizations. As Edgcumbe (1988) states, the symbolic connections are part of the sublimation because its function is creating new perspectives rather than concealing (p.35). Therefore, as it has been stated in the previous chapters humor, as an adaptive defense mechanism can be evaluated as part of the symbolization process with the new links it creates and its strong relationship with language.

Four of the participants mentioned that humor is a form of language. As Miss F said “humor tells something to the person in front of you”. It can be said that while a child uses toys in a play, the adult has the language to play with. Similarly Aldon (2001) states that adults use language to make playful remarks as in making puns, irony or sarcasm. He adds that the play in adults helps to identify

what is being experienced and gives order to the inner world, which can be very confusing in certain times (p.346). Therefore, it would not be wrong to state that using humor in order to symbolize the affective states in the therapy room also is a way of supporting the patient by renaming and containing what is being experienced at that moment. The two different sub-themes that emerged from the data “supporting the client” and “inviting the patient to the world of symbolizations” can thus be evaluated as two neighboring functions of using humor. Newirth (2006) also considered the analyst’s humorous interpretations in the difficult moments of therapy as a “symbolic mode of organizing experience” and as transformational (pp. 569-570).

### **5.6. Pitfalls of Using Humor in Psychotherapy**

Sometimes humor might not entirely carry the language of true feelings and rather might be a reflection of a defensive state. As Freud (1927) states, “humor is the highest expression of the adaptive mechanisms because it succeeds in restraining the compulsion to make a choice between suffering and denial” (p. 166). Since there is no denial in its functioning, humor is considered to be a part of the mature defense mechanisms. It keeps the conflicts partly in the consciousness too and creates new perspectives to cope with difficulties rather than fully repressing it (Vaillant, 2000; Metzger, 2014; Bowins, 2004). However, Christie (1994) points out that humor can also arise from a manic excitement without containing any creativity but rather an aggressive attitude (p. 486).

There seems to be a tension both among the participants and among the literature whether humor brings insight or makes the individual move away from the fundamental issues that lies within. Thus, although it is hard to understand whether humor comes from a defensive state or whether it brings creativity, transformation or insight to the therapy room, it is important for the psychotherapists not to ignore any possibility when a humorous atmosphere occurs in sessions. For instance, according to a doctoral dissertation that studies

humor in psychotherapy from the recordings of sessions, it has been found that humor is likely to appear at the end of the shifting dialogues and when a transformation in the relationship or the communication occurs (Gregson, , p.205, 2009). Findings of the present study seems to be consistent with this dissertation since the participants also declared that certain humorous moments in their sessions also occurred at the moments of insight or awareness. However, participants also observed that there are times when patients gravitate towards humor when there is a need to defend oneself.

In psychotherapy, when the air is too heavy and the anxiety is too much to be contained, Mr. C reported finding himself using humor as a relaxing factor. On the other hand, Mr. E drew attention to the patients' use of defensive humor and stated:

“For example, there are patients who laugh instead of crying. However, it is not humor, you see it. It is a moment of high anxiety.”

Other participants too, Mr. B, Mr. C and Miss F gave examples through the observations of their patients' defensive use of humor in the sessions. Defensive states generally occurred with a feeling of anxiety in those examples: one of them was about feeling suspicious and alien to the therapy setting, the others were about the transference dynamics creating anxiety in the patient.

The present study demonstrated that participants seem to avoid joining the defensive humor that patients use. For example, when patient uses defensive humor, Miss A stated that she stays neutral because otherwise for her it would become a cooperation with the patient's pathology. On the other hand, in such circumstances Mr. C intervenes and tries to demonstrate that this humor includes a concealing factor that prevents reaching a feeling that is rather difficult to express.

There might be times when the patient's defensive humor cannot be distinguished in the therapy room and by joining this humorous atmosphere psychotherapist risks strengthening the defense mechanisms of the patient. Kubie (1971) also

draws attention to the possible risks of using humor as a psychotherapist such as arresting the free associations of the patient and contributing to the evasive side of humor that distances the individual from experiencing the difficult feelings (pp.861-865). As Mr. E says,

“Boundaries should be taken into consideration very well. Otherwise, this could turn into two people meeting at a cocktail place. I mean it should be done when it is appropriate”.

Also, another participant Mr. B considers humor to be an enabling factor for the patient to talk freely but he adds:

“(...) It is also a thing that covers some of the issues up. Because after laughing, it might become difficult to talk about pain, problems or the conflicts in mind. Therefore, it is better not to use it frequently and to keep the balance on this subject.”

Another risky situation that humor might bring along is the possibility of creating a seductive environment in the therapy room. For instance, Miss F said that laughing at all of the jokes of the patient means to be seduced. Baker (1993) warns the psychotherapists about the humor that creates a seductive environment. He adds:

“Patients do not come for analysis to tell or hear jokes. Nor do they come to be humorously amused: this can be equally seductive and destructive” (p. 956).

