

**Self-rated Humour and the Perception of  
Humour's Value in Counsellor Effectiveness**

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## ABSTRACT

The purpose of this study was to examine the influence of self-rated humour on assessment of a counsellor's effectiveness in an interview using humour in different ways.

The subjects, six male and 40 female undergraduate students enrolled in the School of Child Care at the University of Victoria, were randomly assigned to three treatment conditions. Each group viewed a videotaped simulated counselling session in which the counsellor used either facilitative humour, non-facilitative humour, or no humour. Students then completed a scale rating the counsellor's effectiveness in terms of approachability and the ability to create a positive relationship. In addition, students completed the Martin and Lefcourt (1984) Situational Humour Response Questionnaire. Analysis of variance, revealed that counsellors who used facilitative humour were assessed as more desirable in terms of approachability and ability to create a positive relationship than the counsellor who used non-facilitative humour. Self-rated humour did not significantly influence the subjects' perceptions of the counsellor's effectiveness.

Findings indicated that counsellor initiated humour does affect students' assessments of the counsellor and that facilitative humour is preferable to non-facilitative humour. Implications for counselling and recommendations for future research are presented.

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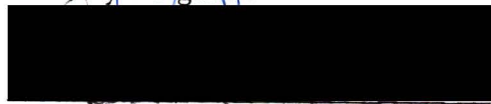
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## DEDICATION

I dedicate this thesis to those of you who will pledge to take five minutes of each day of your hectic life schedule, amid all the pressures, crises and uncertainties--to have a good look at yourself and at the absurdity in life, and rejoice--in the celebration of laughter.

## Chapter 1

### INTRODUCTION

There are those who suffer greatly and they go their way full of suffering. But if they meet someone whose face is bright with laughter he can quicken them with gladness. And it is no small thing to quicken a human being.

Martin Buber

The essence and value of a sense of humour has been held in high regard throughout the ages. "A merry heart doeth good like a medicine but a broken spirit drieth the bones" (Proverbs 17:22)

More recently, the role of humour in psychotherapy and counselling has drawn the attention of theorists, therapists and researchers. Since Freud's publication of Jokes and their Relation to the Unconscious in 1905, a trend of increasing interest and speculation about the influence of humour in the therapeutic process has emerged in the literature.

Martin Grotjahn (1957), a celebrated authority on humour stated that the lack of a sense of humour is a symptom of basic personality maldevelopment, immaturity and deficiency.

Humour has been seen to serve a functional purpose in health maintenance. Allport (1968) states,

So many tangles in life are ultimately helpless that we have no appropriate sword other than laughter. I venture to say that no person is in good health unless he can laugh at himself quietly and privately, noticing where he has overreached when his pretensions have been overblown or pedantic (p. 134).

These remarks are echoed by Fay's (1978) simple statement, "A sense of humour, particularly the capacity to laugh at oneself, is one of the most important ingredients of psychological well-being." (p. 6).

As well as being held as highly beneficial for human growth and development in general, humour has also been related specifically to: mood state and locus of control (Boorstein, 1980; Prerost, 1983); stress reduction; (Lefcourt & Martin, 1986); client anxiety level (Huber, 1978, Blank et al., 1983); client self disclosure (Killinger, 1977a; Warner, 1984); development of rapport (Killinger, 1977a); counsellor attractiveness (Megdell, 1984); counsellor likableness (Foster & Reid, 1983); counsellor approachability and ability to form a positive relationship (Foster & Reid, 1983; Reid, 1984); and increasing client congruence, awareness, catharsis, pleasure and self-esteem (Warner, 1984).

Much of the emphasis to date, however, has been directed toward anecdotal reporting and hypothesizing about the effects of humour within the counselling relationship. Until relatively recently, little attention has been paid to empirical studies validating these observations.

One area of empirical research receiving only brief attention to date is the influence of personality characteristics on subjects' perceptions of a counsellor's effectiveness employing humour in a counselling interview. Following the development of a research model (Kaneko, 1971), designed to examine humour's function in psychotherapy, and the subsequent application of this methodology in actual therapy sessions (Killinger, 1977a), a research design was established by Bayer (1979) and revised by Foster and Reid (1983) to measure humour's influence on counsellor effectiveness in an interview.

Reid (1984) then extended these works to investigate the influence of self concept on the humour response. Her study forms the foundation for the research to be conducted in this thesis, and will be described now.

In Reid's (1984) study, high school students were asked to assess the counsellor's use of humour under three conditions of facilitative, non-facilitative, and no humour, as members of either high or low self concept groups. The students first viewed videotaped simulated counselling sessions depicting one of the three humour conditions, and then rated the counsellor's effectiveness. The variables measured were counsellor approachability, ability to create a positive relationship, and effective use and frequency of humour. Results corroborated findings by Foster and Reid (1983) who determined that counsellors using either facilitative or no humour were rated more effective than those using non-facilitative humour. No significant effects were noted in the relationship between self concept and humour assessment however.

### **Statement of the Problem**

While humour has been shown to be beneficial both to human growth and development, and within the counselling process, the absence of focus on humour as a skill in counsellor training runs contrary to recommendations for its effective use in counselling practice. Given this apparent disparity, observed by Foster (1978), Banmen (1982) and Cade (1982), and notable differences of opinion in the literature on the use of humour in counselling, a further investigation of the nature and value of humour's influence on counsellor effectiveness is warranted.

With the exception of Killinger's (1977a) research where trained judges were used, and Megdell's (1984) study in which both clients and counsellors participated in the assessments, the preponderance of empirical research on humour has relied upon a general university population as a subject pool. In these cases, the generalizability of results to actual clinical counselling situations is limited. A more precise assessment of humour's impact on the counselling relationship may be attained through specialization of the subject population. In order to enhance the reliability of the research findings it is important that subjects are familiar with the counselling process. By using subjects in this study who are training to become providers of counselling services, as recommended by Bayer (1979), the results of their assessments of a counsellor's effectiveness will likely be more relevant to the counselling profession.

A university training programme emphasizing a specialized focus on child and youth counselling, employing educational components found in general counsellor training programs, appeared to be uniquely suited to the goals of this study. Despite some notable differences in client group specialization, student age levels, career goals and field experience between the School of Child Care and general counsellor training programmes, it was determined that sufficient commonality existed to warrant subject selection from this population. Another consideration was the limited enrolment in the University of Victoria counselling psychology programme, prohibiting adequate sample selection from that population to satisfy the research design requirements. On the basis of these assumptions and limitations, therefore, subjects for this study were drawn from students enrolled in the School of Child Care, at the University of Victoria.

If it can be determined that these students possess the facility to determine the effective use of humour in a counselling interview, then perhaps students enrolled in child care and related human services disciplines such as counselling and social work can be considered appropriate candidates for receiving training in the use of humour as a skill in the counselling process. Several implications may be drawn from this premise concerning the introduction and placement of a humour component within existing counsellor training curricula. For example, in conducting role play counselling interviews, discussion and debriefing can focus on the creative and therapeutic aspects of students' attempts to initiate facilitative humorous remarks with clients. While on practicum in a counselling agency, students could discuss the therapeutic value of humorous interventions, receiving constructive consultation from their field supervisor. An approach to training counsellor educators in techniques for modelling and instructing students in humorous intervention techniques could be studied. Means of assessing a client's preference for, and willingness to engage in, certain types of humorous interaction in a counselling interview can also be addressed.

