



# Humor and Psychological Well-Being

**A**s we saw in the previous chapter, Norman Cousins's use of humor against physical disease became legendary. Although his treatment included a lot more than watching *Duck Soup*, he claimed that laughter played a key role in helping him in his arthritis. He also emphasized the interplay between his physical health and his psychological well-being. Feeling good mentally led to feeling good physically. Research offers more support for humor's impact on psychological well-being than on physical health. If Norman Cousins serves as the poster boy for humor's use against medical ills, the man who serves the same role for psychological well-being would have to be Nathan Birnbaum.

Nathan, who was much funnier than Cousins, battled other kinds of hardships and lived to be 100. He was one of 12 children and lost his father in a flu epidemic before he was

8 years old. There were no child-labor laws at the time, so little Nathan got a job making syrup at a candy store. Times were so tough that he had to steal coal from the truck on the street to keep the family's house warm. At least he had a good sense of humor about it. He shined shoes, ran errands, and sold newspapers. One of his business ideas included forming the Pee Wee Quartet. They put a hat on the sidewalk as they sang, in hopes of earning a few pennies. Unfortunately, sometimes people took coins rather than leaving them. Occasionally, they even took the hat.

The show business bug bit Nathan, even despite the stolen hats. He dropped out of school in fourth grade to attempt to make it as an entertainer. He tried trick roller skating and dancing, but eventually he settled on a vaudeville comedy act. When he was older, he and an acquaintance started a "Dumb Dora" routine at local theaters. He would ask his female colleague straightforward questions; she would answer in a scatter-brained, funny way. Audiences laughed; the new comedy team was booked time and again. Soon Nathan found himself falling in love with his "Dumb Dora," for she was actually a brilliant comedian. Alas, she was engaged to another performer. It must have hurt to write and rehearse hour after hour with an unrequited crush. Others might have lapsed into a depressive funk, but Nathan kept his sense of humor and eventually won her heart as well as her hand in marriage.

A few years later, the ups and downs of the Great Depression hit everyone hard, but Nathan stayed with it. He could have become anxious and fretful, but instead he kept working. Soon the act played radio, television, and the big screen. Nathan enlisted his brother and a couple of other writers to help craft new jokes. Some routines worked and others didn't, but Nathan and the team kept coming out on top. Many years later his beloved wife Gracie died. The death of a spouse can be one of the most devastating events in life. Nathan lost a soul mate as well as a stage partner. Again, he kept his sense of humor. He revamped the act by playing up his advancing age and incessant

cigar smoking. New crowds adored his work on the stage and screen. Humor had helped him bounce back. He even got a role as the titular character, *God*, in the movie *Oh, God!* Of course, he used his stage name: George Burns.

A whole life spent devoted to humor this way is rare, but many people use comedy to keep stressors from spoiling their well-being. We've seen the mixed impact that humor can have on physical symptoms and have noted the problems in the published research. But the work on humor and mental health is actually more compelling. Not that you'd know it from the lives of many famous comedians. It can seem hard to argue that humor is the key to psychological well-being, particularly in light of the notorious troubles of a long list of comedians. Patton Oswalt's riffs about his clinical depression can bring anyone to tears. The legendary drug problems of Lenny Bruce, Chris Farley, John Belushi, George Carlin, Richard Pryor, Robin Williams, Sam Kinison, and Mitch Hedberg come to mind. The odd relationships with food for Louie Anderson, John Pinette, Ralphie May, John Candy, Will Sasso, and Fatty Arbuckle don't help. High-profile suicides among comic performers make the argument for humor as an aid to well-being difficult. Stand-up comedian Richard Jeni's self-inflicted death hit me particularly hard. I had seen him in a small venue long before he had HBO specials, and I had always admired his work. His death put one of his classic bits about suicide-inducing love songs into a less funny light. But these outstanding comics are the exceptions rather than the rule. It's easy to forget that plenty of humorless folks use drugs, gain weight, and kill themselves. There are also thousands of comics who don't abuse substances, struggle with their girth, or take their own lives, too.

Despite the salient exceptions in the world of stand-up, most people think that humor helps mental health. And the more humor, the better. Much of the research on this topic focuses on variations in mood. We'll get into experiments and studies that examine comedy's impact on sadness, angst, or well-being. Other projects look at people with diagnosed

disorders—conditions with multiple symptoms, like depression or schizophrenia. Plenty of armchair theorists spin yarns about humor and emotional health in various forms. Others suggest that humor should be a key in battling stress and conducting successful psychotherapy. As we'll see, it's not quite this simple. Fortunately, the data have even better tales to tell.

---

## HUMOR AND MOOD IN THE SHORT RUN

Humor makes folks cheerful. A funny routine can decrease sad moods and enhance happy ones. In fact, a sitcom episode appears to improve mood as much as an equal amount of time on the exercise bike does (Szabo, 2007), and it's a lot easier than pumping those pedals. Nevertheless, I'm not recommending three nights a week at a comedy club as a substitute for trips to the gym. The question, of course, is how a handful of gags in a story make an audience happy. Part of understanding humor's impact on mood requires a grasp of all the things that contribute to how people feel. One key source of the doldrums can be rumination—that repeated, persistent tendency to ponder the same thought. A bad mood stays bad because we keep thinking bad thoughts. This sort of chewing over the same negative thought over and over and over again definitely keeps folks bummed out, angry, nervous, or irritated. Many studies reveal that ruminating like this increases drug problems, troubles with food, anxiety, and depression (Aldao, Nolen-Hoeksema, & Schweizer, 2010). My own students have shown rumination's link to aggression, too (Borders, Smucker-Barnwell, & Earleywine, 2007). Nothing can make people want to smack their own neighbors like thinking the same thought again and again.

One study confirmed that rumination correlates with depression, especially for the humorless. Rumination was a particularly strong predictor of depressive symptoms for folks

who were low on self-enhancing humor (the kind that folks use to keep their spirits high) or affiliative humor (the kind that people use to bond with buddies). In contrast, those who used jokes to remind themselves of the good things in life, or to connect with their friends, didn't let rumination turn into depression (Olson, Hugelshofer, Kwon, & Reff, 2005). In short, a good sense of humor kept repeated thoughts from transforming into gloom. This interaction between rumination and humor may arise in part from distraction—any amusing diversion that might undo those persistent thoughts. Despite our strong desires to sort through every issue in the hope of solving all our problems, once and for all (as if that could happen!), time away from the seriousness of our own thoughts can actually help a lot more. Distracting folks so that they can put an end to aversive rumination can help bad moods dissipate. This is a tough idea for some of my intellectual pals who think that the solution to every problem is more thinking.

