Tickle Me, Teach Me, Touch Me: The Wisdom of Therapeutic Humor

with
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Universal Tickler 1
You experience humor when you perceive....
Something that is absurd, ludicrous, ridiculous, or downright silly
For Example:
A Sign in a Store that Reads:
Children left unattended will be given candy, caffeine, and a puppy to take home.
Geico Gecko/Caveman Commercials

Universal Tickler 2
You experience humor when you perceive....
Incongruity
For Example:
Oxymorons—
Jumbo Shrimp
Exact Estimate

Universal Tickler 3
You experience humor when you anticipate....
An expected future that is replaced with an unexpected one. The more unexpected the more humorous.
For Example:
The punch line of a cartoon or joke

Universal Tickler 4
You experience humor when you perceive....
A pleasant surprise or an unexpected situation OR you are startled by an experience that you quickly evaluate to be non-threatening
For Example:
Candid Camera Stunts
Universal Tickler 5
You experience humor when you figure it out, put it together, it falls into place, or you get it....
When "it" was meant to be funny, ridiculous, absurd, or downright silly
For Example:
Light Bulb Jokes
Crossing Road Jokes

Universal Tickler 6
You experience humor when you perceive....
Emotional chaos that is remembered in tranquility
For Example:
Post Crisis Humor
Dark Humor

Laughter:
The physical response to a humorous stimulus.

Mirth:
The emotional response to a humorous stimulus.

Levity
defies gravity.
**Wit:**
The cognitive/mental response to a humorous stimulus.

Humor changes the way we think.

Humor is the healthy way of feeling a “distance” between one’s self and the problem; a way of standing off and looking at one’s problem with perspective.

Rollo May

**The Therapeutic Impact of Humor**

- Emotional
- Cognitive
- Physical
- Biochemical

Nothing is good or bad. It is thinking that makes it so.

William Shakespeare
Humor changes the way we feel.

A merry heart doeth good—like medicine—but a broken spirit drieth the bones.

The Holy Bible (King James Version)
Proverbs 17:22

Humor is the great thing, the saving thing after all. The minute it crops up, all our hardinesses yield, all our irritations and resentments slip away, and a sunny spirit takes their place.

Mark Twain

The experience of humor and distressing emotions cannot occupy the same psychological space.

Humor changes the way we behave.

A Sign in a Restaurant
Children left unattended will be towed at the owner’s expense.
When people are laughing, they are generally not killing one another.

Hawkeye Pierce

According to AATH, Therapeutic Humor is:

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

Journal of the American Medical Association
Levinson, W. et al. (1997)

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Defining Therapeutic Humor

Therapeutic humor is the purposeful and intentional use of humor that is specifically designed (created) to benefit the receiver. The sender must experience three core human qualities (empathy, acceptance and genuineness), and the positive impact of the humor (physical, emotional, cognitive, and/or biochemical) must be at least minimally experienced by the receiver.

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Therapeutic Humor OR Humor That Is Therapeutic

The AATH definition defines humor that is therapeutic and not therapeutic humor.
Defining Therapeutic Humor

Essential qualities necessary for therapeutic humor to be present:

1. Skill: The sender must have at least minimal humor skill
2. Intent: The sender must choose to use humor therapeutically (for the health and wellness of the receiver)
3. Purpose: The purpose of the humor must primarily be to benefit the receiver
4. Personal Characteristics: The sender must embody the three essential qualities for all therapeutic human interaction
5. Outcome: The receiver must at least minimally receive the humor (get it)

The Therapeutic Humor Professional (THP)

Who Are Therapeutic Humor Professionals?

Medical Professionals*
Non-Medical Professionals*
Lay persons*

*Who meet the definition of being a THP

Defining Therapeutic Humor

Examples of humor that is generally not therapeutic humor

1. Hostile humor (e.g. sarcasm)
2. Humor that carries a corrective or critical message (often follow by, “I was just kidding”)
3. Humor that lacks therapeutic purpose or intent (e.g. comedy, joke telling, etc.)
4. Humor that is for the joy or enhancement of the sender (e.g. humor to be the center of attention)

The Therapeutic Humor Professional (THP)

Who Are Therapeutic Humor Professionals?

Examples: Medical Professionals

A doctor who uses humor to reduce the tension of a patient who has white coat syndrome.
A psychologist who uses humor to teach clients how the experience of humor reduces emotional distress and changes thinking process.

Examples: Non-Medical Professionals

A teacher who purposely uses humor in the classroom to build rapport and a relationship with students.
A clown who purposely “clowns” with a child to reduce the stress and tension associated with having surgery.
The Therapeutic Humor Professional (THP)
Who Are Therapeutic Humor Professionals?
Examples: Laypersons
  A food kitchen volunteer who uses humor to help those in line feel connected and respected.
  A cashier who uses humor to diffuse the anger and impatience of customers.