Another area to be considered in this study concerns the nature of personal characteristics that may influence a counsellor's effective use of humour in his work.

A number of studies have begun to address this question. Prerost (1983) in studying locus of control and the aggression inhibiting effects of aggressive humour appreciation, concluded that humour content must be related to the person's ongoing mood state in order to be effective. Blank et al. (1983) found that subjects who were low in anxiety showed positive perceptions of therapists' humour,

and concluded that responsiveness to humour may be an external reflection of a person's inner sense of control and confidence.

Reid's (1984) study sought to determine a relationship between self concept and assessment of humour initiated by counsellors. Results showed no significant relationship existed.

Martin and Lefcourt (1983) examined the stress moderating effects of humour, comparing subject's life events with mood disturbance and humour style. Their hypothesis that humour reduces the impact of stress was supported. The authors concluded that for humour to moderate the effect of stress, the individual must place a high value on humour, and more importantly, produce humour, particularly in the stressful situations that he or she encounters in daily life.

Martin and Lefcourt's (1983) findings suggest that persons who value and produce humour can reduce stress in their lives. Perhaps valuing and producing humour play a role in the effective application of humour in the counselling interview as well.

A commonly posited question is: "How important is a good sense of humour to the effective use of humour by a counsellor?" Related to this concern, Hills (1984) found that parents became more effective when they discovered personal meaning during the process of acquiring parenting skills. Egan (1986) emphasized the need for helpers to discover personal meaning in communication skills and helping techniques which will then lead to integrated learning. He states "Communication skills learned, practiced and used in a fully human way at the service of a helping relationship and a helping process is a goal of the communication microskills training" (p. 74).

Incorporating these findings, It follows that the successful use of humour as a skill in counselling may be related to the degree to which counsellors find humour personally meaningful, are able to integrate it into their natural helping style, and produce humour in their daily lives.

With reference to these conditions, the personal characteristics of sense of humour will be isolated for investigation in this study. Students' self-reported tendency to produce humour in various life situations will be assessed to determine whether a relationship exists between students' humour and their assessments of a counsellor's effectiveness using humour in a counselling interview. It will be assumed that students' reports on this measure will accurately reflect their tendencies to produce humour in real life situations.

The results of this investigation will likely enhance existing evidence concerning the nature and importance of the personal or "self" component in counselling skill acquisition. This knowledge may prove valuable in answering such questions as: "Can we teach a non-humorous person to use humour effectively in a counselling interview?" "How do we best facilitate the learning of humour skills in counselling, given students' variable tendencies to use humour in their lives?"

Given answers to these questions, attention can then be directed to activities such as: Assessing the counsellor trainee's "humour potential," style, and to developing effective humorous intervention techniques.

In conclusion, the current study will be an extension of the work conducted by Foster and Reid (1983) and Reid (1984), cited in the introduction with the following modifications.

Foster and Reid (1983) determined that facilitative or no humour was preferred over non-facilitative humour by students drawn from a general undergraduate university population. Similarly, Reid (1984) discovered comparable results in the assessments performed by female high school students. The current study will attempt to determine whether these results can be replicated for students drawn from a Child Care counselling population, in the School of Child Care, at the University of Victoria.

In summary, this study will investigate:

1. Whether students would assess differently the counsellor who uses facilitative humour, non-facilitative humour, or no humour at all.
2. Whether students self-rating of their humour use will be related to their assessment of a counsellor's effectiveness in an interview where humour is employed.

### **Hypotheses Stated**

The following null hypotheses were established:

1. There is no significant difference between the students' assessed degree of willingness to approach the counsellor who uses non-facilitative humour, facilitative humour or no humour at all.
2. There is no significant difference between students' assessments of the counsellor's ability to create a positive relationship when the counsellor uses non-facilitative humour, facilitative humour or no humour at all.
3. There is no significant difference between subjects' scores on the Situational Humour Response Questionnaire and their assessments of the counsellor's "approachability."

4. There is no significant difference between subjects' scores on the Situational Humour Response Questionnaire and their assessments of the counsellor's ability to create a positive relationship.

## Chapter 2

### REVIEW OF RELATED LITERATURE

#### Definitions of Humour

According to Robinson (1977), in old medieval physiology, the term humour referred to the four principal fluids of the body: blood, phlegm, cholor (yellow bile), and melancholy (black bile). "The predominance of any of these fluids determined man's health or temperament or mood. A just balance made a good compound called 'good humour' and a preponderance of any one made a bad compound called 'ill humour'" (p. 9).

The Merriam-Webster's Dictionary (1974) described humour as "the mental facility of discovering, expressing or appreciating ludicrous or absurdly incongruous elements in ideas, situations or acts" (p. 344).

Erikson (1963) in his discussion of anxiety referred to humour as a redeeming human specialty, "the ability at rare moments to play with and to reflect fearlessly on the strange customs and institutions by which man must find self-realization" (p. 406).

As Keith-Spiegel (1972) noted, the various definitions of humour offered are almost as many as the numerous theories that abound, and there is considerable complexity and ambiguity concerning this issue. Finding a universal definition would seem to be a difficult task.

For the purposes of this thesis, and the need for an operational definition, the description of humour advanced by Robinson (1977) will be adopted. Humour will, therefore, be taken to mean, "Any communication which is perceived by any of the interacting parties as humorous and leads to laughing, smiling or a feeling of amusement" (p. 10). An assumption will be made that humour and laughter are interrelated phenomena, though not always co-existent in humorous expression, and the terms will be used accordingly in the literature discussion.

### Humour Theories

A review of the major theories of humour will now be presented in order to describe the nature of the humour process essential to the understanding of humour's application in counselling.

Psychoanalytic Theory. In a major work entitled Jokes and Their Relation to the Unconscious, Freud (1905) provided a framework for the study of humour. Freud saw humour occurring in situations where one might otherwise experience negative emotions such as sadness, fear, guilt, aggression, rage, lust, and other conflictual feelings.

According to Keith-Spiegel (1972), Freud believed that all forms of mirthful experience always represented a savings in the expenditure of psychic energy. This energy, built up for occupation in certain psychic channels is not utilized due to the censoring action of the super ego upon the ego, and is thus discharged in the form of laughter.

According to Lefcourt and Martin's (1986) interpretation of this theory:

The perception of various humorous elements in the situation provides them with an altered perspective on the situation and allows them to avoid experiencing this negative effect. The laughter of humour arises from the

release of energy that would have been associated with but has now become redundant (p. 6).  
Psychoanalytic theory can be applied to clinical settings with an altered perspective through humour, permitting a pleasurable response in otherwise painful circumstances (Klein, 1976; Killinger, 1977b).

Biological and Instinct Theories. Theories in this category purport that laughter and humour potentials are built into the nervous mechanisms of the organism.

Robinson (1977) cites McDougal's (1963) belief that laughter was an instinct invented by nature as an antidote to our tendency to sympathize with the distresses of others. McDougal asserted that laughter produces a physiological sense of well-being and a euphoria which has biological "survival value."

