Therapeutic Use of Humor in Occupational Therapy

Gwen Vergeer, Anne MacRae

Key Words: coping • independent living skills (therapeutic)

Interviews with five occupational therapists who use humor therapeutically in their practice were conducted and analyzed with a phenomenological method so that the lived experience of therapeutic humor use in occupational therapy could be examined. Sixteen themes were identified through data analysis: The Concept of Therapeutic Use of Humor; Spontaneous Versus Deliberate Humor; Humor, the Great Equalizer; Humor and Professionalism; Contraindications of Humor; Humor Among Co-Workers; Humor and Play; Humor and the Environment; Humor Providing Balance; The Intrinsic Quality of Humor; The Transformative Power of Humor; The Effects of Humor on the Subjects Themselves; Humor as an Evaluation and Treatment Tool; Humor as Therapeutic Use of Self; Humor as a Coping Mechanism; and Other Uses of Humor With Patients. This study revealed that the use of therapeutic humor in occupational therapy is a multifaceted phenomenon, much richer than had been previously presented in the literature.

Gwen Vergeer, MS, OT is a Staff Occupational Therapist, VA Medical Center, San Francisco, Rehabilitation Medicine Service, 4150 Clement Street, Mail Code 117, San Francisco, California 94121.

Anne MacRae, PhD, OT is Assistant Professor, Occupational Therapy Department, San Jose State University, San Jose, California.

This article was accepted for publication January 13, 1993.
patients—to begin to clarify the meaning of the phenomenon of therapeutic humor in occupational therapy.

Method

Phenomenological Method

This research was conducted with a qualitative phenomenological methodology for data collection and analysis. Yerxa (1991) stated that the elements of qualitative research fit well with occupational therapy philosophy; these elements include observing in natural settings, dealing with participants’ experience of meaning, and looking at the entire context of a situation in all of its complexity. Yerxa (1988) also stated that qualitative research is important for occupational therapy at its current stage of theoretical and conceptual development as a profession; “researchers cannot begin to manipulate variables until the important variables have been clearly defined and described” (1988, p. 174). Robinson (1991) stated that the study of humor in health care requires a qualitative research approach, because quantitative studies seeking to “validate theoretical constructs about humor are often questioned because there are not enough data from natural settings [sic] to provide a norm against which (such) studies can be judged” (p. 6).

Phenomenological study involves the examination of personal descriptions of lived experiences so that these experiences might be better understood (Giorgi, 1985). In studying many people’s experiences of the same phenomenon, the phenomenological method both preserves the uniqueness of the individually lived experiences and provides an understanding of the phenomena as experienced collectively (Banonis, 1989; Husserl, 1917/1981). Phenomenological method is ideal for research in occupational therapy because of the shared emphasis, between phenomenology and occupational therapy, on seeking to understand the holistic complexity and richness of people’s experiences.

Subject Selection and Interview

Subjects for the study were located by contacting occupational therapists in the San Francisco Bay Area and asking them if they had the experience of using humor therapeutically in their practice. An effort was made to obtain subjects who worked in a variety of occupational therapy practice areas with patients of different ages and disabilities; no additional control was exerted over variables in this study. The purpose and structure of the interview were explained to each subject before the interviews, and the subjects were encouraged to prepare by thinking about their use of humor within their work. Each subject was interviewed for one session that lasted between 20 and 80 min and was audiotaped. The subjects were asked to describe their experiences of using humor in therapy in as much detail as possible; they were also asked about their thoughts on the concept of therapeutic humor. No questions other than clarification questions were asked, and no explanation of the questions was made; the subjects were simply asked to respond as they thought appropriate. Although 11 subjects were interviewed, only 5 of the interviews were randomly selected for analysis, because phenomenological method is time-intensive and achieves saturation of data with a small number of subjects (Parse, Coyne, & Smith, 1985).

Data Analysis

The data from the interviews were analyzed in accordance with the phenomenological method, producing meaning units, specific descriptions, and general descriptions. These data will not be included here but are available from the authors. A brief explanation of the analysis follows. First, the transcriptions were read thoroughly to gain a sense of the whole experience. Then the text was read again, more carefully, in order to derive meaning units (Giorgi, 1985). Meaning units are context-laden elements that are derived from the researcher’s perception of a shift in the meaning of an experience for the subject (Giorgi, 1985). Each time the topic or the meaning of the subjects’ experiences shifted slightly, this was marked as a new meaning unit. Then, the essential message of each meaning unit was recorded alongside the interview data.

