The Characteristics and Functions of Humor in Psychotherapy: A Qualitative Study

Joshua Gregson

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THE CHARACTERISTICS AND FUNCTIONS OF
HUMOR IN PSYCHOTHERAPY: A QUALITATIVE STUDY

A Dissertation
Submitted to the McAnulty College and
Graduate School of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By
Joshua Gregson

December 2009
THE CHARACTERISTICS AND FUNCTIONS OF
HUMOR IN PSYCHOTHERAPY: A QUALITATIVE STUDY

By

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ABSTRACT

THE CHARACTERISTICS AND FUNCTIONS OF HUMOR IN PSYCHOTHERAPY: A QUALITATIVE STUDY

By

Joshua Gregson

December 2009

Dissertation supervised by Roger Brooke, Ph.D., ABPP

Literature on humor in psychotherapy has been strongly influenced by a debate on whether or not therapists should engage in humor with clients. Many authors urge significant caution and are suspicious of humor’s use by therapists. Others argue that humor can be helpful in therapy and illustrate its uses through clinical evidence, mainly anecdotes from the author’s experience. The debate on humor’s admissibility in psychotherapy treats humor as optional, and thereby ignores its centrality in human relating and its inevitability in the therapeutic relationship.

Since humor inevitably arises in psychotherapy, it is important for therapists to know typical manifestations and meanings of humor in psychotherapy. Many functions and risks of humor have been enumerated in the literature, but the available insights are scattered and partial. A common understanding of humor in therapy that is based upon a
broad range of actual instances is needed. This study provides a comprehensive
description of humor as it occurs in client-led, psychodynamically informed
psychotherapy.

The study occurred at the Duquesne University Psychology Clinic and involved
the analysis of more than fifty instances of humor from five recorded psychotherapy
sessions, conducted by three therapists with five clients. Recorded humor instances from
these sessions were reviewed and discussed with participants, and information from these
discussions informed subsequent analyses of humor. Clinical, conversation, and humor
theory analyses of each instance of humor were utilized to construct a general description
of humor in psychotherapy. In addition, the dynamics and meanings of humor were
explicated to inform clinical practice and humor theory. Important findings of the study
include the observation that most humor in the sessions was much more context-
dependent (i.e., “you had to be there” to get the humor) than the examples found in the
literature. In addition, most humor in these sessions was produced by clients rather than
therapists. Since the humor in psychotherapy literature has focused mostly on readily
understandable humor and on the therapist’s “use” of humor, such findings show that the
literature has insufficiently addressed the most prevalent forms of humor in client-led,
psychodynamically informed therapy. This study contributes by addressing these and
other important forms of humor in psychotherapy.
DEDICATION

To Sharon, Kenneth, and Stan
First, I would like to thank my participants Andrea, Bridget, Holly, Ken, Nathan, Tamara, Ursula, and Yvonne. I cannot thank them by their real names, but this project would not have been possible without the real people behind these names. They were a very small and courageous minority at the clinic who were willing to open themselves to scrutiny. Psychotherapy is an intimate activity and it is not easy, as a therapist or client, to allow an outsider to peer into the relationship and analyze it. So once again, I give many thanks to my participants for being willing to share their work with me.

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made time to talk with me when I needed her, and I have appreciated her calm openness and her willingness to entertain whatever I brought to her. Her guidance in the conversation analysis aspects of the study was invaluable.

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Chapter 1

Introduction, Literature Reviews, and Study Rationale

Humor in psychotherapy is an important, though largely overlooked, area of study. Therapists have often unwittingly neglected humor in their work with clients, even though one of the therapist’s most important tasks is to maintain awareness about the various aspects of the therapeutic conversation and their possible meanings. There is a surprisingly large and growing body of literature on humor in psychotherapy that is a good starting point for the clinician interested addressing this area of his or her work. This literature has demonstrated several important uses and cautions regarding therapist engagement with humor in psychotherapy. However, the literature is lacking in several ways. It is repetitive and fragmented, requiring a great deal of inquiry and effort in order to touch upon all the insights it has to offer. In addition, it is partial to humor as initiated by the therapist, when there are many indications that most humor produced in psychotherapy is actually initiated by the client.

This study was undertaken to address such omissions in the literature, and to attempt a synthesis of understandings about humor in psychotherapy based on concrete instances of humor in psychotherapy from a range of therapists, clients, and sessions. Most literature on humor in therapy is based on the author’s clinical experience and involves clinical vignettes as the primary evidential basis. No studies have focused upon
the phenomenon of humor as it actually occurs across a broad range of therapists, clients, and sessions. That is what this study aimed to do: provide a description and understanding of humor in psychotherapy based in concrete instances of humor in psychotherapy gleaned from sessions involving several different therapists and clients. Hence, this study utilizes recordings and transcription of actual therapy sessions as its primary source of data. In addition, willing therapists and clients were interviewed about their experiences of humor in session, as captured in video and audio recordings. The aim was to not only provide a description of humor’s typical manifestations, but also its experiential, emotional, and motivational aspects.

Furthermore, the study was designed to address questions about what effects humor has in session, and the ways these effects are brought about. To accomplish these tasks, I analyzed instances of humor from the data using a diverse set of approaches. First, I read and reflected upon clinical considerations involved in each instance of humor, including its context and meanings. Second, I applied ideas and tools from conversation analysis to each humor instance in order to better understand how internalized conventions of conversation influenced the moments leading up to and following humor. Then, I considered a diverse body of ideas from humor theory in relation to each humor instance, in order to construct an account of how humor, qua humor, influenced the course of the session. All of these analyses were subsequently combined into a single synthesized account for each humor instance. These synthesized accounts of each humor instance were then examined for patterns and themes. Extended writing and reflection about such patterns and themes eventually led to the construction of a general description of humor in psychotherapy. This general description compresses
the wealth of observations and insights attained during this study into a compact yet comprehensive overview of humor in psychotherapy that is clinically applicable. The general description is one of the main results of this study.

Humor in psychotherapy is also a neglected resource for studying the nature of humor itself. A person’s psychological life—his or her attitudes, feelings, thoughts, associations, and relationships—is discussed more intimately and extensively in therapy than in any other setting. Studying humor in a therapeutic setting is hence a promising avenue for revealing how personal constitution and disposition interact with and affect humor.

Regardless of context, though, humor is a topic worthy of greater scholarly attention. Humor involves uniquely human capacities such as the ability to compare different frames of reference and perceive paradox in language. At the same time, humor’s quintessential expression involves reflex-like motions of the body, the rocking and rhythmic breathing and voicing of laughter. This connection of high level mental activity with stereotyped, semi-voluntary bodily movements highlights humor’s mysterious nature and suggests that humor is entangled with human constitution at many levels. Herbert Spencer, the well known 19th century philosopher, put this point poignantly: “why, when greatly delighted, or impressed with certain unexpected contrasts of ideas, should there be a contraction of particular facial muscles and particular muscles of the chest and abdomen?” (1911/1987, pp. 99-100) Understanding humor more deeply helps to shed new light on human nature. For example, in this study, I observed that participants frequently deployed humor to shift from less desired to more desired states. Participants seemed to have an intuitive grasp of how to use the emotional dynamics of
humor to minimize threatening possibilities and emphasize agreeable aspects of a situation or interaction. Examples of humor being used in this way suggest that more broadly, human adults have the capacity to unreflectively employ the humor’s inherent diminution of meanings to enact visceral and compelling shifts in attitude and perspective. Given the prevalence of humor in human interaction, this capacity is an important part of what it means to be human, particularly in interpersonal interaction (see section titled “Incongruities Involving Exaggeration can Viscerally Shift Emotional Salience,” Chapter 6, for more information).

**Purposes of Study, Audiences Addressed**

The primary audience addressed by this study is that of therapists who are interested in improving their awareness and ability with regard to humor in session. In my own training to become a therapist, humor in session was rarely discussed, and if so, only in passing. Yet humor occurs in therapy regardless of one’s preferred ways of working with clients. Sensitivity to humor and its meanings should be among the realms in which one has cultivated a clinical awareness. Sensitivity to humor can help one understand the client and one’s relationship with the client. This study was designed and carried out to help address the relative vacuum in most psychotherapy training today (Franzini, 2001).

Much of the literature on humor and psychotherapy argues for humor’s acceptability as a resource for therapists in their work. To accomplish this goal, authors have relied on case studies and vignettes to demonstrate humor’s successful use in therapy. Articles in the literature are generally written, then, with the goal of explicating the author’s intuition and experience that humor can be helpful in therapeutic work,
rather than distracting or detrimental. Coming in with such an agenda shapes articles, and consequently the literature as a whole, in the direction of extolling the virtues of humor in therapy. What has been left behind, as a result of such a history, is an understanding of how humor actually works in therapy without an a priori emphasis on its specifically therapeutic uses.

Most literature tacitly assumes that humor is something that may or may not be deployed by the therapist. The data in this study, however, shows that humor occurs in therapy regardless of the therapist’s choices, and is something that would benefit therapists to better monitor and understand. The main goal in this study is to see, through recordings and transcripts of actual therapy sessions, how humor actually occurs in therapy and affects the work and the relationship between therapist and client. One result of this approach is that in my study client-generated humor receives much more attention than it has in prior published works. I show that humor produced by the client occurs with much greater frequency than therapist humor, suggesting that this kind of humor in psychotherapy has been grossly neglected.

Another audience for this study is that of humor theorists interested in seeing what the psychological experience of humor can contribute to their understanding. This study interfaces a psychodynamic paradigm of interpretation with other, more firmly established approaches in humor studies, especially conversation analysis approaches to humor, but also the linguistic theories of humor developed by of Raskin (1979, 1985) and Attardo & Raskin (1991). Given that the goal of any linguistic theory is to model language production as it actually happens, as opposed to simply make up a program that can generate humorous texts (Raskin, 1985), a study that illuminates the psychological
grounds of engagement in humor can contribute to the enterprise of linguistic humor theory. Detailed information about the psychological experience and functions of humor can usefully inform theoretical concepts in linguistic theories, for instance the bona-fide/non-bona-fide communication distinction, and the idea that language is defunctionalized in humorous texts and utterances. By closely observing human subjects in a minimally complicated interactional setting, I have found some new ways to describe linguistic theories of humor that more accurately reflect humor experience and production.

The primary task of this study remains that of providing a clear, helpful description of humor in psychotherapy that is based on examining a diverse set of actual sessions. A review of the literature will demonstrate the need for such a description, and orient the reader to the desirability of greater knowledge about humor in psychotherapy for clinicians.

**Literature Review: Humor in Psychotherapy**

*The Taboo Against Humor in Psychotherapy: Its Roots and Gradual Decline*

Humor’s place within the theory and practice of psychotherapy has long been of questionable, contentious status. Sigmund Freud was especially interested in the subject of humor and wrote *Jokes and Their Relation to the Unconscious* (1905/1963) early in his career, yet he thought it inappropriate for psychoanalysts to engage in humor with their clients. Freud’s (1924) papers on analytic technique suggest that an analyst who engaged in humor would thereby disadvantage both himself and the client, and make the “resolution of the transference” more difficult:

I cannot advise my colleagues too urgently to model themselves…on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his
mental forces on the single aim of performing the operation as skillfully as possible. The justification for requiring this emotional coldness in the analyst is that it creates the most advantageous conditions for both parties. (p. 115)

Also:

The resolution of the transference, too...is made more difficult by an intimate attitude on the doctor's part, so that any gain there may be at the beginning [of treatment] is more than outweighed at the end...The doctor should be opaque to his patients and like a mirror, should show them nothing but what is shown to him. (p. 118)

With this kind of language, the stage was set for therapists to minimize their own expressions of feeling and emotion, including humor and laughter, when in session with a client. The stereotype of the rigid, reserved psychoanalyst would suggest that Freud’s recommendations have been heeded by his followers.

An example that gives the flavor of the debate on humor in psychotherapy comes from the most cited article in all of the literature on the topic, Laurence Kubie’s (1971) “The Destructive Potential of Humor in Psychotherapy.” In this article, Kubie raises many worthwhile considerations as to whether or not a therapist should engage in humor. He points out that humor involves a kind of self-disclosure that can “impair the therapist’s necessary incognito” and inhibit client expression and therapeutic work. He notes that subtle messages are conveyed in humorous remarks and suggests that such messages circumvent the “protective restrictions” of analytic procedure and inevitably lead to client wariness and distrust of the therapist (p. 864). He argues that even though humor has alleged beneficial therapeutic effects, there are more established and reliable means for achieving those same effects. Such issues are still much in need of examination and debate, and Kubie’s article is valuable for having so forcefully raised these issues.
However, Kubie’s article also exhibits the acrimonious character of the debate, and thereby provides a sense of the forces that have led to the taboo status of humor for psychotherapists:

…no matter how consciously well intended the therapist's humor may be, the patient usually perceives it as heartless, cruel, and unfeeling…the technical devices of analytic therapy…have as one of their central goals the protection of the patient from the frailties of the therapist…We can leave their protection only with many precautions. Yet humor is a subtle way of circumventing their protective restrictions… I have seen humor tried countless times. Yet I cannot point to a single patient in whose treatment humor proved to be a safe, valuable, and necessary aid… Those who are most violent in their defense of humor in psychotherapy often have faces that are distorted with anger even when they think they are at peace and unobserved. Any lecturer on this topic, particularly if the group is not too large, can spot them in the audience by their chronic expressions of tense resentment. (pp. 863-866).

This selection shows how direly the situation can be painted: if one slips up and is humorous with a patient one has been “heartless, cruel, and unfeeling.” Humor exposes the patient to the “frailties of the therapist.” Humor has never “proved to be a safe, valuable, and necessary aid.” The selection also illustrates the intensity of dividing lines in the debate. Kubie goes so far as to attack the character of humor proponents; they are chronically and tensely resentful, and “distorted with anger” even though they do not know it. Who would want such a pernicious and deluded person as a therapist or analyst?

Writings on humor and psychotherapy are replete with references to a taboo against humor in psychotherapy. Fry (1993), who has edited three volumes on humor in psychotherapy, wrote that “the restrictive tradition against humor in psychotherapy has been firmly ensconced…[and] had the power of being the word of the archetypal elders” (p. xiv). Madanes (1987) stated that “probably humor was being used by therapists for decades, but it was Frankl and Erickson who brought it out of the closet in professional
publications” (p. 243). Surkis (1993) analyzes the taboo against humor in psychotherapy as follows:

The negative attitude toward humor as a means of facilitation is based upon a collusion between the therapist’s fear of his or her imagined omnipotence and an assumption regarding the patient’s imagined fragility. In that perspective, there seems to be a sharper focus on the patient’s dysfunction than there is on his or her ego resources. (p. 129)

As late as 2001 the remnants of this enduring taboo against humor in therapy are on display in an article written by a career counselor: “I have a feeling that many counselors use humor in their career counseling, much more than they are willing to admit” (Nevo, 2001, p. 130). Career counseling is a newer therapeutic discipline, very far removed from the influence of psychoanalysis, yet the taboo against humor in psychotherapy is strong and pervasive enough to have reached this realm.

In spite of the longstanding ethos against therapist engagement in humor, humor has nonetheless found its way into the practice of many psychoanalysts and psychotherapists. Part of the influence in this direction is personal/human nature, and part of it comes from the growth of new approaches and traditions. First, consider the personal/human nature aspect of the influence. Freud himself is an example of this influence. He is reputed to have been much less reserved, opaque, and orthodox in his actual work than his writings on technique would suggest. In fact, there are many reports on Freud’s humor in session from his former patients. Roazen (1995) recounts the following anecdote from Freud’s analysand Albert Hirst:

While he [Hirst] was with Freud he already discovered that he could be unusually potent, and had successful intercourse several times in an hour. When Hirst attributed his sexual prowess to an inheritance from his father’s family, Freud made a dry remark to the effect that for such a trait one ought to be able to forgive one’s family much. (p. 20).
Freud’s comment, far from showing his patient nothing but what the patient had already uttered (Freud, 1924, p. 118), interjected Freud’s own ironic response to the information. The impression this response made was strong enough that Hirst remembered the comment in an interview with Roazen more than fifty years later. In fact, Hirst was himself a psychoanalyst, and judged Freud’s departure from analytic orthodoxy unfavorably. Hirst’s story is only one among many reports of Freud’s sarcasm while working with patients (cf. Roazen, 1995, esp. Ch. 2).

There is ample evidence that many clinicians of varying stripes (including psychoanalytic) have unwittingly followed Freud’s example of eschewing humor in theory, but embracing it in practice. Kaneko (1971) conducted an informal survey that revealed a discrepancy between clinician reports and client reports on the frequency of humor in psychotherapy sessions. Patients reported a much greater frequency of therapist humor in session than did those same therapists. Kaneko’s experience of clinician resistance to her study highlights the verboten status of humor in therapy when she performed the study (ca. 1970, US):

A number of the therapists reputed by their colleagues or former patients to use humor presented either outright refusal or an aura of resistance or inability to discuss the issue as if something deeply personal and precious were being subjected to unwanted scrutiny. (p. 40)

Kaneko’s experience and others like it (e.g., Korb, 1988, pp. 1-6) demonstrate that the entrenched taboo against therapist engagement in humor has not eradicated it, but driven it underground.

One can find repeated examples in the literature over the years in which therapists narrate their struggles to follow a more orthodox technique and minimize expressions of personality in session, including humor. Such authors narrate a gradual shift in how they
practice, usually with the help of a sympathetic mentor. They describe feeling relief and
an improvement in their work when they are able to allow their personalities, including
humor, to arise more naturally in session. For example, Olona, (1988), in an article titled
“Going from Serious to Fun and Remaining Professional,” recalls that when she found
herself having fun with a client in session, she worried that she was not doing her work:

…I developed the belief that counseling was serious business and not much fun. To be a professional I believed that I had to be serious and reserved in counseling sessions…if I allowed myself to enjoy the session, it somehow meant that I had not worked hard enough for the client. If I enjoyed myself and perhaps laughed, I was taking time away from the client’s concerns. (p. 110)

She gratefully recalls the encouragement of an internship supervisor, who told her to be
more relaxed and natural with clients, and to allow her humorous side to emerge in
session:

She told me to enjoy myself, to have fun in my session, to be who I was all of the
time. This sounded pretty radical to me and certainly was counter to my concept of a professional, but I trusted her enough to try it…The most telling evidence of greater success was the need for fewer client sessions, and the miniscule number of cancellations and no shows. (p. 110)

Other examples of this kind of story include Bloch (1987, pp. 171-175), Ellis (1987),
Kuhlman (1993), and Yorukoglu (1993, pp. 58-59). Such narratives suggest that many
clinicians suffer a detrimental influence on their work when they try to stifle their
individual personalities, including humor. In these narratives therapists report that they
are better able to help their clients when they leave some of Kubie’s “protective
restrictions” of “technical devices of analytic therapy” (1971, p. 863). Such therapists
gradually find their way to a balanced inclusion of humor in their therapeutic work.

Of course, institutional influences have played a large role in the spread of
engagement in humor as more acceptable in the practice of psychotherapy. In fact,
several influential leaders of therapeutic traditions have written about the importance of humor in psychotherapy. An early champion of the use of humor in psychotherapy was Alfred Adler, founder of the “second Viennese school of psychoanalysis.” Adler shared jokes with his patients in order to illustrate the structure of their neuroses. He believed in minimizing a client’s felt tension during therapeutic work, and saw humor as an important tool for this task (Mosak & Maniacci, 1993, p. 5). Viktor Frankl, concentration camp survivor and founder of logotherapy, saw humor as a central ingredient in a style of intervention known as ‘paradoxical intention’: “as soon as the patient stops fighting his obsessions and instead tries to ridicule them by dealing with them in an ironical way—by applying paradoxical intention—the vicious circle is cut, the symptom diminishes and finally atrophies” (Frankl, 1946/1984, pp. 151-152). Milton Erickson, founder of hypnotherapy, also favored using humor in psychotherapy: “In therapy, you are very careful to use humor, because your patients bring in enough grief, and they don’t need all that grief and sorrow. You better get them into a pleasant frame of mind right away” (quoted in O’Hanlon & Beadle, 1999, p. 32). Albert Ellis, the irreverent founder of rational emotive therapy (RET), said that humor was central to the development and practice of his approach:

Humor can be appropriately and effectively employed in almost any kind of therapy... [but] it is particularly appropriate to rational-emotive therapy (RET). In fact, if I didn’t have such a fine sense of humor myself, and were I not able to laugh uproariously at myself while I foolishly (and unfunnily) practiced psychoanalysis for several years, I surely would have never originated RET. And had I not been able to take the not so humorous barbs of RET opponents with a huge bucket of salt for many years, RET would never have survived, and certainly not have become as popular as it now is. (1987, pp. 265-266)

Ellis has championed zany and clownish approaches to client problems, including singing “rational humorous songs” to his patients in order to ridicule their “irrational” beliefs and
behaviors into extinction. Among the most prominent psychotherapists in history, there is ample support for a positive view of humor’s place in psychotherapy. As these different approaches have multiplied and gained power over the years, writings from their practitioners favoring humor in psychotherapy have helped to slowly chip away at humor’s taboo status in the practice of psychotherapy.

The Inevitability of Humor in Psychotherapy

The taboo on humor in psychotherapy has probably done a disservice to professional psychotherapy by engendering guilt and worry in therapists who find themselves in a humorous interaction with a client. Humor’s marginal status in the realm of psychotherapy has contributed to its nonexistent or minimal treatment in most training programs (Franzini, 2001). Something important is ignored by the tenor of a debate on “if” humor should be a part of psychotherapy: regardless of one’s approach to the work, humor will inevitably occur in the therapeutic conversation. Humor is an extremely common mode of communication in conversation, as the daily experience for anyone who is not a hermit can attest to. Some scholars have estimated that humor is the second most frequent mode of communication, second only to bona-fide attempts at information, and therefore even more frequent than lying (e.g., Raskin, 1985, pp.101-110).

Anecdotally, I have regularly encountered client humor and laughter as a therapist, even though I was not professionally inclined to engage in humor myself. Furthermore, I have had experiences that showed that I unwittingly engaged in humor with clients: early in my training I had two clients tell me within the span of a few weeks that they liked my sense of humor. This feedback was surprising to me, given that I felt stilted and awkward in my new role as a therapist.
Several authors on humor in psychotherapy have written about the inevitability of a therapist’s unwitting engagement in humor. Recall Kaneko’s (1971) aforementioned result that clients reported greater humor in session than their therapists reported. Another example is Bloch (1987), who reported that in spite of his orthodox analytic approach in his early therapeutic work, he “soon realized that humor is inescapable in individual as well as in other modes of therapy” (p. 172). This realization, Bloch said, came through trying to implement Yalom’s (1985) recommendations for working as a group therapist. Yalom suggested that an effective group leader must be transparent to his group in many ways, a requirement that “inevitably entails the therapist’s expression of a wide assortment of feelings and attitudes, humor certainly among them” (Bloch, 1987, p. 172). Bloch concludes that “because humor appears to be an intrinsic feature of the therapy group, the question is not, as Kubie had formulated it, whether it should have a place or not but rather how it can be optimally built into the group’s culture” (pp. 172-173). Bloch’s reframing of the question from whether humor should be in therapy to how it can be optimally built into it is progress in the debate found in the literature. If humor is inevitably a part of psychotherapy, questions such as what humor is, how it emerges, and how it is best engaged in therapy, are much more fruitful kinds of questions to focus upon.

Accomplishments of the Literature on Humor in Psychotherapy

In spite of the debate centering on “if” humor should be in therapy rather than “what” it is and “how” it works, useful observations and recommendations can be found in the literature on humor in psychotherapy. Many of the most important lessons to be learned from the literature can be found in an article advocating for greater emphasis on
humor in the training of therapists, by Franzini (2001). In an appendix to the paper, Franzini collected from the literature an appendix of eighty “positive uses” and “cautions” with respect to humor in psychotherapy (pp. 188-193). I have further distilled Franzini’s list of 80 down to a list of 11 (seven “positive” and four “negative), making sure that each of Franzini’s eighty categories fit well into at least one of these categories.

The categories that follow are not mutually exclusive. The literature contains many articulations and variations on the categories below. I use different references than Franzini did in his appendix in order to further illustrate the point that the literature is extensive and repetitive. Examples for each category are provided to give the reader a sense of how a given category is discussed in the literature:

1. **Humor can foster and express insight, new perspectives, and an awareness of previously unrecognized possibilities.**

   Discussions of this “positive use” of humor can be found in Eberhart (1993, pp. 105-109), Heuscher (1993, pp. 236-239), Maher (1993, pp. 94-95), Mahrer & Gervaize (1994), McWilliams (1994, pp. 217-220, 297), and Mosak (1987). Mahrer & Gervaize (1994) argued that humor, particularly as expressed in strong laughter, can be an expression of “a desirable shift in the patient’s self-concept or self-perspective” (p. 210). Mosak (1987) argued that hearty laughter expresses an important shift in a client’s perspective and patterns (pp. 70-71).

   McWilliams (1994) argued that humor is a useful tool in helping patients with paranoid or obsessive-compulsive personalities achieve a lighter, more liberating perspective. She said that humor can help obsessive-compulsive patients learn to enjoy feelings they were formerly loathe to admit: “that one could enjoy a sadistic fantasy and
not just own up to it…is news to these clients. The sharing of the therapist’s sense of humor may lighten the guilt and self-criticism that weigh so heavily on them” (p. 297). McWilliams also claimed that humor can help a paranoid patient overcome their paranoia: “judicious teasing, in an effort to make omnipotent fantasies [e.g., where everyone is out to get the patient] ego alien, can be very helpful to a paranoid person” (p. 219).

Heuscher (1993) provided a vignette in which humor helps a couple discover some middle ground in their extreme conflicts. He recalled the husband asking, “how do you deal with a wife who hits you over the head with a pan while telling you that she loves you?” (p. 237). Heuscher reportedly replied “I guess you find yourself another pan, hit her over the head with it, and tell her that you love her too” (p. 237). Heuscher said that this joke alleviated the contentious feel of the session and helped the couple see a new possibility of which they had been unaware: “covertly it offered the one option neither had been willing to acknowledge: that human beings indeed do have ambivalent feelings, that there are interpersonal problems without clear-cut solutions, and that the very acceptance of this fact may paradoxically improve communications” (p. 237).

2. Humor can help an individual, pair, or group break out of detrimental patterns of relating, interpreting, experiencing, or behaving.

Authors who write on this “positive use” of humor in psychotherapy include Corbett (2004, pp. 465-466) Mosak & Maniacchi (1993, p. 16), and Surkis (1993, p. 139). Corbett (2004) argued that humor can help a client to create “a new dialogue between primary and secondary [levels of psychological process]” (p. 466) that helps free the client from previous limiting patterns of behavior. Martens (2004) suggested that humor
can be used to help antisocial clients break patterns of socially unacceptable behavior (p. 353). Amada (1993) supplied a vignette illustrating humor’s role in bringing a fruitless interaction with a client to an end. In this vignette, Amada jokingly responded to a client’s raging tirade, surprising his client and ending the tirade. He said that this joke marked the beginning of greater intimacy between him and the client (p. 163). This example will be discussed below. Bloch (1983) provided an example in which humor was used to address a pattern of witty bantering between two members of a therapy group (p. 93). By questioning with the group the meanings of this banter, “it became evident that a lingering sense of competitiveness between the two…had reached critical proportions; they had both unwittingly resorted to bantering to avoid confrontation… other group members then recognized their own collusive participation in this ad hoc strategy” (p. 93).

3. *Humor can enhance the therapeutic alliance or aid the process, including the client’s ability to tolerate an exploration.*

Many authors discuss this kind of therapeutic function of humor, including Buttny (2001, p. 308, 317, 321-322), Corbett (2004, pp. 459, 464), Fabian (2002, pp. 407-409), Mosak & Maniaci (1993, p. 16), Pritzker (1999, p. 88), Salameh (1987, p. 238), Surkis (1993, p. 137), and Taubman (1980). A recurring theme in the literature is that humor can be helpful in the initial phases of therapy, as one means of establishing rapport and trust (e.g., Brooks, 1994; Fabian, 2002; Heuscher, 1993, pp. 218, 235-236). Taubman (1980) performed a study in which therapists were paired with young male delinquent clients on the basis of the quality of their humorous connection. He showed that when paired in this manner, this resulted in lower rates of recidivism for the delinquents. Fabian (2004)
described humor as a tool for the “regulation of nearness and distance” (p. 409), a tool which enables the client to “take a step back” when the relationship or the discussion is too anxiety-provoking, and to “extend a hand” when the relationship with the therapist feels uncertain.

Brooks (1994) provides several vignettes in which he responded humorously in initial sessions to adolescents who were obviously unhappy about being in therapy (pp. 53-57, 61-63). Most of these vignettes portrayed a positive outcome of the humor, and in more than one instance, his clients later told him that his humor in the initial session helped them invest in the process of therapy. He provides a useful glimpse into his decision-making processes regarding humor (p. 54) and argued that even when his humor failed to build rapport, it was diagnostically relevant: “the failure of Jennifer to appreciate my humor was also diagnostic because it revealed how easily she experienced others as belittling her and how mistrustful she could be” (p. 63).

Some authors have argued that rapport and a good alliance are prerequisites to the use of humor in therapy, rather than vice versa. For example, Kisner (1994) stated that “as with any patient in therapy, establishing rapport is an important prerequisite for using humor so that the interpretation can be openly discussed and not serve to distance the therapist from the patient” (p. 141). Kisner’s view is in line with the view of humor often represented by Kubie (1971), namely that humor is a powerful, and therefore potentially destructive, interpersonal force.
4. *Humor can reduce the perceived magnitude of a client’s burden or help the client gain a sense of proportion.*

Authors who discuss this category of humor in psychotherapy include Bloch (1987); Bloch, Browning, and McGrath (1983, pp. 91-92); Greenwald (1987); Killinger (1977, p. 153); McKiernan (1993); and Salameh (1993). Salameh (1993), who co-edited three volumes on humor in psychotherapy, stated “humor helps to liberate us from shame and blame. Its disinhibiting effects allow us to experience a new emotional ambience, relieved by our burdens [sic]” (p. xxxi). Greenwald (1987) put the point more succinctly: humor can make “mountains into molehills” (p. 53). Freud (2002) famously called humor “the highest of” defense mechanisms because through humor, one can transform otherwise implacable distress into pleasure without having to repress or deny the sources of that distress (pp. 224-225). Bloch (1987) echoed this Freud’s assessment he stated “humor is an example of a mature [defense] mechanism insofar as it enables one both to tolerate and to face the unbearable” (p. 174).

One case vignette illustrating this category comes from McKiernan (1993), who told of a very rigid client who was extremely distressed by visions related to his violent father. McKiernan reported that this client gained some relief from those visions by imagining his children playing with him in the stark landscape of those visions (pp. 197-200). Killinger (1977) recounted a vignette in which she helped a patient with aural hallucinations through humor. She instructed the patient to imagine the menacing “voices struggling vainly to talk to her through a mouth full of peanut butter [a topic that had arisen earlier in the session]. This broke us up completely and the office resounded with laughter. She told me later that that image saved her many times from avoiding the
voices; she became less fearful of them, and gradually they ceased to be a problem for her” (p. 153).

5. **Humor can facilitate an intervention or interpretation, including the client’s ability to grasp and remember an insight.**

Writings that illustrate this use of humor include Goshen-Gottstein (1994), Grossman (1977), Kuhlman (1984, pp. 27-42), Mosak (1987), and Yorukoglu (1993). Goshen-Gottstein (1994) provided several examples in which she made an absurd statement to help her patients gain a better grasp of their underlying fears and motivations. For example, she recounted an instance involving a new client who was very suspicious of therapists. In their initial meeting, this client asked her “do you really think you can help me?” Goshen-Gottstein reportedly replied “no, I don’t think I can but I do want your money.” She said that this absurd reply “expressed his own unexpressed negative expectations of therapists” and “enabled him to agree to commit himself to start therapy” (p. 105).

6. **Humor can help the therapist better understand the client.**

Authors who discuss this positive use of humor in psychotherapy include Amada (1993, p. 160), Mosak (1987, pp. 43-49, 69-72) and Yorukoglu (1993). Mosak (1987) discussed a variety of humor styles and what these styles suggest about personality and motives (pp. 43-49). He also suggested that an expansion in a client’s ability to perceive and appreciate humor is one indications of a client’s readiness for termination (pp. 69-72). Yorukoglu (1993) described a “favorite joke technique,” in which a therapist solicits a client’s favorite joke and then asks the client what is funny about the joke. He argued that this technique “can be very useful in elucidating child psychodynamics.” Yorukoglu
went on to say that “the dynamic relationship between the favorite joke and the patient’s emotional conflict can be clearly established” in most cases, and is often “amazingly striking” (p. 76).

7. *Humor can help the therapist avoid “burnout.”*

Authors who discuss this category of humor in therapy include Bernet (2001) and Kuhlman (1993). Bernet (2001) argued that “an awareness of humor should be nurtured among mental health professionals because it helps us keep our work perspective and is likely to reduce burnout” (p. 106). Kuhlman (1993) wrote an article illustrating ways that humor helped therapists in his 14-bed psychiatric unit (with violent patients) at a state forensic hospital avoid burnout. He describes several instances in which, helplessly faced with random violent actions with patients, therapists coped by joking about the conditions at the unit: “when a stressor cannot be removed or escaped it must be celebrated” (p. 38). Kuhlman describes several indicators of his unit’s success and attributes humor a large role in this success:

Humor has *everything* to do with treating patients…the frequency and intensity of aggression has declined significantly over the years…the staff turnover rate on MU [the ward] has been less than or equal to the turnover rates of three other less dangerous wards that opened at the same time. (p. 43)

8. *Humor—especially irony, ridicule, and sarcasm—can offend or threaten an individual.*

Authors who discuss this category include Ellis (1987), Farrelly & Lynch (187), Heuscher (1993), Kubie (1971), Madanes (1987), Maher (1993, p. 95), and Mindess (2001, p. 3). Many authors argue that irony, ridicule, and sarcasm can make the client feel wary and defensive, thereby precluding the openness necessary for therapeutic work. They argue that even when therapists do not intend to direct these kinds of humor at the
client, they might be attacking the client unconsciously. In any case, such forms of humor are likely to engender wariness and mistrust. Kubie (1971) is the most well-known representative for this caution, and his article has been discussed above.

There are some controversial dissenters, notably Ellis (1987) and Farrelly & Lynch (1987), who argue that ridicule and sarcasm can be directed toward the client, with therapeutically beneficial effects. Ellis (1987) argued that the diminishing effect of such forms of humor can be aimed at the client’s detrimental patterns of behavior, and provided examples in which he directed ridicule, sarcasm, and irony at the client’s symptoms in ways that the client reportedly found helpful. In one grants that successful treatments have utilized such forms of humor, it is important to find ways to distinguish when clients can benefit from such forms of humor and when such forms of humor are more likely to be harmful.

An interesting subcategory of this theme was suggested by Heuscher (1993): he argued that once a therapist has introduced humor as a theme for exploration, he or she must be committed to following that exploration wherever it may go, especially when this direction includes ridicule or derision directed toward the therapist. If the therapist is not up to being ridiculed, he or she will model an inability to tolerate ridicule and may also suggest weakness or vulnerability to the client (p. 219). Madanes (1987) echoed this sentiment: “to have an impact a therapist must have the ability to tolerate ridicule, to appear absurd, to risk loss of face, since sometimes the laughs turn on the therapist in unexpected ways” (p. 258).
9. *Humor can carry meanings that are difficult to decipher and track, thereby blocking helpful communication and intervention.*

Authors who discuss this caution regarding humor in psychotherapy include Amada (1993), Fabian (2002, pp. 406-409), Heuscher (1993), and Maher (1993). Maher (1993) discusses some of the ways that humor’s difficult-to-decipher meanings can be counterproductive in the treatment of alcoholism (pp. 86, 88). Fabian (2002) argued that because of the meanings of humor are subtle, the therapist should be well aware of countertransference issues in the therapy if he or she is to engage in humor with the client (pp. 408-409). He argued that this characteristic of humor makes it an easy channel through which negative could “leak out” toward the client.

Another common version of this caution is that laughing at a client’s humor can be counterproductive when the humor is part of a larger self-abasing or responsibility-refusing pattern in the client’s life (e.g., Amada, 1993, pp. 167-168). To inadvertently imply agreement with such patterns through laughter could offend a client and lead to mistrust. It is often argued that the best basis for engagement with humor in therapy is to have well-established trust and a solid working alliance with the client (e.g., Heuscher, 1993, pp. 218-219). This basis makes the therapy robust in the face of the possible misunderstandings that can occur through humor.

10. *Humor can detract from the work of therapy by diverting the client’s attention from a difficult topic or seducing the therapist out of his therapeutic role.*

Authors that address this category include Heuscher (1993), Kubie (1971), and Kuhlman (1984). Kubie stated that although he had “seen humor tried countless time” he had never seen it “be a safe, valuable, and necessary aid” (p. 865). Heuscher (1993)
argued that a therapist should only make humor focal in therapy when the therapeutic aims are clear; otherwise, humor will likely end up distraction that hinders the work of therapy. Heuscher argued that when explorations of humorous content fail to be therapeutically productive, the client may be left feeling that time has been wasted on indulging a therapist’s whim. Such outcomes, he said, could decrease confidence in the therapist’s capacity to meaningfully direct the conversation (pp. 218-219).

11. *Humor can be inappropriate for the relationship or a client’s circumstances* (e.g., client grief, depression, or feelings of vulnerability).

Authors who discuss this category include Heuscher (1993) and Kuhlman (1984). Kuhlman argued that therapists should only initiate humor when play cues (like smiling, mischievous expressions, changing voice pitch, etc.) are present (e.g., Kuhlman, 1984). Heuscher (1993) argued that in general, humor should be appreciated by both therapist and client in order for it to be appropriate for the therapist to engage in. He argued that differences in humor enjoyment between a therapist and client often lead to misunderstanding, mistrust, and misalignment (p. 219).

*Main Themes in the Above Categories*

There are some running themes in the recommendations and caveats made by authors on humor in psychotherapy. In the realm of “cautions” on humor in psychotherapy, one major theme is that the therapist and client are more likely to withstand the risks of humor and benefit from its presence in the relationship if it is something that can be talked about. If humor can be part of the conversation on the therapeutic process, the therapy will be more robust in the face of humor’s potentially adverse consequences. Another important theme is that humor is risky because its
meanings are multiple and often not immediately apparent. Humor can thus lead to client uncertainty and mistrust. Humor is such that it evokes strong feelings. Shame, persecution, and alienation can be among its effects, even when one intends humor to be enjoyed by one’s client.

Limitations of the Literature on Humor in Psychotherapy

My study intends to address the following omission in the literature: no studies of humor in psychotherapy have been based on a corpus of examples from actual therapy sessions with multiple therapist-client pairs. Authors have either written anecdotally, based on their own clinical experience, or have interviewed therapists about humor in psychotherapy, rather than observing it firsthand. Without any studies that are based on actual exchanges from therapy (encoded in recordings or transcripts), and without multiple examples of humor from multiple therapy sessions, blind spots in the literature have endured.

One of the most important blind spots to address is the following: very few authors address client-initiated humor. The primary issue the literature has addressed is how the therapist should use humor, including how and when it should be deployed. A typical example of the is from the introduction to Fry & Salameh’s (1987) *Handbook of Humor and Psychotherapy*, where humor is treated as tool for therapists or a treatment approach. When summing up, they say “psychotherapy students, interns, and trainees would be well-advised to consult with their supervisors as to how and when to introduce humor into their psychotherapeutic interventions” (p. xx). There is not mention of client-produced humor in the introduction.
Notable exceptions to the trend of excluding client-initiated humor from the discussion include the following authors: Bloch (1983) notes that focusing upon client-initiated humor in a therapy group and questioning its meanings with the group can reveal and engender progress in ongoing group dynamics. Zall (1994) discusses humor produced by children in psychotherapy and shows ways that children use humor to express and deal with anxiety and ambivalence that arise in therapy; he also shows that children produce humor as a way of gauging what behaviors are acceptable in session (pp. 26-33). In the same edited collection of articles, Dana (1994) provides a “laundry list” of ways that humor can be used diagnostically, including humor that is produced by the client. For example he discusses self-deprecating humor as a possible indicator of masochistic dynamics and humor that targets self and others as an indicator of “maladaptive behavior” (p. 48). Other authors also touch upon client-produced humor, often to hearken to its potential for revealing information about the client’s psychological dynamics.

In my clinical experience and in the data for this study, humor was most often initiated by the client. There is little guidance to be found in the literature regarding this type of client humor. Perakyla (2009) includes a very brief discussion of client humorous utterances that are intended to manage their displeasure at a therapist. While Yorukoglu (1993) discusses client humor, it is within the context of the therapist eliciting the client’s favorite joke, and as such, does not qualify as spontaneously occurring humor in session. When other authors address client humor, it is usually about the indications such humor has for that individual’s psychology. The relational and conversational grounds from which the humor arises are rarely spoken to.
Client humor is spontaneous, and spontaneously occurring humor deserves greater attention even though it is much more difficult to predict or control than humor that is a calculated part of therapeutic technique. Spontaneously occurring humor is generally recognized as more potent than “canned” humor, even among authors who advocate humor as the main feature of a therapeutic technique (cf. Salameh, 2001). As the data from this study is discussed in the following chapters, the reader will see that even though such humor occurs spontaneously, therapists can engage in the humor more or less helpfully. Also, better practices in dealing with humor in psychotherapy are more likely if one informs oneself about humor’s many ways of arising and functioning in therapy.

Another major limitation of the literature on humor in psychotherapy is that it is both repetitive and fragmented. Authors fail to build upon each other’s work. Many authors have bemoaned the disconnected, repetitive, and surprisingly voluminous nature of the humor in psychotherapy literature, including Franzini (2001), Kuhlman (1984), and Mosak (1987, p. 9), but few have tried to synthesize the multiple strands of research. Hence, the trend of disconnection and repetitiveness has continued, even after books and compilations of articles devoted specifically to humor in psychotherapy emerged, beginning in the 1980s (e.g., Buckman, 1994; Fry, Jr. & Salameh 1987, 1993, 2001; Kuhlman, 1984; Mosak, 1987).

An important fact that has impeded greater unity and progression in the literature is that psychotherapy is not a unified discipline, but a disparate collection of approaches to healing. Professional psychotherapy is vastly diverse along many different axes, including therapist orientations, modalities of therapy, populations served, settings of service, and so forth. The same functions of humor in psychotherapy have been
demonstrated again and again with different treatment populations (e.g., Maher, 1993; Martens, 2004; and Surkis, 1993 focus on use of humor with alcoholics, antisocials, and obsessive-compulsives, respectively) and in different treatment settings (e.g., Amada, 1993; Kuhlman, 1993 address humor’s use in a college counseling center and a live-in treatment facility, respectively).

In addition to the diversity of practices under the label “psychotherapy,” humor is itself a diverse phenomenon. Humor’s diversity also works against unity and progressive building upon one another’s work in the literature. There is a veritable cornucopia of diverse humor theories. Each author draws from his or her own favorite ideas about humor to explain how humor works in a given clinical vignette, when such accounts are provided at all. Even when accounts are provided, these accounts are usually minimal because the focus of the literature is on the practice of psychotherapy rather than the understanding of humor itself.

In order to illustrate the usual manner in which authors on humor in psychotherapy treat the issue, I will present a section from one by Amada (1993), in Fry & Salameh’s (1993) second edited collection of articles on humor in psychotherapy. Discussing a vignette from this article and how it used by the author will help clarify what is missing in the literature and what can be done to address this gap. The reader will see that humor’s usefulness in psychotherapy is clearly demonstrated, while important other things are left unaddressed: the sources of its efficacy and how one can translate the vignette into bettering one’s own practice. The vignette will also serve as a touch point during subsequent discussions in this dissertation.
Amada’s (1993) article is an enjoyable read, and represents the best of the genre. He focuses on two therapeutic uses of humor: the use of humor “to melt a therapeutic stalemate” and “as an effective means of conveying regard, nonhostility, and respect….empathy and understanding” (p. 161). These two functions of humor fall most readily under the second (viz., breaking out of detrimental patterns) and third “positive uses” of humor listed above. Let us focus on a vignette that illustrates the latter function, that of conveying regard, nonhostility, respect, empathy, and understanding. Amada’s vignette is reproduced almost in its entirety below:

An extremely morose and volatile student was generally regarded as belligerent and intimidating…Throughout our interviews he would rant lengthily about perceived violations of his moral rights…he angrily asserted that no one respected his intelligence or acknowledged his academic accomplishments. He was, after all, a geology major, and a damned good one. Upon hearing the news, I asked him, “Since you’re a geology major, what would you say if I told you that’s gneiss (a granite rock, and homophone of the word ‘nice’)?” A broad smile broke out upon his face, the first I had ever seen, and he sprightfully responded, “I’d say ‘gee,’ that’s a good joke, since it (gneiss) starts with a gee.” The two of us erupted with a good belly laugh and during the following moments, we shared a closeness that had not been there before. His mood…began to lift after it was reached through humor. (p. 163)

This vignette shows both the therapist and the client making jokes. The therapist accomplished through humor what he had been unable to achieve by other means. Amada’s humorous response caused his client to smile and engendered a more playful and intimate interaction than was typical for this client. Prior to this humor, their interactions involved the client “ranting lengthily” and being “impervious” to Amada’s interventions (p. 163). The unique efficacy of Amada’s humorous intervention in this case highlights the importance of understanding how humor specifically played into its success, and how the therapist sensed that humor was appropriate to the situation.
Amada outlines an explanation of how humor was effective in achieving these ends, but more understanding would help. He argues that the intervention worked because “it reflected my respect for the patient’s intelligence and accomplishments as a geology student while also conveying my willingness to respond to his anger with a gesture of unmistakable friendliness” (p. 163). Little more is offered by way of explanation. After venturing this explanation, the focus of the article shifts to other case vignettes and demonstrations of the usefulness of humor in therapeutic work (and even on the job). There is no more discussion on what makes humor have the powerful effects it can have. The minor importance attributed to an understanding of humor as such can also be seen in the bibliography for the article, which includes no references to writings on humor theory (p. 181).

Amada’s emphases reflect the literature more generally. Since the literature has focused on humor’s admissibility and practical uses rather than on describing humor and explicating its dynamics, authors make a sufficient contribution by providing examples of humor’s beneficial or detrimental effects. A common understanding of humor’s nature and action in psychotherapy has not been an aim, and therefore a common understanding has not emerged. Of course, it may not be possible to provide such an understanding. But without a guarantee that this enterprise is fruitless, it is an enterprise worth further inquiry.

Literature on humor in psychotherapy could benefit from greater connection to other domains of humor scholarship. Articles rarely include citations of humor scholarship beyond the realm of psychotherapy. By dialoguing with humor theories that are independent of the specialized context of psychotherapy, one may be capable of
organizing and distilling the body of published insights on humor in psychotherapy into a
more digestible edifice. One of the goals of this dissertation is to streamline these insights
and make humor in psychotherapy to more readily addressable in psychotherapy training.
We will show through particular examples how the essential features of humor enable it
to perform the functions that it does. By focusing on the question of how humor’s
characteristics enable it to fulfill functions in psychotherapy, a distillation of insights
heretofore present in writings on humor in psychotherapy can be achieved.

*Gaps in the Literature This Study Aims to Address*

This study aims to address several gaps in the literature on humor in
psychotherapy. First, I study humor as it actually occurs, without worrying about whether
humor *should* take place in psychotherapy. I take it for granted that it will, no matter how
stolid a therapist or client is, and no matter how awkward the relationship might be.
Second, I give client-produced humor its due. As hypothesized, readily apparent humor
was produced with greater frequency by clients rather than therapists. The fact that
therapist humor is almost exclusively addressed by the literature demonstrates the glaring
need for emphasis on client-initiated humor. A final emphasis of this study is on the
nature and processes of humor “itself.” Most writings on humor in psychotherapy focus
upon techniques and practical applications of humor in a therapeutic setting, and do not
sufficiently address why humor, as such, is able to achieve the effects it has. There is not
a common understanding of humor upon which ongoing discussions of humor in
psychotherapy can be built. Yet an understanding that can serve as common ground is
within reach, as this study will show.
Literature on Humor

In order to accomplish the integration of understandings from humor theory into this study of humor in psychotherapy, a sufficient arsenal of ideas must be gathered together and explicated for the reader. This literature review of humor first broadly outlines types of humor theories. I then gather together a list of characteristics that are commonly attributed to humor as the primary material to which I hearken when seeking to understand the humorous nature of a given interaction in the data for this study. The ultimate goal is to see how well each idea applies to each instance of humor analyzed in the data, and to thereby mold the collection of commonly acknowledged characteristics into an account of what humor (in psychotherapy) is that applies to all instances in the data, and sheds greater light on instances of humor from vignettes in the literature as well. The idea is to construct a generally accessible, clear, and minimally controversial account that nonetheless combines important strands of humor theory into a manageable and useful picture.

Major Humor Theories and Characteristics Attributed to Humor

There are many, many literature reviews of humor theory (e.g., Attardo, 1994, pp. 14-57; Haig, 1988, pp. 3-31; Martin, 2007). These literature reviews parse up the theories in a variety of ways. What follows here is not a comprehensive tour of theories and ideas about humor. Instead, this section provides a brief exposition of three oft-discussed categories of humor theory, and then lists several characteristics commonly attributed to humor in scholarly work. The three categories of humor and theory and the various characteristics of humor will be used to integrate humor theory into an analysis of humor instances that occurred in the data set of psychotherapy sessions for this study.
Appropriate Incongruity Theory

The most widely held general theory of humor is usually labeled as the “incongruity resolution” theory. The central idea in incongruity resolution theory is that when humor occurs, it involves some kind of mismatch—that is, incongruity—between meanings inherent in something that qualify that thing as humorous. However, according to this theory, not just any incongruity qualifies as humor. Some incongruities are simply confusing or threatening. Well-known humor theorist John Morreall (1987) illustrated the insufficiency of incongruity as a definition of humor through the following example. He suggests that if one opens the bathroom door to find a tiger in the bathtub, this will certainly be incongruous with one’s expectations, but it will probably lead to fear rather than amusement (p. 130). Hence, more than just any old incongruity is needed for a stimulus to be perceived as humorous.

The word “resolution” in incongruity resolution theory designates the other element postulated as necessary for the occurrence of humor. The idea is that even though the disparate ideas that comprise an instance of humor are incongruous, they are nonetheless suited to one another in some, often trivial, way. To more concretely illustrate incongruity resolution theory, look again at the “gneiss” example from Amada (1993):

Toward the end of one of our sessions he angrily asserted that no one respected his intelligence or acknowledged his academic accomplishments. He was, after all, a geology major, and a damned good one. Upon hearing the news, I asked him, “Since you’re a geology major, what would you say if I told you that’s gneiss (a granite rock, and homophone of the word ‘nice’)?” A broad smile broke out upon his face, the first I had ever seen, and he sprightly responded, “I’d say ‘gee,’ that’s a good joke, since it (gneiss) starts with a gee.” The two of us erupted with a good belly laugh and during the following moments, we shared a closeness that had not been there before. (p. 163)
First, let us focus upon the conventional meaning of Amada’s joke, independent of contextual information. Amada says “Since you’re a geology major, what would you say if I told you that’s gneiss?” An incongruity in this sentence lies in the word “gneiss”: it makes no sense to say that the status of being a geology major is a certain kind of rock. The word “gneiss” is incongruous with the rest of the sentence; a different and more appropriate word would have to be put in its place in order for the sentence to make sense. And yet the word “gneiss” does fit the sentence, and in more than one way. First of all, it sounds just like the word “nice,” which, if put in the place of “gneiss,” would make the sentence straightforwardly intelligible (if perhaps a non sequitur in the conversation). Another way that the word “gneiss” is appropriate is that geology majors are referenced earlier in the sentence, so that the mention of a type of rock connects with subject matter in the sentence that came before it—there is something “gneiss” in geology.