The seductive atmosphere could also be initiated by the other side of the room. Miss D gave an example from a patient of hers who uses humorous comments frequently in an effort to look seductive. When this patient uses humor in the therapy room, an attractive atmosphere occurs and in counter-transference too, it

feels nice to hear these jokes. The participant, Miss D also coined a new term for this kind of humor that a patient uses. It is a “*sparkling humor*” according to her and she said that when this kind of atmosphere is present, using humor could be risky and could also cause the patient to be neglected. On the other hand, contrasting with this finding, Ogden wrote about erotic transference with a case example in his article called *Love and Sex in 45 Minutes* (1999) from a different point of view. He explained that through playful experiences such as humor, with his patient they created a new pathway for expressing the erotic experiences and transformed it into positive emotional interactions. Ogden describes these moments as “self-regulatory” for both of them during the overwhelming emotional experiences (pp. 594-602).

As humor can be a uniting factor in a relationship, it can also create walls between individuals, tear them apart with a feeling of being misunderstood. According to a study by Bloch & McNab (1987) apart from the effective execution of humor, two major risks emerged from the responses of psychotherapists: the socio-cultural differences in humor could easily create misunderstandings and using humor could support the defense mechanisms in the therapy room (p.224). As a result of the present study, according to the experiences of the participants, using humor in the first sessions might cause more misunderstandings since the therapeutic relationship is not yet built. The participant Miss F gave an example of her patient’s experience with another therapist laughing at the things he said at the first session. The patient got really angry and ended the therapeutic process just at the beginning. Miss F also added: “A bad joke could send away the patient without a return from here”. Five participants out of six stated that they do not use humor in the beginning of a therapeutic process. They declared that it would be dangerous because neither of the parties know each other yet. Miss A said: “To me, when the relationship is new with a patient or an analysand, it is very dangerous. Because, she could not distinguish, if I am laughing at her or with her”.

In summary, for all of the participants in this study, humor is considered to be a valuable tool in psychotherapy. It creates a softer environment, brings spontaneity

in the therapy room and its playfulness relieves the tension, brings the psychotherapist and the patient closer. Thus, with a mutual effect, the patient might feel more relaxed in this environment and could share more material. On the other hand, participants also declared that the transference and counter transference dynamics should not be ignored in the humorous atmosphere. Humorous atmosphere appearing in the therapy room could have various meanings. According to the findings of this study, it could carry a seductive, defensive or aggressive quality within and therefore it should be discussed with the patient. The timing of the humor is also very important. Participants gave importance to the timing of using humor and its appropriateness with the patient's discourse. Otherwise, it has been stated that humor could build a wall in between, create misunderstandings through the socio-cultural differences and might block the free association processes of the patient. All in all, the use of humor in the therapy room should be considered from various angles. While it could bring creativity and symbolization to the psychotherapy room it could also take away the opportunities of reaching the valuable materials if not discussed or not thought over deeply. Therefore, therapists should be aware of all the sides of the humor whether it comes from the patient or from the therapist.

## CONCLUSION

This study started with a curiosity about the effect of humor in psychotherapy sessions. I was questioning why there was very little mention about the presence and the meaning of humorous moments in the psychotherapy room in the field of psychotherapy. While every detail occurring in the psychotherapeutic setting has been discussed in the literature, I wondered how humor is considered in the field of psychotherapy. When I started to conduct research on this subject I discovered that humor was either represented theoretically or there were several case studies in the literature. Thereafter, I was searching for ways for grasping the effects of such an ephemeral phenomenon on the therapeutic relationship to be able to incorporate in my master thesis.

I was mainly interested in the psychotherapists' experiences about humor in their sessions and thus decided to include psychotherapists with psychodynamic or psychoanalytic orientation as participants. Firstly, I tried to find questionnaires about humor and wanted to reach statistical results. Then, I found out that the essence of humor would be missed when it is only represented by numbers and frequencies. Therefore, I decided to conduct a qualitative study to be able to include the humorous examples more clear and the detailed experiences of the participants in the study. I also introduced a criterion of ten years or more of experience for the participants to give more examples on the subject. My thesis supervisor suggested adding a journal writing process to the study. This way, the possibility of forgetting the humorous examples could be mainly eliminated since the participants will be required to take notes after the sessions if any humorous atmosphere occurs.

Two interviews have been made separately with six volunteered participants and the transcripts were transferred to the MAXQDA software program. After the coding process and the suggestions of an independent reviewer, the clustering codes finally created seven super-ordinate themes: a) process of decision making when there is one for the use of humor, b) embracing the feelings that are hard to

express, c) supporting the patient, d) building the relationship, e) inviting the patient to the world of symbolizations, f) humor and defenses, g) being aware of the possible risks.

