

In defence of a manic defence:

A therapist's experience of humour in
psychotherapy

Craig Ciurlionis

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I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Craig Ciurlionis

Contents

Abstract	Page 4
Introduction	Page 5
Chapter 1 Method and Methodology	Page 9
Chapter 2 Literature Review	Page 18
Chapter 3 Findings	Page 28
i. Humour just is	Page 28
ii. How can humour be therapeutic?	Page 32
iii. Humour just isn't...	Page 38
iv. Humour and therapy in Aotearoa New Zealand	Page 40
Chapter 4 Discussion/Conclusion	Page 49
Implications	Page 53
References	Page 54

Abstract

The following is a heuristic study: a first-person exploration of humour, using my own experience to illuminate this particularly fascinating aspect of humanity, and an infrequently discussed, yet potentially impactful, aspect of the therapeutic endeavour. I also engage with psychotherapeutic literature and aspects of popular culture to attempt to determine important themes. These include the fact that humour is often considered inappropriate, despite having very few vocal proponents, is frequently a response to power, and can act as a boost to one's sense of resilience. I look at the potential benefits and pitfalls of humour in therapy and attempt to illustrate that although it is often overlooked, humour has the potential to be an enjoyable, connecting experience.

Introduction

As a common word and concept in western culture for me extensive time spent defining humour is not necessary. My paraphrasing of a number of definitions provided by institutions that are guardians of the English language (*Collins, Oxford, and Webster-Mirriam*) is “Stuff that is funny”. Knowing how it is generated does feel necessary and Pinker (2011) is helpful in explaining that “Humor works by confronting an audience with an incongruity, which may be resolved by switching to another frame of reference” (p. 765). Liam Neeson can help begin this exercise by illustrating a distinct incongruity in the following clip from *Life’s Too Short* (Gervais, 2011) whilst expressing his comedic aspirations. He also helpfully delivers a non-exhaustive list of various modes of humour (from 30 seconds - 1min 50 seconds).



<https://vimeo.com/141940661>

Humour has been a ubiquitous facet of my world for as long as I can remember. In an early session with my current therapist, after an involved and painful 55 minutes I made a joke as I left. Given that it was in the face of content that would seem firmly at odds with laughter I wondered aloud why I would do that? “Because you like to laugh at life” came my therapist’s instant reply. She was quite right. I do. I had raised the query with an air of self-reproach, perhaps searching for an answer as to why I would persist with this perceived inappropriateness. Her answer immediately quelled this

internally generated reprimand and gave permission to a way of being that is dear to me. In this dissertation I will explore aspects of humour that feel personally pertinent and will attempt to ascertain whether it has a rightful home in the therapy space. Can I and other therapists laugh with people about their troubling lives and selves, in a setting that I had assumed was meant to be exclusively serious?

In wondering about the birth of this aspect of myself I immediately thought of my father who can be a playful man and is a very keen exponent of the dad joke. He recently illustrated a frequent mode of coping for him and our family on a visit to his mother. Her descent into dementia had accelerated and he reported back on her “vacantness” and confusion. I wondered aloud how this had been for him and attempted to imply that it must have been emotionally painful. An enquiry of this nature would have been highly unlikely prior to my training in psychotherapy, but to his credit he considered it and acknowledged that it had been sad. He followed this by saying that the difficulty was compounded as “I couldn’t even take the piss out of her”. I didn’t enquire as to whether this was out of some kind of deference to her disarmed state or due to her being unable to grasp the hilarious wounding of his wit, therefore rendering it futile. I suspect the latter. He inadvertently showed the importance of humour as a way of communicating in our family and of deflecting pain one might feel.

The experience above shows an aspect of New Zealand culture that I see as prominent: humour as key to connecting to others and in conveying deeper feelings in a more manageable, less emotionally potent way, which I see as one of the key benefits of therapeutic humour, but it also alludes to one of the risks. On the pro side we have humour titrating the dose of awareness that someone may experience, acting as a ‘spoonful of sugar’ to help the medicine of reality go down. On the con side it can be harnessed in the service of avoidance. It was the absence of this opportunity that I believe added to my father’s lamentation. I will further explore these aspects in this dissertation.

The following brief anecdotes further illustrate why I chose to explore humour. After attending my own psychotherapy for around 3 or 4 months I lamented that the hour had to be so serious and that it was a shame there couldn’t be more laughter. My therapist questioned whether I thought “humour was banned in our sessions?” It seems I did. Later, as a psychotherapy student, I queried when some levity might be possible in a training forum? This was met with a surprisingly stern lecturer response of, “it won’t: it’s a manic defence”. This view that humour is not appropriate, and can be defensive and therefore problematic in session, is not unique; Christie (1994) notes that deploying humour in therapy (and surely in life generally) “may walk a tight-rope between

something genuinely funny and something rather cruel.” (p. 479) I wish to explore some of why I’d assumed humour was not a likely visitor to psychotherapy sessions and wonder if Rogers’ (1961) view that “what is most personal is also most general” (p. 186) may apply here? ie. Do others also carry an internalised belief that therapy is an environment that should be devoid of anything approaching frivolity and, god forbid, even laughter?

Pleasingly for me, Sheldon Roth (2000) not only feels that psychotherapeutic humour is permissible, he goes as far as to suggest that a humorous disposition is a beneficial trait for the practitioner -

Sustained playfulness of personality is often the hallmark of the child therapist [as in, the child who will grow up to become a therapist later in life and who plays this role in the family]. Linked to playfulness is humor, which is the redeeming salve of painful experience, differing from wit in its parental warmth and observant, sharing nature. (p. 11)

The two positions outlined immediately above are a key aspect of this research: is humour a useful and welcome aspect of the therapeutic endeavour? Or is my internalised expectation of therapy being an exclusively serious pursuit accurate, and, therefore, should humour in session be at best, a rare, transgressive moment? In the reality of my practice and my own therapy, humour makes a regular appearance. It is certainly not the primary component of the work, but it is often enjoyable and helpful for a range of reasons, and in a number of different ways. Given that, this research will draw on various sources and, significantly, my own experience, to look at how humour can be deployed specifically, ie. In what ways is it helpful (or not) dependent on the specific presentation and character traits of the client.

It feels important here to think about allegiance bias, which is a frequently cited phenomenon with Terence Wilson, Wilfley, Stewart Agras, and Bryson (2011) stating that “meta-analyses have shown a significant relationship between researchers’ therapeutic allegiances and the outcomes of the studies they conducted” (p. 119). My sense is that this is not overly surprising and that many, if not most researchers go into a piece of research with strong predictions of what their findings will be and a desire to seek affirmation that their field is effective. This notion was supported by Levitt (2016) when she references Rennie (1995) observing “that all psychological research is embedded within rhetoric—that is, the art of persuading readers to share a particular point of view” (p. 82). I have already outed myself as a lover of humour and additionally I feel it is important to actively search for any problematic circumstances this may have created and could create if left unexamined.

In thinking further about how this project might fulfil a niche, it seems that a heuristic study on this topic is rare. Academic studies seem to aim to analyse humour from a greater distance, and in a

generalised way, rather than via self-study. This piece intends to explore my complex relationship to humour - as a cherished enjoyment enhancer and life affirming experience, to a means to compete with the other and even at times to attack and belittle. In so doing I hope to consider how it might be utilised to generate therapeutic benefit and what is risked via this approach. Important too, is the New Zealand context. Our national trait of self-deprecation is, to me, charming at times, but also perhaps alludes to a lack of entitlement to talk frankly about our experience. Humour is one, albeit often heavily veiled, way that many New Zealanders provide a gateway into their internal world, and I believe that it can be utilised to open a door to more candid self-expression.

Finally, I feel it worth noting that this research is being conducted in the midst of a global pandemic that is unprecedented in modern history. As I type this line in May 2020, recorded global deaths at the hands of Covid 19 are in excess of 800,000 and billions of people in every corner of the world are suffering in myriad ways. I've had moments where this topic has felt frivolous, flimsy even. It seems that my concerns around humour being inappropriate in psychotherapy are again manifest. Is a tragic present too serious a time to study laughter? A lecturer's eloquent response to this musing proved helpful and permission-giving. She said that in major events humour provided a "necessary offsetting" (personal communication, May 2020). I see this as a tension release and a reminder that life still goes on. In providing advice to those yet to be dramatically impacted by the pandemic, early in its global progress, Italian author Francesca Melandri (2020), points to a belief that I've since discovered is widely shared. That humour is a necessity in the face of tragedy - "You'll laugh. You'll laugh a lot. You'll flaunt a gallows humour you never had before. Even people who've always taken everything dead seriously will contemplate the absurdity of life, of the universe and of it all."

Chapter 1 Method and Methodology

My tone

My tendency is to write in a manner that conveys aspects of my personality. This can seem at odds with a more formal approach to academic writing. Very much alive in the following chapter, and to a lesser extent in the rest of this piece is how I respond to an unwanted burden, which I feel has power over me: in an acerbic, sometimes sarcastic way. I imagine this can seem bitter (sometimes it is) and “dismissive” (Keith Tudor, personal communication, May 2021) and could be jarring for a reader less familiar with this manner. Importantly it achieves a personal discharge of aggression and in this case, it is an important aspect of my method. This entire piece is intended to have an irreverent, (hopefully) humorous tone which I suspect is not common in an academic setting of this nature. Similarly, I was not sure, and many others appear unsure, of the suitability of such a tone in a psychotherapeutic setting. The means of delivery is intended to match the message I convey and assists me in coping with a difficult undertaking.

As has already been demonstrated, I use asides to convey additional meaning, and occasionally provide a wee chuckle, at the very least for myself.

Methodology

In identifying a suitable methodology, I considered phenomenology, which as the name suggests, has a strong focus on establishing the existence of phenomena and famously focuses on the “things themselves” (Willis, 2001, p. 1). The founder of the heuristic approach, Clark Moustakas (1990) distinguished his birth child from its philosophical forebear:

Whereas phenomenology encourages a kind of detachment from the phenomenon being investigated, heuristics emphasizes connectedness and relationship.... phenomenology loses the persons in the process of descriptive analysis, in heuristics the research participants remain visible Phenomenology ends with the essence of experience; heuristics retains the essence of the person in experience. (p. 43)

This honouring of experience and the stronger focus on the person who has had it seems apt for my enquiry “A therapist’s experience of humour in psychotherapy” I had little doubt or internal debate

in determining that the heuristic methodology was the most suitable. As my reflections on my method below depicts this certainty perhaps masked the reality of the experience that awaited.

It strikes me that for Moustakas's philosophical approach to appeal, his guidelines, namely "Identifying with the focus of the enquiry, self-dialogue, tacit knowing, intuition, indwelling, focusing and the internal frame of reference," (1990, pp. 15-26) are likely to be familiar ways of being and making sense of the world. For me this is very much the case, and they help confirm the personal suitability of this research approach. Pleasingly there is also significant crossover with them and relational psychotherapeutic principles. Identifying with the focus of enquiry, is a crucial aspect of empathy and this and the other concepts seem to be the antithesis of the researcher detachment that a positivist approach values (Grant & Giddings, 2002). As a committed relational therapist, these concepts resonate both as necessary in therapy and as comfortably the most suitable methodology for this researcher.

My concern in utilising this methodology stemmed from wondering about the validity of information that is predominantly self-sourced. A course lecturer suggested that critique of the heuristic approach could be summarised as "so what?", which partly resonated for me. This seems to me an internalisation of societal messages regarding science and health that emphasise the importance of "evidence-based", "rigorous" approaches. Given the current pandemic and the deadly outcomes of not following a "science led" response to it these seem understandable but also less relevant to the field being studied. I personally conceive psychotherapy as more of an art than a science and its work pertains to the essence of being human, with intangibles such as the human soul, the nature of experience, and the unconscious, being of key importance. As such the heuristic methodology lends itself well to this field and I would argue that much of the learning and knowledge within psychotherapy has been gleaned from a heuristic approach followed by all of its notable practitioners and theorists since Freud.

