



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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HUMOUR THERAPY

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Definition: Humour therapy uses a way of looking, interpreting and presenting reality to highlight its unusual and fun aspects.

Elements: 1. Suggest amusing methods to divert patients' attention from their distressing problems in order to reduce their tension.
2. Alleviate patients' thoughts and beliefs by using a freshly comic perspective.
3. Share entertaining themes to promote a good collaborative relationship with other people.
4. Use humorous language to help patients clarify themes being discussed.

Related procedures: Modelling, rational restructuring, social skills training, self-instructional training.

Application: In individual and group therapy for anxiety, depression, OCD, social skills and stress problems, schizophrenia, and children's difficulties, to improve coping, mood, positive thinking and self-esteem by using stand-up comedy and absurd paradox.

1st use: Freud S (1905)

References:

1. Freud S (1905). *Jokes and their Relation to the Unconscious*. London: Hogarth Press.
2. Golden RM (2007). *To wit or no to wit. The use of humour in psychotherapy: Pennsylvania Psychologist*, 67, 3, 22-24.
3. Martin RA (2007). *The Psychology of Humour. An integrative Approach*. London: Academic Press.
4. Skinner BF (1976). *A dialogue on education and the control of human behaviour: AG - Cassette album* edited by Gerald A Gladstein – New York: Psychology Today library cassettes.

Case illustration 1 (Picozzi unpublished): Vittorio aged 17 was in year 4 at high school. He sought help because he often seemed to be timid, clumsy, and reticent, became an outcast among his peers, and felt unhappy and dissatisfied. For use in therapy, Vittorio compiled into a manuscript about 400 jokes from publications and television programmes and told by family and friends. In therapy sessions Vittorio rehearsed telling jokes aloud, and wrote and learned them by heart, making them as funny as possible. This helped him to improve his language skills and express himself. His joke repertoire made him popular with other boys, especially at parties, and he became witty, proactive and linguistically confident.

Case illustration 2 (Picozzi unpublished): Domenica aged 68 had retired and lived with her sister. She had very few and inconstant friends. She began treatment as she felt dissatisfied, unhappy, lonely and suicidal. Domenica was talkative and rather invasive towards people, thus turning them away. The more she approached them the more they avoided her, and the more they did so the more she pursued them. She felt increasingly

rejected. Her bleak view of life, complaints and self-pity turned people off. She had once-weekly therapy sessions for 6 months. When the therapist interrupted her complaints with a witty comment or joke, Domenica would laugh heartily and say "this is top notch!", "I'm laughing my head off!" etc. She began to tell jokes from her own repertoire, from which point her sessions became more interesting, proactive and constructive. She discovered her wit, a more cheerful view of life, and a more positive and interesting way to relate to others, and created a good group of friends and acquaintances. She also joined an acting school, and her mood improved greatly.