Superiority or Disparagement Theories. Robinson (1977) credits Hobbs (1651) as putting forth the theory that people laugh at those less fortunate than themselves, in order to enhance their own self-respect. Humour in these theories is taken to result from a sense of superiority derived from the disparagement of another person or of ourselves, according to Keith-Spiegel (1972).

Echoing Hobb's viewpoint, Lefcourt et al. (1986), pointed out that one can view humour through the positive effects of well-being accompanying a humorous situation rather than the negative emphasis associated with sarcasm. "Superiority or disparagement humour may be therapeutic to the extent that it enhances one's self-esteem and feelings of competence in the face of external threat." (p. 13). Robinson (1977) added, "It may reflect a laughing at our own inferiorities" (p. 19).

This theory was applied in the creation of disparaging remarks in the counsellor-client dialogue in the non-facilitative videotaped interview employed in the research design of this study.

Configurational Theories. Robinson (1977) reported that configurational theories of humour are based on the theoretical model of Gestalt psychology involving the "perception of the whole." She stated that the appreciation of a joke has been related to shifts in figure-ground perception. Characteristic of these theories is the surprise or insight produced when elements originally perceived as unrelated suddenly fall into place in an unexpected configuration.

Numerous clinical anecdotes report the significance of periods of insight gained by clients who experience a cognitive perceptual shift, enabling them to progress forward in treatment as a result of a humorous incident. These accounts will be referred to in a subsequent section. This theory was instrumental in the creation of content dialogue in the videotaped interviews employed in the research design of this study.

Release or Relief Theories. Theories describing humour as allowing relief from tension, anxiety or frustration fall into this category. Keith-Spiegel (1972) cited Spencer's (1860) belief that purposeless nervous energy in search of an outlet follows the most yielding course resulting in laughter.

Clinicians and theorists in counselling report the relative safety afforded by the vehicle of humour and laughter concerning the confrontation of potentially defense arousing topics and issues with their clients (Bloomfield, 1980; Huber, 1978). The cathartic effect accompanying laughter provides numerous psycho-physiological benefits that will be addressed in subsequent sections of this review.

Arousal Theories. Berlyne (1972) developed a theory emphasizing the relationship between tension or arousal and humour. He described two mechanisms he called "arousal boost" and "arousal jag." The "arousal boost" mechanism occurs

during the telling of a joke. The increase in arousal up to an optimal level is experienced as pleasurable. When the arousal exceeds the optimal level and becomes uncomfortable, the "arousal jag" mechanism takes over, reducing arousal to a pleasurable level once again.

Lefcourt et al. (1986), interpreting Berlyne's (1972) theory, stated the telling of the punch line of a joke causes a sudden resolution of the arousing properties of the joke. "This sudden reduction from an aversive to a pleasurable level adds to the enjoyment of the joke. The subjective pleasure experienced by both the arousal boost and arousal jag is expressed in the form of laughter" (p. 7).

Reversal Theory. Apter and Smith (1977) proposed a theory showing how behavior results from the action of psychological processes which display bistability rather than homeostasis. This bistable system has two rather than one preferred state, and when there is a switch from one preferred state to another, this is referred to as a "reversal."

Apter et al. (1977) described the individual as being in one or the other of two metamotivational states: the "telic" state when the person is goal-oriented and seriously minded, or the "paratelic" state when the person is focussing on ongoing activity and is more playful.

According to Lefcourt et al. (1986), humour in this theory involves both an increase in arousal and a reversal from the telic to the paratelic state of mind. He concluded that, "From the point of view of reversal theory, humour and laughter are therapeutic, not because they reduce one's level of arousal and tension but because they allow one to experience the arousal and tension in a different, less devastating way" (p. 9).

Incongruity Theory. Simply stated, incongruity can be defined as a conflict between what is expected and what actually occurs during the telling of a joke.

McGhee (1977) proposed that incongruity-based humour is one of the earliest forms of humour in young children. He described two modes of cognitively processing discrepant events--"reality assimilation" and "fantasy assimilation." Reality assimilation occurs through the successful attempts to accommodate cognitive structures to the new event in order to incorporate the new information. Fantasy assimilation occurs when the discrepant event is assimilated into given cognitive schema without any accommodation. In summary, McGhee (1977) stated, "This initial capacity for fantasy assimilation of inappropriate objects into existing schemas provides the child with the cognitive prerequisites for the most primitive form of incongruity humour" (p. 31).

In summary, it is evident that there are varied and interrelated views of the development and function of humour and laughter. In a later section theoretical viewpoints will be presented describing the function of humour within the counselling process.

### Humour and Health

Humour and laughter have been shown to be beneficial to our physiological well-being. This section will describe the results of research in this area.

Robinson (1983) and Fry (1986) have examined the literature on the physiological functions of humour. Robinson (1983) described intrapsychic stresses related to illness and stated that humour functions as a coping mechanism to relieve anxiety, stress and tension and acts as "a means of lightening the heaviness related to crisis tragedy, chronic illness, disabilities and death" (p. 116).

Robinson (1983) cited conclusions drawn from Fry's (1969, 1971, 1977a, b, 1979) works which determined that laughter involves extensive physical activity comparable to physical exercise. Fry stated the effects of laughter to include: increasing respiratory activity and oxygen exchange, muscular activity and heart rate; stimulation of the cardiovascular and sympathetic nervous system; and the production of endorphines, the body's natural pain-reducing enzyme.

Fry (1986) reported the direct correlation between humour and heart rate was a measure of the degree of laughter generated during humour exposure, a manifestation of the pulmonary-cardio reflex. Blood pressure levels were seen to increase, and greater coordination between right and left brain hemispheres noted during incidences of mirthful laughter.

Fry (1986) in studying humour in the aging process determined that the fading of alertness, diminished memory and retention, "can be opposed by the stimulatory effects of humour--presumably in part because of its enhancement of catecholamine production and greater alertness" (p. 95).

The autobiographical account of Cousins's (1979) dramatic recovery from a serious collagen disease promoted the healthful properties of laughter. Cousins, overcome by this disease while on a demanding speaking tour, was quickly hospitalized. Receiving a bleak diagnosis from physicians, he self-prescribed a sequence of ten-minute periods of belly laughter induced by watching old Marx Brothers and Candid Camera films. Cousins discovered that ten minutes of belly laughter provided an anesthetic effect, allowing him to sleep for two hours without medication. A drop of at least five points in his sedimentation rate was noted during laughter episodes indicating his body was more successfully fighting inflammation.

Humour has also been shown to moderate the effect of stress in our lives. Dixon (1980) proposed that the humour response could be considered a cognitive alternative to stress. He stated that "Humour is a harmless alternative to the maladaptive consequences of physiological stress and is more appropriate than the latter for the sorts of stressors with which humans have to cope" (p. 287).

Contrary to Dixon's (1980) beliefs, Safrenck and Schill (1982) conducted a study on humour and life stress and determined that neither of the aspects of humour use, nor humour appreciation helped reduce life stress with college students.

In an attempt to focus on specific variables of humour and their relation to recent negative life events and mood disturbance, Lefcourt and Martin (1986) conducted a study. They found that "the negative effects of stress were less pronounced for individuals who tended to laugh and smile in a wide variety of situations, who placed a high value on humour, and who made use of humour as a means of coping with stress, than for those to whom these descriptions did not apply" (p. 57).