More specifically, why would the musings of this novice psychotherapist be of any value? Rogers' previously cited quote that "what is most personal is also most general" (1961, p. 186) is to me an endorsement of a qualitative approach and has been a helpful rebuke to my feelings that I have been working away (not as hard as I imagine I 'should' have) on something largely irrelevant. Moustakas (1990) goes as far as to suggest that "The heuristic process is autobiographic, yet with virtually every question that matters personally there is also a social—and perhaps universal—significance" (p. 15). Surprisingly to me, this has been somewhat backed up by the consistency that people (often new therapists like myself) have expressed misgivings about humour having a place in therapy. In these discussions it has rarely seemed people actually believed that, but more that if

they were to laugh or encourage laughter, they'd be doing something wrong and naughty. I reflect more on this assumption in subsequent chapters.

Method

The above assertions regarding the suitability of a heuristic approach for this enquiry feel compelling, at least they do to me, and the following sub chapter details how I attempted to implement this approach and what it felt like throughout the process. It was not easy.

The methods I've used include an "idiosyncratic literature view" (Tudor, quoted in Haysom-Brown, 2018) coupled with an attempt to achieve Moustakas's lofty guideline of a "process of internal search through which one discovers the nature and meaning of experience" (1990, p. 9). This was partly achieved through adhering to the guideline to journal throughout the process. As I have already referred to in the opening of this chapter on my tone, the way I write is the third key aspect of the method: it is designed to convey my experience of the phenomenon being studied.

My sense of the heuristic process as outlined by Moustakas has been up until now that it was a prescription of what we should aim for and then go through. In reality for me it is more accurately a description of what ensued. Which reminds me of Viktor Frankl's (2006) assertion that a common misconception about happiness is that it should be pursued when it would actually be more accurate to say it ensues. Whilst in the process I rarely felt I had a clear sense of where I was, however now largely after the event that it makes some sense.

Moustakas suggests the phases of research are "initial engagement, immersion, incubation, illumination, explication, and creative synthesis" (1990, pp. 27-32). Like Erickson's famous developmental stages these are not necessarily experienced in an orderly linear fashion (Crain, 1992), which feels aligned with how things have been for me.

Initial engagement

This phase probably started in my first year of life as humour has been an important part of my family culture and my way of understanding the world, but as I began this exercise my enjoyment of humour rapidly began to wane and the process I imagined was required took on a daunting and very undesirable quality.

My experience in attending classes, looking at other dissertations, attending the formal dissertation presentations in my first three years of study, listening to much of the discourse of lecturers and to a lesser extent my supervisor, was that the dissertation is a pretty big deal. It was presented by a course lecturer as an opportunity for a 'deep dive' into a passionate area of interest that may be the only opportunity to do so in one's academic life and life life I suppose. It seemed to me that typically, previous students had endured tumultuous experiences including lengthy and moving writing processes, immense word counts, stretched and broken deadlines, and stretched and broken feeling states.

Moustakas' (1990) words well depict the message I was receiving. This abridged quote exudes even more exhortation of the necessity of a Road to Damascus experience.

Essentially, in the heuristic process, I am creating a story that portrays the qualities, meanings, and essences of universally unique experiences. Through an unwavering and steady inward gaze, and inner freedom to accept and explore what is, I am reaching into deeper and deeper regions of a human problem or experience and coming to know or understand its underlying dynamics or constituents more and more fully....in the process, I am...actively awakening and transforming my own self. (p. 13)

I shall confess now that throughout this process my gaze was frequently wavering and rarely steady. I can't confirm that my own self is transformed. My wife's own self, on the other hand is probably more annoyed than it once was, given how often I complained about writing this piece, and how often she had to look after our daughters while I wrote it. Have I portrayed the essences of universally unique experiences...? Well actually maybe a bit, as I believe this paragraph, and many others in this piece speaks to the importance of humour as a mode of coping for me, and for many more people, from Freud to Margaret Cho.

Immersion

The predominant feeling for me throughout the entire process was one of reluctance and resistance so immersion has been a difficult state to find. I have generally carried a low-level dread about the size and perceived gravity of the task. Coupled with that has usually been the knowledge that I will do it, and so it has proven, but this has been out of necessity rather than choice. After recently becoming registered, I had achieved my primary goal of gaining the right to practice as a psychotherapist. This right and the exercising of it was very exciting and was certainly a challenge, but it felt like the right challenge. The need to write, and ideally care about, the dissertation was

conversely a challenge I felt I could do without. Sadly though, my continued practice was reliant on completion of this taxing requirement.

I found the query of a former student very helpful and perspective inducing: “what is the least amount of work you can do and still pass?” I paraphrase this as: “what is the shallowest dive you can muster, while still getting wet?” If the deep dive is one polarity and the shallowest possible, the other, I probably came in towards the middle. Moustakas’ (1990) and Sela-Smith’s (2002) writing on the heuristic method certainly doesn’t seem to err on the side of the former student I have just mentioned and understandably so, when the methodology is critiqued as a “non-productive ponderance... a narcissistic pursuit, the purpose of which can become confused and self-focused” (Ings, 2014, as cited in Alleyne, 2016, p. 24). My use of the word “lofty” twice in this chapter speaks to my sense of feeling daunted in achieving what seemed to me a powerful (and lengthy) internal experience that is then conveyed via a momentous piece of captivating and insightful writing.

I think in this daunted place I tend to find reasons (excuses) to remove myself from a necessity I don’t like. I procrastinate and I try to invalidate the exercise. At the time of writing my PGR 1 in March and April 2020, I find myself very annoyed at the requirement to hand sign the form I’ve filled in digitally- “who would forge one of these forms to deviously earn the right to complete a dissertation?” My journal entry in March 2020 feels telling:

As I finally start to do something [ie. explore my topic], I become worried that I’ll suck the fun out of humour. That it’ll become dry, lifeless, and theoretical... The dearth of research [on Psychoanalytic Electronic Publishing (PEP)] is pleasing - the volume of studies seems something I can just about manage. Will there be enough? Is it too effervescent and weak as a topic? Should it be pithier? More potent?

The sense of my topic being flimsy and inconsequential (and hence a waste of time in writing and therefore maybe I should just not do this) was reignited later in the year as I presented my topic in a heuristic seminar. In September, I followed a student writing on their moving and deeply painful experiences of racism. She spoke of feeling for me afterwards as I followed up with my topic that felt very different in tone. This frequent and pervading sense that my topic is of little worth has been partly assuaged by some of the layered, nuanced ‘comedy’ that I talk about in the literature review. It also reflects some of my internal dynamic, around my sense that (partly due to my privilege) I am not qualified or entitled to know suffering. I reflect on this in the NZ chapter as I believe it is also part of our wider culture.

Incubation

Given the personal importance of this research both as a topic of interest and as a requirement to progress as a psychotherapist, I imagined the incubation phase to be a difficult one to be with, to not 'reach' for knowledge and understanding, but rather to allow it to gradually surface. Eventually after much grumbling and procrastination a quieter less resistant frame of mind arose, and I wrote. The fear of my work being flimsy eased, and I encountered the familiar sense that the thing I was very worried about was less worrying once I actually began doing it. The majority of the time when I have written I enjoyed it and found it interesting.

Once properly underway with the writing process I formulated my aims, chief amongst them was to provide a relatively simple piece, which is perhaps a counter to the sense I initially laboured under that I was meant to be producing a life- changing magnum opus:

- To provide a simple structure and to not over-elaborate (this I may not always achieve).
- To be honest in my recounting of humorous moments and in my reflections even if they seem underwhelming vs the perceived task.
- For it to be sometimes funny, as therapy can also sometimes be. Thankfully, I have shared video and images that have helped achieve this. Please note they are all publicly available free to view online. In this my aim has been to convey something of the essence of humour, as opposed to a detached 'objective' (I doubt a human can ever completely achieve this state) look at its features and benefits.

Illumination

Moustakas (1990) suggests that in this phase-

The illumination as such is a breakthrough into conscious awareness of qualities and a clustering of qualities into themes inherent in the question. The illumination process may be an awakening to new constituents of the experience, thus adding new dimensions of knowledge. Or, the illumination may involve corrections of distorted understandings or disclosure of hidden meanings. (p. 23)

It is a passage like the above that I found especially infuriating. I think due to how daunted I felt in reading it. My inner experience went something like "What if I can't find the spotlight to highlight all this wondrous knowledge I'm meant to have picked up?" The illumination phase seems to have

parallels with the psychotherapeutic concept of linking and I am reminded of many similar moments in therapy, struggling to understand or find meaning within a client's narrative. However, with time and patience and a conscious decision to wait and see what is evoked in me by the client, patterns and key themes usually appear. Thank god.

To my surprise, pleasure, and to be honest annoyance, old Mouey (as I've called Moustakas in my journal) seems to know what he was talking about, as I have had said moments of illumination. The first of which felt quite exciting as it presented itself in September 2020 when I realised that, for me, humour is not primarily a therapeutic tool, despite being presented this way in much of the literature. It is a quality, a trait, and an experience. It also felt simple, and the chapter title reflects this: Humour just is. In keeping with my experience of intermittent immersions, this realisation seemed to alternate between a fresh interesting take and a statement of the bleeding obvious. It is also an example of tacit knowing. In thinking about it, it felt very clear that I had been unconsciously aware of it forever.

The other key moments of illumination came first in January 2021 and opens my discussion. It focuses on a collective pessimism that seems to exist in humanity regarding unknown other people. In reaching this conclusion there was a feeling of peace in establishing a plausible possibility around the frequent assumed inappropriateness of humour, despite it being something that is so often enjoyable and potentially helpful. The other came right in the home straight of this exercise as I verbalised just how prominent a factor humour is as an antidote to power. It is alive and implicit throughout this piece and is expressed explicitly in the discussion.

Explication

In my PGR 1 I wrote that in the explication phase I hope to be starting to make sense of all that has been unearthed through the prior phases with a view to creating "a comprehensive depiction of the core or dominant themes" (Moustakas, 1990, p. 31). I think I did that.

Creative Synthesis

Unlike some of my prior experiences of Moustakas's exhortations, I appreciated his invitation that this aspect of the research "may be expressed as a poem, story, drawing, painting, or by some other creative form." Accordingly, the hilarious, and for me, moving words of Margaret Cho serve as the creative synthesis. As soon as I read them, I knew they would appear in these pages and the

message of my dissertation is encompassed within them. For me they convey the “essences of the phenomenon” (Moustakas, 1990, p. 32).

Timeline

- Dec 2019 - settle on topic. Feel pleased to have established something pertinent to me and that is less likely to prompt a traumatic experience in the writing. Deadline is a long way away. Don't feel that I could start soon, the time to produce something feels reassuringly distant, despite faculty suggestions to the contrary.
- Dec - March 2020 - relax in the knowledge that I've finished the clinical aspect of the course, and that I know what I'll write about, whilst beginning to foment irritation that I have to do a dissertation.
- March - Aug 2020 - conduct research: read, watch, and journal. Worry about the sparsity of any actual writing.
- March - May 2020 - first Covid lockdown. Largely work from home, attempt to be somewhat present for my children who are not at school, whilst building frustration (and probably also relief at the useful excuse) about the lack of 'clear air' to concentrate and do very much on the dissertation.
- May - PGR1 is approved, giving me the unexpectedly distant deadline of 28 May 2021. Feel reassured that I have so much time but slight foreboding that I will probably use it all despite my meek protestations to the contrary.
- Sep - commit to ceasing active researching, in the interests of putting my energy and time into transferring my thoughts and those of others onto paper. Around this time settle on the thought that a large volume of the mental health literature I'd looked at focuses on uses of/benefits/positive outcomes of humour and the actual experience and essence of it feels sparingly covered. Vow to rectify this.
- Sep – Oct - Lockdown round 2 has the same issues as the first regarding feeling like I have very limited opportunities to think and write. Frustration levels are high as is discourse that laments the need to write one. My resistance often takes the shape of thinking of preferable, alternative ways that could replace the dissertation for the final 45 points my Master's requires.
- Oct – Nov - actually write some words, quite often. Feel pleased, frequently enjoy it and discover that completing it seems feasible.

