

POSITIVE EMOTIONS: POSITIVE HUMOUR

Begoña Carbelo* and Eduardo Jáuregui**

*University of Alcalá. ** University of St. Louis

Laughter and humour deserve an important role within positive psychology, defined as the study of positive emotions, states and institutions. Laughter produces one of the most pleasurable feelings of human experience, and stimulates positive behaviours such as play, learning and social interaction. The sense of humour, as a personality trait, is one of the basic signature strengths of human beings. Many have attributed to both of these phenomena important physical, psychological and social benefits. However, few theorists and researchers within positive psychology have investigated them in detail, partly because laughter and humour continue to resist theoretical definition and because their empirical study presents serious methodological problems. In this paper, the authors examine the relevance of laughter and humour, particularly positive humour, and review the current state of knowledge regarding these phenomena.

Key words: humor, humour, laughter, emotions, positive psychology, strengths, stress, broaden and build.

La risa y humor merecen un importante protagonismo dentro de la psicología positiva, definida como el estudio de las emociones, los estados y las instituciones positivas. La risa produce una de las sensaciones más placenteras de la experiencia humana, y estimula comportamientos positivos como el juego, el aprendizaje y la interacción social. El sentido del humor, como rasgo de la personalidad, es una de las principales fortalezas del ser humano. Se les atribuyen a ambos importantes beneficios físicos, psicológicos y sociales. Sin embargo, aun son pocos los investigadores y teóricos de la psicología positiva que han tratado estos fenómenos en detalle, en parte porque la risa y el humor siguen resistiéndose a una definición teórica y al estudio empírico. En este artículo, los autores examinan la relevancia de la risa y el humor, especialmente el humor positivo, a este campo, y revisan el estado actual del conocimiento sobre estos fenómenos.

Palabras clave: humor, risa, emociones, psicología positiva, fortalezas, risoterapia, estrés.

"Life is too important to be taken seriously"

-Oscar Wilde

Sense of humour is a unique capacity of human beings that is highly valued in many, if not all cultures. Numerous psychological benefits (states and sensations of joy, well-being and satisfaction, reduction of stress, prevention of depression) are attributed to it, as well as physical benefits (tolerance of pain, activation of the immune system, improvement of the cardiovascular system) and social ones (improved motivation, communication and social order and harmony). Research in the nascent field of humour studies has provided certain empirical support for some of these assertions, even if there are still many unknown quantities and con-

traditions in the literature.

What is beyond any doubt is that laughter and sense of humour merit a leading role within positive psychology, defined as the study of positive emotions, states and institutions. Laughter produces one of the most pleasurable sensations of human experience, while sense of humour is one of the principal strengths of our species, and figures, indeed, in Seligman and Petersen's VIA Strengths classification. In the laboratory experiments of positive psychologists such as Barbara Fredrickson, comedy videos are an essential tool, given the ease with which they can elicit positive emotions in subjects. However, few researchers and theorists within positive psychology have examined these types of phenomena in detail, partly because laughter and humour continue to be resistant to theoretical definition and empirical study. Almost two thousand years ago, Quintiliano already lamented the fact that "nobody has managed to explain laughter in a satisfactory manner, even though many have tried" (cited in Eastman, 1921: 132). Today, despite having much more data on the laughter of animals, the structure of

Correspondence: Begoña Carbelo Baquero. Dpto Enfermería. Universidad de Alcalá. Campus Universitario. 28871 Alcalá de Henares. España. E-mail: bego.carbelo@uah.es

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*http://www2.uah.es/humor_salud

** <http://www.humorpositivo.com>

jokes or the neurochemical processes involved, we are still practically in the same situation.

In this article, and despite these difficulties, we look at what is known and what is not known about sense of humour and its benefits, concentrating on its relationship with the field of health and well-being.

DEFINITION OF HUMOUR AND RELATED CONCEPTS

The term “humour” has more than one meaning (more relevant in Spanish, but also to some extent in English); at the same time, even agreeing on a broad definition, researchers and theorists working in “the study of humour” have not reached a consensus on the definitions of the different concepts and phenomena in this field. This is in part due to the failure of psychology and other sciences to explain the mechanism of laughter, one of the oldest mysteries of human behaviour.

In this article we shall avoid use of the word “humour” in the sense of “mood” (as in the expressions “good humour” or “bad humour”). A substantial part of positive psychology refers to different emotions or states that characterize good mood or “good humour” (joy, satisfaction, gratitude, hope, optimism, calm), but what interests us here is something more specific.

When researchers in Positive Psychology such as Martin Seligman talk of **sense of humour** as one of the human strengths, they refer to a **capacity for experiencing and/or stimulating a highly specific reaction, laughter** (observable or not), and thus achieving or maintaining a positive mood¹¹ Christopher Peterson and Martin Seligman define the strength “Playfulness and humor” in the following way: “You like to laugh and to make others smile. It is easy for you to see the funny side of life.” (Seligman 2002a).