The Humor Creed
We hold These Truths to Be Self Evident
1. Humor is universal
2. Humor activates laughter—a physical experience
3. Humor activates mirth—an emotional experience
4. Humor activates "wit"—a cognitive experience
5. Not all humor is therapeutic
6. Humor may stimulate laughter but humor and laughter are distinctly different

The Humor Creed (cont)
We hold These Truths to Be Self Evident
7. There are physiological, emotional, cognitive, and physical benefits to therapeutic humor
8. It is beneficial to both offer and receive humor
9. Humor can be therapeutic, hostile/harmful, or neutral
10. Laughter and humor are not therapies but can serve as therapeutic interventions
11. Humor is a stimulus and/or experience but not an emotion, thought, or behavior. Humor may activate emotion, thought, and behavior

If you are too busy to laugh,
you are too busy.
Unknown

There to here...
Here to there...
Funny things are everywhere.
Dr. Seuss

Training in Therapeutic Humor
- Receive humor
- Do/create humor
- See with comic vision
- Be selective when using humor—When you have a “humorous” moment choose to use or not to use humor
- Be active/practice using humor
- Record humorous moments
- Seek training opportunities and resources
Defining Therapeutic Humor

Therapeutic humor is the **purposeful** and **intentional** use of humor that is specifically designed to create a positive impact (physical, emotional, cognitive, and/or biochemical) for another person or persons, and the positive impact must be at least minimally experienced by the receiver. In general, the humor is presented by an individual who is skilled and trained in the use of humor for health and wellness.

For therapeutic humor to be present, the individual offering the humor must be skilled in the creation of a humorous encounter and experience and convey three core inter-relational qualities. These qualities are: 1. Empathy (compassion and caring for the receiver of the humor); 2. Acceptance (a non-judgmental attitude toward the receiver); and 3. Genuineness (the use of humor that is sincere and congruent within the sender). The receiver of the humor must experience these core qualities of the sender, as well as, experience the impact of the humor including perceiving the encounter as amusing/humorous.

It is the sender's skill, purposeful intent, and ability to convey the core qualities, combined with the receiver's experience of the impact, that ultimately make a humorous intervention therapeutic.

Non-Therapeutic Humor

Examples of non-therapeutic humor include: 1. Humor that lacks therapeutic purpose or intent, 2. Humor that carries a corrective message, 3. Humor that is for the joy or enhancement of the sender, and 4. Hostile humor.

1. **Humor that lacks therapeutic purpose or intent**

Humor that is not purposeful and intentional would not be considered “therapeutic humor” although such humor may have a therapeutic impact. The purpose of a comedian is primarily to entertain even though the humor may have a therapeutic impact. A gathering of friends reminiscing and laughing at old times may be therapeutic but the humor is not “therapeutic humor.”

2. **Humor that carries a corrective message**

Humor that is for the purpose of sending a corrective message (often in the form of teasing) is not therapeutic humor. Often such humor is experienced as hurtful, and it is common for the sender to “withdraw” the humor by saying, “I was only joking.”

3. **Humor that is for amusement or enhancement of the sender**

Often when individuals tell jokes, they do so for their own joy and pleasure at telling the joke. Often these joke tellers are the life of the party, energetic, and socially interactive. They tend to be well liked. While their humor may benefit those around, it is not therapeutic humor.

4. **Hostile Humor**

Hostile humor typically criticizes others or puts others down. While such humor may be experienced as funny by the receiver or observers, it is not therapeutic humor. Blonde jokes, racist jokes, religious jokes, etc. often fall into this category.
I am proposing that any effective definition of professional identity (medicine, law, education, etc.) must be primarily driven by the process the professional undertakes. That process then maximizes the potential for positive outcome. In defining the professional, the process (what the professional does) must be of primary importance. Once general outcomes have been established as a result of specific professional interventions, then achieving a specific outcome for any particular individual becomes less important in the definition of professional behavior. In medicine, for example, there are recognized medical interventions for a variety of illnesses and symptoms. These interventions have been verified as beneficial to patients, in general. A doctor who employs these interventions is practicing medicine. On an individual basis, however, if a particular patient does not benefit from an established intervention, the doctor is still practicing medicine. The doctor’s process defines the practice even if the outcome is not successful.

That being said, outcome, while being relatively unimportant in defining professional actions, is critically important in initially establishing the more global validity of professional behavior. In other words, while what a professional DOES (process) primarily defines each professional as a professional, these “actions” must initially be based on evidence that indicate that the professional interventions are, in fact, effective. However, “interventions” are not always effective. The action of a professional remains “professional” even if the desired outcome is not achieved.