Laughter has also been studied as a sign of disease (Moody, 1978). A distinctive type of aberrant laughter is found in three neurological disorders: Pseudobulbar palsy, amyotrophic lateral sclerosis and multiple sclerosis. As well, patients with Wilson's Disease are sometimes prone to drastic mood swings, uncontrolled smiling and laughter.

Moody (1978) cautioned that there are three groups of patients whereby a humorous approach to treatment should be avoided. The groups are:

1. "Those people for whom laughter and joy have become guilt provoking and threatening states."
2. Those people who have some constitutional peculiarity in which joy and elation may provoke unpleasant physical symptoms.
3. "Those people who have a disease or injury for which laughter has adverse effects." (p. 79). For example, persons who have cataplexy and narcolepsy, disorders of sleep, tend to respond to laughter by having a cataplectic collapse, a dramatic loss of muscle tone, and fall to the floor paralyzed, according to Moody.

Clearly, there are significant physiological benefits to be gained from humour and laughter. Knowledge of clients' medical condition in relation to the use of humour and laughter by counsellors, appears to be a critical variable as well.

### **Use of Humour in Counselling and Psychotherapy: Theoretical Viewpoints**

A review of the literature on theoretical perspectives of the use of humour in counselling and therapy produced results that will be presented in four sections. The first section will focus on the disadvantages and benefits of humour use. The next part will highlight clinical situations where humour has been found to be effective. A third section will describe specific therapies and intervention techniques employing humour. The fourth and final section will cite criteria and recommendations for counsellors using humour in their practice.

1. Disadvantages and Benefits. Kubie (1971) argued that humour has serious drawbacks and warned about the use of humour by therapists. He stated that often the patient's stream of thought and feeling could be directed from spontane-

ous channels by the therapist's humour. Kubie asserted that humour often serves as a defense against the therapist's anxieties, as well as those of the patient. He observed that a patient will laugh with the therapist to show he too has a sense of humour, but behind his smile he was indeed angry but the "therapist's mask of humour" prevented the anger from being expressed.

Kubie (1971) also warned against the abuse of power of the therapists' position. "Unless he is psychologically callous and unfit, the young psychiatrist, new to the therapeutic situation takes up his responsibilities with a tense combination of masked terror and anger, from which humour is an escape and against which it is a defense" (p. 865).

Kubie's potent criticisms prompted a controversy of opinion over the use of humour. Poland (1971) responded to Kubie's (1971) criticism that therapists actually avoid presenting examples of their use of humour. He presented two case reports stating his criterion for appropriate use of humour is the state of the therapeutic alliance. "Integrated, appropriate spontaneous humour is indicative of a high degree of alliance between the patient and the therapist, and is thus informative of the presence of the patient's observing ego" (p. 637).

Commenting on apparent conflicting views, Levine (1977) agreed with Kubie (1971) that humour can be used destructively and that therapists who do so are acting incompetently. He stated, however, that Kubie failed to see that humour, when used appropriately, can facilitate the awareness of profound insights. "Because humour is ego enhancing, by fostering a sense of mastery, it facilitates the acknowledgements of powerful insights with reduced anxiety" (p. 133).

Numerous authors have agreed on the positive benefits of humour in counselling ranging from generally pleasurable effects to more profound creative insights.

Klein (1976) reminded us that clients are usually conscious of suffering, both past and present, and often feel quite hopeless. Humour is seen to momentarily suspend client's self-criticisms, allowing them to experience incidental pleasures. Similarly, Boorstein (1980) noted that clients experience mood shifts from anger and depression toward relaxation and laughter when he employs humorous interventions.

In noting her therapeutic experiences using humour, Killinger (1977b) discovered that "One's sense of humour often serves to keep problems in perspective, or provides a different focus during some of the discouraging or depressing low points" (p. 153). Expanding upon this notion, Heuscher (1980) asserted that humour can actually widen a patient's experiential horizon revealing a wealth of feelings, ideas and attitudes which were not part of that person's conscious reality.

Humour has also been credited as a vehicle for making clinical interpretations with patients. Through the use of humour, a therapist cannot only appear more human to his patient, but according to Bloomfield (1980) humour can make an interpretation acceptable that could otherwise not be made, and reveal a clients' ambivalent feelings toward his therapist as well. Concerning the application of jokes, Grossman (1977) discovered that joking could be used as an interpretive device revealing anxiety-causing problems that a patient is not yet consciously aware of. He cautioned, however, that "the joke is no more 'magic pill' than any other therapeutic technique in our armamentarium" (p. 151).

In summary of the benefits of humour in counselling, Huber (1978) suggested the effective use of humour can: establish rapport and alleviate anxiety, anger and resentment; facilitate interaction between client and counsellor; and allow transmission of information difficult to convey in another manner. He cautioned that the inappropriate use of humour, especially sarcasm, mockery or ridicule can damage the therapeutic relationship.

To understand how these benefits are actualized, the focus of this review shifts to examine clinical situations where humour has been successfully employed by counsellors and therapists.

2. Clinical Applications. Humour has been employed by counsellors to successfully treat specified concerns presented by clients in a variety of counselling contexts. As Killinger (1977b) noted, the form of humour most often used is not prepared jokes for clients but the spontaneous creation of a situation specific amusing event.

Foster (1978) in his article entitled "Close Encounters of Another Kind" shared an amusing insight on situational clues for using humour. He asserted that humorous encounters are most fitting when the client requires a "temporary detachment from a stubborn clash of beliefs, values or feelings; when in other words, the client can't see the figure from the ground, or having stared excessively at his navel, now comes dangerously close to falling precipitously into it." (p. 48).

In her work with obsessional patients, Roncoli (1974) reports significant results stating "The therapist can ask the patient to be a participant-observer of his own behavior to begin to appreciate the comic and the tragic, and the laughable and lamentable aspects of his obsessional ways of life" (p. 172).

Working with clients experiencing depression and confusion, rigidity and inflexibility, loneliness and anxiety, James (1979) employed "laugh therapy" in her practice. James would ask clients questions such as "What did your parents laugh at?" and "Can you remember what thought was funny when you were little?" Clients would become aware of injunctions against playing, having fun and laughing out loud and enjoying life.

In the area of family counselling and therapy, Keith and Whitaker (1978) advocated the use of non-traditional means to reach their therapy goals. They believed that creating a sense of absurdity in a therapy sessions "places both the patient and therapist in the realm of the unknown and forces a here and now reorganization of the treatment project" (p. 70).

Describing a specific area within family therapy technique, Williamson (1982) stated that "Intergenerational change requires the anesthetic and psychological leverage of humour, and a heightened sense of the absurdity of all things. Both client and therapist need to transcend issues of exploitation, anguish and rage, in order to move to higher levels of play, which is to say, higher levels of abstraction." (p. 313).

Considering the use of humour in a group therapy context, Childs (1975) found that the use of targeted or directed humour was usually a result of an individual's attempt to comment on or control the behavior of other group members.

3. Humour Therapies. In an expanding examination of the role of humour in counselling, we shall now review specific therapies and intervention techniques which employ humour as a main tenet.

The founder of Direct Decision Therapy, Greenwald (1977) advocated telling jokes about himself as a means of lessening the gap between client and therapist. For example, in "breaking the ice" with a patient he commented: "I should add that before I embarked on this, I tried a whole variety of approaches, including encounter groups. That's where psychopaths teach obsessive compulsives to behave like schizophrenics." (p. 162).