- Late Nov - early Dec - enjoyment dissipates and is replaced with a sense of drudgery. Find myself procrastinating to impressive levels and writing v little indeed at the times I force myself to sit there and try.
- Dec – Jan - decide on a 6 week break from most paid work and all dissertation work having accepted I am quite fatigued following my first full year of psychotherapy practice.
- Jan - my holiday reading resonates regarding my and others expectation that humour is largely inappropriate in a therapy setting. See discussion for elaboration.
- Feb – Mar - write productively. Largely enjoy it, feel vindicated for my decision to rest. Admittedly only small parts of me felt like debating the necessity of a prolonged rest, but I decide those parts were wrong and silly.
- Mar - after flirting with the idea of seeking an extension, agree with my supervisor to push for the finish line, which has had a nasty tendency to reposition itself dramatically throughout this process.
- Apr - the latter part of the process feels particularly trying. The unexpected and rapid death of an extended family member increases my irritation at having to return to these pages, and the dissertation serves as the villain distracting me from something I feel I should be immersed more fully in - grief. Referencing, in particular, which I rather unsensibly leave to the end, feels like a Orwellian exercise in tortuous futility. I have to include each production company involved in a tv programme? Seriously? APA 7 needs to know who the executive producer was? Righto.
- Apr – May - as the seemingly infinite process starts to draw to an unexpected close, I begin to feel nostalgic for an exercise I have very frequently lamented. How will I exist without this at times hated millstone? It seems I also love it ...must be Stockholm Syndrome.
- May - suggested supervisor edits rapidly cure me of this nostalgia.

Chapter 2 Literature Review

The Lit View

My inclination for this research has been to primarily use my own experience of humour in life, and in therapy, coupled with my wonderings around it, as the primary source material to furbish this dissertation. I am therefore grateful to Moustakas (1990) and Sela-Smith (2002) for illustrating the potential value of self-sourced research. I've also had doubts about the merit of modes of research, such as a hermeneutic literature review, that brings together an array of already published material. Helpful for the student to acquire the collected knowledge but is there a risk of presenting essentially a collection of what already exists? I think I may also be concerned in reading reams of material in the fear I may blindly absorb the views of those I assume are more learned, at the expense of holding onto my own, which is not to say I am not interested in the views of others - far from it. I have noted my excitement at times in encountering writing on humour in therapy and perhaps concurrently some despondency in wondering how I can possibly provide something unique or somewhat valuable in its own right?

For this reason, the concept of a "literature *view*" felt like a godsend, (Tudor, cited in Brown-Haysom, 2018, p. 25) enabling me to select pieces that have "evoked a personal response" (Brown-Haysom, 2018, p. 25). In following this approach, I have balanced my reading of largely PEP sourced clinical writing, on a topic that has often been considered "understudied", (Bloch and McNab 1987, Sultanoff 2013, Panichelli et al 2018) with the abundant material I have actively sought, and more often stumbled across, in popular culture. In keeping with the ethos of the lit view I have structured this section in accordance with my personal response to the material I have consumed. This response has been to reflect on the emerging themes, which feel very personal indeed, and are manifest throughout this piece.

Humour is naughty

In my wider consumption of humour related material, I have come across sentiment similar to this from English rugby player, Joe Marler (McRae, 2020), on countless occasions-

...there would be not much point to life without humour. "Fucking hell, we'd be crying 24 hours a day," Marler says dryly. "You'd get nothing done. Some of my friends have said: 'You've written this book, put in some funny rugby anecdotes, and then you've plonked in

depression. Don't you think that's the wrong tone?' But why can't you laugh about depression? Why can't you use laughter as a tool to help cope?"

It is striking just how frequently people seem to defend the manic defence, in the face of unattributed criticism of it, and yet it seems there is not a great deal of bona fide criticism, instead it has been vague allusions to it - "People believe, implicitly or not [by my reckoning it is rarely *or not*], that humour has no place in serious times, that it might mean you're not taken seriously" (Aaker, in Moore, 2020) or "...many present day psychologists have a contempt for wit and humor," (Reik cited by Bernstein, in Streaan, 1994, back cover). I could have selected different quotes from many, many more options. Perhaps unsurprisingly, given this proliferation, it seems that I've responded to this belief, via this entire piece, which could be considered a refutation of some kind of undocumented, societal prohibition. Where are all these shady naysayers?

Perhaps in desperation to find any, I'll put forward an austere, fictional therapist, from television's *Fleabag*, who sternly states "It would be good not to make jokes in here...just in case anything gets lost in humorous translation." It seems that Phoebe Waller-Bridge (2019), the programme's creator, shares my internalised sense that humour would be a no-no in session. Interestingly, this character appears in a very funny programme that could also be considered in part, a poignant tragedy, illustrating that her show achieves a greater emotional range than her therapist would seemingly permit. The session encapsulates this emotional range beautifully:



<https://www.youtube.com/watch?v=Yy6kbVptkRY>

The Naysayer

Thankfully, I can come up with at least one actual human therapist for whom humour is simply not on - Lawrence Kubie. Perhaps illustrating the dearth of real-life humour critics, Kubie appears to me, comfortably the academic literature's most frequently referenced watchdog regarding humour's perils. He concludes his piece dedicated to this topic with the somewhat bemusing words- "Humor has its place in life. Let us keep it there by acknowledging that one place where it has a very limited role, if any, is psychotherapy" (1971, p. 103). I don't know why humour is more likely to maintain its existence in life due to being significantly limited in therapy? And I seem to be borrowing Lawrence's trait of derision which I shall expand on shortly.

He also issues this clearer directive - "it is never justifiable to make fun of patients or their symptoms, no matter how strange or grotesque they may seem...This serves only to increase the patient's pain, resentment, and defences" (1971, p. 102). I'm revealing my anti-authoritarian disposition, by confessing that I read that as a challenge. It didn't take me long to find an example

that felt at odds with his edict, and it appears in the How can humour be therapeutic? section and is reproduced here-

A client spoke about having unfortunately flooded his house after forgetfully leaving a tap running. Given his manic tendencies we had previously spoken about perhaps looking to douse the 'fire' in his mind at times when he felt himself getting elevated. In tacitly referencing the flood I said, "it seems you might have gone about that in the wrong way". He laughed heartily and as is often the case it seemed that he carried some glee in a seemingly transgressive 'naughty' remark.

Surely my response to this client, contravenes this rule. And yet it was a connecting moment illustrating an adaptive ability. A moment that my client seemed to say- "actually, I'm ok here". And it was funny and immersive for a delicious moment. Crucially we both enjoyed it. How could that be inherently bad?

By my reckoning this ban is unnecessarily limiting and doesn't give enough credit to humans to work things out, to find and bed in an unspoken therapeutic rulebook, and to learn a shared language *together*. To me it says we are frail and might get hurt, so can't risk fun and transcendence because it could go wrong. And of course, it could, as life does. And our job is surely to work out what has happened, and why there was a mismatch that was painful, and whether it had an unpleasant familiarity, so we can attempt to understand.

Kubie seems to say with humour there is risk, so therefore don't try, which I can understand and do apply with some clients, some of the time, but certainly not all. Because if we follow that what are we modelling for a client? There are fixed rules? You, the client, always need protecting? You can't handle truth? And so on. I think for some clients, a therapist can use their judgement, and trust in their instincts, and occasionally they may need to work together with the client to understand what happened. And if that was to occur a few times, then they may need to assess the accuracy of their instincts...

Kubie wrote his piece in 1971 and it feels telling. His practice considerations seem aligned with a "blank screen mask" (Hirsh, cited in Bromberg, 2002, p. 615) sensibility. As a therapist much more aligned with a relational approach, his line that urges the therapist to "remain emotionally objective and uninvolved" (p.100) feels like anathema and also contradictory - is there anything less objective than emotions? What also seems possible to me from the piece is that Kubie is not well acquainted with a wide range of humour. His focus is often on derision, which he warns against deploying against hapless "grotesque" clients but is happy to use to dress down the 'humorous' therapist in his

mocking statement warning against unconscious exhibitionism where he feels the unspoken message the therapist conveys is “see how bright and witty and amusing and charming and delightful I can be” (p. 102). Given this apparent capacity for mockery, which I note I have mirrored in my critique, his own advice seems very relevant to him and others like him, but hopefully not all therapists, or all people.

It does seem that Kubie raises an important point around checking in with oneself in their practice around one’s unconscious motivations. His statement around exhibitionism reminded me of Jerry Seinfeld’s suggestion that the inner world of the comedian could be encapsulated by the line “I’ll do anything, literally anything, for a laugh”. Chris Rock, in conversation with him, enthusiastically endorses this sentiment (Seinfeld, 2013). Sacha Baron Cohen’s long-term collaborator McKay suggests the lengths he’d go to in pursuit of humour are long indeed - “I think Sacha would go to jail for the revolution... or suffer blacklisting or surveillance. But I know for sure he’d give his life for a big laugh” (Shoard, 2021). On a personal level it reminded me of times as a boy, uncertain as to whether I had any intrinsic value, where a capacity for humour felt validating. I recall in 5th form spontaneously reading out the jokes on the back of a chip packet to the class and certainly feeling valid and exhilarated as I hammed up the gags.

My sense now is that aspects of this dynamic may appear in therapy but rather than this being immediately terrible and evidence that all humour should be banished it surely provides useful countertransference information. I.e. what is it about the client that evokes this desire to entertain (and perhaps in my case sometimes touches into feelings of insecurity)? It could be an illustration of erotic transference or perhaps evidence of a client or situation that evokes greater therapist anxiety? There are myriad additional possibilities. And yes, therapy is not a show, so this tendency towards humour as self-gratifying performance feels something to be vigilant about, but by my reckoning this doesn’t justify a blanket ban on all levity.

Worth the risk?

There are certainly other therapists who warn of the risks of humour in a therapeutic space. Christie (1994) notes that deploying humour in therapy “may walk a tight-rope between something genuinely funny and something rather cruel” (p. 479). However it seems that this is generally presented, as Christie appears to believe, as a risk worth taking given the perceived benefits. Bloch and McNab’s (1987, p. 217) study reflected this assertion. They received questionnaires from 89 British therapists and asked of their experiences of humour in session:

The sample was divided down the middle in terms of the rating of the place of humour in treatment - half the therapists felt humour had a limited place (only one therapist considered there was no place at all - [perhaps Kubie filled it in?]) whereas the other half saw a regular place for it (two therapists saw humour as having a central place). In terms of the level of risk entailed in the use of humour, 62% of the sample regarded the risk as moderate or marked (13 therapists rated the risk as marked). The other 38% rated the risk as minor or saw no risks at all (the latter category comprised only three therapists).

Interestingly, there was no correlation between those who considered humour had a place in therapy and whether they saw it as potentially hazardous: “We envisaged that therapists who saw little place for humour in treatment would have also regarded humour as hazardous. This does not seem to be the case; there is no association between how much of a place humour should have and how much risk is thought to be involved” (p. 217). Which would suggest that a number of respondents saw humour as risky, however still deployed it. Although this may have been unconscious, it appears that those therapists felt the possible hazards were worth testing for the benefits of humour.