The resolutions of incongruities of humor are usually not full resolutions, but only limited and partial. Some authors clearly acknowledge the limited or partial nature of resolutions between incongruities in humor. Freud (2002), for example, argued that in general, jokes involve just enough appearance of logic to preclude the immediate rejection of the joke text as nonsense, but not enough logic to rescue the joke from ultimately being nonsense (pp. 125-128). Chafe (2007) is another author who discusses the partial nature of incongruity resolution in humor. He argues that feelings of humor arise from “the absurdity of some pseudo-plausible scenario” (p. 143). Chafe’s phrase clearly points out that in most humor, the plausibility—read “resolution”—is not an actual resolution, but a misleading and false one. The term resolution, then, suggests a greater degree of reconciliation among incongruities than typically takes place in most
humor. In contrast, riddles obtain a much greater degree of resolution than jokes when one discerns the hidden meanings therein. Amada’s gneiss joke illustrates the partial nature of most incongruity resolutions in humor: the sentence he uttered does not become coherently meaningful even when one realizes that he is referring to a rock whose name is a homophone of “nice.”

For the above reasons, I disfavor the term “resolution” in the term “incongruity resolution.” Instead, I prefer Oring’s (2003) term “appropriate incongruity” (p. 1). “Appropriate incongruity” is weaker in its implications than “incongruity resolution” and thus more accurately describes the relationships among meanings in humor. I will use Oring’s unconventional term and use the label “appropriate incongruity theory” to refer to the category of theory most scholars refer to as “incongruity resolution theory.”

Appropriate incongruity theory can apply at levels other than the conventional, denotative meanings of words. Incongruities and their appropriateness can also apply to the expectations a listener has about the utterance of a speaker. During the pause in his rant, the geology student’s expectations about how his therapist would respond were attuned to a certain direction, so to speak. He would probably expect his therapist to respond in a serious, supportive, helpful, or even challenging way. He would probably not expect his therapist to run screaming from the building, stand up and do back flips, or make a geology pun. Amada’s response was incongruous with the student’s expectations. But this incongruous response was appropriate because the pun’s content echoes subject matter in the student’s prior speech, and was offered in the usual helpful and friendly manner. Hence, there was an appropriate incongruity at the level of the student’s expectations of his therapist. The incongruity and its appropriateness at this level are
based on the incongruity at the denotative level (between “gneiss” and “nice”), but derive much of their experiential substance from the conversation, the broader relationship, and its history.¹

Appropriate incongruity theory can be used to develop a more comprehensive and unified understanding of humor in psychotherapy. A focused effort to examine the role of appropriate incongruity in humor’s therapeutic action in a variety of examples can illuminate a more general way that this characteristic central to humor’s nature contributes to therapeutic endeavors. By examining how appropriate incongruity figures into the grounds, processes, and effects of each example of humor, one can build place it in a unified and useful picture/structure/understanding of humor in psychotherapy. In our “gneiss” example, some appropriate incongruities involved in this joke have been identified that can be related to the wider context (relational, temporal) to gain a clearer picture of humor’s particular role in that context. The example of humor is striking because it accomplished something Amada had been unable to accomplish through more conventional therapeutic means. The humor broke through the client’s perpetual angry “mood, which [Amada] could not dent by other means,” which formed the basis of a fruitless pattern of “rant[ing] lengthily about perceived violations of his moral rights” (p. 163).

Helping clients overcome detrimental entrenched patterns of relating is an important task in therapy. It is desirable to avoid repetitively provoking such patterns

¹ Attardo (2006) similarly pointed out the incongruities could occur on dimensions other than the denotative meaning of an utterance. For example, there is a class of jokes in which the incongruity lies in what one expects from a joke, and what one actually gets, e.g., “Why did the chicken cross the road? To get to the other side.” When one hears the question, one expects a funny answer, but gets something obvious and ultra-mundane. Humor that arises from an incongruity with one’s expectations about humor is classified as “metahumor.”
without becoming passive and unhelpful in the process, and to move fruitless
conversation to ground that more productive. Somehow the humorous nature of Amada’s
intervention was integral in accomplishing these desirable tasks. Did the appropriate
incongruity in “since you’re a geology major, what would you say if I told you that’s
gneiss” dislodge the client from his rant, and create a novel and promising mode of
relating? Was the incongruity between the student’s expectations of a supportive but
“generic” response and his experience of playful and highly individualized response the
key to humor’s action in this instance? Was the incongruity between “gneiss” and “nice”
that subtly created a task of deciphering a bit of distracting but apropos wordplay the key
to humor’s action? Or was some other characteristic of the humor responsible for its
productive action? This is an empirical question whose answer can be sought through
careful examination of the context and discussions with the therapist and client. In the
definition, the appropriate incongruity of the “gneiss” joke is but one part of its action, and will
be explicated in the discussion of this study’s results.

Superiority Theory of Humor

While appropriate incongruity theory has received the most attention in humor
scholarship, it does not hold a monopoly. Other theories have also attracted much
attention and many adherents. One prominent alternative theory of humor is the
“superiority” or “hierarchical” theory of humor. Some familiar names attached to this
brand of humor theory include Plato, Aristotle, and Thomas Hobbes (cf. Morreall, 1987)
Thinkers in this vein see a feeling of superiority as essential in humor’s nature. Perhaps
the most famous formulation comes from Thomas Hobbes (1840/1987): “…the passion
of laughter is nothing else but the sudden glory arising from some sudden conception of
some eminency in ourselves, by comparison with the infirmity of others, or with our own
formerly” (p. 20).

Applying this formulation to the case of Amada’s “gneiss” joke, what makes it
humorous is that in uttering his pun, someone gains a sudden sense of his own
comparative eminency—either Amada is overcome with a heightened sense of his own
cleverness or the student’s sense of his own superiority is stoked upon hearing the pun
(e.g., as a geology student, as someone “in the know” with Amada about the deficiencies
of the university). One may get a sense of whether these views of the humor fit through
seeing more of the session transcript, or through interviewing Amada and his client about
their experience of this moment of humor. As with appropriate incongruity theory, one
can further define the role of superiority in relation to humor’s overall nature and how it
functions in therapy through repeated focus on this theory while examining a large
number of examples. Analyses from this study suggest that superiority proves a useful
template for examining humor in psychotherapy and its functions, and occupies a
definable niche in humor’s overall nature.

*Release Theory and Freud’s Theory of Humor*

A third category of humor theory, often referred to as “release” or “relief” theory,
is based on the idea that humor engenders some kind of release when it is experienced.
There are many different versions of this kind of theory, but one of the most famous (cf.
Morreall, 1987, p. 111) was presented by Sigmund Freud (1905/2002) in *The Joke and Its
Relation to the Unconscious*. In this work, Freud (1905/2002) divided mirthful
experience into three categories: joke, comedy, and humor. In each category, mirthful
pleasure occurs when bodily, psychic energy is deployed for a purpose that it does not
then serve. This excess of bodily, psychic energy is “saved” from being used in its originally intended manner and is instead release via mirthful expressions such as laughter. Freud describes the three different kinds of sources of mirthful pleasure as follows:

Pleasure in the joke seemed to come from savings in expenditure on inhibition [esp. repression], comic pleasure from savings in the imagining of ideas (when charged with energy), and humorous pleasure from savings in expenditure on feeling. In all three methods...the pleasure comes from a saving; all three [involve] methods for regaining from the activity of the psyche a pleasure which in fact was lost only with the development of that activity. For the euphoria that we try to reach along these routes is nothing other than the temper of a time in our life when we were wont to defray the work of our psyche with the slightest of expenditures: the temper of our childhood – when we...had no need of humour to feel happy in our life. (p. 226)

So pleasure in the various forms of mirth (e.g., smiling, laughter) comes from the release of libidinal energy that would otherwise have been (a) inhibited from direct expression (in the case of “jokes”), (b) utilized to enact an imagined expectation (in “comedy”), or (c) expressed through a feeling different than mirth (in “humour”). All categories of mirth involve a regression to “the temper of childhood,” a time in life when psychic activity has not yet taken on habitual forms of expression, which involve the automatic (and unfun) corralling of psychic energy in contrast to the pleasurable freedom with which one’s mentation flows in early childhood.

In joking, the primary form of mirth examined by Freud, pleasure is achieved through the expression of impulses that would normally be inhibited (e.g., because of social norms, repression). Two chief categories of inhibited impulse that are released in joking are aggressive and sexual expression, since such impulses are generally restricted in human societies (2002, p. 92). Freud’s theory is usually categorized as a release theory because it posits that jokes are a route through which such taboo impulses are indirectly
expressed. Freud says that jokes provide the means for such expression jokes utilize
techniques of representation that provide some initial semblance of reasonableness (i.e.,
“appropriateness”), thereby relaxing one’s learned tendency to censor the expression of
Taboo impulses (pp. 130-132). For Freud, jokes are similar to neurotic symptom
formation in that both are products of unconscious compromises among a variety of
psychic demands. Both involve the construction of a product (joke or symptom) that is
not rationally comprehensible, a product crafted through unconventional use of
characteristics of words, events, and actions (e.g., the sound of words) that do not
necessarily involve their conventional or consciously ascribed meanings (2002, pp. 169-
173).

According to release theory, Amada’s “gneiss” humor allowed either him or the
student to express something they would have otherwise refrained from expressing. In
Amada’s case, he may have been able to express his impatience with the student’s never
ending tirades: a sarcastically stated “that’s nice” is a common way of dismissing
something one finds annoying. In the student’s case, ideas for what the release could be
are not readily apparent. Perhaps Amada’s crack engendered a release of feelings of
antipathy toward Amada as a representative of “the system” he railed against. Whatever
the case, release theory is less readily applicable to the student than appropriate
incongruity or superiority theory. The impediment undoubtedly expresses something
about my own inclinations and limitations, but it also hearkens to the selective
applicability of any given humor theory to any given example. This selective
applicability is part of the reason that a variety of humor theories should be used in an
analysis of humor in psychotherapy. Why make a priori and limiting assumptions about
humor’s nature when it is likely that prominent ideas in the literature each have merits that can be exploited through a more open and democratic approach?

This ethos of a more open and democratic approach also applies in other ways. Some scholars believe that release theory has been disproven because some studies of the physiology of humor do not demonstrate assumed physiological correlates of a release, such as blood pressure, heart rate, muscle tension, galvanic skin response, sympathetic nervous activity, or brain activity. Physiological studies have consistently demonstrated that physiological arousal is involved in humor, but not physiological release (Haig, 1988, p. 26; Martin, 2007, pp. 59-62). However, it is premature to conclude that release theory has “seen its day” in humor theory. The lack of consistent physiological release could indicate a variety of alternative possibilities, for example, that release theory applies to some subset of all humor, that experiments on humor have not aimed at the proper physiological correlates, or that the physiological correlates are not readily measurable. The prominence of release theory and anecdotal experience suggest some substantial place for release in humor’s nature. Robbins and Vandree’s (2009) recent study of suppressed laughter is an example of the applicability of release—or lack thereof—to the phenomenon of humor. Release is, in addition to appropriate incongruity and superiority, a useful template through which to view and interpret humor in psychotherapy. For example, when observing humor in therapy, one may ask what affective commitments were released and what interpretive mode “loosened its grip” on the client. Through such applications, release was found to have a substantial and definite role in the nature and processes of humor in psychotherapy.
Other Characteristics of Humor

Appropriate incongruity, superiority, and release theory are three of the most prominent kinds of theory of humor. The vast literature on humor contains many other prevalent ideas about humor and its processes. A range of ideas about humor were utilized in exploring its nature and role in psychotherapy. For example, attention to the cues involved in humor production was paid, and a better understanding of the role cues play in the overall phenomenon of humor was addressed (see esp. the “Cues” section in Chapter 4). Other ideas that were utilized in the analyses will discussed as they arise in the following chapters.

Summary and Conclusion

Much has been learned about humor in psychotherapy since the ascendancy of psychoanalysis 100 years ago. Humor’s incompatibility with orthodox psychoanalytic practice contributed to its marginal and taboo status in professional psychotherapy. As approaches multiplied, humor in psychotherapy and its inevitability were more openly and frequently discussed, resulting in humor’s greater acceptance as a mode of engagement with clients in psychotherapy. Most humor in psychotherapy literature to date has focused on the ways that humor functions to the benefit or detriment of therapeutic aims. Diverse claims have been made about why humor functions as it does in psychotherapy, but humor’s typical manifestations and processes in psychotherapy—in other words, what it is—have not been addressed. Answering this question is particularly important because of humor’s elusive and spontaneous nature.

The usual approach in the literature, illustrating humor’s functions through presentation of vignettes, has several merits, including its basing of claims on concrete
experiences as opposed to theoretical abstraction. However, no author has attempted a study that encompasses a wide enough array of instances of humor to provide a well-rounded, circumspect description of the phenomenon. Phenomenological studies that have been undertaken involved only therapist reflections on humor in psychotherapy, rather than data from actual sessions (e.g., Carozza, 1986; Koelln, 1987). One result of the literature’s emphasis on clinical vignettes and the therapist’s point of view is that there is minimal focus on spontaneous client-produced humor, a phenomenon that occurs much more frequently than is suggested by its representation in the literature.

To address the absence of a comprehensive description of humor in psychotherapy, I have undertaken this study. To fill such a need, I examined a wide range of instances of humor from several sessions and with a variety of therapist-client pairs. The methods of analysis applied to humorous instances were chosen to aid the construction of a general description of the phenomenon of humor in psychotherapy that is comprehensive yet compact enough to be digestible and clinically useful. I practiced phenomenological methods such as empathic imagination and imaginative variation in order to develop a jargon-free description of the lived experience of participants during humorous instances. Also, I clinically interpreted humorous interactions from the data, in order to draw out the implications of humor for therapeutic practice. My clinical interpretations were checked and enhanced through information gathered in meetings with willing participants, in which we reviewed and discussed recordings of the humorous instances being studied. I applied concepts and insights from conversation analysis to the data, to account for the influence of conversational rituals and conventions on the shape humor took. Finally, I applied numerous templates and ideas from humor
theory to each humorous instance in order to construct an account of the essentially humorous nature of each instance. An emphasis on the defining characteristics of humor in the data helped to build a general description of humor in psychotherapy that can be clinically useful for therapists.

In sum, this study provides an account of humor’s nature and processes in psychotherapy through a close reading and several careful analyses of naturalistic data from actual psychotherapy sessions. Client-initiated humor occurred frequently in the data and was accorded a proportionate amount of attention, in contrast to much of the literature, which focuses primarily on the therapist’s use of humor. This study is also unusual in the degree to which it integrates and addresses humor theory. The focus on humor theory helped to explicate how the specifically humorous nature of occurrences influenced the course of therapeutic work. Appropriate incongruity, superiority, and release theory, and many other widely recognized ideas about humor, are woven into a comprehensive yet compact and clinically applicable account of the nature and processes of humor in psychotherapy. The details of the study’s design and execution will be provided in the next chapter, in order to show the basis upon which the study’s results were achieved.
Chapter 2

Method and Its Basis

This chapter describes the procedures involved in executing this study and the reasons these procedures were employed. The central task of this study is to provide an empirically grounded, comprehensive, and compact description of humor in psychotherapy, its nature, and its dynamics. Most humor in psychotherapy literature to date has focused primarily on positive uses and cautions regarding humor in a clinical setting. A careful description of humor as it actually occurs in psychotherapy has not been the subject of study. Such a description can provide a useful basis for further discussion of humor’s clinical relevance. One important goal in providing this description is to better address the neglected area of spontaneously produced client humor.

Figure 1 (p. 46) provides a flow chart of the steps involved in this study, which will be described in greater detail later in this chapter. What follows here is a brief synopsis. Psychotherapy session recordings and transcribed passages from these sessions form the central data for this study. These recordings were volunteered by therapists and clients who were recruited at the Duquesne University Psychology Clinic, a training clinic where graduate students are trained in the practice of psychotherapy based primarily in the humanistic, psychodynamic, and existential-phenomenological traditions. These recordings were also supplemented by data from the client’s history (cf. Appendix
Figure 1: Method Flow Chart Showing Main Phases of the Study

1a. Client sees recruitment flier in the clinic.
1b. Therapist receives recruitment flier.
2a. Client contacts the researcher.
2b. Therapist contacts the researcher.
3. Client and therapist discuss participation together.
4. Client and therapist record session(s) for the study.
5a. Client meets for informed consent.
5b. Therapist meets for informed consent.
6. Researcher is given session recordings after both meetings.
7. Researcher views recordings and selects humor passages for review.
8. Researcher reviews recordings of selected humor passages with willing participants.
9. Session recordings are transcribed.
10. A session transcript is read several times.
11. Each humorous passage is broken into meaning units.
12. Clinical analysis performed on meaning units.
13. Conversation analysis performed on meaning units.
14. Humor theory analysis performed on meaning units.
15. Analyses are compiled in a synthesized account of each humor instance.
16. Trends and commonalities among humor instances from a given session are noted.
17. Steps 10-16 are performed for the next session in the data.
18. Trends and commonalities among humor instances from all sessions are noted.
19. Researcher performs several cycles of writing and reflection on trends, commonalities, and other observations regarding humor in the data.
20. Writings from step 19 are combined with expositions of the literature and method to produce a draft of the dissertation.
21. A conclusions summary was provided to each participant that specified how information from his or her participation contributed to the final results of the study. Participants provided feedback on the plausibility of those findings.
E), review sessions with participating clients and therapists, and feedback from participants on a summary of observations about their data. Review sessions were meetings between a single participant and me in which we viewed or listened to humorous passages from recordings of that participant’s session. During the review, we discussed that participant’s experience during the session and other information evoked by the humorous passages. Later, during each phase of analysis, transcripts and notes from the review sessions were repeatedly referenced to integrate important information from them into the study results. Since the review session was optional, two clients from the study chose not to participate. All three therapists and the other three clients in the study participated in these review sessions.

My analysis of the data was informed by phenomenological and hermeneutic methods, clinical formulation, conversation analysis, and humor theory. In each session recording provided to the study, I broke passages into meanings units in the usual fashion of phenomenological and qualitative research methods (cf. Fischer, 2006, xviii; Giorgi & Giorgi, 2003). I subjected each meaning unit to the following phases of analysis: a psychodynamically informed clinical reading, a conversation analysis of each utterance’s illocutionary force, and a humor theoretic reading of each meaning unit. Characteristics of humor that were referenced during this last phase include appropriate incongruity, superiority, release, targets of humor, and humor’s initiation via cues, as described in Chapter 1 (pp. 25-35).

After the completion of all analyses and an initial draft of the dissertation, I wrote for each participant an individualized, non-technical summary of the conclusions reached from a given session’s data. This “conclusions summary” was given to each participant—
even those who did not participate in a review session—and participants provided feedback if they chose to do so. Andrea and Nathan’s session was the first I analyzed, and they received the summary of my conclusions immediately following my analyses of their session. After this, I decided to wait to provide other participants with conclusions summaries until all analyses had been performed and the dissertation had been drafted. The reason was that the conclusions evolved as the project went on. Later feedback to participants would therefore provide a more accurate depiction of the way their data was used. In the end, five of eight participants provided feedback on their conclusions summaries. In their feedback, participants shared whether they believed the interpretations and conclusions to be accurate, and made recommendations on how to comfortably protect their confidentiality. Such feedback is mentioned when pertinent (and when confidentiality can be maintained) to subsequent discussions in this dissertation.

During all phases of the study I kept a research journal of ongoing ideas about humor, how it functions in therapy, and other ideas related to the goals of this study. In the journal I reflected upon how my assumptions and intellectual preferences were shaping the work. Relevant information from this journal is incorporated into the dissertation. Based on the various types of data, the multiple phases of analysis, subsequent thinking and writing, and participant feedback, I wove a compact, comprehensive, and clinically applicable picture of humor in psychotherapy. I also provided clinical readings of humor, recommendations for therapists, and an account of how these readings and recommendations relate to what is already found in the literature.
In the remainder of this chapter, I provide a description of the activities involved in the execution of the study, analysis of data, and construction of results. The exposition to follow outlines the major procedures that I followed throughout the study and that led to the results presented in the following chapters. The execution of the study involved more “messiness” than is apparent in this chapter. The exploratory character of the study mandated that the data and analyses be approached flexibly. My study is the first to analyze transcripts from a variety of sessions and illustrate results using those transcripts. The few studies in the humor in psychotherapy literature that involved transcripts from actual therapy sessions involved only one session (viz., Gale, 1991) or only very minute portions of transcript (e.g., Peräkylä, 2008). My study involved a very detailed analysis of many large portions of transcript.

The study was also exploratory in that a primary goal was to construct a general description of humor in psychotherapy in the data. To make this description as comprehensive as possible, I approached the data in many ways above and beyond the data analyses that were planned when the study was originally conceived. For example, I constructed spreadsheets that explored relationship between humor and alignment changes, recast humor in various theoretical frameworks, and addressed various possible effects of humor. While such activities often stoked ideas, they were peripheral to the core analyses described in this chapter, which form the basis for the most important results of the study.

Some changes in the study’s execution also took place as the study evolved. For example, I changed the study’s design to enlist a transcriber (relieving me of the immense labor involved in this activity), changed the time at which I gathered feedback from
participants (from after the analysis of his or her session was completed to after the dissertation draft was complete), dropped the task of paraphrasing meaning units in psychological language (see below), and adopted a spreadsheet format to perform phases of analysis (a row for each meaning unit, a column for each phase of analysis). Because of the exploratory character of the study and the evolutions in method it would be misleading to present this methods chapter as a recipe for reproducing the study and its results. Instead, I describe in this chapter the most important activities involved in executing the study, in order to make the basis for the study’s results as clear as possible. In addition, the subsequent chapters are written to help the reader understand how the study results originated from the methods described in this chapter. For example, in Chapter 5, I divide the discussion of each example into sections on the conversational, clinical, and humor theory aspects of the example. These sections essentially correspond to the findings from the conversational, clinical, and humor theory phases of analysis described below. This chapter provides a picture of the activities involved in the study, and the subsequent chapters present and discuss the results of these activities.

**Rationale for Study’s Approach and Data Type**

In Chapter 1, the body of literature on humor in psychotherapy was discussed. I showed that a “taboo against humor” exists in the realm of psychotherapy and that the psychoanalytic orthodoxy of the “blank slate” therapist played a role in the institution and maintenance of this taboo. This taboo has contributed to the literature’s focus on positive uses and cautions regarding humor in therapy. Some authors have argued that humor is too risky or inappropriate for clinical use, while others argued, primarily from their own clinical experience, that humor is a useful tool that should not be eschewed. The typical
manifestations of humor in therapy and the nature of humor itself are not emphasized in
the literature. Without a common, grounded set of understandings about humor in
therapy, the literature has been repetitive and fragmented. This study was undertaken to
address the lack of a basic and broadly grounded account of humor in psychotherapy. Its
goal is to provide a compact, generally agreeable, broadly grounded, and clinically
applicable description of humor in psychotherapy and its salient dynamics.

Recordings and transcripts of complete psychotherapy sessions were chosen as
the primary basis for this account for several reasons. Most importantly, fidelity to the
phenomenon as it actually occurs is crucial for constructing an accurate account of humor
in psychotherapy. Recordings from therapy sessions are the type of data that most closely
overlaps with the actual occurrence and experience of humor in therapy. If one were to
rely on vignettes from the literature or on protocols from participants about humor in
psychotherapy, this would add an additional layer of interpretation and filtering that
lowers the fidelity of one’s results to the actual phenomenon. The neglect of client-
initiated humor in the literature and studies such as Kaneko’s (1971), which showed a
discrepancy between client and therapist recollections of humor in therapy, exemplify
two potential pitfalls of relying on participant protocols rather than session recordings as
the main source of data.

The nature of humor itself also guarantees distortion and censorship. Humor
occurs very quickly and its psychological dynamics are in large part unavailable to one’s
conscious introspection (its speed and inaccessibility to introspection are probably
linked). In addition, the subject matter of humor is often of a taboo nature (e.g., involving
sex, excrement, hatred, stereotypes), which introduces a different source of difficulty when attempting to remember or share one’s experiences of humor.

One example of how easy it is to unreflectively neglect important aspects of humor’s nature comes from a phenomenological dissertation study by Carozza (1986), in which therapists were interviewed about humor in psychotherapy. The results of this study (pp. 136-149), themes that were drawn from the interviews, lionized humor’s various healing capacities while only briefly mentioning (p. 139) how difficult and tricky it can be to handle humor in practice. The natural tendency to emphasize the positive aspects of humor shows that one must rely on data that are less subject to psychological interpretation and censorship in order to obtain a more rounded view of humor in psychotherapy, one that adequately represents its negative (or even merely useless) aspects.

Although recordings form the primary data for this study, participant accounts of their experiences were gathered as supplemental data, for two main reasons. First, participants can provide contextual information that improves the quality of analyses and interpretations. Useful contextual information was gathered in review meetings and feedback sessions with participants (see below for more information on these methods of data collection). For example, accounts from participants Bridget and Ken (see below for more information on participants) revealed that some instances of humor from their session were based on running humorous themes in the therapy. Second, while participant accounts can involve bias, psychological censorship, and misleading interpretation, they can also address some aspects of the experience of humor with revealing clarity and fidelity. For example, in their accounts in review meetings and feedback, participants
shared detailed information about feeling awkward, insulted, and irritated while nonetheless ostensibly engaged in humor and laughter. Hence, while accounts can distort and censor aspects of a phenomenon, they can also be revealing of normally taboo subject matter, in situations where the participants feel safe and open.

**Participants, Recruitment, and Level of Involvement**

Participants in the study were therapists and their psychotherapy clients at the Duquesne University Psychology Clinic, a training clinic for graduate students in the psychology department at Duquesne. The type of therapy practiced at the clinic is nondirective psychotherapy in a broadly humanistic, and dynamic, orientation. All sessions recorded for the study were individual psychotherapy sessions with adult clients. The clinic’s audio and video recording equipment were used to make recordings for this study.

All materials involved in recruitment and participation for the study were approved by the Duquesne Institutional Review Board (IRB) prior to being used, and can be found in appendices A-J. Participants were recruited in two ways. First, all clinicians in training (first through fourth year Duquesne graduate students in clinical psychology) received periodic letters of invitation (cf. Appendix B) explaining the study, and formally inviting them to participate. Secondly, fliers inviting clients to participate were posted in the clinic (cf. Appendix A). In the end, one client and two therapists (with two clients each) initiated involvement in this study.

Once a potential participant initiated involvement in the study, the client and her therapist met with me individually to review informed consent documents and decide his or her level of participation (cf. Appendices C, D, G, H, and I). All prospective
participants who met with me gave their informed consent to participate in the study. Overall eight participants were recruited in a span of approximately fourteen months. The total number of participants included three therapists and five clients, comprising five different therapist-client pairs.

All participants signed the inform consent document, completed a basic information form (cf. Appendices E and F), agreed to be contacted regarding this and possible future studies (cf. Appendix I), and agreed to supply a video or audio recording a therapy session for the study. The basic information clients were asked to included birth date, education level, employment status, length of psychotherapy, frequency of sessions, presenting problems, and current therapy goals. Each therapist provided his or her birth date, the month and year of first client contact at the clinic, the number of clients seen, the approximate total number of sessions conducted at the clinic, a brief description of theoretical orientation, a list of important clinical influences, and the diagnoses of the client(s) who participated in the study.

Each participant was additionally given the option to meet with me to review moments of humor from the recordings they supplied for the study (cf. Appendices G and H). All three therapists and three of the five clients agreed to meet for these “reviews,” as I call them. These reviews will be discussed in greater detail below.

The final component of participation involved each participant receiving an individualized report on how their data was used in the study and the conclusions that were drawn from it. This individualized report served two main purposes: (1) to inform each participant about how he or she would be portrayed in the dissertation, publications, and presentations, and (2) to gather feedback about the observations and conclusions
based on their data, thereby providing an additional check on the study’s conclusions. Participants were encouraged to express any reservations they had about how they were portrayed, and were given veto power over any portrayal with which they had qualms.

**The Type of Therapy Practiced at the Duquesne Psychology Clinic**

The setting of this study has, of course, strongly influenced the shape of the data and conclusions reached. One way it shaped the data involves the type of therapy taught and practiced at the clinic. Different types of therapy can involve vastly different types of activities and conversations. For example, the literature review in Chapter 1 showed that some traditions of therapy are more welcoming of therapist humor than others (cf. pp. 3-10 above). Hence, I provide a brief description of the type of therapy conducted at the clinic in order to account for its influence on the therapeutic conversation, and humor as it occurred in the data. There are many ways to characterize this type of therapy, and of course, there are theoretical and practical differences among clinicians and supervisors at the clinic. Nonetheless, a brief and necessarily partial characterization of this type of therapy is provided here.

Training and therapy at the Duquesne Psychology Clinic are influenced by the existential, phenomenological, humanistic, and psychodynamic traditions (in my terminology, I group psychoanalysis into the term “psychodynamic”). The overall ethos of the approach can be reasonably characterized by two major components, components I call “client-centered” and “insight-oriented.” The term “client-centered” is intended in a different, more general sense than the well known term introduced by Rogers (1961). I use the term here to designate the predominance of a receptive, “partner in exploration” type of role for the therapist. Such a role contrasts sharply with the role a therapist can
plays in other traditions, where the therapist is more of an educator, a representative of rationality, or an expert dispensing professional advice. A receptive kind of role usually includes a tendency to privilege language used by the client, meaning that therapists prefer to adopt the terms the client uses when speaking about the client’s life rather than introducing new, or “expert,” terminology. Another facet of the client-centered ethos at the clinic is that the client typically talks a great deal more than the therapist in session. The client-centered therapist prefers to shape the course of the session through mirroring, punctuating, and questioning the client’s discourse, rather than through following a predetermined agenda determined by theory or tradition (cf. Rogers, 1961, and McWilliams, 2004, pp. 29-32 for characterizations of therapist receptivity).

The term “insight-oriented” designates the predominance of the goal of helping the client gain greater awareness or understanding with respect to unacknowledged forces that shape the patterns in his or her life. Most therapists at the clinic include among such forces the psychological “defense mechanisms” originally made famous by Freud (1914): denial, projection, dissociation, repression, regression, intellectualization, displacement, reaction formation, and so forth (cf. McWilliams, 1994, pp. 96-144). Many therapists at the clinic also work to increase client awareness of covert and detrimental cultural influences such as aberrant status of homosexuality, patriarchal traditions and norms, and limitations placed on individuals because of their race and class. Defense mechanisms, cultural forces, and other covert influences on an individual are often highlighted by the therapist when they arise in the client’s discourse in order to help that client gain greater awareness of how such forces shape their lives. Therapists also interpret patterns in their clients’ lives in terms of such forces.
In summary, the kind of therapy most directly addressed by this study is one in which the therapist’s work is client-centered and insight-oriented, where these terms are meant in the general ways described in the above paragraph. This type of therapy is widely practiced in the Western world, and therefore this study has a broad applicability.

Precautions for Protecting Participants

Because of the extremely sensitive nature of the data, extensive precautions and protocols were instituted to ensure the confidentiality of all participants, recordings, and other materials involved in the study. The following precautions were approved by the Duquesne Institutional Review Board. All materials containing identifying information (e.g., video and audio recordings, signed informed consent forms) were placed in a locked, secure receptacle for the duration of the research study. All materials containing identifying information were transported in this locked and secure container only when necessary, and were only removed from this container in the Duquesne Psychology Clinic or in the privacy of my home office. Only the participants portrayed in a recording and me were allowed to view or listen to that recording. All electronic files containing identifying information were password protected; the computer containing these files also required a login password known only by me. All data shared with anyone other than the participant portrayed was presented in de-identified form, according to HIPAA guidelines for de-identifying behavioral health documents. One exception to these guidelines was made, namely that the study’s site, the Duquesne Psychology Clinic, has been disclosed.

Information obtained from a review meeting with a client was not revealed to his or her therapist, nor vice versa, unless verbal or written consent to do so was provided by that participant. This level of anonymity was meant to give each participant maximal
freedom of expression during the reviews without worrying about how this information might be conveyed to anyone outside the review. This precaution seemed to have paid off, since both therapists and clients provided candid and substantial new information in addition to what was observable from the psychotherapy session recordings.

Method of Data Collection

After meeting for informed consent, each of the five therapist-client pairs supplied at least one session recording for the study. In all cases the session recording was made prior to the informed consent meetings, and had been chosen by the pair to supply to the study (provided, of course, that they were still willing to participate after the informed consent meeting). Two therapist-client pairs—Tamara and Holly, and Nathan and Yvonne—supplied two recordings. Hence, seven session recordings were provided for the study. The following list provides a chronological listing of participants (client, then therapist) and the recordings they provided (without exact dates, since this could violate participant anonymity):

1. Bridget and Ken: 1 audio recording
2. Andrea and Nathan: 1 video recording  
   (~ 1 week after Bridget-Ken session)
3. Holly and Tamara: 2 video recordings  
   (~ 1 year after Andrea-Nathan session)
4. Ursula and Tamara: 1 video recording  
   (the same day as 1st Holly-Tamara session)
5. Yvonne and Nathan: 2 audio recordings  
   (~ 2 months after Ursula-Tamara session)

For each client-therapist pair who supplied multiple recordings, I chose one session recording to study in order to control the amount and quality of the data to be reviewed and digested. I chose by viewing the video recordings and listening to the audio recordings once each, and determining which session had the most instances of readily
identifiable humor. The poor quality of one recording from Nathan and Yvonne made the
other recording more understandable and therefore an easier recording from which to
identify humorous instances. The choice to analyze recordings with more readily
identifiable instances of humor entails that the sessions for this study may contain a
greater than usual amount of apparent humor. However, the fact that participants for this
study were self-selected and knew that the study was about humor already precluded the
possibility of guaranteeing the sample to be somehow “typical” with regard to humor.

Upon receiving recordings for the study, the next step in data collection was to
prepare for meeting with participants to review passages from those recordings. The goal
of these reviews was to obtain a clearer understanding of the lived experience of each
participant, the psychological dynamics, and nature of the humor during the passages
analyzed for the study. These reviews were themselves video or audio recorded,
depending on each participant’s preference. Recordings of reviews and transcripts of
these recordings were frequently consulted during the analysis of humorous passages
from therapy sessions in order to check, supplement, and enrich those analyses. The
selected humorous passages from the five psychotherapy session recordings were the
primary focus of all analyses, since these recording were the most immediate
representation of the phenomenon being studied (viz., humor in therapy). I will indicate
to the reader when data from “reviews” are relied upon in the analyses and conclusions to
follow.

Before meeting with participants for a review, I listened to or viewed the session
recording to identify humorous passages to be reviewed. I did not adhere to a set of
criteria for identifying a given exchange as humorous, but instead identified them on the
basis of my subjective impression of whether or not the exchange was humorous. Later in the study, especially in the humor theory phase of analysis, I explicated the bases for classifying each instance as humorous. See the section below on the humor theory phase of analysis for a more extensive discussion of issues involved in identifying the humor to be studied. Once the humorous passages for study were identified, I delimited the beginning and end point of each passage so that the subject matter of the humor instance is clearly discernable (and hopefully memorable) for each participant. See Appendices M, N, O, P, and Q for the transcripts of passages used in this study.

In reviews with participants, I hoped to attain an account of the participant’s experience during the moments portrayed in the passage that was as detailed as possible and that “felt right” for that participant. Through accessing a person’s self-understanding of the experience, I hoped to gain additional insight into the impact of humor on the participants. I gave each participant a short paragraph at the beginning of each review to guide his or her participation. This paragraph read as follows:

While reviewing the recording, try to remember what your experience was like during the moments captured in the recording. Pause the recording whenever you wish to share thoughts, feelings, memories, or associations with the researcher. The idea is to communicate as fully as possible your experience during the moments we are reviewing. Humor, laughing, and smiling are of particular interest to the researcher, but share any information that will help the researcher understand what is going on for you in the reviewed segments. The researcher may also pause the recording and ask questions during the meeting.

After providing this paragraph, I played each recorded passage in the order that it occurred in the session. Occasionally, I paused the recording during a passage to discuss the participant’s immediate reactions. Each entire review was video recorded unless the participant requested audio recording instead; two clients requested audio recordings,
both of whom were clients (Bridget and Ursula). Portions of reviews were transcribed so that they could be consulted during the data analyses, and relevant information incorporated into the results of those analyses.

An additional phase of data collection came after completing the many phases of analysis described below, and after a first draft of the dissertation had been completed (with the exception that Andrea and Nathan provided this feedback shortly after data analyses for their session were performed, long before the dissertation had been drafted; see p. 50 above for more information). At this point, I wrote for each participant a “conclusions summary,” which provided each participant with an individualized and jargon-free synopsis of my observations and conclusions that were based on their participation. In this final phase, most participants gave feedback, which led to further refinements and provided a check on what Fischer (2006, p. xvii) calls “resonance validity,” which is the degree to which the findings resonate with how the participants remember and understand the situations addressed by those findings. Participants were permitted to supply feedback in whatever manner they wished. Andrea, Bridget, Nathan, and Tamara met with me to read the individualized report and provided their feedback verbally in these meetings, which were recorded. Ken provided feedback in writing. Holly, Ursula, and Yvonne did not provide feedback on their conclusions summaries. In the chapters to follow, I will indicate when feedback from these conclusions summaries bears on the discussion. Note that in their feedback, some participants requested alterations in my presentations to better protect their confidentiality. I will not be able to indicate where these kinds of alterations have been made, for obvious reasons. The final
form of results presented in this dissertation represents a balance between effective
demonstration on the one hand, and the protection of confidentiality on the other.

**Philosophical Foundations for my Approach to the Reviews**

The recordings and transcripts of psychotherapy sessions used as data in this
study are a kind of “naturalistic data,” that is, data that is taken from actual lived contexts
instead of artificial experimental set-ups. Naturalistic data is kind of data that is generally
recognizable to scholars and scientists, and as such, needs little additional explication.
The data gathered from reviews, however, is of a less readily identifiable status. These
reviews were open-ended conversations with few restrictions, other than that recorded
passages were reviewed in chronological order and that the above paragraph was
provided to participants to guide their participation in the review (see p. 50, above).

Psychologists who work in today’s dominant paradigm influenced by natural science are
generally taught to minimize uncertainty and fuzzy meanings in the collection of data
from participants. Hence, surveys and “objective” assessment tools form the basis for
much of the psychological research produced in universities today. The philosophical
basis for my more open-ended approach is in need of discussion, given the still-marginal
status of qualitative approaches to data collection such as the one used in the reviews.

In the reviews, I hoped to evoke reports from participants that were shaped
primarily by what felt right to them (i.e., their own “felt sense,” cf. Gendlin, 1962/1987)
rather than by my research agendas. When participants said things that were relevant to
the research questions, I gently questioned what they had said in an open-ended manner
(e.g., “could you tell me more about that?”). In subscribing to open-ended questioning, I
hoped to avoid unwittingly pressuring subjects to provide a particular kind of response. I
also did not want the subject to feel interrogated. I attempted to balance the aim of
minimally influencing participant accounts with the additional goal of building a
conversation in which the participant was comfortable enough to explore emerging
insights about his or her experience. Walsh’s (2004) and Todres’ (1999, 2000)
discussions of human science research interviewing influenced my attempts to achieve
this balance. Some discussion of their ideas will help illuminate the basis for my
approach to review meetings with participants.

Walsh (2004) uses Hans Gadamer’s distinction between speculative language and
statements to make an important point about research interviews. Speculative language
arises during exploratory talk about one’s experience; this kind of talk often takes place
in insight-oriented psychotherapy. On the other hand, statements are crafted to have as
exact a meaning as possible; assessment tools used in psychological research are usually
comprised of statements (in Gadamer’s sense) constructed to have a precise meaning so
that the results of the assessment are “objective,” that is, independent of the perspective
of the assessee. Often surveys are comprised of carefully constructed, precise statements
that do not all apply to a person’s lived experience in straightforward manner, but for
which a participant is required to provide an estimate of its applicability to his or her life
(e.g., via a Likert scale).

Walsh (2004) argues that phenomenological (and qualitative) researchers should
work to elicit speculative language from participants, rather than statements. In this
endeavor, the researcher should avoid creating situations in which the subject might feel
interrogated, because interrogation usually begets statements crafted to fulfill the
expectations the subject imagines the researcher to have (p. 112). Instead, the researcher
needs to create research situations that facilitate a conversation, which will necessarily involve some messiness, noise, and imprecision in one’s data (pp. 111-112). Speculative language is more desirable in spite of its messiness because it arises spontaneously from the participant and addresses the embodied interpersonal context (2004, p. 107) of the interview, rather than the requirements of the researcher’s research paradigm and agenda. Statements do not have the power to disclose lived experience because they are not rooted in embodiment and are aimed conveying an unambiguous and precise meaning (p. 106), which rarely occurs in a person’s lived experience. The disembodiment and precision of statements prevent statements from disclosing lived experience, which is ambiguous and intangible in nature (pp. 108, 110). Speculative language is more suited to disclosing lived experience (p. 106) because it is shaped primarily by the speaker and carries some ambiguity in its reference (2004, p. 108). Statements are not flexible enough to stretch and mold themselves to the fluctuating and amorphous contours of lived experience (p. 110), and hence cannot properly facilitate the central task of phenomenological and hermeneutic research: “to move beyond ‘what is said’ in order to explicate ‘what is lived’” (p. 108). This is naturally a goal central to this study, and is a goal that is not generally admitted as capable of being addressed in today’s predominant positivistic and experimental paradigms of psychology.

Words can more or less powerfully portray one’s lived experience, with more or less effect on the subsequent shape of one’s life and actions. Todres (1999, 2000) argues that there is a bodily aesthetic dimension to sense-making (the kind of activity that occurred both in the psychotherapy sessions and the reviews), and draws out several important implications for qualitative research. Among these implications are that the
phenomenological researcher does well to facilitate the participant’s use of her own bodily felt sense of what she is trying to say in the research interview (1999, p. 291-294). The greater a participant’s faithfulness to his or her felt bodily sense, the more his or her words will carry a holistic sense of his or her lived experience, hence providing richer ground for phenomenological insight into her world (p. 292). In line with Todres’ ideas, I often checked in with my participants about whether or not what they had said “felt right” to them.

Todres (1999) also talks of avoiding the role of a “demanding other” as a researcher, and instead fostering and maintaining a spirit of “flow” in the research conversation (pp. 293-297). Such prescriptions are remarkably parallel to Walsh’s (2004) discussion of speculative language and the research conversation. Todres (1999) also proposes that in interaction there can be inter-embodiment, in which the “more” of each person has commonalities the “more” of the other. The “more” is a term Todres takes from Gendlin (1996) which refers to the part of a person’s sensing and experiencing that is not readily captured in language, but is “more than words can say.” An overlap between two persons’ “more” may be checked in a research conversation by sharing implications from one’s own “more” that were not explicit in the words of the other (pp. 293-294), and hearing whether or not these implications are consonant with the other’s bodily felt experience (their “more”). When the answer is affirmative, something of the other’s lived world was communicated through speech. Such instances were fairly common in the reviews with participants.

Another guiding ethos for the review sessions and other meetings with the participants was that of reflexivity. Walsh (2004) argues that in a research interview,
reflexivity is the best means of providing checks on the influence of one’s own biases. He contrasts reflexivity to phenomenological “bracketing,” which involves an attempt to set aside one’s preconceptions and see a phenomenon as one “belonging to any possible consciousness” (Giorgi & Giorgi, 2003, p. 246). Walsh argues that reflexivity is a better tool for addressing the effects of one’s biases in research interviews because an attempt to bracket one’s perspective would preclude the kind of involvement that elicits speculative, world-disclosing language from participants (p. 116). If one were to attempt to set aside one’s own perspective, one’s interpersonal faculties would be stunted, making it more difficult to engage in conversation that elicits world-disclosing language. Instead, Walsh suggests that bracketing should take place after the research conversation, in the form of a reflexive attempt to characterize the contextual influences on that conversation (p. 116).

In Walsh’s (2004) conception of phenomenological research, the conversation itself is the object of interpretation, rather than the participant’s reports on his or her experience (p. 117). To address the degree to which contextual and personal influences shape participant accounts, the research needs to reflect on the interpersonal and contextual horizons of the research conversation, and indeed all phases of the research. Consequently, when I hearken to review conversations in the following chapters, I also include pertinent contextual information about the conversation and relationship between the participant and myself.

Another influence on the methods I adopted for this study was my hope that participants would benefit from the review meeting. Inspired by participatory action research (cf. Fine, et. al., 2003) and collaborative research (e.g., Morrow, 2006), an important goal for me was for participants to have their therapeutic work enriched by the
research conversation. I hoped that in devoting additional efforts to examining, understanding, and communicating about their experiences with clients, therapists would enhance their work with their clients, particularly with regard to humor. I also hoped that clients would benefit from their research participation, as they observed and thought about their therapeutic endeavors in the recordings. For the most part, client and therapist participants who participated in the reviews enthusiastically told me that they found the review meetings enlightening and helpful.

Overview of Data Analyses and Their Purposes

After all review meetings related to a particular session, I transcribed or had a professional transcribe the entire session (cf. Appendix K for more information). For the first two therapist-client pairs who participated, Andrea and Nathan and Ken and Bridget, I did all the transcription. After this, I amended my study and received approval from the Duquesne IRB to have a professional transcribe recordings. After obtaining an initial transcription for a session, I then listened to the session multiple times to refine the transcript and make notes on the gestures and expressions of each participant during these passages (when video was available). I utilized the transcription conventions provided in Table 1 on the next page while refining transcripts, in order to more accurately reflect the sonic qualities of utterances. In addition, informed Gail Jefferson’s (1985) work demonstrating the value of transcribing laughter sounds, I sought to accurately reflect the sounds of laughter in my transcription rather than merely note when laughter occurred (as transcripts often do). Analyses were generally performed on the resulting transcript, but original recordings were occasionally referenced for clarification when necessary. During each phase of analysis of each instance of humor, I consulted the transcripts from
Table 1: Transcription Conventions
(Based on those suggested by ten Have, 1999, pp. 213 - 214)

<table>
<thead>
<tr>
<th>SYMBOL</th>
<th>MEANING</th>
</tr>
</thead>
<tbody>
<tr>
<td>[</td>
<td>A single left bracket indicates the beginning of speech overlap</td>
</tr>
<tr>
<td>]</td>
<td>A single right bracket indicates the point at which speech overlap ceases</td>
</tr>
<tr>
<td>=</td>
<td>Equal signs put at the end of one utterance and the beginning of another indicate that one utterance immediately follows the other without silence in between</td>
</tr>
<tr>
<td>(3)</td>
<td>A number in brackets indicates the length of a silence in seconds</td>
</tr>
<tr>
<td>(.)</td>
<td>A dot in brackets indicates a very brief silence between utterances</td>
</tr>
<tr>
<td>Word</td>
<td>Underlined words indicate that the words were stressed in some way</td>
</tr>
<tr>
<td>::</td>
<td>Colons, indicate that the sound preceding the colons was elongated, with the number of colons indicating the length of elongation</td>
</tr>
<tr>
<td>-</td>
<td>A dash indicates when an utterance is suddenly cut off</td>
</tr>
<tr>
<td>.</td>
<td>A period indicates a fall in tone, like the one that usually occurs at the end of an utterance</td>
</tr>
<tr>
<td>,</td>
<td>A comma indicates that intonation is continued, like when one is enumerating a list of things</td>
</tr>
<tr>
<td>?</td>
<td>A question mark indicates a rising intonation, as when one utters a question in English</td>
</tr>
<tr>
<td>↑↓</td>
<td>Arrows indicate that the utterance immediately following the arrow was spoken at a higher or lower pitch than the preceding speech</td>
</tr>
<tr>
<td>WORD</td>
<td>Upper case indicates that the utterance or sound was especially loud</td>
</tr>
<tr>
<td>* word *</td>
<td>Asterisks demarcate utterances spoken at a lower volume than surrounding speech</td>
</tr>
<tr>
<td>&lt;&gt;</td>
<td>Right/left carets demarcate utterances spoken at a quicker pace than surrounding speech</td>
</tr>
<tr>
<td>&gt; &lt;</td>
<td>Left/right carets demarcate utterances spoken at a slower pace than surrounding speech</td>
</tr>
<tr>
<td>· hhh</td>
<td>A dot followed by a row of h’s, indicate the intake of breath; without a dot preceding them, a row of h’s indicate expelled breath, as in a sigh</td>
</tr>
<tr>
<td>w(h)ord</td>
<td>An h within parentheses in a word indicates breathiness, usually laughter occurring during the pronunciation of the word</td>
</tr>
<tr>
<td>( )</td>
<td>Empty parentheses denote an inability to hear what was said</td>
</tr>
<tr>
<td>(utterance)</td>
<td>Words in parentheses indicate that the enclosed transcription is dubious, usually due to limitations in the sound quality of the recording</td>
</tr>
<tr>
<td>(( ))</td>
<td>Double parentheses demarcate the transcribers commentary and supplemental description</td>
</tr>
<tr>
<td>@utterance@</td>
<td>At signs demarcate an utterance that is spoken as an imitation</td>
</tr>
</tbody>
</table>
portions of the review conversation(s) about that instance to incorporate the relevant information from the review into that phase of analysis.

Full transcripts of the humorous passages that are the primary data for this study and other pertinent sections of transcript can be found in Appendices M, N, O, P, and Q. Whole session transcripts are not included in the appendices to better protect participant confidentiality. When transcripts are presented in the body of this dissertation, they are edited for clarity. I strove for a balance among accurate representation, useful information, and intelligibility in presenting passages in the body of this dissertation. Footnotes to transcribed sections in the body of the dissertation remind the reader of transcription conventions when they are used. A reader can always refer to the appendices for the most detailed and technical version of a transcription. In order to describe and understand the humor that occurred in the data, I pursued several distinct modes of analysis. My analyses were informed by phenomenological methods insofar as I divided the data into meaning units and sought to describe the lived experience of each participant. I interpreted the data clinically to arrive at a plausible account of the emotions and motivations relevant to humorous occurrences in the passages. I examined passages using tools from conversation analysis in order to account for how conversational conventions figured into the flow of the interactions. I examined humor in the data in terms using ideas from humor theory in order to construct an account of the defining characteristics of each instance of humor. Finally, I synthesized information obtained from the various analyses into a unified account of the experiences, grounds, functions, and characteristics involved in each instance of humor. After performing these
analyses for all passages in the data set, I examined the data for trends and salient themes, and turned these into the results and discussion chapters that follow.

**Phenomenological Procedures and Influences**

The goal of this study is to build a comprehensive yet compact account of humor in psychotherapy that describes its nature and dynamics, and that is clinically useful. Humor, like every phenomenon, is rooted in individual experiences. To understand humor at its most elemental level, I aimed to construct a reasonable account of the experiences of participants during moments of humor. By putting some “flesh and bones” on humor theory, as it were, I hoped to provide an account of humor’s nature that can serve to unify the various fragmentary insights about humor in psychotherapy found in the literature. To accomplish this task, I relied upon methods borrowed from phenomenology, which can be characterized as the study of lived experience.

The three main procedures I borrowed from phenomenological research methods were (a) repeated reading of the transcripts, (b) dividing transcripts into meaning units, (c) empathetically imagining the lived perspective from which utterances arose, and (d) imaginatively varying aspects of humor instances in order to better understand them. Following a usual beginning step in phenomenological research of protocols, I repeatedly read the entire transcript of each passage to gain an overall sense of what took place (cf. Giorgi & Giorgi, 2003, pp. 251-252). Then I divided the verbal content of these segments into meaning units (cf. Giorgi & Giorgi, 2003, p. 252 and Rennie, 2006, p. 67). While, of course, these meaning units cannot be objectively identified, what is important is that the passages were broken down into pieces, each of which had a meaning compact enough to
be held in mind and considered during this and subsequent phases of analysis (cf. Robbins, 2006, pp. 187-188).