Not all distractions work this way to help mood, of course. When I'm trying to write, my youngest daughter is sometimes banging on the piano—a distraction that does not help my cognitions. But a distraction that keeps negative thoughts out of your mind has a lot of potential. Even doing math problems can keep a bad mood from lasting long (Van Dillen & Koole, 2007), although I can never seem to convey this fact to my research-methods class. Fortunately, math is not the only way to keep away from troublesome thoughts. Humor may help mood via distraction, too, and it's a lot more fun than computing statistics (Strick, Holland, van Baaren, & van Knippenberg, 2009). An intriguing experiment reveals that part of humor's improvement of a negative mood stems from distraction. Participants who viewed nasty slides of gruesome car wrecks and hostile beatings had their moods plummet. Some of these slides were quite upsetting. But if participants saw a humorous picture right after a nasty one, their moods didn't get as bad. Chalk up one for the cartoons. But how do we know that it's humor and its distracting components that are at work here?

Humorous pictures helped mood more than equally positive pictures that weren't as funny. So a nice picture of a meadow can keep mood from getting horribly bad, but it just didn't help as much as a funny photo of juggling ducks. Tests showed that these positive but unfunny photos were also less distracting. How do we know that they were less distracting? People didn't need to look at them for very long before claiming that they understood them. The positive pictures were also less likely to interfere with a memory task. The humorous ones took longer to understand; they also were more likely to make people forget an eight-digit number they'd seen right beforehand. These differences led the researchers to conclude that distraction may be part of how humor helps mood. The finding that funny, more distracting pictures alleviated a sad mood better than positive but less distracting ones seems consistent with the work on math problems and mood. These results also say a bit about how humor might function better than simpler distractions like rearranging your sock drawer with a protractor.

Even a minute of obligatory guffaws can improve mood (Foley, Matheis, & Schaefer, 2002), which I hate to admit, given my criticism of the laughter movement. These forced chuckles likely work—at least, in part, because of distraction, too. But these moments of mirth aren't what most people mean by mental health or well-being. The craziest among us can still laugh and joke. Even the suicidal have joyful times. Nevertheless, if a little humor helps your mood a little, perhaps a lot of comedy could improve your mental health or emotional distress a lot.

---

## HUMOR AND MOOD IN THE LONG RUN

Unfortunately, the data offer only a little encouragement for humor's improvement of mood in the long term. For example, a sitcom episode helped improve people's mood as much as exercise did, but only for a while. After a half hour, the effect of exercise

was a bit better. An hour and a half later, exercise had an obviously superior effect on mood than humor did (Szabo, 2007). Alas, sitcoms can't replace a healthy workout. In addition, adding funny flicks to daily life doesn't have as much of a positive impact on emotional well-being as one might hope. When surgery patients watched movies for a couple of days, the comedies did no better than dramas for decreasing their distress (Rotton & Shats, 1996).

Folks in an eldercare facility showed an improved mood after 6 weeks of watching comedies 3 days per week, but so did their pals who watched dramas (Adams & McGuire, 1986). Perhaps people in eldercare simply need something more to do. The idea fits some of the distraction data mentioned above. The key to a better mood might be doing more stuff that is fun or engaging. Something comparable about activity and mood seems to be going on with younger folks as well. College students who did laughter exercises for 90 minutes a week, for 6 weeks, showed an improved mood and decreased anxiety, but a similar group who went to unfunny health lectures improved, too. A third group that learned relaxation did better than those who did laughter exercises or those who went to health lectures, even though relaxation is rarely comical (White & Camarena, 1989). So much for the laughter movement. In short, comedy may help improve mood, but so do plenty of other activities.

---

## WELL-BEING AND SENSE OF HUMOR

Although the experiments on humor and mental illness are few, the correlational studies of a sense of humor and emotional well-being are numerous. Participants usually complete measures of a sense of humor and psychological symptoms of various sorts. Some results make perfect sense. Humor increased with self-esteem and decreased with depression (Kuipers & Borowicz-Sibenik, 2005). Other results were astoundingly inconsistent at first. Humor would relate to fretting and sadness in one study but

not in the next. But once researchers showed a better appreciation for humor's different facets, the results made more sense. As I noted before, some aspects of humor are healthier than other types. The development of the Humor Styles Questionnaire (Martin, Puhlik-Doris, Larsen, Gray, & Weir, 2003) helped separate the adaptive from the maladaptive aspects of humor. Separating humor styles via the questionnaire's four subscales (self-defeating, aggressive, self-enhancing, and affiliative items) helped establish consistent links with psychological distress.

For example, it's no surprise that people with high scores on the self-defeating subscale of the Humor Styles Questionnaire are depressed. Look at the questions. One self-defeating item reads, "When I am with friends or family, I often seem to be the one that other people make fun of or joke about." An item from the Center for Epidemiological Studies Depression Scale reads, "I felt that people disliked me" (Radloff, 1977). It's almost as if these two scales were measuring the same thing. But a close inspection of the research reveals that the humor and depression scales don't correlate perfectly. Other aspects of humor have a different relationship with depression. The self-enhancing subscale, which measures how folks use humor to keep from taking things too seriously, tends to go up as depression goes down, even when the self-defeating aspects of humor are taken into account (Martin et al., 2003). Other work confirms that self-enhancing humor increases with emotional well-being (like self-esteem and positive mood) and decreases with anxiety and depression. Affiliative humor, the kind of joking that helps people connect to their pals, shows comparable but smaller links. Its correlations with well-being or symptoms are a bit weaker than the ones we find with self-enhancing humor. In contrast, self-defeating humor works the opposite way. More self-deprecating jokes that attack one's own skills and abilities lead to lower emotional well-being and more symptoms of anxiety, depression, and a bad mood (Frewen, Brinker, Martin, & Dozois, 2008; Kuiper, Grimshaw, Leite, & Kirsh, 2004).



