

Funny, right? How do trainee and qualified therapists experience laughter in their practice with clients?

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Abstract

Based on a substantial amount of evidence suggesting that humour can have a great amount of therapeutic benefit, three trainee and three qualified counsellors took part in semi-structured interviews to discuss their experiences of humour within their work with their clients, and a variety of experiences were disclosed. Interpretative phenomenological analysis was utilised to generate themes that reflect participants' experiences. The findings suggest that humour can be a natural part of the therapeutic relationship; there are key moments of humour that can shape the counselling process such as moments of real catharsis, and client use of defensive humour; clients can use humour in creative ways; and there are important risk factors that counsellors must be mindful of when humour is present in the therapy room, including the need to be aware of clients using gallows humour. Implications for training and practice are discussed, and potential areas for further research are suggested. A common suggestion put forward by participants was that therapeutic humour can be effectively and appropriately utilised even early in a counsellor's career, but that this is never mentioned in training courses, which they felt should be rectified.

KEYWORDS

counselling, experiences, IPA, laughter, psychotherapy, qualitative

1 | INTRODUCTION

Gupta et al. (2018, p. 464) define laughter as “any highly stereotyped utterance characterised by multiple forced, acoustically symmetric, similar vowel-like notes separated by a breathy expiration in a decrescendo pattern.” Extensive empirical research has been conducted over recent decades to investigate both the physiological and psychological benefits of laughter, and this has been reviewed by numerous authors, including Mora-Ripoll (2010) and Savage et al. (2017). The consensus from these reviews is that laughter can be highly beneficial to both physical and mental functioning. Tremayne and Sharma's (2019) review of the literature further highlighted the

beneficial impact of laughter in supporting medical patients in various settings, as well as supporting the nurses who work with them. It may not be too big a leap to therefore suggest that laughter may not only be beneficial to counselling clients, but also their therapists.

Humour in therapy was originally examined from a psychodynamic perspective, primarily by Freud himself. He emphasised the unconscious drives behind humour, suggesting that it can be an unconscious attempt to present different meanings, or a repression of internal conflicts where humour then becomes a defence mechanism (Freud 1905, cited in Strachey, 1983). In the same work, “*Jokes and their relation to the unconscious*”, Freud (1905, cited in Strachey, 1983) also suggested that a client making jokes in therapy is trying

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to expel excess psychic energy in a way that is more socially acceptable than the more sexual or aggressive forms of this energy may be. Other psychodynamic authors such as Bergler (1976) argue that humour is not welcome in therapy, as they view it as a dangerous expression of internal processes and a method of avoidance as an unhealthy defence mechanism.

Kubie (1971) was unequivocally anti-humour in therapy. His arguments have been referred to by other authors in this field, including Foster (1978) who summarised some of Kubie's views. Foster's summary of Kubie's perspective on humour includes issues such as the client questioning if the therapist is taking them seriously, humour being used as a defence mechanism by the therapist themselves to mask their own insecurities, and clients using humour because they feel unable to express anger, hostility, or other unpleasant emotions. Yonkovitz and Matthews (1998) also referred to Kubie's writings in outlining that humour in the therapy room can be outright disrespectful, can "detract from the affective neutrality necessary for treatment" and could "only serve the therapist's narcissistic need to be liked and admired by the client" (Yonkovitz & Matthews, p. 46).

Other psychoanalysts have developed some alternative perspectives on humour, such as Sands (1984) who suggested that appropriate humour can penetrate client defences and help them to develop a new, healthier outlook. This has been supported by authors from several theoretical corners of the psychotherapy world, including the cognitive psychologist Albert Ellis (1983), who stated that humour can create an effective moment of pause which interrupts a client's irrational beliefs enough for them to potentially shift their focus to something more psychologically healthy.

It could also be argued, in reference to Kubie (1971) suggesting that therapists must always remain affectively neutral, that this goes against the very core conditions suggested for therapists by Rogers (1957). A congruent therapist is one who is their authentic self with their client (Rogers, 1957), which may surely sometimes involve humour. Sultanoff (2013), a frequently cited author in the therapeutic humour field, outlined how Rogers' Person-Centred approach is relevant to the use of humour in therapy. He outlined that humour can demonstrate Rogers' (1957) core conditions of empathy, congruence and unconditional positive regard, in that it shows to the client that the therapist understands their world, that the therapist is "real," and that the therapist truly accepts and respects their client (Sultanoff, 2013).

Research has demonstrated that patients who can share a laugh with medical practitioners are more likely to trust them and follow their advice (Nasr, 2013). It may not be an unwarranted suggestion therefore that sharing therapeutic humour (defined below) with a counsellor could be equally beneficial. This assumption is supported by evidence from Phillips et al. (2018) who found that positive interactions between a clinician and their patient helped to build the relationship, enhance trust and also led to better health outcomes. Also, in relation to counselling specifically, Gupta et al. (2018) found that clients evaluated their therapy experience more positively when reflective laughter had occurred in their counselling sessions.

