A Qualitative Study on the Safe and Effective Use of Clinician Humour in Psychotherapy

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I dedicate this work to my late brother Andrew.

He was always there for me when I needed him, and could always make me laugh.

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Abstract

Humour can be a valuable tool for psychotherapists, if executed in a respectful manner. Laughter has myriad health benefits, and is associated with reduced depression, increased self-esteem, and lower perceived levels of stress (Eckstein et al., 2003). It can strengthen the therapeutic alliance and simplify the process of confronting clients on dysfunctional behaviours (Thomas et al., 2015). However, rigorous empirical study of humour in psychotherapy is scarce, as is clinical training in its use (Franzini, 2001). Ergo, this study queries: (1) How do counsellors and psychotherapists use humour in their therapy sessions? (2) In what contexts do counsellors and psychotherapists perceive humour use as being appropriate and beneficial in therapy? And (3) In what contexts do counsellors and psychotherapists perceive humour use as being potentially harmful? A semi-structured interview protocol was used to interview seven psychotherapists in Canada with a minimum of five years of work experience. Interviews were audio recorded, and data obtained was analyzed using Thematic Analysis (Braun & Clarke, 2012). This study examined the experiences of psychotherapists to determine how they use humour safely and effectively in therapy sessions, with the aim of gaining knowledge to inform clinical training on how best to minimize the potential for harm, and maximize the therapeutic benefits of humour in therapy. Eleven main themes, each with several subthemes, emerged in the data analysis. Implications for therapy, counsellor education and further research are discussed.

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Chapter I

Introduction to Therapist Humour Use

Humour can enhance psychotherapy, if therapists use it with clients in a respectful manner (Middleton, 2007). It can strengthen the therapeutic alliance (the cooperative relationship between client and clinician) and simplify the process of confronting clients on dysfunctional behaviours (Thomas et al., 2015). Sharing laughter with a client is one of the best ways to create common ground in the alliance and to reduce a client's apprehensive feelings about therapy (Scott et al., 2015). Laughter also has myriad health benefits, and is associated with reduced depression, increased self-esteem, and lower perceived levels of stress (Eckstein et al., 2003).

Humour has numerous applications, but it is not used to the full extent that it could be, due to a prevalent opinion held by many clinicians that therapy is a serious process (Gladding, 2016). For example, it can be used as a means of reducing tension in the therapy session (Gladding & Drake Wallace, 2016), to help clients feel more comfortable and at ease, and to help clients reframe how they view and interpret their reality (Gladding, 2016). Humour helps clients to become more open to disclosing their personal experiences and life stories with their therapist (Scott et al., 2015), and to achieve revelations about themselves which yield insights into problems that have previously puzzled them (Mozak, 1987). If used judiciously in psychotherapy practice, humour can help clients develop an attitude that merges tragedy with comedy, which promotes greater existential maturity (Gibson & Tantam, 2018).

However, as Franzini (2001) notes, any clinical technique or medication that has a beneficial effect can also cause harm. Saper (1987) cautions that therapists need to ensure the use of humour does not humiliate the client, or undermine their self-esteem, or well-being. Humour

can inadvertently precipitate negative consequences. What one person considers humorous might be offensive to others. Therapists need to be especially careful when using humour with clients of different cultures (Goldin & Bordan, 1999). A therapist's witticisms could unintentionally upset a client (Maples et al., 2001), particularly if they are inappropriate or poorly timed (Vereen, et al., 2006).

This study utilized Thematic Analysis (Braun & Clarke, 2012) to examine the lived experiences of practicing counsellors and psychotherapists to determine what strategies they employ to apply humour safely and effectively in therapy sessions, with the aim of gaining knowledge to minimize the potential for harm and to maximize the therapeutic benefits of clinician humour use in therapy.[1] This study was guided by three research questions: (1) How do counsellors and psychotherapists use humour in their therapy sessions? (2) In what contexts do counsellors and psychotherapists perceive humour use as being appropriate and beneficial in therapy? And (3) In what contexts do counsellors and psychotherapists perceive humour use as being potentially harmful? By learning from experienced clinicians what has and what has not worked for them when using humour in therapy, this study aims to contribute to the existing pool of knowledge regarding therapist humour use (THU), which will assist in educating and training clinicians in the safe and effective use of humour in psychotherapy.

Chapter II

Review of the Literature

Defining Humour in the Context of Psychotherapy

The earliest documented interest in the use of humour in psychotherapy (that was found in this review of the literature) can be traced back to Sigmund Freud (1905/1976), with his 1905

[1] For the purposes of this study, the terms "counsellor" and "psychotherapist" are used interchangeably.

publication, *Jokes and Their Relation to the Unconscious*. Freud (1905/1976) viewed humour as a means of releasing inhibitions, and posited that people vent their repressed tensions through laughter. He believed that "humour is a means of obtaining pleasure in spite of the distressing affects that disturb it; it acts as a substitute for the generation of these affects, it puts itself in their place" (p. 293). Freud (1928) asserted "there is no doubt that the essence of humour is that one spares oneself the affects to which the situation would naturally give rise and overrides with a jest the possibility of such an emotional display" (p. 2). As Mozak (1987) explains, "laughter serves to change a minus situation into a plus, to change dysjunctive (sic) feelings into conjunctive ones, to move us toward appropriate action again" (p. 62). Franzini (2001) defined therapeutic humour as both the intentional and spontaneous use of humour techniques by therapists and other healthcare professionals, which can help clients and patients to improve their understanding of themselves and their behaviours. According to Saper (1987), humour in the context of psychotherapy can be defined

> …comprehensively as an affective, cognitive, or aesthetic aspect of a person, stimulus, or event that evokes such indications of amusement, joy, or mirth as the laughing, smiling, or giggling response. The personality trait sense of humor embraces at least two human capacities: appreciation, or the set to perceive things as being funny, and creativity, or the ability to say and do funny things, to be witty. It implies a readiness to find something to laugh about even in one's own adversity (p. 364).

For the purposes of this study, a hybrid of Franzini (2001) and Saper's (1987) definitions of humour in psychotherapy was used. Humour was defined as "therapists' intentional and/or spontaneous use of stimuli or events that evoke such indications of amusement, joy, or mirth as

the laughing, smiling, or giggling response to improve a client's understanding of themselves and their behaviours."

Perspectives on Humour in Psychotherapy

Several predominant theoretical orientations of psychotherapy and their respective pioneering theorists view(ed) and utilize(d) humour in psychotherapy in their own unique ways. For example, Albert Ellis, who developed Rational Emotive Behavioural Therapy, was known to apply humour in various ways to challenge a client's irrational ideas directly and vigorously (Bernard, 2010, p. 64). However, due to REBT's basic tenet of unconditional acceptance of the client and their flaws, Ellis would strictly do so in such a way that would not criticize or poke fun at the client themselves, but rather the client's irrational thinking (Bernard, 2010, p. 64). For instance, Ellis encouraged the use of humour with clients who are children to help them laugh at their fears as well as the fears of others, so long as the humour is directed at the child's fears and not the child themselves (Bernard, 2010, p. 227). Ellis would also use humour to treat the irrational thinking of adult clients. In describing his work with a client named Roger, who had a fear of public speaking, he explained how he reduced Roger's phobic beliefs and behaviours to absurdity, using irony to tell him, "You really should feel ashamed of avoiding making speeches. Every other person your age speaks fluently and often and has no anxiety. What a unique jerk you are!" (Ellis, 1991). In one of several public lectures Ellis spoke at, he described his use of humour to involve "taking things to extremes, reducing ideas to absurdity, paradoxical intention, puns, witticisms, irony, whimsy, evocative language, slang, deliberate use of sprightly obscenity, and various kinds of jocularity" (Bernard, 2010, p. 64). In Ellis' psychotherapy practice he also employed humorous songs which he composed for the express purpose of working with his clients using his theoretical orientation (Bernard, 2010, p. 65).

Another prominent proponent of therapist humour use was Alfred Adler, who pioneered Individual Psychology. Individual Psychology recognizes the importance of humour, and most Adlerian therapists use it in their counselling and psychotherapy practice (Carlson & Slavik, 1997, p. 164). Adler himself believed that laughter is an integral component of happiness (Carlson & Slavik, 1997, p. 164). According to Carlson and Slavik (1997), Adlerians see using humour with clients as a way of helping clients to gain control and power with paradox and assertiveness. Adlerians scrutinize actions to determine if an action is useful or not, measured by whether an action moves the client toward their goals and whether the goal itself is useful (Carlson & Slavik, 1997, p. 167). This is a key point which other proponents of therapist humour use - such as Maples et al. (2001) and Gladding (1995), and Gladding and Drake Wallace (2016) - have similarly stated about using humour with clients in the existing literature. One of the goals of Adlerian psychology is encouragement – to help clients move toward an encouraged outlook on life – and Adlerians view using uplifting humour as a viable strategy to achieve that goal (Carlson & Slavik, 1997, p. 168).

Perhaps the most remarkable theorist on the use of humour in psychotherapy is Viktor Frankl, who developed Logotherapy. Frankl is a survivor of The Holocaust, and he credits the use of humour as a vital tool which helped him and his fellow concentration camp prisoners endure extremely oppressive conditions (Frankl, 1959/1992, p. 29). In his book, Man's Search for Meaning, Frankl (1959/1992) stated

> Humor was another of the soul's weapons in the fight for self-preservation. It is well known that humor, more than anything else in the human make-up, can afford an aloofness and an ability to rise above any situation, even if only for a few seconds…The

> attempt to develop a sense of humor and to see things in a humorous light is some kind of a trick learned while mastering the art of living. (p. 55)

Logotherapy utilizes a technique called "paradoxical intention", which is premised on the notion that fearing something brings about that which one is afraid of (Frankl, 1959/1992, p. 126). Frankl (1959/1992, p. 126) explains the approach involves inviting the client to tentatively intend something they fear and provides as an example with an anecdote concerning a patient who had a fear of sweating profusely in front of others. The anxiety induced from this fear itself would cause his patient to begin to sweat. Frankl (1959/1992) advised his patient to focus his mental energy on intentionally trying to sweat as much as he could, in an attempt to reverse the patient's attitude towards sweating. The patient complied and was able to conquer their phobia through this technique of replacing one's fears with a paradoxical wish, thereby taking away their fear's power over them (p. 128). Frankl (1959/1992) asserts that

> Such a procedure, however, must make use of the specifically human capacity for self-detachment inherent in a sense of humor. This basic capacity to detach one from oneself is actualized whenever the logotherapeutic technique called paradoxical intention is applied. At the same time, the patient is enabled to put himself at a distance from his own neurosis. (p. 129)

Humour's Beneficial Effects on Health

Several studies have shown that laughter has therapeutic physiological and psychological effects that can help to improve an individual's overall health. Many of these studies have demonstrated laughter's effect on an individual's physiological mechanisms related to stress. One study found that after an initial transient rise in blood pressure, laughter decreases blood pressure below a pre-laughter baseline level (Fry & Savin, 1988). Paskind (1932) demonstrated that mirthful

laughter causes the body's skeletal muscles to become more relaxed. Results from Zweyer et al. (2006) indicated that laughter tentatively raises an individual's pain threshold. Sugawara et al. (2010) yielded findings which show that laughter produces beneficial but transient effects on vascular function in young healthy adults. Law et al. (2018) measured the effects of laughter on heart rate and heart rate variability in two experimental groups and a control group. One group was instructed to generate fake laughter, another which was shown a humorous video that elicited spontaneous laughter, and the control group viewed a non-humorous documentary. Each group had their heart rate and heart rate variability measured with ECG. Results showed that laughter increased heart rate and heart rate variability. Law et al. (2018) provides evidence that laughter can have beneficial effects on the cardiovascular system which are similar to effects that can be achieved through exercise (e.g., increased heart rate and decreased heart rate variability). Law et al. (2018) propose that laughter activates internal oblique muscles similar to crunches, and causes changes in respiration levels similar to exercise: lung volume decreases, respiration rate increases, and airway compression.

Some studies have focused on laughter's effects on the body's immune system and endocrine system. One such study's results indicated that mirthful laughter appears to reduce blood serum levels of cortisol, dopac (aka 3,4-Dihydroxyphenylacetic acid, a metabolite of dopamine), epinephrine, and growth hormone, and that these changes have beneficial implications - the reversal of both neuroendocrine and classical stress hormones in the stress response (Berk et al., 1989), which may attenuate the intensity of the body's response to stressors. Results from another study showed that natural killer cell activity and other neuroimmune parameters increased in subjects in an experimental group as a result of a humour intervention, and these increases lasted 12 hours after the intervention (Berk et al., 2001).

Bennett et al. (2003) also concluded that laughter may reduce stress and improve Natural Killer cell activity. Natural Killer cells play a vital role in the body's immune system, as they respond quickly to a wide variety of pathological challenges, such as killing virally infected cells, and detecting and controlling early signs of cancer (British Society for Immunology, 2020).

A substantial amount of research has investigated the effects of laughter on mood, anxiety, cognition, and in relation to mental illness more generally. A meta-analysis of randomized controlled trials showed that laughter and humour interventions are effective in relieving depression, anxiety, and improving sleep quality in adults (Zhao et al., 2019). The results of the overall quality level assessment of the ten studies reviewed in the meta-analysis showed that two studies were rated as high risk of bias, five were judged as low risk, and in three studies the risk of bias was unclear (Zhao et al., 2019). Rudnick et al. (2014) had results which suggest humour-based interventions may be helpful for individuals with mental illnesses, particularly those coping with anxiety, and that an individual's use of humour may boost their self-esteem. Results from Kelly (2002) indicate that worry is negatively correlated with sense of humour, suggesting that those who have an active sense of humour may be less likely to worry. Mobbs et al. (2003) provide evidence that humour engages regions of the brain that are key components of the dopamine reward system and are associated with feelings of pleasure. Bains et al. (2015) provide evidence that humour can enhance learning ability, delayed recall, and visual recognition. The authors postulate this is achieved through a humour-induced reduction in salivary cortisol, which in high amounts can damage hippocampal neurons, which have been implicated in memory-related function. Bains et al. (2014) previously conducted a similar study with older adults, which also concluded that humour can enhance learning ability and reduce cortisol levels. Leow et al. (2016) found that a humour therapy intervention was associated with

a reduction in the use of anti-psychotic and anti-depressant drug-use with patients in nursing homes, though the authors caution that further study is required to confirm and better define this association. Results from Olson et al. (2005) suggested that for individuals who frequently ruminate, individuals who habitually use affiliative humour and/or self-enhancing humour had significantly lower levels of dysphoria than individuals with low affiliative and/or self-enhancing humour. The authors defined affiliative humour as "engaging in humour with others" and self-enhancing humour as "humour used as a coping mechanism" (Olson et al., 2005). Walter et al. (2007) indicated that patients with depression who received a humour therapy intervention showed the highest quality of life after treatment in comparison with a control group receiving standard therapy, and patients in both therapy groups showed improvements in mood, depression score, and engagement in important daily activities.

Some studies have focused on the social aspects of laughter. Dunbar et al. (2011) suggested that social laughter may help to increase an individual's pain tolerance, which may be explained by laughter-induced endorphin release. The authors conclude that laughter, through an endorphin-mediated opiate effect, may play a critical role in social bonding. It certainly could be argued that social bonding is crucial for the development of the therapeutic alliance between client and therapist. Marci et al. (2004) observed that humour/laughter heightens arousal for both patient and therapist in psychotherapy sessions, which supports the notion that laughter produces a shared physiologic response. Lebowitz et al. (2011) provides evidence that social laughter may help to reduce symptoms of depression and anxiety. Such a reduction in feelings of sadness and fear may help a client to feel more at ease in the therapy session, and coupled with the social bonding effect of sharing laughter, may cultivate an atmosphere which is more conducive to the formation and strengthening of the therapeutic alliance.

Humour is often viewed as a positive coping mechanism and the use of it is a skill that can be honed and refined (Crawford & Caltabiano, 2011). One study which tested this theory found that using humour may increase a person's self-efficacy, positive affect, optimism, and perceptions of control, and it may decrease perceived stress, depression, anxiety and stress levels (Crawford & Caltabiano, 2011). Cai et al. (2014) concluded that training in the use of humour can improve rehabilitative outcomes and sense of humour for schizophrenia patients in the rehabilitation stage. Another study which examined the effects of a training program in the use of humour found that throughout the duration of the program both state and trait cheerfulness significantly improved while both state and trait seriousness significantly decreased (Falkenberg et al., 2011). These authors also found that state (but not trait) bad mood decreased and there was a significant short-term mood improvement – though no significant long-term improvement of depressive symptoms were found (Falkenberg et al., 2011). Participants' use of humour as a coping strategy was also significantly improved after the training, and participants were more convinced after the training that humour could be helpful in coping with adverse situations in their lives (Falkenberg et al., 2011). A similar study by Tagalidou et. al. (2018) conducted a seven-week training course in the use of humour for thirty-five participants, and found large effects on measures of humour-related outcomes (coping humor and cheerfulness) and mental health-related outcomes (perceived stress, depressiveness, anxiety, and well-being). Thus, the findings of these studies suggest that engaging clients with humour may help them to develop their sense of humour and become more confident and capable of using it in their daily lives, empowering them with an additional tool to buffer them against the stresses of life.

The Benefits of Using Humour in Psychotherapy

Panichelli et al. (2018) provides evidence that humour in psychotherapy can strengthen the therapeutic alliance, provide clients a more hopeful outlook, help to make therapy a more pleasurable experience for clients, and improve overall effectiveness of therapy sessions. Hussong and Micucci (2021) also found that using humour with clients strengthened the therapeutic alliance. Additionally, they found that using humour can reduce clients' defensiveness, help clients to gain self-awareness and broaden their perspectives, encourage flexibility in clients' thoughts and behaviours, and help clients to rediscover their capacity for playfulness (Hussong & Micucci, 2021). Therapists can also glean information about their clients' cognitive capacities and personality dynamics from their responses to humour (Hussong & Micucci, 2021). Recent neuroimaging and psychiatric research conducted in the past decade has determined that an impaired ability to engage in humour is a factor in psychopathology, and that systematic training and/or a potential reactivation of humor-related skills can help to enhance neuropsychiatric patients' rehabilitation (Berger, Bitsch, and Falkenberg, 2021).

Humour may enhance therapy with geriatric populations. One study conducted with music therapists and their geriatric clients suggested that humour can help to initiate contact and engage with individuals living with dementia and facilitate protracted relational interactions (Haire & MacDonald, 2021). Another study conducted with geriatric participants concluded that a humour-based intervention could improve well-being in elderly patients in communal living environments (Giapraki et. al., 2020).

Gladding (2016) stresses that clients who are able to laugh at themselves or their situations are able to positively take charge of their lives, as humour seems to aid in increasing attention spans, improving comprehension, and enhancing memory, all of which are vital to

promoting positive mental health. Gladding (2016) references Mosak (1987), and Mosak and Maniacci (2011), who suggest that humour can give clients unique perspectives, which provide them clarity, helping to achieve insights into their problems that had previously puzzled them. Henderson and Thompson (2016) point out that one of the fascinating aspects of humour, is that it simultaneously disguises and reveals repressed thoughts, according to psychoanalytic theory. The use of humour helps unconscious urges and repressed thoughts to be brought to the surface of consciousness (Henderson & Thompson, 2016, p. 162). The first instance of laughter can facilitate an emotional breakthrough which can lead to finding resolutions to a client's issues (Gladding, 2016). One study by Murstein and Brust (1985) showed that couples who share a similar sense of humour are significantly more attracted to each other than those who do not.

Arguments for Caution in the Use of Humour in Psychotherapy

Gladding (2016) posits that one reason for why humour is not an intervention that is typically utilized is that therapy is widely considered to be a serious endeavor by those who practice it. Some critics of the use of humour, however, have strong beliefs that humour should not be taken lightly in the context of psychotherapy. Kubie (1971) argues that humour is a dangerous weapon with great potential for destructiveness and should have a very limited role in psychotherapy. While humour can at times be warm and affectionate, Kubie, (1971) suggests that it can also be used to "mask hostility behind a false façade of camaraderie, or to blunt the sharpness of disagreement" (p. 37) and a client may become confused, left wondering whether their therapist is merely joking, or if their jesting sentiment may have been genuine (Kubie, 1971). Kubie (1971) asserts that a therapist's use of humour often makes it impossible for a client to express their anger in therapy. A client may be left feeling subtly pressured to accept such a jest (which masks hostility or disagreement) and to not have feelings of resentment for having their suffering

treated in a cavalier manner (Kubie, 1971). He also cautions that a client's history should be thoroughly examined before using humour in their therapy, as a client's exposure to teasing and mockery in their early life experiences may affect their reactions to humour in adulthood. Gladding's (2016) cautionary guidance echoes that of Kubie (1971), as he advises that the type of humour used in therapy sessions must not be hostile, and goes a step further by pointing out that what kind of humour is deemed appropriate varies with each population (different ethnicities, age groups, genders, etc.). Goldin & Bordan (1999) warn that humour can be destructive to the therapeutic relationship between the counsellor and the client, particularly with clients of different cultural backgrounds than the clinician. Participants in one study cautioned that therapists should be mindful of the appropriateness of their own uses of humour, maintain professional boundaries, and to be wary of clients use of gallows humour (Briggs & Owen, 2022). It should be noted however that the participants in this study are proponents of therapist humour use. They believe that humour can be utilized effectively and appropriately early on in a therapist's career, and that the lack of training in its use should be rectified (Briggs & Owen, 2022).

The Use of Humour with Different Client Populations

Several authors in the literature discuss the use of humour with different client populations. Below are some of the important considerations, suggestions, and views that these authors discuss in their publications.

The Use of Humour with Clients of a Different Cultural Background

Humour can result in early termination of therapy if it is used inappropriately, and the potential for this to occur is much higher when counsellors are working with clients of different cultural backgrounds (Maples et al., 2001). Native American humour is often used to dissipate tension,

deal with potential conflict, or to communicate a serious message in a subtle manner, and involves witty remarks and the use of exaggeration (Maples, et al., 2001). Native Americans make a point of laughing at themselves and not taking themselves too seriously, often intentionally leaving themselves vulnerable to teasing by others, as it keeps them humble and promotes group cohesion (Maples, et al., 2001). Native Americans use humour as a coping mechanism, but Maples, et al. (2001) caution that humour should only be used with Native American clients if it is invited. Asian American culture places emphasis on withholding one's feelings, and respect for silence is considered an important virtue, but Asian American culture does not lack humour (Maples, et al., 2001). Sufficient trust between counsellor and Asian American clients must be established before the clinician can attempt the use of humour with any success (Maples, et al., 2001). Asian American families tease each other and make fun of themselves in a manner that could be perceived as hostile by other cultures, but this manner of teasing is only done with family and close friends, and not with outsiders, which would be seen as disrespectful or rude (Maples, et al., 2001). Therapists should learn how best to become 'insiders' in order to penetrate the boundary of respect that is necessary to use humour with this population of clients effectively, and should avoid teasing the client (Maples, et al., 2001). They should be careful not to appear unprofessional or lacking maturity with Latino (Mexican Americans, Puerto Ricans, and Cuban Americans) clients, as this would likely result in Latino clients discontinuing therapy (Maples, et al., 2001). Therapists must become familiar to Latino clients, as though one of the family, and be respected by them as well (Maples, et al., 2001). Gender roles are very important in Latino culture, and the counsellor's own sex must be considered as well as language used before engaging in humour with clients (Maples, et al., 2001).

Many African American college students are first-generation, and are attending predominantly White institutions (Vereen, et al., 2006). Therapists should recognize the unique challenges this population faces in their college experience, particularly stresses associated with adjusting to a new environment, which are compounded by historical bias and oppression within higher education systems (Vereen, et al., 2006). Counselling services provided to African Americans should be culturally relevant, as African American college students are reluctant to seek out therapy due to their mistrust of an oppressive system, which they see counsellors as an extension of (Vereen, et al., 2006). Therapists should follow three major parameters when counselling African American college students: uphold the integrity of the student; value the individual uniqueness of each student; and display an appreciation for the values and cultural background of the student (Vereen, et al., 2006). Therapists must not minimize the African American student client's personal stress; direct the focus away from critical issues, or be perceived as culturally insensitive (Vereen, et al., 2006). Therapists must respect the uniqueness and individuality of each student; ensure both counsellor and client are comfortable with the use of humour; establish a rapport, trust and mutual respect with the client before using humour; be attuned to appropriate moments to use humour; have a clearly defined intended purpose for each use of humour; and ensure the African American student is expressly not opposed to the use of humour before commencing with its use in therapy sessions (Vereen, et al., 2006).

Counsellors require a greater understanding of the culturally specific and universal themes that are relevant to African American men to adequately provide counselling services to this population (Vereen et al., 2012). One cultural issue that African American men face is that they are impacted by a number of stereotypes that persist in society. Johnson (2006) stresses that while some of these stereotypes are relatively benign, such as athlete, entertainer, or musician;

many of them are negative, such as criminal, inmate, or absent father; and whether benign or negative, ultimately they all dehumanize members of this population. Lee and Lim (2008) concluded that humour is an in-group phenomenon first and foremost, with the implication being that members of a cultural group cannot fully appreciate the humour of other cultural groups. It is important that counsellors develop an understanding of the cultural context of their clients to appropriately use humour with them in therapy (Vereen et al., 2012). Vereen et al. (2012) encourage counsellors to explore the social environment of African American men, particularly social and cultural rituals through the lens of the worldview of African American men.

The Use of Humour as an Intervention When Working with University Students

Thomas et al. (2015) discuss potential benefits and hazards of using humour in a university counselling center, make distinctions between types of humour, and discuss the judicious use of humour in individual therapy with consideration given to issues such as therapist and client-specific culture and identity. Thomas et al. (2015) also make specific recommendations for the application of humour in therapy with university students, based on their experiences employing the discussed techniques in their practice at an urban, private university counselling centre. In their psychotherapy practice, Thomas et al. (2015) gather diagnostic information on clients through the use of a variety of measures, including the Situational Humor Response Questionairre (SHRQ; Martin & Lefcourt, 1984), which measures a client's ability to respond to various situations in a humorous manner; and the Coping Humor Scale (CHS; Martin & Lefcourt, 1983) which measures the likelihood of a client using humour to cope with stress. Clients at the counselling centre administered by Thomas et al. (2015) are also given humour-based homework assignments, such as keeping a journal of things they laugh at in their environment; identifying playful, fun people to seek out and socialize with; keeping a journal of

moments in which they can laugh at themselves; and to go on social outings which may promote laughter, such as seeing a comedic film (Thomas, et al., 2015). Thomas et al. (2015) also utilize a humour training technique for their therapists called the Humorous Imagery Situation Techniques (HIST), which is a form of therapist-directed imagery designed with the intent of helping to reduce client anxiety and to regain their sense of humour (Prerost, 1994).

The Use of Humour as an Intervention When Working with Families

Humour has been shown to be effective when utilized with families in group therapy. Ricks et al. (2014) developed a therapeutic intervention involving humour, which they dubbed Laughing for Acceptance, to be used in counselling therapy sessions with family members who are displaying resistance or significant family strife. They describe and explain specific techniques to be employed, and a case study is presented to demonstrate its use. The intervention involves having the family work through a comical exercise, first independently then as a group, to identify and discuss the presence of resistance in the family therapy session, which should ultimately result in the family being able to laugh about the situation (Ricks et al., 2014). Its purpose is to use humour to help family members express their emotions and explore family conflicts safely, with the goal of having humour act as a catalyst for family communication (Ricks et al., 2014). The authors suggest that while their intervention was developed to manage family member resistance in family therapy sessions, it could be used in other family counselling contexts, such as divorce, grief, or substance abuse.

General Guidelines for the Use of Humour as an Intervention in Psychotherapy.

Some of the existing literature on the subject of using humour as an intervention in psychotherapy offers several guidelines for how and how not to use humour in therapy sessions. Gladding (1995) outlines several inappropriate contextual uses of humour; that a counsellor

should not use humour to avoid dealing with a client's anxieties; should not use humour when a client views humour as irrelevant to their reasons for seeking therapy; should not use humour as a put-down; should not use humour too frequently or continue to use it when it becomes boring; and should not use humour with inappropriate timing. To optimize a client's regulation of negative emotions, positive (good-natured) humour is more effective than negative (mean-spirited) humour (Samson & Gross, 2012). Gladding and Drake Wallace (2016) assert that the type of humour individuals enjoy is related to their developmental stage in life or occupation, giving the example that children tend to indulge in silliness, whereas firemen would typically engage in humour related to their jobs. The types of humour that Gladding and Drake Wallace (2016) suggest are beneficial for use with clients are: anecdotes – personal stories of a comical nature; jokes, which the authors define as prepackaged and memorized to be passed on to others; the use of puns –humorous wordplay that involves a secondary meaning in selected words; humorous sayings or expressions, which the authors label as 'stock conversational witticisms'; the use of irony – statements whose literal meaning differs from the intended meaning; hyperbole - using extravagant exaggerations in reference to something; and lastly, self-effacing humour, which they describe as having a humorous life perspective in the interests of preserving self-esteem and to aid in coping with stress.

The types of humour that Gladding and Drake Wallace (2016) caution therapists to avoid using are: satire, which the authors define as an aggressive form of humour that mocks social institutions; sarcasm, another aggressive form of humour which mocks individuals rather than social institutions; dark or black humour, characterized as grim, or depressing, which addresses misfortune with a pessimistic outlook; teasing - humorous remarks made in regard to an individual's personal appearance or foibles, which could offend the recipient of the comment,

whether offense was intended or not by the deliverer; and ‘blue’ or risqué humour, which is marked by crude jokes and sexual innuendo. Gladding and Drake Wallace (2016) advise therapists to always bear in mind that the main objective of using humour in therapy is to help promote client change, to promote the client’s well-being, and ultimately do no harm. To achieve this, they stress therapists should constantly assess each client to determine if they would be receptive to therapeutic humour before utilizing it in therapy with them, and to be constantly observant of clients’ responses to humour (which may only be subtle clues) to evaluate if it is having the intended therapeutic effect. They encourage therapists to remind themselves that the use of humour in counselling is never about the counsellor, and that humour is an instrument for moving a session forward and helping to promote a client’s growth through the therapeutic process. They also urge therapists to be congruent and genuine with their clients – that is, to be themselves, as to act in an inauthentic manner could erode the integrity of the therapeutic alliance. Finally, Gladding and Drake Wallace (2016) recommend therapists should always be prepared for spontaneous usage of humour as opportunities will present themselves often without warning, and it is important to have go-to humorous devices at the ready for such situations.

Maples et al. (2001) state that some general conditions must be met for the appropriate use of humour in therapy sessions. First, both the counsellor and the client must be comfortable with the use of humour. Secondly, the counsellor must determine a justifiable reason for employing humour. Third, mutual trust and respect must be shared between counsellor and client for humour to be used. Fourth, counsellors must earn the right to use humour with clients, and ask the client’s permission if need be, and be prepared to graciously accept a client’s refusal. Finally, and most relevant to the rest of the Maples et al. (2001) article’s subject matter, humour should be adapted to a client’s specific cultural background.

Thomas et al. (2015) additionally provide a set of guidelines for therapists to follow in using humour in therapy sessions, which largely mirror other guidelines suggested by other articles cited in this literature review. These include being mindful of gender differences in humour use; utilizing cartoons, quotes, and other appropriate pieces of humour in waiting rooms to reduce stigma and anxiety experienced while waiting; and incorporating humour into titles and themes of mental health awareness and prevention outreach programs.

The Importance of Empirical Study of Humour in Psychotherapy.

In summary, as previously noted, while the use of humour in psychotherapy can be very beneficial, its misuse has a high propensity for causing harm to clients. If psychotherapists are to use humour to benefit their clients, they need to receive adequate training in its use to ensure they do so safely and effectively. While it has been demonstrated that several guidelines exist on how therapists can safely and effectively use humour in psychotherapy with their clients, these appear to be largely anecdotal - informed by their respective authors' clinical experience with the use of humour, rather than robust empirical studies. Valentine and Gabbard (2014) conclude that the use of humour in therapy can indeed be taught, but they note that there are risks inherent in the use of humour, and that these risks should be focused on and mitigated in supervision. They suggest that thoughtful teaching and supervision can minimize the risk and allow therapists to reap the potential benefits of the use of humour, and caution those who lack a natural proclivity towards its use to perhaps abstain from attempting to employ it in their therapy sessions with clients. The stance that humour can be taught is evidently shared by those authors who have put forth their suggested guidelines on its clinical use (Gladding & Drake Wallace, 2016; Thomas et al., 2015; Samson & Gross, 2012; Maples et al., 2001). However, in order to sufficiently train psychotherapists to use humour safely and effectively with their clients, a larger knowledge base

built from robust empirical studies is needed. The authors hope that this study will serve to fulfill this need, by contributing to the collective knowledge that currently exists in the literature on the safe and effective use of humour in psychotherapy.