The aggressive aspects of humor seem to create the most surprises as far as well-being is concerned. Plenty of theorists think that aggressive humor should show a link to low self-esteem, depression, or anxiety. There are all kinds of conjectures that antagonistic humor stems from a poor self-image or self-loathing. In fact, aggressive humor correlated with hostility when the scale was first developed, but showed no link with self-esteem or depression (Martin et al., 2003). It did increase argumentative, critical, unempathic interactions with others (Martin & Dutzac, 2004). Given these findings about relationships, it would make sense that aggressive humor would decrease social support and intimacy. Who wants to hang around with, let alone get close with, some biting cynic? (Okay, don't ask my wife.) But again, the data show no links among a person's reports of using aggressive humor, receiving social support, and having intimate friends and partners (Martin et al., 2003). I think that part of this lack of a relation between aggressive humor and social support or intimacy appears because the same people who report their aggressive humor also report their social support and intimacy. Folks who make hostile jokes might think that they have friends who are close, but I'd sure like to ask their friends (and spouses) about it.

Another interesting finding from the original study that developed the humor styles questionnaire concerned aggressive humor's significant link to self-defeating humor. Those who disparaged others with their jokes did the same to themselves. I can't help wondering if they simply hate the whole world, themselves and others included. Aggressive humor correlates significantly with other negative phenomena, like burnout in university lecturers (Talbot & Lumden, 2000; Tumkaya, 2007). Perhaps those with a hostile wit just disparage everything right and left, regardless if it's the people around them, themselves or their jobs. (If you thought that burnout in university lecturers is really just a stone's throw from low self-esteem, depression, and anxiety, go to the head of the class.) Perhaps aggressive humor turns into depression and low self-esteem eventually. Maybe

the college students in the original study of the scale didn't show correlations between aggressive humor, depression, and low self-esteem because they hadn't had enough time to mature to their full bitterness, like older university professors might. Obviously, there is more going on here than the lay notion that more humor is better. Some aspects of humor enhance psychological well-being; others clearly detract from it.

---

## HUMORING STRESS

The other intriguing aspect of humor and well-being involves buffering people against the impact of difficult events. The big idea at first was that a good sense of humor would make life less stressful. A few studies do reveal that as humor goes up, stress goes down. For example, health care workers who use humor to cope also report less burnout (Dorz, Novara, Sica, & Sanavio, 2003). But many other findings are more complex than simple one-to-one links where stress decreases as humor increases. Instead, humor seems to help people keep the broken shoe-strings of life from sending them into fits. Generally, stressful events increase symptoms of angst and sadness for those with not much of a sense of humor, but they have less impact on those with a good sense of humor. Most of this work looks at people's tendencies to use humor to cope—the propensity to see taxing situations as potentially amusing. If the giant pile of ungraded tests on my desk can suddenly strike me as funny, they won't bother me as much. It's not that my sense of humor gets the papers graded; it just keeps them from putting me in the inpatient ward.

Researchers interested in this topic get folks to fill out a questionnaire that measures life events or daily hassles—a list of everything from traffic tickets to losing a job. They also look at a measure of disturbed mood, anxiety, or depression. One nifty study showed that women executives with a good sense

of humor reported less job burnout in a straightforward correlation, like the one with health care workers (Fry, 1995). In addition, the effect was particularly strong when the intensity of daily hassles was high. As hassles increased, those with a poor sense of humor showed steep increases in burnout. Those with a good sense of humor showed less burnout even if hassles were dramatic. This humor-moderated link between hassles and burnout is comparable to other evidence we've seen for humor as a buffer. So a good sense of humor decreased burnout and minimized the impact of stress on burnout, too.

It's great that people report that humor buffers the impact of stress on burnout, but this study had people fill out all of the questionnaires at the same time. It could be that folks in a good mood, with a good sense of humor, filling out a bunch of questionnaires once, simply said that all was well. An even more impressive result came from longitudinal work—a study that showed that humor could help predict the impact of stress on well-being in the future (Nezu, Nezu, & Blissett, 1998). Participants completed questionnaires once and repeated them again two months later. Stressors generally made folks more depressed overall, no matter what, but their impact was less dramatic for people with a good sense of humor. Those who had a good sense of humor showed only small links between stress and depression, but their humorless pals let stress depress them more. Oddly enough, humor didn't decrease the link between stress and anxiety (Nezu et al., 1998). Perhaps a good sense of humor can't keep angst and worry away even if it does limit sadness and despair. (Poor Woody Allen.) On the one hand, it's great that humor can keep stress from becoming depression. On the other hand, at least for some of my colleagues, joking seems to go hand in hand with fretting and hand wringing. It's unclear why humor would help depression but not anxiety, and we won't know for sure without further work. Nevertheless, it looks like a good sense of humor has the potential to keep the impact of stress on mental health to a minimum.

## HUMOR IN THE MENTALLY ILL

Perhaps the mental health of executives and college students is strong enough to make the potential impact of humor a minor one. People who are already generally happy and functional might have less to gain by adding extra chortles to their lives. Those with disturbances that are more serious might have more at stake. Experiments related to humor with people suffering from diagnosed mental illnesses, like schizophrenia, anxiety, or mood disorders, are very rare. At first this research offered only limited support for humor as an intervention. Well, the glass may be half full.

Chronic, hospitalized schizophrenics who watched 70 comedies over three months did better than those who watched 70 dramas in the same period, but only on 6 of 21 outcomes (Gelkopf, Kreitler, & Sigal, 1993). This result seems a bit discouraging at first, as we'd expect 1 measure out of 21 to be significant only by chance. But this was the first study of its kind; it explored a lot of different measures to see what was going on. Nobody knew where humor might have its effect. A subsequent experiment using the same techniques found that comedies were superior to dramas for helping anxiety and depression in the schizophrenics. The schizophrenics in this second experiment also showed less anger after watching comedies regularly for 3 months, but those who watched dramas had a slight increase in anger (Gelkopf, Gonen, Kurs, Melamed, & Bleich, 2006). That's drama for you.

This replication—the repetition of an experiment that creates the same result—provides better support for humor's impact. These effects weren't huge, but the intervention was easy and inexpensive. It's not too hard to schedule movies every night in a hospital ward, or choose *Blazing Saddles* over *Psycho*. These results are impressive in the light of evidence that schizophrenics can have particularly odd senses of humor, too (Bozikas et al., 2007; Rosin & Cerbus, 1984). Mainstream

Hollywood comedies might not be particularly funny to the delusional (or to academics). The 10 psychotics I lived with in a halfway house while I was in graduate school seemed to find each other very funny, but they rarely laughed at movies or at me—at least not to my face. Given the impact of these comedies, a comparable study with clinically depressed or anxious people has the potential to show nice effects, when someone gets around to it.