If a definition is based on outcome then the professional is only acting as a professional when the desired outcome is achieved. In addition, those who are not professionals but achieve desired outcomes would erroneously be defined as professionals. For example, a doctor is still practicing medicine when the treatment is not effective. A negative outcome does not mean the doctor was not practicing medicine. A mother administering chicken soup which results in a positive outcome is not practicing medicine. In an outcome based definition the doctor would not be practicing medicine and the mother would be. Based on evidence of “what works” each professional learns skills and behaviors that maximize the potential that an intervention will work. It is the process of consciously intentionally, and purposely using a set of established skills that define professional actions for each individual.

You may be asking why any of this even matters and how does it relate to therapeutic humor professionals? It matters as any profession tries to establish itself as a distinct entity worthy of its services. We, as therapeutic humor professionals, are trying to define ourselves, and to do that, we must be able to share what distinguishes us from others. If we define ourselves by the outcome of our humor (such as health benefits—physiological, emotional, cognitive, and physical), then comedians, casual joke tellers, sitcoms, etc. would all be providers of therapeutic humor if their humor generates health benefits. (Generally these groups are providers of entertainment). Entertainers can be providers of humor that is, in part, therapeutic, but they (by definition) are not therapeutic humor professionals. They are indeed entertainers who, as they entertain, may also provide an unintended health benefit. In the same way we, as therapeutic humor professionals, offer a side effect of being entertaining even though our primary goal is to offer a humorous intervention that provides a health benefit.
Therapeutic Humor Professionals (THPs) may be health professionals (e.g. doctors, nurses, psychotherapists, social workers, dentists, acupuncturists, physical therapists, occupational therapists, etc.), other professionals (e.g. lawyers, teachers, clergy, businesspeople, financial advisors, etc.), or laypersons. THPs have been trained to use humor intentionally, purposefully, and for the benefit of others. THPs strive to use humor in positive ways, but also understand that not all intentional humor (to benefit others) will be experienced as beneficial.

THPs encompass a wide range of occupations and life paths, and share common core characteristics including 1. They have been trained in the therapeutic use of humor; 2. Their humor is intentional (They are consciously and actively choosing to be humorous); 3. Their humor is purposeful (Their humor has a therapeutic thrust rather than an alternative purpose e.g. to entertain, engage, be social, etc.); and 4. Their humor is designed to benefit the receiver by positively impacting the receiver’s physiology, emotions, thoughts, and/or behaviors.

Unlike those who use humor that is not specifically for therapeutic purposes (comedians, clowns, and others who trigger humorous responses); THPs distinguish themselves by sharing humor that is intentional and for the purpose of stimulating health benefits. Also noteworthy is that generating a humorous response by itself does not necessarily create a therapeutic benefit, and being funny or triggering a humorous response is not sufficient to distinguish one as a THP.

As a society we distinguish professionals from those who may engage in similar activities but are not acting as professionals. Medical professionals are distinguished from others who offer health treatment (e.g. a mother caring for a sick child is not a doctor). A math whiz assisting someone with taxes is not a tax professional. A friend “counseling” another on a career path is not a counselor. A layperson offering legal advice is not a lawyer. A bar tender listening to the problems of the patrons is not a psychotherapist. Yet, in these circumstances, while the behavior is not that of a professional, it may offer a benefit to the receiver. In the humor profession, a comedian tickling the funny bones of the audience is not a THP.

Society has clearly distinguished the practice of medicine, law, education, or counseling, etc. As therapeutic humor professionals we must define ourselves and differentiate ourselves from those who offer humor but are not THPs.

Examples of health professionals who are also THPs include doctors purposefully using humor to help patients reduce anxiety or psychotherapists using humor to demonstrate how patients’ emotions shift as they experience humor.

Examples of non-health professionals being THPs include a clown, teacher, or layperson who has been trained in the therapeutic humor, and uses it with the intention and purpose to benefit an individual or individuals.

Examples of individuals who would not be considered THPs include comedians, circus clowns, professional speakers, etc. who are using humor for another purpose (e.g. to entertain) and not primarily for the therapeutic benefit of their “audience.” While entertaining humor may have a therapeutic benefit to an audience, it is not therapeutic humor.
The Necessary Conditions for the Presence of Therapeutic Humor in Helping Relationships

(A more detailed article has been published in the American Psychological Association Journal: Humanistic Psychologist, December, 2013)

By Steven M. Sultanoff, PhD

“Therapeutic humor” can be defined as the conscious and purposeful use of humor by a practitioner for the purpose of activating a positive therapeutic change in an individual’s behaviors, feelings, thoughts, or even physiology. It is the purposeful intention of using humor therapeutically, which distinguishes therapeutic humorists from comedians, class clowns, and other funny people.