Chapter III

Methodology

Participants

For this qualitative study, a total of seven counsellors/psychotherapists (six female, one male) who possess a minimum of five years of work experience in their field were interviewed. Two participants reside in Quebec; one in Nova Scotia; and four reside in Ontario. Table 1 summarizes participant characteristics (see below). Participants ranged in age from 35-51 years old. Recruitment emails were sent to individual psychotherapists between January-March 2021. The recruitment text was also sent to various psychotherapy listservs, as well as colleagues who agreed to distribute the recruitment text to their listservs. Psychotherapists who responded that they were interested in participating were sent a formal invitation to participate, which contained further details regarding the study. A consent form accompanied each invitation, which participants were asked to electronically sign and return via email. Participants were selected based on whether they speak English fluently; if they have been licensed and practicing psychotherapy for at least five years; and that they employ the use of humour in their psychotherapy practice.

Table 1

Participant Group Profile[2]

Participant	Gender Identity	Age	Currently Practicing at Time of Interview	Years Practiced	Educational Qualifications	Frequency of Humour Use	Membership in Regulatory Bodies	Theoretical Orientation
Bob	M	40	Yes	5	M.Ed. Counselling Psychology	Occasionally	OPQ; NSBEP	Integrative
Britney	F	35	Yes	7	Ph.D. Clinical Psychology	Frequently	OPQ	Eclectic
Bonnie	F	46	Yes	13	M.Ed. Educational Counselling	Frequently	CRPO	Eclectic
Brenda	F	36	Yes	12	M.Ed. Educational Counselling	Frequently	CRPO	Eclectic
Bertie	F	51	Yes	30	Ph.D. Counselling Psychology	Frequently	OPQ	Integrative
Beverly	F	39	Yes	5	M.Ed. Educational Counselling	Frequently	CRPO	Eclectic
Barbara	F	41	Yes	13	M.Ed. Educational Counselling	Frequently	CRPO	Integrative

Procedure

I applied for approval for ethical approbation from The Social Sciences and Humanities Research Ethics Board at the University of Ottawa on November 30th, 2020. Upon receiving REB approval, I began contacting prospective participants in January, 2021. Eligible participants were interviewed through the online videoconferencing platform Zoom. Interviews were scheduled at a time that was convenient for participants' schedules, and were conducted between February 17th, 2021 and April 30th, 2021. Factoring in set-up time, each interview on average was approximately ninety minutes in duration, varying in length depending on how verbose or succinct each participant was with their responses. The interviews were conducted with a semi-structured interview protocol (see Appendix), predominantly comprised of pre-determined open-

[2] OPQ – Order of Psychologists of Quebec; NSBEP - Nova Scotia Board Of Examiners In Psychology; CRPO – College of Registered Psychotherapists of Ontario

ended questions with both pre-determined and improvised follow-up probing questions. Each interview was audio recorded and then transcribed. Before commencing with each interview, participants were asked if they had reviewed the information conveyed in the invitation to participate in the study, and the informed consent form, and were asked if they had any questions. Any questions that arose were then be answered by the researcher. The details of the consent form were briefly discussed/reviewed to ensure the participants understood what was involved, after which, participants were asked if they would like to proceed with the interview. Upon verbally expressing their agreement to participate, participants were requested to electronically sign the consent form and return it to the researcher via email before the interview commenced, if they had not already done so prior to the interview's scheduled time. During each semi-structured interview, participants were asked a series of questions pertaining to their experiences involving the use of humour in their own psychotherapy practice. This list of questions was devised by the researcher, and each participant was interviewed with the same list of questions, though some questions were improvised in response to participants' answers. The interview questions were piloted with Dr. Gazzola and other research colleagues at the University of Ottawa. Piloting the interview questions helped to demonstrate how prospective participants may receive and respond to the questions. This feedback helped to refine the questions and make them more effective for data acquisition.

Data Analysis

The data obtained from participant interviews was analyzed using Thematic Analysis (Braun & Clark, 2012), which is a method which involves systematically identifying and organizing, patterns of meaning – referred to as 'themes' – throughout a data set, and offering insight into these themes. Braun & Clark (2012), describe Thematic Analysis as, "a way of

identifying what is common to the way a topic is talked or written about and of making sense of those commonalities." The process entails six distinct phases, which the researcher progresses through in sequential order.

Initially, the first phase of Thematic Analysis involves becoming deeply and closely familiar with the data by listening and re-listening to the audio recordings of each interview, taking notes during transcription, and reading and re-reading the transcripts of each interview, until the researcher has obtained an intimate level of knowledge of the data set (Braun & Clark, 2012). Throughout this process, the researcher views the data analytically and critically, with the aim of noticing items of interest to the focal research question of the study (Braun & Clark, 2012). During this initial phase, the researcher is taking notes not only on each individual interview transcript/recording, but also on the entire data set as a whole (Braun & Clark, 2012).

The second phase of Thematic Analysis involves organizing the data into temporary codes/labels, which are features of the data that are potentially of particular relevance or importance and can be done using either the semantic or latent level of meaning (Braun & Clark, 2012). For the purposes of this study, emphasis will be placed on the semantic level of meaning, staying true to the participants' meaning inferred from their language.

In the third phase of Thematic Analysis, the researcher analyzes the codes from the responses of participants in each interview, searching for and making sense of collective/shared meanings and experiences found across the entirety of a data set that are important to the research question being studied (Braun & Clark, 2012). Throughout this process, the researcher pays close attention to the data to notice patterns and themes emerging and identifying them within the codes of the data set (Braun & Clark, 2012). Indeed, it could be said these themes are more accurately described as generated or constructed, rather than emerging from the data set, as

the researcher needs to examine the codes to determine if a group of codes could fit under an overarching meaningful theme (Braun & Clark, 2012).

In the fourth phase of Thematic Analysis, themes are reviewed to ensure quality and congruency with the data set, and are then labeled and defined for clarity in the fifth phase (Braun & Clark, 2012). Themes can be divided into subthemes at this point, if an overarching theme is manifested in a number of different ways (Braun & Clark, 2012).

Lastly, once the data has been coded and analyzed, and organized into themes and/or subthemes, the sixth and final phase of Thematic Analysis involves sharing and explaining the data in a detailed report of the study's findings (Braun & Clark, 2012). Themes are presented in an order which connect them from one to the next in a logical and meaningful way, each theme building on the one that preceded it to tell a rational story about the data (Braun & Clark, 2012).

This study utilized a constructionist theoretical framework with a hybrid form of Thematic Analysis which combines both an inductive as well as a deductive approach, meaning that codes and themes were derived from the content of the data (i.e. participant responses) in addition to being derived from concepts and ideas the researcher brings to the data, which are informed by the literature (Braun & Clark, 2012).

The data was coded and analyzed with the use of NVivo - data analysis computer software. Data collection was conducted February 17th, 2021, and April 30th, 2021, and data analysis was conducted between February 17th, 2021 and February 28th, 2022.

Trustworthiness of the Data

A study must be trustworthy in order to demonstrate to its readers that its findings are merited and worthy of attention (Lincoln & Guba, 1985). To demonstrate its trustworthiness, a study must have established *credibility* - congruence between the respondent's views and the

researcher's interpretation of them (Tobin & Begley, 2004); *transferability* - the extent to which the qualitative study's results can be generalized or transferred to other contexts; *dependability* – the degree to which the researcher's process was logical, traceable, and clearly documented (Tobin & Begley, 2004); and *confirmability* - demonstrating that the researcher's interpretations and findings are evidently derived from the data, not influenced by the researcher's biases (Tobin & Begley, 2004).

Several measures were taken to ensure the trustworthiness of this study. Firstly, the research committee formed for this study included three experts in the field of counselling and psychotherapy with several years of research and clinical experience. These members consisted of the researcher's thesis supervisor, Dr. Nicola Gazzola, and two other faculty members from the Counselling Psychology program in the Faculty of Education at the University of Ottawa – Dr. Anne Thériault, and Dr. Diana Koszycki. Due to the committee members' wealth of experience as both researchers and clinicians, the researcher received excellent feedback throughout the process of constructing and conducting the study. Committee members evaluated the researcher's literature review and methodology and provided constructive criticisms and suggestions for the researcher to implement. Upon completion of data analysis, Dr. Gazzola reviewed and audited all data analysis for accuracy. All of these measures helped to ensure the dependability of this study.

As a means of strengthening the transferability of this study, the study utilized purposive sampling, recruiting participants who use humour in their psychotherapy practice. Additionally, the interview protocol was intentionally designed with the aim of eliciting detailed descriptions about the contexts in which clinicians use humour with clients in their psychotherapy practice.

One way in which the credibility of this study was enhanced was through prolonged engagement, as the researcher took extra care and time to familiarize himself with and analyze the data. It was also enhanced through persistent observation, as the researcher was keenly focused on the key characteristics of the interview content that were relevant to the phenomenon being examined (i.e. therapists' use of humour in psychotherapy).

Lastly, in terms of confirmability, Dr. Gazzola served as an external auditor of the researcher's interpretation of the data to ensure interpretations and decisions were made in as meaningful a way as possible. The researcher also employed researcher reflexivity in the form of giving consideration to his position as the instrument through which the study was conducted. This is discussed in the following section.

Researcher as Instrument

It is important to acknowledge that the researcher had some intuitive thoughts on the subject pre-study, having had some experience with the use of humour on a personal level, and having conducted a literature review on the use of humour in psychotherapy. Given that the review of the literature revealed a mixture of positive and negative perspectives toward therapist humour use in psychotherapy, it was a reasonable expectation that participants in this study may also have had mixed feelings about THU. On this note, it is probable that participants will share a blend of positive and negative anecdotal experiences in their responses to interview questions. For example, it was expected that some therapist participants may feel they lack a natural proclivity for THU as a result of experiencing some negative client responses to their use of humour with clients, such as jokes being poorly delivered, or employed with an inappropriate audience for the type of humour used. It was estimated that therapist participants would have had numerous such experiences in which the humour they employed was inappropriate for the

client's age group, gender, religion, or ethnicity. Conversely, it was also anticipated that participants will have had unique positive experiences which they may feel helped them to breakthrough to the client on a particular issue being focused on in the therapeutic process, or to bolster the therapeutic alliance with a client. However, while it was believed that therapists would have mixed feelings toward THU, it was surmised that THU would likely be viewed mostly positively by therapist participants, as the use of humour in participants' professional practice was a recruitment criterion.

Ethical Considerations

Participant anonymity and confidentiality of participant responses was of the highest concern for this study. As participants were practicing members of the community of counsellors and psychotherapists in the Ottawa area, their reputations, and by extension their livelihoods, could be put in jeopardy if their identity and their responses were to be revealed. To mitigate the risk of this occurring, in the data analysis stage of the study, each participant was assigned a pseudonym as a further step in ciphering their identity. When not in use, a printout of the reference numbers and pseudonyms will be kept in a locked filing cabinet in the researcher's home. The data files (including audio recordings and their corresponding textual transcriptions) for each interview and for the dataset as a whole are stored on an external hard drive and backup external hard drive owned by the researcher. Each drive is password protected and locked in a filing cabinet when not in use. There was also a minor risk of psychological harm to participants, as it was possible that being asked questions about their psychotherapy practice could have triggered emotional responses and/or cause participants to have flashbacks - intense, vivid memories of traumatic events. The risk of this kind of potential event was unavoidable, but the risks involved were minor in that they are incurred on a regular basis by practitioners of

psychotherapy. Upon completion of the study, Dr. Nicola Gazzola will store all research data under lock and key in his office for a period of 10 years.

Research Timeline

The participant recruitment process commenced in January 2021. Interviews were conducted between February 17th, 2021, and April 30th, 2021. Completed interviews were transcribed verbatim in the interim between each completed interview and the next to be completed, to ensure the optimal use of time, and to continuously evaluate the efficacy of the interview protocol. Data analysis was conducted between February 17th, 2021 and February 28th, 2022. The final report was submitted for initial evaluation on May 16th, 2023.

Chapter IV

Results

The purpose of this study was to explore the lived experiences of practicing counsellors and psychotherapists to reveal what strategies they employ in their use of humour in therapy sessions, with the aim of acquiring knowledge to minimize the potential for harm and to maximize the therapeutic benefits of clinician humour use in therapy. This study was guided by three research questions: (1) How do counsellors and psychotherapists use humour in their therapy sessions? (2) In what contexts do counsellors and psychotherapists perceive humour use as being appropriate and beneficial in therapy? And (3) In what contexts do counsellors and psychotherapists perceive humour use as being potentially harmful? To pursue this line of inquiry, seven participants were interviewed using a semi-structured protocol for this study. Data was collected and analyzed using thematic analysis (Braun & Clarke, 2012), a methodology derived from grounded theory. Data was organized into themes and subthemes which correspond to each research question. Themes and subthemes for research questions (1), (2), and (3) are

outlined in Table 2, Table 3, and Table 4 respectively, below. Refer to Appendix G, Appendix H, and Appendix I for a complete list of codes for Table 2, Table 3, and Table 4, respectively.

In this chapter I will present the results of this study by discussing the main themes and subthemes using illustrative participant verbatims, which exemplify the themes/subthemes that emerged in data analysis. I will also provide my own analytic narratives and interpretation of the data, and draw connections between the data and the research questions in this study.

Research Question 1

Table 2

Ways in Which Therapists Use Humour with Clients

Theme/Subtheme
Defining Humour
Humour as Part of the Self
Humour is My Number One Value
It Comes as Naturally as Breathing
It Helps Me Be My Authentic Self
It's Part of Who I Am
Methods of Using Humour
Using Humour Spontaneously, Not Premeditated
The Importance of Timing and Delivery
Examples of Humour Use in Therapy
Using Humour Judiciously
Adapt and Adjust Accordingly
Monitoring Humour Use & Ensuring it Benefits the Client
Initiating Humour
Not Being Judgemental of the Client
Respecting the Client's Culture and Religion
When Not to Use Humour
Therapeutic Alliance
Repairing a Rupture Caused by Use of Humour
Using Humour to Confront Clients
Using Humour to Change Behaviours
Building Trust Between Therapist and Client

The first of the three guiding research questions this study aimed to explore was: How do counsellors and psychotherapists use humour in their therapy sessions? The analysis of the data yielded five main themes: Defining Humour; Humour As Part of the Self; Methods of Using Humour; Therapeutic Alliance; and Using Humour Judiciously. Each of these themes has several subthemes, and will be discussed below, with selected exemplar participant verbatims. For additional participant responses, please refer to Appendix G.

Research Question 1: Main Theme 1 – Defining Humour.

This study used an operational definition of humour that was derived from Franzini (2001) and Saper's (1987) definitions of humour in psychotherapy. A hybrid definition of humour was used - defined as "therapists' intentional and/or spontaneous use of stimuli or events that evoke such indications of amusement, joy, or mirth as the laughing, smiling, or giggling response to improve a client's understanding of themselves and their behaviours." The authors of the current study thought it would be prudent to ask participants to provide their own definition of humour, and/or describe what humour means to them. Brenda defined humour as being a time and space for joy and fun.

> I think for me, humour is also a space where it's like a time to build connection, to find joy and to have fun and not necessarily take everything too seriously. [Brenda]

Several participants used the words "light" or "lightness" in their definition of humour.

> ...it's a lightness, happiness, so to speak?... Lightness, happiness, joy... …But I guess the ways to get there um...kind of demonstrating that therapy and the work we do in therapy isn't always the doom and gloom stuff. It can also be lighter as well… [Bob]

Britney defined humour as a coping strategy that helps her to better understand things.

> …I use a lot of humour because I feel like it helps me cope with life. I think it's a coping mechanism…It's a strategy like I think that it helps me understand... [Britney]

She also described humour as a way of using knowledge to make clients more comfortable.

> Using observation, using knowledge to make the other person...Giggle, laugh, feel more comfortable, release tension, reduce stress. [Britney]

Brenda pointed out that she typically finds humour in day-to-day situations in life.

> So the things that I tend to find humorous in life are... life. I tend to find things that people do like just in their day-to-day life, really funny. Things that people say, things that happen to people when they're feeling like they can share their story and laugh about it. So just things that might happen to someone on a day-to-day basis that just end up being humorous… I think that humour is one of my coping mechanisms in terms of just being able to find things to laugh at in day-to-day living... [Brenda]

From the participants' responses, a composite definition could be formed to identify the psychotherapeutic use of humour as "a coping mechanism for relieving tension and stress within therapy by creating transitory moments of lightness, fun, and joy, in order to help the client to feel more at ease, and build a stronger connection in the therapeutic alliance."

Research Question 1 - Main Theme 2: Humour as Part of the Self (4 Subthemes)

One of the themes that emerged from the data is that participants considered humour to be a significant part of their identity and personality, and that using it helped them to be genuine and authentic with their clients.

Subtheme 1A. Humour is My Number One Value. Bonnie explained that humour was her number one value, according to a test she took which measured an individual's values, as a testament to how she believes humour to be an essential part of her identity.

> And then in terms of also because I'm like kind of in my day to day, I use humour all the time. Like I've taken one of those, whether it's Martin Seligman, values, taught values and humour is actually my number one value. So for me, it's just part of my everyday. So it's just it's just how it helps me come out in a more authentic way, because that's truly who I am. [Bonnie]

Subtheme 1B. It Comes as Naturally as Breathing. Bonnie elaborated that humour is so second-nature for her, it comes as naturally as breathing.

> It comes naturally as breathing. It really is my number one value. [Bonnie]

Subtheme 1C. It Helps Me Be My Authentic Self. Participants responded that they felt by using humour they were being their authentic selves, and this helped them to be genuine with their clients. Bonnie attests that she uses humour in her everyday life.

> So it's just it's just how it helps me come out in a more authentic way, because that's truly who I am…for me it's just part of me…it's because that is authentic to who I am. I use humour in everyday life all the time. So again, I just feel like it's presenting a more authentic version of who I am as well. [Bonnie]

Beverly states that she believes humour has a way of humanizing things, and feels that humour makes her come across as more approachable, disarming, and genuine.

> I think the humanizing element to both humour and swearing are so are... so helpful. You know, they really add this bit of authenticity and genuineness. So that's why I use it so much...Sometimes people give me feedback, but that's feedback that I've... that I've received a lot around being like… like authentic or real or kind of approachable, disarming. [Beverly]

Subtheme 1D. It's Part of Who I Am. Participants reported that humour is an integral part of their personality and their identity.

> …it is really just a reflection, truthfully, of my personality too, realistically is that I am someone who, I'm sure if you were to interview my colleagues, would tell you that I joke around a lot and I make jokes about things and I… they would probably attest to that's part of who I am. [Brenda]

Research Question 1 - Main Theme 3: Methods of Using Humour (3 Subthemes)

Participants were asked about the ways in which they use humour with their therapy clients – whether they used stocked witticisms or relied on spontaneity; whether they used props; examples of other ways they might employ humour; and generally what is important to consider when using humour in therapy.

Subtheme 2A. Using Humour Spontaneously, Not Premeditated. Participants predominantly used humour spontaneously with their clients rather than relying on scripted, preordained uses of humour.

> …it's spontaneous. I don't plan it. Like, I, I have, like, a script that I follow and I have a joke for everything. Obviously not. So it's like kind of you know, it happens when it happens. It's not like planned ahead of time. [Britney]

> Nothing is not spontaneous. I don't think I can work on it like I'm always spontaneous or so I know nothing would ever be planned ever in terms of when or when I wouldn't use humour… [Bonnie]

Subtheme 2B. The Importance of Timing and Delivery. Participants stressed that how a usage of humour is timed and delivered is crucial for its efficacy and reception.

> I'll pick up on something right away and then I say it in a timely, funny manner. Like, I don't say it six months later, I say it right away… [Brenda]

Subtheme 2C. Examples of Using Humour. Participants reported numerous ways in which they use humour with clients. Puns and metaphors were widely reported by participants to be a source of humour they frequently relied upon. Britney described how her clients' home renovations were like their therapy.

> …I'll use a lot of metaphors, like, you know, like they're saying, oh, we're doing renovations down stairs. And it's, you know, it's like it's a lot of it takes a lot of time and it's expensive and they complain about it. And then I'll kind of like use the metaphor of the relationship, how the foundation is important. And sometimes it takes a lot of times and it's expensive and that's why they're in therapy. And so it's like a metaphor in a parallel of what they're doing in their house concretely…and I will often use metaphors that have humour in them…I think I use a lot of metaphors with adults… [Britney]

Brenda mentioned she uses illustrations as a tool to create humour in their therapy sessions. Britney discussed how she would often use props when working with clients who are children. Brenda also uses props with her clients, and particularly likes to use a "crystal ball." Bonnie discussed how she uses passengers on a bus as a metaphor for thoughts and emotions. Some participants experienced "running gags" with their clients. Participants reported they often use profanity as a way of eliciting laughter from their clients. Bob surmises this is because clients don't expect their therapists to use profanity. Beverly asserts that using profanity helps to promote authenticity and openness. Refer to Appendix G for exemplar participant verbatims.

Subtheme 2D. Using Humour Judiciously (6 Sub-Subthemes) All participants stressed the importance of discretion and good judgment when using humour with clients. Their views

have been organized into six subthemes, each describing different ways in which caution should be taken when using humour. To begin with, here are some general comments from Bob and Britney on the judicious use of humour. Bob stresses the importance of not "pushing it" if attempts at using humour aren't well received by the client.

> It's it's a judicious choice. And that's the therapist's discretion…If I feel like it's you know, I'm thinking more at this point that what I'm sharing right now is early on in the congress and the relationship. So it still takes a little time to get to know one another. So we'll see. But if I feel as though it's not received with, uh... it's not received...I wouldn't say well, if it's not reciprocated, I won't push it. And that probably means that I'll... I'm not ready. I'm not ready for that. I don't want to force it. [Bob]

Britney asserts that while she feels humour can be very helpful, it should be used with caution, and therapists should ask themselves "is this helpful" in the moment before making a jest.

> I think it's it's good, like, it's helpful, but it has to be done properly, respecting, you know, the the client's culture, religion and...You know, not be judgmental or not be in a way that would be offending, so I think it's you have to know your client and you have to be self aware and and before you use it, kind of stop and think, is this useful?…I think it has to be used with caution… [Britney]

Sub-Subtheme 1A. Adapt and Adjust Accordingly. Participants reported that the ability to improvise and adapt to situations when using humour is greatly important. Bonnie describes how she will take cues from clients and adjust her strategy accordingly.

> I hundred percent take cues from the clients, like visual cues just to see where they're at, how they're feeling in that moment. Obviously, I'll I'll adapt…So if the client is a bit more serious in nature, then obviously I'm going to adapt accordingly…If I get that sense

> or if I …make a little joke here and there and…they're not really responding…if it doesn't land… I'll just take a different approach. [Bonnie]

Participants stressed the importance of getting to know their clients before engaging in humour with them. Bonnie explains how she will pick up on whether or not using humour will be effective with a client within the first few sessions as she begins to become acquainted with her client.

> I think a lot of it is like where I can determine is based on the first like session or two sessions. And again, that's kind of the rapport building session. So when I'm getting to know the client for the very first time and kind of asking them about different areas of their life…And I can get a sense pretty quickly of a client's sense of humour based on their descriptions of their own lives…. if it ever did fall flat, it would probably be in a very early rapport building stage like first appointment...if it fell flat, that would give me clues...in terms of... the client themselves, if they're open to humour… that will give me more clues about whether or not they'd be receptive to that kind of approach. [Bonnie]

Brenda explains some of the important considerations she feels need to be made before using humour with a client, such as the client's current mood and risk level. She also points out that it's important to have built a rapport with a client in case a use of humour does "fall flat" so that the therapeutic alliance is buffered from a potential rupture from a use of humour gone awry.

> I think those are usually my my top considerations to just see, you know, again, like, are they at risk? What are they disclosing to me? What is their mood? And then just having a cultural overview…I think that those are usually situations where we need to have a bit more of a rapport so that I can assess ...like and those are usually situations where if that person brings in humour, that I might be more apt to go there. But that would be a

> situation where I'm probably going to sit back on my humour. And if they bring it forward, I might follow suit. But I want to make sure that we have that rapport as... before we're really throwing jokes left, right and center, because it is obviously the... the presentation of their concerns is a bit more serious in those cases…As I get to know them, I want to get a sense of if that's going to be appropriate or not, similar to like some of the work that we might do around, like challenging things with clients. Like usually we want to build that rapport and spend some time in a space where we're offering that empathy, and that validation and that support that they need before we start moving into more intervention-based things and maybe challenging some of their thoughts or their beliefs around things that are distorted. You want to have that rapport you want on that basis of relationship so that if it falls flat for whatever reason, you still have some basis there… [Brenda]

Sub-Subtheme 1B. Monitoring Humour Use & Ensuring it Benefits the Client.

Participants emphasized that it is important to continuously monitor one's humour use, and ensure that it is appropriate and that it's for the benefit of the client. Brenda discusses the importance of periodically checking in with the client.

> …I usually am more apt to say something and then go, "oooh, should I have said that?" And I usually bring it back to a space of, like, again, humanity and checking in and like I think just modeling that ability to say like, "oh, like, how did that land? Like, now that I said it felt a bit weird"…Checking with the client. Yeah, to see how it landed for them to see if it was something that brought up any different feelings for them… [Brenda]

Barbara emphasized the importance of checking in with oneself to ensure one's uses of humour are for the benefit of the client. Britney also stressed the importance of making certain the use of humour was to the client's benefit.

> I think it's always. Trying to be you know, be aware of "is it helpful, is it useful?" Is it resonating with the client? And so just knowing if it's helpful or not, I think it's always something to consider…Was that helpful? Useful? Could I have done that differently? [Barbara]

Sub-Subtheme 1C. Initiating Humour. Participants were asked whether they were usually the one to use humour first in the therapy or if clients initiated the use of humour, and most responded that they usually were the first ones to use humour, but note that clients often do as well. Bonnie explains how she typically initiates humour use as a way of putting a client at ease at the beginning of therapy.

> … I probably initiate it. And again, I'm thinking, you know, even though I do when I'm working with individuals, I really see ourselves as equal. There is going to be, you know, obviously the power differential kind of, you know, again, when somebody is coming in, you know, seeing the counsellors, I feel like sometimes there this idea of I guess people have an idea of what counselling is or what therapy is. So essentially, for me, it's to help again, right at the get-go to make somebody feel at ease, hopefully to make the process...the therapeutic process a little bit more a little bit more pleasant… [Bonnie]

Brenda also will usually engage in humour at the start of therapy with new clients to help them feel more comfortable. While Beverly states she also usually uses humour in the first session with a new client, she will place more of an emphasis on empathy and compassion. For additional exemplar verbatims, refer to Appendix G.

Sub-Subtheme 1D. Not Being Judgemental of the Client. Britney highlighted that it is crucial that humour not be used in a way that could be perceived as judgmental of the client.

> I think it's it's good, like, it's helpful, but it has to be done properly... not be judgmental or not be in a way that would be offending, so I think it's you have to know your client and you have to be self aware and and before you use it, kind of stop and think, is this useful?... if they feel judged or they feel like, you know, you're minimizing something they're going through, and that could be taken in a way that is negative and could affect them negatively….if it's judgmental, if it's misunderstood… [Britney]

Sub-Subtheme 1E. Respecting the Client's Culture and Religion. Many participants underscored the significance a client's culture and/or religion has or doesn't have in their calculus with using humour. Britney stressed the importance of considering and being aware of the differences that may exist between one's own ethnic and cultural background and that of their clients.

> …if you're not aware of... Your client's, I would say culture, religion, race…I think it's universal in everybody. It's like smiling and feelings. You know, they're universal. But I think that let's say as a white female in my 30s, I have to be conscious of what I say to people with different beliefs and whatever. Not like, you know, like if you're part of a certain religion or culture, I think that you can make fun of yourself and it's going to be taken in a different light…like a lack of understanding or knowledge of their. You know, like their values, their religion... their race, their ethnicity, their culture, you know, like a lack of understanding could also cause like a clash… [Britney]

Brenda brings attention to the fact that people who don't speak the language of the therapist as their native language may not be familiar with the nuances of meaning that can occur with

expressions or idioms, but insists that she won't refrain from using humour with anyone, regardless of their cultural background.

> …I think culturally, I just want to sort of get a sense as to whether like what their cultural background might look like… And if they're just learning the English language, they may not necessarily have a grasp on all of the humour. So I would be conscious of wanting to make sure that if I was making a joke, it would be something that that could be understood with where they may be at with their language levels. Because, you know, a lot of humour is like within the nuances of words and stuff. And if you're not a native speaker, it may be something that's a little bit more difficult to grasp… [Brenda]

Barbara indicated that in some cultures, the use of humour by a therapist may be contrary to their expectations or preferences of how professionals ought to conduct themselves.

> I had a student who is Southasian, OK, and. I think we had a couple sessions in and then, you know, I asked how I was going and check it out and he mentioned, you know, "sometimes here you're using humour or saying this", and "I feel like you're trying to be my friend. And what I expect is, you know, from my experience in therapy in India was more of a professional expert." And so we talked about that and how we could change and shift that to what they wanted. So in that session with that person, yeah, humour wasn't helpful in building rapport or, you know, doing the work together…From also doing my research and learning about South Asian culture and his perspective, you know, often doctors and psychologists are seen as professionals and experts and give advice and may not share a lot of personal you know, rapport or details or humour, right? So that could be can be different than what they expect, right? [Barbara]

Sub-Subtheme 1F. When Not to Use Humour. Participants reported several contexts in which using humour with clients would be inappropriate. Bonnie feels that if a client is in a heightened emotional state, be it angry or sad, etc., it is best to refrain from using humour.

> …if…they're appearing sad or upset or angry, for me, that doesn't seem like an appropriate time to bring in humour…if the client is talking about a very difficult experience or a situation, again, looking at their body language, looking at their facial expressions... to them, they're in this moment. Again, I got a sense of that in a moment where this is a difficult conversation to have. They're talking about a difficult topic... that's where I'll…kind of veer over to… listening, empathy and nodding kind of mode as opposed to…it just to me wouldn't be appropriate to throw in a joke …[Bonnie]

Bertie emphasizes that if a client is discussing a painful topic and/or is in an emotional state, and they use humour themselves, she feels it is inappropriate to join in the humour with their client.

> …what's very important to me is that there's no hurt happening in this here. So as the humour is being expressed between the client and I, sometimes we can hold the humour and the hurt simultaneously. Or sometimes… I can't even bring myself to the humour because the hurt is just too big… I can't join them there… [Bertie]

Brenda asserts that if a client is very emotional and/or dealing with a serious situation, she feels it isn't appropriate to use humour with the client. Britney points out that if people are having a "fight or flight" stress response, then there is a higher chance for a jest to be misunderstood or taken the wrong way. Bonnie cautions that if one does not possess a natural tendency to use humour, that engaging in its use could potentially make one come across less authentic.

Bertie stresses that she doesn't condone the use of self-deprecating humour, because she feels that it models for clients an inappropriate way to treat oneself. For additional exemplar verbatims, refer to Appendix G.

Research Question 1 - Main Theme 4: Therapeutic Alliance (4 Subthemes)

Participants reported numerous ways in which humour could affect the therapeutic alliance. Britney asserts that it can be used to strengthen the alliance.

> …I think trust is important. Alliance is important, you know, to have a positive therapeutic alliance. But then again, I feel like sometimes humour helps you build that… So so I use it sometimes to build the alliance as well. So it's like I am waiting to have a very strong alliance and then I use it, you know, like I don't have one formula fit all. I think that sometimes it helps me build the connection and the alliance and and at other times it's like further in the therapy where it's going to come out… [Britney]

Bertie believes using humour can help promote collaboration between client and therapist.

> …I think it brings us closer to change in a way that is more aligned together, joined together. So I think humour has that ability to have us be together or collaborative or tuned into each other… [Bertie]

Beverly believes humour can strengthen the alliance by making the therapist seem more authentic and approachable.