Implications for Practice and Policy

- None of the participants in the study reported that their training courses mentioned humour having a place in counselling. This provides a strong rationale for the inclusion of at least a discussion of the role of humour in counselling during training courses. At the time of writing, the only published research regarding this was from Franzini (2001), who stated that trainees are often discouraged from bringing humour into the counselling relationship, and that it can be seen as a taboo, when actually it can be a very useful tool for a counsellor to draw on, as has been discovered in the present investigation.
- All participants advocated welcoming humour into the therapy room, but stressed the importance of this being appropriate, and for the good of the client. Several suggested that humour can be beneficial for therapist self-care, but most of the emphasis was on how humour can be hugely valuable for the therapeutic alliance and can support healthy emotional expression.

Therapeutic humour has been defined as "constructive, empathic humour, which is totally unrelated to sarcasm, racist or sexist humour, deformations, put-downs and other abuses of humour" (Fry & Salameh, 1987, p. xix, cited in Nelson, 2008 p. 44), and both Mahrer and Gervaise (1984) and Mosak (1987) emphasised that humour shared between counsellor and client enhances the therapeutic alliance, making it more collaborative and fostering a sense of solidarity between them. There is a wealth of evidence to support the above statements, including research by Minden (2002) who studied humour in group therapy with forensic psychiatric patients, and found that it created a great sense of rapport and group cohesion, as well as improving communication. However, Minden does acknowledge that it was unclear as to whether the laughter arose due to anxiety or ease, or whether therapeutic change occurred due to the group dynamic itself rather than the humorous aspect. Moreover, it can be argued that Minden's sample is not a typical population, and so the findings of this investigation have limited generalisability to other forms of therapy with other clients.

Another potential benefit of humour in therapy is its ability to shift a client's perspective (Corey, 1996). As early as 1953, May was already advocating the appropriate use of therapeutic humour for this reason, stating that it created a level of distance between the client and their problems, thus enabling them to look at them more rationally. Maples et al. (2001) also suggest that this shift in perspective via humour can help clients to take more control over their lives, rather than feeling that their problems are controlling them. They went on to say that, in their student sample, laughter in therapy provided a "reality check" and encouraged a healthier outlook on life. Evidently, the use of humour can help

both the therapist and the client to see the absurdity of life and to be able to laugh at it instead of being consumed by it (Goldin et al., 2006). This is in line with the cognitive perspective on laughter in therapy outlined above, in that humour fosters more cognitive flexibility and facilitates such a shift in perspective (Yonkowitz & Matthews, 1998).

Nelson (2008) argues that the key variable in making humour therapeutic is that it is a mutually recognised shared moment between the two parties, which she describes as “we are together, we are of one mind, we both get this and appreciate it viscerally—we don't have to put it into words, we just know and find it delightful” (Nelson, 2008, p. 46). It can therefore be argued that unless both/all participants in the moment recognise that a therapeutic moment has occurred, the humour may be no more advantageous than any other intervention. With this issue of mutual understanding in mind, sociocultural differences between counsellor and client must also be thoroughly considered, and may be one of the most important barriers to therapeutic humour if not kept in mind.

Maples et al. (2001) reviewed the available literature at the time in relation to humour and ethnic diversity, and argued that a therapist must be cautious when introducing humour into a counselling relationship with a client from another culture or ethnic background. They emphasise the fact that the use of humour with one person from one cultural background may not be received in the same way by a client from another, even suggesting that it may be interpreted as being “fake” or having a lack of connection (Maples et al., 2001). However, Vereen et al. (2006, p.12) state that humour is both “a universal and a culture-specific tool for working with ethnically diverse populations in the counselling setting”, and that counselling simply must be culturally relevant to a diverse client base. They do, however, warn against humour that is culturally offensive or appears to minimise or be outright insensitive to the client's experiences. As Goldin and Bordan (1999) explain, although humour is a universal form of social expression, how this occurs can vary widely, and so therapists must be mindful of this in practice.

Interestingly, much of the literature examining the benefits of laughter, especially experimental/RCT studies, originates in Eastern and Middle Eastern countries, such as Taiwan (Chang et al., 2013), Japan (Morishima et al., 2019) and Iran (Tavakoli et al., 2019). Experiences and expression of humour may be very different in more collectivist cultures compared to the more individualistic West, which suggests a need for more Western research to be undertaken, providing an additional rationale for the current investigation.

Based on the above evidence, it can be reasonably argued that humour in the counselling room can promote a strong and effective therapeutic alliance, and facilitate a healthy change in perspective, emotional experience, and ability to cope with the “trials and tribulations of daily life” (Sen, 2012, p. 3). Moreover, this provides further rationale for the need to study therapeutic humour in more detail, as it is clearly a phenomenon that is not yet fully understood but could be a valuable resource in the counselling field, as well as other helping professions.

TABLE 1 Qualification status of participants

Participant pseudonym	Qualification status
Betty	Qualified
Clare	Trainee
Jane	Qualified
Lexi	Trainee
Sarah	Trainee
Sydney	Qualified

There are several strands to the rationale of the current investigation. Therapeutic humour is an increasingly researched phenomenon, but there is still no firm understanding of its uses and benefits (Maples et al., 2001). Sen (2012) posits that analysis of the use of humour in different domains can generate insight into how the people in question view the world. This enhanced understanding can surely only be of benefit to the therapeutic process, and the training of future therapists (Franzini, 2001). Furthermore, the current investigation aims to explore whether previous research makes accurate assumptions relating to humour enhancing the relationship between a counsellor and their client, thus improving overall therapeutic outcomes.