I also followed the recommendations of Giorgi & Giorgi (2003) and Churchill (2006, pp. 89-90) and imagined the perspective from which meaning units arose, paying careful attention to my own embodied responses to the meaning unit (cf. Todres 1999, 2000). I used imaginative variation when thinking about humorous instances to better understand them. For example, I imagined how participant experiences would differ if gestures, expressions, or certain words had been different. In so doing, I gained insight into the psychological and interpersonal bases for some instances of humor, and better understood each instance’s humorous nature as well. For example, through imaginative variation on the cues and gestures that signaled a participant’s humorous intention, I learned that such cues were not separable from the humor, but an integral part of its identity. Another example of how I used imaginative variation can be found in Chapter 6 (p. 210).

When initially analyzing sessions, I constructed “psychological descriptions” of what was taking place for each participant during each meaning unit, in the manner prescribed by Giorgi & Giorgi (2003) for phenomenological research. This involves describing in “everyday” (jargon-free) terms what is taking place from the perspective of the speaker during each meaning unit of his or her utterances (cf. Giorgi & Giorgi, 2003, pp. 252-253; Robbins, 2006, pp. 189-190). However, after I completed such descriptions for two psychotherapy sessions (Bridget and Ken, and Andrea and Nathan), I decided to discontinue this step.
My reasons for this were as follows. First, these psychological descriptions did not substantially depart from the transcript itself. In further analyses and reflection, I found that I rarely returned to these psychological descriptions as a source of information. Instead, I chose to ingest and re-ingest the actual transcript instead of the once-removed and very slight psychological interpretation of that transcript. Another reason I abandoned psychological descriptions was the following: my primary data were “naturalistic” data from psychotherapy rather than protocols describing the experience of humor. Even the review conversation, my secondary data, frequently veered from the topic of humor. Humor in psychotherapy was only intermittently addressed in the review conversations, and was in general too briefly and diffusely discussed for the psychological description of meaning units from the conversations to be a fruitful activity. Instead, I highlighted portions of the review conversations that contained helpful information about humor and repeatedly referred to these portions during subsequent phases of analysis.

In spite of dropping the “psychological description” step from my analyses, I continued to utilize many phenomenological tools while constructing accounts of each humorous instance. For example, the division of each humorous passage into meaning units, the task of constructing accounts of participant experiences of humor, and the use of imaginative variation to better understand humor continued to figure prominently in the analyses and results obtained. In addition, I constructed the general description of humor in psychotherapy using tools borrowed from the usual manner in which phenomenological structures are built. I used everyday language to construct the description, and continually returned to the transcripts while building the description to
ensure that the description closely and comprehensively reflected the concrete instances upon which it was based.

**Clinical Analysis**

The main purposes of the clinical phase of analysis were to address (a) humor’s grounds in the emotions and motivations of participants and (b) how a therapist could beneficially engage with each instance of humor. In this phase of analysis, I viewed the therapeutic conversation in the humorous passages in a manner similar to how a clinical supervisor would view them. That is, I listened to or viewed the recordings while maintaining a clinical mindset, in which I thought about the experiences and motivations that could be driving each party’s behavior, and I took notes on my impressions. The content of the full sessions (beyond what is found in the humorous passages) and my meetings with the participants strongly shaped my interpretations. I did not utilize an algorithm or procedure in this clinical interpretation phase; the interpretations arose organically in my engagement with the recorded and transcribed passages. To discipline my clinical interpretations and make them publicly evaluable, I specified in writing their bases in the observable data and in my own experience. Such bases are made clear in the following chapters, where appropriate.

My interpretations in this clinical phase are based on my own experience and training, which is strongly influenced by the psychodynamic, humanistic, existential, and phenomenological traditions in psychotherapy. Some important influences on my clinical readings of humor instances include Casement (1991), Kahn (1997), McWilliams (1994, 2004), Teyber (1988), and Yalom (1970/1985, 1989/2000). Perhaps the most important concept influencing my clinical interpretation is the idea of repression, and more
generally, the notion of defense mechanisms (esp. as laid out by McWilliams, 1994, pp. 96-144). Concretely, I often had the impression that a participant’s utterances and actions stemmed from an unreflective comportment toward moving past what was unresolved or uncomfortable, and I had ideas about the sources of irresolution or discomfort.

Other concepts that have strongly influenced my work include communication by impact (Casement, 1991, pp. 64-65), projective identification (Casement, 1991, pp. 68-72), decoding the transference (Kahn, 1997, pp. 62-65), resistance (Teyber, 1988, pp. 32-51), and countertransference (Yalom, 1989/2000, pp. 93-125). Concepts figuring into clinical analyses will be defined as necessary in the exposition of results in the following chapters.

**Conversation Analysis**

Humor in psychotherapy is a special type of conversation overlaps substantially with the form of everyday conversation, but has some distinctive features. A primary purpose of the conversation analysis phase was to construct an account of how the rituals and conventions of conversation shaped the humor in each passage I analyzed. In addition, I hoped to dialogue with the growing body of literature on humor in conversation (e.g., Glenn, 2003; Hay, 2001; Jefferson, 1984, 1985; Norrick, 1993). The primary information constructed during the conversation analysis phase was the type of illocutionary act the speaker performed in each utterance (Jessie Goicoechea, personal communication, August 4, 2008). Types of illocutionary action include requests, offers, compliments (cf. Nofsinger, 1991, pp. 15-16), directives, assertives, expressive, and alignments (cf. Goicoechea, 2006, p. 123). By specifying the type of speech act each utterance was, I gained a clearer sense of how each utterance placed constraints on its
audience’s response, in order for that response to qualify as sensible and valid according to the conventions of conversation. For example, if a speaker utters a request, a type of utterance that comprises an attempt to get its audience to behave in some way, the audience is tacitly required to treat that utterance as something to be granted or denied. If the audience does not respond by granting or denying the request, the speaker interprets this as either having been misunderstood or ignored (Nofsinger, 1991, pp. 23-25). By classifying the type of conversational action achieved by each utterance in the humorous passages from the data for this study, I constructed an account of how the conventions of conversation influenced the course of the interaction.

In addition to specifying the conversational action of each utterance, I also looked for extended structures in the therapeutic conversation as a means of understanding how the therapist and client related to one another. Patterns in extended structures provided clues about the kind of relationship a given therapist-client pair had. For example, some pairs engaged more in dialogue during the session while other pairs tended to exhibit client monologue punctuated by brief dialogue. Patterns in the extended structures formed part of a larger account of the interpersonal dynamics involved in the session. Conversation analysis was not an end in itself, but a sometimes illuminating part of my account of humor in psychotherapy (Goicoechea, 2006, p. 124).

In this dissertation, I often use terms from Nofsinger’s (1991) accessible introduction to conversation analysis, *Everyday Conversation*. One term I have adopted from Nofsinger is “utterance” (cf. p. 15 for a brief discussion of the term). I use this term because it precisely designates something that was said in conversation without any further requirements on that speech. “Utterance” is better than a term such as “sentence”
because the latter term implies that what a speaker said qualifies grammatically as a sentence. Speakers rarely talk in complete sentences, so a much more accurate term is “utterance.” “Turn” is another term borrowed from Nofsinger that I use frequently, and it is useful because it designates the manner in which conversation progresses, with each participant taking turns speaking. When terms from Nofsinger’s book are used in this dissertation, I notify the reader and define the term.

**Humor Theory Analysis**

In addition to the above phases of analysis, I also analyzed each passage through a variety of concepts and lenses provided by humor theory. In this phase, I constructed an account of what qualified a given utterance as humorous. Like most parts of the analysis in this study, a structured algorithm was not executed. Rather, I applied humor theory flexibly to the transcript, and chose different characteristics of humor as central to its identity in different examples, depending upon which characteristics best seemed to capture the humorous nature of an instance.

In this phase, I read each humorous passage several times while paying particular attention to the humorous remark or action. In the first reading, I wrote my initial impressions of what seemed humorous about a given “punch line.” In each subsequent reading, I refined this account to continue to reflect my impressions of the humorous nature of the instance. After arriving at an account of each instance’s humorous nature that felt as complete as I could make it on the basis of reading the transcript, I took several other steps as part of the humor analysis. For each instance of humor, I specified the cues that seemed to be involved in the communication of humorous intent. I also constructed an account of each instance of humor in terms appropriate incongruity,
superiority, and release theory (really, types of theory; cf. Chapter 1, pp. 25-35), when such an account had not already been supplied in my initial interpretation of the instance. Finally, I consulted discussions in the reviews (and later, feedback on the conclusions summaries) for information participants provided that bore on the humorous nature of each instance. Sometimes a participant explicitly gave an account of what they found humorous about a given instance.

I then gathered all of the information accrued in the humor theory analysis and incorporated it into a single body of information (usually a paragraph; sometimes a list of bullet points) that spoke to the humorous nature of each instance. I then wrote about how well the accrued information captured the humorous nature of the instance. Insofar as the information seemed to miss something about the episode’s humorous nature, I wrote as clearly as possible what seemed to be missing and the sources of my sense that these things were missing.

During this humor theory analysis, I also identified the concrete reasons each particular instance was designated as humor, especially where those reasons were not clear in the transcript. These reasons came from observable aspects of the recorded interaction and from what that interaction evoked in me. By providing these reasons, I made as explicit as possible the basis upon which each instance of humor was designated as such.

Even though I did not adhere to any single definition of humor, all instances of humor fell under Attardo’s (2002) perlocutionary definition of humor (pp. 28-30). According to this definition, an utterance is humorous if its perlocutionary goal is to be perceived as humorous. The perlocutionary meaning of an utterance is the effect it has or
was intended to have on the hearer (p. 29). All humor instances identified for study fit this criterion. In other words, all occurrences identified as humor in this study clearly involved either a speaker who intended humor or an audience who perceived humor in an utterance. Most cases involved multiple signs that something was perceived or intended as humorous.

**Synthesis Phase**

After phenomenological, clinical, conversation, and humor theory analyses were completed for a humorous passage, I combined the information into one “synthesized” account of each humorous instance. To accomplish this single, holistic account of each humor instance, I read the product produced in each prior phase of analysis and highlighted (literally) what seemed most certain and most useful in each account. I then combined these highlighted features into a final written account of the instance of humor. This account articulated the intrapersonal and interpersonal grounds from which each humor instance arose and the subsequent effects of that instance. This synthesized account addressed how the experience, motivations, and emotions of each participant differed before and after the humor, and how much those differences were due to the humor itself. One goal in this synthesis phase was to identify how each instance of humor functioned in the therapy and what transitions it enacted. Overall, the synthesized account for each humorous instance specified the grounds, experience, essential nature, and effects of that humor. It combined the information from previous analyses into a single paragraph that summarized the insights obtained from the analyses. Hence, the yield of this synthesis phase was a series of paragraphs, one for each humor instance, that summarized and integrated insights attained during the discrete phases of analysis.
Reflection and Writing Phases of the Study

The synthesized account for each humor instance was a landmark in the process of the dissertation. Each synthesized account and its corresponding transcript were the primary touchstones for further reflection, writing, revision, and consolidation of ideas. Having attained a holistic account of each humor instance, I began to compare and contrast insights across instances of humor, and gradually organized the information that had been gathered into the exposition of humor’s characteristics and dynamics in the following chapters. In other words, after having arrived at a synthesized understanding of each individual humor instance in the data, I had to then synthesize information across all instances of humor. I call this last and more organic phase of the study, which involved combining insights from distinct humor instances to build broader and more general understandings of humor in psychotherapy, the “reflection and writing phase.”

During this reflection and writing phase, I looked across all instances of humor for answers to a variety of questions that have driven the project. These questions were of two primary types: (1) practical questions for therapists regarding humor in session and (2) theoretical questions about the nature of humor. Questions falling into the first category included the following: what are the conditions that facilitate beneficial engagement in humor with clients? What cues let the therapist know that these conditions are present? When should a therapist not express appreciation for client humor? Why not? How does a therapist know whether or not to do so? What does client humor mean? How can a therapist discern this meaning?

Questions falling into the second category (on the nature of humor) include the following: how do the emotional dynamics of humor relate to its incongruities, to the
appropriateness, and to a person’s feelings and conflicts regarding the subject matter of the humor? How does humor temporally unfold and what various possible paths could its effects take? Does the nature of humor in psychotherapy constructed in this study reveal anything that has not been adequately acknowledged in humor theory to date?

Of course, different instances of humor addressed some questions more directly than others. In seeking answers to the above questions, I repeatedly read the transcripts of all instances of humor and the synthesized accounts I had written on the basis of my analyses. In this process, I identified salient themes in the data. The following three chapters are the result of identifying and refining the themes that emerged during this “reflection and writing phase” of the study.

**Conclusion**

Having now laid out the bases for the study’s design and methods, I will now turn to the results of the study. These results will be explicated in the following three chapters. Chapter 3 provides a concise summary of all results and provides the main result of the study: a concise, comprehensive, and clinically applicable account of humor in psychotherapy. Chapter 4 discusses trends and general characteristics of humor in the data, and divides these into two types: those that reflect the nature of the data set, and those that reflect the nature of humor in conversation. Chapter 5 discusses clinically relevant themes and observations. Chapter 6 addresses the interface between this study and humor theory, identifying ways that the results of this study bear on humor theory. Chapter 7 summarizes the study and its results, identifies limitations of the study, and suggests future directions for research.
Chapter 3

Summary of Results

This chapter provides a brief summary of the results of this study before they are discussed in greater detail in the chapters to follow. There are three categories of results in this dissertation, which correspond to the discussions in Chapters 4, 5, and 6: (a) the characteristics of humor in psychotherapy, (b) the dynamics of humor and their clinical relevance, and (c) observations relevant to humor theory. In this chapter, I present results from each of these categories and then end with a general description of humor in psychotherapy in the last section of this chapter. The general description is a compact, comprehensive, and clinically applicable statement on humor in psychotherapy that encompasses the insights gathered from the data analyses for this study. This general description addresses the context, grounds, experience, dynamics, nature, and effects of humor in session.

Characteristics of Humor in Psychotherapy

One aim of this study was to provide a description of humor in psychotherapy in everyday language. This aim was addressed by delineating characteristics of humor found in the data set, which are presented in detail in Chapter 4. The characteristics that were found are categorized into two types: (a) those characteristics that primarily reflect the
setting and methods of the study and (b) those that primarily reflect the nature of humor in conversation.

Characteristics that primarily reflect the study’s setting and methods include the following:

1. The humor in the data set was “recipient designed” for me and the dissertation audience. In other words, participants produced and responded to humor while knowing that I and the dissertation readers would be audience to that humor via the session recording.
2. Of the 50 “punch lines,” or discrete humorous utterances, in the data that were analyzed, 34 were uttered by clients and 16 by therapists. Laughter occurred in 49 of these instances.
3. In the focal data for this study, there were 15 passages during which shared laughter between therapist and client occurred (with several of these passages having multiple instances of humor). Of these 15 “shared laughter sequences (Glenn, 2003, p. 86), the speaker laughed first in ten of them (66% of the time), and the audience laughed first in the other five (33%). In Glenn’s (2003) data, the speaker laughed first in 49 out of 67, or 73% of the time (Glenn’s calculations of the percentage, p. 88, appear to be incorrect). The data for this study therefore echoes the trend found in Glenn’s data.
4. All humor instances involved verbal content.
5. Most humor was not readily intelligible to a public audience. An outside observer needs substantial contextual information to grasp the what was funny about most of the humor in the data. In other words, “you had to be there.”
6. Each client-therapist pair exhibited idiosyncrasies in their humor style. Even the same therapist with a different client exhibited changes in his or her personal style of humor.

Characteristics that primarily reflect the nature of humor in conversation include the following:

7. All intentional humor included cues to the speaker’s humorous intention. Cues included laughter, changes in prosody or intonation, elevated or lowered volume, laughter, and declarations that something was funny. Cues were an integral part of humor’s identity and, had they not been present, most instances would no longer have been humorous. This suggests that viewing them as “cues to humor” misleadingly separates them from humor. These cues are part and parcel of the humor.
8. Humor usually involved what I call a “transition in voice,” or an alteration of the stance or perspective from which the speaker is talking.
9. All instances of humor included an intention to convey genuine information in the selfsame humorous utterance. This result is noteworthy because humor is
sometimes classified as “non-bona-fide communication” or as involving a “defunctionalization of language.” In the data for this study, humor always involved bona-fide communication, and language was not defunctionalized.

10. Humor sometimes endured in the conversation and sometimes receded. When humor did endure, the humorous subject matter sometimes remained the same and sometimes changed. Usually humor that endured involved mutual participation, but in one interesting variation, a client (Andrea) continued to produce humor even without “humor support” (e.g., smiling, laughing, or otherwise encouraging the humor) from her therapist (Nathan).

11. Humor was occasionally misunderstood by its audience, although each case of humor was recognized as a humor attempt by its audience, even when that audience did not “support” the humor.

12. Humor was frequently associated with transitions in conversation, including transitions in topic of conversation and in the alignment of the conversational participants. Sometimes humor served to align participants and sometimes it served to misalign them (e.g., misunderstanding, opposing sentiments regarding humorous subject matter). For 46% of punch lines, there was evidence that the humor had an aligning influence; for 30% of punch lines, there was evidence that the humor contributed to misalignment; for 24% of punch lines, the influence on therapist-client alignment was not clear.

13. For the most part, humor either comprised a conversational turn, or came at the end of a conversational turn. On the rare occasions when it occurred at the beginning or middle of a conversational turn, a lack of “humor support” appeared to be the main reason for the unusual conversational position of the humor.

14. Clients in the study sometimes ventured humor during emotionally “heavy” moments (e.g., Andrea while crying), prima facie a surprising context for the emergence of humor.

**Dynamics of Humor and Their Clinical Relevance**

The most important findings on the dynamics of humor in psychotherapy and the clinical relevance of these dynamics are the following:

15. The ways humor arose and functioned in session often did not align neatly with categories found in the humor and psychotherapy literature, for example, the categories of “positive uses” and “cautions” discussed in Chapter 1 (pp. 14-18).

16. Humor often occurs as a response to indefiniteness or uncertainty, especially when accompanied by distress. There were degrees of success in humor’s ability to move a participant past indefiniteness, uncertainty, or distress.

17. Humor served as a vehicle for the acceptable expression of aggression, irritation, and disagreement. Humor sometimes seamlessly expressed aggression between participants, while at other times the relationship became awkward in spite of attempts to address the discord through humor.
18. Laughter, even when it expressed humor, did not reliably indicate that “all is well” in the therapeutic relationship. In fact, laughter often occurred when the client had an adverse emotional reaction to the therapist.

19. Failed humor (whether misunderstood or unappreciated) magnified a mood of awkwardness. When humor was misunderstood, therapists and clients addressed the misunderstanding until the appearance of a common understanding had been achieved. When humor was not appreciated, a change of subject usually ensued.

20. Themes and patterns in the humorous content and style of a client revealed psychological and emotional dynamics pertinent to therapeutic work. The quality of a client’s laughter in relation to humorous themes and patterns indicated the degree to which he or she found those themes and patterns distressing.

21. One therapist-client pair (Holly and Tamara) engaged frequently in short interludes of humorous banter. This banter helped the client tolerate emotionally difficult subjects, but also seemed to distract from the exploration of such topics.

22. Some laughter expressed triumph over what had previously been intransigent in a client’s life. It also expressed the client gaining an overall sense of his or her preferred resolutions to conflicts and challenges. The quality of this kind of laughter appeared to be more natural or genuine than some other, more anxious, kinds of laughter.

Results Relevant to Humor Theory

The main results that contribute to a more complete understanding of the nature of humor itself are as follows:

23. A “drive to affiliate” was strongly present in the humor in the data. Specifically, in many instances of humor in the data it was clear that participants wanted not only to share in the pleasure of humor, but to share similar perspectives or attitudes in relation to humorous content.

24. Humor was often used to “fend off” the unwanted. Humor’s nature and structure make it well-fitted to be employed in such a manner.

25. Humor, because it is rooted in multiple levels of experienced meaning, can be aimed at multiple targets via the same “punch line.”

26. It may be more comprehensive and accurate to characterize humorous communication as involving a “shift in speaker stance” or “shift in kind of information” rather than a shift from bona-fide to non-bona-fide communication.

27. Humor that employs exaggeration in its core incongruities can be used to deflate the threatening countenance of a feared possibility.

28. A heightened sense of audience, or being “in the eyes of another,” is integral to the experience of producing humor.
General Description of Humor in Psychotherapy

The following paragraphs present a compression of observations and insights gleaned from my analyses into a concise, comprehensive, and clinically useful picture of the nature and dynamics of humor in psychotherapy. This account is based on all of the analyses and subsequent writing on humor in the data set. The bases for this account are laid out in Chapters 4, 5, and 6.

Humor in individual psychotherapy involves a client and a therapist conversing privately in a room (in the data, while being audio or video recorded). Their conversation is different from most “everyday conversation” because the therapist plays a unique role in which he or she inhabits a primarily receptive stance and carefully attends to the client’s narrations. The therapist is guided by the goals of helping the client clarify thoughts and feelings, and illuminating fruitful connections among elements of the overall narrative. During this special type of conversation, clients and therapists both produce humor in session. The shape humor takes depends upon the personalities of the therapist and client, their relationship, the context of the session, and the therapist’s approach to the work. Therapists in this study generally produced gentle and understated humor, in order to avoid influencing the client too strongly or tacitly demanding that the client appreciate the therapist’s humor.

Humor in psychotherapy almost always involves utterances, although other “cues” can also convey humorous content. Such “cues” include laughing, alterations in speech rhythm and intonation, elevation or lowering of voice, gestures, facial and bodily expressions, and declarations that something is funny. Although these indicators of humorous intent are often called “cues,” they are a defining element of the humor they
signal, and not separable from it. The absence of those “cues” would result in the absence of humor.

When a speaker intends to amuse, he or she usually laughs. Humorous intention occurs in addition to an intention to communicate information. Humorous intention is pre-reflectively recognized by the humor’s audience, who feels called to acknowledge and appreciate humorous intent. Attempted humor is a compelling invitation to amusement. It can be a distracting lure: the distraction involves the puzzle of incongruity and the lure involves the pleasure in resolving it, and sharing this pleasure with another.

When humor is uttered and its audience expresses appreciation, humor often becomes a more salient goal for each party. Humor may consequently continue unabated, or arise more frequently during the ensuing moments of interaction. Humorous content may endure or give way to other humorous content.

Accepting or rejecting an invitation to humor is not fully deliberate, but instead involves how readily that invitation fits with one’s comportment, goals, intentions, and mood. The covert nature of this choice often prevents therapists from realizing the full impact of their responses to humor. When one joins another in humor, the other perceives tacit support for the propriety of humor and for the sentiments inherent in the humor. When humor appreciation is shared, one assumes that the other experiences intense feelings similar to one’s own, for similar reasons. An aligned perspective and common feelings are inferred, fostering a greater sense of intimacy. Shared humor and genuine laughter therefore solidify the alignment between therapist and client. Shared humor often involves a common amusement at one or the other’s foibles.
When a humorous invitation is resisted or not acknowledged, both parties feel palpably uncomfortable. They work to quickly move past this discomfort. The producer of the humor often continues his or her conversational turn to fill the palpable vacuum created by the lack of response.

The perception or production of humor happens in the course of one’s ongoing processes of meaning-making, as one engages in purposeful action. The humorous transition—whether one is its producer or audience—is experienced as sudden, unexpected, and pleasurable. One’s attention quickly moves into a new and unexpected set of meanings brought on by a “punch line.” The transition from initial to subsequent meanings is a process one cannot fully attend to or consciously encompass. Rather, one is “washed over” by feelings and impressions that are not readily appropriated for reflection.

Feelings involved in humorous perception include a sense of discovery (or “eureka!”) that expresses one’s surprise at one’s attention being derailed to an oblique train of thought. The Gestalt that enacts this derailment is incongruous with one’s expectations about how the meanings one attends to are developing, but it is also trivially appropriate to those expectations. This emergent Gestalt impresses one as having been constructed by intelligence nimble enough to have intentionally manipulated one’s own perspective.

Another integral feeling in humorous perception is the conviction that something is absurd, or at least demoted. Often, one realizes folly or limitations in the perspective one held prior to the shift enacted by humor. When this happens, humorous laughter denotes a meta-recognition of one’s position or state. It is a signal of a gaining of
perspective by being involuntarily pulled from one’s narrow egoic focus to an
unanticipated destination. As such, humor involves a release. Since it necessarily
involves a shift, humor is not conducive to stillness or abiding with the looming unknown
during “heavy” or poignant moments in therapy.

Humor is intuitively deployed to achieve distance from emotionally distressing
conversation and interaction. Humor foregrounds pleasure and affiliation, and
backgrounds negativity and conflict. This directional polarity, pulling consciousness
away from the disconcerting and toward safety and reassurance, makes humor a natural
means for disposing of irresolution, and a natural expression of reluctant-but-brimming
aggression.

Humor’s visceral force and its elusion of the full grasp and filter of consciousness,
makes it emotionally and interpersonally potent. Impulses, feelings, and tensions are
tributaries that can flow into laughter when humor is enacted. Individuals who are adept
at humor instinctively employ it to accomplish these feelings, to shift perspectives (their
own and others), to slant sentiments toward or against a particular meaning or entity, and
to stimulate and titillate others.

Client humor exhibits patterns that emerge from and express his or her
personality, salient concerns, and comportment toward life. The ease with which humor
is relied upon to transport one from distress makes it a frequent indicator of emotional
difficulty. Repetitive self-deprecating and self-correcting humor can express an effort to
address and transform a burdensome and recurrent self-criticism. Hearty laughter
expresses release and triumph while forced laughter expresses a desire to escape a mire
that nonetheless endures.
Summary of the General Description

The ideas contained in the general description above are summarized in the following numbered list:

1. Humor in psychotherapy occurs in a private conversation in which two people play unique roles. The receptive role of the therapist in client-centered, psychodynamically informed therapy tends to attenuate his or her humor expression.
2. What are commonly called “cues” of humorous intention—for example, smiling, laughing, exaggerated gestures, changes in intonation, and the like—are actually components of the humor, and inseparable from it.
3. Most humor involves both the intention to amuse and the intention to communicate. Humor commands attention: it calls upon its audience to acknowledge and appreciate it, distracts its audience by presenting a puzzling incongruity, and attracts its audience with the promise of pleasure.
4. Humor often becomes a more salient goal when introduced into conversation. Once humor is broached, it often occurs with greater frequency, even though the subject matter of the humor may change.
5. The choice to accept or reject humor is not totally deliberate. Acceptance of humor tacitly communicates support for humor’s propriety and for the sentiments inherent in its content.
6. In shared humor, each person tends to assume that the other person experiences similar feelings (esp. pleasure) for similar reasons. This tendency is important to humor’s ability to foster greater intimacy.
7. When humor’s audience resists or does not acknowledge the humor, discomfort in both parties usually results. Often the humor initiator continues his or her conversational turn to move past the discomfort.
8. The perception of humor involves a sudden and pleasurable bodily and psychological transition. One’s attention moves to new, unexpected meanings and one feels “washed over” by feelings and impressions that one’s conscious awareness does not fully apprehend.
9. Humor involves a sense of discovery upon realizing that incongruous meanings with which one is confronted are nonetheless trivially appropriate to figural meanings prior to the incongruity. The trivial appropriateness impresses one as having been constructed by another intelligence to playfully invert one’s expectations.
10. Humor involves designating some meaning or perspective as absurd, and therefore diminished. Humor appreciation often signals the gaining of a new perspective and the release of attachment to whatever has been diminished.
11. The swift and unexpected transitions in humor, and the pleasure of these transitions, make humor antipathetic to stillness, heavy emotion, or abiding with uncertainty and irresolution.
12. Humor is intuitively deployed to achieve distance from emotional distress. Humor foregrounds pleasure and affiliation and backgrounds negativity and
conflict, making it a natural means of moving away from disconcertment and toward safety and reassurance.

13. Humor’s occurrence primarily at the level of feeling, outside of one’s conscious grasp, makes it an emotionally and interpersonally potent force whose action is not strongly influenced by logical thought.

14. One’s humor style expresses one’s personality, salient concerns, and overall comportment. Since humor is a natural means for dealing with distress, a client’s humor style can reveal important psychological dynamics.
Chapter 4

Characteristics of Humor in Psychotherapy

In this chapter I present results of the study, specifically the characteristics of humor that were found in the dataset. While there were few universal characteristics, there were some notable trends and varieties of humor that will be discussed in this section. The characteristics and varieties listed below form part of the basis for the general description of the nature and dynamics of humor in psychotherapy found at the end of Chapter 3. A more thorough discussion of the clinical aspects of humor is deferred until the next chapter. In this chapter, the characteristics and varieties of humor that were observed are divided into two types: (a) those that primarily reflect the setting and methods of the study and (b) those that primarily reflect the nature of humor and its place in conversation and relationships. Characteristics and varieties of humor that reflect the setting and methods of the study will be discussed first.

Characteristics that Reflect the Setting and Methods of the Study

“Recipient Designed” Nature of the Data

For the most part, participants were aware during sessions that they were being recorded specifically for this study. The two exceptions, clients Andrea and Holly, learned at the end of their session that it had been recorded. However, each of them had already talked with her therapist about the study, and knew that they would be recording
a session for the study *at some point*, and were therefore aware of the possibility that the session was being recorded. Hence, the reader should assume that all utterances are “recipient designed” (cf. Nofsinger, 1991, p. 9) not only for the other participant in the session, but also for me (the researcher) and the audience for this dissertation. Sometimes utterances were explicitly designed in relation to the research audience. One client, Bridget, talked directly to the researcher via the tape recorder (cf. Appendix M, “Flirting,” pp. 244-245). Another client, Ursula, discussed being nervous about being recorded with her therapist at the beginning of the session (cf., Appendix P, “Session Beginning,” p. 277).

All therapist utterances were likewise spoken with the awareness of the research audience. All sessions were recorded before the informed consent meeting, so participants knew little about what the study would involve, other than that it was a study of humor in psychotherapy being performed by a graduate student. Still, the data are not purely “naturalistic” in the sense that these sessions included an additional audience to the session not usually present.

*Quantitative Profile of the Data Set*

All humor in this study occurred in individual psychotherapy at the Duquesne University Psychology Clinic. Three therapists and five clients participated in the study. Seven session recordings were made available for the study, five of which were chosen for analysis. A chart below lists the participants, number of sessions recorded, and medium of the recording in the order that the participants signed up for the study:
1. Bridget, client—Ken, therapist: 1 audio session recording
2. Andrea, client—Nathan, therapist: 1 video session recording
3. Ursula, client—Tamara, therapist: 1 video session recording
4. Holly, client—Tamara, therapist: 2 video session recordings
5. Yvonne, client—Nathan, therapist: 2 audio session recordings

Five session recordings form the basis for the data analyses and the discussions in this dissertation. One session from the Holly and Tamara recordings and one session from the Yvonne and Nathan recordings were not included in the data analysis, mainly because they contained far fewer recognizable instances of humor. In addition, the second Yvonne and Nathan audio recording had extremely poor sound quality.

Within the five recordings that formed the basis for this study, passages containing one or more instances of humor were subjected to the several phases of analysis described in Chapter 2. In all, 26 passages were delineated for analysis. In these 26 passages, 50 “punch lines,” or (relatively) discrete humor instances were identified.¹

A couple of numbers worthy of note are the following. First, of the 50 “punch lines,” clients uttered 34 of them, while therapists uttered 16 of them. This distribution of humorous utterances clearly demonstrates the strong need for greater focus on client-initiated humor in the literature, as discussed in Chapter 1. Another noteworthy figure is that, of the 50 humorous utterances in the passages, 49 involved laughter by at least one participant. This high percentage of humor involving laughter cannot be taken as evidence that most humor in psychotherapy involves laughter, since humor in the data set was not randomly sampled.

¹ The term “punch line” usually refers to the final line of a humorous text. Attardo (2001) proposed the term “jab lines” to designate instances of humor that punctuate rather than end a story or narrative; while the term “jab lines” would more accurately reflect the non-final character of humor in the data, I will stick with the more familiar term, “punch line,” to designate a humorous utterance in the data.
One more useful quantitative observation is the following: in the 26 passages that form the core data for the study, the humor and associated patterns of laughter conform with Glenn’s (2003) claim that the initiator of humor is usually the first person to laugh in two party conversations. Out of the 50 humor stimuli that occurred, 41 appear to have been intentional. Of these 41, the producer of the humor laughed first 26 out of 41 times, or 63.4% of the time.

Transcripts of the 26 passages are contained in Appendices M, N, O, P, and Q, and are labeled by one or more humorous utterances that occurred within them. Presenting each instance of humor here would prove far too cumbersome for the reader to absorb. Instead, the reader will be organically introduced to most instances of humor in this and the next chapter.

**Type of Data: Verbal Humor in Conversation with Extended Client Turns**

The humor in this data is primarily verbal in nature, and emerged from utterances that were part of the conversation. Even in the one instance of humor where an expression comprised the “punch line” (viz., “Looked Pretty Rough,” Appendix M), the humor involved an indispensible verbal component.

The humor in the data set was also primarily conversational in nature. All therapy sessions in the data set involved conversation as the predominant mode of interaction. Other kinds of therapeutic activities such as sandbox play or painting did not take place in the sessions recorded for this study. The only activity that did not clearly qualify as conversation in the data was a seven-minute focusing exercise led by Tamara at the beginning of Ursula’s session. (Focusing is a technique developed by humanistic psychotherapist Eugene Gendlin (1996); it is similar to relaxation techniques such as
deep breathing, but has the additional aim of helping the client clarify meanings associated with unarticulated bodily feelings.) This dissertation does not address examples of humor from the focusing exercise. Hence, this study and its results apply primarily to therapeutic interactions in which conversation is the predominant mode in the exchange.

The conversation in the data is of course different from normal, everyday conversation. It is a special, focused kind of conversation that is rooted in various traditions of psychotherapy, whose aim is to support and help the client. Its special nature is reflected in one conversational structure that was observed in the data: clients take extended turns many times during each session without having to “claim the floor,” which is the usual requirement to secure an extended turn in everyday conversation (cf. Nofsinger, 1991, pp. 55-65 on presequences and insertion sequences). Extended client turns are expected in the type of “client-centered” therapy that takes place at the Duquesne Psychology Clinic (cf. Chapter 2, pp. 44-46), since the therapist tends to occupy a receptive stance and let the client determine the course of the session.

*The Context-Dependent, “You had to be There” Quality of Humor*

Most of the humor that occurs in the data set cannot be readily appreciated without filling in some context. The humor in the data usually relied on private meanings that require “insider knowledge” in order to appreciate the humor, and was therefore not usually accessible to a public audience. Provine (2000) interpreted the mundane appearance of punch lines that he collected from observing laughter at a mall as a sign that most laughter is not connected with humor (pp. 40-43). However, the data of this study suggest that even when laughter follows a “punch line” that is not easily
identifiable as funny, that laughter is nonetheless often rooted in a perception of humor. Surrounding material in the therapy sessions and discussions with participants often revealed a humorous nature to “punch lines” that were apparently mundane and unfunny in the absence of greater context (unfortunately, having to explain humor to the reader will not in general render that humor funny). In ensuing discussions, I will refer to the characteristic of humor in the data set as appearing mundane and unfunny without more contextual information as the “you had to be there” quality of humor.

Writing about humor in psychotherapy, Driscoll (1987) observed that “the things that people laugh at in session can be a lot more ordinary than the things writers on humor must present to convey amusement to the readers” (p.145). Driscoll’s observation and the “you had to be there” quality of humor in this study’s data suggest that most humor vignettes in the literature on humor in psychotherapy are not representative of most humor that actually takes place in psychotherapy. One yield of the phenomenological approach of this study, then, is the provision of a more representative set of instances of humor in psychotherapy. Access to a more representative set of instances of humor in psychotherapy can better prepare clinicians for humor as it usually occurs in session. To better demonstrate the “you had to be there” quality of humor in the data and how a more representative sample of humor can guide clinical practice, consider the following example.

**Example of the “You had to be There” Quality of Humor in the Data**

To illustrate the “you had to be there” quality of humor in the data set, I used a random number generator to randomly select an instance of humor from the data. The following example, involving client Bridget and therapist Ken, illustrates the need for
supplemental information to gain a sense of what makes an utterance humorous. I will not provide contextual information prior to this example in order to better illustrate the need for contextual information in most cases of humor. Note that italics are used in transcripts to indicate humorous utterances and laughter, and that an attempt has been made to transcribe laughter and breathing phonetically; parentheses with an “h” inside indicate a breath of laughter in the middle of a word:

Bridget…and all of the sudden, I thought that is so St. John of the Cross.

Ken: How so?

Bridget: Because in the Night of the Sense and the Night of the Spirit He starts purging things out, okay? So the Senses takes away, you know, your attachments to things, you know? We might have to work on the coffee, but (hn)ts like

Ken: hahahahahaha

Bridget: I’m sorry. That’s kind of medicinal, too, especially when you’re racing down after work.

Ken: Nhnhnhnhnhnhnhnhn

Bridget: But you know, you lose your attachment to created things, okay? So you’re directing everything towards God… ((Bridget-Ken Session, lines 443-459; cf. Appendix M, “Work on Coffee”))

One feature that should be immediately clear to the reader is that the humor in this example could not be repeated as a “canned joke.” It would even be difficult to retell the interaction in a way that communicates its humorous nature (as I found in writing this section). Why Bridget’s utterances “we might have to work on coffee” and “especially when you’re racing down from work” are funny to her therapist are not clear without further context.

\[\text{One reason italics are needed is that a laugh is often phonetically transcribed as “huh,” an utterance which could also express puzzlement. If the ‘huh’ is italicized in this dissertation, then it is a laugh.}\]
Yet Ken’s laughter was a genuine expression of amusement in response to these utterances. In the review of this passage a few days after the session, Ken explained his laughter as follows: “she jokingly says we’re going to have to work on the coffee because she is a Starbucks fanatic. So I had that laugh with her knowing that that’s part of her day to day, you know” (Ken Review, lines 485-487; cf. Appendix S, Excerpt 2). (Note: in the review with Bridget, this passage was discussed, but its humorous nature never became focal in the discussion.) Ken points to a recognition that part of Bridget’s “day to day” involved her being a “Starbucks fanatic” as part of the source of his laughter, and mentioned that he “had that laugh with her” (italics added for emphasis). His explanation strongly suggests a perception of humor in connection with these aspects of the interaction. Characteristics such as mutual recognition and enjoyment are ones that are often associated with humor’s nature.

Other information helps to further clarify the instance’s humorous nature. The client in the example, Bridget, was explaining a recent theological insight she had. She had come to the session a few minutes late, frazzled from a fast-paced day of work and having to run to catch the bus. Prior to the interchange, the client had been furiously slurping on coffee in the session—not exactly the essence of detachment from sensual things. During other places in her therapy, she had talked about having gone through a night of the senses, which engenders detachment in a person. Her comment “we might have to work on coffee” is a kind of double-take, in which she realizes that while she espouses detachment, she displays an addiction to coffee. In her review with me, Bridget characterized her relationship to coffee as follows: “so it’s always, you know, give me the
coffee, give it to me now\textsuperscript{3}, you know” (Bridget Review, lines 1641-1642; cf. Appendix R, Excerpt 2). An incongruity between her speech about detachment and her relationship to coffee is recognized in the comment “we might have to work on coffee.”

“Especially when you’re racing down after work” is an utterance that is more difficult to explicate as humorous. The emphasis on the need for coffee (it is “medicinal”) based on the extreme demands of her tight schedule (she’s “racing down” to therapy “after work”) is central to its humorous meaning. Ken’s laugh here probably continues to express recognition of the frenzied pace of Bridget’s life, and indeed, that pace had been an ongoing theme in their discussion (e.g., “Looked Pretty Rough,” Appendix M). Ken shared in the review “I do think when she said part of it’s medicinal it’s because she struggles in the morning of course to get moving” (Ken Review, lines 556-557; cf. Appendix S, Excerpt 3). Bridget’s further emphasis on her dire need for the coffee’s stimulation also continues a theme of humor in the session (to be discussed below), in which Bridget is a hapless character (cf. “Looked Rough Yesterday,” “Not Normal,” Appendix M). Given its continuance of this humorous theme, “especially when you’re racing down after work” is humor in the same vein as caricature (of the speaker’s self, in this instance).

One important thing that is highlighted by this example is the reader’s immense dependence on my presentation of the data for understanding. My experience of hearing the recordings, repeatedly reading the entire session’s transcript, and talking to the participants must be condensed into an account that is both sufficiently detailed to convey the humor and sufficiently brief to present manageable chunks of information. The impact of participants’ tone, volume, prosody, timing, facial expressions, gestures, bodily

\textsuperscript{3} Underlining denotes that the speaker emphasized the underlined part of her utterance.
movements, and general relational ambience can only be partially conveyed in writing. Furthermore, the participants share and readily recall an extensive history together (approximately 40 sessions prior to the one recorded for this study) that is impossible to discern through textual representation of a snippet of their conversation. The need for confidentiality has additionally constrained information that can be presented to the reader.

My aim as researcher and presenter is to provide accounts that resonate with participant recollections of the sessions, my genuine impressions of the recordings and transcripts, and the information I gathered in interactions with participants. I must leave it to the reader to assess the worth of presentations based on the data (e.g., applicability to one’s own clinical experience, coherence of the accounts). In this example, I demonstrated via a representative example how humor in my data set diverges from the kinds of vignettes presented in most of the literature on humor in psychotherapy. These vignettes usually involve humor that is readily recognizable as such when transcribed, whereas most humor in my data was not clearly humorous in the transcript. This is an important limitation of the literature brought to light by this study, and one that needs to be taken into account in future scholarship.

**Humor Styles in Each Therapist-Client Pair**

One of the most important influences on the shape of humor in the data set was the therapist-client pair involved in the session. Different pairs displayed different styles and content of humor. Some therapists engage in humor production and laughter much less readily than others (e.g., Tamara much more than Ken or Nathan), and some clients express appreciation of therapist humor much more than others. For example, client
Bridget did not laugh the few times that her therapist (Ken) ventured humor, while Andrea laughed a great deal at her therapist (Nathan), even when he was not ostensibly attempting humor. Even the same therapist with different clients exhibited different tendencies with regard to humor. For example, therapist Tamara usually immediately responded to her client Holly’s humor with more humor. Yet with client Ursula, therapist Tamara responded in a greater variety of ways, with no dominant tendency.

Trends in humor for a given client-therapist pair probably express as much about the tenor of a given session as they do about the therapist-client relationship, but these different influences could not be addressed with the small number of sessions that comprise the data for this study. The most that can be said on the basis of that data is that, of the two sessions offered by Holly and Tamara and the two offered by Nathan and Yvonne, the sessions that were chosen for analysis contained many more recognizable instances of humor than the sessions that were not.

A brief introduction to humor as it occurred in each session from the data follows here. I use an example from each session to help characterize the humor style of each therapist-client pair. The examples illustrate differences among the humor styles of therapist-client pairs, and show how humor expresses the relationship between the therapist and the client.

Characteristics of Humor in Yvonne and Nathan’s Session

The humor in this session was subdued. The pair did not exhibit hearty laughter (by either a single person or shared between the two). Humor that was identified in the session was almost exclusively produced by Yvonne. There was a sardonic, deadpan quality to her delivery. Much of her laughter accompanied talk about anger, for instance
being “pissed off,” punching walls, and fighting with her ex-boyfriend. Nathan noted to her during the session that she “often talk[s] about things in a rather detached, unemotional way” when they meet. Yvonne often responded to Nathan’s commentary and interpretations by chuckling uneasily.

The following is a representative example of humor from the session. Note that numbers in parentheses indicate the length of a silence in seconds and that words in parentheses indicate uncertainty about the transcription (due to poor audio quality). The (ha) in parentheses indicates laughter emitted while speaking the encapsulating word. Double parentheses indicate parenthetical comments I have made to clarify something:

Yvonne: …I’m allergic to fruit, all kinds of fruit. It doesn’t matter what it is. If it’s fruit like an apple from the store I’m allergic to it. Because I’m allergic to the stuff they put on it like the pesticides and stuff so (it makes my throat ache and) my eyes water and it’s terrible ((clearing throat)). Like I ate an apple and I didn’t even care like I knew it was going to happen but I’m like I want this apple so bad I’m going to eat it anyway. nhehehe

Nathan: Wow.

Yvonne: My mom used to give that ((Benadryl)) to me all the time. I’d just pass out a(ha)fter hehehe

Nathan: Yeah I mean it sounds like this week at least the sleeping (3) you just kind of… ((Yvonne-Nathan Session, lines 766-778; cf. Appendix Q, “Eat It Anyway”))

This instance is characteristic of Yvonne’s humor in that it involves self-destructive themes, namely, eating an apple to which she was allergic, suffering a throat ache and watering eyes, and taking medication so that she would “pass out.” The italicized utterances are classified as humor because Yvonne laughed afterward, because she made similarly themed “jokes” in other parts of the session (e.g., “Apparently Concrete,”

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4 Recall that I use italics in these passages to indicate humorous utterances (“punch lines”) and laughter
Appendix Q), and because there is an incongruity between wanting to eat the apple and
the ill effects of doing so, an incongruity that is “appropriate” because she wants the
apple in spite of its adverse effects. Like Bridget in the “Work on Coffee” example
above, Yvonne paints herself as a comically hapless figure in these utterances.

The instance is also characteristic of the humor style of Nathan and Yvonne
because shared laughter is minimal and laughter does not endure. One factor that might
have contributed to the lack of spark in the humor of this session is that Nathan exhibited
a careful and reserved therapeutic approach, introducing his own observations and
interpretations tentatively. Another contributing factor to the absence of hearty humor is
that there was uncertainty and hesitance in the relationship between Nathan and Yvonne,
moods that are not conducive to humor. (Once during the session, they discussed having
spent five months working together, but still feeling unfamiliar, lines 379-382; cf.
Appendix Q, “Five Months.” Also, Nathan expressed agreement with such
classifications in his feedback to the conclusions summary.)

Characteristics of Humor in Andrea and Nathan’s Session

Humor arose several times during Andrea’s session with Nathan, but a humorous
mood did not usually endure. Andrea’s often animated and emotionally expressive style
lent cheerful air to the session, even in times when the conversational topic was
emotionally distressing for her. Andrea exhibited humor and play “cues” much more
often than Nathan, yet most of the focal examples of humor from the session involved
Andrea laughing in response to something Nathan said. The utterances at which Andrea
laughed were often not primarily intended as humorous. While her laughter may have
expressed discomfort at times, those instances were still classified as humor when they
displayed humorous elements and occurred amid smiles and continued conversation, indicating that some measure of positive feeling was present as well. There was one topic of humor that recurred over the course of several minutes near the beginning of session, in which Andrea asserted that she and her sister fought on a trip because of “hormones.” Nathan repeatedly questioned “hormones” as the sole explanation for the conflict.

The following is an example of humor produced by Andrea while talking about her frustrations with her boyfriend “Jack.” She was tearful during most of the passage. Note that in the transcript, “hhhhh” represents a long exhalation. Note also that underlining represents that the speaker emphasizes the underlined utterance:

Andrea: Like I want to make him feel bad. You know, I want to say that he ((looks at fingernails quickly)) screwed things up. (Ya know?) (2)

hhhhh (4)

((exaggeratedly opens mouth, hangs head, and hunches shoulders as she exhales, looking at Nathan; Nathan looks at the table between them, away from his usual gaze on her; she waves off his apparent search))

It’s no big deal

Nathan: (I don’t think that I have) any Kleenex

Andrea: U-huh—(smart) ((smiles as she says ‘smart’)) I don’t know. ((wipes her face)) I’m afraid if I sit on it long enough that I’ll either continue staying on, or I don’t know. (3) ((Andrea-Nathan Session, lines 639-649; cf. Appendix N, “The One to Carry Them”))

Nathan’s uttered “I don’t think that I have any Kleenex” after a futile search for them. He and Andrea share a smile in this moment, even though she is clearly upset. Some of her expressions and gestures during this passage were playful in spite of her crying: when she exaggeratedly opened her mouth she appeared to signal an impatience or apologetic stance in relation to her crying. There was also a friendly tenor in her gesture of waving

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5 Question marks indicate a rise in pitch at the end of an utterance. Words in single parentheses represent uncertainty in the transcription, usually due to limitations in the recording. Numbers in single parentheses indicate the length of a silence in seconds.
6 Double parentheses enclose comments I added to the transcription.
7 Recall that I use italics in transcribed passages to designate humorous utterances and laughter.
off Nathan’s search for Kleenex, a gesture which downplayed a need for support or assistance. She even said “it’s no big deal,” giving voice to the sentiment behind her gestures and her adoption of a playful demeanor. This example is also representative of a pattern of laughter for the pair, in which Nathan makes a process-oriented observation and Andrea responds with laughter which exhibits a component of mirth, even though it also appears to express discomfort sometimes as well (here she does not seem comfortable crying; in other examples, she is not comfortable with being complimented, or with being reminded that the session time is over). The patterns of humor mentioned here will be discussed in the next chapter, with a particular focus on their clinical relevance.

Characteristics of Humor in Holly and Tamara’s Session

Holly and Tamara had a unique style of humor among therapist-client pairs in the study in that when joking began in session, it usually continued for another turn or more before a more serious mode of communication resumed. The following is an example of this tendency. Note that the name of Holly’s friend, and therefore the joke, has been changed. An attempt has been made to preserve the essence of the jokes while still protecting identifying information. Note also that equal signs (=) represent when one utterance follows immediately after another with no interval of silence between them. Note also that speech enclosed in inequality signs is spoken more quickly or slowly than surrounding utterances (e.g., Speedy Gonzalez’s <Arriba! Arriba! Andale! Andale!>, Lurch’s >You raaaang?<). Finally, asterisks (*) demarcate utterances spoken at a lower volume than the surrounding speech:
Tamara: Mmhmm. Is she a human being—like a pretty good human being?=

Holly: =Oh yeah, and we’ve been rip-roaring drunk together, so hhhh huhuhuhuhuhuhuhuh

Tamara: <Gives you confidence in her ability to party.>

Holly:  Exactly. Yeah, I give her a hard time. Her last name is Dick, and I was like, “You’re Dr. Dick and you teach statistics, and that’s actually your name?” hhhhhh *That’s awe(hh)some*. Uhuhuhahaha

Tamara: That her name is Jane Dick is also funny.

Holly: Yeah if her middle name should be Spot=

Tamara: =Yeah.

Holly:  (1) or no (1) well, never mind hhhh ahuhahaha

Tamara: So what if it turns out that it’s actually a pretty nice department? ((Holly-Tamara Session, lines 73-83; cf. Appendix O, “Jane Spot Dick”))

In case the reader did not catch it, the last joking statement by Holly proposed that her friend’s middle name be Spot, which would make her friend’s full name read as an off-color sentence comprised by the first, middle, and last name. This example is typical of the pair in that Holly usually initiated humorous exchanges, which Tamara then continued impulsively. Such brief interludes of banter between Tamara and Holly usually ended with Tamara reintroducing serious and recognizably therapeutic subject matter.

Characteristics of Humor in Ursula and Tamara’s Session

The primary topic of this session was an extraordinary evening in which Ursula contacted several people she had been meaning to contact after repeatedly putting off doing so. Many instances of humor in this session were narrations of occurrences from the evening being discussed. Most of the humor was ventured by Ursula. With Ursula, Tamara exhibited much less tendency to respond immediately to humor with more humor
than she did with Holly, although there was one occasion in the session where she exhibited this tendency. This occurred in the following passage, in which Ursula was discussing an email she sent late in the evening in question, after much drinking. This email was sent to a woman Ursula had met on the internet whom she hoped to date, but to whose email she had not replied for a month. Note that “at signs” (@) demarcate an imitation (in this case, an imitation of Tarzan). Also, up and down arrows (↑ and ↓) indicate rises and falls in pitch. A period (“.”) before a series of h’s indicates an inhalation whose length is meant to correspond with the number of h’s:

Ursula: I thought it was much worse. Actually, I made sure that I spelled everything correctly. Everything is spelled correctly uh-except the grammar got bad towards the end like a little bit. I missed a word. And uh So I sound like Tarzan one-in one sentence, you know

Tamara: uhuhhuuhuu8

Ursula: where I missed one of those.