. Laughter is also the (only) linking element between the heterogeneous researchers of the multidisciplinary International Society for Humor Studies, and the scales developed in this field to measure sense of humour have always referred to laughter as a starting point.

We define laughter, in turn, as a **psychophysiological reaction** characterized [1] externally by repetitive vocalizations (typically transcribed as ha-ha, hee-hee, etc.), an easily recognizable facial expression (mouth in a closed or open smile, commissures of the eyes wrinkled),

certain characteristic body movements (of the abdomen, shoulders, head, and in cases of intense laughter, the whole body) and a series of specific neurophysiological processes (respiratory and circulatory changes, activation of the dopaminergic system and other neurochemical circuits, etc.); [2] internally by a recognizable subjective sensation (which we shall call **hilarity**), pleasurable to a greater or lesser extent.

Laughter can be considered a positive emotion, or at least the cause or external reflection of a positive emotion (hilarity). The pleasure it provides has been compared with sexual orgasm and other pleasurable reactions of the organism, and indeed it activates the dopaminergic mesolimbic reward system, associated with diverse hedonic sensations (Reiss, Mobbs, Greicius, Eiman & Menon, 2003)

We shall reserve the term **humour** to refer to the various causes of laughter, which is the commonest meaning in ordinary language (black humour, blue humour, harmless humour, satirical humour, ironic humour witty humour, crude humour, absurd humour, oral humour, literary humour, graphic humour, physical humour, improvised humour, etc.). We shall also consider as humour cases of **non-intentional humour**, such as slip-ups, blunders or clumsy mistakes, since, although they are not usually thought of as “humour”, it is difficult, in practice, to distinguish them from intentional humour. In sum, we shall define humour as **any stimulus that can provoke laughter in a subject**: games, jokes, funny stories, cartoons, embarrassing situations, incongruences, practical jokes, tickling, and so on. As we already pointed out, there is no commonly accepted theory to explain how humour provokes laughter, what types of humour can be distinguished or how to describe the relationships and differences between these types. Of the numerous monocausal theories proposed, the most well known are those that identify the stimulus of laughter with feelings of superiority, with incongruence, with the release of cognitive/emotional tension, or with play (see Jáuregui, 1998).

Within the great variety of humour there are many types in which laughter is hostile or aggressive (one person laughing at another), or people take lightly matters that are considered tragic, serious or sacred by others,

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provoking discomfort or offence. Some theorists leave these types out of the definition de "humour", reserving the term to refer exclusively to inoffensive and well-intentioned types of humour. We have preferred to include them in the idea of "humour", first of all because students of humour also analyze satire (sometimes caustic), black, blasphemous and obscene humour, and aggressive laughter; and second, because the line between "aggressive" and "inoffensive" humour is subjective and changeable –what offends me today may make me laugh tomorrow, and what I find funny (or inoffensive) may be offensive to you. Even so, we shall adopt the term **positive humour** to refer to the **type of humour that provokes inoffensive laughter, at least in its intention**, distinguishable from **negative humour** (aggressive, offensive, etc.). We can also speak of a **positive sense of humour**, which seeks to provoke laughter in oneself or others without offending or attacking anyone, as opposed to **negative sense of humour**, which seeks to provoke laughter even at the expense of others.

THE STUDY AND APPLICATION OF HUMOUR

Laughter and humour are topics that have aroused the interest of philosophers and scientists since at least the times of Ancient Greece. Plato and Aristotle developed some of the first known theories on comedy and mockery, and since then some of the most brilliant minds of our intellectual tradition have pondered on the nature and functions of humour, among them Hobbes, Kant, Schopenhauer, Bergson, Spencer and Koestler (Jáuregui, 1998).

Today, and especially since the 1970s, research on humour is being carried out in different disciplines, including psychology, medicine, nursing, physiology, biology, sociology, anthropology and education, as well as in areas such as information technology, cinema studies, history, linguistics, literature, mathematics and philosophy (Carbelo, 2005). Contributions to the literature on humour include theoretical works, empirical research, applications in specific areas such as therapy, education or business, and of course notes, replies to journal articles and letters to editors. Numerous books have also been published in the field. The International Society for Humor Studies (ISHS) publishes: *Humor: International Journal of Humor Research*, and has been organizing an International Conference since 1976 (Cardiff, Wales), originally held every three years, then every two, and

now annually. In 2008 it is due to be held at the University of Alcalá, in Spain.