According to the results, the participants mainly considered humor as part of the life and the humanness, “just like crying” as one of the participants said in an interview. Thus, humorous moments were not seen as factors to be directly eliminated from the psychotherapeutic relationship, rather they were found to be valuable opportunities to discover more about the therapeutic dyad and the inner worlds of the patients. However, all of the participants drew attention to the possible risks of contributing to the humorous atmospheres introduced by the patients. Since, humor could be used both in favor of and against the therapeutic work, the participants declared that it is important to differentiate the defensive uses of humor from the humor that facilitates a deeper communication causing a deeper insight. In either way, it has been found that with the effect of transference and counter-transference dynamics it is possible for both the therapist and the patient to find themselves in difficult situations like being dragged into a seductive environment, not being able to express the true feelings and to become cynical or overly cheerful. Therefore, according to the experiences of the psychotherapists there exist both positive and negative examples of using humor in therapy: Using humor could be advantageous for strengthening the therapeutic relationship, for incorporating creativity to the psychotherapy room through playfulness and spontaneity and improving the symbolization capacity of the patient. It could also reduce the tension in the room and could help the patient to feel more relaxed and share more. On the other hand, it has been found that humor could also build walls in the relationship and could create a feeling of misunderstanding in the therapy. According to the participants, the issue of timing is also very important. The majority of the participants declared that if the relationship is not yet built, a therapist using humor in the first sessions could be very disturbing for a patient and the therapeutic process could end prematurely. However, one of the participants stated that he uses humor in the first sessions

too, to be able to observe the stance of the patients in the face of a humorous statement and try to understand the individual's personality organization.

In conclusion, although there are certain conflicts around the issue of using humor as a psychotherapist in the sessions, there is an agreement among the participants that it brings creativity, playfulness and flexibility to the therapeutic work if used appropriate with the discourse of the patients. Therefore, the following statement of Lachmann (2003) could be a great summary of this study that brought a lot of new colors to my practice to discover:

“The role of spontaneity and humour in the therapeutic process, like a spice, when sparingly used, heightens the flavours.” (p. 311).

### **Possible Contributions to the Field of Psychotherapy**

Very few articles have been written on this subject from the perspectives of the psychotherapists through a thematic analysis. Therefore, it could be interesting for the psychotherapists who wonder about the meanings of the humorous moments occurring in their therapy rooms, who hesitate while using humor and deciding what to consider while bringing a sense of humor to the sessions. This study could also be useful for the psychotherapists who are at the beginning of their professional lives. The possible meanings and feelings could be explored from this study and could be helpful to understand them when a humorous atmosphere appears in the therapeutic relationship as a starting point. Additionally, this study could be a contribution for educational purposes in this field. There seems to be two layers which could be useful for a supervision: (1) a supervisor using humor with the supervisee might create a softer environment and facilitate the supervisee to share the sessions more comfortably, (2) again the results of this study could help a supervisor to understand the possible meanings of humor in therapy better and this way the supervision could be more useful for the supervisee who uses humor in sessions.

The journal writing process of the present study could also be considered as a contribution to the field of psychotherapy research because it gave an opportunity to the participants to observe their own experiences. Journal writing also made it possible both for the participants and the readers to grasp a very ephemeral phenomenon, humor. Since nothing intervenes between them and their experiences while writing the humorous moments on the journals, this process was beneficial for the participants to describe their subjective experiences. Using a qualitative research method was in my opinion very appropriate with the structure of humor. As Kris (1938) stated, “We may say—quoting a later statement of Freud's—that we cannot refer to 'pleasure' and 'pain' merely as a quantitative increase or decrease in what we call stimulus-tension, although they have a great deal to do with this factor. They appear to depend not only on this quantitative factor, but also upon a characteristic which we can only describe as qualitative.” (p.78).

Another contribution to the psychotherapy field could be the participants being experienced psychotherapists. Since there was an inclusion criterion of having ten years of experience in the psychotherapy field, the participants might have had a chance of giving a higher amount of examples from the past and also they might have had a better insight of their stance in the face of humor as psychotherapists. Thus, this study differs itself from the other qualitative studies with its participants and the study's focus on the psychodynamic/psychoanalytic view. For instance while a similar study, a master thesis by Schneebeli (2003) included counselors' experiences of humor in their practice, another study by Gregson (2009) a doctoral thesis conducted a research with therapists in training for graduate students.

### **Limitations and Future Studies**

Limitations of this study could be listed as follows: (1) the thematic analysis gives more detailed information about the experiences of the participants but the small

number of participants makes the results less generalizable, (2) although the prior interview and the journal writing process helped to keep the humorous material more fresh, certain participants had difficulties in recalling the humorous moments occurring in their sessions. (3) since the participants were psychotherapists, the interviews had to be arranged between sessions and therefore the interviews could only last for 45 to 50 minutes.

Future studies on this topic might use video or audio recordings of the therapy sessions to be able to keep the humorous moments alive and to make it easier to analyze it later in a detailed way. Also future studies might look at the differences in using or experiencing humor in psychotherapy between experienced and inexperienced psychotherapists. This could give an idea of the experienced psychotherapists' stance to the use of humor in therapy. Additionally, a longitudinal study with the same subjects could be interesting too in order to see how the decisions of using humor in therapy changes in time with the same participants.

A quantitative study could also be conducted in order to understand the links between the frequency of using humor and defense mechanisms statistically. Also, looking at the connections between the frequency or the type of humor, the strength of therapeutic alliance and the type of transference and counter-transference dynamics could be useful for the field of psychotherapy.