Tamara: @Me hang out with you@

Ursula: Yeah huhhhh-huh a little bit. And I didn’t capitalize a couple of times. u↑huhhuh↓huhhuh↓huhhuhhuh (1)9 .hhhha h h h h huh

Tamara: well

As I mentioned above, this example is atypical for the pair because Tamara responded to Ursula’s humor immediately with more humor. It is also atypical because this humorous passage involves mostly dialogue, whereas most humor occurred during an extended conversational turn by Ursula. The conversational structure of much of the session involves extended turns by Ursula in which she narrated her evening, punctuated by an

8 Recall that I use italics to indicate humorous utterances and laughter.
9 Numbers in parentheses indicate the length of a silence in seconds.
occasional continuer,\textsuperscript{10} comment, or question from T. Another noteworthy characteristic of this session is that Ursula appeared committed to precisely representing her experience, often interrupting herself to revise a statement she just uttered. These revisions seemed to be about describing more accurately what she experienced or felt.

It should also be noted for the sake of transparency that I found the humor in this session particularly funny. I often laughed when viewing the video recording of this session or reading the transcripts of humorous passages, especially the one about this email.

\textit{Characteristics of Humor in Bridget and Ken’s Session}

We have already seen an example from Bridget’s session with Ken, in which Bridget joked that she needed to “work on coffee.” The session took place in the late termination phase of her work with Ken. One noteworthy overall characteristic of this therapist-client pair is that the client’s average turn length was much longer than other average client turn lengths in the data set. In all but one case, identifiable humor in this session was ventured by Bridget. In addition, Bridget directed the flow of content in the session more forcefully than did other clients in the sessions recorded for this study. The therapist, Ken, provides direction and interpretation less often than is found in other sessions for this study, and Bridget followed ideas offered by Ken less often than other clients did when their therapists offered observations and interpretations. Ken mainly mirrored what Bridget said and did not offer many observations or interpretations. Ken explained in the review meeting that in this session, he intervened and interpreted less often than he usually does because they were so close to termination. Hence, he was

\textsuperscript{10} Examples of continuers include “yeah,” “mmhmm,” “OK,” and “go on.” See Nofsinger, 1991, pp. 117-121 for more on continuers and their functions in conversation.
inclined toward “letting things run its natural course” (Ken Review, line 82; cf. Appendix S, Excerpt 4). Bridget also stated in her review indicated that she preferred being listened to over exploring her therapist’s interpretations.

Other noteworthy aspects of the client in this session include that her humor involved a notable amount of self-correction, a tendency that is explored in Chapter 5, where we consider its clinical implications. Her humor also involved a trend of self-deprecation. Bridget and Ken shared several hearty laughs during the session. There also some occasions when humor was misunderstood or not supported in this session. A discussion of misunderstood and unsupported humor occurs in Chapter 5.

*Summary of Humor Characteristics that Reflect the Nature of the Data Set*

Humor studied in this research project happened in individual psychotherapy at a training clinic for psychology graduate students at Duquesne University. Traditions of therapy emphasized at this clinic include the existential, humanistic, phenomenological, and psychodynamic traditions. (There is a growing feminist and multicultural influence in the training program as well.) The primary activity in the therapy sessions was conversation (as opposed to play, artwork, or some other non-conversational therapeutic modality), although one session (with Ursula client and Tamara therapist) began with a focusing exercise in which the client was led to relax, focus on bodily sensations, and report on any associations that arise. No humor instances from this focusing exercise were examined in this study.

A conversational norm in these sessions was that of extended client conversational turns without the client needing to “claim the floor” in the conversation. This norm is a reflection of the client-centered ethos (cf. Chapter 2, pp. 39) practiced by
therapists and supervisors at the clinic. All humorous instances that were analyzed involved utterances as the primary means of humor communication. Humor from these sessions proved to be less publicly accessible than most humor vignettes found in the literature on humor in psychotherapy. Often substantial context is needed for the humorous nature of utterances to be made clear to anyone outside the conversational participants.

Each therapist-client pair exhibited idiosyncrasies in their joint humor style. For example, therapist Tamara and client Holly frequently broke into brief exchanges of humorous banter, after which they returned to more serious and recognizably therapeutic conversation. Multiple sessions involving one therapist with different clients also revealed certain trends in a given therapist’s humor practices. For example, Nathan exhibited a more reserved pattern of humor engagement than did Tamara, who ventured humor with clients on a relatively frequent basis. The above listed characteristics are believed to primarily reflect the nature of the data set—including the participant personalities, psychotherapy setting, and therapeutic modality. Nonetheless, many of these characteristics have useful clinical implications, which will be discussed in Chapter 5.

**Characteristics that Reflect the Nature of Humor in Conversation**

There were very few notable universal characteristics of humor in psychotherapy in this data set. Humor arose and progressed in diverse ways. Nonetheless, some general trends and interesting varieties of humor occurred that reflected the nature of humor in conversation. The following section discusses these trends and varieties and what they indicate about the nature of humor in therapeutic conversation.
Cues

All clearly intended humor in the data was signaled through cues such as laughter, changes in prosody (the rhythmic aspect of language), changes in volume, gesturing, enacting a different voice (e.g., pretending to be someone else), and declaring something as humorous. Even when a humor instance seemed unintentional, such cues were often still present. Occasionally an unintentional instance of humor was not accompanied by recognizable cues.

Many examples already provided in this chapter demonstrate the presence of laughter as an indicator of humorous intention, for example, “I want this apple so bad I’m going to eat it anyway. Nhehehe,” “Oh yeah, and we’ve been rip-roaring drunk together, so hhhh huhuhuhuhuhuhuhuh,” and “We might have to work on the coffee, but (hn)ts like.” The last example included what is sometimes called a “laughter particle” (e.g., Hay, 2001, pp. 71, 82) in a word of the humorous utterance: “(hn)ts like” is uttered instead of “it’s like.”

Changes in prosody and volume are much more difficult to convey in writing than laughter, and are often too distributed and subtle to be informatively represented via transcription. In short, there’s no substitute for hearing an utterance. In the analyses to follow, the reader is dependent upon me (the researcher) to adequately convey such aspects of speech through description when they are relevant. The reader is also dependent upon my descriptions of gestures and expressions that are substantially involved in humor.
The cue type that has been designated above as “enacting a different voice” is indicated by the symbol, @. An example of this cue is the following, in which Andrea imitated her boyfriend “Jack,” at whom she was upset:

Andrea: …he’s saying like “I’ve really been thinking about kids.” And then I’m like well do you want kids or do you want to marry me? Because that’s what I would like to hear first, that you’d want to be with me, and then you’d like to have children; not like >@’s time for me to have kids (1) do you want to be the ↑o(h)me to c(h)arry them?@< ↓like, I don’t know. And I’m thinking that maybe he’s not being insensitive ((sic)), just not realizing; I don’t know. (Andrea-Nathan Session, lines 386-393; cf. Appendix N, “The One to Carry Them”)

The imitation is delivered in a low voice with slightly indistinct pronunciation of consonants, summing up to create an oafish impression. (This example will be discussed more in Chapter 5.) The final kind of cue mentioned, that of overtly declaring something to be humorous, happens several times in the data and was demonstrated when Tamara said “…that her name is Jane Dick is also funny.”

Humor cues often carried meanings beyond their function as indicators of humor. The voice with which Andrea imitates her boyfriend in the passage just above does not merely indicate that she intends to be humorous. It was also crafted to create the impression of her boyfriend as bumbling and clueless in the realm of romance. Another example of communicative import of humor cues comes from client Bridget’s utterance “we might have to work on the coffee” (p. 88, above). When she said this, she lowered her voice and changed her pace of speech, creating a parenthetical, “between you and me” quality to her utterance.

The multifaceted nature of humor cues suggests that the label “cues” could be somewhat misleading. This label distinguishes them from the humor when in fact it appears that these cues are inseparable from the humor. Without these so-called “cues,”
utterances would often lose their humorous nature. For example, “we might have to work on the coffee,” uttered in a defeated tone with a sigh would cease to be funny and instead indicate dejection and self-castigation.

Transition in Voice

Imitation and enacting a different quality of voice are examples of cues to a humorous intention, and are examples of a more general trend observed in the data, namely that humor often involved a brief transition in “voice” or “position” from which a person spoke. When Andrea caricatures her boyfriend Jack’s voice while saying “it’s time for me to have kids, do you want to be the ↑o(h)ne to c(h)arry them,” she transitions from speaking as herself to speaking as if she were her boyfriend making an exaggeratedly insensitive request.

Another example illustrating this more general notion of a shift in voice is the instance in which Bridget jokes about needing coffee during her exposition on detachment from the senses: “So the Senses takes away, you know, your attachments to things, you know? We might have to work on the coffee, but (hn)ts like…” Here, Bridget shifts from a position of explicating an idea to a position of defending herself from an imagined objection that her addiction to coffee makes her a hypocrite. The clinical significance of such transitions in voice is taken up in Chapter 5. In this chapter, the goal is to delineate noteworthy characteristics of humor as exhibited in the data set.

Spectrum of Humor Intention and Language Defunctionalization

In some instances, an utterance was clearly intended as humorous while in other instances, the utterance that struck its audience as humorous was not primarily intended as such. For example, Ursula’s joke that her email “sounded like Tarzan” (p. 99, above)
was clearly intended as humorous while in the following example, the utterance was not intended as humorous. In this case, Nathan suggested that Andrea’s inability to “retaliate” in her relationship is similar to a dream she recently reported:

Andrea…just, like the thought of actually doing it ((retaliating))\(^{11}\), like I’m like I want to—nuh-aah ((i.e., no)) I’m not going to do that. I just, I don’t know.

Nathan: It’s like that dream you had, right,

Andrea: (inaudible)

Nathan: where you’re at the beach, you were living in a tent.

Andrea: ((A’s demeanor changes from a sullenly planted chin in her hand and downward cast gaze to a sudden smile flashing across her face)) Uh huh,\(^{12}\) yeah.

Nathan: I can’t remember all the details now,

Andrea: u-huh

Nathan: but he was, I remember that you were leaving him and then you ended up coming back=

Andrea: =Well, I, I wanted to ((smiling again)) I wanted to huh ((does paddling motion with both hands)) canoe away- ((looking away and laughing)) huh-huh

Nathan: Canoe away, that’s right ((smiling)). ((Andrea-Nathan Session, lines 836-850; cf. Appendix N, “Canoe Away”))

In this example, Nathan’s primary intention was not to amuse. Rather, his intention was to connect the psychological movement Andrea described, namely “I want to—nuh-aah, I’m not going to do that,” to a dream she recently reported. Making connections between previously disconnected but similar psychic movements is an important tool in helping the client gain awareness of patterns in his or her life. This serious work was the main

\(^{11}\) Double parentheses surround commentary inserted into the transcript.

\(^{12}\) Italics denote laughter and humorous statements and actions.
impetus for Nathan’s observation, not to amuse Andrea. Nathan’s recollection of the session (which happened four days after the session took place) was that he did experience some amusement during this exchange (Nathan Review for Andrea, lines 661-708; cf. Appendix V, Excerpt 1), which may indicate some modicum of humorous intent. Still, his primary intention is obviously to connect her dream with her described inability to retaliate.

It is noteworthy that even when humor was clearly intended by participants in the data set, it was always coupled with an intention to communicate genuine information. This is worth noting because humor is sometimes characterized as “non-bona-fide communication” or as a “defunctionalization of the medium” of language in humor theory (cf. Attardo, 2002, pp. 35-36, 43-46 for a discussion of these ideas). Often, humor in the data for this study involved only very slight departures from fully bona-fide communication. For example, Nathan’s mention of Andrea’s “canoeing away” dream above involved an attempt to communicate using conventional word meanings. Insofar as his mention of the dream departed from bona-fide communication, it did so because the dream’s relevance to the ongoing discussion was not readily apparent.\footnote{This claim is based on Grice’s account of what constitutes bona-fide communication, viz., that parties in conversation assume certain “maxims” to be in operation during communication. Cf. Attardo, 1994, pp. 271-277 on humor as a violation of Grice’s maxims.} The subtlety of the non-bona-fide element of communication in this and other examples, and the import of this subtlety for humor theory will be discussed in Chapter 6.

**Humor Sometimes Becomes Focal, Sometimes Not**

There were times when the humorous content of an utterance subsequently became the focus of conversation, and times when the non-humorous information in an utterance became the focus of conversation. Which aspect of a humorous utterance
became the subsequent focus was in part a function of the individuals involved in a session. For example, therapist Tamara usually responded to client Holly with a continuation of the humorous content Holly had introduced, and sometimes this content remained focal for several subsequent conversational turns. In contrast, humorous content in Nathan’s sessions rarely endured as the focal topic of discussion. It was also observed in the data that a humorous mood in a conversation sometimes continued even though the content of humor changed. For example, in the span of about five minutes, Bridget and Ken joke about priests, me (the researcher), and Bridget being attached to coffee (Bridget-Ken Session, lines 387-464; cf. Appendix M, “Their Own Country,” “Flirting,” and “Work on Coffee”).

An interesting variation on the continuance of humor was an instance in which the humorous topic became the focus of conversation and remained humorous for one party while the other party treated that content seriously. Part of this instance is portrayed in the following passage from the Andrea-Nathan session. Prior to this passage, Andrea explained that she fought with her sister on a recent trip because of “hormones.” She had already laughed twice in relation to the topic of hormones prior to the exchange below:

Andrea: I mean like she’s very mean, and I’m very pathetic, and it’s a bad combination—*huh*[^14]

Nathan: Well, I mean I thought you said that you and your sister had a pretty good relationship.

Andrea: *We have a very*[^15] good relationship.

Nathan: *So it’s only when you’re on trips together that this happens?*

[^14]: Italics indicate laughter and humor.
[^15]: Underlined words have been emphasized by the speaker.
Andrea: Well ((smiles)\textsuperscript{16}, it’s kind of a ((raises leg, apparently unaware of this movement)) p(h)\textsuperscript{17}eriod thing ((looks away, crinkles nose)), I think. Like we’re just like @<get away from me; get away from me; I hate you; I hate you>@\textsuperscript{18} So I don’t know. Emotions. My family is very emotional so…

Nathan: But I mean do you really think it’s just…?

Andrea: Yeah.

Nathan: Just the hormones?

Andrea: Yeah ((looks away, smiles)), huh huh ((looks back at N)) I mean like and it’s a bad combination. ((Andrea-Nathan Session, lines 160-175; cf. Appendix N, “Just Hormones”))

Notice that Nathan continued the topic of hormones by asking about it, but did not take it up in a humorous manner. Instead, he was trying to move past the “hormones” explanation through his questioning, believing that a more therapeutically fruitful explanation was there to be discovered (cf. Appendix V, Excerpt 2). The humorous perception experienced by Andrea endured in spite of Nathan not echoing her humorous orientation toward “hormones.”

One could argue that Andrea’s laughter expressed discomfort rather than humor. Indeed, Andrea shared that she felt uncomfortable in this example when she met with me to give feedback on the conclusions summary. Nonetheless, some genuine mirth was evident when I viewed the tape. Additional evidence that Andrea’s smiling and laughter included a mirthful component comes from the fact that she smiles and laughs when discussing the conflict with her sister more generally, without referring to the “hormones” explanation for the conflict. For example, the statements “I had a rough w(h)eekend” (Andrea-Nathan Session, line 134; cf. Appendix N, “Just Hormones”) and

\footnotesize
\textsuperscript{16} Double parentheses denote comments added to the transcript.  
\textsuperscript{17} An “(h)” within a word indicates laughter occurring amid the utterance of that word.  
\textsuperscript{18} At signs (@) indicate an imitation or enactment of a voice.
“for me, huh huh it was hard to deal with over the weekend” (Andrea-Nathan Session, lines 209-210) did not occur in proximity to a mention of hormones. In addition, her enactments of the conflict with her sister were animated and often accompanied by a smile.19 Hence, in spite of any discomfort Andrea was feeling about discussing menstruation with Nathan, she also derived some amusement from remembering and re-enacting the conflict. Clinical aspects of her amusement are further explored in Chapter 5.

Humor Sometimes Not Recognized or Understood

Sometimes a humor attempt was not recognized or understood. There were no clear examples in the data set in which a humor attempt was not recognized as such. There were cases in the data set in which humor was ventured but not ostensibly supported (i.e., laughed at or otherwise encouraged by the audience). The lack of support could indicate that an attempt at humor was not recognized as such, but it could also indicate that the humor was not appreciated or not appropriately timed. Tamara’s minimal response of “yeah” to client Holly’s utterance about her friend Jane Dick “yeah if her middle name should be Spot” (p. 98, above) is one such example. In another example, Bridget responds to a humor attempt by Ken with a change of subject (cf. Appendix M, “Probably Dead in 50 Years”).

An example in which humor was misunderstood comes from the following passage, in which Bridget was talking about having been prevented from joining a convent by a priest named “Father De Gaulle,” a religious mentor who she described as

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19 For example, when she enacted her portion of conflict with her sister in the lines “like @I can’t believe you just did that. (Oh my God,) That’s so rude.@ I’m like @Oh, you just said the same thing a minute ago.@ Just like bickering the whole time like we were 12. It was silly…” (cf. Appendix N, “Just Hormones”).
mean, intimidating, and abusive. Her joke involves an imaginary scenario in which she was allowed to enter a convent only to find that a “Mother de Gaulle” character was in charge there:

Bridget: But there’s a reason. See you’ve always got to trust there’s a reason. And I used to come in here and tell Gary and tell (h)(h)osh, you know. But (what if) I got there and there was Mother De Gaulle, you kn(h)ow—huh huh, that’s f(h)unny huh huh, so I’m just go(huh)ing to head home and like (put that in there).

Ken: And that’s a group that’s completely broken if there’s Mother De Gaulle, right? At least with that particular order (1) possibly

Bridget: What do you mean?

Ken: You said what if I go there and there’s Mother De Gaulle,

Bridget: ((tentatively)) yeah

Ken: You know, somebody that kind of forces you out.

Bridget: No, I mean it was just a-a you know a really mean abusive, you know Mother Superior is what I meant.

Ken: Okay.

Bridget: You know, there was a disillusion of the factor there, you know…

A misunderstanding occurs here between Bridget and Ken, around the joke about “a Mother De Gaulle.” Ken’s response to Bridget’s humor leads her to ask what he means, and his misunderstanding about the joke must then be corrected before they move on.

Overt misunderstandings of humor were always discussed by participants in the session and ostensibly corrected before they continued the conversation. The clinical implication of humor that is misunderstood, unsupported, or leads to breaks in the alliance will be discussed in Chapter 5. Also, what this example reveals about how humorous incongruities are used to protect a person from emotional pain is discussed in Chapter 6.
Humor Frequently Involved in Transitions of Content or Alignment

Humor in the data set was often involved in a transition of content or client-therapist alignment. An example of humor being associated with a transition of content is the interchange in which Nathan introduces Andrea’s dream after she described being unable to retaliate against her boyfriend (p. 107, above). Examples of humor being associated with a transition in therapist-client alignment include the interchange about hormones between Nathan and Andrea (pp. 109-110, above) and the example of Ken misunderstanding Bridget’s “Mother De Gaulle” joke (pp. 111, above). The interchange about hormones put Nathan and Andrea more at odds with each other: Andrea continued to laugh and assert that hormones were the source of conflict with her sister and laughed about it, while Nathan did not display amusement and refused “hormones” as an explanation. The interchange about Mother De Gaulle created a misunderstanding between Ken and Bridget that temporary brought the conversation to a halt (until the misunderstanding was repaired; regarding conversational repair, cf. Nofsinger, 1991, pp. 124-132).

Humor can be involved in a transition of content or alignment in many different ways. These ways include the following: causing that transition (as in the case of the “Mother De Gaulle” joke), being caused by that transition (as in the case of Nathan introducing the dream about canoeing), and expressing that transition (as in the case of Andrea laughing about “hormones” while Nathan treats the explanation as a red herring).

Humor Occupies Primarily the End of Conversational Turns

Humor occupied many different conversational positions in the data set. Occasionally it occurred in the middle of a speaker’s turn, as in the case of Andrea
pretending to be Jack saying “it’s time for me to have kids, do you want to be the one to carry them?” (pp. 104-105, above). More often, humor was an entire turn, or came at the end of a conversational turn (this observation fits with humor’s frequent association with transitions as well). Therapist Tamara’s humor provides two examples of humor comprising a turn: “That her name is Jane Dick is also funny” (p. 99, above) and her enactment of Tarzan with Ursula, “Me hang out with you” (p. 99, above). Humor comes at the end of a multi-sentence turn in the examples of Yvonne’s statement “I want this apple so bad I’m going to eat it anyway. Nhehehe” (p. 94, above) or Ursula’s joking about her broken English in an email, “So I sound like Tarzan one-in one sentence, you know” (p.99, above). Occasionally, humor occurs near the beginning of a participant’s turn when that turn involves several utterances. An example comes from Andrea’s discussion of the causes of her conflict with her sister:

Nathan: =So it’s only when you’re on trips together that this happens?

Andrea: Well ((smiles)), it’s kind of a ((raises leg, apparently unaware of this movement)) p(h)eriod thing ((looks away, crinkles nose)), I think. Like we’re just like @<get away from me; get away from me; I hate you; I hate you>@ So I don’t know. Emotions. My family is very emotional so… ((Andrea-Nathan Session, lines 165-170; cf. Appendix N, “Just Hormones”))

Andrea’s pace as she speaks does not slow down enough to admit humor support from Nathan, which would probably not have been forthcoming anyway, given that he has not responded to the “hormones” discussion humorously. In addition, in this example, discomfort rather than humor was the prevalent mood during Andrea’s brief laughter (although as I argued above, humorous feelings were probably associated with this and other instances of laughter about “hormones”). Similarly, when Andrea “joked” that her boyfriend Jack had asked to “be the one to carry” his children, humor was not the
dominant mood, but rather, derision. These observations suggest that when the humorous element of an utterance is eclipsed by a more “negative” mood, the pause for audience appreciation that usually occurs with humor is less likely to take place.

In most cases, humor evoked a response from its audience, for example laughter, more humor, and news marks.\(^{20}\) The fact that some kind of response is typical provided when humor occurs, provided humor is the dominant mood in a given utterance, suggests that in general, when humor is recognized as such by an audience, that audience feels “called” to acknowledge it in some manner. Anecdotal experience further supports this idea that humor tacitly and automatically calls for response from its audience. In addition, in the rare moments in the data when humor was ventured but not supported by its audience, I palpably felt the lack of response as I watched or listened to the recording. Furthermore, discussion of humor in conversation often hearken to the rejection and implicit disapproval conveyed when one withholds expressions of humor appreciation (e.g., Attardo, 2002, p. 48; Hay, 2001, pp. 69-70). To the degree that “calling upon its audience to respond” is an experiential characteristic of humor, therapists would benefit from being aware of such a pull. The clinical implications of humor’s conversational position and force will be further discussed in Chapter 5.

_Surprising Features of Humor in the Data Set_

Humor sometimes displayed counterintuitive features in the data set. Above, I discussed an example in which a humor theme continued in spite of not being supported by the other participant, namely when Andrea continued to smile and laugh about

\(^{20}\) “News marks” are a conversational term from Nofsinger that designates utterances from an audience in reaction to a speaker that mark something the speaker said as particularly interesting, or “newsworthy.” Examples of news marks include “wow” and “really?” Such utterances highlight certain content in a conversation as particularly interesting and tacitly request the speaker to focus in on that content in further speech. See Nofsinger, 1991, pp. 115-118 for more on news marks.
“hormones” while Nathan continued to treat the subject seriously (pp. 109-110, above). Normally, one would think that when an audience repeatedly withholds humor support for certain humor content, the speaker will stop venturing humor based on such content. The fact that Andrea continued to venture “hormones” as her (somewhat facetious) explanation for fighting with her sister suggest that the bases for this explanation were not diminished by the lack of humor support. These bases probably included the continuing questioning of Nathan, discomfort with the topic of menstruation, genuine feelings of amusement regarding the conflict, and perhaps a reluctance to look beyond this explanation of the conflict.

Another surprising instance of humor occurred in the same session, when Andrea exhibited some playful cues in the midst of heavy emotion and crying, when she laughed about Nathan not being able to find Kleenex for her (p. 96, above). The emergence of laughter and genuine amusement amid her crying in this case appears to signal a desire to move out of heavy feeling and her accompanying dejection about the state of her relationship. Counterintuitive features of humor will be discussed in more detail in Chapter 5, including their clinical significance.

Conclusion

In this chapter, general characteristics of humor in the data were identified and discussed. Cues indicating humorous intention were almost universal among the humor instances studied. The pervasiveness of cues in humor probably reflects both their integral place in the nature of humor and the method by which humor instances were selected in the study (viz., choosing instances of humor that are readily identifiable as such). Beyond the pervasiveness of these cues, humor in the data exhibited a wide range
of variation. Some notable trends of humor in the data set included a tendency of humor to either comprise or occur near the end of a conversational turn. Humor was also often associated with transitions, including transitions in a speaker’s voice (the imagined position from which a speaker is talking), transitions in conversational content, and transitions in therapist-client alignment (including misunderstandings). Another observation from the data was that humorous utterances always clearly contained bona-fide information, even though humor is often associated with a defunctionalization of language (cf. Attardo, 2002, pp. 35-36); such examples show that humor in conversation can defunctionalize language in very subtle ways. Finally, humorous content or mood sometimes became focal in the conversation following an instance of humor, but not always. The myriad characteristics and functions of humor in the data is in line with Attardo’s (2002, p. 50) claim that humor can fulfill any conversational function whatsoever.
Chapter 5

Humor in Psychotherapy: Characteristics, Functions, Nature, and Clinical Significance

This study involved a close reading of instances of humor through clinical, conversational, and humor theory analyses. A central goal was to obtain a more comprehensive characterization of humor in psychotherapy than one finds in the literature on humor in psychotherapy to date. The purpose of this chapter is to present clinical themes that arose from close readings of a broad range of instances of humor in psychotherapy, and to show how these themes informed the account of humor in psychotherapy presented at the end of Chapter 3. Each theme is illustrated with at least one primary example, with recourse to secondary examples when helpful. Each theme will be explicated in sections that explore (1) conversational and clinical aspects of its representative example, (2) the functions and humorous nature of the example, and (3) cautions and suggestions for therapists based on the example. In the concluding part of this chapter, I summarize the themes and discuss some overarching lessons that can be drawn from our exploration of these themes.

Limitations of an A Priori Emphasis on Humor’s Uses: “Germinating”

Since much of the literature on humor in psychotherapy emphasizes uses of humor in psychotherapy, I begin with an example that demonstrates the limitations of this
emphasize. In this example, therapist Tamara and client Holly are discussing Holly’s encounter with a rock idol in a dream:

Tamara: Where did you run across--where did you run into him?

Holly: Like it was like in a hall or something, like he was going one way, and I was like going the other way. Not at like exactly the same speeds, but enough where I could see him. That’s where I (said @I love ya Charlie@) (3)

Tamara: It’s interesting that he’s showing up again. (1)

Holly: Yeah. (2)

Tamara: I think—you know—I don’t know. It seems like maybe—maybe that part of you that’s still (.) not ‘germinating’²—what was it again?

Holly: Oh—Gestating.

Tamara: Oh. Gestating ((clap)) uhahahahaha

Holly: I might have been a vegetarian, but I think I’m gestating. Well, mostly opportunistic vegetarian. I did have that (one birthday).

Tamara: It’s like you’re getting closer. You’re getting closer to what makes [you feel alive.

Holly: I think-)³ I think I need a tattoo.

Tamara: hmmmm

Holly: I’ve been thinking about that for, oh, since I was 16. ((Holly-Tamara Session, lines 380-395; cf. Appendix O, “Germinating/Tramp Stamp”))

*Conversational and Clinical Aspects of “Germinating”*

This humor instance was a moment in which the participants enjoy the therapist’s mistaken choice in wording. Both participants enjoyed the therapist’s slip, as evidenced

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¹ Single parentheses surrounding words indicate that the transcription is somewhat uncertain due to limitations in the quality of the recording. Single parentheses surrounding a number indicate the length of a silence in seconds. Asterisks (*) demarcate something spoken at a lower volume than surrounding speech, while “at signs” (@) demarcate an utterance that is an imitation or an enactment of someone speaking. In this case, Holly was enacting herself yelling to Charlie at the party in her dream.

² I use italics to indicate humorous utterances and laughter.

³ Brackets indicate where two speakers’ utterances overlap.
by Tamara’s burst of laughter and her clap, and Holly’s quip that although she “might have been” a vegetarian, she does not germinate. The easygoing and friendly quality of their interaction suggests that Tamara and Holly have a good working alliance in which they can enjoy their time together.

“Germinating”: Its Functions and Humorous Nature

If one were required to assign a category of “positive use” or “caution” to this instance of humor from the list in Chapter 1, one would have difficulty knowing how to best classify it. Does the humor here promote client insight? Probably not. Does it help Holly or Tamara break out of detrimental patterns? It does not seem so. Does it help the therapeutic alliance? Maybe, but it seems that a good therapeutic alliance is better described as the basis for this instance of humor, rather than a result of it. The remaining “helpful” functions of humor in psychotherapy also apply only partially, if at all, to this instance of humor.

Consider now how well the list of cautions regarding humor in psychotherapy applies to this example: this instance of humor does not seem to offend the client. Also, the humor may have difficult to decipher meanings, but they do not seem to block effective communication. Furthermore, the humor may have been tangential, but it does not significantly distract from the ongoing work of drawing connections between Holly’s dream and her current life concerns. Finally, the humor can hardly be called “inappropriate.”

It seems, then, that any classification of this instance using the list of “positive uses and cautions” may misleadingly “retro fit” a therapeutic category onto the humor. This humor was not a therapeutic technique, but arose naturally and unintentionally
during the flow of conversation. Therapeutically relevant ways that this humor may have functioned—making the dream interpretation more memorable, solidifying the therapeutic alliance one iota more, or distracting from therapeutic work—are byproducts of the central identity of this moment as one in which Tamara cannot recall the word she wants to utter because she gets stuck on one that is almost right.

Several other examples from this chapter also resist ready categorization through the “positive uses and cautions” template, for example “How to Therapy,” “The Man Drives me Nuts,” and “I’m Normal,” below. The lack of automatic alignment between concrete instances of humor and these categories of therapeutic function shows that these categories should not be the sole means of understanding humor in psychotherapy. Humor’s nature is largely independent of the kinds of tasks involved in therapeutic work. While humor has potential to be put to therapeutic use, it does not necessarily readily lend itself to doing so.

An attempt to describe how the humor functioned through a close reading, without being constrained by any a priori template, led to the following characterization. The humor arose from Tamara fixating on an almost appropriate word and being corrected by Holly. Tamara’s consequent humor expressions—her laughter and loud clap—came on the heels of a tension that had built as Tamara strained unsuccessfully to find the word she was looking for. Holly echoed Tamara’s humor by facetiously considering the possibility that she might be “germinating.” In sum, the humor functioned to (a) “cap off” Tamara’s unfulfilled effort (to find the right word) and (b) elicit a reaction from Holly that aligned with both the content of Tamara’s utterance and her current emotional timbre.
To understand the humorous nature of this instance, appropriate incongruity theory provides a point of departure. Note that the word Tamara recalled, “germinate,” is somewhat appropriate, since like “gestate,” it begins with a “g” and refers to the early, promising stages of new life in reproduction. But the word is incongruous in that it refers to plant rather than human reproduction. A list of incongruities that may have been experienced by the participants includes plant versus human, low versus high status, and demotion versus support. The covert appearance of the word “germ” in Tamara’s parapraxis echoes the demotion/support and low/high incongruities, making superiority a central element in this instance of humor.

“Germinating”: Cautions and Suggestions for Therapists

It could be useful for Tamara to consider what the slip might indicate about her countertransference. One can see at least two negative connotations to the slip: Holly is somehow “germy” or plant-like rather than animal-like. Of course, the inability to remember the word “gestate” could express something about Tamara that has little to do with her client Holly (e.g., she once worked at a nursery, she is preoccupied with germs). If fruitful association (e.g., realizing an implicit attitude she had toward the client) follows from reflecting on the humor content, then it’s been worthwhile. If not, at least one has covered one’s bases.

Humor, Indefiniteness, and Irresolution: “All a Mystery”

In the data, humor and laughter often occurred in moments of indefiniteness or irresolution. Humor in such moments functioned to help the client tolerate an exploration, reduce the perceived magnitude of the client’s burden, and break the client out of detrimental life patterns. In the primary example for this theme, Andrea attempted humor
in a moment of irresolution regarding her romantic relationship with Jack. The topic of her relationship’s future dominated the session. Andrea badly wanted an answer to problems in the relationship. She attempted several times to pronounce something definite about the relationship’s future: “maybe we should like spend time apart” (line 620), “it’s not going to be okay” (line 755), “I feel like all I can do is like sit on it and see what happens” (line 850), “I’m going to have to just wait and see what happens” (line 873). A strained and unsuccessful attempt at humor occurred as she recounted her reluctance to marry Jack and seemed to run out of things to say:

Andrea: ...I would have been more open-minded to marrying him, and like six months ago, I would have. Hmm. Yeah, like six months ago I would have, but now you know?

Nathan: Mm hmm.

Andrea: But for a while we were talking about it a lot, and I was always just like oh, I’m not ready, I’m not ready. I just like graduated from college. I don’t know. ((5 seconds of silence))

((Andrea spreads out her hands while shrugging, opens her eyes widely, and forces a smile)) hhhh-huh It’s all a mystery to me

((Andrea quickly resumes a hunched posture and downward, apparently dejected gaze))
I know I can’t marry anyone that I feel like this about. Like I know that so I’m not going to change. It’s not going to be okay. ((Andrea-Nathan Session, lines 743-755; cf. Appendix N, “All a Mystery to Me”))

Before forcing a smile, shrugging, and saying “it’s all a mystery to me,” Andrea had been silent for five seconds. Before this silence she had increasingly displayed mystification and uncertainty, ending many of her statements with “I don’t know” and uttering seeming contradictions such as “six months ago I would have” married him, yet “I was always just like oh I’m not ready, I’m not ready.” The unconvincing humor attempt, “it’s all a mystery to me,” emerges from these highly tentative grounds. Her return to a puzzled and
troubled demeanor after the forced laugh indicates that she was unable to emerge from irresolution and uncertainty through this effort at humor.

Conversational and Clinical Aspects of “All a Mystery”

Conversationally, Andrea was engaged in an extended turn of speech, common for therapist with a client-centered ethos (cf. Chapter 2, p. 39). In the passage above, Nathan’s only contribution is a continuer, “mm hmm,” a kind of conversational turn that does not add any content (cf. Nofsinger, 1991, pp. 117-120), but only directs Andrea to continue speaking. Andrea is therefore led only by her own unfolding of thought and feeling in relation to what she is saying in these moments. When Nathan does not offer any response during the five second silence, she opts to humorously enact the doubt she feels about her account of how the relationship with Jack has changed.

Clinically, Andrea seems to be doing something with this humor that she has attempted several times during the session: to reach for some convincing final word on the state of her relationship and how she will handle it. She declares “it’s not going to be okay,” that she will “wait and see what happens,” that she will “sit on it” and the like again and again in the session. “It’s all a mystery to me” is similar to such summary statements because it also comes after she explores questions about her relationship without achieving greater clarity.

A probable source of confusion is that she is extremely reluctant to grasp the magnitude of the relationship difficulties because she is so afraid that they might entail that the relationship should end. This fear is exhibited, for example, in her repeated attempts to explain away the problems by saying that she should not be feeling angry or jealous (e.g., the final lines of Appendix O, “Don’t Seem Very Optimistic”). Yet she also
described Jack ignoring her in the presence of other women, flirting openly with other
women in her presence, and having an inappropriate relationship with another woman.
Andrea also told Nathan that her sister had been stricken enough by Jack’s tendencies
with other women to comment on them to her. Given such information, it does not seem
likely that unwarranted feelings of anger and jealousy are the sole source of problem in
the relationship.

Given Andrea’s extreme reluctance to face the magnitude of her relationship
problems, “it’s all a mystery to me” could be usefully interpreted as an attempt to fulfill
the wish that she not know anything of these troubles. At one point during the session,
Andrea gave voice to this desire when she told Nathan, “maybe ignorance is bliss…the
only reason it hurt me was because I felt compelled to sneak into his stuff” (Andrea-
Nathan Session, lines 665, 667; cf. Appendix N, “No Kleenex”). But just as she
ultimately found this attempted solution to her problems unconvincing (with Nathan’s
help), so was the humorous attempt at denial unsuccessful in bringing her out of distress.

In sum, the grounds for this attempt at humor involved (a) Andrea’s strong urge to
minimize problems in the relationship, (b) her concluding an exploration about her
feelings about marriage without achieving clarity, and (c) being “left hanging” by
Nathan’s continued silence at the conclusion of her exploration. In other words, she was
striving away from pain and toward reassurance, trying to put a conclusive spin on her
irresolution, and dealing with a felt responsibility to continue speaking. This combination
of influences understandably would compel an individual toward humor as one possible
means of addressing such a state of being.
“All a Mystery”: Its Functions and Humorous Nature

In both “Germinating” and “All a Mystery to Me,” humor comes after a speaker’s unsuccessful attempt at expression. In the former, Tamara could not find the word central to what she was trying to express. In the latter, Andrea could not arrive at a formulation of her feelings about marriage to Jack that felt right for her. This trend in humor’s occurrence suggests that humor is a natural means for dealing with experiences in which one is unable to culminate one’s speech into a desired-for product. This notion will continue to be discussed and refined in the course of this chapter.

“All a mystery to me” was an attempted “positive use” of humor, overlapping primarily with positive use number 4 in Chapter 1: “Humor can reduce the perceived magnitude of a client’s burden or help the client gain a sense of proportion.” A careful look at “all a mystery to me” is instructive about how humor’s nature enables it to provide relief and a sense of proportion. Andrea used the exaggerated gestures and utterance in “all a mystery to me” to paint her lost and mired status as absurd and laugh-worthy, hoping to derive some exasperated amusement from (and control over) what otherwise remained looming and unresolved. As such, this instance of humor illustrates Freud’s oft-quoted idea that humor is the “highest of defense mechanisms” because it turns inexorable pain into a source of pleasure (cf. Freud, 1905/2002). Andrea instinctively deployed humor to escape a difficult combination of feeling “on the spot,” unresolved, and threatened (by the magnitude of her problems), but the thrust of the humor was insufficient to provide release.

One can see that the humor does not provide the sought-after release because after her momentary laugh, Andrea lapses into greater dejection: “I know I can’t marry anyone
that I feel like this about. Like I know that so I’m not going to change. It’s not going to be okay” (Andrea-Nathan Session, lines 754-755; cf. Appendix N, “All a Mystery to Me”). Also, the forced and fleeting quality of her laughter indicates humor’s insufficient action. A heartier laugh would not have preceded the dejected litany that followed, because it would have expressed a more complete move into the perspective that one’s uncertainty and problems are absurd and laughable. This is a useful lesson from something that I observed again and again in the data: the quality of a client’s laughter can indicate his or her degree of overcoming in relation to the issue at hand. This idea will be further discussed and illustrated over the course of this chapter.

How does humor theory illuminate the mechanisms involved in this instance of humor? Of course, this is an instance in which humor is being instinctively used for its capability to provide release (unsuccessfully, however). Freud’s idea that expenditures of feeling can be “saved” through humor and consequently expressed in laughter also applies. According to this idea, Andrea attempted a technique—exaggeration of her follies—to distract from and simultaneously channel her feelings of irresolution and dejection into a pleasurable expression. This technique can re-route the energies of such feelings because it addresses and thereby “grasps” the energies in such feelings while making their expression superfluous because the sources of these feelings have been recast in a different (less monumentally threatening) light.

Aristotle (1987) provides an overlapping and helpful account of how humor transmutes oppressive irresolution to pleasure source. Aristotle said that humor exaggerates ugliness and flaws in a way that paradoxically diminishes repellant features and states of existence (p. 14). Andrea exaggerates her hopelessness and lostness in her
exasperated look, exaggerated shrug, and proclamation that “it’s all a mystery to” her. It’s not all a mystery to her. She knows that she is upset about being undervalued. She knows that her unhappiness has increased over the last several months, especially after discovering an improper relationship her boyfriend had with another woman. She contorts her being further in the direction of being lost and hopeless in an effort to caricature and thereby compellingly discredit her actual state of hopelessness and lostness.

In the general terms of superiority theory, she achieves a sense of eminence even in her downtrodden present state by painting a picture of a hopelessly lost fool with which to compare herself. She has achieved a superior state to that of remaining immersed in this absurd and laughable predicament. Andrea enacts the downtrodden position while at the same time attempting to inhabit the ecstatic position of seeing this downtrodden position as absurd and laughable.

In the language of appropriate incongruity theory, Andrea embodies one pole of incongruity in her exaggerated posture and utterances: that of a hopelessly mystified and stymied individual. The other pole of incongruity is her actual state, which is not hopelessly lost and stymied, but confused and fearful. Opposed scripts in the humor include real/unreal and bad/worse. Her humor is of the same type as when someone says “duh” to exaggerate the mindlessness with which he or she committed some mundane blunder in the presence of another person.

All of these humor theories cast Andrea as juxtaposing an as-if state (“all a mystery”) with an actual state (overwhelmed by irresolution and unwanted life difficulty) in order to move from a less to a more desirable state. The differences in the as-if state
exaggerate feared possibilities and in so doing, are intended to diminish its threat. The way this instance of humor functions dovetails with the idea that humor is a naturally evolved human response for dealing with the uncertain or unresolved (e.g., Porteous, 1988). Humor, these researchers argue, liberates us from the polarity of “fight or flight,” allowing us to tolerate ambiguity in a situation until the nature of that ambiguity becomes clearer and more readily addressable. Andrea moves into humor when the feeling of irresolution in her situation becomes too great for her to suppress it.

The way she attempts to use humor in this situation illustrates the following about what it means to be human: as part of one’s capacities to conceive and imaginally encompass possibilities for oneself and one’s world, one has ability to transform one’s felt assessment of the uncertainty in those possibilities. One can compellingly mutate a perspective in which uncertainty is threatening by playing with possibilities in a way that gives one pleasure from what was previously oppressive. Humor’s viscerally felt designation of absurdity can be aimed at an intransigent aspect of one’s life, to “chip away” at its oppressive presence—acknowledging that aspect while simultaneously demoting it. One transfers possibilities from the category of threatening to the category of amusing. Looming “as ifs” morph into quaint “that is’s.” This capacity of humor rests constant process of projecting the meanings of one’s current experience into the future, and the potential mismatch between what is projected and what unfolds in experience. Humor occurs when such mismatches involve thwarting the most dominant features of one’s emotional expectations while upholding minor features of one’s emotional expectations (in this case, Andrea attempts to “drop out” the threatening nature of the
uncertainty—now it’s portrayed as amusing—while preserving the sense of lostness; cf. Wells, 1982).

In summary, the analysis of this instance of humor suggests the following points about humor’s nature: (a) individuals possess an unreflective and intuitive understanding that humor can be deployed to deal with irresolution and feelings of oppression for which one does not have more straightforward or practical means of resolving; (b) arriving at moments of uncertainty while having an audience might especially predispose one toward humor, given that humor is in general a social impulse, and (c) humor may lend itself to transmission from unresolved or oppressed states through its inherently incongruous and ambivalent nature—one tries to concatenate the oppressed state of mind (as one pole of a humorous incongruity) with a lighter, more pleasant, and agreeable view of one’s situation (the opposite pole of the incongruity).

“All a Mystery”: Suggestions and Cautions for Therapists

The primary danger for the therapist in these moments of the session is that he might be inclined to push Andrea too hard to face the status and potentially painful future of her relationship. This might send her packing, or at least temporarily solidify a defensive resistance to this area of work. While one does not want to be complicit in denial by minimizing the grave outlook for the relationship, it is important to choose interventions that will not decrease attendance or increase resistance.

One suggestion for working in such moments is to intervene along the lines of Teyber (1988), who argues that highlighting the resistance can be the first step in dealing with it. Specifically, one could choose to help the client more clearly see how much she wants to be past all of these problems. Noting after her humor attempt and return to
dejection that “You’d really like to be past all of this uncertainty” or saying “You really want some resolution, something definitive to arise” could be helpful. Such offerings orient the client to her current experience.

Part of the therapeutic strategy in such an intervention would be to make more conscious a major goal that has been motivating Andrea throughout the session: to reach some kind of resolution that relieves her of her worry about the relationship. By thematizing this telos beneath her actions and making it more conscious to her, Andrea can begin to see when it shapes her actions. As awareness of this driving goal increases, she will eventually slow down in her immediate move toward resolution, giving her more room to experience her irresolution and refine her sense and understanding of it. Then, previously buried attitudes and feelings that have been eclipsed by the repetitive move away from pain will become clearer, and this clarity will provide her with a more genuine basis on which to guide herself as she continues to grapple with the relationship problems.

_Humor in the Face of Mundane Uncertainty: “How to Therapy”_

The following passage illustrates humor’s occurrence at a more mundane moment of indefiniteness and uncertainty in the therapeutic conversation. It occurs right at the beginning of Andrea’s session with Nathan:

Andrea: Hello.

Nathan: Hi.

Andrea: How are you?

Nathan: Good. How are you?

Andrea: I’m okay. It’s been a while.
Nathan: Yeah.

Andrea: I forget *how to therapy*.

Nathan: You forget (inaudible)?

Andrea: *How to therapy*.

Nathan: How to therapy?

Andrea: Mm hmm. I don’t really remember. I’ve been good.

Nathan: Okay. Well, tell me about your (big meeting)\(^4\)

Andrea: (My big meeting)?

Nathan: Yeah, your big meeting.

Andrea: It was, uh, okay. I feel like I kind of shut off during the whole thing and just like waited for it to be over, and then it was over. I could breathe again. But I felt, after it was over I felt really, really relieved, and on Friday I went to Chicago with my sister and Jack and Laura, the au pair. And that was cool. Well, it was fun, but I was very menstrual, and my sister was very menstrual, and whenever we get together it’s a bad combination, and so I did spend a lot of time feeling bad about myself, and she spent a lot of time screaming at everyone, and that’s it. ((Andrea-Nathan Session, lines 1-43; cf. Appendix N, “How to Therapy”))

This passage occurred at the beginning of the session, as Andrea was trying to find a path of discussion to pursue. She said “it’s been a while” because she had not been in therapy for weeks. She adds jokingly that she “forget[s] how to therapy,” which makes an implicit plea for help in finding direction for the session. Nathan helped by suggesting that Andrea talk about her “big meeting,” which Andrea quickly addresses before moving onto a subject that would then occupy the next fifteen minutes of the session, the trip to Chicago that she took with her boyfriend Jack, her sister Alex, and their friend Laura.

\(^4\) When words are in single parentheses, this indicates uncertainty in the transcription, usually due to inadequate sound quality in the recording.
Conversational and Clinical Aspects of “How to Therapy”

Andrea’s joking is in part a request for Nathan to direct her on what she should talk about. She may not be comfortable just diving into a topic, and may more input from Nathan before doing so. Interestingly, she only briefly addresses the “big meeting” before moving on to talk about her trip to Chicago. At the moment she changes the topic to the trip to Chicago, one might say that she has now remembered “how to therapy.” She is now determining what will be discussed in session, the shape the interaction will take. The joke “how to therapy” occurred in a moment of greeting, uncertainty, and hesitation.

Side Note on the Type of Therapy Practiced: Client-Led and Problem-Oriented

As mentioned above, Andrea evidently feels the onus to initiate or enact the therapeutic process, since she is concerned with “how to therapy,” that is, what to say in this setting with Nathan. The expectation that the client will determine the course and subject matter in the session to a large degree is common in the practice of psychotherapy, particularly those that identify as “client-centered” or humanistic (e.g., Rogers, 1961). Other session beginnings also exhibit the client-centeredness of the kind of therapy practiced at the Duquesne Psychology Clinic. In all sessions of the study, after the introductory banter, the client introduces a subject and begins discussing it.

In addition, the beginnings of these sessions exhibited another tendency evident in the “how to therapy” passage above: a tendency to gravitate toward problematic issues or experiences in the client’s life. When Andrea begins to talk after the introductory sequences, she focuses on having felt shut off during the big meeting, and having felt “menstrual” and bad about herself during the trip to Chicago. All five sessions that were central to this study involved a very quick move at the beginning of session to
problematic topics. Ursula explicitly voices an orientation to the problematic when she weighs whether or not to engage in a focusing exercise at the beginning of her session: “I could either do the focusing thing, which I think might be a good idea, or I could just talk. <Like, I feel like I always have> something to talk about, some trouble to go into, huh.” Yvonne, in the first recorded utterance of her session with Nathan, exemplifies this orientation to what is talked about in therapy as well: “anhuhuhu, so I had a bad week.”

It is also worth noting that humor—or at least laughter—occurred in the introductory exchanges of every session except for Bridget and Ken’s. Even in this session, laughter occurred in the first minute, even though the opening conversational topic was Ken’s father’s heart surgery. Yvonne’s comment to begin the session, “anhuhuhu, so I had a bad week,” was offered in Yvonne’s characteristically sardonic tone. Ursula emits a quick laugh after saying she feels like she always has “some trouble to go into, huh.”

“How to Therapy”: Its Functions and Humorous Nature

In many ways, Andrea’s joke about “how to therapy” exemplifies several ideas that arose in analyzing her “all a mystery” humor attempt: it occurs in a moment of indefiniteness, seems to provide some answer to that indefiniteness, and does so by taking humor’s inherent diminution of something and aiming it at the felt burden of the what has not taken shape. Here, she feels the onus to find something to discuss in therapy but is uncertain and hesitant about proceeding. She “makes light” of the onus to direct the conversation by making a joke that rests on placing in an absurd position the idea that therapy is an activity that requires skill or know-how. But it is precisely this activity, or
the prospect of beginning engagement in it, that is the source of the pressure or burden she feels.

In addition to such features of the humor itself, “how to therapy” also occurs in the initial moments of the session. This placement of the humor, together with the fact that humor occurred at or near the very beginning of every session in the study, suggests that there is something about the beginning of these sessions that facilitates the production of humor. (Most of these sessions, with the exception of Tamara’s, are not replete with humor; humor is more of an intermittent phenomenon.) The idea that humor is a natural human response to ambiguous interaction provides a possible understanding of the prevalence of humor early in the sessions. If individuals automatically resort to smiling and joking when an encounter has not fully taken shape and one feels apprehensive, then such a response would naturally emerge in the beginning moments of a therapy session. At this time in the session, one has just come face to face with a person who represents the disconcerting prospect of delving into emotionally difficult concerns.

*Humor and Aggression in Therapy*

Sometimes humor from the data involved an expression of aggression or irritation. Such a conjunction is not surprising given how often scholars have linked humor to aggression (e.g., Freud 1905/2002). Some examples will now be examined in order to better grasp (a) the vagaries of aggressive humor in the setting of psychotherapy, (b) what such humor indicates about the therapeutic relationship, and (c) what one might learn about humor from an examination of its conjunction with aggression.
Client Expression of Aggression: “The One to Carry Them”

Another example from Andrea’s session with Nathan provides a starting point for the discussion of aggressive humor in therapy. The topic of conversation, problems in Andrea’s relationship with Jack, has been focal for several minutes prior to this passage:

Andrea: ...I oppose marriage on principle, but I do love you and want to be with you, and I’m okay with getting married to you. Like I would like to be there someday. So I guess it was okay. huh huh ((flips hair over))=^5

Nathan: =Do you feel like there’s some sort of disconnect between his sort of talking about wanting to marry you and have kids with you and (.)^6 his behavior?