Their study is rare in that it is a (albeit small) quantitative look at attitudes, and to some extent, impacts of humour in therapy. Panichelli et al (2018) suggest that their study doubled the number of pieces of empirical research into humour’s efficacy in therapy. Their study of 110 patients in Belgium concluded that “A strong positive correlation was observed between humor and therapy effectiveness, from both client ... and therapist perspectives” (p. 95), however, their study only included the one therapist, working over 5 years, so it was rather limited.

Although they haven’t studied humour in therapy, Stanford psychologists Jennifer Aaker and Naomi Bagdonas, have conducted a thorough study of it in life, and they are effusive in pronouncing its benefits. They report that-

Laughter triggers the “happy hormones” and suppresses cortisol, the stress hormone. It increases blood flow and is a muscle relaxant. One 15-year Norwegian study of more than 50,000 people found that those with a strong sense of humour lived longer than those who scored lower. Another study of recently bereaved people showed that those able to laugh when recalling their loved ones reported less anger and less distress.

Anna Moore (2020), who wrote the article that brought this study to my attention, claims that “Humour makes us more resilient, creative and resourceful” and Bagdonas suggests that “finding

ways to laugh through hardship reminds us that we're in control of our heart and mind, whatever darkness lies behind the door. And that's a triumph."

Like myself, Joe Marler, and many others, they too seem to have noted an air of wariness around the endorsement of humour. As I noted earlier, Aaker states "People believe, implicitly or not, that humour has no place in serious times" (Moore, 2020). At least she acknowledges the potential implicit nature of this seemingly all-pervading belief, while Bagdonas does not provide such a qualifier in referring to more nameless serious folk - "Some people believe this is too serious a time to laugh" (Moore, 2020). Again, who are these people? Lawrence Kubie would probably be one of them, but he died 47 years ago. Are they actually a personified manifestation of our superego? In a western society where we, many of its members, have been urged by our parents, by teachers, by society, to be good, to be polite and respectful, do we just assume that laughter during serious times is wrong? Is this assumption more prevalent than actual people recommending humour be toned down or removed? I suspect so.

Polarisation. In society, in popular culture, and ...in the therapy room?

It feels important to note the liberal bias in my above speculation. The violence and outrage in fundamental circles over the Charlie Hebdo cartoons (Willsher, 2020), points to the fact that benign approval is not the only global position regarding humour's suitability in certain circumstances.

In outing myself as a liberal, surely a major surprise for the reader given my profession, it feels important to note Western society's polarised political and cultural milieu, which in my paraphrasing, pits po-faced, PC, bleeding heart liberals vs luddite racist, sexist, conservatives.

Interestingly, it seems to me that within this 'war' there seems a battle to laugh at the other side and paint them as humourless. The leftist snowflakes, who can't take a joke anymore, contrasted with a 'side' perhaps led by Donald Trump, a man who refused to attend the satirical annual White House Correspondents dinner and who continually laments the "unfunny" (Brice-Saddler, 2018) depictions of himself in various left leaning tv comedies.

John Cleese illustrates that the topical polarisation I mention above is not exactly a new phenomenon, in this helpful, psychoanalytically informed, explanation of the unconscious underpinnings behind our political beliefs and identities:



John Cleese vs Extremism - YouTube

It was recorded in 1987 and I imagine a version from centuries before could easily exist. It has taken on additional nuance as Cleese has been (rightly in my view) criticised for racist views regarding multiculturalism (Karasz, 2019) and perhaps less importantly, for his dislike of Palmerston North (NZ Herald, 2016).

Interestingly, it seems that some aspects of popular culture, like the aforementioned *Fleabag*, are bucking this trend towards polarisation and are blending genres further than in times gone by. Perhaps the most powerful example of this came from Hannah Gadsby with her 'comedy' *Nanette* (Bruzzeze, 2018). In what is ostensibly a comedy special that starts accordingly, Gadsby, a lesbian woman, later notes that for those who are marginalised in society the apparently 'benign' trait of "humility" is often more accurately "humiliation". She illustrates this by expanding on a seemingly amusing anecdote she has used in her comedy before about a run in with a homophobic man, to reveal that she was actually badly beaten by him for the temerity of talking to his girlfriend and therefore potentially being a "fuckin' dyke". She also discloses that she was sexually abused as a teenager and brings with it the rawness of her pain at this horrifying experience. Gadsby's performance is varied - funny, poignant, and at times very painful to watch. She notes this impact on

the audience and is unrepentant, feeling her emotional honesty is necessary for our society. I wholeheartedly agree.

Ricky Gervais's very popular, recent comedy *After Life* (2019), is another example that may illustrate that people are more capable of accepting a broader range of feelings within a comedic genre, than they have been offered in the past. His protagonist, or at times more accurately, antagonist, is a grief stricken, suicidal man struggling with the recent death of his wife. He uses his pain as permission to discharge his aggression and misery onto all and sundry. He illustrates this in the programme's first episode via 'welcoming' a new member to his team at work with the following,

...humanity is a plague. We're a disgusting, narcissistic, selfish parasite, and the world would be a better place without us. It should be everyone's moral duty to kill themselves. I could do it now. Quite happily just go upstairs, jump off the roof, and make sure I landed on some c*** from accounts.



(Photo only)

Unlike this quote the programme is at times genuinely poignant. It is also shockingly funny and broadly entertaining. His character Tony in part finds the will to stay alive through caring for others and in the final episode of the first series decrees - "Hope is everything". Gervais pointed to this emotionally rich approach in a recent interview "Tears are as enjoyable as laughter" (Cotton, 2020). I think compelling may be a better word than enjoyable, but his point that *After Life* well conveys is that the human condition contains a broad range of emotion, which contributes to a fuller life. This speaks to me of a cultural move to Melanie Klein's depressive position where things can be both/and rather than either/or (Temperley, 2001). I believe therapy can also achieve this more nuanced

sensibility and if the practitioner and client feel comfortable in doing so humour can rightly sit within an environment more traditionally associated with pain.

Chapter 3 Findings

i. Humour just is

In considering how humour is predominantly viewed in the psychotherapeutic literature and perhaps therefore amongst the wider psychotherapeutic community it seems that it is overwhelmingly viewed as a tool. A helpful tome, in my attempt to gain insight into this phenomenon has been Strean's "*The Use of Humor in Psychotherapy*" (my emphasis) (1994). It is a compilation of a broad range of articles written by a number of different therapists. All but three of the 21 pieces focus on the utility of humour. Phrases like "innovative applications", "using humor", "humor as intervention strategy", and how to "promote laughter" abound. The wider psychotherapeutic literature appears to have a similar bent. In this light, humour seems to be conceived as one of a collection of devices we may summon from our psychic garages, to deploy on our receptive and expectant clients.

I wonder if this is reflective of a western approach to life generally, where productivity and utility are highly valued? Perhaps it also considers us humans as more rational than many of us actually are. In my case, I am certainly not clinically pulling the therapeutic levers consciously *every* time as I sagely select the best option for maximum benefit. This conception seems at odds with the frequently cited psychotherapeutic ethos, originally depicted by Bion, and based on a Keats poem (1817), as conducting oneself without "memory and [or] desire" (1967). I find this especially true in hearing the notion of humour being part of a strategy. My experience of humour has felt markedly different to my impression of descriptions of the above productive ilk.

My reaction feels akin to my experience around a magic trick, which immediately loses all power, wonder, and significantly, enjoyment once its means are unveiled. Similarly, with humour I believe. If one was to conceive it as a tool to use on a client at optimum times, there is a very real risk of removing its magic. I suspect it would often turn into a wooden tactic and as with the naked 'magic' trick its spontaneous fun would evaporate. After writing this chapter I came across this succinct view from one of Bloch and McNab's (1987) anonymous respondents, which could have saved me writing the preceding 500 or so words - "Theorising about humour kills it" (p. 222). Indeed.

All of that, rather passionately, said, it is not true to believe that humour serves no purpose as the accompanying section attempts to illustrate. However, I believe these effects of humour are to be conceived as being relevant with hindsight rather than kept in mind in advance. These benefits are perhaps 'known' tacitly (Moustakas, 1990) rather than residing explicitly in consciousness.

This feels a useful segue to look at the humour inherent in some of psychotherapy's prominent figures. Tom Main's seminal 1957 piece *The Ailment* was prescient in its capturing of the complex interpersonal impacts that can arise among carers in an institutional setting, in response to the potent intrapsychic forces within heavily traumatised clients. It is serious, important, illuminating work, and it is also frequently hilarious in tone. Main beautifully lampoons himself in identifying the tendency towards "super therapy" that can be enacted in response to the neediness exhibited by such clients:

She was emotionally distressed, so I spent longer with her than I had intended and I emerged from my visit with the knowledge that I had a better feel for her emotional difficulties than her own therapist. I realized in all fairness that this was not his fault; for I could not blame him for being less sensitive than I. I then spoke to the patient's nurse and saw from certain hesitations in her account that she believed she had a better feeling for the patient than I had. Each of us believed the other to be lacking in feeling of the special sort needed. I spoke to her of my conjecture and found it to be correct, and we were able thereafter to find out that this patient had made more than ourselves believe that while everybody was doing his or her best, all were really lacking in finer emotions, and only one person in the place was really deeply understanding - oneself. (p. 140)

This is from a piece that notes the high propensity of suicide of this borderline client group and the intense levels of strain that the department was under to care for them. Despite this, as the selected piece illustrates, surely in at least Main's case, his sense of humour was not lost or hidden away. His piece is all the more memorable and illustrative for this reason.

Winnicott's writing has a similar enjoyable wryness that assists in conveying his message. In the case of painting a picture of the maddening requirements of providing maternal preoccupation, humour is of great help to him in the alphabetical list of frustrations he suggests -

P. After an awful morning with him she goes out, and he smiles at a stranger, who says: isn't he Sweet!

Q. If she fails him at the start she knows he will pay her out for ever.

R. He excites her but frustrates—she mustn't eat him or trade in sex with him. (1973, p. 73)

I believe, in a way that was ahead of his time, that Winnicott provided permission for women to struggle, suffer, and experience great difficulty in motherhood. Item P of Winnicott's list strongly resonated for me as a parent of two children who suffered intensely from reflux as babies and who as a result were very difficult to settle and soothe at times. On my many walks with a pained baby strapped to my torso I well recall the unexpressed anger I felt after receiving comments akin to that one from well-meaning passers-by. For me Winnicott's humour allows that anger, and provides a helpful antidote to society's need for perfection in the face of arduous servitude, to the often infuriating master a small child can embody.

Although I am no Sigmund expert, my limited forays into his work have left me pleasantly surprised at the frequently amused tone he strikes. I certainly receive his oft-quoted edict as a funny and perhaps even somewhat self-deprecating guideline- "...much has been gained if we succeed in transforming your hysterical misery into common unhappiness" (1895, p. 305). The fact that this has seemingly become a depiction of the goals of the entire psychotherapeutic profession is perhaps illustrative of an industry-wide endorsement of a quiet humour being allowably present in the therapeutic endeavour.

To me, what these vignettes illustrate is that humour is something you have and enjoy, which I feel assists others in doing the same. It is far less a tool, than a cheering characteristic, or aspect of self. Unfortunately, this piece is less able to convey how important a role a person's distinctive idiosyncracies and their individual essence plays in humour. The videos are included in part to assist in depicting this. They are alive in body gestures, facial movements, in intonation, in speech variation, and countless other ways, none of which translate onto the page, which has left some of the 'humorous' recollections the reader will soon encounter decidedly less funny than I hope they actually were.