Other forms of humor, besides movies, can help inpatients, too. Potentially funny activities decreased disruption on a psychiatric ward (Higuera et al., 2006). This experiment used highly trained clowns—which is not an oxymoron. They worked with the patients for 90 minutes a day, twice a week, for about three months. The clowns played a game of charades and imagination games, marched in funny rhythms, stretched, and danced. The patients were less likely to misbehave during those three months than they were in the previous months, when there were no clowns. They were significantly less likely to fight, try to escape, or punch the staff. Some of these effects might have stemmed simply from having more to do. Inpatient wards are notoriously dull. A lot of them offer little more than a television and some old dominoes. The funny activities might have provided more physical exercise than these patients had experienced in quite some time, too. Humor might have been part of the effect, but activity itself likely contributed a lot as well. The area of humor and its effect on serious mental illness deserves further work. A chortle or two and a good sense of humor also seem to help emotional well-being in folks involved in psychotherapy, whether or not they might qualify for a diagnosis.

---

## HUMOR IN PSYCHOTHERAPY

Based on the assumption that humor can improve mental health, psychotherapists of nearly every ilk have recommended

comedy. Some see it as a skill that therapists should develop or as a technique to use in therapy at certain times. A handful of therapists think of humor as a treatment itself. All agree that it's a double-edged sword, warning that caustic humor has no place in the process of therapy. My grandma could've given you this incredible insight, if she weren't busy being dead. The hype far exceeds the research on most of these ideas, despite their intuitive appeal. There may be more handbooks about bringing humor into therapy than there are experiments to show that it has any value.

The idea of humor as a general skill fits with what we know about psychotherapy more generally. Psychological treatments work well for many problems, but we're not exactly sure why. Extremely different therapies often work equally well. This fact led some researchers to posit that common aspects of all the therapies might be the most important. The best treatments from the best therapists usually include having the undivided attention of another human being—preferably one who is empathic, warm, and genuine. These qualities, which are not specific to any particular treatment, might be more important than any individual therapy technique—be it recording thoughts, forcing chuckles, or making people move their eyes back and forth in their heads. (Yes, that's part of a therapy called "Eye Movement Desensitization and Reprocessing," and it actually helps post-traumatic stress disorder [Ponniag & Hollon, 2009]).

## **The Nonspecific Factors of Therapy**

The general behaviors most likely to induce change in a social interaction involve empathy, nonpossessive warmth, and genuineness. Carl Rogers emphasized these attributes in the treatment that he invented: client-centered therapy (Rogers, 1952). Despite his humility, the treatment is often called "Rogerian." The presence of these behaviors in many treatments may serve as a good explanation for why different therapies produce comparable results (Wampold et al., 1997). A healing relationship

with a nonjudgmental, attentive person can facilitate change independently from a therapist's claimed theoretical orientation. Whether your therapist is monitoring your moods, interpreting your dreams, or asking you to tap yourself on the face (Don't ask!), the success of the treatment might depend upon these nonspecific factors. Empathy, warmth, and genuineness lay the foundation for any productive, therapeutic interaction. It's easy to see how the right kind of humor might facilitate all three of these.

We all know empathy, nonpossessive warmth, and genuineness when we see them, but these qualities, much like humor, prove difficult to define in the abstract. Having "empathy" means identifying with someone else's feelings. It is distinct from sympathy—feeling sorry for someone. A therapist's empathy shows that he or she understands the client's view of situations, without implying that the therapist knows what it's like to be that person. I'll never know exactly what it's like to be a 55-year-old, crack-addicted, single mom. I do, however, know what it's like to feel frustration, confusion, and disappointment. I know that it can be especially bad in the never-ending quest to be the perfect parent, while, at the same time, maintaining your own identity, trying to have fun, hoping that you'll have enough money for everything, wishing you had more time for yourself, dreaming of a better future, and realizing you should also exercise, eat right, and get plenty of rest but first you have to find your clean underwear.

I know what it's like to feel frightened, mad, and afraid in the ways that an older mom with drug problems might. Sharing this fact with her might help her feel less like the oddball or the evil one. Expressions of empathy enhance the relationship between client and therapist. In fact, they can enhance any relationship. (People who are looking for dates that actually lead somewhere, take note!) This sharing of feelings might increase the client's trust, encouraging candid disclosures. It may even inspire people to solve their own problems. Empathic therapists have clients who do better in the long run. They even do

better than clients in the same kind of treatment who have less empathic therapists (Miller, 2000). More empathy equals a better outcome.

“Nonpossessive warmth” refers to a therapist’s interactive style. Warmth suggests a generally good-natured approach to treatment. The nonpossessive aspect implies that the therapist does not withdraw her or his warmth if clients screw up. I’m a better therapist if I’m just as warm when clients are down as I am when they’re up. My warmth does not disappear and reappear with changes in behavior. This way, my clients need not fear a bad reaction from me if they report emotions or behaviors that they consider negative. And they’ll be more likely to tell the truth, the whole truth, under these circumstances. Few of us have experienced a lot of relationships that include nonpossessive warmth. Ways of demonstrating this warmth will vary with each therapist, but a sincere smile, an attentive nod, and considerate listening can’t hurt.

Genuineness arises from authentic, trustworthy, realistic behaviors that are consistent with the therapist’s attitudes, values, and goals. Clients rely on sincere reactions that are free of affectation or pretense. A therapist who seems natural creates a more comfortable atmosphere than one who appears scripted, stilted, or phony. Therapists who show genuineness have body language, eye contact, and facial expressions that correspond to their words. They don’t claim to be interested while stifling a yawn. Essentially, the human interaction should feel more important than taking notes or following a treatment manual. I develop a lot more rapport with clients if I am myself than if I put on some kind of therapist’s act. Then clients report that they’re getting to know me, and that our interactions are more than a simple exchange of information. People easily recognize therapists who seem consistent, true to themselves, and real (Miller & Rollnick, 2002). Research suggests that these therapists can produce better outcomes than other therapists who are performing the same type of treatment.