## References

- Abel, M. H. (2002). Humor, stress and coping strategies. *Humor*, Walter de Gruyter, 15(4), pp. 365–381. 0933–1719/02/0015–0365
- Ablon, S.L. (2001). Continuities of tongues: a developmental perspective on the role of play in child and adult psychoanalytic process. *J. Clin. Psychoanal.*, 10(3-4), pp. 345-365 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Akhtar, S. (2010). Happiness: origins, forms, and technical relevance. *Am. J. Psychoanal.*, 70(3), pp. 219-244 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Anzieu-Premmereur, C. (2009). The development of a sense of humor in a young child during psychoanalysis. *J. Infant Child Adolesc. Psychother.*, 8(3-4), pp. 137-144 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Armony et al. (2007). Laugh (or cry) and you will be remembered. Influence of Emotional Expression on Memory for Vocalizations. *Association for Psychological Science*, 18(12), pp. 1027-1029. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.508.336&rep=rep1&type=pdf>
- Armstrong, J. (2010). Naturalistic Inquiry. In N.J. Salk (Ed.), *Encyclopedia of research design*. Retrieved from [https://www.researchgate.net/publication/256294652\\_Naturalistic\\_Inquiry](https://www.researchgate.net/publication/256294652_Naturalistic_Inquiry)
- Atlas-Koch, G. (2010). Confusion of Tongues: Trauma and Playfulness. *Psychoanal. Persp.*, 7(1), pp. 131-152 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Bader, M. J. (1993). The analyst's use of humor. *The Psychoanalytic Quarterly*, 62:23-50
- Bader, M. J. (1995). Authenticity And The Psychology Of Choice In The Analyst. *Psychoanal. Q.*, 64:282-305 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Baker, R. (1993). Some reflections on humour in psychoanalysis. *Int. J. Psycho-Anal.*, 74:951-960 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>

- Bass, A. (2001). It takes one to know one; or, whose unconscious is it anyway?.  
*Psychoanal. Dial.*, 11(5), pp. 683-702 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Baudry, F. (1991). The relevance of the analyst's character and attitudes to his work. *J. Amer. Psychoanal. Assn.*, 39:917-938 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Beebe, B. & Lachmann, F.M. (1988). Mother-infant mutual influence and precursors of psychic structure. *Progr. Self Psychol.*, 3:3-25 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Beebe, B. and Lachmann, F.M. (1998). Co-constructing inner and relational processes. *Psychoanal. Psychol.*, 15(4), pp. 480-516 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Bergson, H. (1911). *Laughter: an essay on the meaning of the comic* (C. Brereton & F. Rothwell, Trans.). Retrieved from <https://www.templeofearth.com/books/laughter.pdf>
- Bloch, S. & McNab, D. (1987). Attitudes of british psychotherapists towards the role of humour in psychotherapy. *Brit. J. Psychother.*, 3(3), pp. 216-225 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Bokarius, A. et al. (2011). Attitude toward humor in patients experiencing depressive symptoms innovations in clinical neuroscience. 8(9), pp. 20-23 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr/>
- Bowins, B. (2004). Psychological Defense Mechanisms: A New Perspective. *Am. J. Psychoanal.*, 64(1), pp.1-26
- Christie, G.L. (1994). Some psychoanalytic aspects of humour. *Int. J. Psycho-Anal.*, 75:479-489 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Dooley, L. (1941). The relation of humor to masochism. *Psychoanal. Rev.*, 28(1), pp. 37-46 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Ehrenberg, D.B. (1990). Playfulness in the psychoanalytic relationship. *Contemp. Psychoanal.*, 26:74-941 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>

- Fabian, E. (2002). On the differentiated use of humor and joke in psychotherapy. *Psychoanal. Rev.*, 89(3), pp. 399-412 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Ferro, A. (2017). The pleasure of the analytic hour. *Ital. Psychoanal. Annu.*, 11:67-78. Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Fraley, B. & Aron, A. (2004). The effect of a shared humorous experience on closeness in initial encounters. *Personal Relationships*, 11, pp. 61–78. Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>
- Freud, S. (1905). Jokes and their relation to the unconscious. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume VIII (1905): Jokes and their Relation to the Unconscious*, 1-247 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Gabbard, G.O. (1982). The exit line: heightened transference-countertransference manifestations at the end of the hour. *J. Amer. Psychoanal. Assn.*, 30:579-598 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Garrick, J. (2006). *The humor of trauma survivors: its application in a therapeutic milieu*. The Haworth Press, Inc. Trauma Treatment Techniques: Innovative Trends an imprint of The Haworth Press, Inc., pp.169-182. doi:10.1300/J146v12n01\_09 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>
- Gregson, J. (2009). *The characteristics and functions of humor in psychotherapy: A qualitative study (doctoral dissertation)*. Available from ProQuest Dissertations & Theses Global. (304879063). Retrieved from <https://0-search-proquest-com.opac.bilgi.edu.tr/docview/304879063?accountid=8622>
- Guitard, P., Ferland, F. & Dutil E. (2005). Toward a better understanding of playfulness in adults, *OTJR: Occupation, Participation and Health*. 25(1), pp. 9-22 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>
- Hampes, W. P. (2010). The relation between humor styles and empathy. *Europe's Journal of Psychology*, 6(3). pp. 34-45 doi:10.5964/ejop.v6i3.207
- Hanly, C. (1998). Reflections on the analyst's self-disclosure. *Psychoanal. Inq.*, 18(4) pp. 550-565 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>