Also on the increase is the number of people and organizations working in the application of humour in different contexts. Of the organizations involved in therapy it is important to mention the American Association for Therapeutic Humor (AATH), whose members are committed to advancing, understanding and increasing knowledge about humour and laughter in relation to curative aspects and the generation of well-being. The AATH also holds an annual conference to present the results of recent research, and organizes seminars and courses run by different universities on theoretical and practical aspects of sense of humour. The basic objectives of this Association, created with a view to helping health professionals learn about the potential practical uses of humour, are the promotion and development of behaviours that contribute to well-being based on laughter and good humour.

In Europe, and in Spain in particular, there are a growing number of initiatives related to the study and application of humour. Since 2004, the *Fundación General* at the University of Alcalá (Spain) has organized an annual multidisciplinary meeting on the subject, in collaboration with several other Spanish universities: *Humor Aula*. There are now university courses in Spain on subjects such as graphic humour, therapeutic humour and humour in communication (Carbelo, 2005: 204). Associations such as *Payasos sin Fronteras* (Clowns without borders), *Fundación Teodora*, *La Sonrisa Médica* (The Medical Smile), *Pallasos d'hospital* (Hospital Clowns) and others are dedicated to improving the well-being of children (and their families and caregivers) in war zones or in hospital. Furthermore, various consultants, companies, health professionals and alternative therapists offer sessions and courses for helping their clients to generate and apply laughter and sense of humour with diverse aims.

METHODOLOGICAL ISSUES

Laughter and humour present significant challenges to scientific study and analysis. Laughter is a phenomenon that flourishes precisely in contexts far removed from those of control and measurement that characterize the experimental paradigm: informal meetings, bars, the lovers' bed, play. Psychologists who have tried to study these topics in the laboratory have found it practically impossible to generate authentic bursts of laughter in that



environment (Chapman, 1983: 137). This explains why the majority of experiments in this area have used self-report scales in which participants assess the intensity of their internal humour reaction, indicating how “funny” they find a joke, etc.

Another problem is that the cause of laughter is a perception, the result of a cognitive evaluation whose nature continues to evade scientific understanding²² It could be argued, as have some theorists (Nussbaum, 2001; Sartre, 1971; Solomon, 1993), that an emotional reaction such as laughter is not “provoked” by cognitive events such as mental perceptions or appraisals, and that laughter is a unitary emotion that reacts directly to external stimuli, constituting in itself a value judgement. In any case, it would be necessary to identify these causes and the relationships between them.

. There are a multitude of events that provoke or can provoke laughter and hilarity, but we cannot observe directly which specific aspect of such events triggers this reaction, which would explain the relationship between a witty joke, a humorous blunder and tickling, to mention just three examples.

From the point of view of positive psychology, one of the most relevant methodological problems is the measurement of “sense of humour”. A reliable measurement would allow researchers to establish relationships between this trait and diverse aspects of well-being and of mental and physical health. There are currently available various instruments created with the aim of quantifying the degree of development of an individual’s sense of humour. These scales, all in English, are designed to reveal the extent to which, and in which situations, individuals tend to laugh, smile, create/share humour, accept/reject the humour of others, and so on. There are scales that measure attitudinal or behavioural aspects of humour, such as the Sense of Humor Questionnaire (SHQ, Svebak, 1974), the Coping Humor Scale (CHS, Martin & Lefcourt, 1983), the Situational Humor Response Questionnaire (SHRQ, Martin & Lefcourt, 1984) or the Multidimensional Sense of Humor Scale (MSHS, Thorson & Powell, 1991, 1993a, 1993b; Thorson, Powell, Sarmay-Schuller & Hampes, 1997).

The SHQ scale (Svebak, 1974), with later developments leading finally to the SHQ-6 scale (1996), includes skills for perceiving humour, and is made up of self-descriptive statements response options correspond to a 5-point Likert scale and go from “totally agree” to “totally disagree”. Some examples are “I easily recognize...a hint or a change in intonation that indicates humorous intention”, or “People who are always trying to be funny are actually irresponsible people who cannot be trusted.”

Martin and Lefcourt’s CHS scale proposes the measurement of the individual use of humour as an adaptive response to stressful life events. It contains statements with which respondents indicate their level of agreement, scoring on a 4-point Likert scale. Typical items are “I sometimes lose my sense of humour when I’m having problems” and “I normally look for something funny to say when I’m in tense situations” (see Idígoras, 2002).

These authors extended the original questionnaire to cover situational humour responses, designing an instrument (the Situational Humour Response Questionnaire, SHRQ, Martin & Lefcourt, 1984) through which they tried to measure the frequency with which people laugh or smile and find things funny in different everyday situations. This instrument requires respondents to indicate what their response would be to 21 hypothetical situations. An example of the situations (see Idígoras, 2002) is: “if you arrive at a party to find that another person is wearing exactly the same dress or suit as you: A) I would not find it funny. B) I would find it funny, but I would not show it. C) I would smile. D) I would laugh. E) I would laugh out loud.”