If a requirement of psychotherapy was to permanently jettison humour, I would rather find a new life purpose than feeling I had to hide this joyous way of being. A personal example that had an element of risk came after a client spoke about having unfortunately flooded his house after forgetfully leaving a tap running. Given his manic tendencies we had previously spoken about perhaps looking to douse the 'fire' in his mind at times when he felt himself getting elevated. In tacitly referencing the flood I said, "it seems you might have gone about that in the wrong way". He laughed heartily and as is often the case it seemed that he carried some glee in a seemingly transgressive 'naughty' remark. It seemed to provide some immediate relief from the irritation that his situation was generating. Crucially, and bearing in mind Kubie's (1971) critique in the prior chapter, we *both* enjoyed it.

Freud described these moments of being able to laugh at oneself “a victorious assertion of the ego's invulnerability”, (Christie, 1994, p. 481) which I would paraphrase as a triumph of the human spirit. His quote feels like a reference to resilience. A quality it seems he shared, and used humour in bolstering, as the following anecdote from Chasseguet-Smirgel (1988) illustrates; “After the Nazis forced their way into his apartment, and seized his money, they ordered Freud to sign a paper declaring he had been correctly treated. He did this, and is said to have added in writing, 'I can heartily recommend the Gestapo to everyone'” (as cited in Christie, 1994, p. 481).

I see the capacity to laugh at oneself as a very helpful guide to the client's ego strength and emotional growth in their psychotherapeutic work. In this conception, I also hear echoes of Daniel Stern's writing about “vitality affects” (2010), which seem to be built upon concepts initially introduced by George Klein, as explained here by Massimo Ammaniti and Pierfrancesco Ferrari (2013, p. 367);

In psychoanalytic theory, the theme of vitality emerges frequently without a satisfying conceptualization. An interesting exception is a chapter by George Klein (1976) on “vital pleasures” in his book *Psychoanalytic Theory: An Exploration of Essentials*. Adopting a developmental perspective, Klein connected the feeling of vitality to pleasure and distress that the infant experiences. This is a topic of remarkable interest, considering the subsequent contribution of Stern. In fact, according to Klein, vitality is “the sensual pleasure which originates in bodily induced sensations ... vital in affirming a sense of physical and psychological identity” (1976, p. 220) ...Connected with this personal feeling is the “pleasure in experiencing the self as effective agent of change (which) resides in the perception that through one's own interference one has changed and can change the course of events once set in motion” (p. 224). Stern (1985) further developed Klein's description of this personal experience through the concept of “self-agency, in the sense of authorship of one's own actions. (p. 71)

In my experience humour is often a sensuous pleasure and in fostering a space where the client is allowed, even encouraged, to laugh and to make the other laugh, a sense of agency may be built upon as a helpful by-product of enjoyable, relational moments. In some cases, changing one's response to adversity through a humorous response reflects one's capacity to be an “agent of change”. Ricky Gervais (2018) endorsed this idea in his recent stand-up performance, *Humanity*, in referencing his brother's capacity to make jokes and laugh during life's most difficult moments - “If you can laugh in the face of adversity you're bulletproof.”

I wonder if there is an element of excessive justification in the predominance of writing about humour's utility and benefits? Perhaps this speaks to the sense I have previously identified, that humour is a bit naughty and therefore perhaps shouldn't really be a part of a real, useful therapy? Maybe as such writing has tended to focus on why and how it is helpful. For me this has come at the expense of remembering that humour and resultant laughter is as Freud (1927) said "a rare and precious gift" (p. 166) and what a wonderful thing, to share this with a client.

It is here that I feel it prudent to note that laughter is not all that is present in an effective therapy space in exploration of client experience of adversity. It is rarely, if ever, the main aspect of moments of discussion of pain, but in my view, it should certainly be permitted to exist if both client and therapist are, like the notable practitioners I've mentioned earlier, inclined towards a desire to laugh at life.

ii. How can humour be therapeutic?

In researching and writing this piece I've been struck by the array of different ways humour can add to (or at times, hopefully less times, detract from) the therapeutic process. This part of the dissertation is based on my personal experience of this phenomenon. Given the previous sub-chapter I wondered if detailing the how of humour undermined my original assertion that the key defining aspect of humour is that it is a characteristic many of us possess and is a largely enjoyable experience. However, I feel that both the *what* of humour and the *how* are important, and I've presented them in order of importance. The following is a non-exhaustive list of the key ways I believe humour can enhance therapy. The unifying thread of these observations is that to be therapeutic the humorous intervention needs to contribute to psychological, emotional, and relational growth.

Fostering relationship

A key task of any therapeutic endeavour is forming a working alliance. From an early age I have found humour a useful asset in this regard. A colleague once said to me "every group could do with someone like you", which was a reference to my tendency to offer a benign, funnyish comment which eased others initial tension. It also eases my own. Admittedly at the time I felt annoyed at being reduced to some kind of anxiety-dispelling warm up act, but it speaks to the benefit of something light-hearted, conveying "I mean no harm", and "we can do this together". In a recent first session with a client, they lamented what they felt was a dearth of conversational complexity in

New Zealand - “on a night out I like to talk about anything from fashion to philosophy, but this feels hard to find here”. In later discussing our national, emotional reservedness, which my client had also noted, I said something like “you’ll probably find it easier to find a philosophy discussion before you track one down that includes feelings”. This seemed well received and beneficial in the establishing of a shared tone and viewpoint. It also perhaps went some way to providing an aspect of what the client was searching for outside of the therapy space - an engaged, deeper conversation. It illustrates that if a humorous tone can be reciprocated, not just appreciated, it can be particularly beneficial in the tentative process of forging a relationship.

A guide to client self-awareness (ego strength)

A client’s response to humour early in the relationship or at other times can also act as a mode of measuring a client’s level of self-awareness, current mood, permissible emotions, ability to symbolise, and other aspects of themselves. How do they respond to gentle self-parody? In this case I’m largely speaking about parody of myself in early stages of therapy which can assist in reducing the sense of a power imbalance. There is much that can be learned from a client’s response to a therapist’s benign joke about themselves - do they defend you? Join in with a perceived attack? Empathise? Not notice? Or many other possibilities. It also perhaps foreshadows the possibility that we may encourage the client to do the same, ie. speak to how they are in the world. As an example, in working with a macho male client I have parodied myself as something like a “soft feelings guy” in part to permit the client’s softer feelings to be with us, to reduce my power as the scrutinising other, and to also open the door to the client to speak of their persona.

Permitting feelings

Humour can act as a veil, loosely covering (often) more aggressive or attacking impulses, which I discuss further in a following chapter about typically New Zealand humour. Importantly, I think that something similar can play out which gives permission to certain feelings that may be harder to express without the titrating impact of humour. American comic Vic DeBietto (2020) illustrates this beautifully by raging at the US government’s inept initial COVID-19 response in this clip-



<https://youtu.be/GLcNStHTDjM>

In my personal experience angry ridicule, can assist in freeing anger that would otherwise be difficult to overtly express. Without the humour DeBietto's demeanour, which I found enlivening and exhilarating, may have been just plain frightening.

An important aspect of the transference countertransference interplay

Noticing the nature of the humour I have tended towards, (including impulses as well as what is actually said), has been a helpful explicator of the countertransference I experience with particular clients, which in turn can add to my understanding of them. In my case, noting a more prevalent desire to lighten the mood may speak to a client or situation that is particularly anxiety-inducing for me. At the start of the Covid outbreak, US therapist Gary Greenberg observed that "I'm making more jokes than normal" (2020). It may also speak to the presence of erotic transference, and that the humour could carry a seductive element. Kubie's (1971) edict to not entertain could be transgressed, which could, and in my case has, spoken to a desire to enliven or provide a brief moment of pleasure for a depressive client. The absence of humour is also key. I'm specifically referring to experiencing something as unfunny despite the client laughing which is often indicative

of pain - that the client is applying a flimsy overlay on top of hurt and distress. This feels an especially New Zealand way of coping and I expand more on this in that section along with “Humour just isn’t...”

A normaliser

I frequently hear client dissatisfaction regarding the need to seek help. This generally entails providing a variation on the somewhat bitter and forlorn statement “and here I am sitting with you”. These statements seem designed to illustrate the sense of failure that seeking therapeutic help often generates. It is a feeling that has personal resonance for me, especially when I first sought therapy in my early 20s. I felt ashamed to be ‘not coping’. In part I think this reflects New Zealand’s continued stigma around ‘mental health’ issues. (I use this punctuation as I feel the title mental health is limiting and misleading. For me human pain is often, if not always, also about the emotional realm.)

My sense is that humour can often act as a normaliser in sessions: a reminder that there is more to the story of “I need help because I’m bad, weak, deficient, etc”. As well as that, there is “I can laugh and make people laugh”, “things can still be funny”. As Christie (1994) said humour is “a brief triumph of the human psyche over the forces of repression or the pain of reality” (p. 480). An example that comes to mind in thinking of that quote was a client who after a tearful recollection, steadfastly assured me that she was “over” the pain of her childhood, before saying “yep I’m so over it I just cried about it for half an hour” and laughing at the realisation that her denial was folly. There seemed relief in acknowledging the presence of her pain, and that at least in that moment, it wasn’t ‘bad’ to have felt it.

A moment in the I-Thou relationship

In a similar vein humour can act as a leveller and a momentary relaxing of the power imbalance that appears to frequently be a part of a client’s experience. I think this often ensues due to the frequently one-sided nature of the encounter. Broadly speaking one brings their ‘problems’. The other (at least at face value) does not. They receive and attempt to join with their client to make sense of what is shared. As a client I believe I took solace in the fact that on occasion I could make the wise, composed, knowledgeable presence in front of me chuckle. Shared laughter is just that - shared - a coming together where we are two people for a moment on the same level. In a recent conversation with a man struggling with his strong tendency to self-berate, my response to his shame around being visibly irritated at his children was to say, “yes and children can be fucking

annoying, I know mine are". His amusement at the shared emotion, and relief at his annoyance not being viewed as disgraceful was palpable.

In working with different character styles

It feels useful to include some more specific uses of humour, with certain presentations. These examples hopefully show the adaptive aspects of humorous engagement and are by no means exhaustive.

I believe narcissistic defences can be occasionally 'chipped away at' with humour. I had the following exchange with a client who can tend in this direction. Client - "That was good today, you said a lot". Therapist - "Yes I did, some of it you even listened to". This was around a year into our work and an atmosphere conducive to their comedic qualities helped this feel like a permissible comment, which I hoped promoted a more two-way environment between us and an encouragement to be with the other more. They were taken aback, somewhat gleeful at the apparent transgression of our frame, and at my 'bitchiness', which they note they share, and it was a flagrant transgression of Kubie's (1971) rule regarding derision. Rutger Bregman (2020) suggests this is an age-old approach - "For tens of thousands of years we had efficient ways of taking down anyone who put on airs. Humour. Mockery. Gossip." (p. 101). I'd recommend swapping out gossip for love in the therapy space (and probably mockery most of the time).

This type of comment also opens the door for a client to join in laughing at their prior self-reverence, which this client enjoys doing - "who does that?" they humorously enquire regarding the self-traits now looked at anew. **And** it hurt and embarrassed them a little. Given this client group's possible vulnerability to shame (McWilliams, 2011) it is a risky area, but I think we had the relational credit for me to make an observation in a punchy, and memorable, way. We continue to work together fruitfully.