In a specialized approach, Roncoli (1974) stated that therapeutic bantering is meant to be a humorous exaggeration of the patient's behavior where the therapist takes the intrapsychic process of humour and makes the process interpersonal, through the uses of irony, humorous depreciation and impersonation.

Salameh (1983) described two therapies in which humour plays a major role. In Provocative Therapy, humour takes the form of exaggeration, mimicry, distortion, sarcasm, irony and jokes. Natural High Therapy, proposed by O'Connel (1977) is described as a complex integration of Adlerian and Jungian approaches combined with Moreno's psychodrama techniques with humour serving as a synthesizing factor as well as central focus of the therapeutic process.

Paradoxical intention has been described by Lamb (1980) as a technique in which counsellors prescribe and encourage clients to exaggerate or increase the occurrence of a neurotic symptom. The more clients try to produce the symptom intentionally, the more they find they are unable to do so. "Often staged in as humorous setting as possible, paradoxical intention helps to bring about a change of attitude in the client toward the dysfunctional system" (p. 217).

Others have written on the benefits of this particular technique (Frankl, 1965; Fay, 1978; Shaughnessy, 1984). Generally credited with the creation of

logotherapy Frankl (1965) incorporated laughter in the treatment of patients with phobias or obsessive compulsive patterns. He believed a patient developed a sense of detachment toward his neuroses by laughing at it. Fay (1978) supports this viewpoint in stating "I find that humorous comments especially when repeated over several sessions, facilitate the disruption of fixed damaging values and game patterns. They enable the person to gain a different perspective which in many instances promotes change" (p. 115).

Reporting on a systematic way of working with adolescents, Prerost (1984) described the Humorous Imagery Situation Technique (H.I.S.T.). This method creates a framework for the formalized use of humour in counselling relying upon reinstating humour in a client at an imagery level, releasing client impulses through laughter, and transferring the positive effect to daily functioning.

In summary, a variety of techniques rely upon the infusion of humour to bring about the desired therapeutic change. Warner (1984) cited the positive outcomes of humour therapy within a therapeutic milieu as including increased congruency, awareness, catharsis, pleasure and self-esteem. "Humour allows one to risk speaking of anxiety producing content in a safe, socially acceptable way, without fear of censure, allows pleasure for self and others and allows one to rise above and gain a sense of control over a problem through laughter" (p. 19).

Humour has been applied in a broad range of clinical settings as an influential therapeutic strategy. The results of its impact supports a growing interest in empirical investigation attempting to qualify and measure this effectiveness. This knowledge of humour's influence in specific clinical applications prompted the investigation of humour's role in counsellor effectiveness undertaken in the cur-

rent study focusing on individual counselling under more typical conditions than those presented in this section. Given a need for direction on how counsellors can effectively employ humour in their work, the next section addresses the criteria and conditions found to facilitate these ends.

4. Recommendations. The successful use of humour as a facilitative condition in the counselling process depends upon numerous conditions being adhered to by counsellors.

Kubie's (1971) strong statements, advocating the limited use of humour only by experienced therapists, and during the later stages of the therapeutic process set a cautious tone in the literature. Efforts have been advanced to qualify counsellor-initiated humorous statements according to scaled criteria measuring their effectiveness.

In response to Kubie's (1971) position, Mindess (1976) pointed out that in fact other types of therapeutic interaction may be abused in ways very similar to that befalling humour. This suggests it is very much a question of how any skill is used, rather than their mere recognition and potential, which determines the outcome of counselling or therapy.

Dewane (1978) addressed more specific elements of the counsellor-client relationship. She asserted that in order to attain such humour benefits as client self-understanding, allowing a safe expression of a client's charged feelings; and revealing a client's cognitive functioning, that humour must be differentiated from sarcasm and ridicule. She stated that "In establishing a relationship, the warmth elicited and solicited by client and worker through humour can provide the intimacy essential for a functioning relationship" (p. 508). Hickson (1977) concurred

emphasizing that the therapeutic relationship must become solidified and a level of trust established in order for humour to be employed effectively.

Nevo (1986) commenting on the use of humour in career counselling asserted that whether a clients' response to humour is one of understanding, discomposure, curiosity or even resistance, all of these responses can be used meaningfully in the counselling process. He recommended, for example, that counsellors: laugh with clients not at them, use humour to coordinate with the client needs rather than defend the counsellor's anxieties, and use appropriate timing.

Salemeh (1983) constructed a five point Humour Rating Scale to rate therapists' use of humour. The scale ranges from level one representing destructive humour to level five noting outstandingly helpful humour responses. In noting Kubie's (1971) comments on the potential abuse of humour, Salemeh (1983) stated that Kubie accurately described humorous responses that fit level one (destructive) and level two (harmful) of his Humour Rating Scale. Salemeh (1983) has observed noticeable differences in the quality of therapists' humour at stages three, four and five. He noted therapists tend to: use humour out of a sense of inner richness, look at it in terms of gratitude and continuing self-exploration, use humour that is constructively vitalizing, and have as their major ethical and professional concern, the patient and his welfare (Salemeh, 1983, p. 83).

More specifically, Mahrer and Gervaise (1984) studied strong laughter in patients of psychotherapy. They found strong laughter to be an appropriate positive indication of progress when the following criteria are met:

- a. there is a positive shift in the patients' self-concept,

- b. there is a therapeutic change due to heightened feeling, emotion, expression or experiencing,
- c. there is movement toward a more valued goal state, and
- d. the development of a patient-therapist relationship is characterized by warmth and acceptance, intimacy and a reduction in emotional distance.

Other recommendations in the literature address in general terms the need for counsellors to develop and enhance their ability to effectively use humour.

Believing counsellors should realize laughter is feedback about their emotional state, Leone (1986) stated that people who do not laugh very much tend to block their emotions, and urged counsellors to take responsibility for ensuring they create happiness in their lives and chosen career.

He recommended that school counsellors use guidance groups for counsellor-directed role playing, dramatization and puppet plays employing for such humorous techniques as exaggeration, surprise and incongruity.

The director of the Humour Project at Saratoga Institute, Joel Goodman (1986), recommended counsellors look at the comic side of situations in their work with clients by getting them to set aside one minute a day for humour meditation. Students can mentally review stressful events they experienced and then draw a picture of the image--with their eyes closed. This helps students reframe the stressful events in a lighthearted perspective.

A final comment by Salameh (1983) underscores the special nature of humour while alluding to its inherent elusive qualities as well. "Humour is a human possibility (a 'nomadic singularity') that is not restricted to any specific theoretical framework, therapeutic or otherwise. Many therapists who are humorously

endowed, therefore, use humour in their daily therapeutic work naturally and implicitly without seeking further elaboration or theoretical justification for their humorous interventions" (p. 62).

Humour has obvious advantages and some disadvantages when employed in counselling and therapy. Counsellors utilize humorous intervention techniques in specific clinical applications with notable success depending upon factors such as type of humour, goals of intervention, nature of the therapeutic relationship, clinical conditions, type of client problem, and the knowledge and skills of counsellor or therapist. The personal characteristics of the counsellor who uses humour remains a prominent factor in its successful application as well. This review now focuses on empirical studies of humour in counselling.