The two instruments developed by Martin and Lefcourt have acceptable internal consistency, and are referred to in many studies in which the measurement of humour in specific situations or in relation to other indicators has particular relevance.

The Multidimensional Sense of Humor Scale (MSHS), by Thorson and Powell (1991, 1993a, 1993b), was developed, validated and employed in applied studies in which humour was linked to certain personality dimensions, to anxiety control or to depression, and also in cross-cultural studies. Its authors consider the instrument

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to assess humour from various points of view, which explains the inclusion of the term “multidimensional”: the creation or generation of humour, the use of humour for coping with life, the sense of play, the recognition and appreciation of humour, attitudes towards humour and the practice and use of humour in social situations. Each person’s humour is determined by the scores obtained for each one of the elements and for their sum total.

The MSHS is made up of 24 items, and Thorson and Powell (1993a) collected data in a first round of the study with 264 participants aged 17 to 77, of whom 153 were women and 111 were men, with a mean age of 32.3 and a standard deviation (SD) of 13.5. Cronbach’s alpha coefficient was 0.89. Thorson and Powell (1993b) also collected responses to the scale from a sample of 426 people in the state of Nebraska (USA), aged 18 to 90 years, with a mean age of 37.9 and an SD of 21.7. Scores ranged from 31 to 96 points, with a mean value of 71.8 (SD = 12.9) and a median of 72 points. Cronbach’s alpha for this sample was 0.91, with 61.5% of variance explained by the four factors. No significant differences were found for age or gender.

The MSHS has been employed in analyses of the relationships between humour and other personality traits (Hampes, 1993; Hampes, 1994; Humke & Schaefer, 1996; Thorson & Powell, 1993c) as well as in cross-cultural comparisons (Thorson, Brdar & Powell, 1997), and factorial studies have reproduced a factor structure similar to the original one by means of orthogonal rotation.

Each of these scales represents one (or various) possible definitions of the term “sense of humour”. Which one is the “sense of humour” that is supposedly beneficial to mental, physical and social health? This is one of the unresolved questions in the field of humour studies.

THE EFFECTS OF HUMOUR ON HEALTH

The notion that laughter and humour are beneficial to health is not a new one, though in recent decades some famous cases of “cures” through the consumption and/or production of comic material (Cousins, 1979), the proliferation of diverse therapies and clinical interventions related to humour, and the scientific study of these phenomena have generated considerable media and public interest in the topic. As for empirical evidence, it can be said that there are currently some indicators of the therapeutic value attributed to humour, but it is still too early to assert that laughter is “the best medicine”. As

some researchers have pointed out, for example, not all medical studies support the thesis of a therapeutic effect, such studies are often methodologically deficient, the majority of them are carried out on a small scale, and in any case it is not clear what is the mechanism that produces the hypothetical benefits (Martin, 2004). It is probable that humour, and especially positive humour, has beneficial effects for health, but it has still to be adequately demonstrated what they are, how they work, in which cases they occur, and their weight, scope and limits. A greater research effort is required in this area, with more wide-ranging and scientifically rigorous studies (not to mention the essential funds to finance them).

In general, it can be said that the therapeutic effects for which there is most evidence refer to short-term psychophysical benefits, more preventive or palliative in nature. Laughter is capable of reducing the stress and anxiety that directly reduce quality of life and indirectly affect physical health. Sense of humour promotes good mood, which in turn helps people to get through periods of illness and can prevent depression. The enjoyment of comedy is capable of raising tolerance to subjective pain for at least half an hour – a finding replicated in numerous studies (Zweyer, Velker & Ruch, 2004). Sense of humour may even contribute, as we shall see later, to a subjective perception of better health, which is no small matter.

The hypothetical longer-term benefits have been attributed to diverse mechanisms that can influence physical health. Each one of these models deals with different aspects or components of humour and different conceptualizations of sense of humour. First of all, one model focuses on the act of laughter itself, and on physiological changes in the musculo-skeletal, cardiovascular, endocrine, immunological and neuronal systems associated with it (Fry, 1994). For example, laughter is associated with changes in the circulating catecholamines and in cortisol levels (Hubert & de Jong-Meyer, 1991, Hubert, Moller & de Jong-Meyer, 1993), which in turn may have a substantial effect on various components of the immune system (Dantzer & Mormede, 1995). Likewise, the hypotheses proposed in relation to the possible beneficial effects of vigorous laughter refer to the reduction of muscular tension, increased levels of oxygen in the blood, exercise of the heart and circulatory apparatus, and the production of endorphins (Fry, 1994). According to this model, the



act of laughing is a crucial component, and the same health benefits cannot be expected from perceived humour and fun without the laughter element. Indeed, there exist, for example, “laughter therapy” techniques, based on the idea of forcing laughter in the absence of humour (Kataria, 2005).