Appropriate humor seems as if it could enhance empathy, warmth, and genuineness. Affiliative humor, the kind that brings people together, certainly sounds apt. A simple joke that joins therapist and client has the potential to enhance their relationship. For example, jocular comments that remind both the client and the therapist that they are part of the human condition work well. We all have many of the same struggles. I have joined with clients over the years about a love of caffeine, a disdain for awakening early, a mistrust of bureaucracy, a suspicion that those who talk too much have little to say, and a longing for just a little more cash. Almost all of us would love a bit more vacation time, sleep, or chocolate. Connecting on these similarities can keep both the client and the therapist from burning out. It can help them focus on what they have in common. It can remind them both that life is difficult but that it certainly has its moments.

Self-enhancing humor on the therapist's part also seems to have potential. This kind of humor can model ways for clients to value themselves and emphasize their strengths. Examples that are funny in the moment often fall flat on paper, but the best ones teach clients how to use self-enhancing humor of their own. For example, a socially anxious client of mine who needed to reschedule an appointment that he would have to miss in a week learned that I had no other openings to offer. "I'm popular, you know!" I added with a smile. I felt as if the news of my full schedule might suggest that many people viewed me as competent. I had hoped it might reassure him that our time together was well spent. Later in the session he listed a few people he had planned to see socially, which was a big step for him, and he added, "I'm popular, you know!" We both smiled and I was pleased to see him say something so positive about himself. If I'd been seeing a client who had no friends and nothing to do, however, I would have never joked about my own full schedule. The therapist's self-enhancing humor cannot imply something bad about the client in contrast, even if only indirectly.

Although self-enhancing humor has potential, any kind of aggressive humor would undermine the therapeutic relationship. An intriguing study examined tape recordings of therapy sessions conducted at university counseling centers (Killinger, 1987). Almost 20% of therapists' jokes seemed like ridicule or teasing. Understandably, clients did not react particularly well to these. Therapists could usually recover in the subsequent conversation, but these wisecracks tended to interrupt the discussion or turn the topic away from effective self-exploration on the client's part. A comparable study of five sessions of group therapy revealed that over half of the jokes made by the clients ribbed someone within the group, leading to less effective, less therapeutic discussion (Peterson & Pollio, 1982). Obviously, jibes like these may do little to convey empathy, genuineness, and warmth. For this reason, some clinicians have gone so far as to imply that humor has no place in psychotherapy at all (Kubie, 1994).

---

## HOW COULD HUMOR HELP WELL-BEING?

Humor may help psychotherapy by enhancing aspects of the therapeutic relationship. The mechanism behind humor's other impacts on well-being remains a mystery. The distraction data are compelling for explaining brief, humor-induced improvements in mood, but that's about all. There has to be more here than what you could get from doing long division or balancing ionic equations. I think that there is. It's nice that comedies can keep mental patients from getting too hostile. I'm delighted that a good sense of humor can keep health care workers from burning out. And it's my sincere hope that a little levity in therapy could improve the treatment. But I've got this nagging sense that something is missing. There's a mysterious bit about humor and well-being that the research hasn't quite addressed. Appreciating humor, like appreciating any art form, is a joy

unto itself (Earleywine, 2011). But I think that qualities specific to jokes and jesting have unique life lessons. Please humor me a moment while I explain.

Any fan of comedy can detail extensive, delighted hours spent chuckling at the many forms of the art. Why all the joy? Queries reveal the usual responses: the self-evident—"Because it's funny!"; the naïve—"Because it's true!"; and, best of all, the budding researcher's recommendation—"Check it out yourself!" My academic friends can pontificate about various brain structures squirting happy chemicals to explain these comedy-induced thrills. I'd like to assert that jokes in general, and some stand-up performers in particular, train listeners in the central ideas in modern psychology, the very ones that lead us to think clearly, responsibly, and happily. In a sense, current cognitive behavioral therapies teach some of the same lessons we find in comedy. The flip side may also be true: Understanding cognitive behavioral therapies may illuminate comedy a bit. It will take me a few steps to explain this. First, I'll take a look at how humor might have an impact on psychological well-being by understanding how our thoughts and actions contribute to our moods.

### **Thought, Action, and Mood**

Though I love humor for its own sake, the best gags, witticisms, and funny interactions make us rethink our perceptions of the world. A mountain of research now supports the idea that the way we think and behave has a tremendous impact on how we feel, and vice versa. The idea probably goes back to the ancient Greek philosopher Epictetus, but we lose it and find it again across generations. We've been immersed in the idea enough lately so that it no longer sounds like abstruse aerodynamics, let alone rocket science. But for many years the field of psychology had lost touch with simple links among thought, action, and mood. These ideas got masked in the manufactured mystery of Freudian notions. Freud was a superb writer and storyteller. He

was not, however, much of a scientist. His theories caught on for reasons that are hard to explain. Many therapists throughout the 1940s floated in a sea of weird, impractical, psychodynamic sewage—unfalsifiable concepts that were hard to pin down or predict. Though some promising modern treatments are rooted in Freud's work (Driessen et al., 2010), the way Freudian analysis was done at the time was inefficient at best and troublesome at worst. Freud's ideas could explain anything after the fact, but they could never explain how someone might feel in the future.

By the middle of the 1950s, a few giants (like Aaron Beck and Albert Ellis) climbed out of this sludge with clearer, more sensible, more realistic models of human functioning. Their message was simple and echoed Epictetus's words: It's not what happens to us, but what we think and do in response, that makes us genuinely miserable. This new view created the opportunity for rational, adaptive, responsible approaches to life. It relied on examining thoughts and actions, rather than interpreting dreams or slips of the tongue. This was the cognitive behavioral revolution in therapy. The approach helped minimize misery left and right. Suddenly the anxious, depressed, and traumatized had new ways to see the world and think about it, inspiring them to take contented action. But the old Freudian ideas were deeply rooted in the field, preventing the revolution from catching on more quickly.

A lot of this work in psychology began with studies of depression. Depressed people thought that their endless bouts of horrid moods and paralysis simply happened upon them. That's how depression feels, anyway. These thoughts left them essentially powerless to intervene. If a giant raincloud of despair can descend at any time, what could any mortal possibly do about it? Reductionistic notions of deviant neurotransmitters and wounded brains were popular at the time. We had some chemical mood elevators that seemed to help briefly, but many of these drugs had negative side effects or didn't work after a while. For example, physicians prescribed amphetamine for

depression at the time. As you can imagine, this drug amped people up but didn't teach them how to solve problems or create a happy life (Rasmussen, 2008). Even our current antidepressants are only a shade better than placebos (Kirsch, 2005).