> … that's feedback... that I've received a lot around being… like authentic or real or kind of approachable, disarming. I think that... that a lot of that speaks to a good natured, good humour, humorousness itself, being silly even at times, potentially… [Beverly]

Subtheme 3A. Repairing a Rupture Caused by Use of Humour.

Most participants reported they did not experience a rupture in the therapeutic alliance as a result of a use of humour, but that if it were to happen they would apologize and attempt to repair the rupture. Britney asserts that as a trained psychologist, she is confident she would detect it if a use of humour were to go awry, and that she would discuss it with her client should that happen.

> Yeah, but I think I'm also, you know, part of being a psychologist. I'm pretty good at detecting even the non-verbal cues. If someone is uncomfortable or not appreciating, like, I think I would sense it and I would talk about it right away, like I'm pretty good at taking those cues and be like, oh, maybe that wasn't the right joke. Or maybe that was.. that I feel like I wouldn't necessarily let it go. Like, if I see that something I said might have offended them, I think it would be my responsibility to kind of. Discuss it versus ignore it. [Britney]

Bonnie shared sentiment similar to Britney's, and affirmed she would apologize and discuss.

> But I just feel as a... as a practitioner that, you know, if you get a sense like, "oh, like I pushed too far" or like "hmm...that was a little bit...", you know, not not like I could just see that "that wasn't cool. What I just said," I'll always stop and apologize… "if that offended you, you know, I absolutely apologize" and "tell me a little bit" that sort of thing. So I you know, and again, I haven't I haven't done that with humour because I haven't had anything not learned that way, you know. I mean, so. Yeah, I think that that's always OK to apologize…I'm not above apologizing either. Not that I've ever had. And honestly, I've never had to apologize for anything humorous, which I could see, like, oh, "that didn't land very well…" [Bonnie]

Brenda discussed how she habitually will discuss a use of humour with a client if she feels it may have offended them.

> So, yeah, as an extrovert, I do tend to think... say stuff, and I think that's what makes my ability to be humorous, more authentic is because, like, I'll pick up on something right away and then I say it in a timely, funny manner. Like, I don't say it six months later, I say it right away. But then sometimes that does require me to have to go back and check in and say, "hey, how was that for you? Like I realized, I made that joke and how did that sit?" And then that has happened before, too, where I just didn't feel it landed appropriately. And I want to just go back and make sure that there wasn't any rupture or damage done to to our work. [Brenda]

Bertie asserts that it is important for the therapist to continuously observe humorous interactions, and address and repair a rupture if and when it occurs.

> I think the... I think the risks always have to be considered like the... the decision to go with humour, even though it arises naturally, a therapist's job is to observe the interaction while it's happening. And so if it is...creating a risk then that needs to be identified and addressed and we need to repair that rupture, if it is going well, then the benefit is great. Let's run with it. [Bertie]

Subtheme 3B. Using Humour to Confront Clients. Bertie and Beverly discussed how they use humour as a means of confronting their clients on issues they are working on.

> So I'll do this in a kind of light-hearted way. But really, what I'm what I'm pointing out to him is that you're... like, I'm trying to get him to get insight about how that interaction is going down between him and I. He doesn't respond as well to confrontation, so I'm using a light hearted, humorous way to do that… [Bertie]

> …sometimes I make, like, ridiculous suggestions to people, you know, like we're doing, you know, like someone struggling with catastrophic thinking. So I was like, "OK, here's like a practical suggestion. You know. What are five other potential outcomes besides catastrophic ones that are neutral or OK or maybe even good?" Or something like that And then if people are struggling to come up with five, like I was like, "let's put a silly one in there, like, let's say you tell the person how you feel about them and instead of them rejecting you, that's the worst case scenario, you know, that maybe they've come up well, maybe they say they feel the same," and then they're like, "I don't know, what else?" and I was like. Maybe they stand up and start jumping up and down and doing jumping jacks and they're like... "what"... like it probably won't happen, but it could…I'd often joke with him…But, you know, it's sort of that it's a gentle humour. It's obviously not mean or rude for real, but it's very effective. [Beverly]

Subtheme 3C. Using Humour to Change Behaviours. Some participants reported they found humour to be an effective tool to help get clients to change maladaptive behaviours. Barbara described how she occasionally uses some humorous body language to help change a client's use of distasteful verbal language.

> …I might have someone, one client who uses... who uses language that... occasionally, I feel, uh... is... can be hurtful language and not to myself, but in, you know, or insensitive language in certain...certain environments… I might just kind of like you have to see my face for this, but I've kind of closed my eyes a little bit and maybe give a bit of a smile that's communicating like, "you know how I feel about that word..." and then he might have you know, he might have a laugh about that… [Barbara]

Subtheme 3D. Building Trust Between Therapist and Client. Britney emphasized the importance of trust in the therapeutic alliance, and she expressed that she feels humour can help to build trust in a relationship.

> I think trust is important. Alliance is important, you know, to have a positive therapeutic alliance. But then again, I feel like sometimes humour helps you build that. So so it's not like, you know, it's hard for me to explain, like how I use it. It's really like I know I do use a lot of it and it's part of of what I find helpful in connecting with people… So so I use it sometimes to build the alliance as well…I think that sometimes it helps me build the connection and the alliance and and at other times it's like further in the therapy where it's going to come out. [Britney]

Research Question 2

Table 3

Ways in Which Therapists Perceive Humour Use as Beneficial

Theme/Subtheme
Strengthening the Therapeutic Alliance
Using Humour to Build Connection and Rapport
Using Humour to Show You're Human
Showing You're Approachable
Showing The Client You Understand Through Humour
Enhancing a Client's Ability to Function
Being Able to Laugh at Ourselves Can Be Valuable
Creating a Sense of Awareness
Promotes a Range of Emotions and Emotional Flexibility
Recognizing and Validating a Client's Humour
Using Humour as a Coping Mechanism
Using Humour to Normalize Human Experience
Enhancing the Therapy
Humour Can Help Clients Engage and Share Their Experience
Helps Clients Feel Safe and Comfortable; Makes Therapy Lighter, Less Stressful
Using Humour to Model That Things Aren't As Bad as They Seem
Using Humour to Move Forward

The second of the three guiding research questions this study aimed to explore was: In what contexts do counsellors and psychotherapists perceive humour use as being appropriate and beneficial in therapy? It should be noted that participants were asked whether they felt the benefits of using humour outweigh the risks, and they largely responded in the affirmative. The analysis of the data yielded three main themes: Strengthening the Therapeutic Alliance; Enhancing a Client's Ability to Function; and Enhancing the Therapy. Each of these themes has several subthemes and will be discussed below. For additional participant responses, please refer to Appendix H.

Research Question 2 - Main Theme 1: Strengthening the Therapeutic Alliance. (4 subthemes)

Participants responded that using humour helped to strengthen the therapeutic alliance. Below are several ways in which participants believe humour helps to facilitate this.

Subtheme 5A. Using Humour to Build Connection and Rapport. Participants reported that they feel humour helps them connect with their clients and establish rapport. Brenda

> …I think for me, like the main thing is that it builds rapport. It builds connection…I think for me, it just I go back to that ability to form connections as human beings… [Brenda]

Subtheme 5B. Using Humour to Show You're Human. Participants expressed that humour helps clients to better relate to them, and see them as fellow human beings, rather than the professionals whose help they are seeking. Barbara believes that this translates into clients feeling more comfortable, which ultimately make clients more open to sharing their thoughts and feelings in therapy.

> …Yeah often, you know, my clients will say that using humour or in session makes me appear more yeah, human, like a human, normal human being, like someone approachable, safe, they feel comfortable. And for me, in terms of the clinical application, it helps build that rapport perhaps more quickly. If they're feeling more comfortable, they may be able to share a bit more and express how they're feeling, thinking… [Barbara]

Subtheme 5C. Showing You're Approachable. Participants stated that using humour helps clients feel their therapist is approachable, which Bob feels is important for the therapy.

> It makes people feel comfortable… I think it makes me feel approachable, which is important. [Bob]

Subtheme 5D. Showing the Client You Understand Through Humour. Britney described how she can use humour to demonstrate to a client that she understands them.

> …I'll use humour and be like, you know, if you had a magic wand, I'm sure you would want to go back into mommy's tummy. And then they kind of let go of the leg and they start laughing and then, you know, like they they're able to... To feel like I understand them… I'm using like a bit of a humour there, but I feel like it helps them... Tremendously to feel understood, and then they can kind of let go and be like, yeah, exactly, now I can come in because now you understand me, now I can trust you and I can come in and I can be with you…[Britney]

Research Question 2 - Main Theme 2: Enhancing a Client's Ability to Function. (6 Subthemes)

Participants reported that using humour in therapy could enhance a client's ability to function. The seven subthemes below outline the ways in which participants explained how humour achieves this.

Subtheme 6A. Being Able to Laugh at Ourselves Can be Valuable. Brenda asserts that having the capacity to laugh at one's self and in difficult situations can be beneficial for clients.

> …I think having the ability to laugh at ourselves or laugh in situations that are difficult can be very valuable… I think it's also like a fun way sometimes in therapy to address difficult things. I use it a lot when we're looking at like cognitive distortions or times when our thought processes might be a little bit skewed… [Brenda]

Subtheme 6B. Creating a Sense of Awareness. Most participants shared they felt humour could help clients become aware of things that they may be oblivious of. Bonnie used a humorous metaphor to help one of her clients better understand her emotions.

> …And this was an individual I'm working with in terms of normalizing this idea that emotions come and go and we can't control their emotions…And…I think for this individual, that's when it really was like, "OK, I think I got this now…" [Bonnie]

Brenda described how she will sometimes use humour to help a client to realize they are catastrophizing.

> …even just like catastrophizing, so if somebody is sharing a concern around like this situation, that's really just getting out of hand for them and all of a sudden they're creating this big, huge problem out of things, I might sort of reflect it back to them in a humorous way…and sort of just get them to see, like… how far they've taken it, not in a way to

> mock or not in a way to discredit, but just in a way to show them…like your thoughts are so negative that they're leading to this anxiety and like they're almost funny… [Brenda]

Subtheme 6C. Promotes a Range of Emotions and Emotional Flexibility. Participants explained that they feel using humour helps clients to experience the full range of emotions. Bertie explains how she feels by using humour with clients, clients can maintain their ability to experience positive emotions.

> … I think it's an important part to build and explore in the client. If not humour, then the ability to be light-hearted and playful and the ability to take things light-heartedly…the benefit of it is that it can open up a more broad, fuller spectrum of emotional experiencing in the clients…I'm of the belief that when we try and protect ourselves in our emotional experiencing, we blunt one end of the emotional aspect of the spectrum. We try not to feel our fear or pain, but in doing so, we invariably blunt the other side as well, the positive emotions… we unintentionally limit our ability to feel joy and playfulness and happiness and things like that. So when it happens in the session, I think it's really lovely because it shows the client that we can open up both ends of the spectrum together…I think that this ability to experience a full range of emotion in ourselves is what's healthy and to be able to do that for our clients so that they can experience that, too. I think that's important. [Bertie]

Subtheme 6D. Recognizing and Validating a Client's Humour. Bob reported that by acknowledging and validating his clients' use of humour, he can help them feel more comfortable with their humour use in therapy.

> I don't hesitate to A) let them know and B) try to reply in kind...that's a little more deliberate in a way to sort of say, "you know what... your silly puns are safe with me"

> sort of thing, or like, "I really appreciate them and...I'm OK with them. And I really want to validate...this cleverness and...this creativity that you demonstrate..."…I guess I just felt like it was encouraging and it was sort of saying, "I hear you, I see you. And that's cool with me. And in fact, I even appreciate it…" [Bob]

Subtheme 6E. Using Humour as a Coping Mechanism. Participants responded that they consider humour to be a strong coping mechanism. Britney explains how she feels humour can help clients to momentarily suspend negative feelings.

> I think it's a coping mechanism…It can help alleviate, like I said, a lot of the tension and the stress and it's a good coping mechanism…and I think also like as a defense mechanism, like I said, like often like, you know, like some people might be depressed or very sad. And so laughter and humour can be used to...to not feel that in that moment. [Britney]

Subtheme 6F. Using Humour to Normalize Human Experience. Bonnie feels humour can help clients to feel more at ease about how our minds work.

> …humour use can work very much…for normalizing the human experience…it's just to… when appropriate… help somebody feel more at ease, help normalize the things that our minds do that is universal to being human. And kind of making light of that can be... I think that in itself can be very therapeutic…

Research Question 2 - Main Theme 3: Enhancing the Therapy. (4 Subthemes) Participants elucidated several ways in which humour can enhance the therapeutic process. These have been organized into eleven subthemes, which are outlined below.

Subtheme 7A. Humour Can Help Clients Engage and Share Their Experience. Bob explains how he believes humour can help clients to be open about their experience and help facilitate progression to other subjects to address in a client's therapy.

> …It can lead to opening things up... it can lead to touching different things… [Bob]

> "…it can help to elevate their mood and can bring us a bit more energy into the session. Maybe they make eye contact with you, focusing on you, engaging with you a bit more… [Barbara]

Subtheme 7B. Helps Clients Feel Safe and Comfortable; Makes Therapy Lighter, Less Stressful. Participants almost unanimously responded that humour has the capacity to make clients feel safe and comfortable in therapy, and that it helps to make the therapeutic process less stressful. Bob explains how he feels it can help clients to realize that therapy doesn't have to be serious all the time.

> …to me it all kind of narrows down to…making it feel comfortable...kind of demonstrating that therapy and the work we do in therapy isn't always the doom and gloom stuff…It makes people feel comfortable… I think it makes me feel approachable, which is important. [Bob]

Brenda asserts that humour helps clients to feel comfortable enough to make disclosures about any sensitive issues that her clients need to work on in their therapy.

> So usually I try and bring in a little joke just to to make things, you know, a little a little lighter… just to see how it lands and just to make things a little bit more comfortable, even before we've really talked about what's bringing them to therapy… I just want them to feel that they can be more comfortable in the session…I think a lot of this is not necessarily just one thing that I say or do. I think it's a lot of creating that space for them

> where they can feel... comfortable enough to tell me what's going on in their life, and I do that by…using humour, my personality to create a space that allows them to say whatever it is they need to say, whether that be academics, familial, sexual, in whatever way, shape or form, to be able to create a space where someone feels comfortable to disclose those things to me… [Brenda]

Subtheme 7C. Using Humour to Model That Things Aren't As Bad as They Seem. Beverly mentions that humour can help elucidate for clients that their perception of a situation may be more extreme than it is in reality.

> …I think it's also a way to model and again, sort of having this perspective where, "yes, this is bad and hard, but it's not all bad and hard, is it?" And of course, that's set in conjunction with validation in terms of really acknowledging, you know, what... the hardship of the person is experiencing. But to sort of also illustrate that like nothing is ever 100 percent anything. So I guess it's... yeah, it's about just modeling sort of like that, having like a good humour, if that makes sense, or lightheartedness… [Beverly]

Subtheme 7D. Using Humour to Move Forward. Britney feels that humour can help drive the conversation along in the therapy, building connection and rapport in the process.

> … it helps us kind of bond and move forward into conversation…I definitely think that it helps...me feel like... more connected sometimes with the client and help me move forward… [Britney]

Research Question 3

Table 4

Contexts in Which Therapists Perceive Humour Use as Potentially Detrimental

Theme/Subtheme
Humour Can be Harmful to the Client
Laughing at the Client
Clients Feeling They Aren't Being Taken Seriously
Dismissing, Minimizing, or Invalidating a Client's Experiences.
Using Mean-Spirited or Hurtful Humour
Humour Can Detract from Therapy
Betraying Appearance of Professionalism
Engaging in Humour More Than Compassion
If It Isn't in Tune With The Client's Needs
It Can be a Way to Avoid Things
It Can Be Used to Minimize or Deflect
Refraining Can be Difficult When it is Habitual
It Can Be Inappropriate to Laugh with the Client Sometimes
Humour Can be Executed Poorly
When Not Comfortable or Good at Using Humour
Not Working Out as Planned
Rupture in the Alliance as a Result of Humour Use
Negative Experiences with Using Humour
Not That I Remember

The last of the three guiding research questions this study aimed to explore was: In what contexts do counsellors and psychotherapists perceive humour use as being potentially harmful? The analysis of the data yielded four main themes: Humour Can be Harmful to the Client; Humour Can Detract from Therapy; Humour Can be Executed Poorly; and Negative Experiences with Using Humour. Each of these themes has several subthemes, and will be discussed below, with selected exemplar participant verbatims. For additional participant responses, please refer to Appendix I.

Research Question 3 - Main Theme 1: Humour Can be Harmful to the Client. (4 Subthemes) Participants outlined several scenarios in which using humour can be harmful to the client. Three subthemes were identified and are presented below with exemplar verbatims.

Subtheme 8A. Laughing at the Client. Bob stresses the importance of not laughing at the client, or joining in with the client when the client might be engaging in self-deprecating humour.

> … there comes a time where someone like giggle, like the client might giggle, or might laugh about their situation and either it's, you know, it's self-deprecating or...they just feel silly about the choices they made or something like that. Sometimes I... just getting caught up in that and that emotion… sometimes I just laugh with them and I do catch myself sometimes and…I sort of say, "Oh, I'm sorry, I shouldn't laugh about that." [Bob]

Subtheme 8B. Clients Feeling They Aren't Being Taken Seriously. Bob also emphasized that he feels clients ought to be taken seriously, and that by using humour, a therapist runs the risk of violating this principle.

> …I wouldn't want the clients to think that I'm not taking them seriously and that I'm not committed…to what they're experiencing… [Bob]

Subtheme 8C. Dismissing, Minimizing, or Invalidating a Client's Experiences. Britney points out the risk of disparaging the client's experiences through the use of humour.

> …if they feel judged or they feel like… you're minimizing something they're going through, and that could be taken in a way that is negative and could affect them negatively…minimizing it could be seen by some people as "you're laughing at what I'm saying or you're minimizing my pain", and so that could be detrimental…the only things I can see that is...Can be harmful is like if they feel like you don't understand them or you

> minimize their suffering, and I think that could become obviously frustrating…and make them feel like...you're not connecting with them necessarily with empathy, but…that you're making fun of them… [Britney]

Subtheme 8D. Using Mean-Spirited or Hurtful Humour. When asked if they had used mean-spirited or hurtful humour with clients, most participants responded that they had not.

> Hmm... I can't really. Oh, like, I, I can't think of an example of that, like, I, I hope I didn't. [Britney]

One participant, Beverly, did however share an experience where she retrospectively felt that an instance in which she used humour may have been perceived as having been genuinely intended to be hurtful, and may have been the reason why the client involved ceased coming to therapy.

> …Well, I mean, I think if I remember one specific example where humour didn't land and it was not, it was if it had negative impacts on the relationship. So we tell that this is a number of years ago and there's a bit of a context. So I was pregnant at the time and like I had gotten over morning sickness, but I was really still not in a great state in terms of like nausea and whatnot. And I had a bit of a cold time when we go to work with a cold. Right, that's the thing. And so I think I like coughed a little bit and but the cough, because I was pregnant, like triggered like a gag reflex. So I ran out of the room. I thought I was going to throw up. I was like, "excuse me." And she was like, "it's OK," whatever. And I ran out and then I came back and I'm like, "I'm so sorry. And I should have explained," or something. And then I sort of... it happened again, like ten minutes later and I was definitely going to go and throw up. So I was but I was trying to contain it. So I sort of like coughing but trying to like not have it go into a gag. This is so weird...but... but she was just like "maybe it's," she said something like "maybe,"... I don't know. And I was

> just like, ha ha. I was like, I don't know why I said it, because I was so uncomfortable, near throwing up. But I was like, "maybe it's you." I kind of just like, joked through my coughing...and I ran out of the room. And when I came back, like the air in the... it had just changed. (Interviewer - "Yeah, I get it.") She booked again. And I was like, she's there's no way she's showing up. And she did not show up to the next one. And I really contemplated at the time, I remember bringing it up in peer supervision, so I was like, "what do I do?" And I don't actually recall if I took any steps afterwards, I may have emailed her and said, 'you know, if you wanted to see another counsellor,' I'm not sure what I did. But, you know, it was some... Yeah, but it was like I know I was like in a position where I wasn't at my best and I was trying to make light-hearted of the fact I was about vomit it, and like...but it didn't land and it cut the relationship. It was...the rapport was broken off. [Beverly]

Research Question 3 - Main Theme 2: Humour Can Detract from Therapy. (7 Subthemes) Participants discussed numerous ways in which using humour can diminish the effect of, or take away from the therapy. This theme is divided into seven subthemes, which are presented with exemplar verbatims below.

Subtheme 9A. Betraying Appearance of Professionalism. Bob pointed out that by using humour, a client's perception of their therapist's degree of professionalism could be undermined, and explained he feels it's a fine line to walk between maintaining one's professionalism and showing you're approachable through humour.

> ...a certain amount of professionalism that can be betrayed if interpreted or either delivered by the clinician in a poor way or interpreted by the client in a way that's other than what the clinician intended, which happens all the time....Like...I think that would be

> um... definitely problem to the professional appearance…I want to appear professional but not too professional. [Bob]

Subtheme 9B. Engaging in Humour More Than Compassion. Bertie expresses that she feels it's important not to utilize humour more than empathy and compassion with her clients.

> …if I am free with my humour, but not as...but not as generous with my empathy and compassion, then I think that there is something that... there's a risk there of ending up letting my clients know, but on an insidious level…if I abandon them in their pain, if I'm not as present, if I'm not… bringing as much energy to their pain as I am, to their delight or their joy, then on some level I'm abandoning them when they most need me. [Bertie]

Subtheme 9C. If It Isn't in Tune with The Client's Needs. Bertie also stressed the importance of monitoring whether using humour aligns with a client's current needs.

> …I think a big drawback is if it isn't in tune with what the client's needs are… if it represents a lack of attunement in any way, then there is a risk of a rupture there… And so I think a risk of humour is that if we use it and don't stay in touch with what our client's needs are. [Bertie]

Subtheme 9D. It Can be a Way to Avoid Things. Participants reported that people use humour as a way of escaping a difficult reality, which can be both beneficial and detrimental. The latter is the case in the context of a psychotherapy session, as avoiding an issue that's being worked on in therapy detracts from the purpose of the therapy.

> …like if clients are using humour as a way to say avert a tough conversation…using humour can be a way to avoid things… [Bonnie]

Subtheme 9E. It Can Be Used to Minimize or Deflect.

…there's a possibility that it could lead to an individual deflecting away or experiencing some avoidance…sometimes it can it can lead to things getting off track or the possibility… it can or run the possibility of derailing some... from the therapeutic work…we want to make sure that we limit that, because that's not what we're here to do… [Brenda]

Subtheme 9F. Refraining Can be Difficult When it is Habitual. Bonnie explains how it can be challenging to reign in her natural inclination to use humour when a client is signaling to her that humour won't be very effective.

So I think, like in terms of, you know, it being a drawback is …it's something that I find I use often and does work well with the right client at the right time when, again, a new client comes in and I'm getting the cues that they don't really respond to humour in, you know, in a way that it would be appropriate to use, then I know for me it's a little bit more of a struggle because, again, that's my natural, authentic self. So not saying that I don't give my authentic self and that I just have to scale it back… [Bonnie]

Subtheme 9G. It Can Be Inappropriate to Laugh with the Client Sometimes. Bertie emphasized that there are times when laughing with the client when they are engaging in humour can be inappropriate, and it is important in these instances for the therapist not only to not laugh with the client, but address why they aren't laughing.

> …I can tell you this client who gets me laughing and who I will laugh with her and then talk with her about how I'm laughing with her, when actually what we're talking about is quite painful… There's other times where in spite of her efforts to make me laugh, I'm not laughing, and then I need to name that too... there's an importance for me to recognize her efforts to get me laughing and that on some level that must mean that she really wants me

> to join her there in that place. And yet I can't. It's too painful, and it's not coming as easily as it might have...it might have in other instances because this one is just too painful. So there's times that I can join her in the laughter and bring her back to the pain. And there's other times where the pain is just too obvious or too poignant, where it's actually inappropriate if I join her in the laughter, if that makes sense…And then I need to say that out loud with her too, because other times it's worked. She's brought me there. So why isn't this one working? If I don't transparently process that with her, then I'm leaving her confused and alone. [Bertie]

Research Question 3 - Main Theme 3: Humour Can be Executed Poorly. (3 Subthemes) Bob discussed how poor execution of humour can be problematic for the therapy in two ways. In the first instance, Bob expresses that humour could be poorly executed if the therapist isn't comfortable with using humour, and that this could perhaps negatively affect the therapeutic alliance.

Subtheme 10A. When Not Comfortable or Good at Using Humour.

> …if someone just isn't comfortable using humour, if they just really aren't like even outside of therapy... whatever, it doesn't really matter. They don't have to be the same person outside that they are inside the room. They can... they can do whatever they want. But if they weren't comfortable with it and if they sort of tried or I mean, I think it's important to learn about it. But if they were trained in a way that sort of betrays who they are, deep down, it could work and it could definitely be something to work on for sure. But it could also perhaps betray who they are, which might potentially...who knows... anything can happen. But it could um... not threaten the therapeutic alliance... But it could...hmm... hinder it a little bit or could get in the way of it a little bit. It could not

> come off as being as natural if someone... if someone doesn't have that inclination...and being aware of it is important and you know, knowing that it's a possibility, I think that's very important… [Bob]

Subtheme 10B. Not Working Out as Planned. The other way in which Bob warns of humour being poorly executed is if the use of humour doesn't achieve the intended reaction of laughter.

> …I think that would be, number one, the um... the biggest and most major drawback of using humour if it doesn't work the way you want it to. [Bob]

Subtheme 10C. Rupture in the Alliance as a Result of Humour Use. Participants were asked if they ever had a rupture occur in the therapeutic alliance as a result of using humour with a client. Most participants responded that to their knowledge, they hadn't had such a situation.

> ... no... like, not that I'm aware of, that has damaged the relationship, I think I've had situations where like... no, no, I don't think so, that I'm aware of…I don't think that the humour has ever been the reason that I can think of, although, like, realistically, maybe it has or maybe it can, you know, but not that I can think of, that I know of, you know?... [Brenda]

Beverly however did share a situation in which a rupture appeared to occur, and she suspected it was due to a use of humour which very well could have been perceived as mean-spirited. This example was mentioned earlier when reporting mean-spirited uses of humour.

> "…this is a number of years ago and there's a bit of a context. So I was pregnant at the time and like I had gotten over morning sickness, but I was really still not in a great state in terms of like nausea and whatnot…I think I like coughed a little bit… but the cough, because I was pregnant, like triggered like a gag reflex. So I ran out of the room. I thought I was going to

throw up. I was like, "excuse me." And she was like, "it's OK," whatever. And I ran out and then I came back and I'm like, "I'm so sorry. And I should have explained," or something. And then I sort of... it happened again, like ten minutes later and I was definitely going to go and throw up. So I was but I was trying to contain it. So I sort of like coughing but trying to like not have it go into a gag. This is so weird...but... but she was just like "maybe it's," she said something like "maybe,"... I don't know. And I was just like, ha ha. I was like, I don't know why I said it, because I was so uncomfortable, near throwing up. But I was like, "maybe it's you." I kind of just like, joked through my coughing...and I ran out of the room. And when I came back, like the air in the... it had just changed… She booked again. And I was like… there's no way she's showing up. And she did not show up to the next one…And I'd have to say, too, it's like, you know, you don't always know how it's received. Right? Like this one was a really clear moment for me. But I'm sure there were other times where maybe it was off-putting to people. And that's something I've reflected on too…I'm sure there are other times when maybe it didn't go as well as I thought it did, right? I only have my own experience to sort of base that on. I don't know in their mind… [Beverly]

Research Question 3 - Main Theme 4: Negative Experiences with Using Humour. Participants were asked whether they could recall an instance in which they had a negative experience with using humour. Participants reported they could not recall having had such an experience.

Subtheme 11A. "Not That I Remember". Britney states that she can't recall any particular instance of her using humour that resulted in a negative experience.

> …Not that I remember. I think it's one thing that I'm using pretty well, I think I have a lot of other flaws and things I need to work on improving…I think that when I use humour,

I'm I may just be in denial… But from what I remember, when I do use humour, it seems like it goes well and it's helpful. I don't kind of recall. Rupture of alliance because of it or I can't recall. Really like. Negative issues that came because of me using humour…" [Britney]

Chapter V

Discussion

This study aimed to gain answers to three research questions: (1) How do counsellors and psychotherapists use humour in their therapy sessions? (2) In what contexts do counsellors and psychotherapists perceive humour use as being appropriate and beneficial in therapy? And (3) In what contexts do counsellors and psychotherapists perceive humour use as being potentially harmful? Seven clinicians – one psychologist and six psychotherapists – were interviewed for the purpose of investigating these queries. Interestingly, all participant clinicians operate from either an eclectic or integrative theoretical framework. Though the use of humour by therapists in the field of psychotherapy has been discussed in the literature to a considerable degree, the topic has not received adequate attention as a subject of robust empirical study. This deficiency of proper research on the matter greatly hinders the creation of a pedagogy for training therapists in the use of humour so that they may do so safely and effectively. The objective of this study was to help to remedy to this issue. Thematic Analysis, a methodology derived from Ground Theory, was utilized to investigate this line of inquiry. Responses from participants yielded a wealth of insights for each of these main queries. The main findings for each research question are summarized and discussed below.

Summary of Main Results and Associations with Previous Research

This study provides a greater understanding of how counsellors and psychotherapists use humour in their psychotherapy sessions with clients; in what contexts they perceive humour as appropriate and beneficial in therapy; and in what contexts they perceive humour as being potentially harmful. This summary of the main results is organized and presented in three sections, one for each research question. Main themes are stated, and then discussed in relation to relevant information found in the literature, followed by commentary by the researcher.

Research Question One

The following is a summary of the main themes that were identified in participant responses regarding how psychotherapists use humour in their practice. Four main themes emerged, 1) Defining Humour 2) Humour As Part of the Self 3) Methods of Using Humour 4) Therapeutic Alliance, three of which are organized into constituent subthemes.

Main Theme 1: Defining Humour. At the beginning of each interview, participants were first asked how they define humour. When explaining what humour means to them, participants described humour as "lightness;" as a coping mechanism for combating stress; a space for joy and fun; a means of helping clients to feel more comfortable in the session; and a tool for building connection between client and therapist to strengthen the therapeutic alliance. From these responses, a therapist-derived composite definition of therapist humour use could be posited as "a coping mechanism for relieving tension and stress within therapy by creating transitory moments of lightness, fun, and joy, in order to help the client to feel more at ease, and build a stronger connection in the therapeutic alliance." This contrasts somewhat with the hybrid definition of humour in psychotherapy that was derived from Franzini (2001) and Saper's (1987) definitions, which was used as a means of determining whether participants' shared experiences

in their responses could qualify as uses of humour for the purposes of this study. Humour was defined as "therapists' intentional and/or spontaneous use of stimuli or events that evoke such indications of amusement, joy, or mirth as the laughing, smiling, or giggling response to improve a client's understanding of themselves and their behaviours." While both the literature-informed definition of humour and the participant-derived definition of humour both make mention of joy and semantically refer to the key components of humour (laughter, and fun, respectively), the goal of using humour differs between the two definitions. In the definition informed by the literature, the goal of using humour is to help clients to better understand themselves and their behaviours, whereas with the definition derived from participants' responses, the goal of using humour is more for the purposes of making clients feel comfortable and helping to build the therapeutic alliance. It could be argued that in making clients feel more at ease and strengthening the therapeutic alliance through humour, the process of therapy becomes smoother and more efficient, and thus helps clients achieve this greater understanding of themselves and their behaviours.

Main Theme 2: Humour as Part of the Self. Participants reported that humour plays a significant role in their personality, and this was expressed in a number of interesting ways.

In expressing how important humour is to them, one participant (Bonnie) discussed how humour is chief among her personal system of values, and that she discovered this after taking a standardized personality test that helps individuals understand themselves and their values. This was an interesting comment the researcher thought worth mentioning. While Maples et. al. (2001) discussed the importance of both therapist and client being comfortable with the use of humour, the notion of humour being considered a 'value' was not something that the author came across in the literature. This is an interesting finding which may suggest how integral

humour ought to be in a therapist's personality if they intend to use humour effectively with their clients.