#### **Use of Humour in Counselling and Psychotherapy: Empirical Studies**

A number of empirical studies have been conducted that pertain directly to the investigation of the value and use of humour in counselling and therapy.

Kaneko (1971), defined humour in operational terms, as overt behaviour, devising categories based on psychoanalytic theory, which examined the purpose or intent of humour. Each humorous incident was identified in terms of laughter, smiling, verbal report, and the presence of a "humour facade." Kaneko's (1971) study was a significant contribution as the first attempt to measure and evaluate humour in psychotherapy.

Another study emphasized the possible impact of humour rather than strictly analysing its components. Labrentz (1974) sought to determine whether humour was a means of establishing rapport between client and counsellor. In

measuring the client's perception of the counsellor-client relationship following the experimental conditions, Labrentz (1974) found that those clients who were subjected to humour prior to the interview, rated the relationship higher than subjects who were not. Although the findings were significant, the fact the experimenter employed cartoons as humorous stimuli detracts from the generalizability to most clinical situations.

Utilizing a methodology adapted from Kaneko (1971), Killinger (1977a) examined type and frequency of humour employed by the therapist as well as the intent and outcome of the humour, comparing results with non-humorous interactions. This study explored the facilitative effects of humour upon client exploration and development of positive attitude toward the therapist.

Audiotapes from therapy interviews of eleven therapists were collected and submitted to trained judges for analysis. The judges determined each humorous incident to be either laughter or non-laughter according to pre-established criteria. The therapists' humorous and non-humorous statements were then assessed as to whether they were self-directed or other-directed, defensive, or relaxing and supportive in nature.

Killinger's (1977a) results indicated that therapists used humour which was other-directed, non-defensive and related in context to the ongoing interaction. In addition, therapist humour facilitated client exploration of the topic under discussion and encouraged positive feelings toward the therapist.

It was also noted that humour was somewhat of a risk-taking venture in that when a therapist made a humorous remark, but felt his humour had gone too far, he would often issue a "recovery statement." This observation helped to

explain the unusually positive outcome ratings, even when superiority or ridicule humour was used.

In an attempt to corroborate Killinger's findings, Bayer's (1979) study investigated students' response to counsellor initiated humour portrayed in videotaped simulated counselling interviews. Three humour conditions were established in the interviews as low level humour, high level humour and no humour. Students each assigned to one of the three groups, viewed the videotapes, then rated the counsellor in terms of approachability, likableness, competence, and sense of humour. No significant differences between groups were found. Bayer (1979) was unable to confirm Killinger's (1977a) findings.

One apparent limitation of Bayer's (1979) methodology was that subject raters were not shown the client's reactions to counsellors humorous remarks. This is significant in terms of the importance of preserving what O'Connel (1976) calls the "dyadic quality" of humour. The transactive nature of the interview, showing both client and counsellor responses including all the perceptual nuances of verbal and nonverbal exchanges, would seem to provide a richer source of data from which to assess humour's influence. It would seem somewhat critical, therefore, to have both client and counsellor observed by the raters.

A further study incorporated these recommendations. In an attempt to determine the impact of counsellor-initiated humour on subject's positive ratings of a counsellor, Golub (1979) videotaped simulated counselling sessions. One subject group viewed an interview where the counsellor used gentle confrontational humour in the interaction, and another group observed an identical interview devoid of the humorous remarks. Results showed no significant differences between groups on positive ratings of the counsellor.

Another study focused on the goal of reducing client discomfort, applying a similar focus as the relationship between humour and stress reduction researched extensively by Martin and Lefcourt (1983, 1986). Huber's (1974) study assessed the effect of counsellor initiated humour on client discomfort and client perception of the counselling relationship. The study examined humour's influence on reducing tension in subjects required to speak on anxiety producing topics. While results showed no significant difference between scores on the humour and no humour group, Huber (1974) determined that highly anxious clients preferred counsellors who used humour as opposed to those who did not.

Another empirical advancement was the examination of counsellor and client perceptions of their "live" humorous interaction in actual clinical counselling situations. In a study employing a technically sophisticated methodology, Megdell (1984) investigated the relationship between counsellor-initiated humour and clients' self perceived attraction to counsellors under the three conditions of "shared," "non-shared," and "no humour." The study utilized ten counsellors and thirty clients from two alcoholism agencies. Using a method permitting precise counsellor-client agreement on the frequency and quality of humour used, clients rated their degree of attraction to the counsellor in the three conditions. Results indicated that when counsellors used shared humour, their attraction rating of counsellors increased both in frequency and magnitude to a greater degree than increases in the non-shared and no humour conditions.

Foster and Reid (1983) expanded the study conducted by Bayer (1979), modifying the research design allowing subjects to observe complete counsellor-client communication transactions on the videotapes. Their purpose was to determine

how students assessed the counsellor on four dimensions: likability, approachability, ability to create a positive relationship, and ability to lead the client to a better understanding of her concerns. They produced three videotaped interviews depicting: facilitative humour, non-facilitative humour, and no humour. The humour conditions were created according to a scale Foster (1978) designed to assess the relative facilitative degree of humour used by the counsellor.

Students viewed the videotaped interviews and completed a rating scale assessing the counsellor's performance on the four counsellor dimensions. Results indicated that non-facilitative humour was rated as less desirable than facilitative humour and no humour in terms of counsellor likableness, approachability and ability to create a positive relationship. No differences between groups were noted on the client understanding dimension.

Foster and Reid (1983) speculated that a possible reason for the result on "client understanding" lay in the students' expectation that there would be a resolution of the client's concerns. As they were only shown a five minute segment of an interview, this resolution was difficult to judge, and may have been more representative of the "goal" of counselling rather than the "process" (Foster et al., 1983).

Co-author of the preceding study, Reid (1984) expanded her previous work to determine whether students' self concept was a possible variable influencing their assessment of the counsellors' use of humour in a counselling interview. The Tennessee Self Concept Scale was administered to 128 female high school students. The thirty students scoring highest formed the high self concept group, and the thirty scoring lowest, the low self concept group. Each group was then divid-

ed, placing ten students in each of the Facilitative Humour, Non-Facilitative Humour, and No Humour test conditions.

Students then viewed the videotaped interviews and then completed a questionnaire rating the counsellor on dimensions of approachability, positive relationship, quality and frequency of humour.

Reid (1984) found that self concept appeared to have no significant effect on students assessments. Students, nevertheless, rated the counsellor as more approachable, more able to create a positive relationship, and more able to use humour effectively in the facilitative and no humour conditions, than in the non-facilitative condition. These results support previous findings (Killinger, 1977a; Foster & Reid, 1983).

Interestingly, no significant differences were found between the facilitative humour and no humour ratings in terms of client approachability and ability to create a positive relationship. The finding that a counsellor's use of facilitative humour was no more influential than using no humour at all is consistent with previous discoveries (Golub, 1979; Huber, 1974) and corroborates Foster and Reid's (1983) earlier results as well. These findings lend support to Kubie's (1971) warning that sarcasm and derisive humour detract from positive therapeutic interaction and suggest that a counsellor choose to employ either facilitative humour or no humour at all, rather than risk harmful effects of non-facilitative humour with their clients.