2 | METHOD

2.1 | Participants

A volunteer sampling method was utilised, and participants were purposefully recruited (Creswell, 2013) from a counselling organisation that the primary researcher works with. Participants were professionally known to the researcher and potential dual role issues were regularly reflected upon during both the interview and analysis processes. A total of six participants were recruited, following recommendations from Turpin et al. (1997) who recommend between six and eight participants for investigations using an interpretative phenomenological analysis (IPA) method, as the current study does. Three of the participants were trainees and three were qualified, experienced counsellors (Table 1). All participants were Caucasian females, but no other demographic information was gathered.

2.2 | Ethics

The present investigation upheld the guidelines for ethical research presented by the British Association for Counselling and Psychotherapy (BACP, 2019), including safeguarding the wellbeing of participants, fostering rapport and trust between participant and researcher, and maintaining the integrity of the research process itself. All participants were sent a formal and detailed information sheet outlining what would be expected of them in the research,

Master theme	Sub-theme
(1) The therapeutic relationship	<ul style="list-style-type: none"> • Collaboration & following the client's lead • Safety & power dynamics • Relational depth, core conditions & humanness
(2) Key moments of humour	<ul style="list-style-type: none"> • Catharsis • Addressing humour as a defence mechanism • Humour as a sign of progress/change
(3) Humour as a form of creativity	
(4) Humour can be a minefield	

TABLE 2 Master themes and sub-themes

how their data would be kept anonymous, and that they had the right to withdraw their data at any point during the interview and up to two weeks after their participation. This was sent via email in advance, along with a consent form which they signed and returned prior to their interview. Each participant was given a pseudonym and any identifying information has been omitted from the transcripts and any direct quotes used in this report. Participants were then sent a debrief sheet thanking them for their participation and reminding them of their chosen pseudonym as well as the date of their participation, should they have chosen to withdraw before their two-week deadline. At the start and the end of each interview, all participants were reminded verbally of their right to withdraw, and it was confirmed both verbally and via the consent forms that they were still willing to be recorded and to have their data used in this research.

2.3 | Methodology

The current investigation took a qualitative research approach, due to the interest in the lived experiences of both trainee and qualified therapists. McLeod (2015) argues that it is important to consider the nature of the research question when designing research, and that qualitative methods lend themselves more appropriately to exploring and understanding real experiences of participants, in this case their experiences of laughing with clients. He goes on to explain that to fully “understand” people's experiences of a particular phenomenon, one must already have some degree of personal insight into it while welcoming the potential for this to be deepened further (McLeod, 2015). This is of particular relevance to the present investigation, as the primary researcher is a therapist with some experience of sharing humour with counselling clients.

The chosen data collection method was semi-structured interviews, which suits the inductive nature of the current investigation. Reid et al. (2005) suggest that this is an appropriate method of data gathering, and that this enables a collaborative relationship between the interviewer and the respondent due to the level of rapport that can be built between the two. They further argue that semi-structured interviews are highly effective at making the participant feel heard, which, it can be argued, correlates well with the counselling research field. All interviews took place in participants' own

homes via Zoom video conferencing software in an attempt to make them feel more comfortable to talk openly about their experiences. Interviews typically lasted between half an hour and an hour, and were audio recorded and then transcribed verbatim.

Interpretative phenomenological analysis (IPA) was selected as the most appropriate analysis method. This is due to the interpretive nature of this approach, but also its idiographic and phenomenological underpinnings (Smith et al., 2009). IPA's philosophical underpinnings of ideography, phenomenology and hermeneutics make it both descriptive in terms of the participants' accounts of their experiences, and interpretive as it suggests that all phenomena are constantly being interpreted through a variety of emotional, social and historical lenses (Pietkiewicz & Smith, 2012).

The analysis process involved the following steps suggested by the creators of the IPA method themselves (Smith et al., 2009): close and repeated reading of the transcripts to ensure full immersion in the data; identification of emergent meaning units/themes on a case-by-case basis; abstraction of these into related clusters; and identifying master themes that emerge the most often across the data. These were then further discussed in research supervision to continue the process of subsumption (similar themes being absorbed into one another in order to create one all-encompassing theme), until the final set of master themes and sub-themes were identified. Researcher reflexivity was employed throughout this process to take account of any personal, subjective perceptions or influences on the interpretation (McLeod, 2015).

2.4 | Findings

A total of four master themes were identified, and two of these contained three sub-themes each (presented in Table 2), which reflected how participants experienced laughter in therapy.

2.5 | Theme 1: The therapeutic relationship

This master theme reflects how all of the participants felt that the use of therapeutic humour between a counsellor and a client fosters a strong, resilient therapeutic alliance between them, which in itself is beneficial to the whole process.

2.5.1 | Collaboration and following the client's lead

Participants described the importance of not initiating humour inappropriately, and generally waiting for the client to bring humour into the relationship before presumptively introducing it themselves. They discussed how the most therapeutic humour is a collaborative kind, where there is a sense of shared understanding and appreciation in the moment.