The next step in the data analysis process involved combining all of the meaning units for each separate interview into a specific description, a narrative that summarized the meaning of the therapeutic use of humor to each subject. Each specific description portrayed the use of therapeutic humor in occupational therapy, yet retained the substantive essence of each subject’s unique experiences. Next, each subject’s specific description was encapsulated into a general description. The general descriptions were shorter narratives that summarized the essential experience of humor use for each subject but that spoke on a general level, omitting the details of specific stories, so that the collective experience of therapeutic humor use in occupational therapy could begin to emerge.

Finally, all of the subjects’ general descriptions were combined into one essential description, the lived experience of humor use in occupational therapy (see below), which combines all of the subjects’ experiences and perceptions to characterize the phenomenon of therapeutic use of humor in occupational therapy. This completed the process of phenomenological analysis, although in order to derive implications from this study for occupational therapy practice, an additional step was performed. The specific and general descriptions were analyzed again to yield 16 themes that carried significance for the subjects’ experience and understanding of the use of humor in occupational therapy. From these themes, implications
for therapeutic use of humor in occupational therapy emerged.

Essential Description of the Phenomenon

The lived experience of humor use among the five occupational therapists in this study was the application of the intrinsic, intuitive mechanism of humor both spontaneously and deliberately for improving quality of care and quality of life for patients, their significant others, therapists, and other staff members. Humor, in this capacity, was considered to be a continuum and multitude of concepts and acts, from jokes and silliness, playfulness and games, to a transformative healing agent, a positive joy-affirming life view, and a means for transcending stress and suffering. These occupational therapists used humor to facilitate balanced, holistic, patient-empowering, enjoyable, and maximally therapeutic treatment that attempted to encourage healing, improve function, build and sustain connections, and recognize individual humanity. These occupational therapists perceived that, although humor may have limits and potential for misuse, it is a uniquely valuable modality for coping with the human condition because of its ability to create appreciation of the irony, absurdity, and possibilities for play in all forms and degrees of difficulties so that pain can be endured, contradictions tolerated, self-worth upheld, and survival preserved.

Themes

The Concept of Therapeutic Humor

For most of the subjects, the concept of therapeutic humor aroused very different but strong opinions. Two subjects thought that this concept referred to humor as a built-in mechanism in human beings for healing, or to humor use as a coping and catalytic tool that helps to advance patients’ healing processes. The other three subjects reacted negatively to this concept. They viewed the term therapeutic humor as referring to a popularized approach to developing humor for use in therapy that formalizes and quantifies the humor, thus taking away its intuitive, spontaneous quality and adding anxiety for therapists. They said that now therapists must be concerned about whether they are using humor correctly and whether, as one said, if they lead a group they also need to have a recreation therapist involved so that professional role boundaries are not breached. These three subjects all felt strongly that therapists could not learn humor use by studying it or formalizing it.

Spontaneous Versus Deliberate Humor

All subjects said that they used humor spontaneously and considered spontaneity to be a key factor in successful humor use. Two of them also specifically mentioned their deliberate use of humor, although even the three subjects who claimed to use only spontaneous humor described some uses that appeared to be deliberate (such as giving a psychiatric patient an assignment to tell a joke each day to increase his socialization, or routinely joking with patients about certain topics, such as the lack of hospital parking). Those who admitted to using deliberate humor techniques stressed that they could not occur successfully in the absence of spontaneous humor.

Humor, the Great Equalizer

Four subjects mentioned the usefulness of humor in creating a relationship of equality and collaboration with patients. One subject said she was able to avoid confrontational situations in her clinic because she used humor to change her perceived role from that of an authority figure and adversary to that of an equal with her patients. One subject reported looking for opportunities to laugh at herself to show patients “I am frail, I am human. I am not the scary, imposing person that’s coming to tell you what you’ve been doing wrong.”

Humor and Professionalism

Three subjects felt strongly that the traditional, authoritarian, nonhumorous conception of professionalism and professional demeanor, still held by many of their colleagues, is not effective for meeting occupational therapy’s goal of promoting healing through patient independence and empowerment. These subjects found that an approach that provided an egalitarian, patient-centered tone was much more therapeutic in meeting the patients’ needs, and they said that humor was integral to the practice and the advancement of this nontraditional approach.