- Holland, N.N. (2007). Tickled rats and human laughter. *Neuro-Psychoanalysis*, 9(1), pp. 41-57 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr/>
- Humor. (2018). In Merriam Webster Dictionary. Retrieved from <https://www.merriam-webster.com/>
- Kindler, A. (2010). Spontaneity and improvisation in psychoanalysis. *Psychoanal. Inq.*, 30(3), pp. 222-234 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Kris, E. (1938). Ego development and the comic . *Int. J. Psycho-Anal.*, 19:77-90 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Kris, E. (1940). Laughter as an expressive process contributions to the psycho-analysis of expressive behaviour . *Int. J. Psycho-Anal.*, 21:314-341 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Kubie, L. S. (1971). The destructive potential of humor in psychotherapy. *American Journal of Psychiatry*, 127(7), pp. 861–866. doi:10.1176/ajp.127.7.861
- Kuiper, A. N & Mchale, N. (2009). Humor styles as mediators between self-evaluative standards and psychological well-being .University of Western Ontario, *The Journal of Psychology*, 143(4), pp. 359– 376 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>
- Lachmann, F.M. (2003). Humour and spontaneity in the therapeutic process. *Can. J. Psychoanal.*, 11:287-312 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Lefcourt, H. & Martin, R. (1983). Sense of humor as a moderator of the relation between stressors and moods. *Journal of Personality and Social Psychology*. 45(6), pp. 1313-1324 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>
- Levine, J. and Redlich, F.C. (1955). Failure to understand humor. *Psychoanal. Q.*, 24:560-572 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>
- Lincoln, Y. S. & Guba, E. G. (1985) Naturalistic Inquiry. Retrieved from <https://ethnographyworkshop.files.wordpress.com/2014/11/lincoln-guba-1985-establishing-trustworthiness-naturalistic-inquiry.pdf>
- Loewald, E. (1976). The development and uses of humour in a four-year-old's treatment. *Int. Rev. Psycho-Anal.*, 3:209-221 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>

- Loewald, H.W. (1986). Transference-countertransference. *J. Amer. Psychoanal. Assn.*, 34:275-287 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Lothane, Z. (2008). The uses of humor in life, neurosis and in psychotherapy: Part 1. *Int. Forum Psychoanal.*, 17(3), pp. 180-188 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Macewan G. H. (2008). The efforts of therapists in the first session to establish a therapeutic alliance (master thesis). University of Massachusetts Amherst. Retrieved from <https://scholarworks.umass.edu/theses/269>
- Mahler, M. (1967, May). On human symbiosis and the vicissitudes of individuation. Presented at the Plenary Session of the Annual Meeting of The American Psychoanalytic Association, Detroit, Michigan. Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Marshall, R. J. (2006). Suppose there were no mirrors: converging concepts of mirroring. *CMPS/Modern Psychoanalysis*, 31(2), pp.289-308 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Marshall, R.J. (2004). Getting even on the jest propelled couch: Humor and Play in Psychoanalysis. *Mod. Psychoanal.*, 29(1), pp. 63-76 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Meerloo, J.A. (1966). The biology of laughter. *Psychoanal. Rev.*, 53B(2), pp. 25-44 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>
- Metzger, J. A. (2014). Adaptive defense mechanisms: function and transcendence. Wiley Periodicals, Inc. *J. clin. psychol.*: In Session 70:478–488 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>
- Mitchell, S. A., & Black, M. J. (1995). *Freud and Beyond: A History of Modern Psychoanalytic Thought*. New York: BasicBooks.
- Nelson, J. K. (2007). Laugh and the world laughs with you: an attachment perspective on the meaning of laughter in psychotherapy. Springer Science+Business Media, *Clin Soc Work J.* 36(41)–49 DOI 10.1007/s10615-007-0133-1
- Newirth, J. (2006). Jokes and thier relation to the unconscious: humor as a fundamental emotional experience. *Psychoanalytic Dialogues*, 16(5): 557-571 DOI: 10.2513/s10481885pd1605\_6

- Nezu, M. A., Nezu M. C., Blissett, S. E. (1988). Sense of humor as a moderator of the relation between stressful events and psychological distress: a prospective analysis *Journal of Personality and Social Psychology*. 54 (3): 520-525  
<http://dx.doi.org/10.1037/0022-3514.54.3.520>
- Norman, J. (1999). Freedom to play, dream and think. *Scand. Psychoanal. Rev.*, 22(2), pp.172-188 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Ogden, J.K. (1999). Love and sex in 45 minutes. *Psychoanal. Psychol.*, 16(4), pp. 588-604
- Ogden, T.H. (1992). Comments on transference and countertransference in the initial analytic meeting. *Psychoanal. Inq.*, 12(2), pp. 225-247 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Ogden, T.H. (1995). Analysing forms of aliveness and deadness of the transference-countertransference. *Int. J. Psycho-Anal.*, 76:695-709 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Ogurlu, U. (2015). Relationship between cognitive intelligence, emotional intelligence and humor styles. *International Online Journal of Educational Sciences*, 2015, 7 (2), pp. 15-25. DOI: <http://dx.doi.org/10.15345/iojes.2015.02.003>
- Ortiz, C. (2000) Learning to Use Humor in Psychotherapy, *The Clinical Supervisor*, 19:1, pp. 191-198, DOI: 10.1300/J001v19n01\_13
- Ozyesil, Z. (2012). The prediction level of self-esteem on humor style and positive-negative affect. *Psychology* 2012. 3(8), pp. 638-64  
<http://dx.doi.org/10.4236/psych.2012.38098>
- Panksepp, J. (2000). The riddle of laughter: neural and psychoevolutionary underpinnings of joy. *American Psychological Society.*, 9 (6), pp. 183-186 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>
- Pasquali, G. (1987). Some notes on humour in psychoanalysis. *Int. Rev. Psycho-Anal.*, 14:231-236 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>
- Poland, W.S. (1990). The gift of laughter: on the development of a sense of humor in clinical analysis. *Psychoanal. Q.*, 59:197-225 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>