On this note I think it is telling that the world's most narcissistically inclined man, Donald Trump, is the only president in recent times to opt out of the White House Correspondents' dinner in 2017, the purpose of which seems to be to tease the world's most powerful man. "The dinner is a traditionally lighthearted affair, celebrities mixing with journalists at tables and comedians "roasting" the president of the day" (Pengally, 2017). It also offers him (unfortunately still always *him* to date) a chance to demonstrate his capacity for self-awareness and better yet, to be able to laugh at that of which he is aware. The risk of humiliation was perhaps too great for Donald and he missed a chance to humanise himself and perhaps learn more about how he is perceived, and what

that may illustrate about him. These opportunities can be afforded to a client via an occasional joke.

My therapist appears to enjoy the opportunity to rib me about my initial aspirations for our work together. Unlike Donald, who is keen to brand any jokes about him as terminally “UNFUNNY” (Brice-Saddler, 2018) I also enjoy it. After discussion with my mother, who felt a brief course of CBT was beneficial for her, I suggested to my therapist in our first session that perhaps 8 sessions of CBT-influenced therapy would be all that was required for useful change. Some 5 years later and we continue to work together, my life is markedly different, as is my inner world and relational patterns. My target session number was one of my poorer estimations and there is connection between us in recalling it. When it is mentioned, I feel a hint of embarrassment on behalf of myself 5 years earlier, and I also laugh at the shared joke at my expense, which parodies my bravado and naivety, given all that has passed between us in the last half decade.

In the depressive character style, humour can be helpful at reducing the power of an excessively punitive superego and in drawing distinctions between different ways of internal relating (McWilliams, 2011). One can side with the internal ‘victim’ against the insatiable demands of this cruel overlord. A client who has some of this internal dynamic, came in one day seeking to rid themselves of “self-pity”. A comment later in the session, delivered with a partly incredulous tone, like “wow, not only do you feel desperately sad, but part of you has to belittle yourself for it” seemed to alter his way of seeing his feelings and conveyed empathy for the recipient of the internal attacks. We described his self-critic as acting like an “arsehole” to the vulnerable parts of himself.

In masochism, which a therapist recently suggested to me has a reputation for entrenched defences, I’ve found myself using humour to parody unlikely self-states. A client recently reported another occasion where they felt in service to a powerful other and helpless to change this. I wondered whether their response was to “rip him apart limb from limb?” For this meek soul it was an unlikely and ridiculous prospect and she laughed accordingly. Furthermore, Maroda (2010) urges the therapist to “show some emotion” (p. 83) and I think in this case I spoke to an anger and aggression I held on her behalf and was encouraging her to consider and perhaps feel in response to being continually and helplessly in service.

An attempt to understand and broaden client understanding

At times with clients, I attempt to say out loud how I imagine they speak to themselves internally. Not an impression complete with their accent or intonations, but a version of what it seems to me

their words and the energy behind them might be. This is an attempt to understand their perspective experientially, together, by checking in on its accuracy with the actual holder of such thoughts. I believe it is also an attempt to convey care, and desire to *be* with them. Stolorow (1994) said “If an interpretation is to provide a therapeutic effect, it must provide the patient with a *new experience of being deeply understood*” (p.47). In my experience this can occur with this approach and it can also make clear some unhelpful “pathogenic beliefs” (Weiss, 1993, p. 127). When humour is involved in this process it can be derived through gentle teasing or a tone that includes amusement regarding these unhelpful and self-defeating thought patterns (not the client themselves) which hopefully begins or continues a process towards these patterns becoming ego dystonic rather than ego syntonic. A client who *frequently* lamented the lack of empathy in their family was able to join with this approach to wryly and ruefully note “and then I get surprised when it happens every time”. I think the subtle air of humour helped him make such a statement as it felt less condemnatory, for someone very familiar with criticism.

An invitation to transgress

At a supervision meeting for this piece, in hearing me talk about it, a peer wondered if my topic was really about transgression. I’m not sure if that is entirely true but it is certainly an important part of it. In writing it I’ve been slightly embarrassed to note how frequently I swear in my interventions. This has been partly by design as I believe that can add to the surprise and potential impact of important observations. It also immediately reduces the formality of a seemingly formal setting and the sense of requirement to be on our best behaviour, only exhibiting our ‘good’ selves. Importantly I largely do this when swearing is part of how a client communicates.

I think an irreverent statement signifies to the client “you can bring your subversive self too”. The risqué is ok. In the search to allow and foster authenticity, humour is for me a key permission giver to broaden the range of self-states a person may exhibit in therapy.

There are surely many other ways that humour can be in therapeutic service and along the way I believe it is reminder that life can be fun.

iii. Humour just is not...

Given my affection for humour it would be easy to overlook the instances where it, or more often an attempt at it, is not helpful, is not therapeutic, but it is important. Therapeutic humour is not...

Laughing when it's not funny

I recall early in my training experiencing some bemusement as I listened to a story from a person's childhood that sounded sad, painful, and anger inducing. The delivery though was interspersed with laughter, and not of a quiet, rueful variety. I told the person that I was struggling to join with them as the content felt very different to their manner. They responded by saying that my comment was helpful in making sense of their experience. I have since encountered a number of versions of this coping mechanism and my aim is always to connect to the predominant feeling the client seems to carry, or perhaps would carry if that emotion was more permissible for them. I definitely try not to align with the laugh as the main aspect of a troubling, painful story is rarely if ever humour.

Avoidance

A fuller account of the anecdote in my introduction where it was suggested by a psychotherapy lecturer that humour was a manic defence, includes the fact that I was attempting to avoid the discomfort of an intense painful, emotive group experience. I now know that I was looking to 'lighten the mood' as I was finding it difficult to stay with the predominant atmosphere at that time. What I needed was to feel and experience the 'what is' of that time. In looking at a useful definition of the concept- "The manic defence is the tendency, when presented with uncomfortable thoughts or feelings, to distract the conscious mind either with a flurry of activity or with the opposite thoughts or feelings" (Burton, 2017). At that moment I was looking to laugh, which was certainly the opposite of the prevailing feeling. It was a manic defence, but humour is not always that way. Encouraging or endorsing a move to humour at that time would not have been therapeutic. Although I would have preferred to receive different, perhaps kinder words, ultimately the lecturer provided me with an opportunity to stay with the difficulty rather than flee it. I needed that and I believe many clients also need that.

One-sided

Perhaps most importantly therapeutic humour needs to be a mutual undertaking. I've been gratified to find this develop with a client for whom laughter seemed a very distant possibility, due to crippling depression when we first met around a year ago. Gradually there has been a change in tone and in recent months tentative smiles and the odd laugh have started to appear. I recently asked if it was ok to jokingly tease, after I had done so. I was showing my appreciation of a more hopeful demeanour that was occasionally presenting itself - "look at you with all your hope talk".

This was readily permitted by my client and signified a deepening of our relationship. If my client was not ready for this joking statement it could have been painful and cruel. I don't believe that things are objectively funny, humour has to be subjectively enjoyed by both participants.

The reverse situation, ie. with a 'funny' client, and observing therapist, can also occur, and perhaps did in my therapy as a younger man. I don't believe I had given much thought to my tendency towards 'self-deprecation' at the time. If I had done, I imagine I'd have thought it was an important way to not take yourself too seriously and was something benignly amusing. Contrastingly, my therapist observed this tendency as a form of self-attack and considered that I was belittling myself. I think she felt protective of me and her frequent enquiry as to "why are you so hard on yourself?", enabled me to consider engaging with myself in a more compassionate manner.

iv. Humour and therapy in Aotearoa New Zealand

Before I start

Given that the following section is about culture it seems important to introduce my own, which I will do shortly, but prior to that I wish to speak to my apprehension in writing on this topic. I feel that it is a difficult exercise to write about cultural observations. To make broad points it seems necessary to generalise, and I'm not sure I completely avoided the risk of stereotyping. It is also not possible to include all cultural aspects of our nation. There are always exceptions to cultural trends and I, like anyone, am greatly influenced by my own family and broader culture in what I see and am drawn to. However, I feel it is necessary to consider a cultural milieu in working as a psychotherapist, and what follows are some of my thoughts on some prominent ways of being within a country I love.

At the time of writing, I am a 43-year-old, heterosexual, Pākehā male. I use the pronouns he and him. My mother's family are descended from Irish immigrants who migrated to Aotearoa in the mid-1850s. My father's side whakapapa to Scotland and England and his father was Lithuanian. Although I am Pākehā and male, and carry with that immense privilege, both sides of the family are familiar with being considered 'lesser than'. My father's family of 7, grew up with little money, had an especially foreign patriarch, an eccentric matriarch, and had a number of counter-cultural values instilled in them- awareness of the 'evils' of the powerful United States was prominent. My mother's family are from the West Coast of the South Island, had Irish Catholic heritage, which my mother tells me carried a lower-class stigma. I won't dwell on these origins, but I believe they played an important role in the fostering of humour as an antidote to power. One example that springs to mind is the fact that my daughter has just sullied our family record of not having a child become a

school prefect. 10 Ciurlionis children prior to this had not been acknowledged in this way. Previously our most noteworthy success in the field is the oft-celebrated feat of my uncle receiving the most punishments by cane in his year group.

Additionally, I have lived for around half of my 43 years outside of New Zealand. The many trips in and out of Aotearoa and to a number of other countries has afforded an opportunity to get a sense of our culture, which feels more apparent in comparison with other national and ethnic ways.

One-downmanship

Soon after arriving back in NZ around 7 years ago after a 10 year absence, my English wife got talking with a fellow Brit at school waiting for their children to emerge. The woman she spoke with had also arrived in NZ recently and said she was taken aback to talk with kiwi parents in similar situations. Her observation was along these lines “at home, in the UK, there would be an unacknowledged battle to demonstrate whose child was the most successful - ‘Little Johnnie has been picked for cross country, is in the school band, etc.’ In NZ it seems like parents try to do the reverse.” It seems here a compliment about a student’s attainment is more commonly met with “oh yeah but you should see her writing” or “I wish she’d put that kind of effort into her maths”.

This is a good example of what I, and no doubt many others, call one-downmanship. I found this approach a useful differentiator in my time working in marketing overseas. I recall responding to the question “What do you actually do for the company?”, from a humorous Australian prospective client at a lunch, with: “I come up with shit ideas, so my brother’s mediocre ones seem good in comparison”. Interestingly those clients decided to work with us. Surely, not *just* because of our powers of self-deprecation, but I believe it was a factor. They had a strong capacity to self-promote and seemed to enjoy our less showbiz manner.

I believe this trait speaks to our national relationship to power, regarding our position globally. We are isolated geographically, have a comparatively tiny population and our larger, wealthier, more prominent, near neighbour, in Australia, seems to loom large in our collective consciousness. We seem to take understated pride in our ability to ‘punch above our weight’, so ironically perhaps retain a sense of power and relevance by conveying the reverse.

Prominent, yet understated

I see examples of this ilk scattered throughout our culture. In a recent interview following consecutive test scores of 251, 150, and 238 (for the non-cricket fans this is an impressive and abnormally large scoring sequence) NZ cricket captain, Kane Williamson was asked something like “Did your ability make difficult conditions look much easier than they were?” His embarrassed reply was “I don’t know how to answer that,” before moving on to platitudes about the team. The idea of talking about his abundant and obvious talent was anathema.