There was also one long, arduous, strange psychological treatment: psychoanalysis. I'm parodying a bit, but psychoanalysis essentially involved lying on a couch and free-associating. Ideally, whatever came into your head popped out of your mouth for fifty consecutive minutes. Any accidental misstatement or slip of the tongue was supposed to reveal thoughts and feelings outside your awareness. Examples of these Freudian slips abound, but the ones that make news almost invariably reveal sexual attraction. If you happened to construct a narrative about one of your dreams, that was supposed to be prime material, too. An analyst, an authority so powerful that he (and it was usually a "he" at the time) took your money hand over fist, and provided interpretations that were supposed to lead to insights. These insights purportedly uncovered unconscious material, resolved repressed conflicts, and ended guilt-ridden punishments of the self.

If you're scratching your head about how this passed for therapy, join the club. I'm not sure what all that means or how it was supposed to help. The treatment burned tons of time and cash. The successful clients spent years and thousands, and then left the ranks of the depressed to the glories of everyday unhappiness. Even Freud (1905) said that this was the goal. Other clients just spent years and thousands but probably didn't get better. But we learned one thing: Insight alone is not enough. We can make up stories about what happened to us and why, but we rarely feel better without thinking and acting differently. Insight alone doesn't bring long-lasting changes in emotion or behavior. Dwelling on ancient slights or recent mistakes tends to increase rumination and bad moods. Humor likely helps bad moods by interfering with this process, as I mentioned previously. A distracting chuckle can keep us from repeatedly mulling over depressing problems. We can't deny our own errors. It

doesn't help to minimize the bad things that happened to us, no matter how nasty they were. And, of course we take our past with us everywhere we go, even if it's only in our memories. The problem with insights into the past, though, is that the past does not lend itself to change. Unless there's a time machine handy, what's done is done. Learning from the past is only good if we can apply it to the present and the future.

In a sense, what we tell ourselves about the past may be more a case of fiction than fact. Our memories are filled with vagaries, tainted by our mood at the time events happened and at the time when we recall them. Research on this selective memory usually requires getting folks into a mood, having them read a story that has an equal number of happy, sad, and neutral events, and then asking them to recall the tale (Forgas, 2008). Almost invariably, the recalled events match the mood. Folks in sad moods remember the sad stuff; those in happy moods remember the happy stuff. How we feel not only contributes to what we think, it even alters what we remember. But when someone else provides the interpretations (psychoanalysts, in this case), no matter how well trained or well paid the alleged experts might be, we should check our own experiences ourselves. No one is a better authority about our own lives than we are, as many a comedian has emphasized.

## **Cognitive Distortions**

Other theorists who escaped the psychoanalytic bent noticed some key thoughts common to all of their clients. The distressed tended to have a tremendously negative view of themselves, the world, and the future. (See Clark & Beck [2010] for a helpful review.) Distressed folks thought that they were terrible people, that the world was a terrible place, and that it would always be this way. They felt so rotten that they perceived things as rotten, which made them feel rotten some more (Ellis, 1997). The distressed even interpret potentially positive things in a negative light. Research on the fact is crafty and intriguing. One study

asked anxious folks and their happier peers to explain ambiguous sentences. They read the words "The doctor was impressed by Mary's growth." Happy campers said, "Sounds like a little girl used to be short but now she's taller." The anxious said, "Oh, no! She's got a tumor!" (Eysenck, Mogg, May, Richards, & Mathews, 1991). The ambiguity of the sentence is the beginning of the structure of humor because it's got the potential to be seen two different ways. But to the anxious, it's no joking matter.

Some folks see only the worst, no matter what the circumstances may be. The glass is not only half empty, it's poisonous. In fact, they see only the worst so badly, and it frightens them so much, that they can hardly think. In another set of studies, when asked, "What color ink is this word written in?," distressed folks took longer to name the color if the word was negative (e.g., "agony"). Clearly, they were battling their own minds, as if difficult feelings slowed their reactions in even a simple task like naming a color (Richards, French, Johnson, Naparstek, & Williams, 1992). As you can imagine, this can make for a rough day. Research also revealed that these distressed people believed tons of completely irrational, subjective, maladaptive thoughts—the kinds of things that would bum out Mother Teresa. These thoughts appeared to precede their rampant bad mood, insomnia, inactivity, and irritability. The thoughts also led people to interpret the whole world as threatening, when only parts of it are, creating overreactions and wasted efforts that perpetuated fear or hatred. I've struggled with distorted cognitions so much myself, and had clients, students, and friends resist this idea with such enthusiastic fervor, that I feel a need to elaborate on a couple of ways that thoughts can go awry.

Part of examining thoughts requires a taxonomy of the maladaptive ones, a list of telltale signs that whatever is buzzing in our heads is probably a far cry from anything that might be fun, let alone a reflection of reality. Once we know the types of thoughts that drive us crazy, we can catch them better. Note

that we'll still have nutty thoughts; we'll just take them less seriously. If humor teaches us anything, that would be the lesson. None of these ideas about the detrimental impact of thoughts means that thinking is itself bad. A clear head is a key to happiness. Rational, realistic thoughts can be a huge help. If we knew the categories of maladaptive or distress-inducing thoughts, we could probably recognize them better when we thought them. It's sort of like that business with Eskimos having fine distinctions about types of snow (Widlok, 2008). I don't know many Eskimos, but devoted skiers seem to have plenty of terms for snow ("powder," "mashed potatoes," "Sierra cement," and "granular"). The words make it easy for them to recognize and discuss different types. We could do the same with types of maladaptive thoughts and keep them from wiping us out.