- Richards, A.K. (1998). A terrible joke: humor in the analysis of a young woman. *J. Clin. Psychoanal.*, 7(1), pp. 95-113 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>
- Richman, J. (1996). Points of correspondence between humor and psychotherapy. *Albert Einstein College of Medicine.*, 33 (4), pp. 560-566 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>
- Robbins, A. (2012). Playing along the porous edge of chaos and discipline: pathways to the creative analytic process. *Psychoanal. Inq.*, 32(3), pp. 225-245 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Sands, S. (1984). The use of humor in psychotherapy. *Psychoanal. Rev.*, 71(3) pp. 441-460 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>
- Schafer, R. (1960). The loving and beloved superego in Freud's structural theory . *Psychoanal. St. Child*, 15:163-188 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Schimmel, J.L. (1978). The function of wit and humor in psychoanalysis. *J. Am. Acad. Psychoanal. Dyn. Psychiatr.*, 6(3), pp. 369-379 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Schneebeli, B (2003). Not just for laughs: what prompts therapists to use humor in a counselling session (Master Thesis) University of British Columbia Retrieved from [https://open.library.ubc.ca/handle/2429/14354/ubc\\_2003-0471.pdf?sequence=1](https://open.library.ubc.ca/handle/2429/14354/ubc_2003-0471.pdf?sequence=1)
- Slap, J.W. (1966). On sarcasm. *Psychoanal. Q.*, 35:98-107 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Spitz, R.A. (1956). Countertransference—comments on its varying role in the analytic situation. *J. Amer. Psychoanal. Assn.*, 4:256-265 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Stein, M.H. (1985). Irony in psychoanalysis. *J. Amer. Psychoanal. Assn.*, 33:35-57 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Summerfelt, Lippman, & Hyman (2010). The effect of humor on memory: Constrained by the Pun *The Journal of General Psychology*, 2010, 137(4), pp. 376–394 Retrieved from <http://0-web.b.ebscohost.com.opac.bilgi.edu.tr>

- Vaillant; G. E. (2000). Adaptive mental mechanisms their role in a positive psychology. American Psychological Association, Inc, (X)O3-066X/00/\$5.00 55(1): 89-98  
DOI: 10.1037//0003-066X 55.1.89
- Winnicott, D.W. (1968). Playing: its theoretical status in the clinical situation. *Int. J. Psycho-Anal.*, 49:591-599 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Winnicott, D.W. (1971a). Playing and reality. , 1-156. London: Tavistock Publications. Retrieved from [https://llk.media.mit.edu/courses/readings/Winnicott\\_ch3.pdf](https://llk.media.mit.edu/courses/readings/Winnicott_ch3.pdf)
- Winnicott, D.W. (1971b). Therapeutic consultations in child psychiatry. *Int. Psycho-Anal. Lib.*, 87:1-398. London: The Hogarth Press and the Institute of Psycho-Analysis. Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Wolfenstein, M. (1951). A phase in the development of children's sense of humor. *Psychoanal. St. Child*, 6:336-350 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>
- Zupancic, A. (2008). The Odd One In: On Comedy. Retrieved from <https://tr.scribd.com/document/107021557/ZUPANCIC-The-Odd-One-in-On-Comedy>
- Zwerling, I. (1955). The favorite joke in diagnostic and therapeutic interviewing. *Psychoanal. Q.*, 24:104-114 Retrieved from <http://0-www.pep-web.org.opac.bilgi.edu.tr/>

## **Appendix 1: Informed Consent Form**

### **BİLGİLENDİRİLMİŞ ONAM FORMU**

Sayın Katılımcı,

Bu çalışma, İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Derya Gökalg tarafından, Yrd. Doç. Dr. Zeynep Çatay Çalışkan'ın danışmanlığında, psikoterapistlerin terapi seanslarında danışanları ile yaşadığı mizahi deneyimleri anlamak amacıyla yüksek lisans tezi kapsamında yürütülmektedir.

Araştırmaya katılım gönüllülük esasına dayanmaktadır. Araştırma, iki görüşme ve bir günce yazımını kapsamaktadır. İlk görüşmenin başında demografik bilgilerinizi ve mesleki geçmişinizi içeren soruları cevaplamanız beklenmektedir. Bu görüşmeden sonra günce yazımı için iki haftalık bir süreniz olacaktır. İkinci görüşmede bu günce üzerinden konuşulacak ve günce, araştırmada kullanılmak üzere sizden teslim alınacaktır. Her iki görüşme için de 1 saatlik bir süre ayırmanız beklenmektedir. Bu süre, görüşmenin zaman kısıtlılığı olmaksızın olabildiğince ayrıntılı bir şekilde yapılabilmesi için belirlenmiştir.