It's something you wait for the client to introduce, don't you? Because not everybody does need laughter. I do, but not everybody does, and I have to appreciate that... it's meeting the other person where they are. You want to laugh about that, I'll go with you.—Clare

Clare gives a sense of tentativeness and of waiting for a sign from the client that they're going to be receptive to humour. She also acknowledges her own preferences and style in the therapeutic relationship, and in this way her use and acceptance of humour is very client led and non-directive. She is clearly “going with” the client rather than leading them, and is being truly with them rather than being influenced by her own assumptions.

Sarah described similar experiences and beliefs:

I think for all of my clients, I think it's helped to foster a relationship, break the ice initially, deepen the therapeutic relationships. I think when you are able to share laughter together, you know you're both in on something together.—Sarah

Both participants emphasise how important the collaborative nature of this process is with their clients. These humorous interactions, specifically those that are shared humour rather than one leading the other, can be an important moment in deepening the relationship and perhaps helping to settle the client's initial nerves. Sarah's statement about being “in on something together” alludes to a level of equality between the two parties which she suggests is beneficial to the therapeutic relationship. Jane does caveat this with her statement that “it very much depends on personality as well. And I do I definitely think that the more relaxed people are, the more open people can be in therapy, the more progress they're going to make. And I think laughter can go along with that.” This suggests that personality may be an important variable in assessing the appropriateness of humour in the therapy room. However, the common consensus among participants of the current study was that humour can be beneficial as long as it is appropriately collaborative and follows the client's lead, instead of the therapist initiating the humour.

2.5.2 | Safety and power dynamics

Several participants expressed how humour can help clients to feel safer in the initial stages of the counselling relationship. Sharing

humour can help the client, and potentially the therapist, to relax into the counselling process as it can initially be nerve-racking for some clients. Two participants, Sydney and Sarah, also alluded to humour bringing a level of equality to the relationship as part of this theme.

I think if a client is able to show and enjoy humour in the sessions, that's usually because they're feeling a bit more relaxed. They're feeling safer in the relationship.—Sydney

Sydney's statement can be examined from multiple perspectives. Clearly client humour can be an indicator to the therapist that the client is feeling safer and more comfortable in the therapeutic relationship, and perhaps more trusting of the counsellor. However, the distinction being made in this statement between a client *using* humour and enjoying being the *recipient* of humour maybe one to consider. A client who can do both may be one who is feeling secure in the counselling relationship and not experiencing an imbalance of power between themselves and the counsellor. This statement suggests that a client who is laughing may be seeing the therapist as less intimidating and more of a human being, rather than the expert in the room. The client, in this case, may feel comfortable using humour without fear of judgement.

Similarly, Jane discusses a client who “sort of started off quite awkward, but became a lot more relaxed, and then ended up with great big belly laughs.” She goes on to say:

I think if I hadn't have responded to her in that same way, it would have made her feel awkward. And that would have had an effect on that therapeutic relationship. She wouldn't have been able to relax and be herself with me if she was faced with a stony-faced statue in front of her with no sense of humour.

The therapist bringing their own human self to the relationship might give the client permission to laugh and be more of their authentic self with the counsellor. The realness of the counsellor reduces the power imbalance as the counsellor brings their own sense of humour in response to the client's, rather than being an impassive statue, as Jane mentions. Her statement suggests that humour may actually be necessary at times and a lack of it would have been harmful to that relationship. Jane's language here is, again, definitive; she states that the client “wouldn't” have been able to relax, rather than “may not have been” able to relax, suggesting that humour has a clear role to play in the therapeutic relationship.

I think it comes across as being, being more equals rather than having that power dynamic. Kind of puts you on the same footing.—Sarah

Here, there is further emphasis on the importance of sharing equal “footing” between counsellor and client, rather than the therapist being the expert in the room. Sarah suggests that humour facilitates

that level of equality because the counsellor and the client can both laugh and enjoy the moment as equals; they are two individuals without any hierarchical dimension to the relationship. This further fosters the impression of normalising humour as an acceptable form of communication that will be welcomed in the therapy room.

2.5.3 | Relational depth, core conditions and humanness

This theme was a substantial one, as all participants mentioned something related to this at least once, if not several times. It refers to a counsellor and a client really meeting each other on a deeply connected level, and the counsellor demonstrating Rogers' (1957) core conditions of empathy, congruence and unconditional positive regard.

It feels to me like being in on a joke together, having that laughter that just feels like it really, even though you might be kind of at different points on that graph, it kind of just feels like you're meeting at that point in that relational depth because there is something so palpably shared.—Sarah

Sarah is describing a real sense of togetherness, connection and sharing between her and a client, and laughter acting as a bridging intervention bringing her and her client closer together, even when coming at an issue from different angles. This suggests that humour can be a useful tool to facilitate a mutual understanding, when words alone may not perform this role as effectively. Sarah and her client experience this sense of connection at the same time and share their experience of laughter in the moment, knowing that that moment means something important for their relationship. Her congruence and humanness being demonstrated through shared laughter brings the two parties closer together, which is further corroborated by Sydney's statement: "myself as an individual, I laugh quite a lot, I like humour, I like getting to know people and I like different kinds of humour... for me, it's about being authentic so it doesn't mean that I sit there laughing about what my clients have been through; it's that kind of human connection."