Bonnie also stated that humour comes so naturally to her, she likened it to the involuntary bodily process of breathing. In discussing their view that the use of humour is a teachable skill, Valentine and Gabbard (2014) asserted that therapists should possess some natural proclivity with using humour in order to develop the skill and utilize it in psychotherapy. Perhaps an individual need not find humour to come as naturally to them as air flows in and out of their lungs (presuming they don't have a health condition that impairs their breathing), but perhaps therapists ought to feel as confident and comfortable with using humour as Bonnie is before utilizing humour with clients.

Participants largely responded that humour was an integral part of their personality and identity, and that by using this part of their identity rather than suppressing it, they can be more authentic and genuine with their clients, and be perceived as such by their clients. While Gladding and Drake Wallace (2016) mentioned the importance of being genuine and congruent with clients, the notion of therapist authenticity/genuineness being facilitated by their use of humour was not something the researcher of this study came across in the review of the literature for this study. However, several authors who were cited, such as Panichelli et. al. (2018) and Hussong and Micucci (2021), found that using humour with clients strengthened the therapeutic alliance. It would be reasonable to suggest that a therapist's authenticity from genuine use of their own humour could be one of the ways in which humour may help to facilitate a stronger connection between therapists and clients that ultimately strengthens the therapeutic alliance.

As mentioned above, several participants stated that humour was a part of their personality and identity. In Saper's (1987) definition of humour, he describes one's 'sense of

humour' as a personality trait, which involves the ability to perceive things as being funny; the ability to say and do funny things, to be witty; and "a readiness to find something to laugh about even in one's own adversity" (p. 364). Perhaps in screening prospective candidates for training in psychotherapeutic use of humour, standardized tests could be employed to determine if individuals possess this trait to assess their aptitude for using humour.

Main Theme 3: Methods of Using Humour. Participants were asked a number of questions to discern the ways in which they used humour in their psychotherapy practice. Responses revealed a great amount of information that may prove useful for the practice of psychotherapy in the future.

When asked about how they use humour with their clients, participants responded that they predominantly use humour spontaneously rather than in a pre-planned or rehearsed manner. This was an expected finding, as this approach was discussed in the literature. Gladding and Drake Wallace (2016) advised that therapists should always be at the ready to spontaneously make a humorous quip, as opportunities can often arise without warning. It is reasonable to suggest that any training in the use of humour in psychotherapy ought to stress the importance of sharpening one's ability to make quips "off the cuff".

Participants responded that in their view, timing and delivery are crucial components of effective uses of humour. This sentiment is also congruent with what was found in the literature. Gibson & Tantum (2018) found that humour can be useful in therapy, but it can hinder the psychotherapeutic process if the timing is off. Vereen, et al. (2006) also stressed the importance of ensuring humorous remarks are not poorly timed. Gladding (1995) also cautioned that humour can be poorly timed and negatively affect the client's therapy. Results from Hussong and Micucci (2020) supported this sentiment, with participants in that study reporting that in their

experience, poorly timed humour spoils its potential positive effects. It would be prudent for any training in the use of humour in psychotherapy to also have timing and delivery as a major skill set for individuals to focus on and hone.

Participants also responded that they use humorous puns and metaphors with their clients, as well as humorous props, illustrations, running gags, and humorous uses of profanity. The literature also discussed numerous methods of using humour in psychotherapy, many of them similar to those in participants' responses. Albert Ellis described his use of humour to involve "taking things to extremes, reducing ideas to absurdity, paradoxical intention, puns, witticisms, irony, whimsy, evocative language, slang, deliberate use of sprightly obscenity, and various kinds of jocularity" (Bernard, 2010, p. 64). Ellis also employed humorous songs which he composed for the express purpose of working with his clients in his psychotherapy practice (Bernard, 2010, p. 65). Gladding and Drake Wallace (2016) also suggested the use of humorous puns as an effective use of humour in psychotherapy. It would seem that so long as therapists are judicious in their use of humour in psychotherapy to ensure they do not harm the client, there are otherwise no limits to how humour can be applied in therapy.

Both participants and the literature cautioned that humour should be used judiciously in psychotherapy and put forth several considerations that therapists ought to put thought towards before engaging in humour with their clients. This is to ensure that clients are not upset and/or harmed by the therapist's use of humour, but also to preserve the integrity of the therapeutic alliance and the therapy process itself. Participants stressed the importance of monitoring client reactions, adapting to the situation and adjusting their approach to humour according to their clients' reactions. They also highlighted that it is critical to ensure that any use of humour is for the benefit of the client and does so, and that it does not disrespect the client's culture or come

across as judgmental of the client. This sentiment was also found in the literature. Gladding and Drake Wallace (2016) advise therapists should continuously assess whether a client would be receptive to humour before utilizing it in therapy with them, and to vigilantly observe clients' responses to humour and appraise if it is having the intended therapeutic effect. Several authors, including Maples et al. (2001), Goldin & Bordan (1999), and Vereen et al. (2012) stressed that humour should be adapted to a client's specific cultural background. Vereen et al., (2012) suggested that therapists ought to learn more about their clients' cultural backgrounds in order to use humour with them appropriately.

Most participants stated that they typically are the party to initiate humour in their therapy sessions with clients. Some participants explained that they do so right away, in the first session, with the intention to help put the clients at ease and make their first therapy session a less uncomfortable experience than they may be expecting it to be. Gladding and Drake Wallace (2016) state that using humour as an icebreaker at the start of a session can be beneficial and help build a healthy relationship with the client. Some participants reported that they exercise some degree of caution and look for cues from clients until they're confident that clients will be receptive to humour, and make a conscious effort to place an emphasis on primarily focusing on using empathy and compassion above humour use. This attitude was also found in the literature, with Maples et al. (2001) and Vereen et. al (2006) both cautioning therapists to ensure that both the therapist and client are comfortable with the use of humour if they intend to engage in the use of humour. However, there was one interesting difference between participant responses and the literature. Both Maples et. al. (2001) and Vereen et. al. (2006) suggest that therapists ought to explicitly ask for the client's permission to engage with humour. None of the participants stated that they directly ask their clients if they're comfortable with using humour in their therapy

sessions, but rather they relied on their intuition and ability to pick up on social cues and body language to make that assessment.

Participants also reported several contexts in which they feel it is inappropriate to use humour with clients. Many participants stated that if a client is very emotional and/or dealing with a painful topic and/or serious situation, or having a "fight or flight" stress response, therapists should abstain from using humour in those instances and instead revert to listening and showing empathy for the client. In explaining her view, Britney stated that she felt that when a client is in a heightened emotional state, the chance that the client may misunderstand their therapist's jest - and for a rupture in the therapeutic alliance to develop as a result - is much higher. This is particularly noteworthy, as while numerous guidelines for the use of humour in psychotherapy were found in the literature, there is a dearth of research in this area. Nonetheless, therapists should use humour judiciously and take good care when utilizing it in some circumstances such as those mentioned above, as well as with some client populations. For example, research has shown that individuals with autism spectrum disorder (ASD) have a diminished capacity to appreciate humour and produce positive forms of humour (Samson et. al. 2013), and have a high propensity to experience gelotophobia - the fear of being laughed at (Samson et. al., 2011). Another client population to exercise caution with when using humour is individuals with schizophrenia, as research has shown that such individuals' ability to detect and recognize humour may be compromised by the extent of executive dysfunction associated with their illness (Tsoi et. al., 2008). These examples are just for illustration, and there are many other examples of particular client populations that may not react to humour well. It cannot be taken for granted that all populations react to humour in the same way, and clinicians ought to be taking that into consideration when using humour with their clients.

Main Theme 4: Therapeutic Alliance. Many of participants' responses regarding how they use humour in psychotherapy pertained to the therapeutic alliance. Most commonly, participants stated their firm belief that using humour can help to strengthen the therapeutic alliance. This was finding was very much expected, as several sources in the literature discussed this, including Thomas et al. (2015), Panichelli et al. (2018), and Hussong and Micucci (2021). Participants had more to say, however, about humour's effects on the therapeutic alliance.

While participants largely reported they were not aware of any instances in which their humour had caused a rupture in the therapeutic alliance, they also stated that they make a concerted effort to monitor how their uses of humour are being received by their clients, use their intuition to determine if they need to check in with the client to ascertain if their use of humour may have offended the client, and address any such offense and apologize to the client if necessary. It was not unexpected that participants reported that should such a rupture occur, they would discuss the failed attempt at humour with the client and do their best to mitigate its impact on the therapeutic alliance, and that they would try to check-in with clients if they sensed their use of humour hadn't amused the client. As previously discussed, Gladding and Drake Wallace (2016) stressed the importance of continuously evaluating whether or not the use of humour is having the intended effect with clients. However, it was perplexing to the researcher that participants mostly reported they had not experienced a rupture in the therapeutic alliance due to their use of humour, as there is a fair amount of opposition to the use of humour in the literature due to its potential capacity for causing harm. Though a proponent of humour use in psychotherapy, Franzini (2001) points out that any clinical technique or medication that has a beneficial effect can also cause harm. Kubie (1971), whose perspectives were in staunch opposition to the use of humour in psychotherapy, went so far as to argue that humour is a

dangerous weapon with a great potential for destructiveness. Furthermore, the fact that the efficacy of humour in achieving its desired effect of laughter is highly reliant on its timing and delivery (Gibson & Tantum, 2018; Vereen et. al., 2006) also creates a propensity for its use to go awry. The limited window of time for a quip to be effective prohibits adequate time for the therapist to go through the mental calculus necessary to determine if the jest they have in mind is appropriate, innocuous, and in actual fact, funny. Taking all of this into consideration, from the researcher's point of view, it seems unlikely that the majority of participants, in all their years of clinical experience, did not have any instances of ruptures in the therapeutic alliance as a result of their use of humour. It is possible that participants withheld such examples in order to protect their clients' confidentiality, which is a noble motivation and certainly understandable. It is also possible that participants genuinely had difficulty recalling such instances "on the spot" as it were, as they often did throughout the interview process. Several participants did say that it was rare for them to receive any feedback from clients regarding their use of humour. One participant also pointed out that they had no way of knowing whether a client took issue with their humour or not, since clients typically did not confront them about their use of humour. This participant speculated that if a rupture had occurred in the alliance, the use of humour was the "cherry on top of the cake." That is to say, the rupture had already been developing over the course of the therapeutic relationship, and a use of humour gone-awry was "the last straw", or "coup de grace" that may have caused the client to stop coming to them for therapy, but they had no way of knowing if this was the case since the client didn't mention it. Solutions to correct for this issue of difficulty recalling experiences are discussed later in the Limitations section of the Discussion chapter.

Some participants responded that they use humour as a way of confronting clients about maladaptive behaviours or patterns of thinking. This finding was anticipated, as this is one of humour's main applications that was discussed in the literature. Albert Ellis used humour in various ways to challenge a client's irrational ideas directly and vigorously (Bernard, 2010, p. 64), and Thomas et al. (2015) made reference to how humour can be used to simplify the process of confronting clients on dysfunctional behaviours. It could be argued that using humour to challenge clients' thoughts and behaviours helps to "soften the blow," and preserve the integrity of the therapeutic alliance.

Some participants stated they use humour to not only challenge clients on their behaviours, but also to change them. This was another anticipated finding that was discussed in the literature. Gladding and Drake Wallace (2016) argue that the main objective of using humour in therapy is to help promote client change. Adlerian psychology seeks to help clients scrutinize the usefulness of their actions and move toward an encouraged outlook on life – and view uplifting humour as a means to achieve that goal (Carlson & Slavik, 1997, p. 168). The goal of Viktor Frankl's technique called "paradoxical intention" aims to help change clients thoughts and behaviours, and relies on the client's own sense of humour to detach themselves from their problematic thoughts or behaviours (Frankl, 1959/1992, p. 126-127). As Frankl (1959/1992) explains in his book Man's Search for Meaning

> …as soon as the patient stops fighting his obsessions and instead tries to ridicule them by dealing with them in an ironical way—by applying paradoxical intention—the vicious circle is cut, the symptom diminishes and finally atrophies. (p. 131).

As stated in the preceding paragraph, perhaps using humour to change a client's behaviours, in addition to confronting clients about them, helps to ease the tensions inherent in doing so, and thus helps to preserve the therapeutic alliance.

Some participants emphasized the importance of trust between therapist and client for the integrity of the therapeutic alliance, and that humour is a tool that can be used to build trust. Paradoxically, in the literature, Maples et al. (2001) and Vereen et. al. (2006) both stress the importance of establishing trust between therapist and client *before* engaging clients with humour. This presents an interesting catch-twenty-two, as while these authors encountered in the literature cautioned against using humour before establishing trust in the therapeutic alliance, some participants believe that using humour can help to establish trust. Perhaps humour can be used judiciously as a means of creating trust *before* it exists in the therapeutic alliance.

Research Question Two

The following is a summary of the main themes that were identified in participant responses concerning the contexts in which counsellors and psychotherapists perceive humour use as being appropriate and beneficial in therapy.

Main Theme 1: Strengthening the Therapeutic Alliance. Participants largely responded that they strongly believe using humour with their clients helps to strengthen the therapeutic alliance. This was an unsurprising finding, as several sources cited discussed this in the literature. Scott et. al. (2015) asserted that humour plays an essential role in the growth of a positive therapeutic alliance, and that sharing laughter is one of the best ways to create common ground in the therapeutic alliance. Thomas et. al. (2015) also proclaim that humour has the power to strengthen the therapeutic alliance, as well as help to bypass a client's defenses and ease the tensions that arise when confronting clients about their dysfunctional behaviours. Briggs

and Owen (2022) concluded from participant responses that humour can be invaluable to the therapeutic alliance and facilitate clients' healthy expression of emotions. Results from Panichelli et. al. showed a positive correlation between humour and the therapeutic alliance. Gibson and Tantum (2018) also yielded results which suggest that humour helps to establish and strengthen the therapeutic relationship. Four distinct subthemes emerged from participant responses.

Most participants stated that using humour with their clients helped them to build connection and rapport with their clients, which ultimately helps to strengthen the therapeutic alliance. Goldin (1999) concluded that the ability to strengthen the rapport in the therapeutic relationship is one of the valuable benefits to using humour in therapy. However, Saper (1987) asserts that rapport is a condition that ought to be in place in the therapeutic relationship *before* the therapist engages in humour with the client. Goldin (1999) also cautions that if humour is used too soon in the therapeutic relationship, it can undermine the therapist's credibility in the eyes of their client, and/or make the client feel that the therapist is insensitive to the client's concerns. The decision as to when to introduce humour into the therapeutic relationship appears to be a case of "which came first, the chicken or the egg?" Should a therapist use humour to build rapport with their client, or wait until rapport is built with a client before engaging in humour? Perhaps there is a minimal level of rapport that needs to be met between client and therapist before engaging in humour, and the therapist needs to use their intuition to make the appropriate determination on a case-by-case basis as to whether an adequate degree of rapport exists before quipping in the therapy session.

Participants reported some other interesting ways in which using humour can strengthen the therapeutic alliance which to the best of the researchers knowledge do not exist in the current

literature. Some participants discussed how they feel that using humour helps to demonstrate to clients that they're human and approachable, rather than infallible, intimidating professionals – which they feel helps them to build connection with their clients. Britney shared another interesting way in which she feels humour helps her to strengthen the alliance. She mentioned how she feels using humour can help demonstrate to her clients that she understands them, making reference to one jest she made with a client who is a child. In this instance, the client was afraid to enter the therapy room with her, and she "if you had a magic wand, I'm sure you would want to go back into mommy's tummy," which elicited a giggle from the child, which she feels helped her to gain the child's trust and make them feel comfortable to go into the room.

Perhaps it is humour's capacity to build trust and act as a social lubricant that makes it such a valuable tool for building the connection and rapport that is necessary for a strong therapeutic alliance. This may be humour's greatest strength in the context of psychotherapy, as the profession is predicated on the ability for clients to share their experiences with their therapists in order for them to work on the issues that most trouble them.

Main Theme 2: Enhancing a Client's Ability to Function. There are numerous ways in which participants attested that humour can help to enhance a client's ability to function.

Some participants stated that they feel the ability to laugh at oneself can be valuable, which was sentiment that was encountered in the literature. In his book, Man's Search for Meaning, Viktor Frankl quotes from Gordon Allport's book, The Individual and His Religion, to support his argument that one's ability to laugh at oneself is essential for his therapeutic technique of paradoxical intention. The quote reads, "The neurotic who learns to laugh at himself may be on the way to self-management, perhaps to cure" (Frankl, 1992, p. 128; Allport, 1960). Perhaps the ability to laugh at oneself could help a client to take themselves and their issues a bit

less seriously, and thereby attenuate the intensity of negative emotions they may have about themselves and their problems.

Participants responded that humour can help the client gain a greater sense of awareness about themselves and their situations. This was an expected outcome, as there were numerous sources in the literature that supported this. One of the reasons Gladding (1995) is a proponent of using humour in therapy is because it helps to promote insight for clients. Albert Ellis, the originator of Rational Emotive Behaviour, Therapy employs humour to reduce a client's dysfunctional beliefs/thoughts/ideas to absurdity, so that the therapist can then help the client to replace them with more rational beliefs, thoughts, or ideas (Bernard, 2010, p. 64; Ellis, 2011, p. 212). Mosak (1987), a veritable disciple of Alfred Adler, asserts that laughter can generate a kind of eureka moment for clients, helping them to achieve insights into their problems. Results from Hussong and Micucci's (2020) study also supported the idea that humour can enhance a client's self-awareness. The ability for humour to help clients to solve their problems through self-awareness is perhaps something future psychotherapeutic humour pedagogy should focus on, with Ellis' REBT and Adler's Individual Psychology serving as a starting point for the knowledge base.

Some participants stated that humour can be a good coping mechanism for clients. This perspective was encountered several times in the literature. Crawford & Caltabiano (2011) described humour as a positive coping mechanism and a skill that can be developed and refined; Olson et. al. (2005) defined self-enhancing humour as "humour used as a coping mechanism" in their study; and Maples et. al. (2001) references how humour is used as a coping mechanism by individuals from Native American cultures. While some therapeutic approaches may contend that an overreliance on humour for coping with stress and pain may detract from one's ability to

process painful emotions and may even cause harm by avoiding painful emotions, it could be argued that in moderate use, humour is perhaps another useful tool for clients to utilize as a means of reducing the severity of their emotional pain.

There were some interesting perspectives that participants shared that the researcher did not encounter in the literature pertaining to the use of humour in psychotherapy that the researcher considered to be interesting and noteworthy. For example, some participants reported that using humour in the therapy session can help the client experience a full range of emotions in the therapy session, and that using humour helps the client experience more of the emotional spectrum. While the use of humour to help clients experience a wider spectrum of emotions was not encountered by the researcher in the literature pertaining to the use of humour in psychotherapy, it is reasonable to suggest that the field of psychotherapy is principally concerned with clients' emotions. Emotion-focused therapy is a particular theoretical framework that places a great deal of importance on the client's emotions, viewing them as fundamental data of experience and providing valuable information (Greenberg & Goldman, 2019). In positive psychology, the "broaden-and-build" theory posits that numerous distinct positive emotions are essential elements of optimal functioning (Fredrickson, 2001). Predominant positive psychology theorist Barbara Fredrickson identified "amusement" as one of ten key positive emotions that are most frequently experienced (Fredrickson, 2013). It could be argued that amusement is an accessible means of achieving numerous occurrences of positive emotions and thus could help to facilitate optimal functioning in clients.

Some participants discussed how recognizing and validating a client's own use of humour can be valuable for the client's functioning. While again, to the best of his knowledge, the researcher did not encounter this kind of sentiment in the literature pertaining to the use of

humour in psychotherapy, the therapeutic strategy of validating a client's thoughts and emotions is one that is often found in humanistic theoretical frameworks such as dialectic behavioral therapy (Kocabas & Üstündağ-Budak, 2017). Validation is a strategy therapists can employ to demonstrate to clients that their thoughts or behaviours are understandable to the therapist in the contexts in which they occur and helps clients to feel accepted by their therapist, helping to strengthen the therapeutic alliance (Kocabas & Üstündağ-Budak, 2017). Perhaps recognizing and validating a client's use of humour is another way of employing this strategy.

Lastly, another interesting perspective worth noting was Bonnie's comment that she uses humour as a way normalizing her clients' thoughts and feelings. Normalizing is often employed in cognitive behavioural therapy therapy in a number of ways, but particularly to help a client to recognize that the distress they are experiencing from a particular situation is normal and understandable (Dudley & Turkington, 2011). It may be the case that the therapeutic technique of normalizing can be enhanced through the use of humour.

Main Theme 3: Enhancing the Therapy. Some participants stated that the use of humour in therapy can assist with getting clients to open up and share their experiences. Britney described how she felt it helped her to move forward in the conversation with her clients. Gladding (1995) discusses how clients tend to naturally resist change despite having a desire to change, and using humour can be a powerful tool to overcome that resistance so that the client can focus on the issues they need to work on in their therapy. Participants in Hussong and Micucci (2020) unanimously reported similar sentiment, asserting that humour can help to reduce a client's defensiveness.

Nearly all participants responded that using humour helps to make clients feel safe and comfortable, and make the process of therapy lighter and less stressful. These assertions were not

revelatory, given that humour was discussed in the literature as being a good coping mechanism, such as by Olson et. al. (2005), Maples et. al. (2001), and Crawford & Caltabiano (2011). Panichelli et al. (2018) also discussed humour's capacity to make therapy a more pleasurable experience. It is sensible to posit that the ability for humour to make the client feel more at ease is a significant factor in facilitating the client's disclosure of their experiences.

Beverly made an interesting statement that humour can be used to model for clients that things are not as bad as they seem. This kind of application of humour is reminiscent of the modus operandi Albert Ellis employed in his practice. Ellis applied humour in various ways to challenge a client's irrational ideas directly and vigorously (Bernard, 2010, p. 64), though in such a manner that would criticize or poke fun at the client's irrational thinking, and explicitly not the client themselves (Bernard, 2010, p. 64). This example provided by Beverly provides support for methods of psychotherapeutic humour use that were devised by theorists decades ago.

Research Question Three

The following is a summary of the main themes that were identified in participant responses concerning the contexts in which counsellors and psychotherapists perceive humour use as being potentially harmful.

Main Theme 1: Humour Can be Harmful to the Client. Participant responses revealed numerous ways in which using humour can result in harm for the client. This was very much expected, as the propensity for humour to cause harm is something discussed widely throughout the researcher's review of the literature. Participants in Hussong and Micucci's (2020) study unanimously reported that one runs the risk of offending the client or making them feel uncomfortable when using humour in therapy. There were several ways in which participants reported that humour could manifest in ways that could harm the client.

Bob stressed the importance of not laughing at the client. Kubie (1971), who was a firm opponent of humour in psychotherapy, emphasized that making any jests toward or about the client could be perceived as masked hostility, and should be avoided completely. Gladding and Drake Wallace (2016) also caution against using humour in a way that mocks a client or something about the client, such as their personal foibles or their appearance. It should go without mentioning, as it should seem clearly obvious that laughing at the client could leave them feeling offended and likely cause significant psychological harm. Therapists should give top consideration to whether or not a potential jest they might make is or could be perceived as directly mocking the client or at the client's expense in some way.

Some participants cautioned that the use of humour with clients can run the risk of the client ending up feeling as though their therapist is not taking them seriously. This was not a surprising finding, as one participant in Hussong and Micucci's (2020) study cautioned that the use of humour may cause a client to feel that they aren't being taken seriously. Perhaps there is a fine line that therapists need to walk when using humour, to ensure that they do not do so excessively and cause a client to have this concern.

Several participants stated that it is important that a therapist's use of humour not make the client feel as though their therapist is dismissing, minimizing, or invalidating their experience. In their article regarding using humour with an African-American college student client population Vereen et. al., (2006) advised that therapists take efforts to refrain from minimizing the client's experiences. It would seem rational to caution that using humour in this way could lead a client to perceive that their therapist does not consider their issues worthy of their attention, or does not respect them and the pain they are experiencing, which presents a strong possibility for a rupture to occur in the therapeutic alliance.

Nearly all participants stated that they could not recall an instance in which they had used humour in a mean-spirited or hurtful manner with their clients. One participant – Beverly - did share such an experience however and they suspected that this use of humour was the reason for why the client in question did not return for therapy, although it should be noted that Beverly does not know for certain why the client did not return. This instance Beverly described will be discussed later in this chapter, but suffice it to say that any use of humour that is of a mean-spirited or hurtful nature would likely cause significant damage to the therapeutic alliance and, more importantly, the client's psychological well-being. Accordingly, it would be prudent to suggest that when reflecting in the moment on whether or not to make a jest with a client, determining if the jest is mean-spirited or potentially hurtful should be the highest consideration by the therapist before making the jest.

Main Theme 2: Humour Can Detract from Therapy. Participants reported numerous ways in which using humour can take away from the therapeutic process.

Bob cautioned that over-engaging clients with humour can undermine a therapist's professionalism. This was echoed in Hussong and Micucci's (2020) study, in which some participants reported that using humour could blur the boundary lines which define the professional nature of the therapeutic relationship. Bob explained that while he wants to appear professional, he also wants his clients to feel that he is approachable, and that humour helps to facilitate that goal. Perhaps it is a fine line that the therapist needs to walk when using humour, in order to ensure the client does not see them as either a clown, or a rigid, serious professional.

Bertie shared two very interesting ways in which humour may be misused with clients that to the best of the researcher's knowledge were not discussed in the existing literature. The first of these is the possibility that a therapist may engage in humour more than compassion.

Bertie feels that empathy and compassion have to take center stage when providing psychotherapy with clients, and that if she focuses more on humour or on a client's positive experiences than on their pain, she feels that she runs the risk of leaving the client feeling abandoned in some way. Somewhat along the same lines, Bertie emphasized that using humour can be inappropriate when it isn't in tune with the client's needs. She contends that if a client needs their therapist to be actively listening with compassion and empathy, it isn't appropriate to be interjecting with a humorous quip. It would seem prudent for therapists to monitor what their client's needs are and ensure they are being met appropriately, and that they are not overly liberal with their use of humour with their clients.

Some participants cautioned that clients may use humour as a way of averting discussion about difficult topics that are key for their therapy. As one participant described, using humour to minimize one's experiences or deflect attempts to deal with a particular issue in therapy can lead to the therapy veering off track. This sentiment was encountered in the literature. Kubie (1971) stressed that both clients and therapists may fall into the trap of using humour as a way of coping with their own anxieties or tensions within the therapy session. While many view humour as a healthy coping mechanism, there may be a need for balancing the amount to which therapists and clients ought to turn to it in the therapy session, as its overuse may be counterproductive to the therapeutic process. The anxiolytic effects of humour may be too attractive for both clients and therapists to refrain from overindulging in it, rather than deal with the matter at hand.

Bonnie shared some interesting sentiment that the researcher had not come across in the review of the literature. Bonnie pointed out that if a client is not receptive to the use of humour, it can be difficult for the therapist to refrain from its use if it is in the habitual nature of the therapist to use humour. Bonnie explained that while that does not necessarily mean that she is

unable to be her authentic self, it does make the provision of therapy more difficult for her. While Bonnie asserts that she is still able to be her authentic self in such circumstances, it could be argued that a therapist's authenticity is compromised on some level if they need to rein-in their habitual tendency to use humour. If the client perceives their therapist to be inauthentic, it could potentially have a negative impact on the therapeutic alliance (Gladding & Drake Wallace, 2016).

Bertie asserted that there are times when it can be inappropriate to laugh with the client when it is the client's own use of humour eliciting the client's laughter. While she stresses that it is important for her to recognize and acknowledge the client's humour in other situations, she feels that when it is too painful, it isn't right for her to join her client in laughter. In such instances, she says that she needs to explain to the client why she feels it inappropriate to laugh with them, because it would otherwise leave the client confused, wondering why they are not laughing with them now when they have at other times. Several participants in Hussong and Micucci's (2020) study warned that a therapist's reciprocity of a client's defensive use of humour to avoid painful feelings could reinforce the avoidance of those feelings rather than help the client to confront and process them.

Main Theme 3: Humour Can be Executed Poorly. Some participants responded that humour may be executed poorly if the therapist is not comfortable with and/or have a proclivity for using humour. This sentiment was also expressed in the literature. Hussong and Micucci (2020) caution that therapists should only use humour if they are naturally inclined to use it, and refrain from using it if it is contrived or rehearsed, warning that humour that appears disingenuous or 'forced' could damage the therapeutic alliance. One participant, Bob, stated that he feels the biggest drawback with using humour with clients is when it doesn't work out as

planned, i.e. elicit laughter from the client, though some may argue there are much bigger possible drawbacks, such as a rupture in the therapeutic alliance and a client not returning.

Participants were asked if they had experienced any situations in which they may have thought that in retrospect their use of humour had created a rupture in the therapeutic alliance with any of their clients. Only one participant stated that they could remember such an instance, which was an unexpected finding. Beverly recalled a situation in which she had been fighting a cold while she was experiencing nausea from pregnancy. At one point in the session with her client, she began to cough, which elicited a gag reflex due to the nausea she had been experiencing. She described how she had to leave the room out of a fear that she would have to vomit, then coming back after thinking the sensation had subsided – only for it to happen again. While coughing and trying to prevent herself from vomiting, Beverly's client tried to offer an explanation for the sudden coughing and gagging, and said "maybe it's…," at which point Beverly responded "maybe it's you." Though Beverly was 'just joking' the comment seemed to have created tension in the room, and the client did not return to therapy with Beverly after that session. Beverly thought that in hindsight the reason for her client not returning for more therapy with her was due to this particular instance in which she used humour that she thought was mean-spirited upon reflection. Beverly stated that she discussed the incident in supervision, and sent the client emails to try to repair the rupture, but the client didn't respond. She conceded during the interview that she was not at her best that day due to her illness, and explained that she was trying to make light of her coughing and gagging. However, she recognized that the joke 'didn't land' and resulted in a breakage of the rapport in the relationship. Beverly's experience is an excellent example of how a therapist's use of humour can go awry and demonstrates the importance of training in the use of humour to ensure it is used safely and effectively. It also

illustrates how the risk for a therapist to use humour in an inappropriate way may be heightened by their current state, as an acute illness, for example, may compromise their judgment and result in making regrettable jests.

Main Theme 4: Negative Experiences with Using Humour. With the exception of the aforementioned example given by Beverly, participants responded that they could not recall any instances in which using humour had a negative outcome, despite the fact that most participants were able to provide insights and suggestions regarding how humour may be used inappropriately or precipitate adverse consequences. Future studies should perhaps prime participants to give more adequate thought towards what kinds of negative experiences they have had using humour with clients in advance of their interviews so that they are able to quickly recall and share such experiences. It should be noted that participants had difficulty recalling specific examples in general – be they positive or negative - throughout the data collection process. However, examples of negative experiences especially were rarely reported. This is discussed in the Limitations section of this chapter.

Limitations

This study yielded a substantial amount of valuable information for therapists to consider regarding how to use humour safely and effectively in psychotherapy practice. However, there were several limitations to this study worth mentioning to advise further research on the subject.

To begin with, it could be argued that there are some limitations with the sample of participants recruited for this study. It could be argued that a sample of participants that is more representative of the therapist population of Canada would be more appropriate in future research, as the sample in this study could be considered as not adequately representative of the therapist population in Canada in some ways. In terms of gender, six of the seven participants

were female. While the researcher was unable to obtain demographic information of the therapist population in Canada, in the United States, though men are becoming less represented, women account for fifty-three percent of the psychology workforce (American Psychological Association, 2011). In other representative terms, four of the seven participants worked primarily with post-secondary students in educational settings. Future research may benefit from having a sample comprised of more psychologists and psychotherapists who work in settings in which they see a broader/more diverse array of client populations, such as in clinics, hospitals, or in private practice. Given all of these characteristics of the sample of participants in this study, it could be argued that they present significant limitations on the current study's findings.