Historically in the field of therapeutic humor, one critical missing piece has been the answer to the question, “What makes therapeutic humor therapeutic and how do practitioners create therapeutic humor to benefit others?” The Association for Applied and Therapeutic Humor (2005) developed an outcome oriented definition which describes therapeutic humor as “Any intervention that promotes health and wellness by stimulating a playful discovery, expression or appreciation of the absurdity or incongruity of life’s situations. This intervention may enhance health or be used as a complementary treatment of illness to facilitate healing or coping, whether physical, emotional, cognitive, social or spiritual.” In this definition, therapeutic humor is “therapeutic” based on the outcome of the humor. If humor promotes health and wellness, then it is therapeutic. As an outcome oriented definition, it does not provide guidance on how we can create therapeutic humor. This definition suggests that humor is therapeutic when it has a positive outcome. However, therapeutically intended humor may not be experienced as therapeutic by the receiver. It would be impossible to know when the therapeutically intended humor is going to be rejected by the receiver. Without conscious and purposeful creation, and some guidance as to what makes therapeutic humor therapeutic, therapeutic humor remains random, and the sender has no basis from which to create a humorous, therapeutic intervention.

Carl Rogers (1957) suggested that four aspects must be present for a receiver to experience the therapy of the sender. The same four elements must be present for therapeutic humor to be present and experienced in a relationship. These four elements are 1) the skills of the sender, 2) the nature of being (embracing empathy/compassion, genuineness and acceptance); 3) the receptively of the receiver (being able to experience the sender); and 4) the bond of the relationship between the two.

1. Skills of the Sender

Humor skills like any other skills must be learned and incorporated into the therapeutic “set” of the sender. The sender must find ways to learn and practice humor interventions so that those skills become integrated into the sender’s interactions with others. Learning to effectively use humor takes practice.
2. Nature of the sender: Core qualities

In addition to being skilled in the use of humor, the sender of the humor must have conscious intent and embody three central core conditions or "ways of being". These ways of being are 1. Empathy/compassion; 2. Genuineness/congruence; and 3. Positive regard/acceptance.

**Core conditions: the therapeutic ways of being.**

1) **Empathy.**

The sender of the humor must experience compassion and caring for the receiver. Empathy embodies a "feeling" of understanding and compassionate sensitivity of the other person and of his/her situation in life.

2) **Genuineness.**

The sender of humor must experience genuineness or congruence within him/herself. Genuineness/congruence is the sense of internal consistency which will naturally result in presenting oneself as "real." There is no façade or phoniness in one's being and therefore no phoniness in one's presence. The sender of the humor is "real" and uses humor that is congruent with his/her way of being in the world. If the humor being used is incongruent, it will be experienced by the client/receiver as fake, insincere, clumsy, and out of context.

3) **Positive regard (acceptance).**

The sender of the humor must embrace acceptance (positive regard) for the receiver. The humor is offered out of respect for the receiver and is specifically for the benefit of the receiver. The sender does not “judge” the receiver. The humor is not for the gratification of the sender by, for example, “teaching the receiver a lesson," correcting the receiver (hostile/judgmental), or sending a “corrective” message as in a hostile tease, but is for the purpose of (without bias or with minimal bias) activating the therapeutic process within the receiver. The humor is intended to benefit the receiver.

If these three conditions are present as an integral part of the sender then the relationship (as suggested by Rogers) will be a therapeutic one and the humorous interventions have the greatest potential to be beneficial.

3. Nature of the Receiver: The core qualities

The receiver must experience the core qualities (compassion, genuineness and acceptance) offered by the sender for the humor to be received as therapeutic. In addition to “experience” therapeutic humor the receiver must be able to perceive the intervention as humorous. To experience humor the receiver must perceive one or more of the universal stimuli that activate a humorous response. These stimuli that activate a humorous response include the experience of incongruity, ludicrousness, or ridiculousness, etc. (Sultanoff, 2002). If the client does not perceive a humorously intended intervention then, of course, it cannot have a humor based therapeutic impact. As Rogers suggests the receiver must “experience” the empathy, genuineness, and acceptance of the sender and in therapeutic humor must also “perceive” the humor as funny.
Blocks to receptivity.

The presentation of an intervention intended to be humorous does not guarantee that the receiver will perceive the humor. Occasionally receivers of humorous interventions are "locked in" to their present moments of thought or distress, and when locked in, they are unable to think "outside the box" which is essential in the perception of any humor. The narrow cognitive focus created by emotional distress may inhibit a receiver’s ability to perceive an intervention as amusing. Unless the receiver can perceive the incongruity, ludicrousness, or ridiculousness, etc. of a humorous trigger, then it is not going to be experienced as funny.

4. The Nature of the Relationship: Bond Between Sender and Receiver

The strength of the bond between the sender and receiver may enhance the experience of humor or may serve as a psychological buffer against a humorous intervention that is experienced by the receiver as unpleasant, uncaring or even hostile. The experience of the positive core conditions can reduce or even eliminate the negative filters that might impede the receiver from experiencing the intervention as funny. If the receiver does not perceive the sender's empathy, genuineness, and accepting/non-judgmental presence; then the receiver may misinterpret the humor as uncaring, insensitive, or even hostile based on his/her automatic (unconscious) perception of the world.