Andrea: I ah—I always say that, and now I feel even more strongly about it because he’s saying like “I’ve really been thinking about kids.” And then I’m like well do you want kids or do you want to marry me? Because that’s what I would like to hear first, that you’d want to be with me, and then you’d like to have children; not like at it’s time for me to have ↓kids (↓) do you want to be the ↑o(h)ne to c(h)arry them?@^7 --like, I don’t know. And I’m thinking that maybe he’s not being insensitive ((sic)), just not realizing; I-I don’t know. I feel like he can’t express anything about how he actually feels so I don’t even know how to ask these questions, like I put them out there and they just die on the table. ((Andrea-Nathan Session, lines 378-395; cf. Appendix N, “The One to Carry Them”))

Conversational and Clinical Aspects of “The One to Carry Them”

Nathan asked Andrea whether she felt “some sort of disconnect between” Jack’s talk of marriage and children on the one hand, and Jack’s flirtation with other women on the other. Andrea did not answer Nathan’s question. Instead, she focused on a “disconnect” to which she was attuned: Jack’s focus on wanting to have kids rather than

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^5 Italics indicate humor and laughter, double parentheses enclose commentary on the transcription, and equal signs (=) indicate that one utterance is followed immediately by another one, without any pause in between them.

^6 A period in parentheses indicates a brief (less than one second) pause.

^7 The down arrow (↓) denotes a fall in pitch and the up arrow (↑) denotes a rise in pitch. The question mark (?) denotes a rising pitch at the end of the utterance. At signs (@) demarcate utterances that are imitations or enactments of a voice different than the speaker’s own present voice. An “h” in parentheses in the middle of a word indicates breathy laughter during the utterance of the word.
on wanting to marry her. This topic fits into a more general trend of frustrations Andrea voiced about Jack: she repeatedly talked of feeling ignored, overlooked, left behind, and devalued by him. An example of this trend is the following passage, in which Andrea narrated an interchange with her sister about Jack’s recent interest in their friend Laura:

> It’s just an annoying amount of attention (Jack) put on someone other than myself, which annoys me. But then once it started to happen to Laura ((i.e., Jack paying a lot of attention to Laura)), my sister was like I’m really sorry, I totally understand what you mean because he just drops people and moves on to the next one. ((Andrea-Nathan Session, lines 81-84; cf. Appendix N, “He Just Drops People”/“Not a Good Advice Giver”))

When Andrea exaggeratedly parodied Jack’s omission to express desire for her specifically—“it’s time for me to have kids, do you want, huh, to be the one to carry them?”—she momentarily evinced irritation and disgust at him. She went on to complain about Jack’s shortcomings in a fast-paced litany: “he can’t express anything about how he actually feels,” and when she puts questions out there “they just die on the table.”

Andrea’s parody of Jack therefore appears to be an example of humor providing an outlet for aggression. This humorous barb was different than her other expressions of anger or frustration in the session because it carried more emotional force than most. Her prosody and intonation in this passage clearly conveyed irritation and frustration, whereas other displays of negative emotion toward Jack were more restrained. During the session, Andrea tended to inhabit and express passive, depressive feelings (e.g., self-hate, dejection) rather than active, aggressive feelings (e.g., anger, desire for retribution), a tendency she specifically names when contrasting her own style with that of her sister early in the session:

> Andrea: She (Andrea’s sister Alex)) always goes towards the like “I’m really right and I’m going to make you feel bad,” and I always go towards the @“I hate myself. Don’t talk to me or look at me.”@ So it’s like a really
bad combination. Like we’ve been on vacations before in the same situation where she’s like I don’t even know why you came. Nobody wants you here. And I like go in the corner and cry. It’s very, very extreme. I mean like she’s very mean, and I’m very pathetic, and it’s a bad combination—huh (Andrea-Nathan Session, lines 153-160))...By the time we did interact ((as children)), it was very obvious that she was very aggressive and now I was more passive. But I don’t know. I don’t know, but on this trip it made me feel bad about myself. Like I came home feeling really pathetic ((lines 193-195; cf. Appendix N, “Just Hormones”))

During and after her parody of Jack’s “carry them for me,” Andrea steps outside her passivity and self-hate, and instead clearly vents outrage and frustration toward Jack for undervaluing and overlooking her. She enacts the hurtful message that she is not valued for herself, but for what she can do for Jack (in this case, carry his kids for him).

Part of the context of Andrea’s unusual expression of anger and frustration was Nathan’s question about Jack’s inconsistency. The question seemed to give her tacit permission to lash out at him, an impulse she usually repressed: recall that in the “Canoe Away” example in Chapter 4, she enacted wanting to retaliate and then holding back. The fact that Andrea answered a different question than Nathan asked suggests that projection was indeed involved. She interpreted Nathan’s question in the current passage as a critique of Jack’s behavior, placing him the position of representing her own critical feelings. For her, his question emulated the disapproval and aggression she felt toward Jack, and cleared the way for her to air her normally suppressed derision.

“Carry Them for Me”: Its Functions and Humorous Nature

“Carry Them for Me” appears to function primarily as a release of pent up emotions for Andrea. I characterize these emotions as “pent up” because during the session, Andrea showed a holistic inclination to suppress negative emotion. She gave
explicit voice to this inclination when she recounted a recent “heart-to-heart” with a friend of hers:

Andrea: And then I talked to my friend, Jill, who suddenly is giving me very good advice. Not a good advice giver, but suddenly she’s right on point. But she was just kind of like “you’re obsessing about like stuff that’s really not a big deal, like Jack and Rachel. I think you should just get over it.” And I was like “yeah, I know that.” So I don’t know. I kind of am putting myself in a better place where I’m not like thinking about it every minute. ((Andrea-Nathan Session, lines 100-104; cf. Appendix N, “He Just Drops People/Not a Good Advice Giver”))

In another example, Andrea briefly takes up the viewpoint that had she just not “sneaked” into his cell phone and found an inappropriate amount of calling to and from a woman, her relationship with Jack would be fine:

Andrea: And then I’m wondering, maybe ignorance is bliss. Like he isn’t actually hurting me by doing this. The only reason it hurt me was because I felt compelled to sneak into his stuff. And I’m sure I’ve said stuff to people that would offend him. ((Andrea-Nathan Session, lines 655-658; cf. Appendix N, “No Kleenex”))

Andrea’s caricature paints Jack as bumbling and insensitive, trying to be romantic by suggesting that she function as a receptacle for his biological children. In ridiculing Jack in this way, she retaliates for feeling undervalued and overlooked by him. As previously mentioned, part of what facilitated this uncharacteristic lashing out was Nathan’s questioning of Jack’s inconsistencies. In addition, the indirect nature of humor probably facilitated the uncharacteristic attack. Jack would never seriously say anything so insensitive, so he is not directly implicated in the enactment. In other words, the parodied utterance cannot be seriously attributed to Jack, and so that Andrea could decommit if she was called out for her aggression: “I’m just kidding—of course Jack would not say anything like that!” The use of humor’s indirect and non-serious nature to decommit from
a poorly received utterance has been discussed by many authors on humor in conversation, notably Attardo (2002, pp. 51, 54).

The humorous nature of Andrea’s barb also facilitated aggression because it emphasizes enjoyment rather than hostility. The laughter occurring mid-parody—“the ↑o(h)ne to c(h)arry them”—reinforces the appearance of humorous intention. A characteristic of humor that also probably facilitated Andrea’s derision is humor’s attraction of social support because it is entertaining and only indirectly portrays aggression, which tends to dispel social support. A literal and patently angry verbal attack can often isolate the attacker because polite society is not comfortable or at ease with manifest conflict.

In sum, in this example, humor multitasks by demoting a target as it creates distracting enjoyment. This characteristic of humor is a common thread among all examples so far: humor foregrounds pleasure and affiliation, and backgrounds negativity and conflict. This directional polarity, pulling consciousness away from what one tends to repress and toward what one tends to consciously embrace and desire, accounts for humor’s use in (a) dealing with the uncertain and (b) providing a means to acceptably express aggression.

*Humor and Discord I: “I Know You Want Me to Come”*

There were some instances in the data in which humor signaled discord between the therapist and client. In the following instance, Nathan and Yvonne had been talking about her pattern of tardiness to work and therapy. In the beginning of the passage, Nathan suggested to Yvonne that she might be gaining reassurance through his phone calls to her when she is late:
Yvonne: …so. Because usually I think you know if I leave too early then I’ll get here way early. If I leave too late I’ll get there ((sic)) too late. So I can’t find that middle ground. nhuhuhu

Nathan: Yeah, I mean it wouldn’t be a bad thing it’s just I wonder if you know there’s something about (.)(.) me calling you that makes you feel like I want you to come here, you know?

Yvonne: (Well um) <I know you want me to come here but>=

Nathan: =right=

Yvonne: =huhuhuhu

Nathan: huhuhuhu

Yvonne: I don’t know.
(14)(I don’t know even when) I’m late for work and they call me it just (3)

Nathan: ((clearing throat))

Yvonne: it doesn’t have the same effect I guess I don’t know. Well it usually makes me mad in the morning when they call me

Nathan: hehe

Yvonne: from work. I’m like, @Yeah,

Nathan: =hehehehe=

Yvonne: I know I’m supposed to be there.@ (inaudible) get all mad about it so bu::t (1) I don’t know. (3) I mean I’d still come either way=

Nathan: =mhmm

Yvonne: but it’s usually (just late). I suck at managing my time (I’m always late). Z huh

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8 Double parentheses enclose commentary inserted into the transcript
9 Italics indicate humor and laughter.
10 A period in parentheses signifies a momentary (< 1 second) pause
11 These inequality signs (< >) indicate that the enclosed utterance was spoken at a faster pace than surrounding speech. Equal signs join utterances from different speakers between which there was no pause.
12 A number in parentheses indicates the length of a silence in seconds.
13 Single parentheses enclose uncertain parts of the transcript (due to poor sound quality in the recording).
14 At signs (@) enclose imitations or enactments of a different voice.
Nathan: ((mumbles)) You suck\textsuperscript{15} at managing your time.

Yvonne: Mhmm

Nathan: Wow. ((Yvonne-Nathan Session, lines 660-697; cf. Appendix Q, “I Know You Want Me to Come”))

Conversational and Psychological Aspects of “I Know You Want Me to Come”

When Nathan first spoke in this passage, he tried to clarify that he was not scolding Yvonne (“it wouldn’t be a bad thing”), but rather trying to explore what her pattern of lateness might mean (“I wonder if…there’s something about me calling you that makes you feel…”). He hesitated (indicated by the period in parentheses in the following quote) before venturing his interpretation of Yvonne’s tardiness as seeking reassurance: “there’s something about (. ) me calling you that makes you feel like I want you to come here, you know?” Yvonne’s quick reply “Well um <I know you want me to come here>, but…” has the tone of a retort. The content of her reply furthermore countered and rejected Nathan’s suggestion. Her later talk about not liking to be called when she is late for work is further evidence that she rejected the idea of wanting to be called when late. Nathan quickly abandoned his interpretation, saying “right” just as Yvonne finished saying she knew he wanted her to come. At this moment, Nathan and Yvonne were in discord with one another. Nathan did not want to be seen as scolding her and wanted to disaffiliate with his interpretation, and Yvonne did not want to be seen as needing reassurance or wanting to be called when late. Yet each person apparently felt unduly placed in these positions by the other.

There are three noteworthy features of the moments of the interaction subsequent to this discord: (a) both parties chuckled apprehensively immediately afterward, and

\textsuperscript{15} Underlined portions of the transcript were emphasized by the speaker.
Nathan did again on two more occasions, (b) a fourteen second silence ensued—the longest of the session, and (c) Nathan let Yvonne determine the direction of conversation and did not follow up his inquiry about her lateness and being called. These features all signify a process of re-alignment that occurred after the discord that arose from the interpretation and its immediate rejection. Nathan shifted to a more passive, receptive stance, and chuckled when Yvonne said that she gets mad when her boss calls her when she is late for work, and then again when she role-played her response to such a call.

Yvonne then reassured Nathan that she would “still come either way,” whether or not he called her when she is late. The connection between her experience of being called by her boss and her experience of being called by Nathan was ripe for exploration in these moments of the session. Nathan’s omission to explore this connection may have been oversight, but was more likely a decision to steer clear of this contentious topic. His laughter at Yvonne’s recounting of her boss’s calls about her tardiness added to the conciliatory tone of his recalibrated approach.

“I Know You Want Me to Come”: Functions and Humorous Nature

Laughter is taken as an expression of humor in this example, even though it seems to have also involved some discomfort. There seems to be more going on in the laughter than simply discomfort. Given the limitations of having to describe the audio in printed text, the best way to illustrate the humorous nature of the laughter is to compare “I Know You Want me to Come” with another instance of humor from the session. The following passage portrays a discussion about the status of an on-again, off-again relationship Yvonne is having with a guy who will be referred to as “Russell”:
Yvonne: We were trying to ((be more than just friends)) but it wasn’t going to happen. Like (it was bad for a minute, like I-) and then I just stopped caring because he’s my father if you remember and I know everyone says that you marry just like your father if you’re a girl but I can’t do it.

Nathan: Nhahaha

Yvonne: Like the man drives me nuts.

Nathan: Nhahaha

Yvonne: So it’s not going to happen.

Nathan: Which man?

Yvonne: Both of them.

Nathan: Nhahaha

Yvonne: Because yesterday actually we got in a fight um… ((Yvonne-Nathan Session, lines 180-199; cf. Appendix Q, “The Man Drives Me Nuts”))

In this passage, Nathan’s laughter was, in part, an acknowledgement of the ironic, deadpan, or tongue-in-cheek quality of what Yvonne was saying. Each occasion of laughter follows a predicament in which Yvonne paints herself: unable to conform to conventional wisdom by marrying (a carbon copy of) her father, being “driven nuts” by her boyfriend—oh, and her father. These instances of Nathan’s laughter seem to be induced when Yvonne ironically dismisses something (the requirement of marrying her father) or someone (Russell, her father) in her speech.

Likewise, in the passage where Yvonne retorts “I know you want me to come,” Nathan’s laughs involve recognition of Yvonne being in a predicament and ironically dismissing something or someone. She dismisses Nathan’s interpretation that she is seeking reassurance when they both laugh after “I know you want me to come, but.” She is in a comically familiar yet unwelcome predicament in her enactment of a late call from
her boss, sheepishly replying “Yeah I know I’m supposed to be there,” and shrugging off
the incident (i.e., dismissing it) at the same time. In summary, in all of these cases of
laughter, there seems to be some measure of humor perception (or at least,
acknowledgement of humor) involving Yvonne being dismissive or in a mildly comical
familiar predicament.

Other prominent and well known features of humor that seem to play a role in the
humor from “I know you want me to come” are humor’s relief and affiliative
characteristics. When she said “I know you want me to come,” Yvonne rebuffs Nathan’s
unwelcome suggestion. Her laugh rang in a moment when it was clear that Nathan had
abandoned his line of inquiry, and was expressed from a position of having “stolen the
floor” but no longer wanting it (as evidenced by the ensuing fourteen second silence). In
short, the laughter probably afforded some relief for her in this moment. Nathan’s
laughter echoed Yvonne’s almost exactly, continuing his bent toward realigning with her
(that began when he fired back “right”) and away from the “unwanted inquisitor”
position.

Humor’s ability to soften and cloak negative feelings while also affording some
outlet for such feelings made laughter and humor natural fallbacks for Yvonne and
Nathan in this mildly contentious interaction. Shared laughter emphasized cheerful
affiliation rather and de-emphasized the discord (around Yvonne being called when late)
that was also occurring.

“I Know You Want Me to Come”: Cautions and Suggestions for Therapists

In humorous alliance repair, the source of the conflict is not addressed and may
therefore exert a covert negative influence. Humor expresses disagreement or
misalignment with a “smiley face,” and makes it easy to ignore or overlook the uncomfortable differences that have manifested. The danger in adopting a playful attitude about disagreement is that one may underemphasize the client’s differences with one’s own position. In resorting to play and laughter in the face of conflict, a therapist may eclipse sentiments that need expression, and deprive the client of a chance to learn through experience that anger and conflict can be acknowledged and fruitfully addressed. It is crucial to be hospitable to feelings of aggression and even hatred in therapy. Such feelings are generally minimized and “swept under the rug” in most clients’ relationships, and are consequently repressed, denied, or sublimated.

Yvonne bristled at Nathan’s interpretation when she said “I know you want me to come,” and her evident displeasure was not acknowledged or addressed. Nathan’s choice to recede in the face of the Yvonne’s sharp response could do a disservice to her, should this become a pattern in their interaction. For example, Yvonne tended to joke and laugh when discussing themes of anger and contention, which arose frequently in the session. This tendency may express an unconscious conviction that her rage is too powerful to be expressed and dealt with directly, a conviction that could be unfortunately reinforced if her anger, when it arises in session, is habitually cloaked and smoothed over by humor. Given that only one session from this therapy was studied, this point may or may not apply to Yvonne’s work with Nathan, but it definitely follows from what occurred in the “I know you want me to come” passage.

One more point can be made on the basis of the above discussion: when a therapist ventures an interpretation, this is a time to pay particular attention to humorous client reactions. Structurally, interpretation is a type of interaction that can naturally lead
to humor that cloaks negative feelings: the therapist shares impressions about the client that have not yet been broached, impressions that address areas of the client’s life that evoke strong, yet tender feelings.

Humor and Discord II: “Looked Pretty Rough”

Another passage from a different session provides different insights into humor that is employed to deal with interpersonally awkward moments. At the beginning of this passage, Bridget was discussing increased demands at her job:

Bridget: …I’m going to work my ass off=so, uh=which I’ve been doing all week=we’ve been swamped.16

Ken: Have you really?

Bridget: All17 week. Tuesday night I came home, and I said I feel like it’s Friday. I’m not usually this exhausted til Friday.

Ken: Yeah, you looked pretty rough last night when we met. (.)18 Yeah.

Bridget: Mm. (1) By the time Josh19 was in here talking I was kind of @hmmm@ ((here Bridget takes on an exaggeratedly tired posture and crosses her eyes, reportedly))20

Ken: huh [huh huh]-huh huh

Bridget: [u-↑hmm]21 And I got home and I left my cradle (at night)22, my receiver off the cradle on the phone so I had a big long message from Millie about having breakfast this morning. ((Bridget-Ken Session, lines 54-70; cf. Appendix M, “Looked Pretty Rough”))

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16 Equal signs (=) join utterances that are not separated by a pause.
17 Underlining indicates that the word was emphasized by the speaker.
18 A period in parentheses indicates the a brief silence (< 1 second) occurred. Numbers in parentheses indicate the length of a silence in seconds.
19 The client is here talking about an informed consent meeting with me the previous evening.
20 Italics signify humor and laughter. At signs (@) demarcate utterances that were imitations or enactments of a voice. Double parentheses surround commentary inserted into the transcript.
21 Brackets surround overlapping utterances from different speakers.
22 Single parentheses surround portions of transcript that are uncertain (due to poor diction or sound quality).
Conversational and Clinical Bases of “Looked Pretty Rough”

A fleeting break in alignment occurred when Ken concurred with Bridget’s report of being exhausted in their session the night before: “Yeah you looked pretty rough last night when we met. (.) Yeah.” Bridget follows up by saying “mm,” which sounded like a response someone makes when hearing particularly puzzling information. In the review with Bridget, I asked Bridget “if [she] remembered if [she] felt like that was a not kind thing to say.” She replied that she “just kind of went ((shrugs))” (Bridget Review, line 645; cf. Appendix R, Excerpt 1) upon hearing that she had looked rough. She added that “Well I know I looked rough because I was absolutely exhausted. I mean you know I don’t think I can express to these people the pain limit. I’m in pain every day, you know… So that’s the attitude. It’s like (inaudible) what you think, you know. Of course I was rough. I was covered in food. I was exhausted” (Bridget Review, lines 649-650, 668-669; cf. Appendix R, Excerpt 1). Mine was a leading question, but it does seem that Bridget had felt some displeasure upon hearing she looked rough the night before. The puzzled, troubled tone of her first response, “mm,” supports the idea that she was indeed displeased by Ken’s agreement.

Yet to the degree that she felt displeasure, she evinced that feeling only in the most fleeting of grumbles. She very quickly sets off on the course of self-deprecating humor, caricaturing her appearance from the previous night, to which Ken responded with hearty laughter. Bridget joins briefly with a high-pitched quick laugh, and then begins to talk about an annoying message that an acquaintance left on her answering machine the night before.
The above interaction is consonant with Nofsinger’s (1991) observation that conversational “repair produces displays of alignment rather than absolute proof that participants agree with or understand each other” (p. 132). While repair technically refers to correcting misunderstandings about information, Nofsinger’s point nonetheless applies to the repair of rapport evident in this instance. Joking successfully covered up and moved past a momentary and inadvertent offense.

“Looked Pretty Rough”: Its Functions and Humorous Nature

The humor here seems to serve the function of avoiding unpleasant feelings or unpleasant interaction. The joke put a “good face” on a “bad” moment of interaction. Once again, humor’s capacity to foreground pleasure, affiliation, and acceptability in an ambivalent situation was utilized to regain a comfortable alignment. The emotional force of humor in this example seems extremely fast, covert, and compelling. It is likely that Ken sensed some of the negative import of his remark, as suggested by his brief pause after saying “you looked pretty rough last night when we met,” and his follow-up utterance “yeah,” which seems to emphasize the supportive intention in his comment. Ken said the following about his laughter in this instance: “I think partly the laughter was my being there with her going yeah you were pretty out of it last night, you were exhausted. And also the fact that she can be pretty animated and comical at times with her facial expressions. The timing was good.” Ken’s explanation of his laughter emphasizes affiliative aspects of the laughter: he focuses on mutual recognition of her exhausted state on the previous evening and Bridget’s “animated and comical” talents. The self-deprecation implicit in the humor and its emergence at what could have remained an awkward moment were not emphasized. In this example, humor exhibits its
extremely compelling nature, and the effectiveness with which it can set aside uncomfortable aspects of an interaction.

“Looked Pretty Rough”: Cautions and Suggestions for Therapists

Among other things, this instance of humor is a mundane example of the way that the therapeutic relationship survives the momentary breaks in alliance, which are an inevitable part of psychotherapy. Repairs should of course be allowed to take place; learning how to deal with the vicissitudes of intimate relating is a skill that should be fostered in psychotherapy. Not every single instance of humor as alliance repair should be caught and questioned. However, it is important to keep in mind that joking as a means of alliance repair keeps the sources of cracks in the alliance hidden. If many such instances were to occur, the negative side of the ambivalence in the humor would need to be addressed in order to prevent the emergence of an “elephant in the room” that stifles the possibility of therapeutic interaction.

When indirect aggression or criticism repeatedly arises, repairing alliance through overt discussion of the source of the rift is a better option than humor. Doing so demonstrates that one can tolerate the client’s negative assessments of oneself, restoring trust in one’s competence and one’s ability to keep the client’s well-being at “front and center” even in the face of challenge. If one realizes that one has let reparative joking continue for long enough to undermine the relationship or the client’s trust, one needs to consider whether one feels unready to emotionally tolerate the direct scrutiny needed to address the cracks in the therapeutic alliance. If one experiences relief at a client’s joke, or if one makes a joke to relieve tension, such moments should be reflected upon later if they feel too “hot” or untimely to address in session.
Alternately, one may be afraid of one’s client’s ability to tolerate such an exploration. In this case, one may be wisely choosing not to broach something that might feel to the client like one is “shoving their face in” something. It is sometimes best for a relationship to let potential awkward moments thankfully pass by, but it is the therapist’s task to keep track of the various dynamics and influences that inhabit the relationship. When humorous patterns in the relationship present an obstacle to the client’s progress, or a good opportunity for client insight, these patterns should be overtly pointed out and straightforwardly addressed.

_Humor and Discord III: Complimenting Clients_

Another example from the data is worth briefly mentioning in this section on humor and therapeutic alliance rifts. I do not provide transcript or details for reasons involving participant confidentiality. In one session from the data, a therapist complimented a client for having made substantial progress over the past several months of therapy. The client responded by smiling, vigorously nodding, thanking the therapist, and laughing loudly. These expressions indicated enjoyment and perhaps humor perception on the part of the client. However, when discussing these moments with the client, she stated that she is “always” uncomfortable with compliments and that her laughter probably expressed this discomfort.

I mention this instance to once more reinforce the message that a therapist cannot assume that a client’s laughter is a positive sign. Asking a client about his or her apparent humor responses when one has reason to suspect them can help to address their possible hidden meanings. As a therapist, one should not question every instance of apparent humor or laughter, but when there are good reasons for doing so and the therapeutic
alliance is strong enough, one should definitely question such appearances. In examples from the data in which humor expressed covert and discordant feelings, there were usually signs of ambivalence or discomfort in the client’s gestures, expressions, quality of the laughter, or the content of speech following the apparent expression of humor. In the case of the client’s apparently positive reception of her therapist’s compliment, she began very shortly after this compliment to raise doubts about the value of her work in therapy.

*Humor and Discord IV: Misunderstood or Unappreciated Humor*

The data also involved examples of humor that were misunderstood and subsequently corrected, and examples in which the audience expressed no appreciation of a humor attempt. For reasons of confidentiality, I write in general terms about these instances. They are worth mentioning because these instances of “failed humor” were conspicuous “bumps in the road” in the therapeutic interaction. In instances of misunderstood humor, each party’s sole focus after the misunderstanding was on setting right the misconnection. Understandings were checked until both participants exhibited realignment with the other. In addition, the misunderstanding party sometimes seemed tentative about sharing the nature of his or her misunderstanding. My impression in some such instances was that the misunderstanding party did not want to further magnify the rift by exposing how different his or her understanding had been from what was intended in the humor.

In an instance of humor for which appreciation was not expressed, there was a quick transition from cheer and levity in the conversation to a more subdued tone. A comment about the environmental circumstances inside the therapy room was then made by the humor’s unappreciating audience, and then the humor’s source then ventured a
new topic. The impression I had from the recording of this instance was that both parties had tacitly agreed to “look away from” the disconnection that had just manifested.

Such instances of unappreciated and misunderstood humor suggest that when humor is attempted and received, this can be a time of particular vulnerability for either party.

*Misunderstood or Unappreciated Humor: Their Functions and Humorous Nature*

The most salient way that these examples of humor functioned was to bring about a palpable halt to the conversations that were happening. They served to make a disconnection between the therapist and client focal and apparently generated a need in the parties to either address that disconnection in order to repair it (in the case of misunderstood humor) or to find a new way to reconnect (in the case of unappreciated humor).

The stark and palpable nature of the disconnections that occurred around “failed” humor in the data might be usefully understood via characteristics commonly observed about humor and ones that have been talked about in this dissertation: humor calls for its audience to align attitudinally and emotionally with its producer’s perspective. When the sought after appreciation does not materialize and instead disconnection or *nothing* happens, the emotional sequence is akin to feeling pushed away when one was moving to get closer. In nonhumorous conversational misunderstandings, the disconnection does not contrast as starkly with a speaker’s intentions. While nonhumorous conversation is generally aimed at connection, this aiming is not usually as wrapped up in hopes about how one’s audience will respond: if one’s audience somehow misunderstands what one is saying, one generally just corrects that misunderstanding. In misunderstanding or not
appreciating humor, the joining that the speaker expects and is emotionally configured
for (so that when the audience joins in appreciating the humor, the speaker’s appreciation
and laughter is often magnified—a feedback loop, if you will) does not happen, and that
strained state of reaching out to join with the audience is left hanging. As such, failed
humor is more akin to rejection than mere and momentary misconnection. “Failed
humor” in the data set involve particularly striking moments of silence and reorientation
in the session.

Cues and Humor: “Don’t…Have Any Kleenex”

As one “reaches out” to connect humorously with another person, one generally
prepares the ground for such connection. The presence of cues to indicate that a given
utterance or action is humorous is a well-worn topic in the literature (e.g., Bateson, 1972;
Huizinga, 1950; Plessner 1970), and such cues were present in a variety of forms in the
humorous instances from the data. One striking example of such cues comes amid a very
emotionally “heavy” portion of the Andrea’s session with therapist Nathan. Although
Andrea was crying as she spoke about her relationship difficulties, she also was enacting
cues that indicated openness to the kind of lighthearted and offhand observation that
Nathan offered:

Andrea: ((Tearful)) Like I want to make him feel bad. You know, I want to say
that he ((looks at fingernails quickly)) screwed things up. (Ya know?) (2)

hhhhh (4)

((exaggeratedly opens mouth, brings her eyes almost to a close, hangs her
head, and hunches shoulders as she exhales, looking at Nathan; Nathan
looks at the table between them for Kleenex,
away from his usual gaze on her; she waves off his search))

It’s no big deal

Nathan: (I don’t think that I have) any Kleenex
Andrea: *U-huh—(smart)* ((smiles as she says ‘smart’, then returns to a more dejected demeanor)) I don’t know. ((wiping her face)) (3) I’m afraid if I sit on it long enough that I’ll either continue staying on, or I don’t know. ((Andrea-Nathan Session, lines 649-659; cf. Appendix N, “No Kleenex”))

**Conversational and Clinical Aspects of “Don’t…Have Any Kleenex”**

Nathan’s observed the absence of Kleenex with a smile, in a taken aback yet good humored manner. Such a demeanor would not be appropriate in many instances where a client is crying, but in this situation, the response struck me as natural and welcome. Andrea laughs and attempts to offer a funny rejoinder, although its meaning was never clarified during the course of this study. Andrea concurred with this assessment when we met to go over her conclusions summary.

Some cues that took place in the course of this passage likely contributed to Nathan’s venturing such a lighthearted comment amid Andrea’s reportedly unusual display of sorrow and heavy feeling. In the video corresponding to this passage, Andrea expresses in a manner that suggests playfulness, even amid her tears. For example, she hints at amenability to lighter forms of engagement through exaggeratedly opening her mouth, hanging her head, and hunching her shoulders after admitting that she wants to blame Jack for their problems. The gesture of gaping her mouth open and almost closing her eyes while crying came across to me as a feigned “woe is me” commentary on her own crying. These expressions, along with her intentionally hanging her head and hunching her shoulders, alluded to the fact that she was crying and distanced her from it by treating it as not serious. She seemed to be exaggerating her own emotionally dismantled state. The manner in which she waved off Nathan’s obvious search for Kleenex in a manner that conveyed in a friendly manner “I’ll be all right.” Nathan accompanied Andrea in her movement toward a more light-hearted mood when amusedly
submitted that he could not find the Kleenex. In the absence of playful cues from A, it is unlikely that N would have commented on the lack of Kleenex, in a manner similar to A’s nonverbal “commenting” on her crying through expressions and gestures.

Nathan reported when he met with me to review the videotaped segments involving humor from his session that he had felt at a loss in these moments because he feels pressure to respond to client crying, and usually deals with this feeling of pressure by handing the client a tissue. The client’s playful gestures amid her sorrow probably added to Nathan’s felt need to produce something simulating a solution for her in her time of distress. Hence this is an instance of humor being deployed to address a situation that one cannot resolve in one’s preferred manner (see the first section of this chapter).

“Don’t…Have Any Kleenex”: Its Functions and Humorous Nature

This instance of humor functions primarily to align with and fulfill the client’s exhibited movement away from emotional pain. It also functioned to help the therapist move past his own need of distracting magnitude. The most immediate psychic grounds from which the humor emerged was this felt need, together with the perception of there being no available Kleenex. Insofar as an unfulfillable felt need was part of the genesis for this humorous remark, the humor was a spin or commentary on this experience: “Can you believe this? Here I am desperate to help you (and deal with my own discomfort with your crying), and the one thing that should be in a therapy room is not here,” this humor seems to convey. While to some degree, the joke is on the therapist, there is also a way that the movement into a humorous attitude about the “cruelness of fate” in this moment put the therapist past or above the situation, demoting the dilemma to the status of “no
longer overpowering” in the process. Bewilderment is transmuted into mutual amusement.

And Andrea’s playful indications were part of what catalyzed this transmutation. If being-stymied-in-the-need-to-address was the experiential basis from which the humor arose, the perception of the client’s exhibiting-lightness-amid-heavy-sorrow was the attractor and even the model for the shape Nathan’s expression took. Andrea’s leaning out of heaviness and insurmountability was joined and mirrored by Nathan’s good-natured abdication to the impossibility of fulfilling his strong impulse. This example illustrates that although a given humorous remark might come from one person, the humor cannot accurately be attributed only to that person, but is instead a mutual product. This characteristic of humor that occurs in session (and in conversation more generally) seems to demarcate it sharply from canned jokes that one can find in print, or even transmit orally.

*Humor Style and Psychological Significance I: Bridget’s Self-Correcting Humor*

Humor production and appreciation involve the whole of a person’s psychological dynamics and patterns of relating. In the data for this study, certain clients exhibited certain patterns in their humor in session. Based on clinical readings of the interactions, it seemed clear in many cases that recurring styles or subject matter in a client’s joking indicated something meaningful about the client. In fact, it seemed that such patterns in humor indicated the movements of feeling about issues in question for the client, and pointed to useful information about conflicts and repressions associated with the exhibited humor styles and topics. An example of a humor style that appeared in the data is represented in the following passage:
Bridget: …I don’t know, It’s like I have three different lives, you know, I have

Ken: Mhmm\textsuperscript{23}

Bridget: the Clinic and Father Joe, where I can come to you guys and tell you what really happens in my life. I have a professional life where, you know, I work every day, and I feel like I’m normal, or \textit{at least I try} to.\textsuperscript{24}

Ken: [\textit{huh ha ha ha ha ha ha ha ha ha ha ha ha ha ha ha ha}]

Bridget: \textit{Sometimes I give the appearance of being that way.} But I also have my friends and my spiritual friends… ((Bridget-Ken Session, lines 252-263; cf. Appendix M, “Normal, or at Least I Try to”))

Before looking at the humor pattern this instance typifies, I will pause to discuss this instance of humor as one containing a great deal more information than might be immediately evident. In this passage, humor arises when Bridget claims to feel normal and then revises this claim: “\textit{at least I try} to.” This may not seem very funny out of context, but Ken laughed heartily in response. Ken explained his strong laughter reaction in the review meeting with me as follows:

That’s something else that’s been coming up quite a bit in therapy is her joking about normal and what’s not normal…what she responding to both I think is this feeling that she is more normal than people realize, but also joking about it saying they don’t know anything about me…I think the laughter is still an invitation in some ways to say yeah we’re on the same page…I think I hear her saying and understand her saying…and then of course again, her delivery. Bridget has a pretty good comedic timing. Delivery can be quite good. And her expression I believe she said then normal, at least that’s what I think, and then a head jerk and the eye contact. ((Ken Review, lines 397-398, 401-403, 404-405, 405-406, 410-412; cf. Appendix S, Excerpt 1))

The issue of normality has thus been a subject of humor between Bridget and Ken “quite a bit.” Ken reports that the humor reaffirms a mutual understanding Bridget and Ken
have about her life, and that Bridget augments her joking with well-timed comedic expressions and gestures.

Bridget’s account in her review with the researcher echoed that of Ken: “we had a relationship at this point you know what I mean. It’s like ‘or try to be,’ you know. So we both know that each other is a funny person or we try to be funny…you know I had a normal life, or at least I try to be. So I mean that’s actually meant to be funny.” Such feedback provides much information that one cannot glean from merely looking at the transcript of the passage alone: that the issue of what is normal has been an ongoing subject of humor for Bridget and Ken for some time, that both parties recognized Bridget’s utterance as part of a genuine attempt to be humorous, and that furthermore, both parties interpreted the laughter as acknowledging her normality in some way. Such information speaks against claims by hard core conversation analysts who argue that additional interviews with conversational partners does not add information about the conversation to be analyzed, but only more and different types of conversation (e.g., Martin Packer, personal communication, 2002).

To return to our primary task in this section, the pattern of Bridget’s humor that this instance is presented to typify is a tendency to humorously correct herself while speaking: “I work every day, and I feel like I’m normal—*or at least I tr(h)y t(h)o.*” She interrupts her speech here and revises what she is saying. Among other things, she thereby places herself in a position of being critiqued in the humor.

On two other occasions in this session, Bridget jokes in a similar manner. One of these instances has already been presented in Chapter 4, a joke about having to “work on coffee”:
Bridget: So the Senses takes away, you know, your attachments to things, you know? *We might have to work on the coffee, but (h)nts like*


In this instance, Bridget had been talking about detaching from sensual things through spiritual discipline and, upon, realizing how desperately she had clung to her coffee all session (and even spilled on herself once), admitted that her detachment from sensual things was not yet complete: “we might have to work on the coffee.”

The third instance of Bridget’s self-correcting form of humor is the following, in which Bridget is recounting a phone conversation with an older acquaintance named Millie, in which Bridget implored Millie to stop worrying so much about what other people think:

Bridget: I said you know, “50 years from now, what are you doing?” You know? So—*well probably dead, but*

Ken:  *huh [huh huh-hehehe*

Bridget:  *huh huh* She’s twenty years older than me *chhh .hh/hh* ((Bridget-Ken Session, lines 220-225; cf. Appendix M, “Probably Dead in 50 Years”))

B’s question “Fifty years from now what are you doing?” is a rhetorical question meant to urge Millie to let go of worrying about being maligned by various people in her life. B stops her narration of the conversation because she realizes that Millie will probably be dead fifty years from now, which she sheepishly confides to an amused Ken. In this and the two previous examples, Bridget utters a humorous statement that concedes that an objection to what she is saying is valid, even though no one has literally voiced any objections to what she is saying.
Clinical Significance of Bridget’s Self-Correcting Humor

What such a pattern may indicate is a habit of mind in which part of Bridget’s mental activity as she speaks is to evaluate what she is saying for potential inconsistencies. When awareness of an inconsistency arises, she sometimes responds by voicing that objection in a joking manner. Being in therapy would probably heighten such a process, given that the position of a client is one of being scrutinized and questioned (albeit compassionately and helpfully).

While this kind of self-monitoring personality style can lead to the kind of enjoyment found in these examples of humor, it can also aid the therapist in understanding dynamics relevant to clinical work. Humor in these instances serves a corrective function to Bridget’s speech, suggesting that for Bridget, the possibility of being seen as wrong, hypocritical, and the like may always lurk just around the corner. Hence it would make sense that Bridget would be attuned to potential criticism from others, a potential which would color her attributions to others and psychological dynamics such as projection, transference, identification, and projective identification. Such a pattern of humor would probably also represent the lighter side of an oppressively self-critical nature. Hence, being aware of a client’s humor styles can serve as an additional source for formulating internal dynamics. Humor styles can also be noted in session and explored for possible insight with the client.

The Humorous Nature of Bridget’s Self-Correcting Humor

Humor seems well-suited to the function of expressing an awareness of inconsistency in one’s speech because humor usually reveals the horizontal but hidden of meanings that overlap with but are opposed to what is being said (this is a restatement of
the incongruity resolution theory of humor). Humor’s tendencies to juxtapose
oppositional meanings and have a target make it uniquely suited to a personality style in
which one monitors what one is saying for flaws (opposed meanings that overlap with
consciously intended meanings) and airs them in a self-deprecating manner (target).

_Humor Style and Psychological Significance II: Humor and Conflict for Andrea_

The humor pattern explored in the case Bridget above is one that occurs more in
the form of her humor than the content (although the distinction between these two
categories is fuzzy). Like recurring forms of humor, recurring humor content is a
potential indicator of a psychologically significant area for the client, one to which the
client is compelled to return to again and again because such content has not yet found a
settled place in the emotional life of that client. An example of recurring humor content
from the data is that Andrea’s humor often involved interpersonal conflict as part of its
content. For example, Andrea repeatedly laughed in session about fighting with her sister
on a recent trip:

Andrea: …And my sister left, which was good.
Actually, I haven’t talked to her since
She didn’t even say bye cause we were both ready to kill each other.

Nathan: And what-what was the basis for that-that, conflict?

Andrea: ((A begins to _smile_; looking away, kind of considering it)), [um
Nathan: [I mean you said-you said that you were (menstrual), but…

Andrea: _Hormones, huh_]

Nathan: Hormones.

Andrea: Yeah, _huh huh_ ((nods emphatically))

Nathan: But was sort of the content of, or was there any?
Andrea: Sisterly annoyance. It really was just like @I can’t believe you just did that. (Oh my God,) That’s so rude.@ I’m like @Oh, you just said the same thing a minute ago.@ Just like bickering the whole time like we were 12. It was silly, but at the same time she always goes towards the like “I’m really right and I’m going to make you feel bad,” and I always go towards the @“I hate myself. Don’t talk to me or look at me.”@ Like we’ve been on vacations before in the same situation where she’s like I don’t even know why you came. Nobody wants you here. And I like go in the corner and cry. It’s very, very extreme. I mean like she’s very mean, and I’m very pathetic, and it’s a bad combination—

Nathan: Well, I mean I thought you said that you and your sister had a pretty good relationship.

Andrea: We have a very good relationship. Like I’ll talk to her in a week, and we won’t even=

Nathan: =So it’s only when you’re on trips together that this happens?

Andrea: Well ((smiles)), it’s kind of a ((raises leg, apparently unaware of this movement) p(h)eriod thing ((looks away, crinkles nose)), I think. Like we’re just like @<get away from me; get away from me; I hate you; I hate you>@ So I don’t know. Emotions. My family is very emotional so…

Nathan: But I mean do you really think it’s just…?

Andrea: Yeah.

Nathan: Just the hormones?

Andrea: Yeah ((looks away, smiles)), huh huh ((looks back at N)) I mean like and it’s a bad combination. Just the way that she gets and the way that I get is really bad together. It’s like explosive. ((Andrea-Nathan Session, lines 139-178; cf. Appendix N, “Just Hormones”))

Conversational and Clinical Aspects of “Hormones”

N repeatedly questions A’s explanation of the conflict with her sister as merely a product of “hormones,” not satisfied to let this explanation suffice. His succession of questions is as follows: “But was sort of the content of, or was there any?…But I mean do you really think it’s just?…Just the hormones?”). This questioning leads to some new
and useful information about A’s relationship with her sister, especially the roles they take on during conflicts, with A’s sister characterized as a self-righteous aggressor while A characterized as self-hating and retreating.

Discomfort with the topic of menstruation when talking with Nathan, a man, contributed to Andrea’s laughter. In meetings with me, both Nathan and Andrea explained her laughter as expressing discomfort. However, more is expressed by the laughter than simply discomfort. Prior to the passage above, Andrea had also laughed in relation to the conflict, when she said that she had a “rough w(h)eekend,”” Andrea also exhibited humor in the following quote about her sister: “she has it all figured out or whatever. *I’m always amazed when she’s boldly speaking her mind,*” which is fine for her. For me, huh huh it was hard to deal with over the weekend.”

These instances of laughter seem driven by some humorous perception of the conflict rather than discomfort about menstruation, since menstruation did not arise explicitly in either of these moments. Andrea appears animated as she imitates bickering with her sister in the passage “@I can’t believe you just did that. (Oh my God,) That’s so rude.@  I’m like @Oh, you just said the same thing a minute ago.@” An animated demeanor also accompanies another imitation of this bickering: “get away from me; get away from me; I hate you; I hate you.” She calls their fighting silly and says they act like they are twelve years old. What these moments and the moments of laughter about hormones have in common is that they all occur in response to discussing the conflict with her sister. Hence, whatever role discomfort might play in Andrea’s laughter, some portion of it also seems to emerge from a perception of humor.
The presence of difficult emotions in her relationship with her sister is also clear: “I hate myself,” “I like go in the corner and cry--it’s very, very extreme,” and “I’m very pathetic” were all descriptions of Andrea’s response to conflict with her sister. Another example is when Andrea recounts “she’ll attack, and I’ll be like okay. That’s sad. It makes me feel pathetic, and it makes me feel bad about myself.” So the humor and laughter that occur in her speech about this conflict are also wrapped up with some very painful and unresolved emotions. Andrea’s insistence that she and her sister have a “very good relationship” indicates that she has probably not grappled with the dark side of this relationship. Instead, Andrea plays down the negative aspects of her relationship with Alex, just as she tried to do about her relationship with Jack when she tried to follow her friend Jill’s advice that she was “obsessing about like stuff that’s really not a big deal” and that she “should just get over it.”

Unlike Bridget’s self-correcting humor, a precise meaning of Andrea’s pattern of humor expression in relation to her conflicts with her sister is not clear. Nonetheless, Andrea evidently derives a morsel of genuine enjoyment from her recollection of those conflicts, and perhaps exhibits pride in relation to those conflicts. The meanings that underlie her humor expressions would have to be pursued in therapeutic work with her.

“Hormones” and Conflict Humor: Cautions and Suggestions for Therapists

Nathan sensed that there was more to Andrea’s conflict with her sister than mere hormones. He was persistent in his pursuit of something deeper, and got Andrea to describe more of the texture of that conflict. In addition to persistence, a therapist working with humor that involves a painful topic which the client is unready to enter may benefit from inquiring into the humor itself. Since humor and laughter are not
threatening, they may be great ways to initiate some authentic thoughtfulness about feelings associated with such a painful, yet funny, topic. Through getting in touch with what she found funny about the conflict, Andrea may have been able to touch on the painful side of the ambivalence expressed in her laughter in a nonthreatening manner.

An additional suggestion for therapists comes from considering that Andrea had been able to uncharacteristically express some aggression toward her boyfriend Jack through humor, when she ridiculed him for insensitively emphasizing children above marriage: “@ it’s time for me to have ↓ kids (l) do you want to be the o(h)ne to c(h)arry them?@”\(^{25}\) She repeatedly talked in session about wanting to “retaliate against” Jack, but being unable to allow herself to do so. Several times in this session she also talked about how hard it was for her to be angry with Jack. Since humor is a socially acceptable mode of expressing aggression and because it mitigates discomfort, it is likely that aggression and conflict will be recurrent humor themes for clients who struggle to allow themselves angry or “unkind” feelings toward others.

A potential trap for therapists working with such clients is that one could unreflectively enjoy the client’s ridiculing and aggressive humor while unwittingly communicating that one supports and agrees with the sentiments included in such humor (cf. Hay, 2001). Furthermore, if the aggressive content of such humor remains unaddressed, such neglect might communicate to the client that indeed their anger and aggression should remain under wraps. Awareness that aggressive humor is occurring is needed in order to avoid reinforcing maladaptive client patterns (e.g., never confronting others who have offended oneself, only expressing anger through humorous gripes to

\(^{25}\) “At signs” (@) demarcate utterances that are imitations; the down arrow (↓) indicates that the utterance that follows it is spoken at a lower pitch than surrounding speech; h’s in parentheses indicate laughter occurring while a word is spoken.
uninvolved and sympathetic parties) and to make such patterns the object of inquiry and awareness.

*Therapist-Client Humor Styles: Holly and Tamara Banter*

As was discussed in Chapter 4, each therapist-client pair has its own humor style. For example, therapist Tamara often joked and said things intended to make client Holly laugh, while therapist Ken only ventured humor on one identifiable occasion.

The humor style witnessed in a single session reflects not only the relationship between the therapist and client, but also the nature and feel of that particular session. For example, in the session recorded for this study, Ken engaged in humor almost exclusively by laughing at Bridget’s humorous utterances and expressions. Yet Bridget mentioned in her review meeting with me that Ken “was a really funny guy” (Bridget Review, line 464). In addition, Ken shared that he did not feel that this particular session was characteristic of his usual ways of interacting with Bridget:

…these last couple of sessions are pretty awkward for me because we’re ending them… So there’s a delicate balance between wanting to interpret, as I have been, and between just kind of letting things run its natural course… I certainly don’t think that I’m moving in this session as I normally would because of the context of termination… And this particular day, again, I’m just trying to let things flow as they might because of the termination ((Ken Review, lines 79-80, 81-82, 114-115, 122-123))

Since Ken described feeling awkward as he let “things flow” and run their “natural course” more than usual in this session, the session may not have been representative of Ken’s typical level of humor production in the therapy. Since only one session from each therapist-client pair was studied, I cannot be sure of what aspects of a dyad’s humor style reflect the given session and what aspects of their humor style reflect a more lasting pattern in their relationship.
Some important differences among therapist-client pairs’ humor styles were laid out in Chapter 4, but a discussion of the import of these differences was deferred until now. The joking relationship between Holly and Tamara is instructive to consider first. Part of their joking relationship involved Tamara almost always responding to Holly’s joking with more joking.

Recall the following example, which was introduced briefly in Chapter 4; note that the names and therefore the joke has been changed to protect confidentiality. An effort was made to render the substitute jokes minimally misleading to the reader, so that all of the points made about the humor in this passage apply to the original humor as well. Much of the discussion in this session centers on Holly’s isolation and unhappiness as a junior faculty member in a university science department, and her recovery from being fired. Just before the following passage, Holly mentioned a woman named Jane who is a faculty member in a department Holly is considering applying to:

Tamara: Mmhmm. Is she a human being- like a pretty good human being?=

Holly: =Oh yeah, and we’ve been rip-roaring drunk together, so hhhh huhuhuhuhuhuhuhuh

Tamara: <Gives you confidence in her ability to party.>

Holly: Exactly. Yeah, I give her a hard time. Her last name is Dick, and I was like, “You’re Dr. Dick and you teach statistics, and that’s actually your name?” hhhhhh *That’s awe(hh)some*. Uuhhuhhahahahaha

Tamara: That her name is Jane Dick is also funny.

Holly: Yeah if her middle name should be Spot (1) or no (1) well, never mind hhhh ahuahahaha=

Tamara: =Yeah.

Holly: I don’t know.
Tamara: So what if it turns out that it’s actually a pretty nice department?  
(((Holly-Tamara Session, lines 73-82; cf. Appendix O, “Jane Spot Dick”))

Conversational and Clinical Aspects of Holly and Tamara Banter

This passage is characteristic of Holly and Tamara in that they often break into banter in session. In such interchanges, each time Holly generates a humorous utterance, Tamara responds in kind. Here, when Holly proposes being “rip roaring drunk” with Jane as a good character reference, Tamara immediately shoots back “gives you confidence in her ability to party,” building on the humorous theme of partying as workplace virtue.

When Holly then laughs about Jane’s sexually evocative last name, Tamara also ventures humor aimed at the friend’s name, hearkening to the children’s book series *Dick and Jane*: “That her name is Jane Dick is also funny.” When Holly builds on this association by incorporating Dick and Jane’s dog’s name into her friend’s name to build a lewd sentence, Tamara exits humor mode and reintroduces a recognizably therapeutic topic.

This pattern of engagement for a time, followed by a break in the humor and an attempt to re-engage more serious topics, is present in most humorous interchanges between Holly and Tamara.

A brief additional example of banter from Holly and Tamara serves to illustrate just how automatically Tamara responds to Holly’s humor with more. They are discussing Holly’s parents’ reaction to Holly’s firing:

Holly: My dad—every once in awhile, he’s still like, *"Can you just bring the research to some other place?"* I am just like, "I’m not going to do that right now, Dad."*26* Like, if I ever do academic research again, it will be in something else like education or (4) bird watching or something. hhhh (5)27

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26 * signs demarcate utterances spoken at a lowered volume.
27 Numbers in parentheses indicate the number of seconds a speaker pauses between utterances.
Tamara: Like yellow-belly (2) nut (1) catcher or something. All I can think of are yellow-bellied Sneetches. (1)

Holly: What's that?

Tamara: Dr. Seuss… ((Holly-Tamara Session, lines 193-200; cf. Appendix O, “Bird Watching”))

This excerpt shows that even when Tamara does not have a ready-made quip to fire back, she still reaches for humorous retort when Holly cracks some humor (in this case, venturing the idea of academic research in bird watching). Tamara does not display a similar tendency in the session she recorded with Ursula, which occurred on the same day as this session. In addition, Tamara acknowledged in discussions with me that she tends to engage in humor more readily with Holly: “with her I feel like I can be more, um, funny” (Tamara Review of Holly Session, 6:25-6:29; cf. Appendix T, Excerpt 1). In addition, Tamara acknowledged that her tendency to respond to Holly’s humor with more humor is an ongoing pattern in the therapy, rather than isolated to this particular session.