Another limitation of this study was that participants often had difficulty recalling specific experiences from their psychotherapy practice in response to some questions. The researcher anticipated this problem, and upon scheduling participants' interviews, the researcher encouraged participants to give some consideration to their use of humour in their practice in advance of their scheduled interview. Participants were asked in advance of their interview to reflect on positive and negative experiences they have had with using humour in their psychotherapy practice, and to be prepared to discuss examples if possible. Participants may have had difficulty finding time for such reflection. It is also possible that participants may have adequately reflected on their experiences prior to the interview, but had difficulty recalling their experiences in the moment. Nonetheless, the difficulty that participants had in recalling specific examples of their use of humour in their psychotherapy practice does place limitations on the current study's findings. Future research might benefit from additional measures to mitigate this problem. One possible measure that could be taken, which the researcher gave consideration to prior to conducting the current study, is to provide participants with advance-copies of the

interview protocol to enhance their ability to reflect on their experiences prior to their interview. However, the researcher of the current study feels that this could be a potential confound, in that participants may provide rehearsed and potentially censored responses, as compared with the kind of impromptu uncensored responses participants would otherwise give when posed with interview questions. Another possible measure that could be taken would be to ask participants to keep a journal of their uses of humour with their clients - with clients' confidential information redacted to protect their anonymity. However, this would require for the clients of the participants to provide their informed consent, which would likely prove difficult to acquire.

Another possible limitation of this study that ought to be acknowledged is that participants who volunteered for this study largely had positive views about using humour in therapy, which should not come as a surprise since it was one of the inclusion criteria for the recruitment of participants that candidates use humour on some level (seldomly, occasionally, or frequently) with their psychotherapy clients. This study may have revealed more about the inherent risks of using humour in psychotherapy had this recruitment criterion not been in place, as potential candidates with disapproving views on the subject and/or negative experiences with the use of humour may have otherwise volunteered.

Delimitations

This study aimed to explore the phenomenon of the use of humour by clinicians who practice psychotherapy. It used a sample of seven participants, which is a more than adequate and appropriate sample size for qualitative research methods. It is quite common, and perfectly valid and acceptable for qualitative research to be conducted with sample sizes that are relatively small in comparison with samples in quantitative studies, particularly with a constructivist study such as this one – indeed, such a study with even a single participant can be of importance and

yield significant insights (Boddy, 2016). The study used a convenience sample, with participants selected on a first-come-first-served basis, that is, participants were not screened/chosen from a selection of participants, other than based on the inclusion criteria. The inclusion criteria for participants in this study were 1) whether they speak English fluently; 2) if they have been licensed practicing psychotherapy for at least five years; and 3) that they employ the use of humour in their psychotherapy practice. These criteria were used because the researcher wanted to limit the scope of this study to experienced clinicians who use humour in their practice.

Recommendations for Future Research

There are several ways in which further research on therapist humour use in psychotherapy could be more successful at yielding valuable insights on how to utilize humour safely and effectively. For instance, to combat the issue of participants having difficulty recalling specific experiences from their psychotherapy practice in responses to the interview protocol, a different approach to study design could be taken. A longitudinal study, in which participants are asked to make note of instances in which they used humour with their clients when they are writing their clinical notes, could be conducted over a short period of time, such as a few months or years. These documented experiences could then be discussed in interviews for further exploration.

Another way in which the issue of participants having difficulty recalling concrete examples from their practice could be remedied is to provide participants with the interview protocol for the study in advance of their scheduled interview. However, this solution presents some trade-offs, as while it may help participants to have examples at-the-ready to discuss, it would also confound the study somewhat, as participants may not provide as rich responses as they would when answering questions that have just been posed to them in real-time. Participants

may instead filter or censor their answers and omit valuable information that could otherwise reveal valuable insights.

One area of interest with therapist humour use that would benefit from further exploration is what types of humour are most appropriate and effective. Some of the literature discussed different types of humour to some extent, and distinguishing between different types of humour is an important consideration to make. Samson & Gross (2012) suggested that positive (good-natured) humour is more effective than negative (mean-spirited) humour to optimize a client's regulation of negative emotions. Briggs & Owen (2022) found that gallows humour can provide a ray of light for some clients who may be experiencing pain and trauma. Such potential studies would need to develop operational definitions of each type of humour they were investigating. This direction could be expanded to examine what types of humour work best with certain populations, such as different age groups, genders, ethnicities/cultural backgrounds, or occupations. For example, certain occupations such as police officers or members of the military are reputed to use dark humour extensively as a means of dealing with their high-stress occupations. It would be interesting to conduct a study with therapists who have these populations as regular clientele, and to contrast their experiences with different types of humour with these populations with different types of humour with clients of other occupational populations. One of the main reasons the researcher of this study chose this topic of inquiry is the idea that different types of humour can be effective with one client but potentially harmful to another. It would be very useful for any prospective pedagogy in humour training to draw from extensive research conducted on which types of humour are safest and most effective with specific populations.

A final suggestion for future research would be to conduct studies on clients' evaluations of their therapists' use of humour. This would be valuable information for assessing how effective and therapeutic humour is from the client's point of view, which intuitively should be much more important than that of therapists. It would be beneficial for future research to focus on therapists' humour use in terms of helpful and hindering events from the perspective of clients, particularly through the utilization of Change Process Research, which explores the processes by which change is facilitated through therapy (Elliott, 2010). One of the principle research questions of Change Process Research is "What factors (i.e., client, therapist or relational processes) bring about client change?" (Elliott, 2011). Future research with this guiding research question, adapted for examining humour from client perspectives, would help to gather knowledge on helpful and hindering moments of humour use. Ultimately, any use of humour, as with any psychotherapeutic intervention, must always be for the benefit of the client. It should follow, then, that the client's perspective ought to be sought in future research to help to ensure this.

Implications

This study aimed to contribute to the knowledge of how to use humour safely and effectively in therapy by learning from the experiences of seasoned clinicians, exploring what has and what has not worked for them when using humour in therapy. As mentioned, humour can be a very effective tool for therapists to utilize as an intervention with their clients in therapy sessions. There are numerous benefits to using humour in a session, such as to help to diffuse tension in the therapy session, ease the process of confronting clients on their maladaptive behaviours, and to help strengthen the therapeutic relationship between the clinician and the client. However, humour has the propensity to accidentally and/or unintentionally produce

negative outcomes. A stronger knowledge base cataloguing effective and ineffective uses of humour will help to inform the development of proper, adequate training on the safe and effective use of humour for psychotherapists in the future, and potentially spur further research on the subject. This will significantly increase the likelihood that psychotherapists will make use of and reap the benefits of humour as an intervention in therapy sessions and will help to ensure that it is employed safely and effectively.

Conclusion

This study yielded useful information regarding the use of humour in psychotherapy. Many of the suggested guidelines, benefits, and drawbacks of using humour that were discussed by participants in the current study were discussed in the literature, while some perspectives shared by participants were not encountered by the researcher in his review of the literature regarding the use of humour in psychotherapy. Several main themes were found in the data analysis of participant responses which provided insights to the three guiding research questions of this study: (1) How do counsellors and psychotherapists use humour in their therapy sessions? (2) In what contexts do counsellors and psychotherapists perceive humour use as being appropriate and beneficial in therapy? And (3) In what contexts do counsellors and psychotherapists perceive humour use as being potentially harmful?

In terms of how psychotherapists use humour, participants reported that in their experience it is principally spontaneous, making witty remarks in conversation with clients as they come to mind in the therapy process. Participants described this often involves the use of humorous puns and metaphors, profanity, and running-gag inside-jokes, and stressed the importance of timing and delivery when making jests. Occasionally participants used props such as illustrations, smartphone applications, dolls, or toys – but predominantly their use of humour

was described as derived from the therapy conversation. Participants expressed that humour was and is an integral part of their personality and identity, and that by engaging their clients with humour they were able to be their most authentic selves. They also stated that they use humour to build trust and rapport with their clients; to strengthen the therapeutic alliance; to confront their clients; and assist them in realizing positive change.

Participants discussed numerous ways in which they feel the use of humour can be beneficial to the practice of psychotherapy. In addition to being useful for building connection and rapport, using humour could help therapists demonstrate to clients that they're approachable, and that they understand their clients' point of view, all of which they feel ultimately serves to strengthen the therapeutic alliance. Participants responded that humour can help to enhance their clients' ability to function by helping them to create a better sense of awareness; experiencing a wider range of emotions; normalizing clients' thoughts and feelings; helping them to laugh at themselves; and by using humour as a coping mechanism for the stresses of life. Participants described how humour can also enhance the process of therapy itself by helping the client to feel comfortable and at ease; helping clients to engage, share their experiences, and disclose their feelings; helping to drive the therapy forward and move the process along; and help model to clients that things may not be as bad as they may seem.

Lastly, in discussing how humour can potentially be harmful to clients, participants expressed a variety of reasons to use caution when using humour, and suggested some guidelines on what to do or not to do when using humour with clients, and when to refrain from using humour with clients. Participants stressed it is important the therapist not laugh at the client; avoid making clients feel they aren't being taken seriously, or that their therapist is dismissing or minimizing their pain; and avoid using mean-spirited or hurtful humour with clients. They also

described several ways in which the use of humour can detract from therapy. Humour has the potential to undermine the therapist's appearance of professionalism. Therapists might also engage in humour more than compassion and empathy. The use of humour may at times be inappropriate and not in tune with the client's needs. Humour may also create a way for either the therapist or the client to avoid dealing with painful content in the therapy session, and it could be used to minimize or deflect difficult discussions. For some therapists who frequently use humour both in and outside of the therapy context, it may be difficult for them to refrain from using humour when a client is not receptive to its presence in therapy, which could interfere with the therapist's ability to remain their authentic selves. There are also times when it can be inappropriate to laugh with the client when the client is using humour to deal with their pain. Finally, participants stressed the importance that therapists ought to refrain from using humour with clients if they aren't comfortable with or skilled in the use of humour, cautioning that poorly-executed uses of humour could result in negative outcomes.

Perhaps the use of humour in psychotherapy can be viewed as analogous to a local anesthetic used in preparation for surgery – which in this analogy is comparable to the psychotherapeutic treatment of psychological wounds. It's the "spoonful of sugar that makes the medicine go down", as Julie Andrews' character in Disney's Mary Poppins might put it. Humour is like a form of social anesthesia in that it can help ease the process of the surgery (i.e. the therapy) by making it less painful and uncomfortable. However, like anesthesia, humour is ineffective at treating the root problem when used exclusively on its own without the subsequent proper treatment. Furthermore, when misused or in improper doses, it can create problems with potentially disastrous consequences. Psychotherapists ought to treat the use of humour with the kind of respect that an anesthesiologist has for the potent medications they administer to patients.

Though it can certainly be argued that the use of humour offers numerous benefits to the client and to the process of psychotherapy itself, it comes at a risk to the welfare of the client. The fact that a jest must be delivered with near-impeccable timing for it to achieve the desired effect of laughter requires its deliverer to make a snap judgment call as to whether or not to make the jest in mere fractions of a second. Psychotherapy places significant cognitive demands on the therapist to be processing numerous pieces of information and trains of thought simultaneously, i.e., in parallel. While listening to a client discuss the issue that is being focused on in the therapy session, a therapist may be concurrently considering the client's previously discussed life history, possible attachment styles, whether they may be thinking irrationally, and a host of myriad other things. Like a juggler, the therapist is trying to keep all the balls in the air without dropping one. The inspiration for making a jest is like another ball being added to the therapist's load, and in an instant the therapist must make an important judgment call – to jest or not to jest – which could have a significant impact, for better or for worse. In that instant, the therapist needs to consider the content of their jest; the precise wording to use in its delivery; and give consideration to how the jest and the chosen wording to deliver it might impact the client – ultimately, if it would benefit the client or not. If the therapist miscalculates, and the joke "doesn't land" (i.e. doesn't elicit laughter from the client), at best, they may merely have eroded some of the client's respect for them; at worst, the client could suffer profound psychological harm.

There are several occupations that involve having to make judgments of extreme importance with potential life-threatening consequences in extremely short spans of time. A fighter-jet pilot for example has to constantly adapt and adjust 'on-the-fly' so to speak, and any misstep could result in the loss of his/her plane and/or his/her life. People in such occupations undergo extensive rigorous training to ensure that when they encounter situations in which they

need to make such important judgment calls in a split-second that they make the best possible choice in the heat of the moment. It is not unreasonable to suggest that humour is a ubiquitous phenomenon in human relationships, and that it is bound to present itself in the context of psychotherapy. It would be sensible to propose that psychotherapists receive extensive and rigorous training in its use to ensure they do so safely and effectively.

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Appendix A

Recruitment Email

To whom it may concern,

My name is Geoffrey Stone and the purpose of this email is to invite you to participate in a study I am conducting, as part of my requirements to complete a Master's degree within the department of Counselling Psychology at the University of Ottawa. My research will be supervised by Dr. Nicola Gazzola.

The purpose of this study is to understand therapist humour use (THU) through therapists' retrospective accounts by learning about: (1) How counsellors and psychotherapists use humour in their therapy sessions, (2) In what contexts counsellors and psychotherapists perceive humour use as being appropriate and beneficial in therapy, and (3) In what contexts counsellors and psychotherapists perceive humour use as being potentially harmful.

The criteria for participation in this study are as follows: (1) You reside within Canada; (2) You are able to communicate in the English language; (3) You have practiced counselling/psychotherapy for a minimum of 5 years; (4) You have used humour in your counselling/psychotherapy practice with clients on several occasions. Participants can expect to take part in a 45-60 minute interview conducted using the online videoconferencing platform Zoom, during which they will be asked about their experiences with using humour in their counselling/psychotherapy practice.

The interview will be conducted in the English language. It will be audio recorded and later transcribed to ensure that data used for the study is accurate. Please note that all identifying information will be removed during the transcription stage and that the researcher and his thesis supervisor will be the only individuals with access to the data. Participants will receive a $25 Chapters gift card as compensation for their partcipation in the study. To ensure complete confidentiality for participants, all identifying information will be removed from the data that is collected. The data will only be accessible to the researcher, Geoffrey stone, and his thesis supervisor, Dr. Nicola Gazzola.

If you are interested in participating in the study or would like more information, please feel free to contact me at _____ or my supervisor at gazzola@uottawa.ca. Please note that participants will be selected on a first-come, first-serve basis depending on whether they meet the inclusion criteria. Priority will be given to clinicians of varying theoretical backgrounds to ensure diversity within the study.

Thank you for your time and consideration,

Geoffrey Stone, MA[Ed] Candidate, Counselling Psychology

University of Ottawa

Appendix B

Recruitment Letter

To whom it may concern,

In our previous email correspondence, you expressed an interest in participating in a qualitative study I am conducting on therapist humour use (THU). I am now writing to inform you that you have been selected to participate in the study, and to extend a formal invitation to do so.

Attached to this email you will find an informed consent form which further discusses the details of the study. Please review this consent form, and electronically sign, date, and return it to me via email at your earliest convenience. Also, please indicate in your response when you will be available to conduct your interview for the study over Zoom so that we may schedule the Zoom meeting as soon as possible.

As a reminder, the purpose of this study is to understand therapist humour use (THU) through therapists' retrospective accounts by learning about: (1) How counsellors and psychotherapists use humour in their therapy sessions, (2) In what contexts counsellors and psychotherapists perceive humour use as being appropriate and beneficial in therapy, and (3) In what contexts counsellors and psychotherapists perceive humour use as being potentially harmful.

The criteria for participation in this study are as follows: (1) You reside within Canada; (2) You are able to communicate in the English language; (3) You have practiced counselling/psychotherapy for a minimum of 5 years; (4) You have used humour in your

counselling/psychotherapy practice with clients on several occasions. Participants can expect to take part in a 45-60 minute interview conducted using the online videoconferencing platform Zoom, during which they will be asked about their experiences with using humour in their counselling/psychotherapy practice.

The interview will be conducted in the English language. It will be audio recorded and later transcribed to ensure that data used for the study is accurate. Please note that all identifying information will be removed during the transcription stage and that the researcher and his thesis supervisor will be the only individuals with access to the data. Participants will receive a $25 Chapters gift card as compensation for their partcipation in the study. To ensure complete confidentiality for participants, all identifying information will be removed from the data that is collected. The data will only be accessible to the researcher, Geoffrey stone, and his thesis supervisor, Dr. Nicola Gazzola.

If you have any questions about the study or would like more information, please feel free to contact me at _____ or my supervisor at gazzola@uottawa.ca. Please note that participants will be selected on a first-come, first-serve basis depending on whether they meet the inclusion criteria. Priority will be given to clinicians of varying theoretical backgrounds to ensure diversity within the study.

Thank you for your time and consideration,

Geoffrey Stone, MA[Ed] Candidate, Counselling Psychology

University of Ottawa

Appendix C

Informed Consent Form

Researchers:

Geoffrey Stone
MA[Ed] Candidate
Counselling Psychology
University of Ottawa
Email: _____

Dr. Nicola Gazzola
Professor, Thesis supervisor
Counselling Psychology
University of Ottawa
Email: gazzola@uottawa.ca
Telephone: 613-562-5800 ext. 4030

You have been invited to participate in a study called Not Just for Laughs:
Safe and Effective Use of Clinician Humour in Psychotherapy. This research will be conducted by Geoffrey Stone as part of his requirements to complete an MA[Ed] degree within the department of Counselling Psychology at the University of Ottawa. The research will be supervised by Dr. Nicola Gazzola.

Purpose of Study

The purpose of this study is to understand therapist humour use (THU) through therapists' retrospective accounts by learning about: (1) How counsellors and psychotherapists use humour in their therapy sessions, (2) In what contexts counsellors and psychotherapists perceive humour use as being appropriate and beneficial in therapy, and (3) In what contexts counsellors and psychotherapists perceive humour use as being potentially harmful.

Procedures

If you agree to participate in this study, you will be interviewed about your experiences with using humour with your counselling/psychotherapy clients. The interview will last approximately 45-60 minutes and will be conducted in the English language using the online videoconferencing platform Zoom. This interview will be audio recorded and later transcribed to ensure that data used for the study is accurate. Please note that all identifying information will be removed during the transcription stage. The researcher will also take basic notes during the interview. Data from the study will ultimately be used to write a research report that will be shared with the public. The direct quotations of participants may be used in the report, provided they do not include any identifying information.

Potential Risks and Discomforts

There is a possibility of experiencing discomfort when recalling and discussing previous experiences with the use of humour in counselling/psychotherapy sessions with clients during the interview or after its completion. Although there is minimal risk, you can inform the researcher of any discomfort you experience at any time during the interview. You can also inform the researcher if ever you would like to take a break or prefer not to answer a question. At the end of the interview, you will be provided with a debriefing form that contains services you can access if the interview causes you any discomfort. To mitigate any social risks, participant identities will be protected by assigning pseudonyms, and all data will encrypted on a password-protected hard drive which will be kept in a locked filing cabinet by the researcher, Geoffrey Stone,

throughout the duration of the study and ten years after the study is completed. After ten years, all data will be destroyed by secure file deletion.

Potential Benefits of Participation

Participation in this study will help shed light on how therapists use humour with clients, when it is appropriate and beneficial for a client's therapy, and when it is harmful. This information will help to inform prospective future training programs in the safe and effective of use of humour in psychotherapy.

Confidentiality and Anonymity

To ensure complete confidentiality for participants, all identifying information will be removed from the interview transcripts. As well, any information obtained that could compromise the confidentiality of participants will not be shared with anyone other than the researcher and the thesis supervisor. To maintain anonymity, all identifying information will be removed from the interview transcripts and each participant will be assigned an interviewee number (e.g. 77-50). Only the researcher, Geoffrey Stone, and his supervisor, Dr. Nicola Gazzola, will know the identities of participants in this study.

Data Collection and Storage

Data collected for the study will consist of audio recordings and transcripts of interviews, as well as any notes taken by the researcher while conducting interviews. All original data will be encrypted on a password-protected hard drive which will be kept in a locked filing cabinet by the researcher, Geoffrey Stone, throughout the duration of the study and ten years after the study is

completed. After ten years, all data will be destroyed by secure file deletion. The data will only be accessible to Geoffrey Stone and Dr. Nicola Gazzola.

Compensation

As compensation for your participation in the study, you will be awarded a $25 Chapters gift card. You will receive this compensation even if you choose to withdraw your participation from the study.

Participation and Withdrawal

Your participation in the study is completely voluntary and can be withdrawn at any time. If you choose to withdraw your participation, your data will not be used in the study, and it will be destroyed and disposed of immediately. At any time during the interview, you may ask questions of the researcher, refuse to answer any questions, and/or request to take a break. None of these actions will result in any negative consequence.

Two copies of the consent form have been provided, one for the researcher's records and one for your own. If you have any questions, you may contact either the researcher or his supervisor. Any questions or complaints about ethical conduct of the research study can be forwarded to the Office of Research Ethics and Integrity at Tabaret Hall, 550 Cumberland Street, Room 154, at 613-562-5387.

I, _____, understand all information contained in this form and agree to participate in this study.

Participant's Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____

Appendix D

Semi-structured Interview Protocol

Not Just for Laughs:

Safe and Effective Use of Clinician Humour in Psychotherapy

Date: _____ (M/D/Y) Time of Interview: _____ Interviewee #: _____

Information for participants

The purpose of this study is to understand therapist humour use (THU) through therapists' retrospective accounts by learning about: (1) How counsellors and psychotherapists use humour in their therapy sessions, (2) In what contexts counsellors and psychotherapists perceive humour use as being appropriate and beneficial in therapy, and (3) In what contexts counsellors and psychotherapists perceive humour use as being potentially harmful.

Review consent procedures

Before beginning the interview, we will review the informed consent document and sign the document if this has not already been done. Please let me know if you have any questions or concerns. We can address your questions now and as they come up during the interview. You can also feel free to contact me after our meeting today with any additional questions you may have.

Collect demographic information

To begin our interview, I am going to ask you some demographic questions that may be relevant to the context of the study.

What is your age? _____

What is your gender identity? _____

Where do you currently reside? _____

What are your educational qualifications? _____

Are you a member of a regulatory body for professionals who practice counselling or psychotherapy? _____

What is the name of the regulatory body? _____

How long have you been a member? _____

How long have you been practicing counselling or psychotherapy? _____

Are you currently practicing counselling or psychotherapy? _____

What is your theoretical orientation? (E.g., psychodynamic, humanistic, eclectic, etc.) _____

How often would you say you use humour in your sessions with clients?

a. Frequently? b. Occasionally? c. Seldomly? (circle one)

Contextual Interview Questions

We will now go through some questions regarding your experience with THU. If ever the questions make you feel uncomfortable, please let me know. We can take a break or stop the interview at any time if you wish. This interview will be audio recorded and later transcribed to ensure that data used for the study is accurate. All identifying information will be removed during the transcription stage. At the end of the interview, you will be provided with a debriefing form that contains services you can access if the interview causes you any discomfort.

1. What is your perspective on therapist humour use (THU) in psychotherapy?
    a. Do you feel its benefits outweigh the risks? Or vice versa?

2. What do you feel are the benefits of using humour with clients?
    a. What do you feel are the drawbacks? Challenges?

3. What is your thought process to determine whether you will use humor with a client? What kinds of things do you feel are important to consider before using humour with a client?

   a. Do you use humour with any client? Or are you selective about which clients you use humour with in your therapy sessions with them?

4. What is your method when using humour with your clients? How do you use it?
   a. Is it predominantly spontaneous? Or do you mostly rely on pre-conceived stock witticisms/expressions? Both? Other approaches?

5. Tell me about a recent time in your work with a client where you used humour.
   a. How did that come about?
   b. Did you initiate the use of humour or was it the client who initiated humour use?
   c. What went into your decision to use humour?
   d. Did you experience any hesitation? Tell me about your thought process.
   e. How did the client respond? How did this affect the session, and your client's progress in their therapy?
   f. Is this instance typical of your work with clients?
   g. How is it different or similar?

6. What kind of difficulties, if any, do you have with using humour in your therapy with clients?

7. Can you share any experiences you may have had in which you felt apprehensive or nervous about using humour with your clients?
   a. Can you describe those experiences?

8. Can you describe an instance of using humour in your practice that you feel worked particularly well?
    a. How about situations where using humour didn't achieve the desired effect? Like when the joke fell flat and the client didn't laugh?

9. What kinds of positive experiences have you had with using humour in your practice?
    a. Have you ever had a situation in which using humour helped you breakthrough to a client on a particular issue you were working on with them in their therapy?
    b. Have you ever had a situation in which using humour seemed to help strengthen the therapeutic alliance between you and a client?
    c. What are some other positive experiences you've had with using humour in your practice?

10. What kinds of negative experiences have you had with using humour in your practice?
    a. Have you ever had a rupture occur in the therapeutic alliance with a client as a result of using humour with them in a therapy session?
    b. Have you ever had a client stop coming to therapy and suspected their reason for discontinuing their therapy might have been due to an instance of using humour with them?
    c. What are some other negative experiences you've had with using humour in your practice?

11. How is your use of humour influenced with clients who come from a different gender, sexual orientation, cultural background or different ethnicity than your own?
    a. What about those experiences are unique or different?

12. How is your use of humour influenced with clients who are significantly older or younger than you?
    a. What about those experiences are unique or different?

13. Can you share any experiences you may have had in which you felt retrospectively that you had used humour with a client more for your own benefit than for the benefit of the client? Or in which you found yourself questioning the purpose of a particular usage of humour?
    a. Can you describe those experiences?

14. Can you share any experiences you may have had where you used humour with a client and retrospectively thought may have been mean-spirited and might have been hurtful to them?
    a. Can you describe those experiences?

15. Can you share any experiences you may have had in which a client confront you about an incident in which your use of humour had hurt them and/or profoundly offended them?
    a. Can you describe those experiences?

Appendix E

Debriefing Form

Thank you for participating in this study. We appreciate the time and energy you put into it. If you have any further questions, please feel free to contact me, Geoffrey Stone, by email at _____ or my supervisor, Dr. Nicola Gazzola, by email at gazzola@uottawa.ca or by telephone at 613-562-5800 ext. 4030. As noted on the Consent Form, any questions or complaints about ethical conduct of the research study can be forwarded to the Office of Research Ethics and Integrity at Tabaret Hall, 550 Cumberland Street, Room 154, at 613-562-5387.

Below are some services you can access in the case that the interview caused you any discomfort:

Distress Centre Ottawa and Region

Offers 24/7 phone-line services to individuals needing help due to crisis or distress. Further information can be found on the Distress Centre Ottawa and Region website

Distress Line Telephone: 613-238-3311

Crisis Line Telephone: 613.722.6914

Website: https://www.dcottawa.on.ca

The Walk-In Counselling Clinic

Offers free, single-session counselling services to community members. Counselling sessions last approximately 1.5 hours. The location and times for this service varies and can be found on the Walk-In Counselling Clinic website

Website: https://walkincounselling.com/

Services for those who reside outside of Ottawa will be forwarded upon request. As such, please feel free to contact me at _____ if you require information on additional services available within Canada.

Appendix F

Research Ethics Board Approvals

29/11/2021

Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

Numéro du dossier / Ethics File Number	S-12-20-6414
Titre du projet / Project Title	Not Just for Laughs: Humour Use in Psychotherapy
Type de projet / Project Type	Thèse de maîtrise / Master's thesis
Statut du projet / Project Status	Renouvelé / Renewed
Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)	22/12/2020
Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)	21/12/2022

Équipe de recherche / Research Team

Chercheur / Researcher	Affiliation	Role
Geoffrey STONE	Faculté d'éducation / Faculty of Education	Chercheur Principal / Principal Investigator
Nicola GAZZOLA	Faculté d'éducation / Faculty of Education	Superviseur / Supervisor

Conditions spéciales ou commentaires / Special conditions or comments

550, rue Cumberland, pièce 154 Ottawa (Ontario) K1N 6N5 Canada
550 Cumberland Street, Room 154 Ottawa, Ontario K1N 6N5 Canada

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www.recherche.uottawa.ca/deontologie | www.recherche.uottawa.ca/ethics

29/11/2021

Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique des Trois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin de demander un renouvellement de cette approbation éthique ou afin de fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit être retiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout évènement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement* (2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completedfour weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Safaa LAMHOUJEB
Coordonnateur de l'éthique / Ethics Coordinator
Pour/For **Barbara GRAVES** Président(e) du/ Chair of the **Comité d'éthique de la recherche en sciences sociales et humanités / Social Sciences and Humanities Research Ethics Board**

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22/12/2020

Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

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Nicola GAZZOLA	Faculté d'éducation / Faculty of Education	Superviseur / Supervisor

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Riana MARCOTTE
Responsable d'éthique en recherche / Protocol Officer
Pour/For **Barbara GRAVES** Président(e) du/ Chair of the **Comité d'éthique de la recherche en sciences sociales et humanités / Social Sciences and Humanities Research Ethics Board**

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Appendix G

Codes for Research Question 1

Theme/Subtheme	Verbatim
Defining Humour	
A Time and Space for Joy and Fun	"…But I think for me, humour is also a space where it's like a time to build connection, to find joy and to have fun and not necessarily take everything too seriously…" (Brenda)
Humour as Lightness	"...it's a lightness, happiness, so to speak?... Lightness, happiness, joy... …But I guess the ways to get there um...kind of demonstrating that therapy and the work we do in therapy isn't always the doom and gloom stuff. It can also be lighter as well…" (Bob) "…lightening, just general lightening, like lightening up the situation, lightening up the mood…" (Bonnie) "…We're not perfect beings and being able to lightheartedly look at that and giggle together…" (Bertie) "…I guess humour is... is laughter. There's usually some laughter. I think it's a light hearted view of things. I think it's a it's a take on things. I also think it's a choice you can choose to seek. And that light sided... a light hearted side of things, I don't know. I guess that's what it is. (degraded audio), you know what's funny, what makes you laugh, what makes you feel light a little bit?" (Beverly)
It's a Coping Mechanism	"…I use a lot of humour because I feel like it helps me cope with life. I think it's a coping mechanism…" (Britney)
It's A Strategy That Helps With Understanding	"…It's a strategy like I think that it helps me understand..." (Britney)
Making Light Out of Life Difficulties	"…humour is making light out of the difficulties in life that are kind of part of our human experience…" (Bonnie)
Things I Find Humourous in Life Are...Life	"…So the things that I tend to find humorous in life are... life. I tend to find

		things that people do like just in their day-to-day life, really funny. Things that people say, things that happen to people when they're feeling like they can share their story and laugh about it. So just things that might happen to someone on a day-to-day basis that just end up being humorous… I think that humour is one of my coping mechanisms in terms of just being able to find things to laugh at in day-to-day living..." (Brenda) "…for whatever reason, at one point I burped and it was like one of those ones, like I didn't have control over. And we laughed like she laughed she thought was the funniest thing. And she was very... quite meek, quiet, quiet, you know, had a hard time sort of expressing herself beyond a sentence or two. And I it warmed her up. I remember that there was a marked change for the rest of that session where and at one point she even like "ha ha'd" remembered like that had happened. And she was there was more flow, if that makes sense. So it sort of unlocked something…" (Beverly)
	Using Knowledge to Make People Laugh	"…So humour I would say is use knowledge to make people giggle or laugh…um... Using observation, using knowledge to make the other person...Giggle, laugh, feel more comfortable, release tension, reduce stress…" (Britney)
Humour as Part of the Self		
	Humour is My Number One Value	"… And then in terms of also because I'm like kind of in my day to day, I use humour all the time. Like I've taken one of those, whether it's Martin Seligman, values, taught values and humour is actually my number one value. So for me, it's just part of my everyday. So it's just it's just how it helps me come out in a more authentic way, because that's truly who I am…" (Bonnie)
	It Comes as Naturally as Breathing	"… it comes naturally as breathing. It really is my number one value…" (Bonnie)
	It Helps Me Be My Authentic Self	"…So it's just it's just how it helps me come out in a more authentic way, because that's

	truly who I am…for me is just being authentic because that's just how I am with like, you know, I'm just I gave my last staff meeting like, you know, so I, I always am. So for me it's just part of me…again, for me, it's because that is authentic to who I am. I use humour in everyday life all the time. So again, I just feel like it's presenting a more authentic version of who I am as well..." (Bonnie)
	"…I think the humanizing element to both humour and swearing are so are... so helpful. You know, they really add this bit of authenticity and genuineness. So that's why I use it so much...Sometimes people give me feedback, but that's feedback that I've... that I've received a lot around being like like authentic or real or kind of approachable, disarming. I think that... that a lot of that speaks to a good natured, good humour, humorousness itself, being silly even at times, potentially…" (Beverly)
It's Part of Who I Am	"…I guess it feels as though it's... it presents itself insidiously in... in my... in my everyday delivery with clients. So to some, it might appear like humour, but to me it just feels like who I am in a way…It doesn't feel like I'm doing something, it doesn't feel like I'm...you know I'm putting something on…" (Bob)
	"…it's part of who I am…" (Britney)
	"…for me, it's because that is authentic to who I am. I use humour in everyday life all the time. So again, I just feel like it's presenting a more authentic version of who I am as well…it's not something I really, you know, I don't overly think about because that's just who I am...It's not anything I really intentionally think about is just who I am…it's just who I am…it comes naturally as breathing. It really is my number one value…" (Bonnie)