A second possible mechanism through which humour can affect health involves the positive emotional state that accompanies laughter and humour (Argyle, 1997). Thus, positive emotions, regardless of how they were generated, can have analgesic effects, stimulate immunity or have the effect of neutralizing the adverse consequences of negative emotions (Fredrickson, 1998). Humour and laughter can thus help to neutralize negative emotions, together with positive emotions such as love, hope, joy or happiness.

A third potential mechanism is related to the hypothesis of the moderating effect of humour on stress. In this case, the benefits of humour refer to stress control or coping through the cognitive appraisal provided by sense of humour as a perspective or view on life (Martin, Kuiper, Olinger & Dance, 1993), as well as the reduction of stress that laughter brings (Yovetich, Dale & Hudak, 1990). Thus, more than having effects on physiological health, humour has an indirect effect, interacting with stress level and reducing the level that can have a negative effect on health. There is evidence that stressful experiences can have adverse effects on various aspects of health, including the immune system (Adler & Hillhouse, 1996), as well as increasing the risk of infectious diseases (Cohen, 1998) and cardiac problems (Esler, 1998), through activation of the hypothalamic-pituitary axis and the sympathetic-adrenal system. According to this model, the important element is the cognitive dimension of humour, rather than laughter as such. Sense of humour can be a moderating variable of stress, bringing a new perspective to stressful situations, in an adaptive strategy similar to that of positive reinterpretation. This means that the beneficial effect of humour would occur in times of stress and adversity, being less relevant for health in non-stressful circumstances. This view also introduces the possibility that some forms or styles of humour may be more adaptive and stimulating for health than others. For example, sarcastic or cynical humour that serves as a defence mechanism of evasion or denial may be less appropriate for adaptation to stress than the more positive forms of humour.

Finally, the hypothetical beneficial effect of humour on health may be mediated by social support. Thus, people with a strong sense of humour may be more socially competent and attractive, leading to closer and more satisfying social relationships. This higher level of social support may in turn have inhibitory effects on stress and stimulatory effects on health –effects that are indeed demonstrated in numerous studies (Cohen, 1988; Cohen, Underwood & Gottlieb, 2000). In this model, the focus is on the interpersonal aspects of humour and the social competence with which the individual expresses humour in a relational context, more than simply on the laughter response or the stimulatory aspect of comedy.

One of the reasons for exercising caution in this field is that not all research has found a positive relationship between humour and health. One of the largest-scale studies in the area, for example, in which 65,000 people participated, was unable to find any correlation between sense of humour (measured with the SHQ scale) and diverse objective measures of health (Svebak, 1996). It is interesting, however, that this study, like certain others (e.g., Kuiper & Nicholl, 2004), did detect a relationship between sense of humour and subjective perception of better health, which may help to explain the popular notion that humour is healthy.

Some studies have even actually found a negative relationship between humour and health: that people with more sense of humour suffer more illness and have a higher mortality rate than more serious people (Friedman, Tucker, Tomlinson-Keasey, Schwartz, Wingard & Criqui, 1993; Kerkkanen, Kuiper & Martin, 2004). Analysis of the results of these studies suggests that persons of a happy, optimistic and funny disposition may have a greater tendency to participate in risky activities and to pay less attention to physical pain, which would in turn contribute to poorer health.

Some researchers have begun to adopt a more sophisticated approach, trying to find interactions between sense of humour and other personality variables, or differentiating between different “senses of humour”. For example, a recent study with 1000 participants found an interaction between sense of humour and general attitude to life, in relation to medical symptoms. In the case of participants who put a high value on their life, more sense of humour was related to better health, while for those who valued their life less, the relationship was in the opposite direction: more sense of hu-



mour was associated with poorer health (Svebak, Gotestam & Naper, 2004). Different relationships have also been found between health and different types of "sense of humour". For example, Kuiper, Grimshaw, Leite and Kirsh (2004) found a relationship between positive humour practices (to overcome obstacles and problems, to laugh at life's absurdities, or to make others laugh) and better mental health (less depression and anxiety, and positive emotions; higher self-esteem and positive emotions). But this relationship did not emerge in the case of some negative humour practices (aggressive or offensive humour), and it was inverted in the case of others (self-criticism in front of others to make them laugh).

In conclusion, humour can undoubtedly play an important role in the therapeutic process, but the effects confirmed by research so far are somewhat localized, short-term and preventive or palliative (tolerance of pain, reduction of stress, coping with illness and a more positive view of it, etc.). It is possible, and even probable, that a relationship will also be confirmed between sense of humour and health, but the most recent studies suggest that the benefits may depend on the sign (positive or negative) of the sense of humour, and/or on its interaction with other personality aspects, such as the value people attach to life.