New Zealand’s highest paid sportsman, NBA player Steven Adams, appears to have carved out an identity based on portraying the antithesis of the glitzy, image conscious, US basketballer. He is renowned for wearing jandals year-round despite the weather:

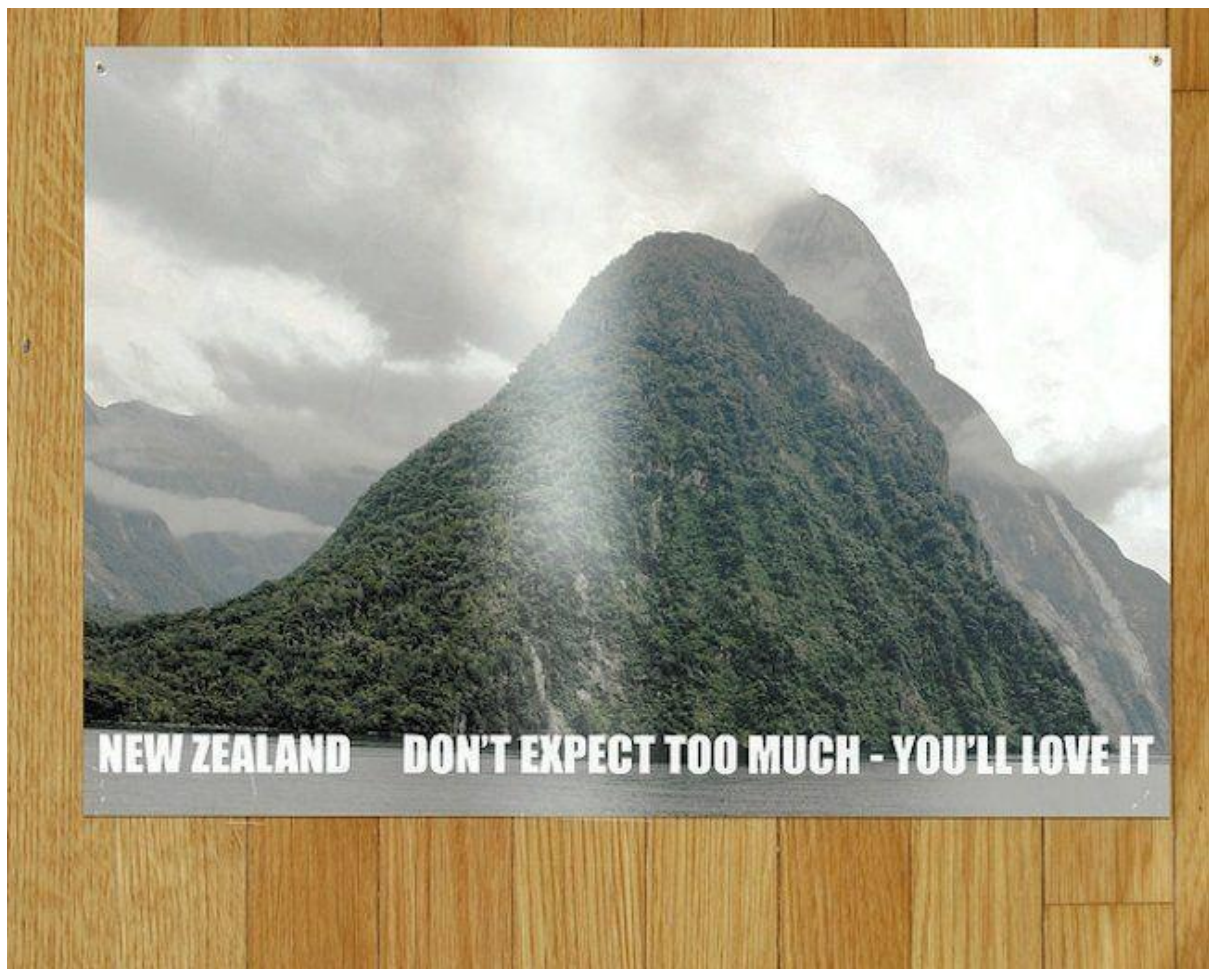


<https://www.tvnz.co.nz/one-news/sport/basketball/steven-adams-braves-freezing-temperatures-in-american-midwest-his-slides>

This seems an element of his ‘no nonsense’, laid back persona. In explaining his sartorial choices Adams said “In America there is a huge pressure for luxury; in New Zealand not so much. It’s more practical...It’s just clothes, it keeps you decent ... you don’t have to be too fancy about it” (Hinton, 2021). In a recent interview after being told that he led the NBA in a particular statistical category he

replied, “yeah that’s going to get me a shoe deal mate” (Hinton, 2021). In reading these pieces and others like them I certainly hear national pride in the reporting of his convention-defying manner and despite his protestations to the contrary I imagine Adams is aware of his down-to-earth image and is proud of it, as I have also felt in relation to our national low-key manner.

Arguably New Zealand’s most famous comedic export Flight of the Conchords, perhaps best epitomise this culture of downplaying our talents and ourselves. They are New Zealand’s self-(un)proclaimed “fourth most popular folk-comedy duo” (Baillie, 2007). Their 2 series comedy programme depicts their struggles as a direly unsuccessful band, haplessly ‘trying’ to achieve success in New York (Bobbin et al, 2007). Their manager doubles as the head of NZ Tourism, the posters of which encapsulate this image we, as New Zealanders, seem to want to project:



<https://nzpocketguide.com/top-10-flight-conchords-adverts-new-zealand/>

(NZ Pocket Guide, n.d). They are, in their lovely, understated way, hilarious and they introduced this kiwi schtick to a wide international audience.

I feel this 'way' can be traced to New Zealand's Man Alone tradition and seems to build upon a taciturn Pākehā demeanour (Interestingly of the figures I mentioned earlier, Steven Adams has Tongan heritage and Jermaine Clement from Flight of the Conchords has Māori), that I suspect has been with us for much of Aotearoa's post-colonial history. Edmund Hillary perhaps illustrated it when reporting on climbing Everest that "we knocked the bastard off". In looking up this quote I came across many others from Sir Ed that emphasise this kiwi way (the full list is worth a look - <https://www.newshub.co.nz/nznews/quotes-from-sir-edmund-hillary-2008011114>). My favourite was - "I like to think that I am a very ordinary New Zealander, not terribly bright perhaps, but determined and practical in what I do" (Newshub, 2008). "Determined and practical" eh? Hillary was a veritable ego maniac by the standards of our land!

Kiwi entitlement

What does all this have to do with therapy in New Zealand? For me what I'm loosely calling self-deprecation speaks to a lack of entitlement to be who we are, and to feel what we feel, or allow others to do so in our presence. It could be called a close relative of denial. When we play things down, when we (quietly) insist that things are no big deal, then we also seem to really struggle to say I don't feel too good, or I need help. Sam Dowdell, kiwi 'mental health' "crusader" and a man with a job that lends itself to this kind of observation, noted this national reticence "In my experience barbering overseas, no men I have come across have more trouble expressing themselves than here at home. I find that really troubling" (MacAndrew, 2017). So do I.

I've found it interesting to hear the take of people of different cultural backgrounds on this dynamic. A fellow student from Eastern Europe remarked on the horror that many kiwis responded with on hearing her response to "How are you?" She spoke of a recoiling when she honestly answered with an allusion to her struggle to adapt or homesickness or presumably any other 'negative' experience. She spoke of her culture having an acceptance that people may feel pain and talk about it, that it wasn't something to run from or hide. On a similar note, in reading my self-description as a therapist, a course requirement, my South American supervisor read of my "quiet confidence" that I could become a psychotherapist. "Why does it have to be quiet?" he joked in an exasperated fashion, pointing to this as a national requirement. This piece itself has seen my British supervisor consistently remove a number of self-deprecating asides.

A frequent theme in my therapeutic work with New Zealanders has been bewildered embarrassment at painful feeling states and the sense that they shouldn't be felt. It seems that

often growing up they weren't allowed to be felt. A client recently told me of an aspiration to work in the caring professions, his first reason being that if he was to work with really troubled people, he would recognise his suffering (not his word) as the non-event it truly was. Similarly, another client spoke of their confusion and shame around their emotional pain (although they certainly didn't label it as such) given their comparative advantages in the world. This strongly resonates for me as for many years my own emotional struggles were endlessly self-dismissed due to the markers of 'success' I possessed - good career, financially stable, a solid relationship, etc. The oft-used phrase "first world problems" seems an effective stick to beat our, undoubtedly privileged, selves with, insisting we have no justification for any suffering.

Exuberance

However, in my experience, there are other cultural approaches in Aotearoa. After being born here and leaving as a baby to live mainly in white dominated areas in Australia I returned as a 14 year old boy. Sometime later going to a Polynesian friend's family home to watch a rugby game was an eye-opening experience. The atmosphere was exuberant, angry (at the players shortcomings), and joyous (at their non-shortcomings). The volume was loud. It was certainly not an air of Pākehā quiet repression of which I was more familiar, unless of course, alcohol was involved. The same South American, supervisor I mentioned earlier, once spoke of their sense of our country's reliance on alcohol's inhibition-reducing potential to assist in speaking openly, dancing, having sex, and emoting. With the exception of sex, the other three were certainly on display at my friend's home that day. In frequent participation in predominantly Polynesian environments (importantly social and casual rather than formal ones) since, exuberance typified by buoyant, unrestrained laughter has been an abiding memory.

All of which reminds me of discussion with a Māori psychotherapist, during my psychotherapy studies. They emotionally lamented that Māori had been swept into a Pākehā culture of "emotional poverty" (personal communication, September 2018). At the time this was very much a new idea for me. By my reckoning it is not one that has gathered a great deal of mainstream (=Pākehā?) recognition and it greatly resonated immediately. At the time I ironically said that I was a 'proud' descendent of such emotional poverty and I felt great sorrow in recognition of the dominance of the stoic, repressed, 'rational' white Man Alone, both in New Zealand and within my family and myself.

At their suggestion, I read research by "enlightened Pākehā" (personal communication) James Ritchie on Aotearoa in the 1950's. The piece makes a number of interesting and prescient

observations, including - “the early years of Māori (sic) life are characterised by parental indulgence” (Beaglehole & Ritchie, 1958, p.137). I think of the Pākehā nurse’s, thankfully unheeded, advice for my mother on the second night after my birth to close the door to my room and put in earplugs. I’ll leave the reader to deduce the attachment implications. Their research describes “warmth and social spontaneity [as] characteristic of Māori group life” (p.138). Implicit is the absence of warmth of comparative Pākehā circumstance at that time. They also describe the “anxiety laden Western personality” which in Aotearoa has perhaps been in part masked by our (quietly) celebrated ‘humility’ and self-deprecation.

Nigerian kiwi, and UFC star, Israel Adesanya, who moved here with his family when he was 10 is one who sees detrimental impact in this aspect of our culture. In a fiery, impassioned speech when he accepted the award for New Zealand sportsman of the year he pointed out that we can be just as adept at other-deprecation as we are at doing it to ourselves - “When you see one of us rising, you want to tear him down because you feel inadequate and you want to call it humble....Understand this, if you see one of us shining, whether it be the netball team, the Black Caps, the Sailors, pump them up! Embrace them! Because if they win, we win, if I win, you win!” (NZ Herald, 2020)



<https://www.youtube.com/watch?reload=9&v=JosW8wV49fc>

His fresh take on tall poppy syndrome was lauded in parts of the press, suggesting there is some appetite in New Zealand for a right to feel proud, enthused, and exuberant. Scotty Stevenson noted, “The awards felt energised afterward. Some guests even woke up.” (Stevenson, 2020) He described it as the “best speech in Halberg history”. And it was funny - Adesanya called himself “extraordinarily humble” - wonderful! He enthused at his bold mustard coloured tuxedo jacket. He was the antithesis of a traditional staid, compliment deflecting, “emotion-shy” (De Jong, 2021) white kiwi. The NZ Herald called it “powerful” (2020), Stuff felt it showed his “kiwi pride” (2020) and surely a different version than many of us are familiar with. NewstalkZB on the hand was nonplussed. Heather Du Plessis-Allan (2020) was “tired of this ‘tall poppy syndrome’ nonsense” ie. that it isn’t really a thing. I beg to differ.