### **Dichotomous Thinking**

One of the most common of these types of maladaptive thoughts involves dichotomous thinking, a ubiquitous invitation to misery (Clark & Beck, 2010). That all-or-nothing, black-or-white misperception of a planet that appears, in truth, in glorious (but messy) color, can stymie anyone. Rarely is the world completely one thing or its opposite. Dichotomous thoughts usually include words like "always," "never," "every," and "none." Thoughts with words like "best" and "worst" can lean this way, too. Lots of bad moods and troublesome acts rest on dichotomous thinking. My favorite dichotomous thought came from one of my clients at the VA Hospital, who said, "Second best is the same as last." You can imagine how a thought like that could turn anything dour. I'm not sure where to point fingers first, but institutions that seek to control others often rest on manufactured dichotomous distinctions like black/white, evil/good, and right/wrong. I have to be careful with distinctions like healthy/unhealthy, adaptive/maladaptive, and even correct/incorrect, as these distinctions may be more manufactured than real, too. Artificial dichotomies like these distort our minds to the point where personal preferences get confused with demanded duty. These thoughts



create distress by leading us to think in terms of “musts” instead of “coulds”—a process Ellis dubbed *musterbation* (Ellis, 1997). Suddenly actions we *could* take become actions we *must* take, because of some manufactured *always* or *never* thought. Even the attempt to challenge them can get sucked into the same distortion (e.g., “I must never have dichotomous thoughts”).

Perhaps these ideas seem minor at first, or deceptively self-evident. But they inspire acts as dramatic as a suicide bombing or as disheartening as a life spent in thoughtless toil. Throw a rock in the fields of government, religion, or academia and you’re bound to hit the result of a *must*, a *should*, or an *ought* that arose from some dichotomous thought. And do me a favor—throw it hard. Most comedians poke fun at these institutions in ways that show how rigidly they can demand obedience. I think George Orwell (1946) said it best: “Every joke is a tiny act of rebellion.” Rebelling against these institutions is often a rebellion against dichotomous thoughts. Note that even the idea of dichotomous thinking can’t be thought about dichotomously without paying a price. Some *always* and *never* thoughts are true. We can’t uniformly dismiss every single one. We must examine the evidence before we decide. But odds are high that there’s some gray area in between the black and white, some silver lining, some nuanced way to see each event that will make it less debilitating. There are plenty of other cognitive distortions, but dichotomous thinking is a typical one.

### **Alternatives to Angst**

So what did this new breed of cognitive behavioral psychologists recommend, instead of spending hours on the couch every week for years and years? All these data on thoughts and actions and their impact on mood suggested that they were the way to go. The new psychologists thought it would be better to take a look at our own thoughts for ourselves. We could emphasize that they’re thoughts but often little more than that. This way, we could see which thoughts were helpful or not. We could move from there to doing the things that we love, while trying

to enjoy each moment. Part of examining thoughts requires recognizing that they are thoughts and not necessarily reality. Many of our miseries arise because of key assumptions. Tons of comics make this same point in their own ways. Mitch Hedberg said, “The depressing thing about tennis is that no matter how good I get, I’ll never be as good as a wall.” The joke lets us know that the thrill of victory and the agony of defeat are much less dramatic once you question the assumption of a game. Humor reframes situations by getting us to question the assumptions we make.

If we can get above the battlefield in our own heads and witness our own minds, we can see these beliefs, opinions, and attitudes for what they sometimes are—interpretations of facts rather than facts themselves. Catching these thoughts as we witness them is the key. That moment when a punch line pulls the rug out from an assumption is often a great start. Thoughts will come and go. It’s just part of being human. Recognizing them for what they are, before they lead us to behave in ways counter to our real values, can make the difference between delight and despair. Confusing what we think or how we feel for “the truth,” with two capital “T”s, particularly in environments where our beliefs or moods are manipulated, can create genuine disadvantages. Mistaking our thoughts for truth can be downright dangerous.

## **Releasing the Maladaptive Thoughts**

With this kind of approach to identifying and examining our own cognitions, the next step may be easier to say than do—letting the maladaptive thoughts fall away. Sometimes it seems that we can’t help believing what we believe, even as evidence to the contrary mounts. These changes in beliefs, moving from maladaptive to adaptive thoughts, may not be a dichotomous, categorical enlightenment. (That would be a form of dichotomous thinking of its own.) I’d love it if every time I triumphed over an irrational thought, something dramatic would happen.

It would be great to have the rainclouds part with a crash while a giant ray of rational sunlight came shining down on my head, but it's rarely that spectacular. The gradual transition, a sort of splintering off of irrational aspects of the depressing thoughts to leave the realistic, rational ones, may be more common. We can make the sum of small movements turn into big ones over time. The vigilance required can be daunting. A lot of this process is more about losing illusions than about finding new truths. It's not that we need to learn some new thoughts as much as it is about letting go of some old, maladaptive ones.

The message in comedy is often to challenge false beliefs. There's a genuine pleasure inherent in defying rules that go unexamined. Watch Chris Rock challenge the idea that ethnicity or money or popularity or parenthood is supposed to guarantee happiness. Once he questions some of these ideas, it's hard not to feel relief as well as mirth when you realize that none of these notions are important enough to wreck your mood. Chipping away at archaic, maladaptive beliefs, or even good ideas that have gone too far, can be its own source of glee. The fact that these beliefs may arise from the government, the family, education, or religion should not make them too sacred to challenge. Comedy encourages an independence of mind. Of course, this approach also emphasizes the import of action—any action, no matter how small.

## **Do What You Love**

The next step in the process concerns translating thoughts into deeds. What you do with your time is your own glory. Rather than leaving us all spinning in thought, cognitive behavioral therapists recommend concerted action. A whole philosophy and treatment program has developed around the intuitive idea that the key to improved moods is a dynamic life filled with behaviors consistent with your values—Behavioral Activation Therapy. It works as well or better than Big Pharma's favorite antidepressants, too. Speaking of doing what you love,

behavioral activation therapy is unlikely to interfere with your orgasms. It might even enhance them. I can't say the same for antidepressants, which can be hard on erectile function and on the "big O" of orgasm (Williams, Edin, Hogue, Fehnel, & Baldwin, 2010).

See Kantor, Busch, and Rusch's (2009) book for an accessible review of behavioral activation theory. The treatment involves more than doing fun stuff, though there's plenty of that. There are few better ways to lift your mood. The therapy is all about choosing the acts that are consistent with what we think is most important, and, most importantly, doing them. The treatment encourages people to increase fun activities that are consistent with their goals so that they stop avoiding the aversive tasks in their lives. Clients get good things done each day—tasks that are consistent with their values. They also tackle projects they've shunned, often discovering that these weren't as awful as they'd feared. (That stack of reading and writing projects might not be as terrible in reality as it is in my head.) The bottom line is that sometimes humor helps well-being simply because it involves something fun to do and pokes fun at those who do things that are a drag. If we find ourselves doing things we hate over and over, it becomes obvious that it's time to stop. Comics are great at making this point in meaningful ways. Check out Lewis Black's rant about golfers on his album "Anticipation," for a good example. Black's description of lugging clubs while wearing lime green pants, and investing untold dollars to get a ball into a hole, certainly makes listeners wonder if some behaviors are not worth repeating. Even the most devoted golfer would take the activity less seriously afterward.