Contraindications of Humor

The subjects spoke of certain types of humor that they would not use with patients; besides the obvious exclusion of humor that makes fun of people, subjects suggested that humor that required abstract thought or a shared cultural understanding would be contraindicated for patients who were unable to share in such jokes. Two subjects had changed their minds over time about what humor was contraindicated. One stated that, when she was a new therapist, she had curbed her use of humor with patients in a psychiatric facility, believing that they would be too fragile to handle humor. She explained that she now uses humor with psychiatric patients because she has learned that they will respond in one of two valuable ways. Some patients will rise to the level of expectation and reap the benefits of the humor, and patients who cannot tolerate the humor can work in occupational therapy toward improving their social and personal function-
Humor was said to serve many functions in this area, including improving team cohesiveness, deepening and sustaining interpersonal relations among staff members, increasing job enjoyment, providing stress release, and helping staff mem­bers to deal with frustrations caused by conflicting roles and needs. Two subjects mentioned that relief of stress occurred when therapists reenacted stressful situations together using humor, giving themselves more control and enjoyment of these events than they had felt when the situations actually occurred. Three subjects also spoke of coping with the crises and difficulties of their jobs by using "sick" or "gallows" humor with coworkers that made fun of the patients or their behaviors. Each subject who mentioned this considered it necessary for coping with the stress and emphasized that this type of humor is only used among staff members.

Humor Among Co-workers

Humor was viewed as an attitude of playfulness for all ages, and, when working with children, as a way of creating rapport and allowing them to maintain autonomy and dignity. One subject who worked with children had observed a sequential development of humor in children that she could incorporate into play and therapy.

Humor and Play

Humor was viewed as an attitude of playfulness for all ages, and, when working with children, as a way of creating rapport and allowing them to maintain autonomy and dignity. One subject who worked with children had observed a sequential development of humor in children that she could incorporate into play and therapy.

Humor and the Environment

All of the subjects spoke of using humor to create a comfortable, relaxed, friendly atmosphere at their workplace, and said that it was a core aspect of the therapeutic environment. It was believed to improve patients' investment and participation in treatment as well.

Humor Providing Balance

Several ways were mentioned in which humor was used to achieve balance of some kind. For patients who were focused on their illness, pain, or grief, humor was useful in providing a different direction of thought. For subjects who work with physically disabled patients, their consideration of the patients' emotional status and needs and the use of humor to this end was part of taking a balanced and holistic approach toward patient care. Another type of balance was that which subjects tried to develop in their patients' attitudes and perspectives on life, by modeling and promoting humor use, so that they could feel hope and joy despite their difficulties and pain.

The Intrinsic Quality of Humor

All of the subjects viewed humor as an innate, built-in resource for coping, healing, and enjoying life. They viewed humor as available to all human beings.

The Transformative Power of Humor

Again, all of the subjects felt humor had the unique ability to transform a negative, stress-dominated, problem-focused mindset to a more positive attitude that disarmed problems by recognizing absurd elements within them. Humor was also transformative in being a catalyst for the healing process, especially for patients in the early stages of emotional recovery from physical disability who were not ready to face their losses fully but could make some jokes about them.

The Effect of Humor on the Subjects Themselves

All subjects found that the use of humor increased their enjoyment of their jobs and their ability to cope with job stresses. It also promoted their creativity in meeting patient needs.

Humor as an Evaluation and Treatment Tool

All subjects found that humor could provide evaluative information about patients in such areas as cognitive and social skills, coping abilities, motivating factors, and some aspects of their developmental status. One subject spoke of a patient with head injury who was generally not very responsive but whom she heard laughing at a dirty joke told by a friend. She said:

"It's not humor I would have used, and I definitely wouldn't have used it in the hospital setting, but it gave me incredible information about how much he was understanding . . . I think that's as valuable as any formal cognitive eval [sic]. And then, you know, what kind of things he responds to, and I could use that. You know, instead of making him track pencils, I could make him track pretty nurses walking down the hall.

Humor as Therapeutic Use of Self

Humor was frequently mentioned as a component of therapeutic use of self, with subjects using humor to model coping responses, positive social interactions, and not taking one's problems too seriously. Humor as therapeutic use of self conveyed empathy and honesty, and helped patients see that therapists are human and do not have magical answers to the patients' problems.

Humor as a Coping Mechanism

This was found to be the most prevalent use of humor. Several subjects conveyed that the unique advantage of humor over other coping tools is that it is a universally
available tool for managing difficulties and contradictions, even when one has no direct control over them.

**Other Uses of Humor With Patients**

More than a dozen other uses of humor were mentioned by only one subject or not discussed at length. These included humor used to provide patients with a means for obtaining recognition and for allowing them to see themselves more objectively. Humor was also used specifically to increase patients' functioning in sensorimotor-cognitive, psychological, and social domains and as a nonconfrontational approach to behavior management.

**Discussion**

This study has shown a number of ways in which humor can be used in occupational therapy for purposes and processes that are characteristic of occupational therapy practice. These functions of humor are summarized below, as therapists may find it useful to have an understanding of how humor has been used as a guide to the practice and development of humor in occupational therapy or as a framework for further research into this topic.