When asked how she understood this pattern of engagement with Holly, Tamara stated that sessions went better when she allowed Holly to engage in humor without insisting that they immediately return to more serious (and often emotionally difficult) topics. Tamara added that taking brief forays into humor seemed to allow the exploration of difficult emotional topics to proceed at a tolerable pace for Holly. Holly’s interpretations of her own humor in meeting to review recorded humorous moments from the session resonated with Tamara’s explanation:

I do know about myself that when there’s something that I’m uncomfortable with or nervous to bring up that I can bring it up in a humorous way and like, self-deprecating way…I e(h)nj(h)oy making people laugh, it kind of like distracts me from whatever I’m trying to deal with. And then sometimes…in therapy I can use it, like, just to get it out and then like I know Tamara’s going to ask me more questions and kind of make me address whatever it is…I feel like too I can always be like “I can’t really talk about this seriously yet”…it’s hard for me to be open
about what I’m thinking and feeling about things ((Holly Review, 12:32-15:10; cf. Appendix U, Excerpt 1))

_Holly and Tamara Banter: Functions and Humorous Nature_

Holly’s humor—and Tamara’s joining in with her—function to help Holly tolerate difficult emotion. Holly acknowledged in the review meeting that the subject of whether or not to pursue the job opportunity in Jane Dick’s department was a difficult issue for her because she had been so hurt by the rejection from her own department: she described the prospect of being rejected by Jane Dick’s department because she had been fired from her department “salt in the wound.”

Banter between Holly and Tamara could also be attributed functions other than facilitating emotional tolerance. At times, such banter does seem to take the pair off track and make it difficult to re-enter topics of obvious importance. Tamara’s failed response to Holly’s quip about researching bird watching, “Like yellow-belly (2) nut (1) catcher or something,” leads to an extended exchange about banal and irrelevant topics such as the new _Horton Hears a Who_ movie. When their banter ends up pulling Holly out of her authentic feelings in relation to issues in her life, one can aptly say that humor has functioned to distract the pair from the tasks of therapy.

There is evidently a tension between the well-known functions of humor to facilitate client exploration of difficult topics, on the one hand, and distract the therapist and client from therapeutic work, on the other. Humor makes emotionally difficult explorations more tolerable by in part by distracting from difficult emotion and toward enjoyable emotion.

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28 Some “um” and “like” utterances have been removed from this quote for greater clarity.
Bantering in Holly’s Session: Cautions and Suggestions for Therapists

A potential pitfall in engaging humor that increases the client’s ability to tolerate explorations is that the humor might transport the client away from useful immersion in her authentic orientation toward the difficult area. It is generally recognized that therapeutic work is best done when the client experiences emotions associated with the problems being addressed. This potential pitfall in itself does not necessarily entail that therapist engagement with humor should be avoided altogether. The benefits of humor engagement must also be brought into consideration.

Among these benefits are the function of increasing client tolerance of difficult exploration, which we have just discussed. In my own clinical training, the fruits of increasing client tolerance of difficult exploration were demonstrated in dramatic fashion in my work with a client who experienced intense and debilitating panic attacks. For the first several months of our work, she seemed unable to connect the content of her attacks with anything that could make better sense of them. Usually, her panic attacks involved terror in relation to imagined and implausible disaster scenarios, such as a panther entering the house and attacking her. When therapy did not seem to be alleviating her attacks, my client chose to try anti-anxiety medication even though she had been initially resistant to this path of treatment. After weeks of taking the medication, our therapy sessions began to yield useful insights for her. She came to see very clearly a connection between her panic attacks and her fears about her marriage and her faith. She reported that these insights helped her to defuse oncoming panic attacks, which had continued with decreasing frequency after she began taking medication. Humor’s action to increase
client tolerance of difficult emotion could yield similar benefits in patients suited to its action.

An additional potential benefit in choosing to engage in humor with clients is that, in so doing, one might be able to gain a view that is more aligned with a client’s experience of his or her difficulties than one might be able to achieve through maintain a sober, serious posture in the face of client humor. Having experiences of what it is like to revert so impulsively and automatically to humor in the face of difficult topics may give Tamara a better understanding of the emotional grounds from which spring Holly’s compulsive flights into humor.

One more pitfall of bantering with clients should be mentioned. In choosing to join Holly’s flights into humor, Tamara might undermine Holly’s confidence in Tamara’s ability to tolerate and contain the painful affect Holly experiences. If Holly does not have confidence in Tamara’s ability to tolerate and explore painful affect, this will further inhibit the much-needed foray into difficult emotional territory. In spite of the potential to undermine client confidence and ability to experience painful affect, it seems that if humorous exchanges and the pattern of lapsing into joking can become objects of reflection for the therapist and client, any problematic aspects of a joking relationship can be addressed.

*Humor and Insight: “Canoe Away”*

Thus far, we have yet to address a function of humor that has commonly been written about in humor and psychotherapy literature: humor as a facilitator of insight. There were no absolutely clear cut examples of humor functioning in this manner in the data set. The absence of humor that clearly facilitates insight is probably due in part to
the rarity of the clear occurrence of client insight in psychotherapy. Progress in therapy is generally much more elusive and occult than moments of insight that can be clearly demarcated. Nonetheless, there were examples of humor that suggested that *something like* insight was involved with the humor. The following example, introduced in Chapter 4 as an instance of non-intentional humor, is a possible instance of humor’s co-occurrence with insight:

Andrea: Like I want to make him know\(^{29}\) that it’s his fault.  
I want to do something in retaliation, but I, I don’t know.  
(I’m not)\(^{30}\) **bold** enough to make that move?

Nathan: Hmm.

Andrea: I don’t know.

Nathan: You’re not bold enough.

Andrea: I just, like the thought of actually doing it, like I’m like I want to--nuh-aah I’m not going to do that. I just, I don’t know.

Nathan: It’s like that dream you had, right,

Andrea: *(inaudible)*

Nathan: where you’re at the beach, you were living in a tent.

Andrea: *Uhhuh*\(^{31}\), yeah.

Nathan: I can’t remember all the details now,

Andrea: *u-huh*

Nathan: but he was, I remember that you were leaving him and then you ended up coming back=

Andrea: =Well, I, I wanted to *((smiling begins))*\(^{32}\)-I wanted to *huh*  
*((does twirling hand-i.e., paddling motion with both hands))* canoe away- *((looking away and laughing))* *huh-huh*

\(^{29}\) Underlining signifies that this portion of the utterance was stressed by the speaker in some way.

\(^{30}\) Parentheses surround words that are not audible enough for the transcriber to be certain of their accuracy.

\(^{31}\) I use italics to indicate humorous utterances and laughter.
Nathan: Canoe away, that’s right.

Andrea: And I was like I pr(h)obably shouldn’t go because it’s too dark. And he was like no, ((affect and expressiveness begin to fall)) you’re right, you shouldn’t go. And I was like “chhh” ((displeased snarl)), $w(h)at I really wanted to like ((does twirling hand-i.e., paddling motion with both hands)) sail off into the sunset I guess$ and make it very dramatic. ((N seems to be kind of smiling at her as this happens))

I don’t know what to do. I feel like all I can do is like sit on it and see what happens. ((Andrea-Nathan Session, lines 830-858; cf. Appendix N, “Canoe Away”))

**Conversational and Clinical Aspects of “Canoe Away”**

This passage begins with Andrea’s narration of the way she tends to rein in any impulse to retaliate against Jack for the relationship problems she feels he has caused: “I want to [retaliate]—nuh ahh, I’m not going to do that.” In response to this enactment, Nathan associated to a dream Andrea had. Just after Nathan said “you were living in a tent,” Andrea emitted her first laugh, which appears to indicate a sudden recognition of what Nathan is talking about. Before this moment, she was sullen, sitting with her fist on her cheek, moping. When Nathan said “living in a tent” a big smile flashed quickly across her face. She was clearly in the grips of a humorous perception at this moment and in the moments from the passage when she was laughing.

Even though Nathan was not trying to amuse Andrea by introducing the dream, he was introducing something oblique (i.e., surprising, novel) to her stream of consciousness (which humor necessarily is): Andrea was clarifying what she meant by saying she was “not bold enough” to retaliate against Jack and then Nathan brought up a dream they had
discussed in a prior session, in which she lived on a beach and was going to canoe into the sunset, leaving Jack behind. Her openness to play or novelty was intuitively evident, and was expressed in such cues as her stressing words strongly in her first utterance (know, bold) and in the character of her head-shaking gesture as she uttered “nuu-ahh.” There was a playful quality to the prosody and intonation of her speech.

Incidentally, although the dream was a bit “out of left field,” it also fit quite naturally with her description of thinking of retaliating and then stopping herself (“nuu-ahh”). A similar psychic movement is inherent in the dream: “I want to leave and never come back—uh, I should stay, shouldn’t I?” The fact that Andrea did not dare to leave Jack even in her dream suggests a strong resistance to breaking up with him.

*Functions and Humorous Nature of “Canoe Away”*

Taking a cue from the fact that the dream was introduced obliquely into content whose relationship with the dream is not obvious (viz., Andrea’s disavowal of a desire to retaliate), I venture that part of Andrea’s humor perception involved resolving the seeming incongruity (i.e., lack of apparent connection) between the dream and the desire to retaliate. Furthermore, insofar as she seemed to genuinely perceive humor here, her amusement at the combination of the canoeing dream and the desire to retaliate outweighed whatever threat these topics posed to her. We might say, then, that unlike her attempted humor in “All a Mystery” (the first example discussed in this chapter), she has in this perception of humor achieved some momentary new perspective with respect to her seemingly intransigent relationships problems. Immediately following this passage, however, Andrea relapses into her grasping unsuccessfully for a believable resolution to her relationship difficulties: “It’s up to him to make sure that he fixes it (3) or (.) or I
I don’t know…I guess I’m not going to be okay with it. I just don’t know. (5) It’s going to take me feeling better, and I’m afraid of dwelling on it for too long” ([Andrea-Nathan Session, lines 859, 863-864; cf. Appendix N, “Canoe Away”]).

“Canoe Away”: Cautions and Suggestions for Therapists

It might serve Andrea to gain insight into the momentary perception of humor and what makes it humorous. The fact that humor often brings together incompatible ideas in a veiled or indirect way suggests a way of understanding what might have been funny for Andrea about the dream. After Nathan mentioned it, Andrea laughed heartily, and went on to describe it in more detail. In the dream she lived in a tent on a beach and wanted to canoe away dramatically into the sunset, leaving her boyfriend behind. Each time Andrea talked about canoeing away, she laughed and made a rowing motion with her hands. The image of canoeing, then, was particularly potent, animating her and causing a humor perception. The image of canoeing into the sunset, then, may have resolved seemingly irresolvable contradictory desires for Andrea, including the following: to be the only object of her boyfriend’s focus, to retaliate against him, to have a conclusive answer to her relationship problems, and to “sit on it” (a phrase recurring several times during the session) and still end up living happily ever after (as everyone who sails off into the sunset presumably does).

Summary and Synthesis

In this study, humor arises in the context of a special kind of conversation—psychotherapy—and always points beyond itself, to the process and content of the conversation, the relationship between therapist and client, and the therapist and client agendas in the moment. To understand humor in psychotherapy, I applied tools and ideas
from phenomenology, psychodynamic psychotherapy, conversation analysis, and humor theory to instances of humor found in recordings and transcripts of psychotherapy sessions. During the analyses, themes in the data emerged which are presented in this chapter and summarized in this section.

One important theme that emerged was that, based on the data set for this study, examples from the literature on humor in psychotherapy tend to over-represent humor that functions therapeutically. We saw in Chapter 4 that therapist-initiated humor and humor whose meaning is readily accessible are also over-represented. Such over-representation suggests that prevalent ideas humor in psychotherapy may apply to only a minority of instances of humor that occur in therapeutic work. Unless one has learned and utilized techniques for using humor therapeutically, humor is too ephemeral to rely upon as a primary means of doing work. Humor’s elusive, unconscious nature makes it less like a rudder/oar and more like a passing breeze that may briefly add or inhibit on one’s course.

Another theme from the data analyses was that humor arose in moments of irresolution, when a person felt the strong need to present a solution or arrive at an overarching understanding of a situation. It seemed that often, humor addressing irresolution arose when someone felt on the spot, or expected to an answer or response. Such was the case with the examples “how to therapy,” “all a mystery,” and “don’t…have any Kleenex.” It seems that if one cannot arrive at a satisfactory rational solution to some pressing demand (either internal or interpersonal), another option humans have is to deploy a comment that partially addresses the situation and seeks to amuse in lieu of a resolution.
Humor also arose as a form of aggressive expression, as in “the one to carry them” and “I know you want me to come.” Humor’s structure of foregrounding affiliation and enjoyment and backgrounding aggression and belittling makes it an intuitively more appealing option for aggressive expression in interpersonal settings where decorum is unconsciously assumed. A related instance of humor, “looked pretty rough,” involved a client disliking an observation made by the therapist, and choosing to respond by playing up the unpalatable nature of the observation. This response could be seen as a reaction formation to an initial impulse to retaliate. And again, humor’s friendly, fun façade facilitated the move to smooth out the temporary bump in the alliance. Furthermore, the displeasing nature of the observation was disposed of through exaggerating it to implausible dimensions, thereby changing a threatening observation into a discreditable one; while such logic would never hold in overt, rational consideration of ideas and meanings, such logic is admissible in the amorphous and unconscious realm of feeling and emotion.

In “don’t have any Kleenex” and “canoe away,” cues in the client’s expressions, gestures, demeanor, and speech indicated an openness to light-hearted or oblique input from the therapist, even in moments of apparently heavy emotion. There seems to be a covert process of mutual alignment in mood and movements of ideation that facilitate transitions in a conversation toward new or humorous material.

Humor was also shown to be potentially revealing about a client’s psychological dynamics, or about the relationship dynamics in the therapy. Humor patterns (such as Bridget’s of self-correction), if noticed, could aid in case formulation and intervention. Likewise, humor styles of a therapist-client pair can form the basis for exploring what
functions those styles serve in the work (as in Holly’s and Tamara’s tendency toward banter). Humor can also be an indication of possible areas of insight, as in “canoe away.” Since humor can bring together ideas and feelings that one would not rationally or consciously combine, it can form a source of creative rethinking in one’s approach to life’s difficulties.

In light of the diverse ways that humor points to the process and content of conversation, the relationship, and psychological dynamics, it is important for therapists and supervisors to attune to humor even when it seems unremarkable. It is helpful to understand that humor is evolutionarily designed to seem unremarkable and unproblematic most of the time. It is a bringer of good feelings so that fruitful interaction can continue and closer relationships can be formed.

An under-utilized mode of engagement with humor is to highlight the client’s humor and question him or her about it. There is not an algorithm for knowing when to question humor or laughter and when to appreciate it and let it pass by. The aim in paying greater attention to humor is not to catch every instance of humor and turn it into an object of reflection—it would be tedious and mechanical to respond to every instance of humor in this way—but to know more often when one is choosing to move past humor and when it is worth stopping the client’s flow to highlight or explore the humor. Part of the recommendation about paying more attention to humor in psychotherapy includes bringing concerns or observations about one’s style of humor with clients to case consultations and supervision, and noticing and wondering about humor as one views videotape of sessions.
Conclusion

In this chapter, I addressed the clinical aspects of the humor from psychotherapy sessions in the data set. I also utilized humor theory to better understand how each instance of humor affected the participants and their relationships in the moments portrayed by the passages. These analyses also shed some light on the psychological dynamics involved in humor. The general description of humor in psychotherapy contains a compression of the insights achieved through the analyses in this chapter. The major conclusions from this chapter are also summarized in Chapter 7.
Chapter 6

Observations on the Nature of Humor

This chapter records the most promising ideas about the nature of humor that arose during the analysis of the data for this study. These ideas may be of particular interest to readers who are most interested in what humor is, structurally.

The Drive to Affiliate

Many instances of humor in the data, while they carry identifiable appropriate incongruities, had other characteristics that were central to the identity of the moment as humorous. One such characteristic is what I call the “drive to affiliate,” which appears even in prima facie aggressive forms of humor (e.g., “I know you want me to come,” “carry them for me,” Appendix N). Many authors talk about humor as inherently social and as a tool for solidifying group identity (e.g., Martineau, 1972; Ferguson & Ford, 2008). The idea that humor inherently involves a “drive to affiliate” is a more specific characterization of a social component of humor. When I say that humor inherently involves a “drive to affiliate,” I mean that humor involves a move to align one’s perspective with those of others. In other words, when one produces humor, one wants to not only share pleasure and laugh with others, but also laugh for the same reasons. The humor in the following passage, in which client Bridget plays out a mundane moment of prayer in the midst of life’s demands, demonstrates the drive to affiliate:
Bridget: You know, the second operation...you have something coming in, and the intellect don’t know what to do with it. You know, you do it in prayer all the time. Jeez, I gotta go home, the kids are driving me nuts, I gotta pick up milk and bread, yes God I love you (endlessly)—you know, (huh huh huh)¹

Ken: That’s right. ((Bridget-Ken Session, lines 496-497, 499-503; cf. Appendix M, “Kids are Driving Me Nuts”))

One can identify an appropriate incongruity in the humor, namely the juxtaposition of incongruous sacred and profane realms, which derives its “appropriateness” from being recognizably the kind of experience Bridget has had. One can also see that the humorous utterance is designed to elicit amusement from Ken while illustrating the “second operation” she is trying to explain. The line “the kids are driving me nuts” is crafted to emulate Ken’s experience because Bridget has no children, but knows that Ken does. So, her humor is an attempt to pull Ken into her shoes, and amuse him in the process. Her humor invites Ken to recognize and value a kind of experience she has and esteems.

This example is one among many in the data in which a central element of humor was affiliative. Other examples include humor as a means of re-alignment in the “I know you want me to come” passage from the Nathan-Yvonne session (Chapter 5, pp. 142-143) and the automatic humor alignment between Tamara and Holly in the “Jane Spot Dick” passage (Chapter 5, p. 172).

Classifying the drive to affiliate as a core feature of humor fits with the notion of humor as a connotative semiotic in Attardo’s (2002) sense. According to this notion, humor is a communication whose denotative content is subservient to the goal of creating a perception and appreciation of humor in others. Since the experience of humor is universally seen as fun, humor is essentially an effort to produce something pleasurable

¹ Recall that parentheses indicate uncertainty about the transcription due to limitations in the sound quality of the recording.
to another. Such an effort can accurately be characterized as drive to affiliate with others because in humor, one attempts to join in pleasure with those others. As one can see from “kids are driving me nuts” and many other examples from the data set, humor content generally involves an attempt to communicate something about oneself and one’s experience as well, a move that is also accurately described as affiliative.

_Humor that Fends Off the Unwanted_

In several instances in the data set, a person produced humor with the goal of getting someone or something “off their back.” One such example is the “I know you want me to come” reply from Yvonne to Nathan:

Nathan: Yeah, I mean it wouldn’t be a bad thing it’s just I wonder if you know there’s something about (..) me calling you that makes you feel like I want you to come here, you know?

Yvonne: (Well um) <I know you want me to come here but>=

Nathan: =right=

Yvonne: =huhuhuhuhu

Nathan: huhuhuhuhu ((Yvonne-Nathan Session, lines 664-674; cf. Appendix Q, “I Know You Want Me to Come”))

Yvonne’s retort carries the message, “get off my back with that interpretation and with calling me when I’m late.” Another example is Holly’s imagined “bird watching” reply to her father in the following segment:

Holly: My dad was like, "Well, can't you just take your research to another university?" *I was like, "No."* ² Like, I just don't want to do that. They're okay with it. My mom was just like, "I can't believe how stupid are they?" So they were-they weren't like disappointed with me or anything. It was *just with the department.*

Tamara: Were you surprised by the way they reacted at all?

² Asterisks demarcate utterances spoken at a lowered volume.
Holly: My dad—every once in awhile, he’s still like, *"Can you just bring the research to some other place?"* I am just like, "I’m not going to do that right now, Dad."* Like, if I ever do academic research again, it will be in something else like education or (4) bird watching or something. hhhh (5)

Tamara: Like yellow-belly (2) nut (1) catcher or something. ((Holly-Tamara Session, lines 188-197))

Here, Holly’s message to her father is “leave me alone about taking my research someplace else; I’m not going to work in a statistics department anymore.” The repetitive use of humor to get someone “off one’s back” suggests that humor’s structure is conducive to being used for this “fending off” function. The “sharp edge” that is evident in both instances of humor suggests that the speakers feel encroached upon by the person whom the humor attempts to create distance from.

Speakers appear to have an inherent feel of how to assert distance via humor. In the cases from the data just mentioned, humor is a dismissal of another person’s sentiment or desire cloaked as an engagement with it. Humor’s transport between incongruous perspectives cannot be consciously encompassed, yet in general contains the diminution of some target or meanings. When it is utilized to “fend off” something, the diminution is aimed at what is to be fended off, and the message is cloaked because one does not consciously grasp the transformations enacted by humor. When Holly said she will do academic research in “bird watching or something” she indirectly diminishes her father’s esteem for academic research by saying she will do it (engaging with his desire) in the more mundane, non-academic pursuit of bird watching (spurning his desire). She is, in effect, saying “the next time I do academic research, the research I do won’t be academic.”
Multiple Targets of the Same Punch Line

One component that humor often has is that of a “target” of the said humor (e.g., Attardo & Raskin, 1991). There are obvious ways in which a given punch line can have multiple targets: one targets multiple persons in jokes about an ethnic group, or one can make a (somewhat unwieldy) joke aimed at multiple groups by adding an extra target group at the beginning of a joke (e.g., “How many Polacks or Irishmen does it take to screw in a light bulb?”). One humor instance in the data exhibited an interesting way in which there can multiple targets of the same punch line. In this example, Bridget talked about her acquaintance Millie, whom she portrayed as obsessed and tortured by what others think of her. Bridget criticized Millie for still being preoccupied with slights suffered long ago:

Bridget: And I said ↑for³ God sakes, Millie, they’re gone. Why do you keep going through this? I said why do you let people do that? No matter where you go or what you do, somebody’s going to be talking about you. I said for God sakes, people find out I’m Catholic, a devout Catholic, and they start <bitching about Mother ↑Teresa>—@She ain’t never gave anyone medication@³-ahuhhuh

Ken: [Huh-huhuhuhuh

Bridget: I mean, come on, you know.]⁵ she wasn’t running a hospital. You know? I said if Mother Teresa can’t escape it, you know, do you hold out much hope? You know and I say—you know so anyway, she ended up hanging up… ((Bridget-Ken Session, lines 165-173; cf. Appendix M, “Bitching About Mother Teresa”))

The humor is a reference to an absurd but real event Bridget’s life in which someone disparaged Mother Teresa upon learning that Bridget was Catholic. The humor involves an incongruity between Mother Teresa’s saintly status and the naturalness and celerity

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³ Up arrows indicate a rise in pitch.
⁴ @ signs demarcate speech that is an imitation. Here Bridget imitates a person who complained about Mother Teresa, “she ain’t never gave anyone medication.”
⁵ Brackets demarcate overlapping speech.
with which her character was attacked (for supposedly withholding medication from the sick, Bridget explained to me). Bridget humorously recalls this complaint to argue to Millie that even if she were to somehow “perfect herself” (become like Mother Teresa), someone would still find a way to criticize and disapprove of her nonetheless.

As Bridget speaks before, during, and after this passage, the content and delivery of her speech makes it obvious that she is frustrated with Millie. Before this passage she said, for example, that Millie was a “drain on everybody” (Bridget-Ken Session, line 77) and expressed a desire that Millie “leave [her] alone” (line 73). B’s frustration and irritation crescendo in the heightened pace, raised pitch, and emphatic pronunciation of the punch line, “<bitching about Mother ↑Teresa>” These feelings are aimed both at Millie and at the person who bitched about Mother Teresa. So there is a very real sense in which both Millie and the person who griped about Mother Teresa are targets of the joke. Both Millie and the critic of Mother Teresa are demoted and labeled absurd by the joke.

The humor hit two targets in the following manner. The denotative content of Bridget’s humorous utterance, or the “joke itself” (insofar as “people find out I’m a devout Catholic and they start bitching about Mother Teresa” can stand as a joke in its own right), only targets the person who bitches as absurd. Millie is a target of the punch line because of the way this humor is rhetorically employed. The humor comes after talk about how foolish Millie is to obsess about slights and criticism suffered long ago; it depicts the maligning of a figure more unassailable than Millie could ever be, and is then followed by an admonition to stop worrying about such things. The argument made by the joke is that it is fruitless to dwell upon past disparagement and somehow remedy one’s alleged flaws pointed out by those attacks. What makes the joke go beyond
reasoned persuasion and makes Millie an absurd target in addition to the Mother Teresa critic is its continuation and magnification of the irritated tone that accompanied Bridget’s previous and subsequent talk about Millie. This tone indicates that Millie is dense and should have somehow “gotten it” already, and that the example of the Mother Teresa critic is the umpteenth decisive illustration that Millie should “just get over it.”

In short, the denotative content of the humor marks the Mother Teresa critic as a target while the expressiveness of the delivery (what I have been calling the “tone”) marks Millie as a target, because Millie has previously been the object of talk delivered in this tone. This example hearkens to the under-examined and under-discussed experiential, expressive, and emotional aspects of humor, which have their own force—and even denotative capacity—in the realm of humor. Given their power, these aspects need to be paid more attention and assigned their proper place by humor theorists. The semantic meanings of the words in humor have thus far occupied center stage in most inquiries into humor’s nature.

*Humor as a Shift in Stance or Kind of Information Communicated*

Attardo (2002) discusses the idea that in humor, the medium of language is “defunctionalized” so that language’s primary function ceases to be that of transmitting information and becomes that of enacting pleasure in the speaker and audience (p. 35). The idea that humor defunctionalizes language, making the transmission of information secondary, applies to a broad range of humor phenomena. In the data for this study, however, language’s communicative function was rarely eclipsed by its amusement function during humorous exchanges. Participants, it seemed, spanned their communicative intention “in the direction of” humor while still emphasizing the
information they were seriously trying to convey. A helpful passage comes from Ursula’s description of her late night drunken email to a woman she wanted to date:

Tamara: Did you think it was much worse? Like--

Ursula: I thought it was much worse. Actually, I made sure that I spelled everything correctly. Everything is spelled correctly uh-except the grammar got bad towards the end like a little bit. I missed a word. And uh So I sound like Tarzan one-in one sentence, you know

Tamara: uhhuhhuhuh

Ursula: where I missed one of those.

Tamara: (@)Me hang out with you(.@) ((Ursula-Tamara Session, lines 814-825; cf. Appendix P, “Tarzan Hang Out”))

Here, even though “I sound like Tarzan” is clearly humorous, it also conveys information about the impression Ursula’s email might have made on its recipient. Humor was a perlocutionary goal that shaped Ursula’s utterance “So I sound like Tarzan,” but this utterance was also shaped to transmit information to Tamara. Note, though, that Tamara’s joke, “Me hang out with you,” is shaped almost entirely to amuse and any intention to communicate information is clearly secondary its goal of amusing Ursula. As such, Tamara’s joke clearly falls in line with the idea that humor involves language’s defunctionalization.

However, Tamara’s joke is in a minority of examples from the data. Even Ursula’s humor defunctionalizes language (i.e., backgrounds its communicative intent) more than most examples from the data. Recall the example in which Bridget interrupts her exposition of sensual detachment to quip “we might have to work on coffee.” This utterance is intended to communicate information and indeed does so: among other things, it discloses that Bridget is not as detached as her expertise on detachment might
suggest and that she is strongly attached to coffee. Previous chapters also supply many other examples of humorous utterances in which communication remains a central goal: “I forget how to therapy;” “oh yeah, and we’ve been rip-roaring drunk together,” “I want this apple so bad I’m going to eat it anyway,” and so on.

Since language’s communicative function remained not only intact but foregrounded in most examples of humor from the data, I suggest the following characterization of humor’s relationship to information for the humor in this data set: humor in general involved a *shift in the speaker’s stance or in the kind of information conveyed*. For example, when Bridget says to Ken that she “might have to work on coffee” to more fully detach from the sensual world, she shifts from (a) expositing to (b) commenting on that exposition, a kind of meta-conversational move. The same kind of shift happens when Bridget catches herself and says that her friend Millie, instead of being fixated on humiliations she suffered when young, will be “probably dead in 50 years.” This kind of shift in Bridget’s humor is appropriately characterized as a shift in the stance from which she speaks.

Ursula’s shift in the “Tarzan” joke is more subtle. The shift in this case would be from (a) language utilizing facts from Ursula’s life to (b) language utilizing facts from popular culture. A whole new realm of information outside Ursula’s intimate life details was suddenly brought into the conversation. In this case, rather than saying she shifted her stance, a better characterization is to say that she shifted the *kind of information* she communicated. The categories *shift in speaker stance* and *shift in kind of information conveyed* adequately cover the range of humor found in the data. While the latter category seems more general and therefore includes the former, I retain the former
because it describes an prevalent kind of humorous shift in the data. Participants often paused and spoke as if they were someone else or as if they had changed speaking roles.

Another example of a shift in speaker stance was Andrea’s imitation of her boyfriend

“@it’s time for me to have ↓kids (1) do you want to be the o(h)ne to c(h)arry them?@”

While humor involved shifts in the kinds of information communicated, it also involved shifts in a speaker’s expressiveness. Such shifts are often referred to as “cues” to the humorous intention of an utterance. The label “cues,” however, is misleading to the degree that it suggests that the cues are somehow distinct from the humor. In the data, “cues” were actually part and parcel of the humor itself, not distinct from it. In the example of “bitching about Mother Teresa,” I argued above that the changes in Bridget’s pace, pitch, and volume were components of the humor that targeted Millie in addition to the person who was trifling enough to assault Mother Teresa’s character. These shifts in Bridget’s expressiveness made the moment a humorous one; they did not simply cue one into a distinct humorous meaning. Delivered in a more serious tone, the utterances “bitching about Mother Teresa: ‘She ain’t never gave anyone medication’” would be merely a relevant story or, alternately, a serious indictment.6

Shifts such as these seemed to “buoy” humor attempts in the data, sparking humor perception in the audience. When Ken told Bridget that she “looked rough yesterday” and she responded by looking exaggeratedly haggard and crossing her eyes, Bridget shifted from a verbal to a gestural medium of expression. Changing to a bodily mode of communication was part of the overall shift that was humor in this instance. Among other things, such shifts are integral to the surprise or unexpected nature of humor. But in all

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6 This is an example of the use of imaginative variation in my data analyses.
cases of humor in the data, a shift in kind of information communicated seemed to be involved.

Emphasis on the “defunctionalization” of language in humor theory may rest on the prominence of “canned jokes” in analyses of humor. Canned jokes exhibit more defunctionalization than the average conversational instance of humor because canned jokes are less rooted in ongoing dialogue, which by its nature involves more channels of experience than a canned joke discussed in the abstract. Canned jokes, by definition, feature the perlocutionary goal of humor, and as such their construction subordinates all other communicative goals to this purpose. Many channels of experience in conversation—feelings, allusions to common experience, unintentional implication—are stripped out in canned jokes, resulting in a purer incongruity or paradox that is carried solely in the conventional meanings of words. Since all humor must be carried at the level of conventional meaning, canned jokes require the disappearance of a strand of meaning in texts. In conversational humor, the incongruity (or shift) can be conveyed through a variety of channels of experience (language, gesture, expression, non-linguistic sounds, etc.). Since there are more available means of creating an incongruity in conversation, there is more possibility of simultaneously preserving substantial communicative intent.

_Incongruities Involving Exaggeration can Viscerally Shift Emotional Salience_

In the data for this study, the juxtaposed and incompatible meanings in humor functionalized utterances to accomplish certain tasks. Sometimes, clients exaggerated feared possibilities and opposed them to actuality as a way of diminishing the stature of those feared possibilities. For example, when feeling lost and hopeless, Andrea shrugged
and said that it was “all a mystery” to her. This utterance inflated the degree of bewilderment and hopelessness she felt while “summing up” her situation at the same time. This performance of an unreal level of bewilderment can be understood as an attempt to magically transpose the felt unrealness of the proportions of that bewilderment to the bewilderment itself. The reason “all a mystery” failed to provide her comic relief is that it did not feel unreal enough; she really was feeling stymied and hopeless in that moment. A similar analysis can be provided of Bridget’s self-caricature after Ken tells her that she “looked pretty rough”: Bridget exaggerated how bad she looked, thereby hoping to transpose some of the unrealness of the exaggeration to the “having looked bad” itself. Bridget’s enactment, however, was sufficiently unreal to diminish the prominence of the unwelcome message in Bridget’s consciousness, and the conversation itself. Exaggerating a feared script may serve a cathartic function. In exaggeration, one engages a fear, but an unreal version of it. In so doing, one activates that fear to a lesser degree than one would in the face of an actual occurrence, but the unrealness enables one to better “let go” of that activated fear, thereby lowering one’s felt investment in that fear (or in avoiding that fear).

A similar way that incongruities were constructed and deployed to accomplish emotional shifts can be seen in the following instance of humor. This passage occurred during a conversation about Bridget’s desire to enter a religious order, and how she was kept from doing so by two priests. One of these priests, Father De Gaulle, was her assigned spiritual mentor for a time. She described him as having a notoriously nasty streak. When Bridget speaks in the passage of “Gary” and “J(h)osh” (me), she is speaking about prior therapists at the clinic:
Bridget: So there was a reason I wasn’t supposed to go there ((a certain convent)). It doesn’t excuse their ((the priest’s)) behavior.

Ken: Certainly not.

Bridget: But there’s a reason. See you’ve always got to trust there’s a reason…I used to come in here and tell Gary and tell (h)J(h)osh…what if I got there and there was Mother De Gaulle? you kn(h)ow—huh huh, that’s f(h)unny huh huh…((she then enacts an imagined response to meeting a “Mother De Gaulle” at the convent)) “I’m just go(huh)ing to head home…” ((Bridget-Ken Session, lines 286-295; cf. Appendix M, “Mother De Gaulle”))

The humor in this example came from coining a new term. Bridget wittily used Father De Gaulle’s surname as a label for the unflattering stereotype of a bitter and nasty clergy member. She thereby triumphed over him (humor as superiority), whereas she usually spoke of feeling abused and oppressed by him. Creating this incongruity brought about an emotional shift for Bridget from inferior to superior, all through conjoining a priest’s surname with an imagined nun, thereby making him a demeaned stereotype (akin to sexual predators); Father De Gaulle is viscerally rendered “just one of those.”

But even more was done here. By conjoining a feared thing, Father De Gaulle, with a desired thing, a life in the convent, Bridget mitigated the disappointment in not having achieved what she desired. The convent is envisaged not as a Shangri-La, but rather as a trip back to the hell she endured under Father De Gaulle’s tutelage. The emotional effect that results is a shift from “convent as desired but rejecting” to “I don’t need that raggedy old convent life anyway.”

*Heightened Sense of Audience is Core to Experience of Humor*

One candidate to be a core characteristic of humor occurred to me during my analysis of Andrea’s attempted humor, “all a mystery to me.” The idea was that humor may always involve a heightened feeling of audience because humor is specifically about
achieving a certain audience reaction. Feeling “in the eyes of” another may be an essential feeling involved in the production of humor because this production is aimed at and consumed by an audience that then emphasizes its presence through laughter.

Humor’s function to reify group alignments may also be inextricably part of one’s experience of humor. In other words, one carries a sense of with and against whom one aligns as one engages in humor. One implication of these ideas humor, especially in its contentious and aggressive forms, affects one’s object relations as they are being lived in a group. For example, through the visceral and automatic action of a joke that one enjoys (and whose underlying message one agrees with), the target of that joke can be made to more fully occupy a “bad object” position for oneself.

Summary of Observations on Humor’s Nature

Humor is a complex bodily and psychological phenomenon. It is inherently affiliative and yet often expresses aggression. It is used to fend off unwanted messages and create psychological distance from repulsive prospects. Its visceral designation of absurdity can be aimed at multiple targets simultaneously. It can be used to shift oneself to more desired psychological and social states. It refers to and heightens one’s sense of others and one’s relationships to them. Because of its multifarious and conglomerate nature, any brief formulation of the nature of humor will necessarily leave out many important aspects.

A vision that seems to unify many diverse aspects of humor is that humor involves the unexpected or surprising joining of diverse realms of ideation or experience. This is not a new idea. What is perhaps novel is the additional understanding of this conjoinment as being polarized. In producing humor, one begins with one meaning and
propels oneself into a different and patently incongruous meaning. Doing so has a transmuting effect on the experience of both the humor producer and the audience. Emotional logic, which is associational, irrational, and mutable, holds sway in the movements of humor, making one more able to let go of undesired attitudes and feelings, and more able to embrace what one desires. Speakers intuitively used the power of humor to compellingly shift their attitudes and feelings in many examples of humor in the data.
Chapter 7

Conclusion, Limitations, and Suggestions for Research

Summary of the Study

I undertook this study to construct a description and understanding of humor in psychotherapy, rooted in a wide range of actual occurrences from sessions. This study provided a view of humor in psychotherapy that was not limited by the longstanding debate on the admissibility of therapist engagement in humor with clients. Instead, the study and its results were based on the premise that humor is a naturally occurring component of conversation and human interaction, and will therefore inevitably be a part of psychotherapy. I argued that because of humor’s integral role in human social life, therapists of every stripe can benefit from familiarity with humor’s typical manifestations and meanings. In addition, I encouraged therapists to educate themselves about humor and find a comfortable humor style that facilitates psychotherapeutic work.

This study examined recordings and transcripts of actual occurrences of humor in psychotherapy. In addition, willing participants (six out of eight) met with me, reviewed recordings of humorous instances, and shared their understandings of these instances in a semi-structured interview. Participants (five
out of eight) also provided feedback on the study’s conclusions. Humor was examined and explicited not only in terms of its clinical relevance, but also through concepts provided by humor theory. I analyzed humor instances in a variety of ways, including a clinical reading, conversation analysis, and humor theory analysis of each instance. These analyses were subsequently combined to form a “thick description” of the characteristics, dynamics, effects, and experiences associated with each instance of humor. The results of this study provide therapists with a more circumspect introduction to humor in psychotherapy than has heretofore been provided. Major contributions of this study include providing proportionate attention to neglected topics like spontaneous client-produced humor and publicly inaccessible humor (i.e., context-dependent humor that “you had to be there” to get).

Recordings, transcripts, discussions, and analyses of humor instances in the data set formed the basis of a general description of humor in psychotherapy. This statement characterized the range of humor’s manifestations, meanings, functions, and effects in this study. One general result was that humor was almost always signaled by cues (in 49 out 50 instances studied) such as laughter and exaggerated gestures. However, imaginative variation suggested that the moniker “cues” is misleading insofar as it suggests that such cues are separate from the humor itself. Besides being usually accompanied by cues, humor exhibited a wide range of variation in the data. 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.
I addressed many clinically relevant aspects of humor on the basis of the data and analyses. I showed that the functional categories found in the literature on humor in psychotherapy do not always provide the most illuminating approach to an instance of humor. An approach that is often more revealing is to take humor as something that primarily reflects and expresses the conversational context in which it arises. I also showed that humor often emerges when a speaker feels disconcerted about irresolution or uncertainty. In addition, humor often signals aggression or discord in the therapeutic relationship, even when that humor seems innocuous. Through multiple examples, I showed that therapists should not assume that humor and laughter are unambiguously positive signs. In fact, data analyses suggest that humor naturally distracts from uncomfortable aspects of a situation. In light of this finding, the emergence of humor in conversation is often a sign that something disagreeable is taking place. I also showed that clients frequently exhibit patterns in the style or content of their humor, and that these patterns are helpful in understanding the client’s psychological dynamics. The fact that clients frequently use humor to subtly manage threats makes its patterns particularly relevant in the task of understanding one’s clients. Finally, I argued that therapists benefit from awareness of the tension between humor’s capacity to increase client tolerance of emotionally difficult explorations and humor’s tendency to distract from therapeutic work.

I also discussed observations from the data that are relevant to humor theory. Perhaps the most important finding for humor theory was that humor in the data usually involved a clear attempt to communicate information. This
finding is important because influential theorists have argued that humor de-emphasizes language’s communicative function in favor of its ability to create pleasure. In addition, I argued that humor is perhaps most comprehensively understood as a means for adjoining one experiential perspective to another, not readily related, perspective. In this vision, humor is seen as a polarized conjunction in which one’s attention is involuntarily diverted from one frame of mind to another, via a bodily and emotional sort of “logic.” This view of humor accounts for many of humor’s seemingly paradoxical qualities, such as its ready employment for both affiliative and aggressive expression. I also showed that humor is often unreflectively employed to enact shifts to more desired psychological and social states. Finally, I argued that humor refers to and heightens one’s sense of others and one’s relationships to them. Given its emotional power to conjoin disparate states of mind and heighten social awareness, humor is a potentially powerful mode of engagement in psychotherapy.

The Study Results and the Problems of the Literature

The main problems of the literature that this study addressed were the following:

1. The question of whether or not therapists should engage in humor has been central in the literature. Because authors have focused on demonstrating humor’s usefulness, a comprehensive description and understanding of humor in therapy has not been achieved.
2. Client-initiated humor has been insufficiently addressed because most of the literature emphasizes the therapist’s use of humor in session.
3. Context-dependent humor (i.e., humor that “you had to be there” to get) has been insufficiently addressed by the literature because most examples in the literature involve publicly understandable humor. Yet
the data for this study suggest that most humor in psychotherapy is highly context-dependent and personal.
4. The client’s perspective on humor has been neglected in phenomenological studies of humor, presumably because therapists are much more easily and readily available for research.
5. The insights provided by the literature are fragmentary and repetitive. A foundational, cohesive account of humor in psychotherapy is needed for clinicians who want to learn about humor in therapy.

I addressed the problems of the literature in several ways. I studied five individual therapy sessions conducted by three therapists with five clients, and I reviewed recorded humorous passages with participants. This body of data forms the largest amount of qualitative data of any study in the literature. The volume and diversity of the data ensured that my results would be comprehensive. In addition, by studying “naturalistic” data, that is, humor from real-life psychotherapy sessions, I ensured that my results would accurately represent the types of humor that occur in psychotherapy. Client-initiated humor and context-dependent humor were more prevalent than therapist-initiated humor and publicly understandable humor. By soliciting client input during review sessions and through a conclusions summary, I gave client participants a voice in the study. The gradual distillation of observations and insights during analyses, writing, and reflection resulted in a compact, cohesive general description of humor in psychotherapy. This general description can serve as a starting point for clinicians interested in learning about humor in psychotherapy.

Study results addressed the above delineated gaps in the literature in interesting and useful ways. One important finding about client-initiated humor was that clients often ventured humor in moments of uncertainty or irresolution. In particular, clients often turned to humor when uncertain about what to say next
or when they had exhausted an avenue of exploration. This finding can be useful in work with clients who habitually move away from and repress difficult emotions and concerns. When such clients use humor to distance themselves from important issues, a therapist can help them to recognize the motivations behind the humor. Such awareness can be an important step in becoming more able to consciously face and understand their difficulties.

Another useful clinical finding emerged from including the client’s voice: I learned that on several occasions, clients initiated humor and laughter to manage momentary breaks in alliance. The high frequency of this type of humor is an important finding. It suggests that the therapist should always maintain awareness of possible darker meanings in client humor, even when that humor seems to reflect positively on the therapeutic relationship and work.

Another contribution of this study has to do with humor’s relationship to insight. Discussions in the literature on humor and insight typically treat humor as a means by which therapists can transmit insight to the client (e.g., Mosac & Maniacci, 1993, pp. 5-11), even when that humor is spontaneous (e.g., Kuhlman, 1984, p. 31). Another frequent suggestion is that a client’s ability to enjoy humor about his or her problems indicates that he or she has achieved insight and resolution in relation to those problems (e.g., Heuscher, 1993, pp. 238-239).

Another important strand on humor and insight involves the “favorite joke technique,” wherein the therapist solicits the client’s favorite joke as a means of achieving insight into the client’s problematic psychodynamics (e.g., Yorukoglu, 1993). Examples of humor from this study suggest another way in which humor
and insight are related in clinical work. These examples suggested that spontaneous client humor sometimes brings together meanings from problematic areas of a client’s life in novel and potentially revealing ways. In one such example, Andrea found her dream image of canoeing off into the sunset funny (see pp. 194-198 above; also, see “Toby Geist,” Appendix P, for another example). I argued that recollection of the scene was humorous because it represented the fulfillment of multiple, seemingly mutually exclusive (i.e., incongruous) desires: wanting to be the sole focus of her boyfriend’s attention, living happily ever after, getting away from relationship problems without having to take decisive action, and retaliating against her boyfriend for not valuing her. Andrea’s humor perception in this example could be fruitfully explored to help her gain a better sense of her competing desires and how they relate to and work against one another. This suggestion of course applies more broadly: when a client perceives humor in relation to his or her problems, that perception can be questioned and explored to gain a sense of how pleasure was derived in the face of those problems. The pleasure might indicate new possibilities in relation to problems, since what usually brings the client pain has been somehow configured to bring him or her pleasure. The use of humor to promote insight that I propose differs from other offerings in the literature because it utilizes spontaneous client humor (rather than solicited favorite jokes) as a means of fruitfully exploring (rather than transmitting therapist insight) the client’s problems.

In addition to the contributions I have listed above, my general description of humor in psychotherapy contributes to the literature because it encompasses
and deepens current understandings about the risks and uses of humor in
psychotherapy. The general description gathers together and provides structure to
disparate observations in humor theory and in the humor and psychotherapy
literature. As explained in Chapter 1, the humor in psychotherapy literature
emphasizes clinical uses of humor, but does not typically address how humor
accomplishes therapeutic tasks. Occasionally an author utilizes a theory or
theorist to explain how he or she uses humor in therapy. For example, Heuscher
(1993) invokes Kierkegaard to explain humor’s therapeutic effects. The general
description I constructed in this study provides a more widely acceptable basis for
understanding humor than is currently found in the literature. It is not attached to
any particular theory or theorist. It integrates insights from appropriate
incongruity, release, and superiority theory, based upon close and careful
observation of many instances of humor from several sessions. The general
description is also based on conversations with participants about the humor that
occurred in their sessions. The general description combines and interrelates
many characteristics and dynamics of humor in psychotherapy into one coherent
framework that provides a thoroughgoing understanding of humor’s action.

The general description is provided in Chapter 3 (pp. 91-95) and a briefer
summary of the general description is provided afterward (pp. 95-96). To
illustrate how the general description augments the understanding of humor in
psychotherapy, take the example from Amada (1991), which was repeatedly used
in Chapter 1 to illustrate humor theories and problems with the humor in
psychotherapy literature:
An extremely morose and volatile student was generally regarded as belligerent and intimidating…Throughout our interviews he would rant lengthily about perceived violations of his moral rights…he angrily asserted that no one respected his intelligence or acknowledged his academic accomplishments. He was, after all, a geology major, and a damned good one. Upon hearing the news, I asked him, “Since you’re a geology major, what would you say if I told you that’s gneiss (a granite rock, and homophone of the word ‘nice’)?” A broad smile broke out upon his face, the first I had ever seen, and he sprightfully responded, “I’d say ‘gee,’ that’s a good joke, since it (gneiss) starts with a gee.” The two of us erupted with a good belly laugh and during the following moments, we shared a closeness that had not been there before. His mood…began to lift after it was reached through humor. (p. 163)

Amada offered only a few brief comments to explain humor’s action: “it reflected my respect for the patient’s intelligence and accomplishments as a geology student while also conveying my willingness to respond to his anger with a gesture of unmistakable friendliness” (p. 163). How humor broke into the patient’s rant, conveyed respect for his intelligence, and communicated “unmistakable friendliness” are not clear in Amada’s explanation. The following two paragraphs show how the general description can provide a better grasp of humor’s unique action in Amada’s vignette.

Many characteristics of humor are suited to interrupting the client’s rant. When someone produces humor, it calls upon its audience to be acknowledged and appreciated (cf. the summary of the general description, #3, p. 95). Humor draws in one’s attention by presenting a momentarily puzzling incongruity (cf. #3, p. 95). Humor lures its audience with the promise of pleasure (cf. #3, p. 95). Humor exerts its influence outside the grasp of conscious awareness and will (cf. #8, p. 95). Humor can channel and express a wide range of impulses and feelings, including anger (p. 94).
Several characteristics of humor also make it conducive to conveying respect and “unmistakable friendliness.” A humor attempt communicates the speaker’s intention to amuse and connect at a nonverbal, unreflective level (cf. #3, p. 95). In shared humor, each party tends to assume that the other experiences similar pleasurable feelings for similar reasons (cf. #6, p. 95). Humor’s unexpected and intricate ways of shuffling meanings impress its audience as having been constructed by another intelligence to playfully invert one’s expectations (cf. #9, p. 95). Humor foregrounds pleasure and affiliation, and backgrounds pain and conflict, facilitating distance from emotional distress and feelings of safety (cf. #12, p. 96).

The above paragraphs demonstrate how my general description of humor in psychotherapy provides a wealth of insight into one instance of humor’s use in psychotherapy. While it is certainly not the final word, the general description provides a concise, comprehensive, and well-grounded starting point for therapists who wish to enhance their clinical awareness and practice with regard to humor.

Limitations of the Study

There were several limitations to this study. First of all, nonverbal humor was only peripherally addressed. In part, this limitation was inherent in the data, since most identifiable humor was verbal. In addition, some of the data are in audio form only, making nonverbal humor more difficult to identify. In spite of this limitation, I made useful observations about the nonverbal components of humor. For example, I argued that so-called humorous “cues” were usually
integral and inseparable components of the humor itself. In addition, I argued that shifts in a speaker’s expressiveness contribute to the overall buoying effect of humor.

Another limitation of the study was that it did not include a longitudinal component. For each therapist-client pair in the study, a single session was the object of analysis. Clearly, humor has effects that resound over the entire course of a therapy, as illustrated by authors who report that during termination, clients often recollect a humorous moment from early in the work as an important milestone (e.g., Brooks, 1994, p. 63). In this study, the absence of longitudinal focus was compensated for by meeting with participants and discussing the larger context of the humor in the ongoing therapy and relationship between the therapist and client. These discussions provided a more comprehensive view of the therapy than was available in one session recording. One example of how these discussions supplied longitudinal information was that some therapist-client pairs revealed that particular jokes were part of a larger ongoing pattern of humor between the therapist and client.

Another important limitation of the study was that all the clients were women. This was not by design, but resulted from the accident that all client volunteers for the study were female. A likely reason that male clients did not volunteer for the study is that the clientele at the Duquesne Psychology Clinic are mostly female. Even though male clients were not in the study, the data for the study included a broad spectrum of humor, and addressed all categories of
function discussed in the literature on humor in psychotherapy (except for the claim that humor prevents burnout in therapists; see Chapter 1, pp. 15-26).

A final limitation of the study was that all analyses were conducted by a single individual, me, the researcher. Being the sole researcher probably contributed to an emphasis of certain observations and themes over other equally important ones in the study’s results. For example, I tend to focus on the repressed and taboo in my clinical work, and this preference seems to be reflected by my emphases on the contentious aspects of humor and the ways that humor reveals client psychological dynamics. In spite of the limitations of my perspective, I achieved a comprehensive characterization of humor in psychotherapy that addressed all the examples I studied in the data, and all major categories of “risks and positive uses” of humor found in the literature.

Suggestions for Future Research

Future research on humor in psychotherapy could usefully address some of the limitations of this study. For instance, a study of humor in psychotherapy that compared gender differences in humor could be helpful for therapists who focus on men’s or women’s issues. Also, comparative longitudinal case studies of humor in therapy could show how humor styles of therapeutic dyads evolve and what those styles express. Finally, a study that employs the Facial Action Coding System (Ruch, 2008, pp. 22-24; from now on, “FACS”) in its analyses of humor in psychotherapy could provide a more objective basis for observations and interpretations. One merit of using the FACS would be that the study would appeal to an audience that is skeptical of or unfamiliar with hermeneutic methods.
However, I strongly believe that the information provided by a FACS analysis of my data would support the results of this dissertation.
Appendixes

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Appendix A

Solicitation Materials for Clients

Flier 1: Initial posting in the waiting room of the Duquesne University Psychology Clinic (humor not specifically mentioned as the object of study)

NOTICE: RESEARCH STUDY

A graduate student is conducting a research study on therapist-client interaction and would appreciate your involvement.