Unconditional positive regard, as one of Rogers' core conditions, helps clients to feel truly accepted regardless of what they are bringing to the session, including different forms of humour. Sarah suggests that a client laughing may indicate that they feel safe and accepted enough to bring their authentic self and their real sense of humour to the relationship. Her reference to "those places" is somewhat ambiguous but alludes to more painful topics of conversation being accepted by the therapist, along with the client's use of humour in those moments also being welcomed. She refers to a specific client when she explains:

it's an acceptance of him and it's us being together, in on something, and I think that's probably good for self-esteem, self-confidence, to know that there's

that kind of receptiveness, that he is funny, smart, and even though we're talking about something very serious and traumatic, we can still, still have a shared giggle over something you said.—Sarah

Here, Sarah explicitly argues that sharing a humorous moment can be beneficial to a client's sense of self, helping them to view themselves as funny and able to amuse other people even when discussing serious issues. This puts the emphasis on the client initiating the humour and how this can impact the therapist positively. Moreover, her use of the phrase "shared giggle" suggests that both are often laughing together rather than one or the other laughing, indicating a synchronicity to the relationship, which creates a sense of acceptance and collaboration for the client.

2.6 | Theme 2: Key moments of humour

This master theme encompasses various examples of humour being part of, if not crucial to, key moments within the counselling process with different clients. Participants described how humour can be cathartic; humour can be used as a defence mechanism; and humour can be a sign of change or progress.

2.6.1 | Catharsis

Several participants made reference to humour and laughter being an emotional release for many of their clients, where either the humour drives the cathartic moment, or a cathartic moment occurs and then the client begins to laugh.

I've had clients laugh so much that it's enabled them to move into tears. So, laughing, laughing, laughing, belly laughing and then sobbing and it being the real buried deep sorrow that they haven't been able to access so, definitely hit on catharsis there.—Betty

Betty's description of her experience shows how laughter can enable an emotional shift that's powerful enough to unearth deeply buried pain that needs addressing and resolving. In this example, previously unacknowledged wounds are coming closer to the surface through the power of laughter as a means of emotional expression. In this case, clients can go from belly laughing to sobbing, which are arguably two emotional extremes. This may indicate just how powerful humour can be in the therapy room in enabling emotional growth that may not have happened without cathartic humour.

This was further emphasised by Clare, who said, "It's all a release, isn't it? Whether it's crying or it can just be funny, because it's just... what else am I supposed to do?" It could be inferred here that laughter may even be the only option that some clients feel they have at points of intense emotion. Laughing in the face of real pain may actually enable them to release some of this emotion in a healthy

way for them to then begin to process it more rationally and calmly. It could also be inferred that humour maybe an indicator of a client being resigned to their suffering and so, in that instance, may be something that needs addressing by the counsellor.

It doesn't mean it's all resolved. But something has shifted. And I think that when they're able to kind of naturally laugh, you know, or to kind of like this, "whoah, what am I doing to myself" kind of thing. It's really powerful.—Sydney

Here, Sydney acknowledges that the humour being used by the client hasn't resolved any issues but might have aided in the process, and that maybe good enough in the moment. Like other participants, Sydney refers to the distinction between laughter that is natural and laughter that is forced. She suggests that the former can be a vehicle for client self-awareness, especially with regard to learning about one's own behaviours, and also argues that seeing the absurdities of life realistically and accepting them encourages healthy change. Her use of language also suggests that laughter and humour can be surprising both to the counsellor and the client. It may also be the case that the accompanying learning may be a surprise for either party or potentially both of them. Whatever the case, a laughing client may have just gained new insight into themselves, which Sydney suggests is "powerful."

2.6.2 | Addressing humour as a defence mechanism

This theme was present in most participants' accounts and relates to clients using humour as a way to avoid certain topics that may be more painful, to deny something is happening, or to keep the counsellor at a safe emotional distance. All of the participants who mentioned this also described how they address this directly with clients when appropriate, and how this has often developed the therapeutic relationship even further.

[one client will] use laughter as well as a defence and I mean that's something that I do personally but I think because the relationship's so good, I mean he was laughing the other day about something I pointed out, something that was quite positive and he's laughing and I went "hold up, I know what you're doing, let's double back here and I'm repeating that because you just laughed it off but I'm not having it."—Clare

In this extract, Clare notices defensive humour in the client, potentially because she knows she uses this herself. She is then congruent in using her immediacy skills to draw the client's attention to an inconsistency in their narrative or behaviour to facilitate greater self-awareness and learning for the client. She suggests that she had to make a judgement about whether the relationship could withstand

the kind of challenge that she offered. This again demonstrates the importance of counsellor reflexivity and awareness. In this moment, she knew humour was an indicator of something deeper that needed addressing rather than brushing aside as the client attempted to do, apparently believing that the client will be able to handle the possible discomfort of addressing the issue in the moment. Jane goes on to say:

where laughter has been used as a defence or avoidance, I can't think of a time when it's been addressed and they've carried on. It's almost like as soon as you sort of bought it out into the open [and ask] what's going on, it stops it.—Jane

Jane's statement demonstrates that challenging her client or "calling them out" on defensive humour can indicate to the client that the counsellor is really with them and paying real attention, enough to notice an incongruity in their dialogue. Once that trait, habit or behaviour is brought out into the open, it is less necessary for the client's survival or wellbeing, because they no longer need to hide behind it. It almost seems as if the client no longer needs to use this defence mechanism as the counsellor has seen through it and not judged them for whatever they are trying to hide via humour.