Increasing positive activities increases a positive mood. Sometimes this means meaningful work; sometimes it means taking a meaningful break. Few things are more important than thoughtful leisure, especially in a world filled with mundane or distracting events. Comedy sends this message often. (See Bill Hicks's [2008] proleisure discussion of cannabis and amotivation for a great example.) Of course, watching comedy is fun

on its own, too. But more than simply having fun, the transition to longer bouts of pleasant emotion requires work that we value. Good work is the key to good fortune, which may include good feelings, too. Even the most irate rants of stand-up comics often end with a statement that we're the ones who need to take action to make things better. Sometimes the list of actions we need to take can seem long or overwhelming, but there's a key for making them tolerable, if not joyous: remaining mindful of our actions as we do them.

---

## ENJOY MOMENTS MINDFULLY

A superb series of new studies in psychology confirms what every Zen meditator has said for centuries: Pay attention to the present, and delight will follow. This is what mindfulness—focusing awareness on the current moment—is all about. Mindfulness can prevent depression in intriguing ways (Williams, Teasdale, Segal, & Kabat-Zinn, 2007); it certainly helps us recognize our own thoughts, moods, and experiences. I think that comedy can do the same. These moments of mindfulness can start right now. They usually click in the millisecond when we resolve a punch line's incongruity and fix our previous, incorrect assumption. The chuckle that accompanies this shift is often the realization that we've made a mistake but, at least in the current moment, all is well.

A whole school of Zen rests on using these sorts of cognitive shifts to reach a mindful, aware, compassionate understanding of life. Practitioners contemplate perplexing stories or questions called "koans." These koans invariably make little sense at first but somehow resolve themselves with extra thought and a touch of intuition. Attempting to understand them can send the mind reeling. This reeling makes the mind itself more evident, helping people recognize their thoughts as separate from who they are. Suddenly the separation between the thought and the

thinker is clearer, so the thoughts themselves seem less important. As one of my favorite bumper stickers reads: Don't believe everything you think. It's easier to question one's own thoughts when it becomes obvious that they are only thoughts.

Getting a joke is very much the same process. In fact, some koans sound remarkably like setups. What is the sound of one hand clapping? What did your face look like before your parents were born? How many psychologists does it take to change a lightbulb? Answering these questions can inspire a lot of laughter, and they just might create enlightenment (Kapleau, 1989). We don't have a ton of time on earth. Few of us know exactly when we'll die or how many days we have. The whole of mirthful laughter certainly stresses a joy in the moment, a calm, at the center of things, that is available if we only attend to it. The beauty of many jokes comes in the way that they are the incarnation of their own recommendations. Recognizing that a joke is a joke sends us a message to take all our assumptions less seriously and to hold our thoughts a little more lightly. But explaining this phenomenon is very different from experiencing it, much like explaining a joke is not the same as getting it. And so the best approach to humor or cognitive therapy may be one of the answers mentioned above in response to the question of why comedy is fun: Check it out yourself!

---

## HOW CAN HUMOR IMPROVE THINKING?

Comedy can improve well-being. Despite the comics who seem to be living lives as a counterexample, humor makes people happy. Funny folks who aren't being humorous for a living seem to enjoy it and benefit. (The pressure to create humor nonstop might not create the same happiness.) Jokes, cartoons, routines, and movies can improve mood, probably by preventing folks from ruminating about irritation or angst. They might also encourage mindful moments and the recognition of errors in

thinking. Experiments show that a little comedy lifts moods a bit. Regular use of clown troupes and funny flicks can improve behaviors on the inpatient psychiatry ward and help the worried well stay happy. A dash of humor can improve the relationship between therapists and clients, so long as there's no teasing or ridicule involved. People with a good sense of humor seem less depressed and anxious. Those who use laughter to join with others and highlight their strengths tend to flourish. A good sense of humor buffers people against the slings and arrows of stress, keeping them from bumming out or burning out. Humor may create these improvements by revealing errors in our own assumptions, encouraging us to question our own thoughts, rallying us to actions consistent with our values, and reminding us to enjoy each moment.

The experience of a joke can parallel the sort of thinking that a therapist might want to teach to a client. Comedy also frequently questions the tacit assumptions underlying the silly things that we all do. Most jokes serve as examples of seeing a topic in two different ways (Attardo, 2008). The funniest ones invariably lead us to question assumptions. A punch line often surprises us with the news that we have assumed something about the setup that wasn't correct. When we realize the mistake, we laugh, perhaps because we've questioned the original assumption.

In incongruity-resolution humor, we note that an alternative interpretation makes sense with the punch line. And that strikes us as funny. This questioning of assumptions is often the key behind modern cognitive therapies, too. These are often the assumptions that we might have failed to recognize—the very ones that might make us miserable. One humor-based therapy builds on this idea of questioning assumptions. It pushes a client's concerns to the extreme until their absurdity becomes obvious. For example, a schizophrenic inpatient went into frequent rages because she thought other patients were stealing her things. She resented any assertion that her concerns were unjustified. Instead of dismissing her worries, staff members

took her very seriously. They made elaborate lists of missing items, detailing their condition and price. The list turned out to include only useless articles with a total worth of about four bucks. When the silliness inherent in flying into a rage over these items became obvious to the patient, she was eventually able to laugh each time she mentioned another missing toothbrush or sweater (Witztum, Briskin, & Lerner, 1999).

Cognitive therapy asks us to check out how our own thoughts can make us more depressed than anything that might happen to us. A handful of the best comedians also offer ideal examples of adaptive ways to view the world. They can communicate difficult emotions thinly veiled with humor. (See Richard Pryor's uncompromising criticism of racism in "Live on the Sunset Strip.") They even rally resources to motivate action. (Check out Sam Kinison's recommendations for keeping relationships together, in "Breaking the Rules.") Comics often point out the forbidden, and there's nothing like tackling taboo topics as a first step toward making things better, too (Zerubavel, 2007). In fact, this might be comedy's future—improving the world by stating the truths that no one else is willing to speak.