HUMOUR IN RELATION TO PSYCHOTHERAPY

Various psychologists have recommended the use of humour in the consulting room, arguing that it can provide substantial benefits in the development of the psychotherapeutic relationship and of patient growth (Forsyth, 1993; Fry & Salameh, 1987, 1993, 2001). According to these professionals, humour can serve to establish an appropriate therapeutic relationship, to guide diagnosis, to facilitate the expression of the emotions and emotional work, and to help patients observe themselves and distance themselves from their problems.

First of all, humour can be employed simply to smoothen the contact between patient and therapist. For example, it can help to establish communication between them, to strengthen the therapeutic link, to reduce potential hostility or anxiety that may occur during the session, and to make therapy a more gratifying experience. Brooks (1994, cited in Bernet, 2004: 141-142) recounts a dramatic example of the use of humour at the start of his first meeting with a conflictive fourteen-year-old:

They brought young Jim because of his poor school results, his petty shoplifting and his hostility towards his family. On entering the therapist's consulting room for the first time, Jim said "You're the ugliest psychologist I've ever seen in my life." Brooks rapidly considered his options and chose one that was as humorous as it was disconcerting for his new patient: he proposed doing the interview from inside the wardrobe so that Jim didn't have to look at him! In the second session they followed the same procedure – Jim still thought the therapist was ugly, and Jim asked him to get into the wardrobe. At the start of the third session, Jim said "You're not as ugly as I thought you were at first. Today you don't have to get in the wardrobe."

Secondly, an analysis of the patient's use of humour can facilitate the diagnosis. Since Freud (1905), various psychologists have asked their patients to tell them their favourite joke so as to delve into their subconscious, with the idea that, as in the case of dreams, important themes in the patient's mental life are expressed through the jokes they tell. Likewise, excessive or nervous laughter, or a cruel, sarcastic or simply non-existent sense of humour can give the therapist clues when it comes to discerning their problems. Furthermore, the most sensitive topics can often be recognized through the lack of humour expressed in relation to them, while the ability to laugh about a problem may be a sign that the patient is getting over the situation.

One of the most widely cited advantages is the capacity of humour to transmit messages that are potentially volatile, threatening or difficult, and which regularly arise in the therapeutic context. Humour favours a framework that encourages expression of the emotions, and in particular makes expressions of hostility and of other negative emotions more acceptable. It can also serve to break down patients' defences, permitting them to change their attitude, express themselves or acknowledge a truth without feeling threatened. Waleed Salameh, one of the most prolific authors in this field, has developed a complete "self-improvement system" based on the use of stories, proverbs and humorous parables that succeed in transmitting a relevant message to the patient in a way that is both entertaining and pertinent (Salameh, 2004). Patients may be offended or may show resistance if the therapist tells them their behaviour is absurd (for exam-



ple, that they are seeking the solution to their problems in the wrong place). But if the therapist tells the patient the joke about the idiot who looked for his keys under the streetlamp (not because he lost them there, but because there is more light there), he might help his patient to grasp the message better, first by laughing (at the character in the joke, and perhaps at herself), and then by considering the therapist's proposal with more interest.

There are also certain therapies that have used humour as a tool with a highly specific function. One example is the use of humour in the treatment of phobias developed by Ventis, Higbee and Murdock (2001) as a variation of the classic progressive desensitization paradigm. The therapist asks the patient to make up jokes and cartoons related to the object of his fear –spiders, snakes, the dark, etc.– in order to help him replace the negative emotions associated with his fear with the positive emotion of laughter. Using this method, Ventis has obtained results at least as good as those obtained with more traditional methods.

Finally, sense of humour can permit patients to observe themselves in a more objective and distanced way without feeling threatened, helping them to overcome their drama and see it from the comical point of view. It can help patients to create a psychological distance between their problems and their personal identity, creating a more resistant and healthier self. Albert Ellis (1980), in his Emotive Rational Therapy, recommended confronting the client with her irrational beliefs, exaggerating them to the point of absurdity, so as to provoke a comic perspective on her own behaviour and dysfunctional ideas. In the "12 Steps" programme of Alcoholics Anonymous, participants recount instances of their absurd and incoherent behaviour whilst under the influence of alcohol, to the laughter of the whole group, which helps them to create a divide between their former personality and the new, sober person they wish to be (Brown, 2004).