2.6.3 | Humour as a sign of progress/change

Two participants outlined how witnessing a client's use of humour can be an indicator that something has changed for them, or that they're making progress away from a previously painful state, or even a crisis point.

I think any shift that you witness in a client, a positive shift, obviously is brilliant as a therapist, but it makes me realize what you're doing is worth it and you're working well with this client. But I think to see a client maybe go from being distressed, and working their way through it, and being able to see the humour in something, it's a really nice journey, actually, to be a part of it, to get to that final point of humour.—Jane

This extract demonstrates the importance of laughter in enabling clients to move from high levels of distress to eventually laughing, and that the laughter itself is a good indicator of progress for both the counsellor and the client themselves. Jane suggests that both the client and the counsellor are equally invested in this process and both gain reward from seeing the shift that laughter indicates. Jane alludes to the fact that it can be a humbling part of the journey for the therapist to see the difference in the client from start to finish, and that this can be extremely beneficial to the counsellor in that it can be empowering, reassuring and generally rewarding to be part of that journey. Her use of the phrase "final point of humour" may indicate that humour shows them both that a previous crisis point may have passed, and that the client has reached a new significant point in the therapy process.

Lexi further reiterates this by saying, “it’s about laughing at themselves and saying blimey, and that’s when they’ve moved on. They’ve moved towards change, they’ve moved towards growth and they can look back and laugh at themselves and that’s important.” Lexi’s statement differs slightly from Jane’s in that she suggests laughter comes *after* growth, when crisis has already passed, and they can then laugh at themselves and their previous thoughts, beliefs, behaviours and coping mechanisms. She also alludes to a sense of surprise and satisfaction with the laughter in some cases and how this can be rewarding for both the client and the counsellor.

2.7 | Theme 3: Humour as a form of creativity

This theme was referred to by several participants in different ways, primarily the creative use of humour via amusing metaphors, and in reference to a client’s laughter suggesting that their inner child may be becoming more playful as therapy progresses and they have more permission to laugh freely.

One of my clients uses metaphors all the time again which I love... and he does that... because he doesn’t actually have to use the real language around what he’s trying to say about himself. I mean one the other week was “I feel like I’m a rich tea and I want to be a hobnob” so I was like “okay, so that sounds like you feel weak and you’d rather be a different type of biscuit, you want to be stronger” and he’s like “yeah, yeah, I think you saved me having to say that”.—Clare

This extract outlines a humorous metaphor that a client is using to make a point without having to directly admit something uncomfortable, or even shameful. It may also have been a test to see whether the counsellor is following along with the client’s frame of reference and truly understanding them. If the counsellor understands the metaphor and says what the client is trying to express without them having to say it directly then they are fully with them in that moment, and humour has helped to gently test that relationship. Similarly, the counsellor may also be testing out their understanding of the funny metaphor to see whether it is accurate and to ensure that they are following the client’s narrative effectively. A crucial dimension here may be that the counsellor was fully accepting of this metaphor, arguably laughing *with* the client rather than *at* his chosen metaphor. Sydney goes on to say:

it’s kind of like you’re holding up the metaphorical mirror to say that this is a part of you that is so good, that’s so playful, that’s got so much energy and is part of your core self, you know this is the accurate you.—Sydney

In this statement, Sydney refers to how a therapist can reflect the client’s use of humour back to them as a means of demonstrating that

they can be playful, childlike, happy and funny, and that this is part of their real self, rather than the roles that they have to play in their lives outside of therapy. These external roles that are likely to be more serious and less playful may be highly constraining, and so fostering playfulness and innocence in therapy may be a welcome change for the client. The therapist is seeing through the exterior layers and defences and seeing the true person in need underneath, as well as seeing their humour as part of their authentic self and enabling them to see this for themselves.

2.8 | Theme 4: Humour can be a minefield

This theme was also a fairly frequent one to arise during the interview process. Two variables that were mentioned in particular were being aware of the use of gallows humour and being mindful of professional boundaries when humour is present in counselling:

gallows humour, I think, serves to deal with adversity and trauma when we are dealing with the most horrendous things...—Betty

In this case, Betty was referring to gallows humour being used by practitioners rather than clients; however, it can be argued that her point may be relevant to both counsellors *and* those that they serve. Betty argues that dark, and sometimes inappropriate, gallows humour can be useful when it is needed to lighten the mood during or after severe trauma and pain, both for practitioners and clients, making this a valuable tool when it is needed. Her point demonstrates a level of acceptance of gallows humour as a normal, natural part of some clients’ and some therapists’ process.

This was also evident when Sarah stated, “I personally have no problem with gallows humour. I wouldn’t interject it inappropriately with people that I don’t think would want it, but I’m very happy to be a recipient.” A difference between Sarah’s and Betty’s statements is that Sarah makes it clear that she will not initiate gallows humour herself but will be accepting of it should a client bring it to a session. Her statement that she is happy to receive it may even suggest that she welcomes it, rather than just being tolerant of it, perhaps because this is another part of the client to welcome into the room if they do have a darker sense of humour; if it is important to the client, then she invites it warmly.