Discussion

In summary, the experience of therapeutic humor is the result of an interaction between a practitioner who consciously and purposefully chooses the humor he/she uses based on specific behavioral skills including (the ability to create “funny” interventions) , who embodies compassion, genuineness, and acceptance, and a receiver who processes and perceives the intervention through one of the universal triggers of humor (Sultanoff, 2002 ) and who is at least minimally receptive to the positive/therapeutic intervention of the sender. When all of these conditions are present, the likelihood of the therapeutic humor being perceived and received by the receiver is maximized.

References


Therapeutic Humor: Where’s the Beef?

Did you know that humor stimulates us in three healthful ways?  
Humor stimulates Laughter—the physical response to humor 
Humor stimulates Mirth—the emotional response to humor 
Humor stimulates Wit—the cognitive response to humor

Did you know that research has clearly indicated that negative thinking and chronic distressing emotions are directly related to ill heath and disease?  
Humor, by stimulating mirth and wit, counteracts this process.

Did you know that while everyone has a different “sense of humor,” there are universal humorous stimuli? For example, the presentation of incongruity, the experience of sudden surprise, and the experience of absurdity are a few examples of universal humor stimuli. A sense of humor is an interaction between a universal stimulus and the individual’s perception of that stimulus. Want more? Ask me about my presentations, visit my web site, read my articles or chapter in “Play Therapy With Adults.”

Did you know that there is no published research that directly supports the notion that endorphins are secreted during the experience of humor? There is, however, some research evidence that suggests that endorphins may be secreted. This evidence is inferential. For example, there is some sound research that indicates that tolerance to pain is increased with deep heartfelt laughter, and we know that endorphins are natural pain killers so we might infer that the mechanism of reduced pain with laughter is through the secretion of endorphins.

Did you know that the research that children laugh 400 times a day while adults laugh only 15 times a day appears to be urban legend? I (along with many of my humor colleagues) have not been able to find the research that supports this conclusion. Certainly, by observation, we can see that children laugh more than adults, but this particular research citation and publication continues to elude us.

Did you know that the true value of therapeutic humor is not in a transient or fleeting moment of laughter, mirth, or wit? The true power of humor is in its integration into one’s being. It is a lifestyle of humor and humorous perception and experience that are truly healthful. A humorous lifestyle is an antidote to daily stresses and a promoter of joy and happiness. As we examine the extensive research on ill health and disease, we discover that negative thinking and distressing emotional experience are both directly related to ill health (see my article on humor and heart disease). Since chronic humor counteracts both negative thoughts and distressing emotions, we can conclude that it must also counteract their negative effect on health.

For psychotherapists, did you know that in addition to building the relationship and promoting cohesion and therapeutic intimacy, humor can be used as a diagnostic tool and as a treatment tool? Want to learn more, consider one of my full day continuing education workshops, my online humor programs, or my home study humor programs.
The Therapeutic Value of Humor: Exploring Beyond Laughter

The experience of humor is not the same as the experience of laughter. You can experience laughter in the absence of humor, and you can experience humor in the absence of laughter. While laughter in the absence of humor may offer health benefits, clearly the experience of humor in the absence of laughter offers health benefits. As you share the benefits of laughter with others, do not forget to also present the benefits of wit—the cognitive experience of humor, which offers perspective and mirth—the emotional experience of humor, which offers uplifting feelings.

Recent research indicates that the “anticipation” of laughter has physiological benefits similar to those of the actual experience of laughter. What is the anticipation of laughter? It is a cognitive process. When we think (anticipate) “differently” like anticipating laughter, we create alternative thinking patterns, alternative emotional patterns, and alternative physiological patterns.

Extensive research on how we think and how we feel has indicated that negative thinking patterns and distressing emotional experience are directly related to ill health and reduced life satisfaction. Humor, in addition to stimulating laughter, changes thinking patterns by providing perspective and changes emotional distress by replacing distressing emotions with more uplifting emotional experience.

Have you ever been in a group where others are laughing and questioning you as to why you are not? People have different funny bones. What triggers your funny bone may be different from that which stimulates others' funny bones. A stimulated funny bone may result in laughter, but may alternatively result in wit, or mirth. While some people experience the benefits of their laughter, others are benefited by feeling the humor, and still others are benefited by getting the humor.

People laugh differently and some say, “I am laughing on the inside.” Those who are laughing on the inside are actually experiencing “mirth” the emotional experience of humor or “wit” the cognitive experience of humor. It is the uplifting emotional experience of mirth and the readjusting of perspective through wit that counteract the distressing emotions and negative thinking that lead to ill health.

Future research will likely further identify the positive benefits of laughter, but it appears that the therapeutic benefits of mirth and wit are equally powerful if not even more powerful. Research on attitude (positive and negative thinking) has consistently found that attitude is directly related to many aspects of health and well-being. Research on emotions (distressing and uplifting) has also found that emotional states are directly related to health and well-being.