A changing culture

Returning to the therapy room where I believe the above societal observations are often manifest, Adesanya’s observation of projected self-hate is a useful guide. I’m struck by the frequency of a focus on the other along with angry, resentful, and irritated, projective dynamics amongst clients, like myself, who have rarely been allowed and allowed themselves to be the focus of positive ‘indulgent’ attention. Surely this is in part because it is viewed in much of the culture as just that - indulgent and entitled. What a shame that both of these words are often given a negative and insulting quality. At times in session, I talk of a positive or necessary entitlement as a way of giving permission to wanting and receiving attention and comfort. It is an urging of a return to a bruised self, which should be done sensitively, and I believe can be done at times humorously, “we could provide therapy to those other people, but maybe returning to what’s happening for you could be a good idea...”

Humour can also act as a way in for people like Sam Dowell (MacAndrew, 2017) said, have trouble expressing themselves. An atmosphere that contains the possibility of levity seems to offer the client the chance to say things they might find more difficult if they were delivered humour-free. It reduces the confrontation in speaking openly for a people who often do not have much experience in doing so. The ubiquity of the phrase “nah just jokes bro” after a veiled ‘joke’ speaks to this difficulty that kiwis appear to have in speaking honestly, openly, and directly.

In my own therapy finding the deeper meaning within my frequent irreverence has been instructive. By permitting and fostering such an atmosphere it can allow an exploration of these deeper meanings and veiled feelings. A therapist invitation like “and I wonder if there is an important truth

in that statement..." can enable exploration of the (sometimes not well) hidden meanings humour can contain. Humour can help prize open a door that was previously just a tiny bit ajar and in therapy it must be utilised not predominantly to hide the difficulties of life but to highlight them – to reveal rather than to cover.

Esther Perel (2007) provides useful therapeutic guidance with the edict that "Generally the role of therapists is to challenge the cultural status quo. We regularly encourage our patients to examine their assumptions about what's normal, admirable, and expected" (p. 191). Aspects of New Zealand's cultural status quo that feel particularly visible to this middle-aged white man, are certainly changing. The highest grossing New Zealand film of all time might be an apt symbol of this change, and an illustration of the coming together of the observations of Ritchie in 1958. *Hunt for the Wilderpeople* (Waititi, 2016) is a funny and moving film that pairs the odd couple of an older white reserved male played by Sam Neill with a young, at times exuberant, Māori Boy played by Julian Dennison. Maybe art imitated life as the film was created by Jewish Māori director Taika Waititi and the script is an updated version of a book by one of New Zealand's white Man Alone archetypes in Barry Crump. Spoiler alert, this odd couple find a way to connect, learn from each other and be together.

Chapter 4- Discussion/Conclusion

Human unkind

It was in reading Rutger Bregman's (2020) enjoyably optimistic treatise *Humankind* recently, that I stumbled across what seems a potentially important aspect of the conundrum I posed in my introduction - why is it that humour in therapy and often in life is very frequently considered risky and inappropriate, when it seems to actually be a common feature of many therapeutic and other purportedly sombre, serious settings?

Bregman's book is an attempt to correct what he considers the fallacy of human nature being considered predominantly "selfish, untrustworthy and dangerous" (Anthony, 2020). Pinker (2012) wrote about similar themes regarding our perception of humanity and the state of the world versus the reality. Bregman states that:

A few years ago, people in thirty different countries were asked a simple question: 'Overall, do you think the world is getting better, staying the same, or getting worse?' In every country... the vast majority of people answered that things are getting *worse*.' The reality is exactly the opposite. Over the last several decades, extreme poverty, victims of war, child mortality, crime, famine, child labour... have all plummeted. We're living in the richest, safest, healthiest era ever. (p.13)

I would debate his assertion that this is "exactly" the opposite, and it could be argued that a different question could be asked ie. could we have improved our (humanity's) 'performance' by a far greater amount than we have? (Burkeman, 2017) However, I think it illustrates a pessimism in our fellow beings that feels familiar to me. A number of personal examples that spring to mind illustrate this dynamic, most notably, the insistence of a religious doorknocker who assured me that when she was a girl, paedophiles did not exist, that they were a recent phenomenon that illustrated the horrific state of the world. My rebuttal was sadly dismissed. Perhaps similarly, I recall sharing some optimistic statistics regarding our world with a group of budding psychotherapists. For example, dramatic reductions in combat deaths, big increases in the number of democracies (Burkeman, 2017) and more and was met with some bemusement and a lecturer comment of "try telling that to people in Syria".

George Gerbner called this "*mean world syndrome*" (Cited in Bregman, 2020, p.13) and I wonder if it is within this mean world that we assume humour should be shelved? Andrew Anthony summarises an important aspect of Bregman's thesis in saying that this "pessimistic view [is] not of ourselves

exactly, but of everyone else” (2020). This may explain the proliferation of what I previously described as “shady naysayers” regarding humour in the Literature Review section. These naysayers may be more of an internalised expectation of how others think and perceive the appropriateness or otherwise of humour, rather than a reflection of the broad reality. The lecturer ‘naysayer’ I spoke of in my introduction who claimed humour was a “manic defence” was also partial to deploying it in my wider experience of him. Similarly, my projection onto my therapist of a dour environment was a reflection of my self-state at the time. I have since discovered she is fond of a chuckle, including in our working space. And given that for many months of my own therapy I assumed I shouldn’t be joking in that setting, it amazes me that some 6 years later I now sit with clients of my own and actually foster humour.

A response to power

A key theme running through this dissertation that warrants some final discussion is humour’s relationship to power. In comments about my current favourite television programme *Schitt’s Creek*, Rachel Giese observes that “the character of David has a kind of gay archness... Which is very familiar, you know, it’s kind of campy, and some of that is the result of...homophobia” (Free, 2020). In my view this archness is a way of retaining a sense of power in a less overt way, against a potent threat.

This dynamic also plays out on a broad scale. Pinker (2012) states that “Many moral advances have taken the form of a shift in sensibilities that made an action seem more ridiculous than sinful, such as duelling, bullfighting, and jingoistic war.” (p. 765) Speaking of duelling specifically, he credits humour as playing a key role in its demise, allowing men of generations past the opportunity to allow a slight to pass them by, rather than engage in the prior norm of attempting to kill the insulting, invoker of their shame. Truly in this case the “joke [was] mightier than the sword” (p. 765) and “duelling was eventually laughed into extinction” (p. 299).

On a personal level, in this dissertation, humour’s response to power is most keenly felt in my method chapter when I rail against the perceived injustice of having to write what the reader by this point has almost finished. This sense of being subjected to a callous oppressor was channelled into AUT, my supervisor, and even Clark Moustakas. A man who seems, in a photo I just looked at, kindly and yet prior to dying 9 years ago, he cruelly urged heuristic researchers to write from the heart.



<https://www.pinterest.nz/pin/191614159117173115/>

When I face such power, I tease it, and ridicule it and laugh at it and I feel a bit better. I also tease myself, as I just have, and then I and my problems don't feel quite so important, and that helps me feel better too.

And many, many others also do this. Freud did it, when he faced an actually frightening, oppressive power in Nazism, by "heartily recommend[ing] the Gestapo to anyone" (cited in Christie, 1994, p. 481). American comedian, Margaret Cho does it in the face of suicide, and she does so beautifully, movingly, and hilariously, as you will discover below.

And crucially, in the therapy space I believe we, as therapists, can help clients to harness humour to depower their internal and external oppressors in whatever form they may take and make this way of talking back to power a little less necessary and considerably more conscious. And along the way, we can create enjoyable, memorable, relationship building, experiences with them, so...

Thank you humour

In talking with myriad practitioners while writing this piece and mentioning its enquiry, I haven't come across anyone opposed to humour in therapy. I have however heard messages of guilt when it appears, due to the sense of transgression, which seems to reference this internalised sense of prohibition that I once shared. Some say they don't use, or perhaps more accurately foster it, but many do, and it seems to good effect. They seem cheered in describing it and I imagine their clients often feel similarly.

In my Method chapter I mocked the idea of my "self... being transformed" (Moustakas, 1990, p. 13) by this process and yet as I look back at when I conceived the title "in defence of a manic defence" that defence felt more brittle. At some level I suspected that under strain and a fearsome "unwavering inner gaze" (p.13) I'd discover that it was a feeble ruse to cover all manner of

vulnerabilities. That hasn't been my experience. My appreciation for laughter and amusement has grown.

In the past decade I have visited two dying relatives and in both cases their capacity for logical, critical, factual thought was heavily impaired. What wasn't was their ability to laugh at remembered anecdotes, turns of phrase, and facial expressions. It is part of a crucial shared language for me and my family, and countless others around the globe. I love that. At those times I found this language comforting, moving and connecting at the same time as feeling grief stricken and tearful.

In this vein, I shall handover to American comedian Margaret Cho to conclude this piece-

The thing about being a standup comedian is that you can never turn off that part of your brain, not even when you are trying to kill yourself. Margaret Cho learned this in 2013 when she attempted suicide in a hotel room, using a shower curtain rail. "It started bending and I was like: Oh shit, I'm too fat to kill myself, so I had to get down," says Cho. "I thought: I'll go on a diet and I'll try again when I reach my goal weight, which means I'm never going to kill myself, because I'll never reach my goal weight."

The 52-year-old Emmy-, Grammy- and Oscar-nominated comedian, author, actor and podcaster lets out a delighted cackle. "That joke ... people get really upset. They're like: 'You should put in a trigger warning.' I don't know how to do a trigger warning!" The point Cho is trying to make is a serious one. "My sense of humour probably saved me from dying," she says. "You can't really shut that part of you off, because humour is really hope. Humour and laughter is the intake of breath, which is the preservation of the body for the next moment ... at your darkest moments; it's actually the thing that shines the brightest. I'm really grateful for it and I'm really grateful I got to live. (Kale, 2021)

Implications

Throughout the process of writing this dissertation there have been many, many moments of feeling like I am not well equipped to produce what is required. This was especially true for the method chapter and this section appears another such scenario, not because I don't have some thoughts on what I've established in the research, but due to my uncertainty as to how any thoughts on this page might be able to influence anyone? That in itself is an implication: how can the reams of research produced by AUT's psychotherapy course be utilised to grow the knowledge within our field more broadly? I presume that aspect is a question for another day.

There also seems to be significance in the frequency that people assume humour is naughty and should therefore be avoided in situations usually conceived as exclusively serious. I imagine this results in both unconscious or conscious avoidance of lighter or 'transgressive' moments, which could actually be useful in the variety of ways detailed throughout this dissertation. Greater awareness of this could create a sense of freedom within practitioners who are inclined to laugh at life, once they had understood their internalised expectations of what is and isn't 'permissible' within the therapy space. This also feels important around other modes of being that may be stifled in a therapeutic setting such as exuberance and excitement.

Although I have not covered it in this dissertation my title encourages further thought around the notion of defences, what constitutes a problematic deployment of them, and working with them in therapy. An important conclusion this research reinforces is that humour is a frequent bolstering of resilience via a release of tension and a creation of a different perspective. Yet it could still be viewed as something 'defensive', at least in traditional psychotherapeutic circles. Further exploration feels warranted.

Finally, some of the displeasure I expressed in my method chapter about the necessity to produce this work has a serious point. My supervisor has said that 450 hours is a guide for how long to spend on this piece of work. I imagine many students spend far longer than that. While no doubt valuable, I question whether producing a dissertation on a topic of one's own choosing is the best use of a large amount of time spent while training in psychotherapy. My initial thinking is that an option to utilise this time in a largely experiential capacity has a better chance of more significantly improving the abilities of practitioners of a very demanding craft. Whether this fits within a university environment is another matter.

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