I have to kind of stop and question myself and go “no, no, no, all of that was appropriate. That was all in place. There was no ‘let’s just laugh at your horrible life.’ There [were] no bits where we brushed over anything, because we got swept up in the laughing and the camaraderie”, and it’s that remembering, it’s nice to laugh with clients, but you’re not my friend. And I’m not doing it to make you my friend. And I’m, we’re not cracking jokes because that’s what we do together. There’s work going on here as well.—Clare

In this extract, Clare is referring to her own reflexivity to check that the humorous interactions that are occurring between her and certain clients are appropriate and still part of the therapeutic work, rather than just laughing at funny things that have no place in the work. She is ensuring that humour is still part of the relationship but also reflexively ensuring that this remains professional rather than a blurred boundary between a counsellor-client relationship and a friendship. Clare acknowledges that, "it's hard work that they're doing" and understands that humour may be part of that work as long as she maintains professional boundaries. This may suggest that there is permission to laugh as long as that laughter goes hand in hand with real therapeutic progress.

3 | DISCUSSION

The research question that the current investigation aimed to answer was: "How do trainee and qualified therapists experience laughter in their practice with clients?" Findings have not only provided various answers to this question but have also supported much of the literature available regarding therapeutic humour. This includes humour being an important and human part of the therapeutic relationship (Mahrer & Gervaise, 1984; Mosak, 1987; Nelson, 2008), which contradicts much of the psychodynamic literature (e.g., Kubie, 1971), and laughter being cathartic for clients (Haig, 1986; Kmita et al., 2017), as well as an indicator of change or progress (Yonkovitz & Matthews, 1998). They also outlined how humour can be a defensive strategy for clients, which must be addressed as part of the counselling process (Amici, 2019; Sands, 1984), and that clients can be extremely creative in their uses of humour (Arieti, 1976). However, they did also describe experiences where a counsellor must be very mindful of the appropriateness of their own use of humour, and how to maintain effective professional boundaries when humour is present in the therapy room (Goldin et al., 2006).

Numerous researchers have advocated the welcoming of humour and laughter into the counselling room, particularly as many argue that it enhances the therapeutic relationship (e.g., Nelson, 2008). All six participants outlined experiences that strongly support this, particularly in relation to how humour can demonstrate Rogers' Core Conditions (1957). A counsellor who can receive client humour and laugh authentically with them has been repeatedly described in the participants' experiences. Participants frequently referred to how humour makes a counsellor appear more human and approachable, rather than the neutral style preferred by many psychodynamic authors and practitioners (e.g., Gill, 1983). In this way, the current investigation's findings are in opposition to this theoretical approach to counselling; however, all participants described themselves as either person-centred or integrative counsellors, and none referred to utilising any psychodynamic methods or approaches in their practice, which may go some way towards explaining this.

The unexpected finding that gallows humour can be an important process for both clients and counsellors arguably supports Kmita et al.'s (2017) metaphor of a discotheque at a funeral; perhaps it is the case that at moments of especially deep pain, gallows humour

may be necessary in the face of such adversity. The findings suggest that gallows humour, and laughter in general, in counselling can provide a ray of light in what may be an otherwise dark emotional landscape for some clients.

Similarly, participants explained that a client's humour can be highly informative for the therapist; it can tell them more about the client's mindset, including whether the client is moving into a new phase of their process. Yonkovitz and Matthews (1998) argue that genuine client laughter can indicate that a crisis point has passed, and that the client is beginning to see things more logically compared to their previously emotionally driven approach. This was also supported in the current research, as several participants described experiences where a client's humour helped them to glean such useful information about the person.

Further support for past research was in relation to clients' defensive use of humour, which Kubie (1971) suggests can be detrimental to the counselling process. Participants described various examples of their clients using humour to either keep the counsellor at a safe emotional distance, or to avoid discussing painful issues at all. This supports work by many psychodynamic thinkers (e.g., Bergler, 1976) who warn about the dangers of defensive humour; however, all participants who referred to this phenomenon also stressed how they addressed this behaviour directly with their clients once they had assessed whether the therapeutic alliance was strong enough to withstand such a challenge.

Finally, most, if not all, authors who discuss therapeutic humour offer a variety of caveats for its role in counselling, including being aware of cultural (e.g., Maples et al., 2001) and gender differences (e.g., Phillips et al., 2018) between counsellor and client, and maintaining appropriate boundaries when humour arises (Maples et al., 2001). Interestingly, only one participant mentioned cultural differences, and none mentioned gender, meaning these were not emergent themes within the data; however, the importance of appropriateness of the humour and following the client's lead were emphasised by all participants. This suggests that counsellors of all experience levels may be highly aware of the importance of these boundaries within the counselling relationship. Moreover, Martens (2004) lists several potential negative effects of humour that therapists should strive to avoid, including making the client feel they are not being taken seriously, and dangerous transference and countertransference effects, so clearly therapeutic humour has its risk factors that counsellors must be aware of. Goldin and Bordan (1999, p. 409) concisely summarise this by saying, "humour must fit the situation just right for it to be most effective."