Evidence from the empirical studies presented indicate that there is considerable agreement that humour may influence counsellor effectiveness in the counselling interview (Labrintz, 1974; Killinger, 1977a; Megdell, 1984; Foster &

Reid, 1983; Reid, 1984). There are also research findings indicating that humour has a negligible or indirect relationship with the effectiveness of counsellors employing humour (Huber, 1974; Golub, 1979; Bayer, 1979).

Whereas humour has been shown to be beneficial in life and within the counselling process, it is less clear how these results have been incorporated into counsellor training programs.

### **Humour and Counsellor Training**

Given the clinical reports acknowledging the usefulness of humour in counselling and empirical findings substantiating these benefits, one would expect humour skills to be addressed in counsellor training. Herein lies a paradox.

The nature of the counsellor training process and core skills required to become a proficient counsellor have been well documented (Carkhuff, 1969; Ivey, 1983; Egan, 1986). Descriptions of humour as a core skill are not available in this literature. In Jevne's (1981) research on counsellor competencies, a notation for "sense of humour" appeared in the Personal Characteristics Category, alongside "prompt and dependable," secondary to six other descriptors rated highest by respondents judging factors important for effectiveness in counselling.

Humour has in fact been described as a potential barrier to effective interpersonal communication, thought to elicit defensiveness in clients (Gordon, 1974; Adler & Towne, 1984).

Banmen's (1982) review of the literature reported an absence of discourse on how humour can be incorporated into counsellor training. The author advocated that training programs should include lectures and workshops on the use of

humour to assure counsellors use discretion, spontaneity and sound judgement when employing humour in the therapeutic process.

Cade (1982) mentions a possible reason for humour's absence in stating, "As therapists we are trained to be serious. It took us years to realize that therapy was a serious business that seriousness could often obstruct" (p. 35). In the related area of social work training, Dewane (1978) remarked that humour is often seen as an avoidance mechanism for both worker and client. "To joke with a client shows an attempt to diminish the severity of a client's distress and demonstrates the worker's inability to handle the stress of the situation." (p. 508). It appears then that there are beliefs about humour's value which may dissuade counsellors from using it in their work.

Foster's (1978) comments reflect upon this point. He feels that counsellors who are taught the critical nature of empathy and respect then shy away from any response that might be construed as disrespectful or self-serving. Foster (1978) recommends counsellor educators work to reverse the deadly seriousness of training without lowering the standards by allowing humour a place in the training.

Given the emphasis in training programs on reinforcement of desired counsellor skill usage through a variety of methods, and given that humour is not considered one of those skills, it is unlikely counsellors will apply humour in practice with any certainty or regularity. Students inadvertently get the message "humour is better left untouched," reflecting Kubie's (1971) warning "Humour has its place in life. Let us keep it there by acknowledging that one place where it has a very limited role, if any, is in psychotherapy" (p. 42).

A growing emphasis has been placed on standardized approaches to qualifying humour's effectiveness in counselling. This review now focuses on significant advancements in humour measurement.

### The Measurement of Humour

Two scales designed for measuring the use of humour in counselling have been described in the literature (Foster, 1978; Salameh, 1983).

Salameh (1983) postulated that humour should be considered a core facilitative trait of effective therapists similar to those advanced by Carkhuff (1969) as: empathy, respect, genuineness, concreteness, self-disclosure, immediacy, and confrontation. He constructed the Humour Rating Scale to assess the facilitative use of humour in live or videotaped segments of psychotherapy sessions. He intended this scale to be used to explore the various levels of therapists' use of humour and assess the degree of improvement in therapist humour following training in the therapeutic uses of humour.

In a similar format is the scale Foster (1978) developed also along the lines of Carkhuff's (1969) scales for measuring facilitative conditions in counselling. Foster's scale provides five categories of humour ranging from level 1 in which "the client responds in a manner suggesting he or she has been hurt or strongly resents the therapist's remarks," to level 5 where "As a result of the humour the client gives new meaning to his or her situation or behaviour, and there appears to be evidence that the client has a richer awareness of himself or herself" Foster (1978, p. 48). The complete Foster Guide for Measurement of Humour is presented in appendix A of this study.

Lefcourt and Martin (1986) in a review of the literature on assessment of sense of humour concluded that most of the individual difference research to date focused on the dimension of humour appreciation rather than a generalized humour construct. They reported, "In reviewing these measures one is left with the nagging suspicion that such methods of assessing humour may have very little to do with the actual experience of humour in individuals' daily lives" (p. 18).

The authors describe two scales which do not present these drawbacks. The first scale is the Sense of Humour Questionnaire (S.H.Q.) developed by Svebak (1974). Rather than discerning individual preferences for different types of humour, this scale was designed to assess generalized individual differences in humour production and application. Svebak (1974) created three subscales reflecting three essential elements in sense of humour:

1. metamessage sensitivity--the ability to recognize humour in situations.
2. personal liking of humour--the enjoyment of humour and the humorous role.
3. emotional expressiveness--the tendency to freely express one's emotions.

Lefcourt and Martin (1986) have determined the "emotional expressiveness" subscale to be unreliable but found favourable validity data for "metamessage sensitivity" and "liking of humour" subscales.

The second scale relevant to the current study was developed by Martin and Lefcourt (1984) and is called the Situational Humour Response Questionnaire (S.H.R.Q.). The authors sought to accomplish three advantages in constructing this scale. Firstly, by directing respondent's attention toward particular situations they hoped to avoid a social desirability bias inherent in scales measuring qualities of an individual's sense of humour. Secondly, by emphasizing a behavioural assess-

ment of humour by focusing on actual expressions of humour (smiles and laughter), they hoped to obtain a more accurate assessment of a person's humour. Thirdly, they reasoned that humour could be defined in quantitative terms rather than in a conformist sense, if a wide variety of situations were sampled.

The authors investigated how often people smile and laugh in their daily lives, reasoning that people who exercise humour in situations that are not obviously humour arousing, may tend to actively produce humour. "In other words, it is likely that such individuals have developed the sort of mental facility for playing with ideas and perceptions in novel ways that is necessary for humour production, rather than being amused only by the more obviously laughable features of their external environments" (p. 22).

### Summary

Humour can have a powerful impact within the context of counselling and psychotherapy. Many specific indications and far-reaching implications have been generated for the continued examination of humour's influence.

In summary, the following conclusions can be drawn from the review of the literature:

1. Humour possesses significant potential emotional, physiological and psychological health benefits.
2. Humour is a common occurrence in counselling and therapy, taking the form of humorous exchanges between client and counsellor, or intentionally structured humorous situations.

3. The effect produced in clients by counsellor initiated facilitative humour is antithetical to clients' experience of physical or emotional pain.
4. While humour possesses the potential to be destructive to the therapeutic relationship, it also has the potential to be a valuable therapeutic asset within the counselling process.
5. The counsellor's use of humour as a facilitative technique requires specific knowledge, skill, professional judgement and certain favourable clinical conditions in order to maximize the therapeutic benefit received by clients.
6. Humour may be utilized more effectively when used with clients presenting specific needs and concerns, in particular clinical conditions.
7. The effectiveness of the counsellor's use of humour can be measured by criteria developed to assess its therapeutic potential and effectiveness in counselling.
8. In terms of its nature, value and application in counselling, humour may be closely related to other core skills of the helping process.
9. A possibility exists that a counsellor's knowledge and skill in the use of humour can be developed and improved.
10. A variety of theories of humour can be applied to the development of a counsellor's knowledge and skill.
11. Humour is utilized in a broad range of milieu including individual, group and family settings, for a variety of specialized purposes.
12. Certain counselling strategies and therapies employ humour as a key therapeutic device to accomplish their clinical goals with clients.