	"…And it is really just a reflection, truthfully, of my personality too, realistically is that I am someone who, I'm sure if you were to interview my colleagues, would tell you that I joke around a lot and I make jokes about things and I. I like laughing and I like finding things funny. And they would probably attest to that's part of who I am…" (Brenda)
Methods of Using Humour	
Using Humour Spontaneously, Not Premeditated	"…The stock witticism definitely doesn't sit well with me…it really is a spur-of-the-moment kind of thing. It isn't preplanned or it's not...not using stock material or anything like that." (Bob)
	"...it definitely feels spontaneous um...in, in the moment to kind of...Situation where, you know I just feel as thought this might call for this…but it really is a spur-of-the-moment kind of thing. It isn't pre-planned or it's not...not using stock material or anything like that…But it's so spontaneous and it's so, you know...um...it's so unplanned and it happens...it's kind of it's a play as you go, see as you go. That's a long answer to basically say, "it's spontaneous…"…I would lean more on the side of spontaneous uh... than... than intentional…to be honest, it wasn't something that I said to myself between sessions or before the session saying, "I'm going to make a clever pun because it's going to be something that... because I know it's something she'd like." It doesn't happen that way, at least in this example. And in most cases, I rarely sort of say to myself, "I'm going to use humour," going into it, you know? It tends to come out on its own, kind of naturally…" (Bob)
	"…it's spontaneous. I don't plan it. Like, I, I have, like, a script that I follow and I have a joke for everything. Obviously not. So it's like kind of you know, it happens when it happens. It's not like planned ahead of time…" (Britney)

"…Nothing is not spontaneous. I don't think I can work on it like I'm always spontaneous or so I know nothing would ever be planned ever in terms of when or when I wouldn't use humour…" (Bonnie)

"…I think the first thing I would say about that is I don't actively go and generate it... It's something that is there if it's there…So I don't go and create it. I don't... I don't look for opportunities for it to happen, but it...probably because it's salient to me in my life in general, I notice occurrences of it or possibilities of it. When it is emerging between the client and I, and then I will...explore it or allow it to develop…I don't want that...you know, for humour to become calculated and intentional all the time. It kind of takes away from the brevity and the playfulness if that makes sense, or the spontaneity …Hell no, not at all. It's definitely spontaneous...No, no, like I said, if... I think it has to happen quite naturally for it to be real, at least from my sense anyway, I'm not somebody who can be scripted. I'm quite spontaneous…If I did that lightheartedness and it wasn't received, well, then I have to notice that and realign myself. But the initial… gesture towards the humour is a spontaneous one, and it happens, it arises naturally." (Bertie)

"..I think it's mostly pretty spontaneous. It's pretty...I guess that it can sometimes be process oriented, kind of like. Oh, look, again, that self commentary, that would be more the like, I guess what you'd call "poking fun," poking fun at myself kind of thing, like when I get home, when I mess up a metaphor or something like that. Um, so we're just kind of "in it." The humour is just kind of like a it's not like we're in the humour. The humour is kind of like if we're going down the streets like a sidewalk, but it's just like it's there. It's just adding, I don't

	know, an additional layer, I guess, to to the therapy or to the to the session or to the whatever it is that we're... the exchange that's going on. Um, it's rarely planned. I can't say that I've ever really planned learned humour. It's yeah. I'd say it's mostly just spontaneous…" (Beverly) "…It's a helpful coping strategy or you're watching The Bachelor right to you use of it's a good distraction from your schoolwork, right? It's pretty engaging and stuff like that. Other times it is spontaneous…" (Barbara)
The Importance of Timing and Delivery	"...but just in the delivery. I don't know how to explain it any other way, but in delivery, I knew or had a feeling it was going to to elicit something…yeah, it's quite subtle and it's really hard to measure, but...I feel like sometimes the delivery can come out in a way that I feel is comfortable…" (Bob) "…talk about" timing is everything," right? And I think that that's... that's very true in many cases…" (Bob) "…You know, in the right moment, if it's not timed properly…" (Britney) "… I'll pick up on something right away and then I say it in a timely, funny manner. Like, I don't say it six months later, I say it right away…" (Brenda)
Examples of Humour Use in Therapy	
Cartoons and Humorous Pictures	"...it's like a like a cartoon drawing of a child in a... like reaching out to the sky and there's an astronaut and the child has one tear...and it's a book cover and the book cover, it's called "You Can't Be an Astronaut. It's just not realistic."" (Bonnie) "…I would have them draw like a stick figure of themselves and they could decorate it in whatever way they wanted, which in of itself could be funny. And the the the designs that people come up with for

	themselves. And then I would encourage them to sort of put thought bubbles and try and tell me a little bit like "what are some of the thoughts that are coming to mind when you're sitting down to study?" And and this would be a space where, you know, I'm not good enough, I'm not smart enough, might come up or I'm worried about what my professor is going to say about my work. And that would be an opportunity where we would really take those cognitive distortions and we would really dispel them…" (Brenda)
Using Props	"…like I have kids that are very dysregulated and I'll have like a little punching bag they can use to kind of release their tension. And sometimes I'll move the punching bag in like they start to laugh and giggle and, you know, because they can't touch it. So it's like out of their reach…" (Britney) "…I have one...It's from chapters if you ever want to get it. It's, it's called The Decision Maker and it's like a like a ball, it's like a metallic ball on this little device. And all around the circle it's got different decisions like. "Yes", "no", "maybe". And again, it's like when it was like, oh, I'm trying to decide. I'll be like, here's the decision maker and they'll like fling it, and then it will tell them what to do…But I totally forgot about my magic eight ball. My decision maker…yes, I have good props and I also. Yeah I have, yeah. I have a few weird props in my office so. Yeah..." (Bonnie) "…I have I had in my office now in my home office like this, like it wasn't meant to be a crystal ball, but it was a crystal ball. And and I'd be like, "oh, do you have one of these?" And be like," what are you talking about?" And I'm like, "do you have a crystal ball?" And they'd be like, "What are you talking about?" Like, "how do you know that this is going to happen?" And they'd be like,

	"I don't," you know. And it was just like a way of kind of like in a jokey way to sort of have them identify that they don't have those skills to predict the future…Sort of like the crystal ball, the mind... mind reading sort of distortions around how, like, absurd it is that they that they're they're placing this type of view on... on what they think somebody else thinks of them without having any evidence of that. And, you know, I like one of my favourite questions is, "Like, what's the worst that can happen?"…" (Brenda)
Poking Fun at Myself	"…I have to test the water first. And I realize now in talking to you that I rarely direct humour at people, if that makes sense. It's more either me poking fun at myself or seeing the humour in the situation or in a perspective or in an interpretation..." (Beverly)
Puns and Metaphors	"…they enjoy puns, they enjoy these really creative metaphors or like they... they name things. And I find it amazing. I find it hilarious. And uh... I don't hesitate to A) let them know and B) try to reply in kind. I guess there...that's a little more deliberate in a way to sort of say, "you know what, your... your silly puns are safe with me" sort of thing…the thing that comes to mind would be that the one who names things, the client names things we use as metaphors and clever puns. …So I feel like that would have been something... something that would have been more deliberate... where I would have fished around for a similar kind of metaphor or or a clever pun that would have worked with... alongside what she was sharing." (Bob) "…I'll use a lot of metaphors, like, you know, like they're saying, oh, we're doing renovations down stairs. And it's, you know, it's like it's a lot of it takes a lot of time and it's expensive and they complain about it. And then I'll kind of like use the metaphor of the relationship, how the foundation is

	important. And sometimes it takes a lot of times and it's expensive and that's why they're in therapy. And so it's like a metaphor in a parallel of what they're doing in their house concretely…and I will often use metaphors that have humour in them…I think I use a lot of metaphors with adults…I guess I have one that I've used and I find that it's....It's it's it's from a book. It's again, it's a bit of a metaphor that I use with parents. It's like a book called Sibling Rivalry by (unknown). And that was like an example there that talks about...How parents, you know, how can you make them understand what's at the core of sibling rivalry and jealousy…" (Britney) "…So I have one client where we kind of talked about the idea of deflection and we talked about like it kind of like with Wonder Woman…So I do I do use a lot of metaphor also, and that's kind of just part of that. And there's one in particular I can think of where it's the metaphor of the passengers on the bus and this idea of like there's, you know, we're sitting on the bus and just like our thoughts, emotions and feelings that passengers can come on and off the bus, like where the bus driver. So we're not necessarily we can't dictate who comes on the bus and or how long they're going to stay. It's just like noticing, you know, who's on the bus. And, you know, and I think with this metaphor, there is like, you know, the smell, you know, the stinky person or the annoying person or you know what I mean?… And this was an individual I'm working with in terms of normalizing this idea that emotions come and go and we can't control their emotions, we can't control who gets on the bus. But again, it was a use of humour of like, you know, who would you know who who would be really trying to get on the bus or what would they look like or what would they say to you or whatever. And that was a real like I think for this

	individual, that's when it really was like, "OK, I think I got this now," (Bonnie) "…sometimes it might even just be like finding a metaphor to describe something that's a little bit on the funnier side. And maybe that individual might be more likely to carry that forward with them as as a memorable moment as opposed to something that's a little bit more generic…I guess another one was like recently coming up with like an example of like a metaphor for a client and just using something kind of obscure and ridiculous. But we were talking about, I guess, being able to exist despite having something going on or having had something happen to you. And we were using the metaphor of like ...it started off as tuberculosis and how like. You know, this is a condition where you can continue to exist and live a healthy life. But you still have this thing that's existing within you, even though it's dormant, which like, I think in and of itself can be memorable…" (Brenda)
Running Gag	"Yeah, so...OK, so there's a couple I work with and they... So often, not all the time, but generally with a lot of clients, I don't... I pressed clients to be a bit more specific with what kind of emotions they are experiencing. So when they say good or nice or bad, I sort of tell them off the...you know... soon enough in the relationship that that's not necessarily something that helps anyone, really. So, of course, I describe it quite more generously than that. And so I usually encourage clients to be more specific about what emotions they are feeling or what they're going through…And it's happened so often that at this point, you know, you can throw them a subtle look and they know what that look means. And at this point, they almost intentionally respond in the same oversimplified manner because they know it will elicit that look and it'll get a laugh…" (Bob)

	"…I think that it helps us recenter on why they're there, because they're not calling me because, you know, they have a problem with their renovations. They're calling me because they have a problem in their communication and in their attachment. And so that's something that we can go back to understanding and discussing openly about their, you know, the foundation in their a couple and what's the basics of the the attachment and what needs to be worked on and how. So it kind of gave us, you know, a way that we can come back to, you know, once in a while I will check on them and be like, hey, how is the foundation? How is it going now? How are the renovations? So I sometimes I will kind of bring it back up. Is it like fixed? Is it still leaking?..." (Britney) "…Again, this is something that will be referred to, like the client will refer to that, you know, like "oh my superpower came back again today and this happened"…" (Bonnie)
Subtle Gestures or Expressions	"…Someone might sort of say, you know..."Well, I've been trying to be more about maintain my schedule a bit more, and I have left my agenda at home every single day," and I might say something like "well, how's that working for you?" with a smile, right?…it's kind of hard to describe, but I like if they say "good", I'll give them a bit of a look. I'll change my perspective and we have a good laugh about it... But clearly, if the relationship is good enough that I think they recognize that it's not meant to you know, it's not... it's not scolding or anything like that. And we all have to have a good laugh about it and they'll chuckle…" (Bob)
Using a Deadpan Approach	"…Someone might say, you know what, I... You might say, or a client might say... so..."and therefore I tend to avoid having these discussions with my husband" or whatnot, and then I might say "that doesn't really help anyone, does it?" And something like that. And sometimes in the delivery....

	some might find that funny, some might just kind of giggle at that. Was it how I said it? Maybe not. Was it...you know was it intended for that? I mean, in my mind, somewhere I'm like, "this could get a laugh, but it might not." And that's OK regardless. Um...but I feel like that sort of approach where, you know, they could also just turn around saying, "no, it didn't help" and we just kind of run with that…I have a hard time answering that question... sometimes I find that my approach can be a little deadpan... and if it's deadpan, it sort of protects me because it can go either way. If they laugh about it, great. If they don't, it could have just been a different comment. And that sort of... I find maybe is a way of protecting myself that I might use um... or protecting them in a way as well, because it can sort of be seen either way…" (Bob)
Using Funny Voices for Diffusion	"…So one example of when I'll use humour is when...and again, this is going back to normalizing the functions of being human and normalizing the functions of of how our minds work so often with clients. I'll talk about, you know, that's part of our mind. That's sort of like the the advisor or the overly helpful friend. So that part of our mind that likes to give us really sage advice, whether we want to hear it or not, or whether or not it's helpful or not. And so often and this is kind of an ACT kind of process where like in terms of diffusion, so having a little bit of distance between that that voice, that overly helpful friend. So. We'll, kind of, you know, so that's something I'll use in that kind of humorous way. So we'll think of, do you have an overly helpful friend? Do you have like a family member who's, you know, overly helpful? What are they like? What would they say? I've worked with clients where we're you know, if if that voice had had, like, you know, if it were speaking to you, what would it sound like? And part of diffusion is to give funny voices to some of those parts of us so that overly helpful friend

	part or that the... that part of our mind. So I've worked with clients where we'll say, "OK, what is it? What does it sound like?" You know, "does it sound like this?" then I'll make kind of like a silly voice and they'll say" Oh, yeah." Like it sounds like that. And they'll do the silly voice back or they'll make their own silly voice… like the like the voice and like I've had clients and say it's like the devil in the angel, you know…You know, like (speaking in sinister tone) "go do it" and then the other side, the part of you that knows like you know. Oh "like maybe I shouldn't do that" is is you know, like, you know kind of angel like angel voices...And then the other one is just the voices of what our mind tells us. Like to put in a funny way…So it's like the voice that your mind is the voice of your mind when you're bored…" (Bonnie) "…So it's like, you know, I said, you know, like, let's say with anxiety, you know, they're about to do a presentation. And I'll say, "OK, you're about to do a presentation with your mind, telling you it's like it's like, well that's it. Like you're going to fall flat on your face" and (speaking gibberish). And again, it just kind of brings back memories. My God, you know, and, you know, I'll do the impression of what my mind says, and "well, my mind says this." And then, you know, again, it's it's to bring that like that humour to that, like I've even gone so far as to use, there's like ...I don't know if you know the voice changer app?...There's a couple of where you speak into it and there's a funny voice. So there's one technique where you you kind of you notice a thought and then you you again, it's a diffusion technique. You kind of expand, you play with the thought. So it could be like I'm an idiot, for example. So I'll be like I'll say, oh, like some other time when you do something and you're like, "oh my God, I'm an idiot." And then I'll take the voice changer and I'll put it in the different

	voices. And, you know, it's kind of funny. It's like, "OK, so when that happened, what did your mind tell you? You want to speak into the voice changer and then, like, you can kind of play with that?"…" (Bonnie)
Using Profanity	"…One thing I might do... I mean, again, this is just another example... but sometimes, you know, sometimes a client might swear and then apologize. And then I just said, "hey, first of all, you can say whatever you want me here and I might chime in." They might... they might have a bit of a laugh there. And then I might honestly, like, drop an F bomb here and there later on. And then that might... that might give them a chuckle because I guess they're not expecting that kind of environment, but that... sometimes I feel that. I've had one client in the past tell me just (inaudible) this one, that they don't appreciate swearing, but I don't know if it was the intention was for humour necessarily this kind of closeness. And then as a result, they had a laugh out of it when I was just trying to express myself in a way that I felt was fitting in a way that uses their language to some extent. So...um... again, that make them feel more comfortable? Perhaps. Do they continue to swear later on? I felt like they swearing all the time, but it just feels like they have more fluid in their in their discussion in there. (inaudible) They'll swear and I have no problem with that just...I don't know. It just feels more normal. It feels more natural, feels more human from...from my perspective to hear them speak that way, um...there's less restriction…He did sort of say, you know, "I don't like swearing." I remember him saying that...and um...and that's... that's the only time someone ever said that to me. Now swearing, isn't...you know, it's not only for humour...I mean someone might find humourous. And I think people's relationship to swearing is quite a complex one. So if they're laughing, it's not necessarily because they find it funny, but more that it's a bit

	taboo when someone in a professional environment is sort of saying something like that. It kind of releases some...some disbelief or some discomfort or some comfort in the fact that they weren't expecting it or...So does it have...can it be humourous? I mean, I can totally see how it can be when it's not always the case…" (Bob) "…I think that sometimes when I swear with my clients, it has that effect. They don't expect it to come from me. I'm not a potty mouth by any by any stretch, but when it does come, it kind of like, for instance, when we talk about boundaries, when we talk about clients who have by nature given too much in their lives and the others didn't reciprocate enough in their learning to establish those kind of boundaries. Sometimes we'll talk about a situation and I might say something like, "oh, fuck that shit, man." And then they'll look at me a little startled and it'll generate some humour in us. And then that almost becomes a catchphrase for them to remember when they're at a boundary. Or I might say something like, "you've been there and done that enough in your life. Right. Like you bought the fucking T-shirt on that one, haven't you?" And so sometimes an "F bomb" will have that kind of startle effect in them…" (Bertie) "…There's some overlap with swearing in therapy. I think that there is like an authenticity to it. I think that it can open things up in a way, especially if let's say, you know, the client wants to swear and wants to feel an openness to express themselves, like that's a place where they open it. And then I throw it a because I do swear as a person like... there's just like a... there's an increase in comfort…so for example, like someone, you know, like I... a student was talking about her dad and we're going on it's just like, "well, you know, we know he's a total dick." We'll say something

	like that, she's like "I know," you know, it is just like... but to call someone's dad a total "dick" is kind of like I mean, I know that's funny, but it's not I'm certainly not saying "yes, he shows traits of narcissism" because, like we could say that, too. But, you know, we're just using like regular... regular words to describe it. But that you would use in your... maybe in your vocabulary…Yeah. But even anyway, I have to like if I'm going to say that, like, I have to make sure that's going to land and they're not quite to be like in any way...like they're defensive or something... like this is something where I know they've already spoken about their dad in similar ways or you know what I mean, like...use the example of the other day, you know, we're repeating the client's words back to themselves, but it being a funny moment and a bit of a jolting moment with which to bring them back to the sense of when they felt more certain and there was less doubt and trusting their gut instinct about how to hold that relationship with their mother. When I said "she a bitch," because that's what she had said…" (Beverly)
Therapeutic Alliance	"…So in a way, I think it's important to be able to convey a sense that a therapist can touch all of those and can be comfortable with all of those in the spirit of deepening the therapeutic alliance or creating a sense of safety with the client..." (Bob) "…I think trust is important. Alliance is important, you know, to have a positive therapeutic alliance. But then again, I feel like sometimes humour helps you build that… So so I use it sometimes to build the alliance as well. So it's like I am waiting to have a very strong alliance and then I use it, you know, like I don't have one formula fit all. I think that sometimes it helps me build the connection and the alliance and and at other times it's like further in the therapy where it's going to come out like it's it's.

	Yeah, it's... it depends on what's given to me, you know, like the... depending on the situation…" (Britney) "…So my client, who's during the "let's see if you can pull a thread through this", you know, like "I'd like to see you be able to do that," when he does that... I could... I mean, I could do nothing with that. I could get offended with that. I could confront him about that. But I think the light heartedness invites him to observe it with me in a lighthearted way and... it... it helps me... it helps me to join with him and to bring him with me in wanting to improve the relationship with his wife, to see if he can examine that dynamic with me, then I can and I can get him to examine it with his wife as well, too. So I think it brings us closer to change in a way that is more aligned together, joined together. So I think humour has that ability to have us be together or collaborative or tuned into each other…" (Bertie) "…Yeah, well, in general, I think that it does strengthen... ….Sometimes people give me feedback, but that's feedback that I've... that I've received a lot around being like like authentic or real or kind of approachable, disarming. I think that... that a lot of that speaks to a good natured, good humour, humorousness itself, being silly even at times, potentially…" (Beverly) "… in dealing with the student... and her feedback, was she was saying in the first session, she was feeling very anxious, hadn't slept the night before. I was wondering what's going to be like. And her feedback was like, oh, "what you said about the first, you know, couple of minutes, you made a joke about something. And then I was like, OK, it's going to be OK." Right? Um, you know, just like "you just made me feel

	comfortable and, you know, you made me laugh and I felt just kind of ease and safety would be able to maybe open up and talk to you."" (Barbara)
Repairing a Rupture Caused by Use of Humour	"Yeah, but I think I'm also, you know, part of being a psychologist. I'm pretty good at detecting even the non-verbal cues. If someone is uncomfortable or not appreciating, like, I think I would sense it and I would talk about it right away, like I'm pretty good at taking those cues and be like, oh, maybe that wasn't the right joke. Or maybe that was.. that I feel like I wouldn't necessarily let it go. Like, if I see that something I said might have offended them, I think it would be my responsibility to kind of. Discuss it versus ignore it." (Britney) "But I just feel as a... as a practitioner that, you know, if you get a sense like, "oh, like I pushed too far" or like "hmm...that was a little bit...", you know, not not like I could just see that "that wasn't cool. What I just said," I'll always stop and apologize… "if that offended you, you know, I absolutely apologize" and "tell me a little bit" that sort of thing. So I you know, and again, I haven't I haven't done that with humour because I haven't had anything not learned that way, you know. I mean, so. Yeah, I think that that's always OK to apologize…I'm not above apologizing either. Not that I've ever had. And honestly, I've never had to apologize for anything humorous, which I could see, like, oh, "that didn't land very well…"" (Bonnie) "So, yeah, as an extrovert, I do tend to think... say stuff, and I think that's what makes my ability to be humorous, more authentic is because, like, I'll pick up on something right away and then I say it in a timely, funny manner. Like, I don't say it six months later, I say it right away. But then sometimes that does require me to have to go back and check in and say, "hey, how

	was that for you? Like I realized, I made that joke and how did that sit?" And then that has happened before, too, where I just didn't feel it landed appropriately. And I want to just go back and make sure that there wasn't any rupture or damage done to to our work." (Brenda) "I think the... I think the risks always have to be considered like the... the decision to go with humour, even though it arises naturally, a therapist's job is to observe the interaction while it's happening. And so if it is...creating a risk then that needs to be identified and addressed and we need to repair that rupture, if it is going well, then the benefit is great. Let's run with it." (Bertie)
Using Humour to Confront Clients	"So I'll do this in a kind of lighthearted way. But really, what I'm what I'm pointing out to him is that you're... like, I'm trying to get him to get insight about how that interaction is going down between him and I. He doesn't respond as well to confrontation, so I'm using a light hearted, humorous way to do that…she has a dog named Murphy, and I said something along the lines of because she said she was saying that Murphy really likes this neighbour. And so Murphy will pull in the direction of that neighbour's house. So it ends up that she will interact with this neighbor more than she actually wants to. And so so I might say something like, "well, who's holding Murphy's leash?" And she'd say, "well, I am." And I'd say. And so "Murphy doesn't decide where you go walking. Right? You decide where you go walking." So an example of that, that's an example of where we got light hearted. We kind of had a giggle about it together…But I kind of made a face like, "hold on here, who's holding the leash?" And that's when there's the lightheartedness of getting her to notice that she actually has more influence over that. She doesn't have to play victim here. She has a choice to make and she could be making a better, wiser choice." (Bertie)

	"… sometimes I make, like, ridiculous suggestions to people, you know, like we're doing, you know, like someone struggling with catastrophic thinking. So I was like, "OK, here's like a practical suggestion. You know. What are five other potential outcomes besides catastrophic ones that are neutral or OK or maybe even good?" Or something like that And then if people are struggling to come up with five, like I was like, "let's put a silly one in there, like, let's say you tell the person how you feel about them and instead of them rejecting you, that's the worst case scenario, you know, that maybe they've come up well, maybe they say they feel the same," and then they're like, "I don't know, what else?" and I was like. Maybe they stand up and start jumping up and down and doing jumping jacks and they're like... "what"... like it probably won't happen, but it could…I'd often joke with him. Or I'd make him agree to stuff like, oh, right, like I don't know. So today you're going to call the Career Development Center right, which is supposed to be full time or something. You're going to contact them he's like, "yeah yeah, I'll do it, I'll do it." And I was like, "OK, because if you don't, I am not going to let you in the door next time" (indiscernible audio) OK, OK. But it's just kind of funny but silly. But, you know, it's sort of that it's a gentle humour. It's obviously not mean or rude for real, but it's very effective." (Beverly)
Using Humour to Change Behaviours	"… I might have someone, one client who uses... who uses language that... occasionally, I feel, uh... is... can be hurtful language and not to myself, but in, you know, or insensitive language in certain...certain environments… I might just kind of like you have to see my face for this, but I've kind of closed my eyes a little bit and maybe give a bit of a smile that's communicating like, "you know how I feel about that word..." and then he might have

	you know, he might have a laugh about that…" (Barbara)
Trust Is Important (Between Therapist and Client)	"I think trust is important. Alliance is important, you know, to have a positive therapeutic alliance. But then again, I feel like sometimes humour helps you build that. So so it's not like, you know, it's hard for me to explain, like how I use it. It's really like I know I do use a lot of it and it's part of of what I find helpful in connecting with people… So so I use it sometimes to build the alliance as well…I think that sometimes it helps me build the connection and the alliance and and at other times it's like further in the therapy where it's going to come out." (Britney)
Using Humour Judiciously	"…if I could have if I could have it tattooed to my forehead, like "everything is balanced", I would. But in this case, of course, it's a judicious use of... of humour. If someone was cracking jokes left, right, and center, the timing is important. So it's definitely not a question of using it all the time. It's definitely not a question of absolutely needing it. It's it's a judicious choice. And that's the therapist's discretion…If I feel like it's you know, I'm thinking more at this point that what I'm sharing right now is early on in the congress and the relationship. So it still takes a little time to get to know one another. So we'll see. But if I feel as though it's not received with, uh... it's not received...I wouldn't say well, if it's not reciprocated, I won't push it. And that probably means that I'll... I'm not ready. I'm not ready for that. I don't want to force it. And there are times where I'm sure there are clients where I don't use humour very much at all because it doesn't really fit for it. But that would be the minority for sure, I would say." (Bob) "I think it's it's good, like, it's helpful, but it has to be done properly, respecting, you know, the the client's culture, religion and...You know, not be judgmental or not be

	in a way that would be offending, so I think it's you have to know your client and you have to be self aware and and before you use it, kind of stop and think, is this useful? Like, I don't think I use it all the time with every client. It's like I might have jokes, but it's really like. Depending on who I'm seeing, it's going to be, you know, I'm going to filter and say, hey, this is OK, I can see this, it's going to be helpful or, you know, this is funny, but I'm not going to say it because it's... I don't know how they're going to react. So I think it has to be used with caution. But I definitely think that it is very, very useful because. It can help alleviate, like I said, a lot of the tension and the stress and it's a good coping mechanism, you know, I will always say to my clients, like especially like I work a lot with children and I explain to parents that, you know, they can release tension by crying and throwing tantrums or they can release it through roughhousing and laughter." (Britney)
Adapt and Adjust Accordingly	"… But you're right, you know in a way that depending on their reaction, I'll read the reaction play from there… It's something that I sort of feel... I use as I go. I'll never sort of sit down and say, "do I need to use humour with this person?" Not that I can think of. Um...it ends up sort of ...I mean "reading the room", so to speak…" (Bob) "I hundred percent take cues from the clients, like visual cues just to see where they're at, how they're feeling in that moment. Obviously, I'll I'll adapt. So if I have a client who normally and, you know, we're kind of chuckling away, you know, in our sessions. And I just notice that maybe his or her behaviour, like they just seem upset or sad. Like, obviously I'm not...and you know, going to adjust accordingly for sure…when I'm starting out with clients in the first go, I really take up on their cues, you know, really take on their cues. So if the client is a bit more serious in nature, then

	obviously I'm going to adapt accordingly…If I get that sense or if I you know, I make a little joke here and there and they're very introductory rapport building that they're not really responding to. And then I think, OK, like, how am I going to be able to connect with this client in a different way?...because I know when to turn it off and I know when to turn it on and I know I just go by again...you know, what I see, what I notice, what I hear from the client…for me is just so intuitive where I'm like, oh, they've had a bad day. Like I'm going to really listen, you know, and I'm not like, there's no light. I'm like, oh, "ha ha ha. Let's say that in a funny voice", like, not appropriate. Right? You know, let's just go be sad, you know, go tell me all about it…And I'm like, ok, yeah. I've got to try something else...other than that. Yeah. Not so much…if I throw some jokes and they don't land, you know where they're like (imitates unenthusiastic/forced laughter), you know, and then I, you know, again, kind of go with different approaches…if it doesn't land, you know, if we're getting to know each other. I'll just take a different approach." (Bonnie) "…if it flops, then I leave it, but if they respond positively, then I know I can usually throw in another joke here or there… I don't say things usually that are unacceptable, but I think it's just they don't laugh or they don't pick up on the joke. And so we just kind of move forward…Just kind of pretend it didn't happen…" (Brenda) "… and so I'll put my hand on my chin and kind of go, "I guess that's one way you could look at it. Right. Like you could really just stay in this place of you see this as a humiliating act and you're the dog's servant." And then I might put my finger up a go "or you could look..." and I get a little bit of a smile on my face and I wait to see if he joins

	me there. If he can join me there, then I'll follow it. If he's not joining me, I don't necessarily... enhance the humour or continue to build on the humour, if that makes sense. So I think it's something that has to build between me and the client. It has to emerge naturally. And if it's catching, then we go with it. And it's really lovely. If it's not catching, I drop it. And so it's not that it hasn't worked, it's...or, I guess maybe I could see that maybe there have been times where I'm tuning in to the client and they're not necessarily falling.. following me there or going there. So then I will downplay the humour and stay serious, say. I still have the same point to make, I can just deliver it differently. If that makes sense." (Bertie) "So if I were just kind of initially meeting, I don't have a rapport, I don't have a sense of what the presenting issues are, the symptoms, you know them, or maybe not... you know being friendly and approachable and building rapport, but I may not introduce humour that maybe throughout the context, if they're engaging or using humour, then I shift or change, if they have you know, if I'm using it, they're having some negative reactions to that, then, you know, I'm not going to do that. If they have some challenges already with engagement, eye contact... seem a bit lower energy. Those might be scenarios where I'm going to slow down and check in and see if... going forward throughout the session, if there's an opportunity to bring that in or not…But in my experience and using humour in sessions, I mean, people usually, to ...for my knowledge, to you know, talk about it used in the sessions to check in out to change approach. If it's not working, if it's not resonating, not helpful…" (Barbara)
Get to Know the Client	"I get cues that it's appropriate before I do it, like I won't do it with anyone any time, but I do initiate it when I feel comfortable and I feel like this could be helpful…" (Britney)