Various therapists have expressed serious doubts about the idea of using humour in the consulting room, and indeed, the majority of those who recommend this practice acknowledge that it may have contraindications. In 1971, Lawrence Kubie wrote an influential article entitled "The destructive potential of humour in psychotherapy", in which he pointed out some of these possible dangers. According to Kubie and other authors, humour can be employed to avoid communication about painful feelings, resulting in inhibition or stagnation of the therapeutic

progress. If the patient interprets the therapist's use of humour as sarcasm or lack of respect for her, her family or another social group she may interpret it as a form of attack, which could generate conflict or hostility. If we allow the patient to use self-destructive or negative humour, we may contribute to the problem instead of solving it. Furthermore, excessive use of humour may give rise to doubts in the patient and a loss of confidence in the professional. With regard to these dangers, the professionals who recommend the use of humour in therapy warn that they mean "positive humour", as we defined it above: constructive rather than destructive, integrative rather than aggressive, aimed at the solution of problems, and above all suited to the moment, the patient and the therapist's style. They also admit that errors may sometimes be made, but stress that it is worth the risk. Albert Ellis, on being asked whether he had had experiences in which humour had the opposite effect to the desired one, replied: "Yes, but I have also had experiences in which seriousness had the opposite effect to the desired one" (cited in Chance, 2004).

SENSE OF HUMOUR IN THE HEALTH PROFESSIONS

Positive humour is relevant not only to the health of physical and mental patients, but also to that of their carers –doctors, psychologists, nurses, therapists, family– who have to attend to their needs and work for their recovery and well-being. Healthcare can often be highly stressful, since, in addition to the pressures, scarcity of resources and problems associated with any job, health workers and carers have to cope with dramatic emotional situations, highly unpleasant scenes, extreme responsibility, life-threatening situations and other elements liable to affect their mental equilibrium.

A large proportion of such stress is due to a lack of adaptive strategies (Decker & Borgen, 1993). In undergraduate and postgraduate training of health professionals, many important aspects –such as the development of self-control, self-esteem and self-motivation and forms of improving one's mood– are given far less attention than they deserve. The learning, cultivation and development of positive and creative attitudes are not high-priority items in study programmes. Terms such as joy, solidarity, optimism and good humour do not appear on syllabuses, either as theoretical or as practical subjects.

However, diagnosis, care and treatment in relation to the health of others require high doses of energy, espe-



cially if the professionals involved are expected to be models of optimism and good humour for human beings who are suffering. Insofar as sense of humour is capable of infusing professionals with this mental energy and helping them to control and overcome their impotence, it can be highly beneficial for everyone involved in the healthcare context.

The relationship between the stressful elements of work and adaptation strategies for professionals is a crucial one with regard to the perception and interpretation of problems. Better adapted people perceive themselves to have fewer problems, and suffer less stress. Recent research suggests that one of the strategies that best supports good adaptation is the use of sense of humour at work (Mornhinweg & Voigner, 1995; Decker & Rotondo, 1999; Cohen, 2001; Spitzer, 2001; Yates, 2001).

Health professionals should attend not only to the demands of patients, but also to their own need for care. Experiences teaches that one must learn to maintain a healthy and optimistic mood and to transmit coherence and empathy, that it is more positive for the work environment not to get angry with one's work team, not to exaggerate problems, and to devote time to having fun and enjoying life, and that it is unhealthy to dwell too much on day-to-day events.

THE ROLE OF LAUGHTER IN THE BROADENING AND BUILDING OF THE INDIVIDUAL REPERTOIRE

Fredrickson (1998; 2000) proposes that positive emotions can broaden the individual's repertoire of thoughts and action and promote the construction of resources for the future. This "broaden and build" theory has interesting applications in the case of laughter.

On the one hand, various researchers and theorists have stressed the cohesive power of humour (or at least of positive humour, since the negative kind can have the opposite effect) (Martineau, 1972). Laughter is a predominantly social phenomenon, and when shared produces an effect of bringing together and reducing distances, or even of diminishing conflict and hostility. Thus, laughter can help to build the interpersonal and group links that all individuals need for survival, self-development and self-realization as a person and as a member of society.

Perhaps the most interesting aspect of the phenomenon from the "broaden and build" perspective, however, is that of play, a practice intimately associated with laugh-

ter since its evolutionary origins. Recent research has confirmed the presence of laughter not only in some apes but in all (or at least many) mammals, including dogs and rats (Panksepp, 2005). This "proto-laughter" (inaudible or unrecognizable as such by our species) occurs in situations of play-fighting, chasing, tickling, etc. In the human context, those who laugh most are children, and they laugh most precisely in situations of play. Play stimulates laughter, and laughter (or rather the emotional reward of the pleasure it provides) stimulates play. Play, the practice of future skills, in turn permits the child to grow and develop as a person and as a member of society. Children, who still have everything to learn, play with their environment, their peers and their carers so as to learn how to move, how to perceive, how to relate, how to communicate, and how to carry out all the routines and activities required by their culture.

Laughter can be interpreted in this context as a sign that "what is happening is not real, not dangerous, not important, not appropriate". A playful attack by a lion is difficult to distinguish objectively from a potentially deadly one, but the "laughter" sign transmits that there is no need for concern. At the same time, such play-fighting or horseplay permits lions to develop their attack and defence skills, which are essential for hunting and defending their territory.