Görüşmeler ses kaydına alınacaktır. Görüşme sırasında istediğiniz zaman kaydı durdurulmasını isteyebilirsiniz. Ses kaydı deşifre edildikten sonra silinecek, teslim alınan günlük yazıları da aynı şekilde imha edilecektir. Paylaştığımız bilgilerin tümü gizli tutulacak ve kimlik bilgileriniz bu araştırma ile bağlantılı hiçbir yayında kullanılmayacaktır. Ayrıca, danışan gizliliğini korumak amacıyla görüşme sırasında ve günce yazımında sizden danışanlarınızın kimliğini açığa çıkaracak herhangi bir bilgi istenmeyecektir. Bu çalışmanın hedefi terapistlerin mizah ile ilgili deneyimlerini ve görüşlerini anlamaktır.

Görüşme boyunca istediğiniz zaman herhangi bir sebep belirtmeksizin görüşmeyi sonlandırabilir ve araştırmadan ayrılabilirsiniz.

Bu çalışma ile ilgili herhangi bir sorunuz veya geri bildiriminiz olursa bana [deryagokalp02@gmail.com](mailto:deryagokalp02@gmail.com) e-posta adresimden ya da 05378429583 numaralı cep telefonumdan ulaşabilirsiniz. Aynı şekilde, Yrd. Doç. Dr. Zeynep Çatay Çalışkan'a da [zeynep.catay@bilgi.edu.tr](mailto:zeynep.catay@bilgi.edu.tr) adresinden ulaşabilirsiniz.

Katılımınız için şimdiden teşekkür ederiz.

**Onam Formunu okudum ve bu araştırmaya katılmayı kabul ediyorum.**

Tarih:

Katılımcının Adı-Soyadı:

İmzası:

## Appendix 2: Interview Questions

1. Mizah sizin için ne anlama geliyor?
2. Ne tür durumlarda kendinizi mizaha başvururken bulursunuz?
3. Gülmek sizin için nasıl bir deneyim?
4. Gülerken bedensel olarak neler hissedersiniz?
5. Sizin için bir başkasıyla gülmek nasıl bir deneyimdir?
6. Terapide espri, şaka ya da ironik yorum kullanır mısınız? Örnek verebilir misiniz? Bu anın hem sizin hem de danışanınızın terapi sürecine etkisi nasıl oldu, nasıl hissetmiştiniz?
7. Sıklıkla mizah kullanan bir danışanınız var mı? Varsa kimlik bilgilerini açık etmeyecek şekilde biraz anlatır mısınız? Ne tür durumlarda kullanıyor? Danışanınızın sizi güldürmesi ne anlama geliyor?
8. Terapist olarak seansta kendinizi ne tür durumlarda mizaha baş vururken bulursunuz?
9. Ne tür mizah kullanıyorsunuz? Örnek verebilir misiniz?
10. Terapinin hangi noktasında daha çok mizah kullandığınızı fark ettiniz?
11. Danışanınız/hastanız ile birlikte gülmek nasıl bir deneyim?
12. Terapist olarak terapide mizah kullanmanın danışanlarınız üzerinde nasıl olası etkileri olabilir? Örnek verebilir misiniz?
13. Terapide mizah kullanımının, aktarımsal ve karşı-aktarımsal olarak sizce nasıl anlamları olabilir?
14. Terapide mizah kullanımının terapi çerçevesi açısından anlamları sizin için nedir?
15. Sizce mizah kullanımının riskli olabileceği durumlar var mı? Aklınıza gelen böyle bir örnek var mı?
16. Bir terapist olarak, danışanınızın terapi sürecindeyken mizah anlayışının değişimini nasıl değerlendirirsiniz? Aklınıza böyle bir örnek geliyor mu?

17. Siz terapiye/analize gittiğinizde, terapistiniz ya da sizin espri, şaka, ironi yaptığınız olmuş muydu? Bu anı hatırlıyorsanız anlatabilir misiniz? Nasıl hissetmiştiniz? Terapistiniz ile birlikte gülmek sizi nasıl hissettirmişti?

## Appendix 3: Demographic Information Form

### Demografik Bilgi Formu

Cinsiyet:

Yaş:

Meslek (uzman klinik psikolog, psikolog, psikolojik danışman, psikiyatrist, diğer...):

Eğitim durumunuz (lisans, yüksek lisans, doktora, analitik formasyon, diğer...):

1. Kaç yıldır psikoterapist olarak çalışıyorsunuz?

.....

2. Kimlerle çalışıyorsunuz? (Yaş grubu, danışan popülasyonu)

.....

3. Bir uzmanlığınız var mı?

.....

4. Terapist olarak haftada ortalama kaç saat çalışıyorsunuz?

.....

5. Hangi oryantasyon/ekol ile çalışmaktasınız?

.....

6. Nerede çalışıyorsunuz? (Bireysel ofis, özel/devlet hastane, belediye, danışmanlık merkezi, okul)

.....