While the experiences of wit, mirth, and laughter are distinctly different, when your funny bone is stimulated you are most likely to experience more than one. All three have health benefits and contribute to one's well-being.
Humor Creed

We Hold These Truths to Be Self-Evident

1. Humor is universal
2. Humor activates laughter—a physical experience
3. Humor activates mirth—an emotional experience
4. Humor activates “wit”—a cognitive experience
5. Not all humor is therapeutic
6. Humor may stimulate laughter but humor and laughter are distinctly different
7. There are physiological, emotional, cognitive, and physical benefits to therapeutic humor
8. It is beneficial to both offer and receive humor
9. Humor can be therapeutic, hostile/harmful, or neutral
10. Laughter and humor are not therapies but they may be therapeutic
11. Humor is a stimulus, experience and not an emotion, thought, or behavior. Humor may activate emotion, thought, and behavior.
Survival of the Witty-est; Creating Resilience Through Humor

By Steven M. Sultanoff, Ph.D.


Just as our physical immune system protects us from toxins in our environment, our psychological immune system protects us from the toxins generated from psychological stressors we experience in the world around us. While the physical immune system produces antibodies to help protect us from biochemical toxins, the psychological immune system produces “antibodies” to help protect us from psychological toxins—often referred to as stressors.

Humor strengthens both our physical and psychological immune systems. The physical immune system is bolstered through biochemical changes such as an increase in immunoglobulin A during laughter. Humor helps to sustain the psychological immune system by altering how we feel, think, and behave.

Resilience is the ability of the human organism to spring back from stressors in the environment. As human beings we are resilient and, therefore, able to encounter stressors and return to our previous levels of functioning. In order to be resilient it is important that we “maintain” both our physical and emotional immune systems. Maintenance of healthy immune systems comes in many forms. Physical maintenance can be sustained through good nutrition, rest, and exercise. Emotional maintenance can be supported by sustaining realistic beliefs and attitudes about our world and possessing feelings of self-value and self-worth. By changing one’s biochemistry, thoughts, feelings, and behaviors, humor can help build physical and emotional resilience as it stimulates the production of physical and psychological antibodies.

Impact of Stressors

As we experience distress, antibodies (whether physical or emotional) are utilized to help us cope with the stressor. Multiple stressors deplete our immune systems and, without a regeneration of antibodies, our systems become increasingly susceptible to emotional or physical toxins.

After the occurrence of each stressful event in our lives, our immune systems contain fewer antibodies. These antibodies, therefore, need to be regenerated. If a sufficient quantity and/or intensity of stressors persists and there is no opportunity for the immune systems to recharge, a “breakdown” occurs. Breakdowns may be in the form of distressing emotions, rumination, inability to work, physical ailments, etc. When our immune systems are compromised, emotional distress (such as excessive anger, depression, anxiety, guilt or resentment) or physical distress (such as colds, headaches, or stomach aches) often occur.
Creating Psychological Resilience
Humor not only helps relieve distress and fights environmental toxins when they occur, it also regenerates our “antibodies” so that the impact of the toxins is minimal. This regeneration bolsters antibody levels and helps sustain resilience. As we experience humor, we “stock up” on psychological antibodies. When a potentially stressful event occurs, psychological antibodies are then “activated” to address our emotional distress.

As mentioned above, humor changes our biochemistry as well as our thoughts, emotions, and behaviors.

1. **Biochemically**, humor has been shown to increase immunoglobulin A and decrease stress hormones. It has also been shown to increase our tolerance to pain.

   *The intensity of stress we experience is directly related to the way in which we perceive the stressor. Shakespeare stated, “Nothing is good or bad. It is thinking that makes it so.”*

2. **Cognitively**, humor helps break rigid thinking resulting in our ability to perceive the world more “realistically” and without distortions. Our emotional state is greatly influenced by our perception of the events around us. A stressor is not inherently stressful. The intensity of stress we experience is directly related to the way in which we perceive the stressor. Shakespeare stated, “Nothing is good or bad. It is thinking that makes it so.” Because one person’s view of a particular stressor influences the impact of that stressor, a variety of people experiencing the same stressor may have vastly different reactions—depending on the meaning they place on the stressor. For example, someone who feels excessive anger often believes that the world *must* treat him “fairly,” and when it does not treat him so, he becomes angry. Humor helps adjust this particular belief system by providing a more realistic perspective on an “unfair world.”

Someone who experiences excessive anxiety often believes that she *must* perform well to be accepted or valued. When an environmental stressor challenges her performance, she experiences anxiety.

Humor again can provide a clearer perspective placing her “performance” in a healthier relation to the specific environment so that the individual changes her thinking pattern from “I must perform to be okay” to “I would like to perform well, but I’m okay even when I don’t do as well as I hoped.”