In humans, learning through play also begins with such horseplay and chasing, but it goes far beyond that, extending to other areas such as social, sexual and linguistic competence. Children, for example, play with words to test meanings, laughing at incorrect usage of their own or others in order to check whether they have understood the true meaning. Later on, adolescents joke around with the concepts of sex in order to test and explore themselves in relation to this area of life to which they are beginning to accede. In each phase of life, new challenges and contexts provide new opportunities for learning through play and humour, up to the time of death, perhaps the greatest to challenge of all.

It is noteworthy that in recent decades various authors have proposed greater integration of humour and play in educational practice, arguing precisely that such methodology is that which fits best with our natural manner of learning (Fernández Solís, 2002).

SENSE OF HUMOUR AS A STRENGTH

In 1999, inspired by the incipient 'Positive Psychology'



concept, Martin Seligman and Christopher Peterson started out on an ambitious project to try and discover first of all if there existed a series of human virtues recognized in all or almost all cultures, and secondly to identify them. The result was a classification of six principal virtues and 24 “routes” for practicing them –the so-called signature strengths.

Strengths and virtues are lasting personality traits, and specifically positive characteristics that provide pleasurable sensations and gratification. We should take into account that feelings are states, momentary events that are not necessarily repeated. They come and go according to our experiences and the way we interpret them. Traits, on the other hand, are positive or negative characteristics that make temporary feelings (of the same sign) more probable. The negative trait of paranoia increases the likelihood that the momentary state of fear will appear, in the same way that the positive trait of the appreciation of beauty makes more probable the experience of moments of aesthetic pleasure.

Sense of humour is a positive trait because it means that the person who has it can more frequently experience laughter, the subjective pleasure associated with it, the different psychophysical benefits derived from it and the gratification of making others laugh. Seligman and Petersen include it in their inventory of 24 strengths, on fulfilling the three criteria they employed in drawing up this list of positive traits:

- It is valued in practically all cultures.
- It is valued for its own sake, not as a means to other ends.
- It is malleable.

It should be made clear, however, that probably what is valued in all cultures is a positive sense of humour, given that negative humour often leads to rejection and social censure.

From the point of view of positive psychology, sense of humour is not merely a factor for preventing or helping to overcome illness, but rather a virtue that promotes better well-being and enjoyment of life, and even, as we have seen, growth towards greater humanity and fullness. In this regard it is interesting to note that diverse cultures consider positive sense of humour to be both the result and the cause of high levels of wisdom or emotional maturity.

In Eastern mystic disciplines, a cheerful, smiling disposition is considered the sign of a highly developed person

(Jáuregui, 2004). Artistic representations of Buddha, for example, show the master of this tradition smiling placidly or even laughing heartily, a laughter associated by diverse Buddhist texts with the great illusion (joke?) of appearances that according to Buddhism deceive the human being. In the tradition of yoga, one of the eight most important moral precepts is *Santosha*, the duty to cultivate a playful and joyful attitude. Indeed, some of the most well known and venerated spiritual leaders in Asia, such as the current Dalai Lama or Mahatma Gandhi, have demonstrated an admirable sense of humour, despite lives replete with great personal tragedy, weighty responsibilities and all types of difficulties.

At the same time, these very traditions, and many others, have recommended the use of positive humour for overcoming negative emotions and the bonds of the ego, and thus achieving wisdom. Zen paradoxes, for example, force the person to confront the absurd so as to overcome the limitations of language and thought, trying to provoke a moment of illumination or *satori* through laughter. Closer to our own experience, the festivals and rites celebrating laughter, creative madness, play, satire, jokes and tricks exist in practically all cultures (in the Spanish case we would be thinking especially of *fiestas* such *Las Fallas* in Valencia, of New Year, or of *el día de los inocentes*, the equivalent of April Fools Day), providing an escape from the mental rigidity that characterizes a large portion of our lives.

A positive sense of humour, in its fullest expression, permits human beings to cope with the problems and upsets of life because it puts one’s whole life in perspective. The ego and all its bonds are seen from a distance, as though the world were a great theatre and the individual could enjoy the show from the stalls. We can laugh at ourselves and at everything, because we understand that nothing is as important as it seems. From this point of view, problems small and large, errors and imperfections, disasters and threats – none of these frighten or intimidate us. From such a state of wisdom, all is vanity, all is farcical, and humanity’s greatest achievements and exploits are nothing more than the work of minuscule and naive ants in a universe that totally escapes their limited understanding. As Charlie Chaplin remarked, “Life is a tragedy when seen in close-up, but a comedy in long-shot”. And this is indeed the point of view of the Buddha, the jester and the party animal at Pamplona’s *Sanfermines* festival of the bulls.



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