	"I think a lot of it is like where I can determine is based on the first like session or two sessions. And again, that's kind of the rapport building session. So when I'm getting to know the client for the very first time and kind of asking them about different areas of their life so it could be, you know, "how's school going?", you know, "do you have friends?", are there any concerns there..."How's your family", those kind of things. And I can get a sense pretty quickly of a client's sense of humour based on their descriptions of their own lives….You know, if it ever did fall flat, it would probably be in a very early rapport building stage like first appointment. Do you know what I mean?... and like if it fell flat, that would give me clues, right? ...in terms of like the... the client themselves, if they're open to humour, they're open to... Yeah. So that will give me more clues about whether or not they'd be receptive to that kind of approach." (Bonnie) "I think those are usually my my top considerations to just see, you know, again, like, are they at risk? What are they disclosing to me? What is their mood? And then just having a cultural overview…I think that those are usually situations where we need to have a bit more of a rapport so that I can assess ...like and those are usually situations where if that person brings in humour, that I might be more apt to go there. But that would be a situation where I'm probably going to sit back on my humour. And if they bring it forward, I might follow suit. But I want to make sure that we have that rapport as... before we're really throwing jokes left, right and center, because it is obviously the... the presentation of their concerns is a bit more serious in those cases…As I get to know them, I want to get a sense of if that's going to be appropriate or not, similar to like some of the work that we might do around, like challenging things

	with clients. Like usually we want to build that rapport and spend some time in a space where we're offering that empathy, and that validation and that support that they need before we start moving into more intervention based things and maybe challenging some of their thoughts or their beliefs around things that are distorted. You want to have that rapport you want on that basis of relationship so that if it falls flat for whatever reason, you still have some basis there…" (Brenda) "…we usually get like an intake form from the students and it tells me a bit about their strengths or things that they....their qualities right and sometimes the right person that gives me an idea, a good sense of humour gives me idea of something that they might be open to right…the flip side of that would be using humour too soon in the session... I haven't developed enough maybe rapport...uh...know the student or client enough to know about their sense of humour or what they find humorous or funny… had a student who is Southasian, OK, and. I think we had a couple sessions in and then, you know, I asked how I was going and check it out and he mentioned, you know, "sometimes here you're using humour or saying this", and "I feel like you're trying to be my friend. And what I expect is, you know, from my experience in therapy in India was more of a professional expert." And so we talked about that and how we could change and shift that to what they wanted. So in that session with that person, yeah, humour wasn't helpful in building rapport or, you know, doing the work together…Really trying to you know, see if they use humour. I think that's a first... just kind of how they are in session with me, if they are using humour, if they're making jokes. So if that's happening and then they may be more open to it. If not, I might you know, when I'm using humour and trying to

	use something that's neutral, it's relevant to what we're talking about…And to see how they react to it, not just because sometimes some clients will laugh to make you feel good as a clinician, but you know what their response is to it. So their visual cues. Right. Do they tense up or are they relaxed? Do they laugh just in their chest or like a full kind of, you know, deep belly laugh? It was their eye contact, like just their movements. Right? And through that, I can usually tell if it's helpful or not. And if not, I check in with them…So if I were just kind of initially meeting, I don't have a rapport, I don't have a sense of what the presenting issues are, the symptoms, you know them, or maybe not... you know being friendly and approachable and building rapport, but I may not introduce humour that maybe throughout the context, if they're engaging or using humour, then I shift or change, if they have you know, if I'm using it, they're having some negative reactions to that, then, you know, I'm not going to do that…" (Barbara)
Get a Sense of the Client's Sense of Humour	"…But you're right, you know in a way that depending on their reaction, I'll read the reaction play from there. If I feel like it's you know, I'm thinking more at this point that what I'm sharing right now is early on in the congress and the relationship. So it still takes a little time to get to know one another. So we'll see. But if I feel as though it's not received with, uh... it's not received...I wouldn't say well, if it's not reciprocated, I won't push it. And that probably means that I'll... I'm not ready. I'm not ready for that. I don't want to force it…" (Bob) "…when I'm getting to know the client for the very first time and kind of asking them about different areas of their life so it could be, you know, "how's school going?", you know, "do you have friends?", are there any concerns there..."How's your family", those kind of things. And I can get a sense pretty quickly of a client's sense of humour based

	on their descriptions of their own lives…So if somebody's talking about their mother and then they kind of throw some kind of like jabs or something like they're kind of humorous about describing their family or describing their friends and describing their life, then I'm like, "OK. Like, clearly there is something that they respond to is humour." So for me, that's a bit of a green light right there…Well, this client in particular I'm thinking of has is hysterical, has a fantastic sense of humour, like really funny... like. So a lot of our discussions are very humorous…and like if it fell flat, that would give me clues, right? ...in terms of like the... the client themselves, if they're open to humour, they're open to... Yeah. So that will give me more clues about whether or not they'd be receptive to that kind of approach…I get a lot of cues from like the first two like sessions, the way they describe their presenting problem and and just like kind of the background information. And I think that's where it could be really helpful. So, again, if the client is kind of making jokes about their family situation or their friends or their school situation like and they're making kind of light of it just to kind of. I don't know, like almost like in a confirmation way, like kind of make a joke about it back sort of thing…It's an individual, you know, how the individual responds again in those first that first session where we're getting to know them. I'm listening to to hear how they're describing their situation and, you know, things that are surrounding them. And I think regardless of gender, race, sexual orientation, I think I apply that approach the same…I do do a check in the first couple of sessions where I'm like, OK... you know, that whole how did they describe the presenting problem, how to describe their family, their friends, their life? Did they do in a humorous way? If they do, OK, that's giving me some clues that they'll be open to humour…" (Bonnie)

	"I think those are usually my my top considerations to just see, you know, again, like, are they at risk? What are they disclosing to me? What is their mood? And then just having a cultural overview…I want to make sure that we have that rapport as... before we're really throwing jokes left, right and center, because it is obviously the... the presentation of their concerns is a bit more serious in those cases…As I get to know them, I want to get a sense of if that's going to be appropriate or not, similar to like some of the work that we might do around, like challenging things with clients. Like usually we want to build that rapport and spend some time in a space where we're offering that empathy, and that validation and that support that they need before we start moving into more intervention based things and maybe challenging some of their thoughts or their beliefs around things that are distorted. You want to have that rapport you want on that basis of relationship so that if it falls flat for whatever reason, you still have some basis there…" (Brenda) "…Yeah, so on the flip side of that would be using humour too soon in the session... I haven't developed enough maybe rapport...uh...know the student or client enough to know about their sense of humour or what they find humorous or funny, yeah, so that can get interpreted in different ways. I have had a student who is like I thought, you know, this is what therapists were like, expecting a professional question and thought maybe I was trying to be more like their friend. There was a cultural piece to that, too…had a student who is Southasian, OK, and. I think we had a couple sessions in and then, you know, I asked how I was going and check it out and he mentioned, you know, "sometimes here you're using humour or saying this", and "I feel like you're trying to be my friend. And what I

	expect is, you know, from my experience in therapy in India was more of a professional expert." And so we talked about that and how we could change and shift that to what they wanted. So in that session with that person, yeah, humour wasn't helpful in building rapport or, you know, doing the work together…Really trying to you know, see if they use humour. I think that's a first... just kind of how they are in session with me, if they are using humour, if they're making jokes. So if that's happening and then they may be more open to it. If not, I might you know, when I'm using humour and trying to use something that's neutral, it's relevant to what we're talking about…And to see how they react to it, not just because sometimes some clients will laugh to make you feel good as a clinician, but you know what their response is to it. So their visual cues. Right. Do they tense up or are they relaxed? Do they laugh just in their chest or like a full kind of, you know, deep belly laugh? It was their eye contact, like just their movements. Right? And through that, I can usually tell if it's helpful or not. And if not, I check in with them…So if I were just kind of initially meeting, I don't have a rapport, I don't have a sense of what the presenting issues are, the symptoms, you know them, or maybe not... you know being friendly and approachable and building rapport, but I may not introduce humour that maybe throughout the context, if they're engaging or using humour, then I shift or change, if they have you know, if I'm using it, they're having some negative reactions to that, then, you know, I'm not going to do that." (Barbara)
Take Cues from Clients	"I hundred percent take cues from the clients, like visual cues just to see where they're at, how they're feeling in that moment. Obviously, I'll I'll adapt. So if I have a client who normally and, you know, we're kind of chuckling away, you know, in our sessions. And I just notice that maybe his or her behaviour, like they just seem

	upset or sad. Like, obviously I'm not...and you know, going to adjust accordingly for sure...if the client is talking about a very difficult experience or a situation, again, looking at their body language, looking at their facial expressions... to them, they're in this moment. Again, I got a sense of that in a moment where this is a difficult conversation to have. They're talking about a difficult topic. They talk about a difficult... that's where all kind of, you know, kind of veer over to, you know, listening, empathy and nodding kind of mode as opposed to it just doesn't seem like it just to me wouldn't be appropriate to throw in a joke, you know…if the client is kind of making jokes about their family situation or their friends or their school situation like and they're making kind of light of it just to kind of. I don't know, like almost like in a confirmation way, like kind of make a joke about it back sort of thing, that make sense?...It's really other than, again, all I can really think about is it like first couple of sessions like and again, we're talking about like general humour jokes, not like about people's thoughts, you know? I mean, this is like early days again, when when sort of it kind of falls flat or I kind of get to like like, (imitates forced/unenthusiastic laughter). (inaudible) Funny…So if I throw some jokes and they don't land, you know where they're like (imitates unenthusiatic/forced laughter), you know, and then I, you know, again, kind of go with different approaches…if it doesn't land, you know, if we're getting to know each other. I'll just take a different approach or you know what I mean. So I don't think I'd change how I do things. I just base it on the individual and their responses and how they describe... describe their situation." (Bonnie)
Monitoring Humour Use & Ensuring it Benefits the Client	"…And I always in the back of my mind before I say things, despite being very spontaneous, I especially we're in full disclosure right away, do a really good

	check in and be like is this, "is this for me or for them?"…there is a very quick internal check-in that does happen so that so that I'm not there... again... to be like I'm not there to be, you know, get accolades of their laughter, you know what I mean?…I can't remember if I was trained to do check in or if it's intuitive or it's training, but I do...You know, that's sort of like my check in. It's like and it's very... it happens so quick, it's like, "am I telling the story for me or for them?" And if ever it's like, yeah, that's not really helpful or that's not necessary for you to say that, then I won't. And so the same will go for humour too…And I mean, like, it's one of those things. But it was interesting. Like, those are interesting, like questions because I did notice. I'm like, oh, actually, I probably do a check in without... It's so intuitive that it's not really... you know, I don't really think about what I'm doing. I just do it... like it's been so long.…I do do a check in the first couple of sessions where I'm like, OK... you know, that whole how did they describe the presenting problem, how to describe their family, their friends, their life? Did they do in a humorous way? If they do, OK, that's giving me some clues that they'll be open to humour…I think it's just so quick that I do the check in that I'm not even aware that I'm doing it…But yeah, (inaudible)... And it's funny... again, it goes back to those counselling like rules that we're often like, you know, that we think exist when we start... When we just start. And again, part of it, too, is when you develop your own counselling identity, obviously there's going to be... people are... some are more open to self disclosure than others, like those who are more open to it. How did they check in to make sure that it's appropriate and safe and with the right person at the right time? Right?...These are the processes that I think over time are just so automatic that I don't really... it's like driving a car, right? Like, I don't you know, there's a stop sign, I don't

	think, in my head. OK, now I got to press the brake. I just pressed the brake is like, you know, I mean, it's like similar. It's just like that." (Bonnie) "…I usually am more apt to say something and then go, "oooh, should I have said that?" And I usually bring it back to a space of, like, again, humanity and checking in and like I think just modeling that ability to say like, "oh, like, how did that land? Like, now that I said it felt a bit weird"…Checking with the client. Yeah, to see how it landed for them to see if it was something that brought up any different feelings for them…I tend to say things and then I'm like, "oh, shoot, why did I say?" that or "how is that going to land?" You know? I think usually I err on the side of I love humour. I think it's funny. I think it brings us together. And I think that it has more power than it does negative overall. I think that would be my assessment. And and I think I err more on the doing it. And if it falls flat, then I'll own that it wasn't a good joke or I'll own that it didn't go anywhere…" (Brenda) "I think it's always. Trying to be you know, be aware of "is it helpful, is it useful?" Is it resonating with the client? And so just knowing if it's helpful or not, I think it's always something to consider…Like a healthy dose of...how we talk to the interns. It's good to be, you know, a bit kind of worried or anxious or wondering, you know, when you're coming into sessions or after sessions because that means you're considering many pieces, right. You're learning, reflecting after and using humour I think I expect the same things out of myself. Was that helpful? Useful? Could I have done that differently? And just more learning and trained better…" (Barbara) "I think I feel comfortable using humour...a lot, but I won't necessarily use it unless I

	think that it's going to be beneficial for that person…" (Britney)
Initiating Humour	"So it's uh... it's intimidating to start with uh...humour. Sometimes, of course, it can be uncomfortable humour that kind of comes up a little nervous humour, so it can be initiated with clients. But um... so I would say on average, I typically initiate it a little more kind of delving into it. So, for example, um...you know I...I probably might. It's hard to pick an example, but I might try something a little uh...safe…… I would say more often than not, I don't experience hesitation because I feel comfortable enough in a relationship… So it feels comfortable enough to... to...safe enough, I guess, to use in the spirit of... maintaining a healthy, fruitful and diverse range of emotions in the relationship to make it feel safe… maybe you want to use the word "gateway drug", but I will a gateway drug to sort of open the door to using humour as being OK or that I'm not...that I'm OK with using humour…" (Bob) "…Yeah, so. I think that it can come from both ways, I think that I will initiate it when I think it suited. You know, obviously, they come and it's serious and it's it's not necessarily a joke, so they're not going to necessarily come and start joking around. But sometimes they could. Some clients will. Other times I will feel like it's appropriate to be used. So I'm going to, you know, use it…I initiate it when I think it's appropriate. More so with certain clients than others. I think there is like a window of opportunity where I feel like this could be a useful method. But definitely I. I get cues that it's appropriate before I do it, like I won't do it with anyone any time, but I do initiate it when I feel comfortable and I feel like this could be helpful…Maybe like a split second in my brain, like I don't you know, I don't recall, like I feel like I trust my

	gut feeling when I'm in therapy with my clients, that I'm aware that I can make mistakes. And that's something I discuss with them when I start therapy. It's actually in my consent form. I say I'm a human being, too, and I have my values and conviction. And sometimes it may not be the ones you have. And that's OK. You know, like in the sense that it's OK that if I do say something that you don't agree with or if it's offensive in any way, please tell me, like, please let me know. I really would want to be able to discuss it and apologize if I said anything offensive…" (Britney) "… I probably initiate it. And again, I'm thinking, you know, even though I do when I'm working with individuals, I really see ourselves as equal. There is going to be, you know, obviously the power differential kind of, you know, again, when somebody is coming in, you know, seeing the counsellors, I feel like sometimes there this idea of I guess people have an idea of what counselling is or what therapy is. So essentially, for me, it's to help again, right at the get-go to make somebody feel at ease, hopefully to make the process...the therapeutic process a little bit more a little bit more pleasant…" (Bonnie) "…I think sometimes clients initiate it for sure. And if they initiate it, I'm like happy to roll with it like I can...I think that I don't necessarily have like a thing in my head where I'm like, this is appropriate to use humour or not. I think I do tend to go to it or try to make a joke to sort of just make things comfortable. And if it falls flat, then I'm on that. I might steer away from that in the future, but if it lands that, I'm more likely to do it again and sort of follow up on a future session." (Brenda) "…I think both happen…" (Bertie)

	"Yeah, I'd say I usually do...Where we're at in our relationship, so again, like I said, like in the first session I might use... It's not that I'm necessarily cracking jokes, but it's more either showing some of that lightheartedness, but it's certainly not something I lead with. If that makes sense, like I'm leading with with empathy, with the good act of listening and all of that kind of stuff, compassion, that receptivity. Um, so I guess in terms of considering like it, I'm also kind of getting a bit of a finger on the pulse…" (Beverly) "…I would say probably, you know, most of the time it might be me bringing into session, but maybe twenty five percent of the time they are bringing it into session…" (Barbara)
Not Being Judgemental of the Client	"I think it's it's good, like, it's helpful, but it has to be done properly, respecting, you know, the the client's culture, religion and...You know, not be judgmental or not be in a way that would be offending, so I think it's you have to know your client and you have to be self aware and and before you use it, kind of stop and think, is this useful?...I think the challenges are when if you don't use it. You know, in the right moment, if it's not timed properly, if it's not... if you're not aware of... Your client's, I would say culture, religion, race, and if if if they feel judged or they feel like, you know, you're minimizing something they're going through, and that could be taken in a way that is negative and could affect them negatively.…if it's judgmental, if it's misunderstood, like misunderstood, if it's. Maybe it's also like. And minimizing it could be seen by some people as you're laughing at what I'm saying or you're minimizing my pain, and so that could be detrimental…" (Britney)
Respecting the Client's Culture and Religion	"…if you're not aware of... Your client's, I would say culture, religion, race…I think it's universal in everybody. It's like smiling and feelings. You know, they're universal. But I

	think that let's say as a white female in my 30s, I have to be conscious of what I say to people with different beliefs and whatever. Not like, you know, like if you're part of a certain religion or culture, I think that you can make fun of yourself and it's going to be taken in a different light…like a lack of understanding or knowledge of their. You know, like their values, their religion, their... their race, their ethnicity, their culture, you know, like a lack of understanding could also cause like a clash, you know…But if I don't know the as well, let's say someone coming from a different religion or a different... then I may have. You know, ideas of what's funny in that religion, in terms of parenting, let's say, but I will be more cautious…like I had gay couples, I have like people from different religion, cultural races, and I think they all feel welcome, then they feel good, like they feel like I. You know, like I think that it's important to to to use humour with everyone, like for me, like it's universal. It just that I obviously... I need to just be more cautious on sometimes how I deliver the message to make sure that it's taken the right way…if I don't know the religious or their religion or culture, it's like people come and tell you right away, you know, like everything. So I sometimes I will say to them...You know, like in my culture and my like in my you know, like but this could not be like the same or I make a joke about myself or, you know, like and then they'll tell me, yes, exactly. That's it. Or actually, no, in our culture, it's not like that or whatever, you know…" (Britney) "…being mindful of cultural implications and how humour might be perceived in different cultures…I'm also assessing culturally what that's going to look like. And and I'm not necessarily putting a blanket statement on that and saying that, oh, with other cultures different than my own, I'm not

	going to use humour. That's not what I'm saying, but just assessing to see what that might look like. And and I don't know that until I've had the opportunity to chat a bit with the client…I think culturally, I just want to sort of get a sense as to whether like what their cultural background might look like, because I think I've been very, very much so in terms of individuals who are maybe international students who are just coming here to Canada for the first time. And if they're just learning the English language, they may not necessarily have a grasp on all of the humour. So I would be conscious of wanting to make sure that if I was making a joke, it would be something that that could be understood with where they may be at with their language levels. Because, you know, a lot of humour is like within the nuances of words and stuff. And if you're not a native speaker, it may be something that's a little bit more difficult to grasp. I don't shy away from it, though, like, I might do a bit of a quicker assessment just to see where they're at. But I don't I don't want to shy away or treat them in any way, shape or form differently than anybody else…" (Brenda) "I work a lot across differences with my clients. And I've got to say, the place where I would probably meet that the most is with language differences. So humour doesn't always get expressed as easily when we're speaking in a second language, so I'm not as funny when I'm working in French and my colleagues... my clients who are French and who speak to me in English...don't have as much natural access to their emotional spectrum when they're speaking in a second language…" (Bertie) "I had a student who is Southasian, OK, and. I think we had a couple sessions in and then, you know, I asked how I was going and

	check it out and he mentioned, you know, "sometimes here you're using humour or saying this", and "I feel like you're trying to be my friend. And what I expect is, you know, from my experience in therapy in India was more of a professional expert." And so we talked about that and how we could change and shift that to what they wanted. So in that session with that person, yeah, humour wasn't helpful in building rapport or, you know, doing the work together…From also doing my research and learning about South Asian culture and his perspective, you know, often doctors and psychologists are seen as professionals and experts and give advice and may not share a lot of personal you know, rapport or details or humour, right? So that could be can be different than what they expect, right?" (Barbara)
When Not to Use Humour	"…What else for, you know, in this model, we work in kind of a step care model, and so, you know, if it's a crisis appointment or a one session, then I may not be bringing that into the sessions…I think I had a student who was quite depressed, right, and maybe trying to bring that into session or use that, but the depression was you know, quite severe. That it wasn't you know, having an impact, wasn't a positive impact. Right. And, you know, things in life, you know, in a student's situation that once, you know, there's some trauma, there is some partner abuse that happens. A lot of things were not. There was a lot of different stressors and triggers and impacts on her and with the depression. So, you know, we tried it out, we you know, checked in and they were very nice about, you know, that like "that's helpful" or "I...it's really hard to laugh at that" or you know, just not feeling like I can match that energy or laugh of that or find humour in that. And so we checked in, we were collaborative, changed approach. Right. And... but it wasn't you know, helpful in maybe the initial sessions when we were

	talking about the depression, and the things that may be impacting that…" (Barbara)
If the Client Appears Sad, Upset, or Angry	"…if they're they're they're appearing sad or upset or angry, for me, that doesn't seem like an appropriate time to bring in humour…" (Bonnie)
If the Client is Talking About a Very Difficult Experience or Situation	"…if the client is talking about a very difficult experience or a situation, again, looking at their body language, looking at their facial expressions... to them, they're in this moment. Again, I got a sense of that in a moment where this is a difficult conversation to have. They're talking about a difficult topic. They talk about a difficult... that's where I'll kind of, you know, kind of veer over to, you know, listening, empathy and nodding kind of mode as opposed to it just doesn't seem like it just to me wouldn't be appropriate to throw in a joke, you know…" (Bonnie) "…what's very important to me is that there's no hurt happening in this here. So as the humour is being expressed between the client and I, sometimes we can hold the humour and the hurt simultaneously. Or sometimes, as I was talking about it earlier, I can't even bring myself to the humour because the hurt is just too big. And so even when they are going there, I can't join them there…" (Bertie)
When the Client is Expressing Significant Distress	"…presentation and mood of the client are usually something that I'm assessing right off the bat as well. If someone's coming to the session and is expressing a significant amount of distress, possibly displaying some symptoms of depression, or if they're coming to the session with something extremely serious, those are usually situations where I'm not necessarily going to be throwing in humour. And something that's coming to mind is, you know, when a client presents and they're... they're expressing or sharing the loss of a family member or a loved one. You know, there's usually not a space in there for me to to offer

	a joke that's going to be helpful or effective…" (Brenda) "…I think I had a student who was quite depressed, right, and maybe trying to bring that into session or use that, but the depression was you know, quite severe. That it wasn't you know, having an impact, wasn't a positive impact. Right. And, you know, things in life, you know, in a student's situation that once, you know, there's some trauma, there is some partner abuse that happens. A lot of things were not. There was a lot of different stressors and triggers and impacts on her and with the depression. So, you know, we tried it out, we you know, checked in and they were very nice about, you know, that like "that's helpful" or "I...it's really hard to laugh at that" or you know, just not feeling like I can match that energy or laugh of that or find humour in that. And so we checked in, we were collaborative, changed approach…" (Barbara)
When They're Hitting Their Fight, Flight, Freeze Button	"… if people are, you know, heightened conflict and there's a lot of tension, no matter what you say, can be taken in the wrong way because they're emotional and they're not accessing their logical part of the brain…if the person is already kind of like. Hitting the fight flight freeze kind of button, if you already like, so dysregulated that they're feeling unsafe and that, you know, nothing is going to work, then maybe humour won't work either…" (Britney)
Lacking Natural Proclivity Towards Humour Use	"I think it's one of those things, again, where it comes down to authenticity. So I think if that isn't your natural, "you" you know, if you're like literally have a book like this, I to like insert humour here, you know, and I mean, it's not going to come out in an authentic way…" (Bonnie)
Don't Use Self-Deprecating Humour	"…Yeah. Or where I am human, too. And things don't always go as planned. I try and be careful not to be self-deprecating, by the way, so that that that term I wouldn't necessarily agree with, because I don't want

	to model that...to my clients. I don't necessarily want to encourage that in them, but some kind of like normal humanity and a willingness to see that and be OK with it. We're not perfect beings and being able to lightheartedly look at that and giggle together. And the times where I think I can control or stay on top of something and it just doesn't work out as planned." (Bertie) "…that's definitely what I don't want to be because I don't put myself down. I'm secure as a person and all that kind of stuff. It's not putting down. It's more just like...Again, sometimes I use an expression and for some reason in sessions, I don't know why, but often I mess them up. So I'll say something like, you know, like a stitch in time saves nine" and then I'll be like "a stitch in time saves... What is it, again?", you know, just like just laughing about it, because I was like, "Oh, I fucked it up again. Look, I'm not sure what I'm doing here."…It just speaks to not being perfect. Right? And I think that... I really get this impression that it can pull me down off the pedestal. Sometimes I'll have clients starting by calling me like Miss (last name - redacted). And I'm like, "no, no, no, it's (first name - redacted). . And look, I can... I'm a real person and I make mistakes, too," and you know, that kind of thing. I don't know. It can really help with that comfort level. I think in that rapport....whereas I think self-deprecating humour can... could be off-putting. Right?" (Beverly)

Appendix H

Codes for Research Question 2

Theme/Subtheme	Verbatim
Benefits Vs Risk	Yeah, absolutely. I definitely I think for myself benefits... I would say the benefits outweigh the risk. For one, again, I think it really helps to put a client at ease. That's because, you know, again, oftentimes people are bringing in some painful, difficult situations or experiences and, you know, therapy itself can feel very heavy. So it's just to, you know, again, obviously, when appropriate, you know, help somebody feel more at ease, help normalize the things that our minds do that is universal to being human. And kind of making light of that can be... I think that in itself can be very therapeutic. (Bonnie) "I do, because otherwise I wouldn't use it so...so much, but we can certainly get to the place where I definitely think there are risks and there are definitely things...times when I feel myself I've gone into a place of humour and it wasn't appropriate. So, yes, but in general, I think that it does far more good than it has the potential for bad and you obviously have to use humour with clinical judgment as... as you would with anything else." (Beverly) "...I feel like it's really helpful as you get more experienced as being a therapist clinician that maybe we'll talk about that more as the interview goes on, but that you get to know when it's helpful, when it's appropriate, when it's useful, and also when it's not appropriate for helpful..." (Barbara)
Strengthening the Therapeutic Alliance Using Humour to Build Connection and Rapport	"I used to work with children...There, uh...you know, it was hard....it was hard not to use humour. It was hard not to connect in a way that didn't convey some sort of lightness. And easy-goingness um...to, to really create that sort of sense of connection and sense of safety..." (Bob)

“...I don't think that one use of humour made the whole difference in the therapy or the therapeutic alliance. But I definitely think that it helps...Me feel like... More connected sometimes with the client and help me move forward...” (Britney)

“...I think it's rapport builder. I think just to help show that you're... you're human...” (Bonnie)

“...There are times when humour might not be as appropriate, but I think for me, it just ...it's a really a place where you're able to build rapport and connection and I think just a shared humanity and in the sense that we're able to laugh at something together and find something funny together...I think for me, like the main thing is that it builds rapport. It builds connection...I think for me, it just I go back to that ability to form connections as human beings...I keep going back to and I don't want to say it over and over, but look just like more organic building a rapport... a lot of my humour is really just about building connection and rapport, I'd say overall more than anything...I'm like, "oh, cool, you know, what did you make?" And he's like, "you know, Chinese food." And I was like, oh, cool. And he's like, "I had to Google how to make fried rice." And I was like, "What? Why would you choose that?" You know, like and we just giggle about, like, the absurdity because he felt like he needed to ...to bring his... his cultural food into the ...but he doesn't actually know how to make it...” (Brenda)

“...I think it's a way to build rapport. I think it's a way to... to show genuineness, authenticity... But I think yeah, rapport building, I think comfort. I think it can be a relief, certainly for some. You know, it can sort of really... that's not the right word. Make you more approachable, maybe...” (Beverly)

	“...it definitely helps to, you know, build rapport... to help people feel more relaxed. You know, I'm also a human being and helping them through this process on their journey and it puts them at ease...So there may be ways that I use that within the session to just normalize to build that rapport... And encouraging our alliance or bonding or rapport...With my experience of that and often, you know, my clients (indiscernible audio) you know, "oh why is that funny to you. What's, you know, interesting about that?" And they let me know. "Oh, yeah, this is what this means" or "this show is about this." Like I get lots of good analysis about, you know, Brooklyn Nine Nine or Friends or The Superstore, right? And why they think it's funny. And I try to meet them where they're at. So, like, "Oh yeah, I watched that show you were talking about, that part you thought was funny" and then we can talk about that. There's lots of different reasons I may do that. Building rapport... Maybe we can use that to talk about the issue or bring it up in session...” (Barbara)
Using Humour to Show You're Human	“I try to be as human as possible as a therapist. I mean...but this is what I like to do, and I find that being human is so, so important, so I try to...interact, I mean, while maintaining a therapeutic stance and perspective of course...I try to be...I try to react as I would react with most humans outside of the therapy room. And sometimes that means, you know, uh...commenting in a way, you know, with some clients. It's...it's...it's rare, but I don't do this too much. But, you know, poking them a little bit in a way that's I like...you know...Maybe highliting a contradiction, perhaps, but in a way that might elicit more humour or more of a smile perhaps from them as opposed to feeling like scolding them...” (Bob)
	“...I think just to help show that you're... you're human, that you're, you know. Yeah. I guess it's to show that you're human. ...” (Bonnie)

	"...I think that it takes me out of the role of, like the expert professional therapist who's going to know everything and is going to be so serious and makes me a human being that they are coming to for support...And that we make mistakes and that we, we're not perfect. And then going back to I think what we talked about earlier, that whole idea of like not being the expert, like I don't want them to perceive me as Freud. They are already going to try and ask me for all the answers, which I certainly don't have. So let me just bring this to us having a conversation. I'm like anybody else. I just happened to happen to have my confidentiality and I've maybe studied a little bit of psychology..." (Brenda)
	"...Yeah often, you know, my clients will say that using humour or in session makes me appear more yeah, human, like a human, normal human being, like someone approachable, safe, they feel comfortable. And for me, in terms of the clinical application, it helps build that rapport perhaps more quickly. If they're feeling more comfortable, they may be able to share a bit more and express how they're feeling, thinking..." (Barbara)
Showing You're Approachable	"...I don't want to come off as being unapproachable, be someone that you can't sort of connect with... I don't have just one tone. I feel like that is not approachable...It makes people feel comfortable, it makes... makes... I think it makes me feel approachable, which is important. (Bob)
	"...I think it's a way to... to show genuineness, authenticity... But I think yeah, rapport building, I think comfort. I think it can be a relief, certainly for some. You know, it can sort of really... that's not the right word. Make you more approachable...Sometimes people give me feedback, but that's feedback that I've... that I've received a lot around being like like authentic or real or kind of approachable, disarming. I think that... that a lot of that speaks to a good natured, good humour,

	humorousness itself, being silly even at times, potentially...” (Beverly)
	“Yeah often, you know, my clients will say that using humour or in session makes me appear more yeah, human, like a human, normal human being, like someone approachable, safe, they feel comfortable. And for me, in terms of the clinical application, it helps build that rapport perhaps more quickly. If they're feeling more comfortable, they may be able to share a bit more and express how they're feeling, thinking.” (Barbara)
Showing The Client You Understand Through Humour	“...I'll use humour and be like, you know, if you had a magic wand, I'm sure you would want to go back into mommy's tummy. And then they kind of let go of the leg and they start laughing and then, you know, like they they're able to... To feel like I understand them... I'm using like a bit of a humour there, but I feel like it helps them... Tremendously to feel understood, and then they can kind of let go and be like, yeah, exactly, now I can come in because now you understand me, now I can trust you and I can come in and I can be with you...” (Britney)
Enhancing a Client’s Ability to Function	
Being Able to Laugh at Ourselves Can Be Valuable	“...I think having the ability to laugh at ourselves or laugh in situations that are difficult can be very valuable. And I will talk about that in risks as well. I think it's also like a fun way sometimes in therapy to address difficult things. I use it a lot when we're looking at like cognitive distortions or times when our thought processes might be a little bit skewed...” (Brenda)
Creating a Sense of Awareness	“...you know, um...creating awareness or whatever approaches or whatever strategies we use with the clients isn't only about the difficult stuff. Right? Isn't always about the super hard traumatic the super intense stuff. It can also be lighter as well...” (Bob)
	“Sometimes I use it as a way to help. Kind of. Make them understand something that's happening, so like I'm going to use a non-

verbal in the context, like let's say I'm seeing a couple and then that's teletherapy like as an example, like, you know, you're talking about how they they can't get along. And then I'm like, oh, and right now I can't see mister in the picture. Like, "where is he?" like he's out of the frame. So they laugh and that's the reality. Like we're not even able to stay in the same room together, you know...Yeah, I'm trying to think of like a concrete example recently and like I'm having a hard time finding the one. I guess I have one that I've used and I find that it's....It's it's it's from a book. It's again, it's a bit of a metaphor that I use with parents. It's like a book called Sibling Rivalry by (unknown). And that was like an example there that talks about...How parents, you know, how can you make them understand what's at the core of sibling rivalry and jealousy, for example? So if I have parents there and they're telling me their kid is misbehaving and jealous and whatever not and if I know that it's one of the causes might be the sibling rivalry, the jealousy, like, I'm going to use that as an example for them. And often that's going to trigger a lot of laughter and understanding. So the idea is like, you know, like I'll tell the....The the couple that's sitting in front of me, I'll say, OK, imagine that and I'll choose the parent that I feel like needs to empathize more with the child. So let's say it's the mom. In a case like I would be like, OK, imagine that. And I give the name of the the the the person. And I say, you are so beautiful. And, you know, your husband loves you so much. He's so happy to have you in his life that he's going to get one just like you, but a little bit younger, you know, like a little bit slimmer, a little bit nicer, a little bit prettier. And so now suddenly all your clothes that are like too small and you need to go to her and the laptop he got for you, you know, like for that little wedding present, you know, you need to share it. And then he's telling you that he's going to go on to, you know, work for two days in Toronto or whatever. And you're going to need to take

care of this little person who's going to be in your life now. And you're going to have to play with her and accept her. And, you know, and so that's the idea of having an older child who's jealous of the younger sibling who's coming into their life. How do you accept that younger sibling when you need one and how do you share your toys and clothing and you know, and so it's kind of help them understand. And often they will laugh and they say, OK, we get the point. It's it's tough. Like, how do you you know, like, why am I not good enough? Why did you need another child? So it's again, it's like in that same spirit of. Helping them understand what their children are going through." (Britney)