Your involvement and any information you provide would remain confidential. There are a variety of levels of participation. If you are interested in allowing the researcher to use a recording of one of your sessions in this study, you should discuss this possibility with your therapist. You may also email the researcher at phoenix345@gmail.com or call him at (412) 708-4862 for more information. In any contact, state that you saw a flier regarding research at Duquesne University Psychology Clinic. Thank you for your time and attention.
RESEARCH STUDY:
HUMOR IN PSYCHOTHERAPY

A Duquesne University graduate student in clinical psychology would like you to participate in a dissertation study on humor in psychotherapy. Your involvement and any information you provide would remain confidential. Participation involves sharing session recordings and, if you like, discussing humorous moments from those recordings with the researcher. If you would like to participate, contact Joshua Gregson (the researcher) at phoenix345@gmail.com or (412) 708-4862.
Appendix B

Solicitation Materials for Therapists

Letter 1: Initial letter distributed to therapist mailboxes the Duquesne University Psychology Clinic

Joshua Gregson
Duquesne University Psychology Clinic
908 Rockwell Hall
Pittsburgh, PA 15282
cell (412) 708-4862
home (412) 363-3983
phoenix345@gmail.com

[Date the letter is finalized and mailed]

[Clinical trainee name]
Duquesne Psychology Clinic
908 Rockwell Hall
Pittsburgh, PA 15282

Dear Colleague:

I am conducting a research study for my dissertation at our training clinic. I am looking for therapists and clients to participate in this study and would very much appreciate your help. I am hopeful that participation in the study will be helpful in your work with participating clients.

The study is aimed at understanding the role of humor in psychotherapy and how the humorousness itself relates to that role. I am hopeful that the study might also contribute to a better understanding of the nature of humor itself.

Participation in this study would involve at minimum you and your client agreeing to provide me with access to an audio or video recording of a session and giving me permission to view, transcribe, and analyze the contents of that recording. You and your client may also decide to provide me with access to the client’s file, to review and discuss segments of the recorded session with me, and to give feedback on a report of conclusions which were based on your participation.

All recordings and documents that are part of the study will be housed at the clinic in a locked and secured receptacle which can only be accessed by Linda Pasqualino, Jessie Goicoechea, and me. Additional precautions will be taken whenever materials or documents involved in the study are transported outside the clinic, even when those materials and documents have already been de-identified. I will provide you with more information on confidentiality protections if you wish to find out more or participate in the study.
Your participation should begin in one of three ways: (1) you read this letter and already have a recording of a session to share, (2) you record a session for other purposes (e.g., supervision) and then decide that sharing it with me would be appropriate, or (3) your client requests that you participate in the study (see two paragraphs below for more information on this route). You should know that a recording does not have to include any memorable instances of humor to be used in the study. Prior research has shown that therapists typically underestimate the occurrence of humor in psychotherapy. This is one of the primary motivations for my study of humor in psychotherapy: to clear up a professional blind spot.

In summary, your participation would include discussing the research project with a client to initially assess the clinical implications of participation, providing a small amount biographical information, and giving me (the researcher) access to a recording of a therapy session for transcription and analysis. In addition, either you or your client may elect to allow me access to the client file (both of you must consent to this for me to have access to the file), view (or listening to) portions of the recording and discuss your experience of the session with me, let this review itself be recorded, and finally, read and comment upon a collaborative write up about the humor that occurred in your session. If you are interested in participating, please contact me at 412-363-3983, 412-708-4862, or phoenix345@gmail.com. You should also speak with your supervisor before joining the research project, of course.

You should also know that I will be soliciting participation from clients through fliers posted at entrance to the clinic and in the clinic waiting room. Please review the enclosed prototype for this flier, which I intend to post in the clinic two weeks from the date of this letter. If you have any concerns or suggestions for how to improve this flier, please contact me via phone, email, or letter. Please observe all requisite protocols regarding confidentiality of your clients’ information when discussing this flier or your participation with me.

In addition to the enclosed flier, I have also enclosed a page with check boxes through which you can indicate your degree of interest in the study, should you choose to do so. Filling out this page and returning it to me could help me refine the upcoming phases of my research study.

In closing, I want to remind you that you are under no obligation to reply to this solicitation letter, or to participate in the study. I hope that you do not feel any pressure to become involved, although I hope that you will participate. Please feel free to contact me at any time with concerns or feedback regarding this solicitation letter.

Thanks for your time and consideration,

Joshua Gregson
Letter 2: Revised version of therapist recruitment letter distributed approximately nine and one half months after the initial letter.

Joshua Gregson
4102 Colorado Avenue
Nashville, TN 37209
cell (412) 708-4862
phoenix345@gmail.com

[Date the letter is printed and mailed]

[Clinical trainee name]
Duquesne Psychology Clinic
908 Rockwell Hall
Pittsburgh, PA 15282

Dear [Name]:

I need participants for my dissertation study on humor in psychotherapy as it occurs at the Duquesne University Psychology Clinic and I am hoping that you will participate. Your participation would involve sharing session recordings with me and, if you like, discussing humorous moments from those recordings. Any video or audio recording of a session conducted at the Psychology Clinic is suitable for the study, even if you are not sure whether or not there was humor in the session. Multiple session recordings are welcome and greatly appreciated. Of course, any client in a recording would also have to consent to participation. Call or email me about how to proceed if you are interested in participating. My contact information is below. Remember to keep all client information confidential during this initial contact.

Thanks for your time and consideration,

______________________________
Joshua Gregson
(412) 708-4862
phoenix345@gmail.com
Hello,

I am writing to tell you that from March 28 until March 31, I will be in Pittsburgh (from my internship at Vanderbilt University in Nashville) to collect data and work on my research on humor in psychotherapy at the Duquesne University Psychology Clinic. In the study, I hope to elucidate characteristics and functions of humor in psychotherapy, and help clinicians better understand and respond to humor in session. I would appreciate your participation, which would involve sharing session recordings with me. Any video or audio recording of a session conducted at the Psychology Clinic is suitable for the study, even if you are not sure that humor occurred in the session. Of course, any client in a recording would have to consent to participation. If you are interested in participating, reply to this email or call me on my cell phone at (412) 708-4862.

Sincere thanks,

Joshua Gregson
Letter 4: Email sent to all active Duquesne University Psychology Clinic graduate student therapists approximately 14 months after initial letter was distributed.

Hello,

I am writing to tell you that from June 6 until June 9, I will be in Pittsburgh (from my internship at Vanderbilt University in Nashville) to collect data and work on my research on humor in psychotherapy at the Duquesne University Psychology Clinic. In the study, I hope to elucidate characteristics and functions of humor in psychotherapy, and help clinicians better understand and respond to humor in session. I would appreciate your participation, which would involve sharing session recordings with me. Any video or audio recording of a session conducted at the Psychology Clinic is suitable for the study, even if you are not sure that humor occurred in the session. Of course, any client in a recording would have to consent to participation. If you are interested in participating, reply to this email or call me on my cell phone at (412) 708-4862.

Sincere thanks,

Joshua Gregson
Hi everyone,

I am here to tell you about my research project in hopes that you will consider participating. I am researching humor in psychotherapy, and the graduate students at this clinic constitute my pool of potential therapist participants. Even though the research project is about humor in psychotherapy, neither you nor your client has to be funny in order to participate. Studies have shown that humor happens in psychotherapy even though therapists do not often realize it. Early in my training, when I tended to do a lot of mirroring and be more of a blank screen, I had two clients tell me around the same time that they liked my sense of humor. I was puzzled because I could not recall intentionally cracking jokes with them. In my mind, I had been focused on the serious work of psychotherapy when in session with them. In sum, I am trying to make the case to you that even if you do not realize it, it is likely that humor arises in most of your sessions with clients. I see my work as helping to bring a neglected and unconscious aspect of our kind of work more clearly into view. My hope is that if you participate, you will become more aware of the influence and meanings of humor in your work. I conceive of this as a collaborative research project.

The way my study works is this: the only requirement for you to participate is that you provide one or more video or audio tapes of sessions conducted at this clinic. First I would have to meet with you and your client to obtain informed consent. Preferably, you would have already taped a session for the study, which I would then review to find moments of humor. Then, if you choose to do so, you can meet with me to go over these moments to discuss your experience and understanding of them. Your client would also have the option of meeting with me to do the same. I would of course be sensitive to clinical issues, and would work to make it a positive and helpful experience for your client. After I have identified moments of humor and met with you and/or your clients, I will conduct phenomenal, clinical, and conversation analyses of the moments. I will be looking for how these moments functioned during the interaction and what makes these moments essentially humorous. When I have completed my analysis, you will then receive a collaborative report on what I learned from your sessions, and you will have the opportunity to provide feedback on this report. Yours and your client’s feedback will be an important part of the data I gather. I will be glad now to answer any more questions you might have about the study.

Thanks.
Appendix C

Informed Consent Form for Clients

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: The characteristics and functions of humor in psychotherapy: a qualitative study

RESEARCHER: Joshua Gregson, M.A.
5505 Avondale Place
Pittsburgh, PA 15206
cell (412) 708-4862
home (412) 363-3983
phoenix345@gmail.com

DIRECTOR: This research study is being undertaken by the researcher in partial fulfillment of requirements to obtain a Ph.D. from Duquesne University in Clinical Psychology. The dissertation director’s contact information follows:
Roger Brooke, Ph.D., ABPP
Duquesne University Psychology Clinic
908 Rockwell Hall
Pittsburgh, PA 15282
(412) 396-6563
brooke@duq.edu

SOURCE OF SUPPORT: There are no sources of funding for this study.

PURPOSE: The purpose of this study is to better understand humor in psychotherapy. The study is designed to show how humor functions in psychotherapy and to rigorously describe the experience of humor in psychotherapy.

YOUR PARTICIPATION: Participation in the study involves meeting to review and sign this consent form, filling out a form with some basic data about yourself and your therapy, and allowing the researcher to transcribe and analyze one or more recordings from your therapy sessions at the Duquesne University Psychology Clinic (henceforth, the “DUPC”). You will also receive a report on the researcher’s analyses of humor from your recordings and will be given an opportunity to provide written or verbal feedback on this report.

Additional Options for Participation: You may also elect to participate in the study in two additional ways: (1) meet with the researcher to review selections from your recording(s) and discuss your experience of moments captured in those sections, and (2) allow the researcher to contact you in the future for follow up studies or permission to use recordings in presentations. You will need to sign a separate
release form for each additional option in which you participate. Anticipated time commitment to participate in a review is one half to two hours.

RISKS AND BENEFITS: One risk of participation is that you may feel more exposed, uncomfortable, or vulnerable as a result of sharing recordings from your therapy. Benefits of participation may include increased insight into your own sense of humor, should you choose to review sections of your recording with the researcher.

COMPENSATION: There is no monetary or material compensation for participating in the study.

CONFIDENTIALITY: Recordings for the study will be kept in a locked and secure location. Only the researcher and clinic administration will have access to this receptacle. Only you, the researcher, and the therapist portrayed in a recording will be allowed to view the recording. Occasionally the researcher may request your permission to review a segment of your recording with a dissertation committee member. You may refuse this request for any reason. The researcher may make one digital copy of any recording for greater portability and security, or to improve sound or video quality. Digital copies of recordings will be password protected. All documents and other materials that may identify you or anyone you speak about will remain confidential and will only be worked upon at the DUPC or in the researcher’s private home office. Such materials will be transported between the two locations in a locked container to be opened only by the researcher and only at these locations. The researcher will delete all information that could identify you or anyone you speak about when he transcribes session or review recordings. These transcriptions may then be shared with others and portions of them may appear in the dissertation, or in articles and presentations based on this study. When the researcher writes or presents material from this study, there will be no identifying information beyond the fact that the study happened at the DUPC. All recordings for the study will be permanently archived at the DUPC at the conclusion of the study.

RIGHT TO WITHDRAW: You may withdraw from this study or from any optional component of the study at any time you wish, for any reason.

SUMMARY OF RESULTS: You will receive a report on how you contributed to the study as part of your participation. You may also request and receive a summary of the overall results of the research project, which will be available once the dissertation has been completed.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.
I understand that should I have any further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326).

I understand that I may also contact the researcher at any time with questions or concerns. The researcher’s contact information is as follows:

  Joshua Gregson
  5505 Avondale Place
  Pittsburgh, PA 15206
  cell (412) 708-4862
  home (412) 363-3983
  phoenix345@gmail.com

In addition, I understand that I may contact the researcher’s dissertation director at any time with concerns or questions:

  Roger Brooke, Ph.D., ABPP
  Duquesne University Psychology Clinic
  908 Rockwell Hall
  Pittsburgh, PA 15282
  (412) 396-6563
  brooke@duq.edu

________________________________________________________________________
Participant's Signature                                         Date

________________________________________________________________________
Researcher's Signature                                          Date
Amended Informed Consent Form for Clients
(After changing the study design to allow materials to be professionally transcribed)

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: The characteristics and functions of humor in psychotherapy: a qualitative study

RESEARCHER: Joshua Gregson, M.A.
5505 Avondale Place
Pittsburgh, PA 15206
cell (412) 708-4862
home (412) 363-3983
phoenix345@gmail.com

DIRECTOR: This research study is being undertaken by the researcher in partial fulfillment of requirements to obtain a Ph.D. from Duquesne University in Clinical Psychology. The dissertation director’s contact information follows:
Roger Brooke, Ph.D., ABPP
Duquesne University Psychology Clinic
908 Rockwell Hall
Pittsburgh, PA 15282
(412) 396-6563
brooke@duq.edu

SOURCE OF SUPPORT: There are no sources of funding for this study.

PURPOSE: The purpose of this study is to better understand humor in psychotherapy. The study is designed to show how humor functions in psychotherapy and to rigorously describe the experience of humor in psychotherapy.

YOUR PARTICIPATION: Participation in the study involves meeting to review and sign this consent form, filling out a background information form, and allowing the researcher to transcribe and analyze one or more recordings from your therapy sessions at the Duquesne University Psychology Clinic (henceforth, the “DUPC”). A professional transcriber will be used, and will sign an affidavit of confidentiality. You will also receive a report on the researcher’s analyses of humor from your recordings and will be given an opportunity to provide written or verbal feedback on this report.

Additional Options for Participation: You may also elect to participate in the study in two additional ways: (1) meet with the researcher to review selections from your recording(s) and discuss your experience of moments captured in those sections, and (2) allow the researcher to contact you in the future for follow up studies or permission to use recordings in presentations. You will need to sign a separate
release form for each additional option in which you participate. Anticipated time commitment to participate in a review is one half to two hours.

RISKS AND BENEFITS: One risk of participation is that you may feel more exposed, uncomfortable, or vulnerable as a result of sharing recordings from your therapy. Benefits of participation may include increased insight into your own sense of humor, should you choose to review sections of your recording with the researcher.

COMPENSATION: There is no monetary or material compensation for participating in the study.

CONFIDENTIALITY: Recordings for the study will be kept in a locked and secure location. Only the researcher and clinic administration will have access to this receptacle. Only you, the researcher, and the therapist portrayed in a recording will be allowed to view the recording. Occasionally the researcher may request your permission to review a segment of your recording with a dissertation committee member. You may refuse this request for any reason. The researcher may make one digital copy of any recording for greater portability and security, or to improve sound or video quality. Digital copies of recordings will be password protected. All documents and other materials that may identify you or anyone you speak about will remain confidential and will only be worked upon at the DUPC or in the researcher’s private home office. Such materials will be transported between the two locations in a locked container to be opened only by the researcher and only at these locations. The researcher will utilize a professional to transcribe sessions. This professional will sign an affidavit of confidentiality. Once transcripts are obtained, the researcher will delete all information that could identify you or anyone you speak about from the transcriptions. These transcriptions may then be shared with others and portions of them may appear in the dissertation, or in articles and presentations based on this study. When the researcher writes or presents material from this study, there will be no identifying information beyond the fact that the study happened at the DUPC. All recordings for the study will be permanently archived at the DUPC at the conclusion of the study.

RIGHT TO WITHDRAW: You may withdraw from this study or from any optional component of the study at any time you wish, for any reason.

SUMMARY OF RESULTS: You will receive a report on how you contributed to the study as part of your participation. You may also request and receive a summary of the overall results of the research project, which will be available once the dissertation has been completed.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and
that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326).

I understand that I may also contact the researcher at any time with questions or concerns. The researcher’s contact information is as follows:

Joshua Gregson  
4102 Colorado Avenue  
Nashville, TN 37209  
cell (412) 708-4862  
home (412) 363-3983  
phoenix345@gmail.com

In addition, I understand that I may contact the researcher’s dissertation director at any time with concerns or questions:

Roger Brooke, Ph.D., ABPP  
Duquesne University Psychology Clinic  
908 Rockwell Hall  
Pittsburgh, PA 15282  
(412) 396-6563  
brooke@duq.edu

__________________________________________ __________________
Participant’s Signature      Date

__________________________________________ __________________
Researcher’s Signature     Date
Appendix D

Informed Consent Form for Therapists

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: The characteristics and functions of humor in psychotherapy: a qualitative study

RESEARCHER: Joshua Gregson, M.A.
5505 Avondale Place
Pittsburgh, PA 15206
cell (412) 708-4862
home (412) 363-3983
phoenix345@gmail.com

DIRECTOR: This research study is being undertaken by the researcher in partial fulfillment of requirements to obtain a Ph.D. from Duquesne University in Clinical Psychology. The dissertation director’s contact information follows:
Roger Brooke, Ph.D., ABPP
Duquesne University Psychology Clinic
908 Rockwell Hall
Pittsburgh, PA 15282
(412) 396-6563
brooke@duq.edu

SOURCE OF SUPPORT: There are no sources of funding for this study.

PURPOSE: The purpose of this study is to better understand humor in psychotherapy. The study is designed to show how humor functions in psychotherapy and to rigorously describe the experience of humor in psychotherapy.

YOUR PARTICIPATION: Participation in the study involves meeting to review and sign this consent form, filling out a form with some basic data about yourself and your work as a therapist, and allowing the researcher to transcribe and analyze one or more recordings from your therapy sessions at the Duquesne University Psychology Clinic (henceforth, the “DUPC”). You will also receive a report on the researcher’s analyses of humor from your recordings and will be given an opportunity to provide written or verbal feedback on this report.

Additional Options for Participation: You may also elect to participate in the study in two additional ways: (1) meet with the researcher to review selections from your recording(s) and discuss your experience of moments captured in those recordings and (2) allow the researcher to contact you in the future for follow up studies or permission to use recordings in presentations. You will need to sign a separate
release form for each additional option in which you participate. Anticipated time commitment to participate in a review is one half to two hours.

**RISKS AND BENEFITS:** One risk of participation is that you may feel more exposed, uncomfortable, or vulnerable by sharing recordings of your work as a therapist. Another potential risk is that your work with your client(s) may be complicated since you will each be independently talking about the therapy to an outside witness. Benefits of participation may include increased insight into the meanings of client humor and the ways that it functions in therapy (should you choose to review selections from your recordings with the researcher).

**COMPENSATION:** There is no monetary or material compensation for participating in the study.

**CONFIDENTIALITY:** Recordings for the study will be kept in a locked and secure location. Only the researcher and clinic administration will have access to this receptacle. Only you, the researcher, and the client portrayed in a recording will be allowed to view the recording. Occasionally the researcher may request your permission to review a segment of your recording with a dissertation committee member. You may refuse this request for any reason. The researcher may make one digital copy of any recording for greater portability and security, or to improve sound or video quality. Digital copies of recordings will be password protected. All documents and other materials that may identify you or anyone you speak about will remain confidential and will only be worked upon at the DUPC or in the researcher’s private home office. Such materials will be transported between the two locations in a locked container to be opened only by the researcher and only at these locations. The researcher will delete all information that could identify you or anyone you speak about when he transcribes session or review recordings. These transcriptions may then be shared with others and portions of them may appear in the dissertation, or in articles or presentations based on this study. When the researcher writes or presents material from this study, there will be no identifying information beyond the fact that the study happened at the DUPC. All recordings for the study will be permanently archived at the DUPC at the conclusion of the study.

**RIGHT TO WITHDRAW:** You may withdraw from this study or from any optional component of the study at any time you wish, for any reason.

**SUMMARY OF RESULTS:** You will receive a report on how you contributed to the study as part of your participation. You may also request and receive a summary of the overall results of the research project, which will be available once the dissertation has been completed.

**VOLUNTARY CONSENT:** I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and
that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326).

I understand that I may also contact the researcher at any time with questions or concerns. The researcher’s contact information is as follows:

Joshua Gregson
5505 Avondale Place
Pittsburgh, PA 15206
cell (412) 708-4862
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Roger Brooke, Ph.D., ABPP
Duquesne University Psychology Clinic
908 Rockwell Hall
Pittsburgh, PA 15282
(412) 396-6563
brooke@duq.edu

__________________________________________ __________________
Participant’s Signature      Date

__________________________________________ __________________
Researcher’s Signature     Date
Amended Informed Consent Form for Therapists
(After changing the study design to allow materials to be professionally transcribed)

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: The characteristics and functions of humor in psychotherapy: a qualitative study

RESEARCHER: Joshua Gregson, M.A.
4102 Colorado Avenue
Nashville, TN 37209
cell (412) 708-4862
home (412) 363-3983
phoenix345@gmail.com

DIRECTOR: This research study is being undertaken by the researcher in partial fulfillment of requirements to obtain a Ph.D. from Duquesne University in Clinical Psychology. The dissertation director’s contact information follows:
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SOURCE OF SUPPORT: There are no sources of funding for this study.

PURPOSE: The purpose of this study is to better understand humor in psychotherapy. The study is designed to show how humor functions in psychotherapy and to rigorously describe the experience of humor in psychotherapy.

YOUR PARTICIPATION: Participation in the study involves meeting to review and sign this consent form, filling out a background information form, and allowing the researcher to transcribe and analyze one or more recordings from your therapy sessions at the Duquesne University Psychology Clinic (henceforth, the “DUPC”). A professional transcriber will be used, and will sign an affidavit of confidentiality. You will also receive a report on the researcher’s analyses of humor from your recordings and will be given an opportunity to provide written or verbal feedback on this report.

Additional Options for Participation: You may also elect to participate in the study in two additional ways: (1) meet with the researcher to review selections from your recording(s) and discuss your experience of moments captured in those recordings and (2) allow the researcher to contact you in the future for follow up studies or permission to use recordings in presentations. You will need to sign a separate release form for each additional option in which you participate. Anticipated time commitment to participate in a review is one half to two hours.
**RISKS AND BENEFITS:** One risk of participation is that you may feel more exposed, uncomfortable, or vulnerable by sharing recordings of your work as a therapist. Another potential risk is that your work with your client(s) may be complicated since you will each be independently talking about the therapy to an outside witness. Benefits of participation may include increased insight into the meanings of client humor and the ways that it functions in therapy (should you choose to review selections from your recordings with the researcher).

**COMPENSATION:** There is no monetary or material compensation for participating in the study.

**CONFIDENTIALITY:** Recordings for the study will be kept in a locked and secure location. Only the researcher and clinic administration will have access to this receptacle. Only you, the researcher, and the client portrayed in a recording will be allowed to view the recording. Occasionally the researcher may request your permission to review a segment of your recording with a dissertation committee member. You may refuse this request for any reason. The researcher may make one digital copy of any recording for greater portability and security, or to improve sound or video quality. Digital copies of recordings will be password protected. All documents and other materials that may identify you or anyone you speak about will remain confidential and will only be worked upon at the DUPC or in the researcher’s private home office. Such materials will be transported between the two locations in a locked container to be opened only by the researcher and only at these locations. The researcher will utilize a professional to transcribe sessions. This professional will sign an affidavit of confidentiality. Once transcripts are obtained, the researcher will delete all information that could identify you or anyone you speak about from the transcriptions. These transcriptions may then be shared with others and portions of them may appear in the dissertation, or in articles or presentations based on this study. When the researcher writes or presents material from this study, there will be no identifying information beyond the fact that the study happened at the DUPC. All recordings for the study will be permanently archived at the DUPC at the conclusion of the study.

**RIGHT TO WITHDRAW:** You may withdraw from this study or from any optional component of the study at any time you wish, for any reason.

**SUMMARY OF RESULTS:** You will receive a report on how you contributed to the study as part of your participation. You may also request and receive a summary of the overall results of the research project, which will be available once the dissertation has been completed.

**VOLUNTARY CONSENT:** I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and
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Joshua Gregson  
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Pittsburgh, PA 15282  
(412) 396-6563  
brooke@duq.edu

__________________________________________ __________________
Participant’s Signature      Date

__________________________________________ __________________
Researcher’s Signature     Date
Appendix E

Client Background Form

THE CHARACTERISTICS AND FUNCTIONS OF HUMOR IN PSYCHOTHERAPY: A QUALITATIVE STUDY

PARTICIPANT BACKGROUND INFORMATION

CLIENT FORM

TODAY’S DATE: ______________

Name: _________________________________________________________________

Birth date: ___________________________________________________________________

Highest level of education, date, & school at which this was obtained:

________________________________________________________________________

Employer(s) & approximate tenure at present employer(s):

________________________________________________________________________

Length of therapy at Duquesne and approximate frequency of attendance:

________________________________________________________________________

Presenting Problems (reasons for initially coming to therapy):

________________________________________________________________________

Current goals for therapy:
## Therapist Background Form

**THE CHARACTERISTICS AND FUNCTIONS OF HUMOR IN PSYCHOTHERAPY: A QUALITATIVE STUDY**

### PARTICIPANT BACKGROUND INFORMATION

#### THERAPIST FORM

<table>
<thead>
<tr>
<th>Name:</th>
<th>________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth date:</td>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Month and year of first client contact at the DUPC:</td>
<td>___________________________</td>
</tr>
<tr>
<td>Approximate total number of clients and sessions with clients:</td>
<td></td>
</tr>
<tr>
<td>Brief description of theoretical orientation:</td>
<td></td>
</tr>
<tr>
<td>Chief influences upon your work as a therapist:</td>
<td></td>
</tr>
</tbody>
</table>

**Diagnoses of clients in the study (accompanied by client’s initials if more than one of your clients are participating in the study)**
Appendix G

Release to Participate in Audio Recorded Review

The characteristics and functions of humor in psychotherapy: a qualitative study  
Researcher: Joshua Gregson

Release to participate in a review of session recordings with the researcher – audio

I agree to meet with the researcher to review (i.e., view and/or listen to) recordings made from psychotherapy sessions in which I participated and which I provided to him, in conjunction with my therapist, as part of my participation in the study. I understand that this review will take place at the Duquesne University Psychology Clinic (henceforth, “DUPC”) and will take place between [date range of one month]. I understand that the focus of this review will be my experience during the sessions relating to humorous interchanges during the session. I understand additionally that I may decline to answer a question or decide not to participate in the review, at any time for any reason. I understand that this review will be audio recorded, that portions of it may be transcribed by the researcher. I understand that the researcher will delete all information from these transcriptions that could identify me or anyone about whom I speak. I understand that the researcher may then share de-identified transcriptions with others or quote from these transcriptions in writings and presentations based on the study. I understand the researcher will disclose in writings and presentations that the study took place at the DUPC. Under these conditions, I consent to participate in a meeting with the researcher to review recordings of sessions in which I am a part.

____________________________________   __________________
Participant signature       Date

____________________________________   __________________
Researcher signature       Date
Appendix H

Release to Participate in a Video Recorded Review

The characteristics and functions of humor in psychotherapy: a qualitative study
Researcher: Joshua Gregson

Release to participate in a review of session recordings with the researcher – video

I agree to meet with the researcher to review (i.e., view and/or listen to) recordings made from psychotherapy sessions in which I participated and which I provided to him, in conjunction with my therapist, as part of my participation in the study. I understand that this review will take place at the Duquesne University Psychology Clinic (henceforth, “DUPC”) and will take place between [date range of one month]. I understand that the focus of this review will be my experience during the sessions relating to humorous interchanges during the session. I understand additionally that I may decline to answer a question or decide not to participate in the review, at any time for any reason. I understand that this review will be video recorded, that portions of it may be transcribed by the researcher. I understand that the researcher will delete all information from these transcriptions that could identify me or anyone about whom I speak. I understand that the researcher may then share de-identified transcriptions with others or quote from these transcriptions in writings and presentations based on the study. I understand the researcher will disclose in writings and presentations that the study took place at the DUPC. Under these conditions, I consent to participate in a meeting with the researcher to review recordings of sessions in which I am a part.

____________________________________   __________________
Participant signature       Date

____________________________________   __________________
Researcher signature       Date
Appendix I

Agreement to be Contacted After the Study

The characteristics and functions of humor in psychotherapy: a qualitative study
Researcher: Joshua Gregson

Agreement to be contacted after the study

As a participant in the research study, *The characteristics and functions of humor in psychotherapy*, I additionally allow the researcher, Joshua Gregson, to contact me after the study to either (1) obtain additional information for follow-up studies, or (2) request permission to use recordings of my sessions or the review in presentations. The researcher may contact me until the following date of my choosing:

Expiration Date: ______________________________________________________

The researcher may contact me prior to this expiration date for the two purposes listed above using any of the following information that I provide:

Name: __________________________________________________________________

Address: __________________________________________________________________

Email address: __________________________________________________________________

Alternate email address: __________________________________________________________________

Home phone: __________________________________________________________________

Cell phone: __________________________________________________________________

Other phone 1: __________________________________________________________________

____________________________________________________________________________

Participant signature       Date of signature

____________________________________________________________________________

Researcher signature       Date of signature
Appendix J

Paragraph for the Beginning of Review Sessions

While reviewing each recorded segment, try to remember what your experience during those moments was. Pause the recording whenever you wish to share thoughts, feelings, memories, or associations with the researcher. The idea is to communicate as fully as possible your experience during the moments we are reviewing. Humor, laughing, and smiling are of particular interest to the researcher, but share any information that will help the researcher understand what is going on for you in the reviewed segments. The researcher may pause the recording and ask questions during the meeting.
Appendix K

Affidavit of Confidentiality Signed by Professional Transcribers

Affidavit of Confidentiality

After having discussed with Joshua Gregson the privacy and confidentiality issues associated with his dissertation study, I, ________________________________, give my assurance that I will not disclose any information obtained during my transcription of the recordings provided by Joshua Gregson.

_________________________________________________________________________
Signature Date

_________________________________________________________________________
Witness signature Date
# Appendix L

## Transcription Conventions

*(Based on those suggested by ten Have, 1999, pp. 213 - 214)*

<table>
<thead>
<tr>
<th>SYMBOL</th>
<th>MEANING</th>
</tr>
</thead>
<tbody>
<tr>
<td>[</td>
<td>A single left bracket indicates the beginning of speech overlap</td>
</tr>
<tr>
<td>]</td>
<td>A single right bracket indicates the point at which speech overlap ceases</td>
</tr>
<tr>
<td>=</td>
<td>Equal signs put at the end of one utterance and the beginning of another indicate that one utterance immediately follows the other without silence in between</td>
</tr>
<tr>
<td>(3)</td>
<td>A number in brackets indicates the length of a silence in seconds</td>
</tr>
<tr>
<td>(.)</td>
<td>A dot in brackets indicates a very brief silence between utterances</td>
</tr>
<tr>
<td>word</td>
<td>Underlined words indicate that the words were stressed in some way</td>
</tr>
<tr>
<td>::</td>
<td>Colons, indicate that the sound preceding the colons was elongated, with the number of colons indicating the length of elongation</td>
</tr>
<tr>
<td>-</td>
<td>A dash indicates when an utterance is suddenly cut off</td>
</tr>
<tr>
<td>.</td>
<td>A period indicates a fall in tone, like the one that usually occurs at the end of an utterance</td>
</tr>
<tr>
<td>,</td>
<td>A comma indicates that intonation is continued, like when one is enumerating a list of things</td>
</tr>
<tr>
<td>?</td>
<td>A question mark indicates a rising intonation, as when one utters a question in English</td>
</tr>
<tr>
<td>↑↓</td>
<td>Arrows indicate that the utterance immediately following the arrow was spoken at a higher or lower pitch than the preceding speech</td>
</tr>
<tr>
<td>WORD</td>
<td>Upper case indicates that the utterance or sound was especially loud</td>
</tr>
<tr>
<td>* word *</td>
<td>Asterisks demarcate utterances spoken at a lower volume than surrounding speech</td>
</tr>
<tr>
<td>&lt; &gt;</td>
<td>Right/left carets demarcate utterances spoken at a quicker pace than surrounding speech</td>
</tr>
<tr>
<td>&gt; &lt;</td>
<td>Left/right carets demarcate utterances spoken at a slower pace than surrounding speech</td>
</tr>
<tr>
<td>· hhh</td>
<td>A dot followed by a row of h’s, indicate the intake of breath; without a dot preceding them, a row of h’s indicate expelled breath, as in a sigh</td>
</tr>
<tr>
<td>w(h)ord</td>
<td>An h within parentheses in a word indicates breathiness, usually laughter occurring during the pronunciation of the word</td>
</tr>
<tr>
<td>( )</td>
<td>Empty parentheses denote an inability to hear what was said</td>
</tr>
<tr>
<td>(utterance)</td>
<td>Words in parentheses indicate that the enclosed transcription is dubious, usually due to limitations in the sound quality of the recording</td>
</tr>
<tr>
<td>(( ))</td>
<td>Double parentheses demarcate the transcribers commentary and supplemental description</td>
</tr>
<tr>
<td>@utterance@</td>
<td>At signs demarcate an utterance that is spoken as an imitation</td>
</tr>
</tbody>
</table>
Appendix M

Transcript Excerpts from Bridget-Ken Session

*Looked Pretty Rough*

Bridget: Okay, since I was so tired yesterday, all the parts of this I forgot was being on the bus and saying okay, it’s 419, the building that fell down in the dream, and 914 and 419. Guh, huh-huh

Ken: hmm

Bridget: Cause I was going oh my god, you know, it’s 914 was the building, today is April 19th=Josh is having this baby. There’s five schools closed because of bomb threats.

Ken: There were that day, weren’t there?=

Bridget: =Yeah, uh=

Ken: =Beechview, Baldwin…

Bridget: Yeah, [Jefferson, (Bethel)]=

Ken: Have you really?

Bridget: All week. Tuesday night I came home, and I said I feel like it’s Friday. I’m not usually this exhausted til Friday.

Ken: Yeah, you looked pretty rough last night when we met. (.25) Yeah.

Bridget: Mmm. *By the time Josh was in here talking I was kind of @hmmm@ [gesturing, apparently].*

Bridget: [u-hmm] And I got home and I left my cradle (at night), my receiver off the cradle on the phone so I had a big long message from Millie about having breakfast this morning. I’m like yeah, that’s fine but you know, *I left the-the*
phone off the cradle, and I hope my battery’s going to die so I’ll just talk to you
tomorrow and (meet you) u-†huh-huh. It’s like *leave me alone* [mock serious
tone]. Huh huh huh

Ken: Yeah (it really) sounds like [she’s kind of a drain on] you.

Bridget: [(then she’s—)] Juh drain on everybody. But I-I-I got her (in a good place) I’ll tell you about that later.

((Bridget-Ken Session, lines 34-78))

_Bitching About Mother Teresa_

Bridget: So I didn’t really see her or talk to her after that, and I think she realized what
an idiot thing she did, and it was like she didn’t learn her job. So finally, it was
last Sunday she’s calling me up, you know, and most of the people that were
there when she started and she had all these problems with are gone. And so
this floater named Chantelle comes back, and so she’d stayed away and fixed all
of the problems, but it was this person, Martha and Stephanie who were talking
really bad about her all the time. And she’s calling me and going, you know,
what do you think about-And I said †for God sakes, Millie, they’re gone. Why
do you keep going through this? I said why do you let people do that? No
matter where you go or what you do, somebody’s going to be talking about you.
I said for God sakes, people find out I’m Catholic, a devout Catholic, and they
start bitching about Mother Teresa. @ She ain’t never gave anyone
medication@-a huh huh

Ken: [Huh-huhuhuhuh unh

Bridget: _I mean, come on, you know,_ she wasn’t running a hospital. You know? I said if
Mother Teresa can’t escape it, you know, do you hold out much hope? You
know and I say—you know so anyway, she ended up hanging up, and I call-I
got in the ↓bathtub. And I left uh—and I called her answering machine, and I
left her a message, and I said Millie, you know what? I said it pains me deeply,
deeply, to see the power that you give these people in your life. ((Bridget-Ken
Session, lines 157-176))

_Probably Dead in 50 Years_

Bridget: I said I don’t spend every day thinking about the woman, you know, Jessie up at
City Social Services that wouldn’t stop wearing her perfume. What good would
that get me? What good would it be if, you know, if I leave there in January,
and in April I’m still saying well, this is her fault I’m this way? You know?
I’m having my (hour and this off)—†Millie! You know? But I can’t tell what I
got, you know, from God. So you know…

Ken: How did she take that?
Bridget: She called me up the next day and-and-and-and thanked me. I was at work. And-and then again in person. She said you’re right. She said you’re right.

Ken: Mm hmm

Bridget: I said you know, 50 years from now, what are you doing? You know? So, *well probably dead, but*

Ken: *huh [huh h uh-hehehe]*

Bridget: *huh huh* She’s twenty years older than me chhh .hh[hh

Ken: *hu-hehehehe* Or on the front line of every newspaper, each one of you.

Bridget: Mm hmm [sounds like she’s drinking as she says this]. *I’m leaking* [cup sets down]. Anyway…

Ken: Well, Bridget let me ask you. You said when started talking you said, you know, found out I was going to California, and you found out Josh was moving, but you hadn’t know where. You said you felt you were being left behind.

Bridget: Well, it wasn’t only that. It was-it was a series of things. I didn’t have anything to say.

Ken: I remember that. I remember you coming to me and saying—

((13:20 elapsed))

Bridget: —I mean, to anyone, to Father Joe, to anyone. Everything was gone. I said this to Millie in the apartment. I said well-now everything’s gone. She said what are you going to do? I said I’m going to go home and rest. She was like what? I said I’m going to go home and rest because everything’s gone, everything but The Clinic. ((Bridget-Ken Session, lines 204-244))

*Normal, or at Least I Try to*

Bridget: I don’t know, It’s like I have three different lives, you kn[ow, I [have

Ken: Mhmm]

Bridget: The Clinic and Father Joe, where I can come to you guys and tell you what really happens in my life. I have a professional life where, you know, I work every day, and I feel like I’m normal, *or at least I tr(h)y t(h)o.*
Ken: [huh ha ha ha ha ha ha ha ha ha ha]

Bridget: Sometimes I give the appearance of being that way. But I also have my friends and my spiritual friends, and Millie is very religious—she’s whatever she is, Baptist, Presbyterian, she can’t decide. So um (1) And Lord, and I told her on the thing, you know, the Lord keeps us. And she said you say you feel the peace up there. And I said That’s the Lord. It’s an invitation= ((Bridget-Ken Session, lines 252-266))

**Mother De Gaulle**

Bridget: But there’s a reason. See you’ve always got to trust there’s a reason. And I used to come in here and tell Gary and tell (h)Josh, you know. But (what if/once) I got there and there was Mother De Gaulle, you know—huh huh, that’s funny huh huh, so I’m just going to head home and like (put that in there/pathetic).

Ken: And that’s a group that’s completely broken if there’s Mother De Gaulle, right? At least with that particular order (1) possibly

Bridget: What do you mean?

Ken: You said what if I go there and there’s Mother De Gaulle,

Bridget: ((tentatively)) yeah

Ken: You know, somebody that kind of forces you out.

Bridget: No, I mean it was just a-a, you know a really mean abusive you know Mother Superior is what I meant.

Ken: Okay.

Bridget: You know, there was a disillusion of the factor there, you know… ((Bridget-Ken Session, lines 292-313))

**Their Own Country**

Ken: I think that’s still open, but I think what’s happened over this course, this long course of events, is your awareness that you are closer, and not just closer because the Arians have left, but closer because you, your soul, is closer, your soul is closer to Fairfield.

Bridget: Yeah, but it’s also, you know, following this. You know, I used to, and don’t think I’m meaning this right now, but I used to say to Gary and I used to say to
Josh you know about Father De Gaulle, you know, and all these priests that we run into, the diocesan priests and Father Orson and everything. It’s like I told Father Joe (when he felt bad about me) I said they’re their own country.

Ken: ((Flatly)) Haha

Bridget: You know, it’s just like, heh And you’ve got to figure out the past before beginning and it’s like I don’t have it, you know? I said I don’t, they stupefy me, mystify me, you know, their attitudes are horrible. Not all of them, but you know. That’s what I used to say. And good things would happen that, you know; um now recalling all those obstacles with Father De Gaulle and stuff…

((Bridget-Ken Session, lines 379-395))

Flirting

Bridget: …So you know, I was still batting this around about whether to stay, you know, and just letting things build up as far as like my job and telling me what it is. (inaudible) and all these surprises. rar rar rar rar rar rar You know, what the hell is going on? Until Josh called me, until the day, you know, I saw him in the hallway flirting, flirting ((yelling toward the tape recorder)), and um

((24:13 has elapsed in the session recording))

Ken: Huh huh huh huh huh huh

Bridget: and so huh huh huh huh huh. But the bus didn’t come that day, and I was mad, and I wanted to call the Port Authority, and it was this long in complaints, and I turned the corner… Huh?

Ken: You arrived late, and because you arrived late you ran into Josh?

Bridget: Yeah, I ran into Josh who didn’t get the email, and da da da da da da da da da…

((Bridget-Ken Session, lines 409-423))

Work on Coffee

Bridget: …But I got to the part in the Bible about the presentation, and so Jesus was an infant, and Mary’s been purified, and they go to present him to the Lord, and there they are, and they’re presenting their firstborn, Jesus, to God. And all of the sudden, I thought that is so St. John of the Cross.

Ken: How so?

((26:20 into the session))
Bridget: Because in the Night of the Sense and the Night of the Spirit he starts purging things out, okay? So the Senses takes away, you know, your attachments to things, you know? We might have to work on the coffee, but (hn)ts like

Ken: hahahahahaha

Bridget: I'm sorry. That’s kind of medicinal, too, especially when you’re racing down after work.

Ken: Nhnhnhnhnhnhnhnhnhn

Bridget: But you know, you lose your attachment to created things, okay? So you’re directing everything towards God. So your senses, you’re not you know. When you get into the Night of the Spirit, then that starts working on the soul, on the two different parts of the soul, okay? So in (infused) contemplation, all right, and it says it in here, I’m going to come up with it in a second.

Ken: Mhuh-huh-huh-huh-hahahaha

Bridget: Sorry. I woke up (early in the) morning (and couldn’t go back to sleep). But, oh yeah, nothing, you know, the intellect doesn’t understand anything that’s not first touched by the senses. So you see, it’s not like you’re, except faith. Faith is very dark and boring to it. ((Bridget-Ken Session, lines 441-469))

**Kids are Driving Me Nuts**

Bridget: Right, and this is why Teresa says, Teresa of Avila, says the intellect’s the man at the end of the house. You got all this quiet going on down here. You know, the second operation. Sssh, you’re driving me nuts, you know, and my head’s going bop, bop, bop because everything that comes in; you have something coming in, and the intellect don’t know what to do with it. You know, you do it in prayer all the time. “Jeez, I gotta go home, the kids are driving me nuts, I gotta pick up milk and bread, yes God I love you (endless)—you know, (huh huh huh)

Ken: That’s right.

Bridget: So you know, you have to sit there, and like that day of actually the operation where I said to Father Joe, you know, I got home, and I have to go back to the surgery. You know, I have to go back and see him. Well, I guess we’re going to do the sabbatical, you know? Lord, I’m going take the course, we’re going to sit here and rest, which you’re supposed to do. One, because you’ve got to have surgery, but two, (you’re entering the dark night). So your soul is uniting to God. So when God’s entering the soul, and you’re praying, what’s going back to God? God, okay?
((30:49 into the session))

Ken: Right. ((Bridget-Ken Session, lines 495-513))
Appendix N

Transcript Excerpts from Andrea-Nathan Session

How to Therapy

Andrea: Hello.

Nathan: Hi.

Andrea: How are you?

Nathan: Good. How are you?

Andrea: I’m okay. It’s been a while.

Nathan: Yeah.

Andrea: I forget how to therapy.

Nathan: You forget (inaudible)?

Andrea: How to therapy.

Nathan: How to therapy?

Andrea: Mm hmm. I don’t really remember. I’ve been good.

Nathan: Okay. Well, tell me about your (big meeting)

Andrea: (My big meeting)?

Nathan: Yeah, your big meeting.

Andrea: It was, uh, okay. I feel like I kind of shut off during the whole thing and just like waited for it to be over, and then it was over. I could breathe again. But I felt, after it was over I felt really, really relieved, and on Friday I went to Chicago with my sister and Jack and Laura, the au pair. And that was cool. Well, it was fun, but I was very menstrual, and my sister was very menstrual, and whenever we get together it’s a bad combination, and so I did spend a lot of time feeling bad about myself, and she spent a lot of time screaming at everyone, and that’s it. ((Andrea-Nathan Session, lines 1-43))
Nathan: And Alex is?

Andrea: My sister.

Nathan: Your sister?


Nathan: But you’re saying that Jack flirted with your sister?

Andrea: Yeah. He just, it’s strong to say flirted because I know that like it’s not really going anywhere, but like it’s just an annoying amount of attention put on someone other than myself, which annoys me. But then once it started to happen to Laura, my sister was like I’m really sorry, I totally understand what you mean because he just drops people and moves on to the next one.

Nathan: Hmm.

Andrea: Like right now, his old friend: I think we’ve talked about this. His old friend, Bill, his like childhood friend, moved away for like a year or two years and just moved back to Pittsburgh. All he talks about, the only person he wants to hang out with. Like what are you doing tonight? Oh, I’m with Bill. Oh, okay, see you later.

Nathan: He sort of goes through phases.

Andrea: Yeah, he does. He like picks up people, drops them, picks up people, drops them. Sometimes the same people. Sometimes it’s me. Sometimes it’s not me. So <I don’t know>. It’s just something I feel either I have to get used to or, you know, move on or something, but...(how many seconds here?) <I don’t know>. Jack and I actually had a really good talk on Sunday night, which was good. And I’m feeling, I’m feeling a lot better about us. And then I talked to my friend, Jill, who suddenly is giving me very good advice. Not a good advice giver, but suddenly she’s right on point. But she was just kind of like @you’re obsessing about like stuff that’s really not a big deal, like Jack and Rachel. I think you should just get over it.@ And I was like @yeah, I know that.@ So I don’t know. I kind of am putting myself in a better place where I’m not like thinking about it every minute. Like over the weekend I was kind of being emotional so I was like annoyed at my sister. You know what I mean? And I was annoyed with Jack because they were buddy-buddy. And I was just like @I hate everyone in this car, and I hate my life—ah@. And then-

Nathan: I mean when you said that you went on the trip with Jack and your sister and Laura, it sounded like a potentially (1)
Andrea: Dangerous situation?

Nathan: Volatile. ((Andrea-Nathan Session, lines 70-114))

*Just Hormones*

Andrea: Yeah, yeah, and I’m like I hate being around my mom.
Like I love my mom, but I just, she drives me insane.
So like I just get like very like why can’t I hang out, you know?=

Nathan: =And you feel like it’s (unfair) that she always really expects you.

Andrea: Yeah, yeah, exactly.
So I don’t know. This time I was just like I can’t deal with mom.
I had a rough w(h)end. So I (was?) kind of like @okay, thanks for dinner@,
and like scooted myself in the room with Jack and Rachel.
And like not for one moment did I feel like oh my God, stop hanging out with
her
and, you know, finally pay attention to me, or
why do they always have to run off together (, or,) I don’t know (shrugs).
And my sister left, which was good.
Actually, I haven’t talked to her since
She didn’t even say bye cause we were both ready to kill each other.

Nathan: And what-what was the basis for that-that, conflict?

Andrea: ((A begins to smile; looking away, kind of considering it)), [um

Nathan: I mean you said-you said that you were (menstrual), but…

Andrea: *Hormones, huh*

Nathan: Hormones.

Andrea: Yeah, *huh huh* ((nods emphatically))

Nathan: But was sort of the content of, or was there any?

Andrea: Sisterly annoyance. It really was just like @I can’t believe you just did that.
(Oh my God,) That’s so rude.@
I’m like @Oh, you just said the same thing a minute ago.@
Just like bickering the whole time like we were 12. *It was silly,*
but at the same time she always goes towards the like
“I’m really right and I’m going to make you feel bad,”
and I always go towards the @“I hate myself."
Don’t talk to me or look at me.” So it’s like a really bad combination. Like we’ve been on vacations before in the same situation where she’s like I don’t even know why you came. Nobody wants you here. And I like go in the corner and cry. It’s very, very extreme. I mean like she’s very mean, and I’m very pathetic, and it’s a bad combination—

Nathan: Well, I mean I thought you said that you and your sister had a pretty good relationship.

Andrea: We have a very good relationship. Like I’ll talk to her in a week, and we won’t even=

Nathan: =So it’s only when you’re on trips together that this happens?

Andrea: Well ((smiles)), it’s kind of a ((raises leg, apparently unaware of this movement)) period thing ((looks away, crinkles nose)), I think. Like we’re just like @<get away from me; get away from me; I hate you; I hate you> @So I don’t know. Emotions. My family is very emotional so-

Nathan: But I mean do you really think it’s just-

Andrea: Yeah.

Nathan: Just the hormones?

Andrea: Yeah ((looks away, smiles)), huh huh ((looks back at N)) I mean like and it’s a bad combination. Just the way that she gets and the way that I get is really bad together. It’s like explosive.

Nathan: Well, it’s a, I mean it’s a bad combination, but it also has a sort of logic, doesn’t it?

Andrea: Yeah, I guess so, huh. What? Just (because of) the way that we are, or…?

Nathan: Well, I mean the way that your sort of styles of dealing with conflict sort of interlock that strongly. I wonder if that; I mean that’s something that I’ve never really considered before in thinking about, you know, like talking about, um, you know, like assertiveness and that sort of thing. We’ve always sort of focused on your parents, and I never really, you know, thought about how your relationship with your sister may have played a role in that growing up.

Andrea: Yeah, that’s true. But I mean I was around for like 50 years. That’s what I always think. Like I’m significantly older than her so like that little personality forming when she was kind of just a baby, and then, I don’t know. By the time we did interact, it was very obvious that she was very aggressive and now I was
more passive. But I don’t know. I don’t know, but on this trip it made me feel bad about myself. Like I came home feeling really pathetic because the whole time I was just like why are you being so mean? You know, why are you so mean to me? ((Andrea-Nathan Session, lines 128-197))

The One to Carry Them

Andrea: ...I oppose marriage on principle, but I do love you and want to be with you, and I’m okay with getting married to you. Like I would like to be there someday. So I guess it was okay ((20:58)). huh huh ((flips hair over))=

Nathan: =Do you feel like there’s some sort of disconnect between his sort of talking about wanting to marry you and have kids with you and (.) his behavior?

Andrea: I ah—I always say that, and now I feel even more strongly about it because he’s saying like “I’ve really been thinking about kids.” And then I’m like well do you want kids or do you want to marry me? Because that’s what I would like to hear first, that you’d want to be with me, and then you’d like to have children; not like @it’s time for me to have ↓kids (1) do you want to be the o(h)ne to c(h)arry them?@ --like, I don’t know. And I’m thinking that maybe he’s not being insensitive ((sic)), just not realizing; I-I don’t know. I feel like he can’t express anything about how he actually feels so I don’t even know how to ask these questions, like I put them out there and they just die on the table. I was so impressed when he was like… ((Andrea-Nathan Session, lines 378-396))

Don’t Seem Very Optimistic

Andrea: ...I don’t know. Like I-I feel like it’s something that-I- we could work at and-uh it could be okay, but I’m really scared to put the time in and to, m, like lose. I’m really scared.