3.1 | Methodological considerations

Although there is ample justification for a smaller sample in qualitative research (e.g., Smith et al., 2009; Turpin et al., 1997), it could also be argued that the current sample was limited, both by its size and the participant demographics. All participants were Caucasian females working from either a person-centred or

integrative approach, which limits the representativeness of the sample with regard to gender and theoretical approach to counselling. However, Tourni and Coyle (2002) argue that traditional parameters of research, such as sample size and generalisability, are somewhat irrelevant in this case due to the necessity of researcher subjectivity.

3.2 | Implications for practice, training and future research

An important commonality between all participants was that they all seemingly had a very similar experience of training, in that none of their training courses mentioned humour having a place in counselling. This was interesting as there was quite a significant range of experience across the six participants. For example, one participant undertook her counselling training in the 1970s and 1980s and has worked in the field ever since, whereas three were still completing their training. All participants expressed how no time was given to discussing humour during their training, and many were initially under the impression that all counsellors must adopt the same formal, professional and somewhat rigid style of practice. Once they had begun work with clients, however, it became apparent that they could bring a lot of themselves to the work, and humour can often play a big role in that.

Clearly, this provides a strong rationale for the inclusion of at least a discussion of the role of humour in counselling during training courses. At the time of writing, the only published research regarding this was from Franzini (2001) who stated that trainees are often discouraged from bringing humour into the counselling relationship, and that it can be seen as a taboo, when actually it can be a very useful tool for a counsellor to draw on, as has been discovered in the present investigation. Furthermore, Weaver and Wilson (1997) offer their perspective that humour in counselling can not only be of benefit to the clients but also the practitioner themselves, again adding weight to the rationale for investigating this phenomenon.

The same could be argued regarding counselling practice itself, not simply the initial training. All participants advocated welcoming humour into the therapy room, but stressed the importance of this being appropriate, and for the good of the client. Several suggested that humour can be beneficial for therapist self-care, but most of the emphasis was on how humour can be hugely valuable for the therapeutic alliance and can support healthy emotional expression. Gelkopf (2011) maintains that humour and laughter are easily implemented and free tools for counsellors to take advantage of, as long as they are used with "skill and sensitivity" (p. 6), supporting this argument.

With regard to potential areas for further research, two areas in particular could be advantageous to the counselling profession and the clients being served. The present investigation explored experiences of humour in counselling in quite a general manner; however, there would arguably be some merit in exploring the potential

value of humour with traumatised clients, or those suffering from bereavement. For example, in relation to trauma, Landoni (2019) advocated the use of therapeutic humour and expressive artwork for supporting clients with extensive trauma history, and made specific reference to the positive neurobiological changes that can occur through such methods, and Boerner et al. (2017) found that self-enhancing humour can have positive mental health outcomes as it helps clients to cope with trauma.

Likewise, Sigurdson (2017) argues that humour can sometimes be the only effective way to alleviate the melancholy of mourning, and that it can provide great escapism. These are still under-researched areas at the time of writing, meaning further exploration of the potential benefits of humour in therapy for traumatised and/or bereaved clients could be a useful addition to this field of research. In addition, the lack of focus on differences between counsellor and client, such as gender and culture, could also provide a further area for research to investigate, as the scant previous findings suggest that therapists should be mindful of these (e.g., Maples et al., 2001; Vereen et al., 2006). Another further area for therapeutic humour research could be to investigate a possible mediating effect of client attachment style (Gupta et al., 2018; Nelson, 2008).

3.3 | Conclusions

In summary, and to answer the research question of how trainee and qualified counsellors experience humour in therapy, the present investigation has found that therapeutic humour can be highly beneficial to the relationship between a counsellor and a client, and this can facilitate a variety of positive outcomes, including catharsis and creativity. However, the importance of professional boundaries and the appropriateness of humour have also been highlighted. Moreover, the findings suggest that humour deserves to be at least a topic of discussion during counselling training courses, as it is not explored enough during the early phases of a counsellor's career, but can become apparent very quickly when a trainee begins their work with clients. Evidently, a deeper understanding of the therapeutic role of a client sharing a laugh with their counsellor is required, especially for clients with particular presenting issues, such as bereavement and trauma. Ultimately, Amici (2019) suggested that the concept of doing counselling while having fun is a fascinating one, and therefore warrants research attention.

CONFLICT OF INTERESTS

The authors have no relevant financial or non-financial interests to disclose.

AUTHOR CONTRIBUTIONS

Briggs, E. contributed to conceptualisation, methodology, formal analysis, data curation, writing - original draft, writing - review and editing, and visualisation. Owen, A. contributed to formal analysis, writing - original draft, writing - review and editing, and visualisation.

ETHICS APPROVAL

Ethical approval for the study was granted by the Staffordshire University Ethics Committee. Details on the ethical considerations are included in the report.

CONSENT

Informed consent was obtained from all individual participants included in the study.

DATA AVAILABILITY STATEMENT

The datasets generated and analysed during the current study are not publicly available due to participants consenting for their data to be analysed by the authors, and not consenting to their data being publicly and freely available, but are available from the corresponding author on reasonable request.

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