3. **Emotionally**, humor not only relieves distressful feelings, but it helps teach us that we have the ability to “manage” our emotional states. One can’t experience distressing emotions such as anger, anxiety, depression, guilt, or resentment and experience humor at the same time. You may have heard someone who is very angry say, “Don’t make me laugh. I want to be angry.” You cannot maintain a high level of anger and laugh at the same time. When I asked one of my clients (who was very “dedicated” to her depression) what upset her about my “humorous” interventions she replied, “When you make me laugh, I do not feel depressed.” My humor momentarily relieved some of her depression which she seemed committed to maintaining! Humor and “distressful” emotions cannot *occupy* the same emotional/psychological space.
Since the experience of humor affects our emotions, we can learn to manage our emotional distress through humor. While humorous interventions may not remove chronic depression they can, for a few moments, relieve emotional upset, teaching us experientially that depression (as is true of other distressing emotions) can be lessened or temporarily relieved when we experience humor.

4. **Behaviorally**, humor can energize and recharge us and increase our desire and ability to choose activity over inactivity. We are more likely to greet and connect with others when we experience humor.

**Our Comic Vision**

We are more likely to live healthy and happy lives if we maintain our physical and emotional resilience. To do so we can develop our “comic vision”—a way of perceiving the world that allows us to be receptive to the humor around and within us. Heightened receptivity to humor can stimulate our ability to be increasingly interactive with, and even proactive toward, the world around us. In this way we increase our perception of humor—allowing it to help us manage our biochemical, cognitive, emotional, and behavioral states.
Revisiting the Land of the Mirth and Funny
By Steven M. Sultanoff, Ph.D.

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This article is an update to my original article “Exploring the Land of Mirth and Funny” (1994) and my detailed chapter “Integrating Humor into Psychotherapy” (Play Therapy with Adults, 2002). In this article, I have added a brief discussion about the universal triggers that activate one’s sense of humor. This article also reflects updated thinking on the therapeutic experience of humor. In the original article, I discussed laughter as a physiological reaction to humor, mirth as an emotional reaction, and wit as cognitive reaction.

Over the years my thinking has shifted. Since the emotional experience of mirth and the cognitive experience of wit also activate biochemical/physiological changes, I have revised the model to present laughter as a physical experience rather than physiological, and based on the research on emotion and cognition, now present laughter, mirth and wit as all activating physiological changes. It is these physiological changes that are primarily cited as the therapeutic benefits of humor.

To understand the therapeutic nature of humor, we must understand that the experience of humor involves a stimulus (the presentation of one of the universal triggers) and a reaction (laughter, mirth and/or wit). While each individual’s sense of humor is unique, it is also true that there are universal triggers that activate a humorous response. The universal triggers that engage one’s sense of humor include 1) an external stimulus that is perceived as incongruent, absurd, or ludicrous; 2) an event that is initially perceived as dangerous but quickly reevaluated as non-threatening (Candid Camera stunts illustrate such an event); 3) a sudden surprise; 4) a situation where one “gets it,” and 5) a traumatic event which in the future is reevaluated with perspective.

The experience of humor begins with the presentation of one of the universal triggers. Once a trigger is perceived (consciously or unconsciously) as a humorous event, then the internal experience of laugher, mirth, and/or wit is activated. The therapeutic benefits of humor are a result of 1) the physical, emotional, and cognitive changes and 2) the physiological changes that occur when one’s funny bone is stimulated.
Laughter: The Physical Benefit of Humor

The perception of an event as humorous may stimulate laughter. Laughter is a physical experience. When we laugh our internal systems are engaged in a physical way—our muscles contract, our blood flow increases, and our respiration increases. While laughter has been popularized as the primary (and even exclusive) therapeutic benefit of humor, it is only one therapeutic benefit of humor—the physical one.

Mirth: The Emotional Benefit of Humor

Humor also stimulates mirth—the emotional experience of humor. When we experience mirth, we feel emotional pleasure such as joy and delight. Mirth provides two therapeutic functions. First, when we experience mirth, distressing emotions such as anger, anxiety, depression, guilt, and resentment dissolve. Even if these emotions only dissolve momentarily, the experience of mirth relieves emotional distress and teaches us that we have an ability to manage emotional discomfort. Second, mirth is a powerful, emotionally uplifting experience that activates joy, happiness, and pleasure. Modern research is uncovering the therapeutic benefits from the experience of pleasurable events.