"...And this was an individual I'm working with in terms of normalizing this idea that emotions come and go and we can't control their emotions, we can't control who gets on the bus. But again, it was a use of humour of like, you know, who would you know who who would be really trying to get on the bus or what would they look like or what would they say to you or whatever. And that was a real like I think for this individual, that's when it really was like, OK, I think I got this now, like, you know..." (Bonnie)

"...even just like catastrophizing, so if somebody is sharing a concern around like this situation, that's really just getting out of hand for them and all of a sudden they're creating this big, huge problem out of things, I might sort of reflect it back to them in a humorous way and even add on a couple of things and sort of just get them to see, like how how far they've taken it, not in a way to mock or not in a way to discredit, but just in a way to show them that this can be like your thoughts are so negative that they're leading to this anxiety and like they're almost funny..." (Brenda)

"...my ability to join him there in an unashamed, unapologetic, light hearted way

leads him to insights that I don't think I would have his collaboration with otherwise. So I can I can get him to be insightful about that dynamic between him and I, and then I can get him to generalize an insight into the dynamic between him and his wife and even with him and his children, not as pertinent because his children live away from home now, but certainly with his wife..." (Bertie)

"I use the example of the other day, you know, we're repeating the client's words back to themselves, but it being a funny moment and a bit of a jolting moment with which to bring them back to the sense of when they felt more certain and there was less doubt and trusting their gut instinct about how to hold that relationship with their mother. When I said "she a bitch," because that's what she had said...She sort of laughed about it. And she was like, "yeah, yeah, you're you're right. You're bringing me back to sort of what I said. And that's when I say those words and repeat those words back again like that. My gut is telling me that's the truth and that she is someone that I need to continue to have strong boundaries with." So it was it was meant to sort of illustrate a point, but to remind her of this, the work that we've done in which she's created boundaries, in which she feels self-assured and she's working on her resilience, like all of that stuff. So it really brought it back to a prior conversation...because it began with with a validation, right, it began with like like I paraphrased sort of what she was saying. Um, yeah. Like to paraphrase what she was saying is validation. None of it was minimizing or not acknowledging, you know, even the fact that she... it is hard to be of two minds... to hate and to love someone, you know, and sort of... but then to sort of end it on that, which is, again, sort of gently pushing her back towards a lot of this conversation, all the work she's done. She's been journalling on all of this kind of stuff, of feeling "I have a choice here of how I'm going to carry my relationship with my mom forward and my choice is 'She is not

someone who is healthy for me. She's someone who is toxic for me.' And I'm going to continue to work on, you know, maintaining that or healing from that or whatnot." ...She's really was kind of going deeper and kind of those are the worries. That's the sort of the ruminations that I know, you know, happen. And what, you know, she's taking on journaling and stuff like that to work on when she's ruminating, of course, writing about it is usually helpful. So I think it helped her in... again, choosing how she... the perspective, because there are so many perspectives. But the... choosing, the one that she wants to take, that the... the route she wants to take... because it was her own words repeated back to her. It wasn't really...um... they weren't my words. It wasn't my own assessment or my interpretation. It was hers. And literally, she... she laughed...another time recently where a student who had been in an abusive relationship... after many tries, broken up with this very abusive partner... she's like, you know, but me, if I had just like. You know, just hadn't had a problem with that thing that he did and I just been compliant, like maybe this would work out, like there's still a chance kind of thing, you know? And then I was like, "So you're saying if you had been even more compliant and more silenced, things could have worked out?" And she she started laughing because I'm not a sarcastic person in any way. I don't even know if that would fall under the guise of sarcasm, but I'm essentially echoing it back to her, but choosing different words for not better but different words, saying if you were even more compliant and she immediately, like, saw the humour in it. Right. And she's like, "oh, right. Of course not. Like, that is not a relationship"...I think that's a really helpful tool to use and so can bring this lighthearted side to things. It's always a possibility. You know, so I was speaking to a student yesterday who was bringing up now the abusive dad, abusive parents, has worked really hard on creating boundaries. And we were talking about like her parents are coming

to visit and obligated to see them and she's trying to figure out what she's able to see. And she's a very authentic person. We've had sort of 10, 12 sessions under the belt. But so we were really talking about, OK, well, you could with keep in mind, sort of whatever you do, it's what is best for me. Like, we were just talking about different ways to sort of because she's like, "I'm still not sure." And I'm like "that's OK to be in a place if not sure," like, you know "are you going to go out for brunch or are you going to go for a walk?" And I was like, "and if your gut just says, 'fuck no mom and dad' theh... then go with that," she's like, "yeah," and and we have that rapport. And I realize that's also swearing. But it's also funny because she laughed because she's like... but it's also presenting her with giving her permission or allowing herself to give yourself permission that if her dad says no, nothing at all. No, like "maybe I say I can't see you." And that's OK too, because she was really we were sitting in a place of what can she offer them? And so I sort of brought humour a little bit humorously in the concept that she doesn't have to see them at all, actually..." (Beverly)

"...But also being able to say, "hey, look how we use that humour, we're talking about something more neutral and mundane as opposed to like making fun of yourself. Right?...Yeah. And depending on the student, you know, the student was very yeah. Let's call it let's just say, for example, let's call it Bob. Right? And what's Bob look like? What does he do? What... you know when he really wants to make you depressed, like how does that happen? What's the pattern of things? Right? So I think I get...found a lot of levity in that, you know, brought some energy, brought some creativity, kind of a humorous look on it. Right. And you know, it doesn't reduce depression at all, but it brings like some pendulating so they can kind of bring some energy up and bring some... see it maybe in a different way. Perspective, right?" (Barbara)

Promotes a Range of Emotions and Emotional Flexibility	"...I would imagine I wouldn't want myself to be portrayed as someone who is approachable because reachable but also someone who can experience a range of different emotions. That feels to me that conveys a sense of safety, that conveys a sense of flexibility to the client, which I think is important. And so, you know, I mean, the humour, be it laughter, be it whatever it is, that is one of all the different types of emotions. So in a way, I think it's important to be able to convey a sense that a therapist can touch all of those and can be comfortable with all of those in the spirit of deepening the therapeutic alliance or creating a sense of safety with the client...there very rarely is really a purpose, like a distinct purpose of being like "I'm using humor in order to do this", other than what I would have started off at the top. Right? Talking about just generally setting a mood of flexibility, of openness and safety, and all that. So it's hard... it's hard for me to answer that because... the purpose would all fall...funnel right back into that, which is just a question of making it comfortable or making them feel connected, hopefully... making them feel as though it's a safe place where they can have a range of emotions..." (Bob) "...I think it's important...I think it is part of the range of emotional experience. And whereas it's not always pertinent or appropriate in the... depending on what the client is presenting within the session as we work towards recovery, I think it's an important part to build and explore in the client. If not humour, then the ability to be lighthearted and playful and the ability to take things lightheartedly...I think I was alluding to this before is that it's on that range, the continuum of emotions. So the benefit of it is that it can open up a more broad, fuller spectrum of emotional experiencing in the clients. So I'm of the belief that when we try and protect ourselves in our emotional experiencing, we blunt one end of the emotional aspect of the spectrum. We try not

	to feel our fear or pain, but in doing so, we invariably blunt the other side as well, the positive emotions. So we unintentionally limit our ability to feel joy and playfulness and happiness and things like that. So when it happens in the session, I think it's really lovely because it shows the client that we can open up both ends of the spectrum together...I think that this ability to experience a full range of emotion in ourselves is what's healthy and to be able to do that for our clients so that they can experience that, too. I think that's important. The degree to which we'll follow that into the positive end of the spectrum has to be within our own comfort zone, has to be what's natural to us. It can't become too calculated, because then it goes against the nature of it, if that makes sense..." (Bertie)
	"...It can, you know, help to... if we're talking about really difficult things, you know, can help kind of pendulate, you know, go back and forth between the emotions, you know, so far about something difficult and they make a joke or find a moment where we can laugh, then that can be a moment where they can relax, have a breath, take a pause, and then we can kind of come back to what we were talking about..." (Barbara)
Recognizing and Validating a Client's Humour	"...Well, I'm thinking of another client, here's another example like this can help answer... where this in particular uses... they enjoy puns, they enjoy these really creative metaphors or like they... they name things. And I find it amazing. I find it hilarious. And uh... I don't hesitate to A) let them know and B) try to reply in kind. I guess there...that's a little more deliberate in a way to sort of say, "you know what, your... your silly puns are safe with me" sort of thing, or like, "I really appreciate them and I... and I... and I'm OK with them. And I really want to validate the...this cleverness and this...this creativity that you demonstrate..."...I guess I just felt like it was encouraging and it was sort of saying, "I hear you, I see you. And

	that's cool with me. And in fact, I even appreciate it..."" (Bob)
Using Humour as a Coping Mechanism	"...I use a lot of humour because I feel like it helps me cope with life. I think it's a coping mechanism...It can help alleviate, like I said, a lot of the tension and the stress and it's a good coping mechanism...and I think also like as a defense mechanism, like I said, like often like, you know, like some people might be depressed or very sad. And so laughter and humour can be used to...to not feel that in that moment." (Britney) "...lightening, just general lightening, like lightening up the situation, lightening up the mood, normalizing people's experiences. And then again as a coping mechanism or coping strategies..." (Bonnie)
Using Humour to Normalize Human Experience	"...like humour use can work very much for like a normalizing impact or effect rather for normalizing the human experience...it's just to, you know, again, obviously, when appropriate, you know, help somebody feel more at ease, help normalize the things that our minds do that is universal to being human. And kind of making light of that can be... I think that in itself can be very therapeutic...I guess, like if I were to think about it, for me, it's like, you know, normalizing again, making light of like everyday human experience make making light of things our minds say, making light of sometimes interactions we have with people...So one example of when I'll use humour is when...and again, this is going back to normalizing the functions of being human and normalizing the functions of of how our minds work so often with clients. I'll talk about, you know, that's part of our mind...Well, again, lightening, just general lightening, like lightening up the situation, lightening up the mood, normalizing people's experiences...And this was an individual I'm working with in terms of normalizing this idea that emotions come and go and we can't control their emotions, we can't control who gets on the bus. But again, it was a use of humour of like, you

	know, who would you know who who would be really trying to get on the bus or what would they look like or what would they say to you or whatever. And that was a real like I think for this individual, that's when it really was like, OK, I think I got this now...If anything would be like self-deprecation about myself in order to, again, to... to normalize a client's experience or to normalize... So, for example, I had a client, I guess I think I was trying to talk about the function of our minds and how our minds have this default mode where we're...you know... like and I'll say that again to, you know, age appropriate. ..I'll say that our minds are assholes right?...And I'll say, for example, as you know today and I like I'll share an example that I can't remember at a presentation and something happened. And, you know, I'll kind of share that story. And is that in the whole time my mind was saying this, this, this and this. Right. So, again, it's all in the spirit of...of normalizing that. Yeah, I might be a therapist, but my mind's an asshole too, right? It's normal..." (Bonnie)
Enhancing the Therapy	
Humour Can Help Clients Engage and Share Their Experience	"...It can lead to opening things up... it can lead to touching different things..." (Bob)
	"And again, for that client like age group, oftentimes it's the parents who say like, oh, like, you need this and that going on. You need to talk to somebody, right? So you also don't want it to be a drag for them like once a week that they have to talk to this therapist person. Right. So, yeah, like humour is so important for the engagement piece, especially with a young population. So some of the like, you know, "let's stand up and let's do this. Let's do a silly thing." Like let's, you know, like obviously that's not happening with six year old clients. But, you know, like part of it is just to keep the engagement for, like, some of the younger ones, especially when you're doing this online, when you're in person way easier in person, like I I have some twelve year old clients who literally I can tell when we're in

	session that they're playing a video game on the same laptop, so...And so we have to make it to a game like something happening, you know, like. Yeah. So you have to be like if it was a very like, you know there's no way they'd be engaged." (Bonnie)
Helps Clients Feel Safe and Comfortable; Makes Therapy Lighter, Less Stressful	"...it can help to elevate their mood and can bring us a bit more energy into the session. Maybe they make eye contact with you, focusing on you, engaging with you a bit more..." (Barbara)
	"...to me it all kind of narrows down to the same...to the to the same source which is about making it feel comfortable. But I guess the ways to get there um...kind of demonstrating that therapy and the work we do in therapy insn't always the doom and gloom stuff...It makes people feel comfortable, it makes... makes... I think it makes me feel approachable, which is important." (Bob)
	"I use it to alleviate if I see there is tension or someone is uncomfortable, I'm going to use humour to kind of try to make them feel more comfortable and release a little bit of that kind of tension in their body...Besides, like removing tension, I think it can also help people feel more comfortable, more like...You know, like if they feel stressed, I think that it's a good way of releasing the stress to to have a giggle or a laugh... in some cases, you know, you need to distract a child or you need to distract a person. And so you can make a joke and kind of help the person feel safe in their environment..." (Britney)
	"...for me, like humour use can work very much for like a normalizing impact or effect rather for normalizing the human experience. And then to help clients at ease, just to kind of put them at ease...I think it really helps to put a client at ease... So it's just to, you know, again, obviously, when appropriate, you know, help somebody feel more at ease, help normalize the things that our minds do that is universal to

being human. And kind of making light of that can be... I think that in itself can be very therapeutic... for me, it's to help again, right at the get-go to make somebody feel at ease, hopefully to make the process...the therapeutic process a little bit more a little bit more pleasant... (Bonnie)

“So usually I try and bring in a little joke just to to make things, you know, a little a little lighter... just to see how it lands and just to make things a little bit more comfortable, even before we've really talked about what's bringing them to therapy...And we're just just having a bit more of a ...not ...I don't want to say a casual conversation, because that's not it. But I just want them to feel that they can be more comfortable in the session...I think a lot of this is not necessarily just one thing that I say or do. I think it's a lot of creating that space for them where they can feel... comfortable enough to tell me what's going on in their life, and I do that by by, you know, using humour, my personality to create a space that allows them to say whatever it is they need to say, whether that be academics, familial, sexual, in whatever way, shape or form, to be able to create a space where someone feels comfortable to disclose those things to me...” (Brenda)

“...I think it has to do with sort of building, really building rapport, making people feel comfortable...” (Beverly)

“...it definitely helps to, you know, build rapport... to help people feel more relaxed. You know, I'm also a human being and helping them through this process on their journey and it puts them at ease...in dealing with the student... and her feedback, was she was saying in the first session, she was feeling very anxious, hadn't slept the night before. I was wondering what's going to be like. And her feedback was like, oh, "what you said about the first, you know, couple of minutes, you

	made a joke about something. And then I was like, OK, it's going to be OK." Right? Um, you know, just like "you just made me feel comfortable and, you know, you made me laugh and I felt just kind of ease and safety would be able to maybe open up and talk to you..."" (Barbara)
Using Humour to Model That Things Aren't As Bad as They Seem	"...I think it's also a way to model and again, sort of having this perspective where, "yes, this is bad and hard, but it's not all bad and hard, is it?" And of course, that's set in conjunction with validation in terms of really acknowledging, you know, what... the hardship of the person is experiencing. But to sort of also illustrate that like nothing is ever 100 percent anything. So I guess it's... yeah, it's about just modeling sort of like that, having like a good humour, if that makes sense, or lightheartedness..." (Beverly)
Using Humour to Move Forward	"...It was just like a guy that I see. And he said to me, oh, you can't see under my mask, because if I do, you know, therapy right now, like, I wear a mask and the client wears a mask and I have a distance or whatever. So the guy was mentioning that he has a beard, but I can't really see it because he's wearing a mask. So I retaliated with. Well, you don't see my beard either. Obviously I don't have a beard, but it was funny. And he laughed and, you know, like, it helps us kind of bond and move forward into conversation...I don't think that one use of humour made the whole difference in the therapy or the therapeutic alliance. But I definitely think that it helps...Me feel like... More connected sometimes with the client and help me move forward..." (Britney)

Appendix I

Codes for Research Question 3

Theme/Subtheme	Verbatim
Humour Can be Harmful to the Client	
Laughing at the Client	"… there comes a time where someone like giggle, like the client might giggle, or might laugh about their situation and either it's, you know, it's self-deprecating or...or um...uh...they just feel silly about the choices they made or something like that. Sometimes I...I... just getting caught up in that and that emotion. I sort of sometimes I just laugh with them and I do catch myself sometimes and I say, oh, this happes from time to time. I sort of say, "Oh, I'm sorry, I shouldn't laugh about that." Sometimes I do. Sometimes I don't. Sometimes I...But I do feel myself. Sometimes where I'm like "oh I'm sorry. I shouldn't laugh about that…"" (Bob)
Clients Feeling They Aren't Being Taken Seriously	"…I think I know I wouldn't want the clients to think that I'm not taking them seriously and that I'm not committed to their... to their... to what they're experiencing as well…" (Bob)
Dismissing, Minimizing, or Invalidating a Client's Experiences.	"…dismissing some of their realities, making light of some of their experiences um... you know generally invalidating what they might be sharing or what they might be experiencing or the severity of...of their emotions or their appearance. I think that would be, number one, the um... the biggest and most major drawback of using humour if it doesn't work the way you want it to…" (Bob)
	"…I mean, heaven forbid, but dismissing some of their realities, making light of some of their experiences um... you know generally invalidating what they might be sharing or what they might be experiencing or the severity of...of their emotions or their appearance. I think that would be, number one, the um... the biggest and most major

	drawback of using humour if it doesn't work the way you want it to…" (Bob)
	"…if they feel judged or they feel like, you know, you're minimizing something they're going through, and that could be taken in a way that is negative and could affect them negatively…if it's judgmental, if it's misunderstood, like misunderstood, if it's. Maybe it's also like. And minimizing it could be seen by some people as you're laughing at what I'm saying or you're minimizing my pain, and so that could be detrimental… the only things I can see that is...Can be harmful is like if they feel like you don't understand them or you minimize their suffering, and I think that could become obviously frustrating, you know, a source of frustration and and make them feel like...you're not connecting with them necessarily with empathy, but you know that you're making fun of them…" (Britney)
	"I think that there can be a a concern about minimizing or or invalidating…" (Beverly)
Humour Can Detract from Therapy Betraying Appearance of Professionalism	"…I wouldn't want the clients to think that I'm not taking them seriously and that I'm not committed to their... to their... to what they're experiencing as well. So um...a certain amount of professionalism that can be betrayed if interpreted or either delivered by the clinician in a poor way or interpreted by the client in a way that's other than what the clinician intended, which happens all the time....Like...I think that would be um... definitely problem to the professional appearance. You want to appear professional enough however that is is always uh... it's a moving target for sure…I want to appear professional but not too professional. I don't want to in the sense what I want professional, but I don't want to come off as being unapproachable, be someone that you can't sort of connect with or can't uh... appeal to in different... different levels...you know, both

	serious, both...like sad, angry. I mean, all the emotions basically. Right?...” (Bob)
Engaging in Humour More Than Compassion	“…the other thing I'm thinking of is that it has to be balanced with and it like as much as I've mentioned to you, that I'm quite effervescent with the joyous news that my clients bring to me, I'm also very moved by their pain as well…if I am free with my humour, but not as... or generous with my humour, but not as generous with my empathy and compassion, then I think that there is something that... there's a risk there of ending up letting my clients know, but on an insidious level…if I abandon them in their pain, if I'm not as present, if I'm not, if I'm not bringing as much energy to their pain as I am, to their delight or their joy, then on some level I'm abandoning them when they most need me. So I think that there's a risk in there that if we're going to use humour, we have to make sure that we are distributing the... the energetic engagement... as fairly, if that makes, I don't know, if "fair" is the right word, but…If I don't transparently process that with her, then I'm leaving her confused and alone…” (Bertie)
If It Isn't in Tune With The Client's Needs	“…I think a big drawback is if it isn't in tune with what the client's needs are. If it is if it represents a lack of attunement in any way, then there is a risk of a rupture there… And so I think a risk of humour is that if we use it and don't stay in touch with what our client's needs are.” (Bertie)
It Can be a Way to Avoid Things	“…like I am like aware too, like if clients are using humour as a way to say avert a tough conversation, you know what I mean?…I know for some like it can be absolutely like using humour can be a way to avoid things for sure…” (Bonnie)
	“…I was thinking about before our conversation today, just knowing that we were going to be talking about humour in... in psychotherapy had me thinking about...humour in psychotherapy and how sometimes my clients use it as an act of

avoidance as well, so this is where my ability to observe it helps me to follow the client, join the client, enjoy that part of them. Some of my clients are naturally really funny people and can get me in stitches quite easily, actually. And I don't need stitches like falling over and laughing so hard my stomach hurts. I don't mean in that sense, but I get like naturally get me erupted into laughter. And yet at the same time I'm aware that what we're talking about isn't funny at all. And so I've got to find a way to notice that and invite them to notice it with me and find our way back to the underlying issue that is actually quite painful…Especially if it's being used as avoidance. And I have to notice that and I have to bring them back…" (Bertie)

"…A student tends to use humour too... to, you know, make fun of themselves or deflect from something…So this student use humour a lot to kind of self-deprecate, to avoid feelings. And when we talked about it a bit more, he liked to use humour, but really was like to help others. Right. So when he can get other people to laugh at himself when they were going through difficult things from trauma that would bring comfort to others. And he liked to help others, but was also very anxious because that took a lot of time, energy, and he worried about them. So when we talked about a bit more the history of where this came from, I don't know if you want all this detail, but it's helpful for the bigger context...is that there was a past trauma and he became you played the role of kind of the helper and the comedian and keeping things light. So that's where he found that was helpful and useful. But it was difficult to talk to others about what he was really feeling or thinking because he used humour so much to distract and comfort others in their sessions… Throughout the sessions that we began using, talking about his use of humour and how you know, it could be impacting him negatively when he

	was being a bit more deprecating. Or masking, you know, as a kind of a way to avoid talking about or feeling his own feelings and how he could, you know, use this in session. So we were talking through maybe some different uses of humour and trying some things that I could be more neutral and light and also be able to express his thoughts and feelings with some trusted people in his life beyond me…" (Barbara)
It Can Be Used to Minimize or Deflect	"…like if it can be used to minimize or like deflect, which in some cases can be useful and others may not be useful. So I think that's where you need to be careful when you use it…" (Britney)
	"…like if clients are using humour as a way to say avert a tough conversation, you know what I mean? Like I'll point that out, you know what I mean…Like I want to say, "oh, I noticed you made a joke." Like I'll be like, "oh", like I'll kind of stay on the topic a little bit, you know what I mean. But yeah, and and that's probably another thing that I'm also aware of, too, is that so, you know, is that quick check in and part of it is like, is this... so part of it is probably is therapeutic. "Is this about me or about them?" And then the other one, "is this like pulling us away? Is this a way to deflect from a difficult discussion or not?" And if it's like, yeah, it might or I'm not sure, then maybe it won't be said. But if it's not, you know what I mean. Like that that's another part of my check in is that is not being used as a way to avoid a difficult conversation or a difficult topic or a difficult, you know..." (Bonnie)
	"…I think obviously there's a...there's a possibility that it could lead to an individual deflecting away or experiencing some avoidance… I think sometimes it can it can lead to things getting off track or the possibility. And I can remember, like I had one client who I worked with and she was just hilarious… But I had to be mindful of

	not letting that run the session and making sure that we were addressing the concerns that were bringing her to therapy…I think it is possible if you happen to find someone who has an equally interest in humour and sharing a funny stories that it can or run the possibility of derailing some... from the therapeutic work. And it's possible that it could get out of hand. And with that client I mentioned, like, you know, I had to be really conscious of the fact that usually at the first few minutes of your session, especially after you've been seeing someone for a long time, you're kind of just, if I may say, "shootin' the shit" for a couple of minutes…And making sure that we're not just laughing about things because ...because that can trigger a story for for that client and that could trigger a story for me. And it's just like we want to make sure that we limit that, because that's not what we're here to do…" (Brenda)
Refraining Can be Difficult When it is Habitual	"…So I think, like in terms of, you know, it being a drawback is because it's the only thing I can think of is because it's something that I find I use often and does work well with the right client at the right time when, again, a new client comes in and I'm getting the cues that they don't really respond to humour in, you know, in a way that it would be appropriate to use, then I know for me it's a little bit more of a struggle because, again, that's my natural, authentic self. So not saying that I don't give my authentic self and that I just have to scale it back…" (Bonnie)
It Can Be Inappropriate to Laugh with the Client Sometimes	"…I can tell you this client who gets me laughing and who I will laugh with her and then talk with her about how I'm laughing with her, when actually what we're talking about is quite painful. And can we come back to that? She'll join me in that really well. There's other times where in spite of her efforts to make me laugh, I'm not laughing, and then I need to name that too. I need to... there's an importance for me to recognize her efforts to get me laughing and that on some level that must mean that she really wants me

	to join her there in that place. And yet I can't. It's too painful, and it's not coming as easily as it might have...it might have in other instances because this one is just too painful. So there's times that I can join her in the laughter and bring her back to the pain. And there's other times where the pain is just too obvious or too poignant, where it's actually inappropriate if I join her in the laughter, if that makes sense…And then I need to say that out loud with her too, because other times it's worked. She's brought me there. So why isn't this one working? If I don't transparently process that with her, then I'm leaving her confused and alone." (Bertie)
Humour Can be Executed Poorly	
When Not Comfortable or Good at Using Humour	"…I guess in a way, this sort of circled back a little bit to the the comment about the question about "should humour be compulsory?" Because if someone just isn't comfortable using humour, if they just really aren't like even outside of therapy... whatever, it doesn't really matter. They don't have to be the same person outside that they are inside the room. They can... they can do whatever they want. But if they weren't comfortable with it and if they sort of tried or I mean, I think it's important to learn about it. But if they were trained in a way that sort of betrays who they are, deep down, it could work and it could definitely be something to work on for sure. But it could also perhaps betray who they are, which might potentially...who knows... anything can happen. But it could um... not threaten the therapeutic alliance... But it could...hmm... hinder it a little bit or could get in the way of it a little bit. It could not come off as being as natural if someone... if someone doesn't have that inclination...and being aware of it is important and you know, knowing that it's a possibility, I think that's very important…" (Bob)
Not Working Out as Planned	"…I think that would be, number one, the um... the biggest and most major drawback of using humour if it doesn't work the way

	you want it to. Of course. Um... I think that would be a main one…" (Bob)
Negative Experiences with Using Humour In General – "Not That I Remember"	"…Not that I remember. I think it's one thing that I'm using pretty well, I think I have a lot of other flaws and things I need to work on improving…I think that when I use humour, I'm I may just be in denial. And that could be why it's so hard to kind of find them. But from what I remember, when I do use humour, it seems like it goes well and it's helpful. I don't kind of recall. Rupture of alliance because of it or I can't recall. Really like. Negative issues that came because of me using humour…" (Britney)
Rupture in the Alliance as a Result of Humour Use	"…I don't think it's humour behind it that's caused a rupture in the alliance or that I don't think it's that like I think that... if it is, it's the cherry on top of the cake. It's not the cake itself…I think it might be the lack of them feeling empathy or understanding or the lack of them feeling like maybe I'm not the right therapist for what they're in. They need to work on. You know, like I think that there is more important reasons of why they have not worked versus me using humour..." (Britney)
	"I mean, I've had... no... like, not that I'm aware of, that has damaged the relationship, I think I've had situations where like... no, no, I don't think so, that I'm aware of…I don't think that the humour has ever been the reason that I can think of, although, like, realistically, maybe it has or maybe it can, you know, but not that I can think of, that I know of, you know?..." (Brenda)
	"…I think if I remember one specific example where humour didn't land and it was not, it was if it had negative impacts on the relationship. So we tell that this is a number of years ago and there's a bit of a context. So I was pregnant at the time and like I had gotten over morning sickness, but I was really still not in a great state in terms of like nausea and whatnot. And I had a bit of a cold

	time when we go to work with a cold. Right, that's the thing. And so I think I like coughed a little bit and but the cough, because I was pregnant, like triggered like a gag reflex. So I ran out of the room. I thought I was going to throw up. I was like, "excuse me." And she was like, "it's OK," whatever. And I ran out and then I came back and I'm like, "I'm so sorry. And I should have explained," or something. And then I sort of... it happened again, like ten minutes later and I was definitely going to go and throw up. So I was but I was trying to contain it. So I sort of like coughing but trying to like not have it go into a gag. This is so weird...but... but she was just like "maybe it's," she said something like "maybe,"... I don't know. And I was just like, ha ha. I was like, I don't know why I said it, because I was so uncomfortable, near throwing up. But I was like, "maybe it's you." I kind of just like, joked through my coughing...and I ran out of the room. And when I came back, like the air in the... it had just changed. (Interviewer - "Yeah, I get it.") She booked again. And I was like, she's there's no way she's showing up. And she did not show up to the next one…And I'd have to say, too, it's like, you know, you don't always know how it's received. Right? Like this one was a really clear moment for me. But I'm sure there were other times where maybe it was off-putting to people. And that's something I've reflected on too…I'm sure there are other times when maybe it didn't go as well as I thought it did, right? I only have my own experience to sort of base that on. I don't know in their mind…" (Beverly)
Using Mean-Spirited or Hurtful Humour	"Hmm... I can't really. Oh, like, I, I can't think of an example of that, like, I, I hope I didn't." (Britney)
	"…Well, I mean, I think if I remember one specific example where humour didn't land and it was not, it was if it had negative impacts on the relationship. So we tell that this is a number of years ago and there's a bit

of a context. So I was pregnant at the time and like I had gotten over morning sickness, but I was really still not in a great state in terms of like nausea and whatnot. And I had a bit of a cold time when we go to work with a cold. Right, that's the thing. And so I think I like coughed a little bit and but the cough, because I was pregnant, like triggered like a gag reflex. So I ran out of the room. I thought I was going to throw up. I was like, "excuse me." And she was like, "it's OK," whatever. And I ran out and then I came back and I'm like, "I'm so sorry. And I should have explained," or something. And then I sort of... it happened again, like ten minutes later and I was definitely going to go and throw up. So I was but I was trying to contain it. So I sort of like coughing but trying to like not have it go into a gag. This is so weird...but... but she was just like "maybe it's," she said something like "maybe,"... I don't know. And I was just like, ha ha. I was like, I don't know why I said it, because I was so uncomfortable, near throwing up. But I was like, "maybe it's you." I kind of just like, joked through my coughing...and I ran out of the room. And when I came back, like the air in the... it had just changed. (Interviewer - "Yeah, I get it.") She booked again. And I was like, she's there's no way she's showing up. And she did not show up to the next one. And I really contemplated at the time, I remember bringing it up in peer supervision, so I was like, "what do I do?" And I don't actually recall if I took any steps afterwards, I may have emailed her and said, you know, if you wanted to see another counsellor, I'm not sure what I did. But, you know, it was some... Yeah, but it was like I know I was like in a position where I wasn't at my best and I was trying to make light-hearted of the fact I was about vomit it, and like...but it didn't land and it cut the relationship. It was...the rapport was broken off." (Beverly)

> “No, I just, I can't think of... I just...no. I don't know. You know what, if it's something like intentionally and nothing comes to mind. And if it was unintentional, then...” (Barbara)