Nathan: Yeah. ((31:25))

Andrea: So I don’t know.

Nathan: Yeah.

Andrea: Sphphphph ((exaggerated, loud exhale))

Nathan: You don’t seem very optimistic about it,

Andrea: u-huh.
Nathan: about his ability to change.

Andrea: yeah

Nathan: Like there seems to be a real trust issue there.

Andrea: Yeah, but then I don’t know. Maybe I’m like; I know that I’m a jealous person. Maybe ((shrugging, exaggerated rolling eyes)) (. maybe I have a problem, too. I don’t know. ((Andrea-Nathan Session, lines 550-573))

\textit{No Kleenex}

Andrea: ..He’s always like well I want to change ‘cause I want to be with you. (2) And I don’t know. I just, it’s gotten so hard. It’s gotten hard to be together.

Nathan: Yeah.

Andrea: I don’t know, but still don’t want to break up with him.
And the(n)-I’m wondering, maybe we should like spend time apart and then we would know, but I feel like that’s like (.).
that’s the biggest relationship killer ever.
Like go through some bad times and then get through them and be happy about it, but don’t like abandon someone and then expect them to be there ((looks to be near tears if not already there))

Nathan: Why don’t you talk about the part of [yourself

Andrea: hhhhhhh

Nathan: that] wants to stay, wants to try to work things out?
Like what part, what’s the feeling about that?

Andrea: Because we’ve always worked so well, and I don’t know.
I just love him. ((crying)) (5)

Nathan: Yeah

Andrea: ((shows teeth)) It’s hard ((appears to be crying when she says this)). (10) I don’t know. (4) At the same time I’m so mad so I just like want to bail. Like I want to make him feel bad. You know, I want to say that he ((looks at fingernails quickly)) screwed things up. (Ya know?) (2) hhhhh (4)
((exaggeratedly opens mouth, hangs head, and hunches shoulders as she exhales, looking at N))
((N looks at the table between them for Kleenex, away from his usual gaze on her))
((she waves off his search)) It’s no big deal
Nathan: (I don’t think that I have) any Kleenex

Andrea: U-huh—(smart) ((smiles as she says ‘smart’)) I don’t know. ((wiping her face))
(3) I’m afraid if I sit on it long enough that I’ll either continue staying on, or I don’t know.

Nathan: It’s really hard when you love someone and you feel like that’s not enough.

Andrea: Mm hmm. I’m so surpr(h)ised ((crying)).
Like I (1) hhh, never (2)
But I don’t know. I feel good that at least we’re in a step in the right direction
where he can recognize that it’s ((still wiping eyes)) obnoxious for him to do
that. But then again, I don’t know. And then I’m wondering, maybe ignorance
is bliss. Like he isn’t actually hurting me by doing this
The only reason it hurt me was because I felt compelled to sneak into his stuff.
And I’m sure I’ve said stuff to people that would offend him.

Nathan: But A, you only felt compelled to sneak into his stuff in the first place because
you were already in pain

Andrea: Well, yeah n-huh. I know, but it’s not like he caused it, though. ((Andrea-
Nathan Session, lines 625-673))

All a Mystery to Me

Andrea: ...But at that time I-I, I felt more comfortable with (get ah) you know;
I would have been more open minded to marrying him,
and like six months ago, I would have. Hmm.
Yeah, like six months ago I would have, but now you know?

Nathan: Mm hmm.

Andrea: But for a while we were talking about it a lot, and
I was always just like oh, I’m not ready, I’m not ready.
I just like graduated from college. I don’t know.
(5)
((Andrea spreads out her hands while shrugging, opens her eyes more widely,
and forces a smile)) hhhh-huh It’s all a mystery to me
((Andrea quickly resumes a hunched posture and downward, apparently
dejected gaze))
I know I can’t marry anyone that I feel like this about.
Like I know that so I’m not going to change. It’s not going to be okay.
Nathan: You feel like you know for sure you can’t marry someone that you feel this way about, and so the only way that you’d be able to commit to him in the future would be if he changed.

Andrea: Not only if he changed, but just like if we could come to some sort of understanding about each other. Like I don’t care if you flirt with people. Everyone flirts with people. But please don’t make me look bad. Like don’t make me look like I don’t matter. I don’t know. ((Andrea-Nathan Session, lines 751-771))

*Canoe Away*

Andrea: Like I want to make him know that it’s his fault. ((46:45 into the session)) I want to do something in retaliation, but I, I don’t know. (I’m not) bold enough to make that move?

Nathan: Hmm.

Andrea: I don’t know.

Nathan: You’re not bold enough.

Andrea: I-just, like the thought of actually doing it ((retaliating)), like I’m like I want to—nuh-aah ((i.e., no)) I’m not going to do that. I just, I don’t know.

Nathan: It’s like that dream you had, right,

Andrea: (inaudible)

Nathan: where you’re at the beach, you were living in a tent.

Andrea: ((A’s demeanor changes from a sullenly planted chin in her hand and downward cast gaze to a sudden smile flashing across her face)) *Uhhuh*, yeah.

Nathan: I can’t remember all the details now,

Andrea: *u-huh*

Nathan: but he was, I remember that you were leaving him and then you ended up coming back=

Andrea: =Well, I, I wanted to *((smiling again))-I wanted to huh* ((does paddling motion with both hands)) *canoe away-* ((looking away and laughing)) *huh-huh*

Nathan: Canoe away, that’s right ((smiling)).
Andrea: And I was like I *probably* shouldn’t go because it’s too dark. And he was like no, ((affect and expressiveness begin to fall)) you’re right, you shouldn’t go. And I was like “chhh” ((displeased snarl)), *what I really wanted to like* ((makes paddling motion with both hands again)) sail off into the sunset I guess and make it very dramatic. ((N seems to be kind of smiling at her as this happens))

I don’t know what to do. I feel like all I can do is like sit on it and see what happens.

Nathan: Hmm.

Andrea: I mean it’s <up to him> so…

Nathan: It’s up to him?

Andrea: It’s up to him to make sure that he fixes it (3) or (.) or I don’t know.

Nathan: Or what?

Andrea: Or I don’t know. I guess I’m not going to be okay with it. I just don’t know. (5)

It’s going to take me feeling better, and I’m afraid of dwelling on it for too long.

Nathan: What do you mean it’s going to take you feeling better? ((Andrea-Nathan Session, lines 830-876))

*You’ve Come a Long Way*

Andrea: Like before I can decide, before I can evaluate like how I feel about my relationship with him and if it’s going, you know, if we’re going to heal from the whole thing or if I’m just going to only be angry, then I don’t know. I’m going to have to just wait and see what happens and see if (.) I feel better because if I don’t feel better, if somehow he can’t, you know, produce the goods, then I guess

Nathan: Yeah

Andrea: It’s not going to work. I don’t know.

Nathan: Well, Andrea I think you’ve come such a long way.

Andrea: ((Pulls head back to nod exaggeratedly, does so and then speaks)) *W(h)ell, thank you-huh huh*
Nathan: Because I just think that you, you know, you have a sense now, you have a pretty clear sense of what you want and what you need in this relationship to make it work. And it seems like you’re just a lot more in touch with your reactions.

Andrea: mm hmm

Nathan: And that’s very good.

Andrea: I do. I, u-I feel like that. I don’t know, and I just hope that I’m not; I feel like I kind of get myself in that bad spot because I’m always like pulling everything apart. I’m not good at like forgiving and forgetting. Like I’ll forgive anyone, and then still it’ll bother me forever because I just like dwell on it. So I hope that’s not what I’m doing, and I hope I don’t keep letting my—I hope I don’t keep doing that to myself and end up in a place where I feel so bad about myself.

Nathan: I’m not sure what you mean.

Andrea: I don’t know. I think that’s how I get there. Like I feel like I’ve done this before. ((Andrea-Nathan Session, lines 880-907))

Got Carried Away

Andrea: Sometimes I did go to work and drink and, you know, drive home. Like I probably could have been.

Nathan: ((Very seriously)) Well, we have to go, but I will; I’ll…

Andrea: ((Very suddenly and spontaneously)) U-huh-huh-huh I kind of got, huh, carried away.

Nathan: No. You know, it seems like part of you feels like you shouldn’t (.) be upset by…

Andrea: Not shouldn’t be upset, but so focused on how bad my life is.

Nathan: And you don’t feel like it’s a productive sort of [depression?]

Andrea: No.]
Nathan: You feel like it’s a (inaudible).

Andrea: Yeah, it is. It’s so like oh, I’m so, I feel bad. I can see my other friends and other people in my life, when they’re sad they try to make themselves feel better. Why can’t I do that?

Nathan: Well, we’ll have to;

Andrea: U-huh-huh-huh

Nathan: that’s a good question, but we’ll have to leave it for another time. Okay?

Andrea: Okay.

Nathan: All right?

Andrea: Yeah.

Nathan: But I should have mentioned this before, actually, but my colleague, Josh, who’s working on this project, that’s why we’re videotaping, he wanted to meet with you, and I believe both of us actually, maybe just you, for the next like 15 minutes or so. Is that okay? ((Andrea-Nathan Session, lines 947-969))
Appendix O

Transcript Excerpts from Holly-Tamara Session

*Jane Spot Dick*

Holly: I’m a little like…I was really excited about it when I first found out about that position, but I am a little ambivalent about it because I’m really nervous that the department will be like the department here. That’s why you have (?) in session. Who knows—they may have some (stellar PhD in some applied…). I (kind of) doubt they’re really still on page ((client is whispering)).

Tamara: Well, it’s certainly not ((two people talking simultaneously)). Well, it’s certainly not a tenure track gig, right? So the people who are looking for tenure track wouldn’t be looking for that.

Holly: Yeah.

Tamara: What do you know about the department over there?

Holly: Well, I know my friend Jane over there is in the department, and she really likes it, and I like her. She thinks I would fit in well, and I feel like she does know me pretty well. She was one of the people that I felt like I was actually pretty good friends with here.

Tamara: Mmhmm. Is she a human being- like a pretty good human being?=

Holly: =Oh yeah, and we’ve been rip-roaring drunk together, so hhhh huhuhuhuhuhuhuhuh

Tamara: <Gives you confidence in her ability to party.>

Holly: *Exactly. Yeah, I give her a hard time. Her last name is Dick, and I was like, “You’re Dr. Dick and you teach statistics, and that’s actually your name?” hhhhhh *That’s awe(hh)some*. Uhuhuhahahaha

Tamara: That her name is Jane Dick is also funny.

Holly: Yeah if her middle name should be Spot (1) or no (1) well, never mind hhhh ahuahahaha=

Tamara: =Yeah.

Holly: I don’t know.
Tamara: So what if it turns out that it’s actually a pretty nice department?

Holly: Then I would be excited, but I just feel kind of like some of the dogs that I walked at The Pet Clinic on Friday. I would try to leash myself back. Part of me does want to be excited about it, but other part of me is just afraid of getting squashed.

Tamara: m

Holly: I don’t want to be too excited about that. I feel silly, but I just had feelings squashed in a pretty major way and

Tamara: [I was gonna-]

Holly: [I haven't] rebuilt my exoskeleton yet ((Holly-Tamara Session, lines 57-92))

*Bird Watching*

Holly: My dad was like, "Well, can't you just take your research to another university?"* I was like, "No."* Like, I just don't want to do that. They're okay with it. My mom was just like, "I can't believe how stupid are they?" So they were-they weren't like disappointed with me or anything. It was *just with the department.*

Tamara: Were you surprised by the way they reacted at all?

Holly: No:::. (5) My dad-every once in awhile, he's still like, *"Can you just bring the research to some other place?"* I am just like, "I'm not going to do that right now, Dad."* Like, if I end up with a Ph.D., it will be in something else like education or (4) bird watching or something. hhhh (5)

Tamara: Like yellow-belly (2) nut (1) catcher or something. All I can think of are yellow-bellied Sneetches. (1)

Holly: What's that?

Tamara: Dr. Seuss.

Holly: I want to go see Horton Hears a Who.

Tamara: Looks good.

Holly: I think it was a Steve Carell and Jim Carey (?). Actually, a few weeks ago on American Idol hhhh uh (2) Jim Carey was in the audience in an elephant costume.
Tamara: Hmmm. (4) So it sounds like even though it's been very tedious talking to other people about it, you're still feeling pretty good about having made the decision that you made.

Holly: Yeah, I definitely did the right thing for me. *Yeah, for sure.* (4) @I won't miss coming to the office.@

Tamara: hhaa (7)

Holly: Then that kind of in the interim, I decided I'm going to try-because one of my friends is doing this too. You know PartyLite Candles?

Tamara: mmhmm.

Holly: I'm selling some woohoo u-huhuhahahah

Tamara: You're going to be a PartyLite Candle lady?

Holly: ↑Yeah, I am. I really like their stuff, and you get to go meet people and work whenever you want. So (1) *whispering*

Tamara: It's a little cooler than doing Mary Kay?

Holly: Ahh, do de- I do actually do that so I can get myself (a wrap bracelet), (Tamara: Oh really?) Ursula: Yeah (2) so I can have a pink candle (?). *No, I'm just kidding. Yeah, I do like their-I do like their stuff.* But the whole like, the-the So, if you go to the meetings to learn about new *products* or whatever, for Mary Kay, you have to be in the close-toed shoes, panty hose, like really like dressed up like professional dress up, but not (pretty). I think that's a little more up my alley

Tamara: uhahahahaha

Holly: I'd kind of like to be a dude. (8) ((lots of hmming from T in here)) Actually, they're not all (?) actually. I popped.

Tamara: I heard that.

Holly: I feel much better when I'm going to the chiropractor regularly. It's so expensive-$40 a pop, well not a pop

Tamara: chh

Holly: like… I'm going to sell a lot of candles to g(h)o to the chiropractor, a hahah

Tamara: That's not covered under your insurance.
Holly: Only 25 visits were. And, Kevin's, the new insurance that we have, I don't
know. (Maybe I could go you know) until I used those up-hhu (1) hhu ((Holly-
Tamara Session, lines 188-237))

Germinating/Tramp Stamp

Tamara: Where did you run across-where did you run into him?

Holly: Like it was like in a hall or something, like he was going one way, and I was
like going the other way. Not at like exactly the same speeds, but enough where
I could see him. That's where I (said @I love ya Charlie@* (3)

Tamara: It's interesting that he's showing up again. (1)

Holly: Yeah. (2)

Tamara: I think-you know-I don't know. It seems like maybe-maybe that part of you
that's still (. ) not 'germinating'-what was it again?

Holly: Oh-Gestating. (Tamara: Oh. Gestating ((clap)) uhahahhaha) I might have been a
vegetarian, but I think I'm gestating. Well, mostly opportunistic vegetarian. I did
have that (one birthday).

Tamara: It's like you're getting closer. You're getting closer to what makes [you feel
alive.

Holly: I think-[I think I need a tattoo.

Tamara: hmmmmm

Holly: I've been thinking about that for, oh, since I was 16.

Tamara: What do you want?

Holly: I want a salamander on my lower back, which >I kno::w “tramp stamp”<

Tamara: hahahahaha.

Holly: That part of your body doesn’t change much. Like if I gain or lose weight or get
pregnant, it's not going to change. Like this is an awesome place for a tattoo,
but it will be all fucked up when you have a baby. You know?

Tamara: "That used to be a salamander, now it’s a smudge." (2)
Holly: Yeah, exactly. I’m assuming I’m not getting one on my arm, but that (was when) I was going to wait and see what environment I ended up professionally. (5) If I can get a *leopard print* tattoo somewhere I would; but I just don’t know how I could make that work. Because this is like, like you could tell like other tattoos came first, and the leopard print kind of fills in between, so… I think he has a song called “Tattoo” too.

Tamara: M. (1) Does Kevin have any tattoos?

Holly: Un-uh. He’s anti-tattoo.

Tamara: So would he be upset with you if you got one?

Holly: Maybe (for a while). He’d get over it though. I went to get tattooed from when we were separated, but I just never had the money. ((Holly-Tamara Session, lines 380-412))

**Brain Freeze/You’re Pale**

Tamara: If you can afford to go, that’s cool.

Holly: *Yeah I can’t quite afford that yet. But hhh* (3) We’ll get there. Wait until Kevin (gets a PhD) @hahahaha@

Holly: ((Rubbing hands during this section)) Sweetie I need some money. How much? Just enough to get to the Bahamas (.) sss ((Tamara: and eat while I’m there)) (.) and drink.

Tamara: (Screw the adjuster key)

Holly: Yeah, maybe so. (.) Margaritas can be filling.

Tamara: The ice keeps you hydrated, you know.

Holly: Yeah, exactly. @When you drink them too fast, you get a brain freeze.@ By the time you’ve had a lot of them, it doesn’t matter anymore. Hhhhh hu (3)

Tamara: Mm. (1) Yeah, as I’m sitting here with you-it’s time to stop-but I just have these, all these different sort of mental images that are flashing by of like uh symbols of you being free, you know? ((Holly: huhuhu)) You flying around with wings, your leopard skin tattoos.

Holly: Ahahahaha. Yeah, it’s just really like how to get leopard on the body is a little tricky I think. I saw this guy (.) one time that had really short hair, and it was dyed in a leopard pattern .hhhhhh. I thought that was [so cool.}
Tamara: Yeah, I like that one. I think that looks cool too.

Holly: It just works. And the Nova Scotia Zoo has snow leopards.

Tamara: That would work for you because you’re pale.

Holly: ahahahahahahaha (1) it's true (4) That is

Tamara: All right, so I’ll see you on Wednesday.

Holly: Oh yeah, do we need to tape?

Tamara: We taped, just now.

Holly: Oh.

Tamara: We’re also going to tape on Wednesday, just so we can pick what episode we think is the best. ((Holly-Tamara Session, lines 521-550))
Appendix P

Transcript Excerpts from Ursula-Tamara Session

Session Beginning

Tamara: So we are recording today. I tried to record last week and it didn’t work.

Ursula: Okay. (inaudible) (5) I thought about asking, but then I thought it might make me nervous.

Tamara: Well, unfortunately, now you know. I thought about not telling you huh huh, but.

Ursula: It’s okay.

Tamara: I am just checking, I think that clock isn’t working because it says it 12:15 pm. Do you have a watch or a clock?

Ursula: I do.

Tamara: Okay, because I don’t have one. We can keep track of the time. We don’t have to do the focusing thing; I just brought it up in case we wanted to do that today.

Ursula: Yeah, I feel like, I mean, I could either do the focusing thing, which I think might be a good idea, or I could just talk. <Like, I feel like I always have> something to talk about, some trouble to go into huh. ((Tamara-Ursula Session, lines 1-19))

Lipstick Girl

Ursula: …she text messages. I feel like it is kind of uh-avoiding, like text messages kind of in a way. Avoiding real emotional contact with someone. But at the same time, it is kind of okay with me sometimes. But, I have also been wanting to hang out with Julie. That girl who like gave the lipstick.

Tamara: The lipstick girl, yeah.

Ursula: U-huh-huh-huh. Actually, like I called her; I called her on Saturday. And she ended up not picking up, but she called me back later that night, and I was already hanging out with Scott. And I called and I talked to her and I said like well like we should hang out some other time. And I am glad that is set up for like we can hang out some other time. And, um (.) I ended up, the thing with
Donna is she was like, oh, I have a friend in town. ((Ursula-Tamara Session, lines 265-277))

Nintendo/Hook Up

Ursula: And then, he said, do you feel like going out? And I said, well, I feel like socializing. Kind of, I feel like socializing. And then, he said, want to come to the Peach Pit with me? And then I don’t really, I didn’t feel like it. I am like shit, why am I so, I am kind of picky at the same time I kind of want to go out anyways. And then I text messaged him and said, are your roommates up to playing Nintendo? I said something like [that.

Tamara: hhu[h u [hu

Ursula: Huh]- And then, he is like no, they are on their way out, and I am trying to hang out—trying to go out. That is what he said. And I said, well, how about like Stonewall?, maybe you could (. help me, and then I kind of (. made a silly message. Cuz like [(part of the reason)

Tamara: What is Stonewall?] Wha’s=

Ursula: (=) Stonewall is a bar—it’s a bar. And they have a girl night. Like a woman’s night. And (. lesbians go. I uh (1) <n I said> maybe you can help me find a girl. O[:r

Tamara: huhuhuhu

Ursula: Or may]be you—maybe--<I said> hook up with a girl or maybe WE could hook up

Tamara: (=)Huh (.5) hughu

Ursula: <That’s what I>-↑hu↓h↑hu↓h ↑hu↓h hh ↑hu↓h hh. It made me laugh to write that, like it made me happy to write it. Because I do like, kind of like want to hook up with him. Like I have been wanting to a little bit. And like I thought, well, it’s a text message and plus he has a sense of humor, so it won’t be that big of a deal if he rejects me or whatever. Then he said, his text message was, we may very well hook up some time, but tonight won’t be that night-huh huh. And then he said, Stonewall sounds good. I can pick you up, and then so we went out. I text messaged him saying, I look forward to that day u-huh-huh-huh. And so we went out. I don’t know, like I have kind of a crush on him, but I feel like I could get hurt, but it’s not like going to be (. terrible. I feel like, I don’t know, like I really like him. ((Ursula-Tamara Session, lines 317-365))
Prettier Queer Woman/Toby Geist

Ursula: But like (. ) at the same time, it is like fine. Like, It is not like he's, It's not like at all like we're at all like you know (. ) you know like dating or anything. Like we are just hanging out. Like sometimes I feel like (. ) would he reject me for someone else or is he just (. ) I don't know, like (1) a prettier queer woman. Hhh u (lu) hu

Tamara: Uuhuhuhuhuhuh (=)

Ursula: (=)cause <he does hang out with a really pretty queer woman> and they do-do that too.

Tamara: m
(4.5)

Ursula: It's funny. And I kissed that girl (woman too) once. That was weird, a-chhe .hhhh b(h)ut-b(h)ut l(h)ike it's fun=like I-I love how: craze-like how we're-so honest, I don't know. ↑And like, that night, we ended up running into Toby Geist

Tamara: [No kidding.

Ursula: ahu<huhuhuhuhuhuh>hu .hhhh (=)

Tamara: (=) That's amazing

Ursula: She was at Stonewall. Huhuhuhuhuhuhuh hhh huh .hhhh

Tamara: [Hahahuhu

Ursula: And we ran into Missy Stoeger. She was at Stonewall too(=)

Tamara: (=)wow

Ursula: Like two of my favorite teachers [ever

Tamara: [I know]

Ursula: were] there.

Tamara: eyuhhuh

Ursula: It's-It was crazy and-and Scott loves Toby Geist. Anothe-another thing like—it's another thing that like-I feel like we share. You know?(=)
Tamara: (=) mhm (2) uy-Was he communications major too?

Ursula: No, he’s (.). French. He is like French an:dnuh (2.5) philosophy (ntks) (2) hh um (2) but he took woman’s studies=He is like woman’s studies minor. And sh- she's taught liberal studies classes and he took a class with her. <A couple I think> (1) but (1) So we saw Toby Geist an:d=Toby Geist said gave me an ex- <she said> she would still accept the paper.

Tamara: ↑Really?

Ursula: Yeah hhhuhh-<hoohoo> .hhha huhhuh [a(h)nd] huhhuh

Tamara: [Wow.]

Ursula: I know, like that makes me feel uh good. Like she said that like whenever I am ready. <she was like> I-uh and I (applied for her) and if they wouldn’t accept it, she was like, and I would fight, I would do whatever it took.

Tamara: =wow= ((Ursula-Tamara Session, lines 475-539))

Trophy Kiss

Ursula: Yeah. And I am like, yeah he was kind of, he seemed really intimidated by me. By how I like came out and just said that.

Tamara: Maybe he is shy.

Ursula: And I am like, shuh is he really? I don’t know. I don’t know. Because he is really… I guess is it just a persona? His whole stage persona. But, I don’t know. I can see him being an asshole, but like uh for some reason it does not bother me that he is kind of. That he might be kind of. Like I think he has a big ego and stuff and. I don’t care though, for some reason I like him (2) So I felt kind of stupid. Like after that. Uh-Just a little bit. I felt like whatever, I felt better for having asked, but I felt like it was kind of stupid. Then, I felt kind of, oh, what’s he think of me. At the same time, I feel like maybe he isn’t as cool as I thought. Maybe I will try some other time unhhhh-hu I don’t know. I feel like what do I really have to lose. I also feel like I am kind of wanting to kiss him, like a trophy kiss kind of. I feel like I do that with people. Like. At the same time, I feel like so what uhuhhuhhuhhuhhuhhuhhuh I don’t know-like (4) I don’t know. Like I told him, I like girls and guys, and he was like, @GOOD TO KNOW@ That is what he said. I am like, that is not really… He wasn’t like… I don’t know, it was kind of weird, but I was drunk huh Maybe I was coming off awkward. I don’t know. And then, I went home, and then after everything, I went and I emailed that girl. Basically, I feel like everything.

Tamara: You got in touch with everybody.
Ursula: I got in touch with everything and everybody. And I emailed that girl that I hadn’t emailed. ((Ursula-Tamara Session, lines 723-749))

*Tarzan Hang Out*

Ursula: I have been thinking about that girl. Just that email that I wrote. Like how I dealt with that. Like how I had to get drunk to (.) write her. And in the email I told her I kissed Scott. But—ahhh Like that is the other awkward tidbit in the email. Everything else is okay

Tamara: *uhnmhnmhm*

Ursula: It is actually not so bad. I say like, oh, I just got drunk tonight and I hung out with my friend Scott and we kissed. But, we kiss as silly friends I said. Like (1) I don’t know.

Tamara: nhhh

Ursula: It-it's is weird.

Tamara: Did you think it was much worse? Like--

Ursula: I thought it was much worse. Actually, I made sure that I spelled everything correctly. Everything is spelled correctly uh-except the grammar got bad towards the end like a little bit. I missed a word. And uh *So I sound like Tarzan one-in one sentence, you know*

Tamara: *uhuhhuhhuh*

Ursula: where I missed one of those.

Tamara: (@) *Me hang out with you(@)*

Ursula: Yeah *huhhhhh-huh* a little bit. *And I didn’t capitalize a couple of times.*

Tamara: [well]

Ursula: But I put pictures of myself. I [want more?] I think is funny, like it is just a picture of me smiling. I took it of myself and the other one is a camera phone picture like I took. I don’t know.

Tamara: So maybe next time if this is still like the thing that is the most salient thing, we could spend some time looking at like how this-how this relationship with this girl got to be how it is. What is it that is festering there exactly?
Ursula: Like a part of me wonders if I really… I know that I don’t know her. I don’t know her and yet I like feel I am really destructive when it comes to email relationships or IM relationships ((Ursula-Tamara Session, lines 800-843))
Appendix Q

Transcript Excerpts from Yvonne-Nathan Session

Apparently Concrete

Yvonne: Wednesday morning I woke up and I was so mad that I had to get up. I’m like, I was a mess (inaudible). So Russell was like pushing me. He’s like, @Get up, go to work, blah blah blah.@ And it was bugging me because I didn’t want to get up (and he was starting to piss me off). And so I ended up I got out of bed and I was going upstairs to change and I was so pissed off at the world that um (1) I hit the wall. Like I just started slamming my fist in the wall.

Nathan: Wow.

Yvonne: Actually you can see it, how bruised it is.

Nathan: Oh yeah.

Yvonne: And I think I cut like a nerve inside my wrist or something because like every time I move it, it tingles and (I pinched it) because I usually wear a bracelet on this wrist, a metal bracelet and it was right here. This is (where it so it dug right in.) So it did something inside which feels really weird.

Nathan: So you’re in the bathroom

Yvonne: In the stairwell.

Nathan: In the stairwell on your way to work.

Yvonne: The walls in the stairwell are apparently concrete. I didn’t know that.

Nathan: hhuuuhu

Yvonne: And you’re so angry that you’re having to be awake and going to work while you’re so exhausted.

Nathan: So exhausted.

Yvonne: Yeah and I didn’t realize it was going to hurt so bad so of course I sit down in the stairwell for like 10 minutes and then I called (2) I called this girl that lives down the hall from me that works with me and she (works at TGI) Friday’s. So I called her and like I was so upset that I was like crying. I was just bawling. ((Yvonne-Nathan Session, lines 95-132))
The Man Drives Me Nuts

Nathan You’re not even dating?

Yvonne: No, not at all.

Nathan What are you then?

Yvonne: We’re just friends.

Nathan Just friends?

Yvonne: Yeah I just sleep down there because I can’t sleep (?). I don’t know I think (?) so I just sleep down there.

Nathan Well give me an update on that then because you told me before that you guys were having problems but you seemed to have worked them out.

Yvonne: We were trying to but it wasn’t going to happen. Like (it was bad for a minute, like I-) and then I just stopped caring because he’s my father if you remember and I know everyone says that you marry just like your father if you’re a girl but I can’t do it.

Nathan Nhahaha

Yvonne: Like the man drives me nuts.

Nathan Nhahaha

Yvonne: So it’s not going to happen.

Nathan Which man?

Yvonne: Both of them.

Nathan Nhahaha

Yvonne: Because yesterday actually we got in a fight um… ((Yvonne-Nathan Session, lines 164-199))

Awesome

Nathan: And is this sense that he was too much like your dad and he did those things that annoyed you, is that why you broke up?

Yvonne: No.
Nathan: No.

Yvonne: I just (curt a bout o lager).

Nathan: So what was the (inaudible)? What was the reason you guys broke up?

Yvonne: Oh see he likes to do this thing where he doesn’t tell me what he’s thinking. So I kind of have to figure it out on my own, which is awesome because every single time he does it I tell him not to do it and then he does it again. Like he spent 3 weekends at home in a row and like the first weekend he went home like I was here texting and talking and whatever and started talking about like us and stuff and he’s like I just don’t think it will work. I’m like you know what I was like I knew that you thought that because I’m not stupid but I know that you’ve thought that for like a month now and you didn’t tell me.

Nathan: Yeah.

Yvonne: And that’s what pisses me off. Like I don’t care, do what you want but just let me know. It’d be nice.

Nathan: You don’t care though that, that uh (1) it didn’t work out?

Yvonne: No, it was way too much work. ((Yvonne-Nathan Session, lines 314-341))

Five Months

Nathan: What’s your longest relationship?

Yvonne: Eight months.

Nathan: Eight months. (5) And help me understand when you say that you’re emotional (1) u::m (1) how does that manifest itself? In what way are you emotional?

Yvonne: I’m either angry or crying. (1)

Nathan: Like always one or the other? (1) ahaahahaha

Yvonne: Yeah (2) basically.

Nathan: Hehe. (2) Huh.

Yvonne: Or happy. I mean happy is usually is when I’m not doing the other two, I’m happy basically hehehehe or I’m tired but I don’t think that’s an emotion.

Nathan: Are there any situations in which you’re something other than angry or crying?
Yvonne: Well I don’t know I guess angry could also be converted into aggravated or (1) agitated or (2) pissed off. *Huhuhuhu.* I don’t know.

Nathan: I guess the reason I ask is you know to be honest I mean we’ve been seeing each other now for (2) ss (1) 5 months and I feel like in many ways I still don’t even know you. I feel like when you come in you often talk about things in a rather detached, unemotional way. So I haven’t really seen this [talking over each other]

Yvonne: It’s kind of hard to talk to you (you know to) talk about stuff unless I’m talking about like [mumbling] I was really into that but

Nathan: So that was angry?

Yvonne: Yeah, yeah. Aggravated like annoyed (2) anger.

Nathan: I guess it just comes as I mean I’ve heard you talk about identifying more with your mom and being more emotional and that sort of thing but (. ) it seems like at least here you kind of keep it at arm’s length or *something like that* ((Yvonne-Nathan Session, lines 356-393))

We’re All Crazy

Yvonne: Bless you. He said something about mood swings he’s like, I’m like, “I do not have mood swings.” [Background noise] He’s like, “what do you call going from happy to sad in a matter of seconds?” I’m like; “I call it getting pissed off.” Like if I’m in a good mood and something pisses me off am I going to stay in a good mood? *No.* That’s not a mood swing that’s getting pissed off about something and it’s never for no reason. Like I don’t just sit there and all of a sudden like we’re watching TV or whatever and all of a sudden (I’m really down here).

Nathan: So you feel like your emotions change for reasons?

Yvonne: Yeah.

Nathan: Right.

Yvonne: It’s not like unreasonable you know (and uh) ((Nathan clearing throat)). He just-he just doesn’t get it.

Nathan: And further-furthermore you feel (1) like this is a normal part of being (. ) a woman

Yvonne: mhmm
Nathan: you know that he doesn’t see (talking over each other)

Yvonne: We’re all crazy. Nhuhuhuhuhuhu

Nathan: Hehe

Yvonne: It’s true. So you know he just doesn’t get it. He just does not get it. Like for being as smart as he is he’s so stupid. It’s so funny (2) but I don’t know.

Nathan: So how would you like (2) Russell to be? Like how do you think he would have to be in order for it to work? (1) Uh what would you change about him?

Yvonne: I don’t want to date anymore.

Nathan: Well I mean just forget Russell then I mean just sort of (1) in general. ((Yvonne-Nathan Session, lines 435-471))

Perfect/Ice Cream

Nathan: So somewhere between expressing interest and making you feel like you’re an object of desire you know that they want you. They want to make an effort to be with you.

Yvonne: Yeah but does their own thing and has their own life and like goes out with their own friends and lets me do what I want too like go out with my friends and stuff. Perfect. Huhuhuhuhuhu

Nathan: And it seems like this, I’m thinking about this story (1) thinking about the ice cream you know it seems like sort of a (I think you did the list) in some way like you’re having to prod Russell to sort of do what you’d like him to do without you having to remind him, you know.

Yvonne: @I just wanted ice cream.@ I didn’t know where to get it.

Nathan: But you wanted-but you wanted him to buy, to find the ice cream and buy it for you.

Yvonne: Well that was because I had no money in my bank account. Like I’ve had like no money for a really long time now, which is, you know, part of the reason I’ve been so mad. Because um (1) I only got paid like $80 last week and I had to spend a lot of it on film processing. Like my dad just put $100 in my bank account yesterday but if he hadn’t I would not have been able to develop my film for class and uh so that was like afterwards so I told him about (?) but we’re going to (the symphony) tonight. ((Yvonne-Nathan Session, lines 493-517))
I Know You Want Me to Come

Yvonne: So. Because usually I think you know if I leave too early then I’ll get here way early. If I leave too late I’ll get there too late. So I can’t find that middle ground. nhuhuhu

Nathan: Yeah, I mean it wouldn’t be a bad thing it’s just I wonder if you know there’s something about me calling you that makes you feel like I want you to come here, you know?

Yvonne: (Well um) I know you want me to come here but- huhuhuhu

Nathan: huhuhu

Yvonne: I don’t know. (14) (I don’t know even when) I’m late for work and they call me it just ((N clearing throat)) it doesn’t have the same effect I guess I don’t know. Well it usually makes me mad in the morning when they call me

Nathan: hehe

Yvonne: from work. I’m like, @Yeah,

Nathan: =hehe=

Yvonne: I know I’m supposed to be there.@ (Then I) get all mad about it so but (1) I don’t know. (3) I mean I’d still come either way

Nathan: mhmm

Yvonne: but it’s usually (just late). I suck at managing my time (I’m always late). Z huh

Nathan: (mumbles) You suck at managing your time.

Yvonne: Mhmm

Nathan: Wow. ((Yvonne-Nathan Session, lines 660-697))

Sleep Issues

Nathan: So this I mean the punctuality and the sleep issues are really (related).

Yvonne: mhmm

Nathan: And I mean it sounds like the sleep issues are really affecting your life right now
Yvonne: mhmm

Nathan: and that’s (you know) hhhh um huhuhuhuh

Yvonne: Yeah y(h)eah y(h)eah

Nathan: Yeah I mean banging the wall and again this isn’t a substitute for talking about sleep issues but I guess I just want to throw out again if you’re in this much distress because of the sleep issues at least in the short-term you know you may want to think about some sort of medication and

Yvonne: Yeah, I talked to my mom about it again last night so. ((Yvonne-Nathan Session, lines 717-737))

**Eat It Anyway**

Yvonne: Because I have to take it every time. Well not every time. Every time I have an allergic reaction to something. I’m allergic to fruit, all kinds of fruit. It doesn’t matter what it is. If it’s fruit like an apple from the store I’m allergic to it. Because I’m allergic to the stuff they put on it like the pesticides and stuff so (it makes my throat ache and) my eyes water and it’s terrible ((clearing throat)). Like I ate an apple and I didn’t even care like I knew it was going to happen but I’m like “I want this apple so bad I’m going to eat it anyway.” nhehehe

Nathan: Wow.

Yvonne: My mom used to give that to me all the time. *I’d just pass out a(ha)fter hehehe*

Nathan: Yeah I mean it sounds like this week at least the sleeping (3) you just kind of

Yvonne: (inaudible)

Nathan: *haha. It looked like this week the sleeping problems were related to going out and partying.*

Yvonne: Yeah.

Nathan: Is that typically the sort of thing that keeps you from sleeping? ((Yvonne-Nathan Session, lines 766-787))

**Wake Him Up/Whiny Baby**

Yvonne: I just stay there and then I wake him up when I go to work

Nathan: mmhmm
Yvonne: and then he gets all mad (laugh type sounds). (4)

Nathan: hhchh You kind of laughed when you

Yvonne: I just think it’s funny because he’s always like @Well (what if you) sleep down here then I’m going to wake up (when you wake up)@ Well yeah but you sleep like a rock anyway. Like I went to wake him up one morning to get his toaster oven so I could take a picture of it for class because it was shiny metal and he like didn’t even understand what I was asking him. He said, @I don’t know how it works.@ I’m like @I don’t need to use it. I just need to photograph it.@ He’s like; “I don’t-I don’t know where it is.” And then I couldn’t find it so I got mad hnhh because he couldn’t tell me where it was, could not do it. (2) He has absolutely no (popularity). He’s just a whiny baby. hehehehe

Nathan: hu-hun (3) Well ((mumbling)) (we’re getting close to being done today) but uh (3) yeah. I g-uh I wanted to say, you know, I haven’t forgotten some of the symptoms that you brought up in the very beginning that you haven’t talked about practically at all [like the uh (inaudible) you know and the

Yvonne: .hhhh hhhhhhhh that’s never gonna go away]

Nathan: What?

Yvonne: I said that’s never gonna go away

Nathan: huhuhuhu. (3) That may be true but you brought it up as something that you were concerned about. It was distressing in some way to you, you know, I guess I’m just saying, you know, I haven’t forgotten and maybe just think about if you wanted to talk about that at some point in the near future but thanks for sharing so much today.

Yvonne: Hey no problem. Hu-uhhuhhuhhuhhhuh

Nathan: Alright. Next session we’re on for next Friday? ((Yvonne-Nathan Session, lines 845-883))
Appendix R

Excerpts from Bridget Review

Excerpt 1: On “Looked Pretty Rough”

Josh: I have one question, I was wondering about this. K agreed with you and you said “oh, Tuesday felt like Friday” or something like that and he goes “yeah you looked pretty rough.” I was wondering if that, like if somebody told me, I don’t know, a lot of times when people tell people they look rough they don’t like that. And I was wondering if you remembered if you felt like that was a not kind thing to say or anything like that?

Bridget: I just kind of went ((shrugs))

Josh: So you felt it a little bit but just passed over it kind of.

Bridget: Well I know I looked rough because I was absolutely exhausted. I mean you know I don’t think I can express to these people the pain limit. I’m in pain every day, you know, and then I go in and they’re running my ass off in the restaurant and because of the physical pain that I’m in is like, and I’m not eating and they’re going to fly down here and stuff like this and it’s like, you know.

Josh: Yeah, why add more to it kind of?

Bridget: Well like this is what I used to express to Millie, you know, about, I’m like Millie, up there at St. Peter’s these are people you work with you know. Like Shana, she’s a, I worked with Shana. We didn’t particularly care for each other. She’s not my type of person. I’m not her type of person. We will never go out and have coffee. But we had some wonderful conversations on faith and religion, wonderful ones, they were great. And I said but, you know, you act like you’re going to see these people the rest of your life. You’re going to work with them for a while and then they’re going to be gone and you’re going to go on.

Josh: Yeah, yeah.

Bridget: So that’s the attitude. It’s like () what you think, you know. Of course I was rough. I was covered in food. I was exhausted. It was like I couldn’t think anymore and you’re handing me all this paperwork and I’m like here, here, it’s Josh, don’t worry about what it says.

Josh: I’m sorry.
Bridget: No, no. You know if it was Lee I would say I’m going to come back and do this, you know, do you see what I mean. But it’s you. ((Bridget Review, lines 639-676))

*Excerpt 2: Related to “Work on Coffee”*

Bridget: Yeah. And he even says that. He says you know don’t think you’re going to go through contemplation and not get any interior strength. That’s what it’s all about. You’re purging out the old. You’re purging out the, you know, you’re always going to be you and the roots of your imperfection and replacing that with God’s infusion. So it’s always, you know, give me the coffee, give it to me now, you know. ((Bridget Review, lines 1636-1640))
Appendix S

Excerpts from Ken Review

Excerpt 1: On “Normal”

Recording of Bridget-Ken Session: I don’t know. It’s like I have three different lives, you know? I have the, the Clinic part where I can come to you guys and tell you what really happens in my life. I have a professional life where, you know, I work every day, and I feel like I’m normal, or at least I try to. Sometimes I give the appearance of being that way. But I also have my friends and my spiritual friends, and Millie is very religious. She’s whatever she is, Baptist, Presbyterian; she can’t decide. And Lord, and I told her on the thing, you know, the Lord keeps us. I said you say you feel the peace up there. That’s the Lord. It’s an invitation.

Ken: Okay so this is a moment I remember after offering, you know, after questioning and the integration I just gave you on what’s been happening and I feel that that kind of clarifies that for us, that she does feel that she has an alliance here with her spiritual director. That the struggle for her to leave isn’t just a struggle to move forward and move past the pain, but she really feels a connection that she feels she can trust and that she is in a real relationship here. And that ending with people who she’s been comfortable with, you and myself, it’s scary. But then there’s a moment of course where she starts to talk about work and she says I like to be normal, at least I think I am, and we both laughed because again that’s something else that’s been coming up quite a bit in therapy is her joking about normal and what’s not normal. But also doing some really intense work on how other people have taken her up in the past. That people, especially after her first run in with the initial priest that referred her here, that giving her a real mental health stigma and feeling like a lot of people see her mentally ill. And what’s she responding to both I think is this feeling that she is more normal than people realize, but also joking about it saying they don’t know anything about me. I know that you guys know what I’m up to and that’s okay. It’s like (inaudible) in the context, but also just kind of saying I think the laughter is still an invitation in some ways to say yeah we’re on the same page. I think I hear her saying and understand her saying.

Josh: Yeah. So recognition of the ongoing conversation and then what she said.

Ken: Absolutely. And then of course again her delivery; Bridgette has a pretty good comedic timing. Delivery can be quite good. And her expression I believe she said then normal, at least that’s what I think, and then a head jerk and the eye contact.
Josh: Now do you think any part of your laughter is maybe less, I don’t want to say, I’m trying to think of the right word, like oh you are so not normal or something like that?

Ken: Oh no, not at all.

Josh: Or those people, definitely there’s no way they could see you as normal or anything like that?

Ken: No not in a derogatory manner. You know I do think when she and I do laugh about normal I think she understands herself, and quite frankly I think I understand this about her as well, she does have some special talents that other people don’t have… ((Ken Review, lines 380-424))

Excerpt 2: On “Work on Coffee”

Recording of Bridget-Ken Session: Because in the Night of the Sense and the Night of the Spirit he starts purging things out, okay? So the Senses takes away, you know, your attachments to things, you know? We might have to work on the coffee, but… I’m sorry. That’s kind of medicinal, too, especially when you’re racing down after work.\(^\text{62}\)

Ken: So she’s talking about purging meaning giving up really of vices, but also all kind of creature comforts and things like that. And she jokingly says we’re going to have to work on the coffee because she is a Starbucks fanatic. So I had that laugh with her knowing that that’s part of her day to day, you know. And at this point she goes to continue further about things. I’d have to say that at this point I’m still feeling quite lost with her analogy of how this is similar to St. John of the Cross… ((Ken Review, lines 479-489))

Excerpt 3: On “Work on Coffee”

Josh: So I think that, oh the coffee, we talked about the coffee.

Ken: I do think when she said part of it’s medicinal it’s because she struggles in the morning of course to get moving.

Josh: Yeah, yeah. Let’s see. It’s 11:00 now. I mean I’ll keep you as long as you’ll let me. ((Ken Review, lines 553-561))

Excerpt 4: “Natural Course”

Ken: Do you have questions about the exchange first or would you rather me just to say something?

\(^\text{62}\) These italics designate words from a recording is being listened to during the review.
Josh: I’d rather shape it as little as possible.

Ken: Okay sure. Now again Josh, this is, these last couple of sessions are pretty awkward for me because we’re ending them. I mean this is actually the session before we turned them in. So there’s a delicate balance between wanting to interpret, as I have been, and between just kind of letting things run its natural course and just kind of be (inaudible). I should fill, I guess, a little bit more background into this particular dream that she’s talking about, this building, this four-19 nine-14 building. ((Ken Review, lines 74-84))
Appendix T

Excerpts from Tamara Review on Holly Session

*Excerpt 1: On Humor at the Beginning of the Session*

Tamara: Nothing too much springs to mind. There’s a weird tone she and I have sometimes which is um () uh ((6:00 into recording)) like I-I-I play in with her to being humorous maybe more ()


Tamara: Well you know, with different clients (I’m generally) (myself more) with her I feel like I can be more um (2) funny, but also (1) um I can’t be more serious; being able to be more funny is also not being (able to be) more serious

Josh: Ah, You feel its:: prevents you from being serious

Tamara: Something like that, being serious is something I-I have to sort of (1) work my way into

Josh: mhm

Tamara: (with her) and um (2) that whole thing about the clock, the clock is broken you know in the room, and (needing) another clock, and like (3) explaining to her why () the clock and all that stuff (she was curious about it in a funny way) ((7:17 into recording))

Josh: Mmhmm, it’s kind of like the intro to the session. Do you remember what she joked at the very beginning?

Tamara: I don’t ((7:33 into recording))
Excerpts from Holly Review Session

**Excerpt 1: On “Jane Spot Dick”**

((12:32 into review recording))

Josh: This is kind of a big question but (.) just wanted to throw it out like um what do you make of um you guys are joking around and laughing a lot

Holly: mhm

Josh: but (it’s also the) theme is kind of a pretty painful subject (at the) same time

Holly: mhmm (1) I do (1) know about myself that when (.) if there’s something that I’m (1) ((swallows)) uncomfortable with or nervous to bring up, (that) I can bring it up in a (1) in a humorous way (and like) self-deprecating way, cuz like usually—like with my friends or (.) my husband (.) gets a *little* tired of it sometimes*but um (.) but <especially with a lot of>—((13:14 into recording))

Josh: With joking?=

Holly: =Oh yeah=

Josh: =Self-deprecating?= 

Holly: =Yeah. [Like,

Josh: Okay]

Holly: like the joking about stuff (.) that (.) I should have a serious conversation with him a↑bout

Josh: m-mm

Holly: but—((clears throat)) um (2) but <a lot of times like I can bring things up in that way and> like <you know it makes people laugh (and then it’s) like> (.)

Josh: =mhmm=

Holly: (2) like (.) you know (2) (you kn(h)ow) I-I (1) um (2) like *I e(h)njoy making people l(h)augh* it kind of like (.) distracts me from (.) whatever (.) like I’m trying to deal with—<and ↑then sometimes it’s> like—like in therapy I can use it like
just to get it out and then like (. ) like I know like Amanda’s going to ask me more questions and kind of make me=

Josh: =mhmm

Holly: um address (. ) whatever (1)

Josh: mmmm

Holly: whatever it is=

Josh: =She’s not going to (. ) just joke (. ) with you (. ) without (. ) [trying to address it

Holly: Right ] Right. Yeah. Yeah. ((14:08)) And uh—(I mea-) I feel like—too, I can always be like @ah-I can’t really talk about this seriously yet.

Josh: Mhm

Holly: But um

Josh: Like it’s a good way to introduce the topic that doesn’t feel

Holly: Yeah just like put it out there it doesn’t feel like um (3) uh (2) like especially with stuff actually with (. ) um like with my husband ((14:28)) it doesn’t feel——like even if he gets annoyed if I joke and stuff it makes me feel like I’m telling him [what

Josh: mmmm

Holly: ever] is bothering me

Josh: mmmm

Holly: and not keeping it (. ) bottled up—but it (. ) sort of (. ) mostly removes like the threat of rej(h)ection hhh ((laughing breath))

Josh: mmm ((14:43))

Holly: Ya know?

Josh: Like you think he (1) would be (. ) he might not respond in a way that you feel (. ) safe with

Holly: Right
Josh: if you just say I’m feeling like this [or something]

Holly: Right right]. (And I mean) an that—an that’s something <that I’m>-that I’m (1) you know, that I’m (.) kind of like (1) trying to work on, but it’s real—like, it’s hard for me to be (.) um (1) like to be open about how I’m like thinking and feeling about things

Josh: How are you doing right now?

Holly: I’m ↑O↓Kay

Josh: Okay

((15:10 into review recording))
Appendix V

Excerpts from Nathan Review of Session with Andrea

Excerpt 1: On “Canoe Away”

Recording of Andrea-Nathan Session:

Andrea: I just, like the thought of actually doing it, like I’m like I want to, nah I’m not going to do that. I just, I don’t know.

Nathan: It’s like that dream you had, right, where you’re at the beach, you were living in a tent.

Andrea: Yeah.

((recording is paused))

Josh: So is this laughter recognition, or is there something…?

Nathan: I think maybe there’s something silly about her being in a tent on the beach or something.

Josh: Okay.

Nathan: I don’t know. I mean that was also just a shift. I mean, because I was sort of, I was bringing up something that wasn’t as immediate.

Josh: Yeah, outside of her train of thought, et cetera.

Nathan: Right. Like before I made that comment, she was really like, you know, feeling really sad and confused. And then I’m bringing up something that’s related but is not sort of so close.

Josh: Yes, that’s kind of out from here.

Nathan: Yeah.

Josh: She’s just like oh, ha ha, yeah.

Nathan: Yeah.

Josh: And it’s kind of funny because it’s her on the beach, and somehow that’s funny. I think there may be a little more here…

Nathan: Yeah.

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These italics indicate that the transcribed words are from a recording that is being played in the review.
Recording from Andrea-Nathan Session:

Nathan: I can’t remember all the details now, but he was, I remember that you were leaving him and then you ended up coming back.

Andrea: Well, I wanted to canoe away.

Nathan: Canoe away, that’s right.

Andrea: And I was like I probably shouldn’t go because it’s too dark. And he was like no, you’re right, you shouldn’t go. And I was like, I really wanted to like sail off into the sunset I guess and make it very dramatic.

Josh: What about your amusement there?

Nathan: I think I’m enjoying her fantasy about leaving him. Am I not supposed to say that?


Nathan: Yeah, I don’t know. I guess it’s also sort of funny because it’s such an obvious, the meaning of the dream is so obvious. ((Nathan Review of Andre Session, lines 697-754))

Excerpt 2: On “Just Hormones”

Nathan: I mean I think maybe she feels like uncomfortable talking to me about her period or something, and maybe that’s her way of like (.)

Josh: Dealing.

Nathan: I think also making light of a situation that actually has a lot more to it.

Josh: Okay, so kind of trying to make light of something that isn’t really light at all, that has a lot of emotional charge for her?

Nathan: Well, I mean I think she’s got some serious, I mean I think some aggression towards her sister.

Josh: Okay.
Nathan: But she’s probably so ambivalent about it she can’t really; she can’t own her aggression towards her sister, so she can blame it on them (inaudible) hormones.

Josh: Yeah, having a period at the same time.

Nathan: So you know, so I think maybe the laughter is sort of just a defense against that. ((Nathan Review of Session with Andrea, lines 374-394))