Therefore, mirth serves two therapeutic functions. It dissolves emotional distress, and it activates emotional pleasure. Both of these functions have therapeutic value. While the majority of the research on the therapeutic benefits of humor has focused on the physical experience of laughter and the resulting biochemical changes, and the research on mirth is virtually non-existent, we can infer the therapeutic benefit of mirth (emotional and biochemical) in the following way. There is an abundance of research that indicates that distressing emotions such as anger, depression, guilt, anxiety, and resentment are related to a wide range of health issues. For example, chronic anger and chronic depression have been linked to heart disease, and chronic anxiety has been linked to an assortment of gastrointestinal problems such as ulcers and irritable bowel syndrome. Since distressing emotions are clearly linked to ill health, and we know that the experience of mirth dissolves distressing emotions, we can conclude that the enduring or persistent experience of mirth offers a health benefit by reducing the potency of distressing emotions, thus reducing the negative biochemical outcomes resulting from chronic emotional distress.

Wit: The Cognitive Benefit of Humor

The third therapeutic experience of humor is, what I label, wit. Wit is the cognitive or thought oriented reaction to humorous stimuli. When we experience a humorous event, in addition to potentially laughing or experiencing mirth, we are likely to shift our perspective. Wit is activated when we perceive the universal trigger of incongruity or “getting it.” It is the making sense of the incongruity or “getting it” that creates a shift in our thought process and activates wit. The experience of wit challenges and changes our thoughts and even our deeper beliefs. We frequently see such a shift when humor (wit) functions to add perspective to life or to diffuse traumatic events. In this way wit reduces “negative thinking” patterns. One of the prime functions of therapeutic humor is to shift
our perspective helping us to see the world through different eyes—eyes that are less negative and distorted. Examples of humor shifting negative thinking include Ziggy and Peanuts cartoons that place the world in perspective and in that way offer therapeutic benefits.

In addition to the research indicating that distressing emotions are linked to ill health, there is an abundance of research indicating that negative thinking patterns also lead to ill health. When people maintain negative attitudes and think negatively about themselves, about their world, or about their future they are likely to develop an assortment of health issues which may be psychological or physical. The experience of wit shifts thinking from the negative. While we do not have direct evidence indicating that the shift from negative thinking (through the experience of humor) leads to a positive outcome, we can conclude that since negative thinking leads to ill health, and the experience of humor shifts negative thinking, then the experience of humor (by shifting negative thinking) clearly has a positive health impact.

In addition to the research on negative thinking, a new area of psychology called positive psychology has discovered that positive or optimistic thinking has a beneficial health impact. People who are optimistic are healthier than those individuals who view the world negatively. Therefore, since humor shifts perspective and attitude from the negative to the positive, we can infer that indeed it will have a beneficial health impact.

### Therapeutic Benefits of Humor

Among the many questions that remain in terms of the therapeutic benefits of humor, is the question of the mechanism of how laughter, mirth, and wit actually generate therapeutic benefits. It seems reasonable that these benefits result from the biochemical changes that occur with laughter, mirth, and wit. Fortunately, we have some research in this area. While I am not going to review the details of the physiological reactions to laughter, mirth, and wit, the research does suggest that there are specific biochemical changes that occur with laughter. These biochemical changes include a reduction in serum cortisol (a hormone secreted when we are experiencing stress), an increase in specific antibodies, an increase in tolerance to pain, and an increase in blood flow.

While there is no research that directly links mirth or wit to a therapeutic benefit, based on the extensive research which clearly demonstrates that both distressing emotions and negative thinking result in ill health, and mirth and wit shift distressing emotions and negative thinking, we can reasonably conclude that mirth and wit offer therapeutic benefits.

### Conclusion

Because of the powerful impact distressing emotion and negative thinking have on health, it is my belief that future research on the therapeutic value of humor will discover that the emotional experience of mirth and the cognitive experience of wit have major therapeutic value. While historically research has focused on laughter’s therapeutic benefits, it is my belief that the
therapeutic benefits of mirth (emotional), and wit (cognitive) will be at least as powerful if not more so. I base this belief on the abundance of research that concludes that distressing emotions and negative thought patterns lead to ill health. The experience of humor is a powerful intervention to counteract the distressing emotion and negative thinking.

In summary, the experience of humor is a perceived event activated by the presentation of one of the universal triggers of humor. Based on the perception of an event as humorous, one or more of three internal systems (laughter -physical, mirth-emotional, and/or wit-cognitive) is activated. The activation of laughter, mirth, and/or wit creates biochemical changes. While we are only beginning to understand the biochemical changes as a result of humor activating wit, mirth, and/or laughter, future research is likely to discover that there are multiple therapeutic benefits that are triggered by humorous events. Note that in this article I have implied that the physical experience of laughter, the emotional experience of mirth, and the cognitive experience of wit are independent entities. It is likely, although difficult to measure, that these three experiences interact with, and stimulate, each other. A humorous event that results in laughter may also trigger mirth and/or wit. The experiences of and interactions of wit, mirth, and laughter and the resulting biochemical reactions remain to be explored. I'm optimistic that in the next 5 to 10 years, we will discover that the therapeutic nature of humor far exceeds the therapeutic value of laughter alone and includes powerful emotional and cognitive shifts as suggested in this article.