7. Psikoterapi/psikanaliz sürecinden geçtiniz mi/geçiyor musunuz?

.....

8. Süpervizyon alıyor musunuz?

.....

## Appendix 4: Journal Writing Guide

### Günce Yazımı Rehberi

Öncelikle, “terapide mizah” konusunda yürüttüğüm yüksek lisans tezim ile ilgili olan bu çalışmaya katıldığınız için teşekkür ederim.

Yaptığımız ilk görüşmenin sonunda konuyla ilgili zihninizde canlanabilecek yeni temalara ve güncel deneyimlere yer verebilmek için bu günce yazımının çalışmaya derinlik katması amaçlanmıştır.

Herhangi bir sorunuz olursa bana, [deryagokalp02@gmail.com](mailto:deryagokalp02@gmail.com) adresinden ulaşabilirsiniz.

---

Size verilen iki haftalık süre içerisinde aşağıdaki sorulara da cevap olabilecek nitelikte bir günce tutmanız beklenmektedir. İlk görüşmenin sonunda belirlediğiniz ikinci görüşme tarihinde bu günceden faydalanılacaktır ve bu görüşmenin sonunda yazdığınız günce araştırmada kullanılmak üzere sizden **teslim alınacaktır**. Günceniz araştırma için kullanıldıktan sonra imha edilecektir.

**Güncenin uzunluğu ile ilgili herhangi bir kısıtlama bulunmamaktadır. Güncelyi her gün yazmanız beklenmemektedir. İlk görüşmeden sonra zihninizde farklı deneyimler canlanırsa ya da konuyla ilgili güncel bir durum yaşanırsa bunları kısa notlar halinde yazmanız yeterlidir.**

Bu iki hafta içinde herhangi bir danışanınızla seansta mizahi bir deneyim yaşadığınız mı? (Danışanınız ya da siz, espri veya şaka yaptınız mı? Danışanınız ya da siz, ironik bir yorumda bulundunuz mu?) Bu deneyim birkaç farklı danışan için söz konusuysa her danışan için ayrı ayrı notlar almanız iyi olacaktır.

Böyle bir seans olursa, hemen ertesinde bir not yazmanız daha sonra detaylandırabilmeniz açısından faydalı olabilir. **Danışanınızın kimliğini açığa çıkaracak herhangi bir bilgi sizden istenmemektedir.**

Güncenizi yazarken aşağıdaki sorular size yardımcı olabilir:

- Danışanınız ile nasıl bir mizahi deneyim yaşadınız? (Espriyi, şakayı ya da ironik yorumu siz ya da danışanınız yapmış olabilir.)
- Bağlam neydi?
- Siz ne tepki verdiniz? Danışanınız ne tepki verdi?
- Bu yorumdan sonra siz nasıl hissettiniz? Seans içindeki duruşunuzda, hissedişinizde bir değişiklik oldu mu?
- Size göre bu yorum sonrasında danışan nasıl hissetti? Onun duruşunda ya da hissedişinde bir değişiklik gözlemlediniz mi?
- Danışan için terapi odasındaki atmosfere etkisi nasıl oldu?
- Bu mizahi anın danışanla ilişkinize o an için nasıl bir etkisi olduğunu hissettiniz?
- Sizce neden bu durum o anda meydana geldi? Sizce danışanınız ya da siz bu esprili ya da ironik yorumu neden o sırada yapmış olabilirsiniz?
- Danışanın dinamikleri açısından bu durumun anlamı sizce neydi?
- Bu durumun danışanın aktarım dinamikleri açısından nasıl bir anlamı olabilir?
- Bu durumun karşı aktarım dinamikleri açısından nasıl bir anlamı olabilir?
- Bu tür bir mizahi an bu danışanla ilk defa mı oldu yoksa çoğu seansta meydana gelen bir durum mu?

**ETİK KURUL DEĞERLENDİRME SONUCU/RESULT OF EVALUATION BY  
THE ETHICS COMMITTEE**

(Bu bölüm İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurul tarafından doldurulacaktır /This section to be completed by the Committee on Ethics in research on Humans)


**Başvuru Sahibi / Applicant:** Derya Gökalp

**Proje Başlığı / Project Title:** Humor in Psychotherapy Through The Eyes of Therapists: A Qualitative Study

**Proje No. / Project Number:** 2018-20024-01

1.	Herhangi bir değişikliğe gerek yoktur / There is no need for revision	XX
2.	Ret/ Application Rejected Reddin gerekçesi / Reason for Rejection	

Değerlendirme Tarihi / Date of Evaluation: 19 Ocak 2018

  
Kurul Başkanı / Committee Chair

Doç. Dr. İtir Erhart

  
Üye / Committee Member

Prof. Dr. Aslı Tunç

  
Üye / Committee Member

Prof. Dr. Hale Bolak

  
Üye / Committee Member

Prof. Dr. Turgut Tarhanlı

  
Üye / Committee Member

Prof. Dr. Koray Akay

Üye / Committee Member

Prof. Dr. Ali Demirci

(izinkli)

Üye / Committee Member

Doç Dr. Ayhan Özgür Toy

(izinkli)