All of the subjects referred to humor as a tool or modality to be used, along with other tools and modalities, in treatment. Occupational therapy is concerned with daily living skills, and humor was said to fit well into this domain. The ability to see the humorous aspects of situations is a life skill that can be a focus of therapy, and the use and facilitation of humor in therapy fit into the common occupational therapy practice of using an activity to teach adaptive skills for daily living. Inclusion of humor in therapy can be spontaneous or deliberate, with humor taking a primary or secondary role in the treatment activity or plan.

Occupational therapy is concerned with the patient's ability to function, and subjects mentioned humor as useful for increasing performance or function in all components of occupational performance—sensorimotor, social, cognitive, and psychological. Occupational therapists try to view their patients from a balanced and holistic perspective that considers each component of their lives and how these come together to create function or dysfunction. Because humor can affect so many of these components, it seems reasonable to include it as part of a balanced, holistic approach to therapy. Humor was noted to be useful as a component of evaluation in the areas of social, cognitive, and psychological function.

Occupational therapists attempt to provide an optimal therapeutic milieu for their patients, and it has been shown by this study that a humor-creating or humor-affirming environment can be integrated into occupational therapy. Occupational therapists are also concerned with creating a balance of work, self-care, and play. Subjects in this study reported an interdependent relationship between humor and play, as well as humor's usefulness in emotional self-care and in the process of coping with work stressors and finding enjoyment in work activities.

Use of humor with patients was often mentioned by subjects as being part of their therapeutic use of self. Therapeutic use of self is an important component of occupational therapy; combined with humor use, it includes modeling and use of professional and intuitive judgment in choosing the type and timing of humor. Humor use was also mentioned in this capacity as part of a patient-empowering, mutually collaborative approach to patient care. Therapists' use of humor in treatment was noted to increase their personal enjoyment of therapy, sense of professional accomplishment, creativity in meeting patient needs, and ability to cope with the difficulties and stress of their jobs as well, all of which are desirable factors in job success and satisfaction for occupational therapists.

Finally, humor was noted by the subjects to play a valuable role in building co-worker relationships and team cohesiveness, as well as in decreasing work tensions and frustrations caused by role conflicts, with the effect of improving staff morale and patient care. These issues affect most occupational therapists and must be dealt with in some way; humor was considered by the subjects to be a useful tool for handling them.

All but one of the subjects spoke directly or indirectly about the developmental process occupational therapists engage in when learning to use humor therapeutically. Several issues were raised concerning this point. Three subjects recognized a need for humor use to be nurtured, developed, and learned by therapists; two of them told of their own process of development as humor-using therapists. Although there appeared to be agreement that humor use is developed, there was disagreement about the best way for this learning to take place. Two subjects implied that any constructive experience of humor use could be beneficial to therapists in developing their therapeutic humor use. The other three subjects, however, felt strongly that any approach to humor development that was either reductionistic or technique-oriented would be unsuccessful and even detrimental. A concern of these therapists was that this approach would reduce humor to a calculated, protocol-based, formal exercise that could add anxiety to the attempt to use humor and take away the necessary natural spontaneity. These three subjects felt that humor workshops or conferences generally promoted the false sense of humor development. As has been discussed, this issue has not been raised in previous literature. In fact, many articles exist that support humor workshops and use of planned techniques for adding humor to therapy. Further research on this topic is essential to determine more accurately whether therapeutic humor use can be developed in a technique-oriented fashion or improved by attending a humor workshop.
Understanding the experiences of therapists who have applied therapeutic humor as addressed in humor workshops would provide a fuller picture of the advantages, disadvantages, and role of these types of experiences for developing successful humor use.

The subjects in this study discussed certain ways that they believed occupational therapists could develop their therapeutic use of humor. They stated that this development could be facilitated if the therapists simply endeavored to relax and enjoy their patients, strengthened their people skills in general, and developed greater professional self-confidence.

Summary

This study of five occupational therapists showed that they used humor therapeutically for many different purposes in and in many different ways. Their use of therapeutic humor appeared to be a many-layered phenomenon, much richer than had been previously presented in the literature.

Topics for future research suggested by this study include examining the value of humor workshops, further studying the use and effects of spontaneous versus deliberate humor, exploring how humor use changes over time for individual therapists, and examining the impressions occupational therapy professors and supervisors today are conveying to their students and staff members about humor use and how these impressions affect the subsequent humor use of the students and staff members. A corollary study to this one would be an investigation of occupational therapy patients' experiences of humor in their therapy, also using the phenomenological method. ▲

Acknowledgments

We thank the occupational therapists who participated as subjects in this study. This work is based on the master's thesis of Gwen Vergeer, completed in May, 1992 at San Jose State University in California. It was presented at the Occupational Therapy Association of California's 1992 conference in Los Angeles, California.

References