13. Empirical research has been generated investigating the impact of humour in counselling focusing on humour's relationship with factors such as counsellor approachability; ability to build a positive relationship; the establishment of rapport; development of positive attitude; counsellor likableness; competence; client discomfort, counsellor attractiveness; and self-concept. Results thus far, while mixed, suggest a positive relationship exists with a number of these variables.

Having concluded this review of the literature on humour in counselling, the current study on the influence of humour on counsellor effectiveness in a counselling interview will now be undertaken.

### Chapter 3

## METHODOLOGY

Chapter III describes the method used to examine the research questions of this study. The chapter is divided into four parts. First, the population sample is identified. Secondly, the instrumentation is described, followed by an explanation of the procedures employed. Finally, the research design and statistical procedures are presented.

#### Sample

The participants in this study consisted of six male and 40 female undergraduate students enrolled in the School of Child Care at the University of Victoria in the Spring academic term of 1987. This sample is representative of the male to female ratio within the student population of the school. Participants were randomly assigned to three test conditions. Fifteen students per condition was established as a minimum requirement to satisfy the statistical standards of the M.A.N.O.V.A. procedure.

### Instrumentation

The instruments employed in this study are described here, in order of their use.

### Preparation of the Videotapes

A number of steps were involved in developing the videotapes. The procedure followed that described by Reid (1984) to create the videotapes used in the study conducted by Foster and Reid (1983) cited in the review of the literature.

A female master's student in counselling, near the end of her training program, was selected to play the counsellor. A female undergraduate student in her senior year from the Faculty of Human and Social Development was chosen to play the client. The researcher directed and videotaped the sessions.

First, a videotaped simulated counselling session was developed. This procedure required a number of "dry runs" which were audiotaped. The research team then chose one interview that seemed similar in nature, degree of problem difficulty, genuineness and naturalness, to an actual live counselling interview. In addition, the excerpt chosen was conducive to the addition of humorous remarks at a later time.

The interview session was then role-played and videotaped several times and the most appropriate product selected according to the preceding criteria.

Then a script was prepared from the "natural" interview dialogue. The final interview session following many rehearsals, became the no humour (N.H.) tape.

This N.H. tape was then analyzed to determine the most appropriate humour content to be introduced and the best place to add these comments.

Foster's (1978) "Facilitative Humour in Counselling - Guide for Measurement" was applied in the preparation of the facilitative humour (F.H.) and non-facilitative humour (N.F.H.) tapes (Appendix A). Foster's scale, as described in the literature review, identifies categories of humour corresponding to the therapeutic value of counsellor-initiated humour and the corresponding effect on the client.

Levels one and two of the scale represent non-facilitative humour; levels four and five, facilitative humour; and level three, those humorous remarks that have a neutral effect on the relationship in this study.

The next step was to develop the F.H. and N.F.H. tapes. Humorous remarks were selected, added to the dialogue in the N.H. tape, and the interview was role-played again until a satisfactory result was obtained. Every effort was taken to ensure the F.H. and N.F.H. taped interviews were identical in voice tone, language content, and behavior to the original N.H. tape. The exception was, of course, that the F.H. tape contained two examples of what were judged by the research team to be facilitative humorous remarks. The N.F.H. tape contained two examples of what were judged to be non-facilitative humorous remarks, according to the corresponding levels in Foster's (1978) scale.

The research team deliberated carefully over the selection and integration of humorous remarks into the dialogue of the original tape and following many trial runs, were eventually satisfied with the results. The N.H. tape was approximately five minutes in length while the N.F.H. and F.H. tapes were about 35 sec-

onds longer. This researcher had hoped to employ Foster and Reid's (1983) original videotaped simulated interviews. Alternatively their tapes were to serve as a comparative measure to improve the validity of newly constructed tapes. Unfortunately, Foster's tapes mysteriously disappeared, much to Dr. Foster's chagrin.

### Validation of the Videotapes

The F.H. and N.F.H. videotapes were then submitted to three graduate students in counselling and two professional counsellors for validation. These judges were then asked to rate the F.H. and N.F.H. videotapes according to Foster's (1978) Facilitative Humour in Counselling Guide for Measurement (Appendix A) and Bayer's (1979) Humour Assessment Scale (Appendix B) devised for the purpose of rating the interview videotapes used in her study.

The judges were directed to read thoroughly the various levels in Foster's (1978) scale. They were told that they would be watching two excerpts from simulated counselling sessions and asked to record any humorous incidents, noting both verbal and nonverbal behaviour, occurring on the tape by jotting down key words on Bayer's (1979) scale sheet and rate the response from one to five on the scale corresponding to Foster's (1978) levels of facilitative humour. Judges were then asked whether the videotaped segments were a realistic and natural representation of a counselling session.

It was important to ensure the videotapes prepared were not only an accurate representation of level 2 and level 4 of Foster's (1978) humour scale, but also that they bore a high degree of resemblance to the tapes used in Foster and Reid's (1983) and Reid's (1984) study. Copies were, therefore, made of the taped F.H.

and N.F.H. interviews and sent to Dr. Foster requesting that he submit an analysis of the tapes, according to his intended use of the scale, and accurate recollection of his videotapes.

Dr. Foster concurred that the taped interviews used in this study bore a very close resemblance to his original simulated interviews and that the humorous dialogue used in the N.F.H. and F.H. tapes accurately represented levels two and four respectively on his scale.

All judges found the tapes to be a reasonable representation of an actual counselling interview and the results of the ratings are presented in Table 1.

Table 1

Judge's Ratings of Videotapes (n=5)

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Humour Statements	Segment	Mean Rating On Foster's Scale
Non-Facilitative	1	2.10
	2	2.15
Facilitative	1	3.55
	2	4.10

---

Note: 1 = low, 5 = high

### **Preparation of the Counsellor Effectiveness Rating Scale**

The same 5-point Likert-type rating scale (Appendix C) used in Reid's (1984) study was employed in this study as the first test instrument. The scale contains 13 statements evaluating the counsellor's performance in the taped interview session. Two statements in the scale were related to two of the hypotheses, and the others included to conceal the importance of humour. The respondent was directed to choose one of five response options ranging from a low to a high assessment. The direction of the ratings were alternated to prevent a response set.

Statements 6 and 7 were used to measure the two dependent variables, regarding counsellor approachability, and ability to create a positive relationship.

Statements 8a, 8b, and 8c included as a rough validating measure of humour effectiveness and frequency to ensure the subjects saw the humour as it was intended in each of the three conditions.

### **Preparation of the Self-Rated Humour Questionnaire**

The Situational Humour Response Questionnaire (S.H.R.Q.) described in the literature review, as developed by Lefcourt and Martin (1984) was employed as the second test instrument (Appendix D). This scale contains 18 situational items and three non-situational items, each listing Guttman-type response options ranging from low (i.e., "I would not have been particularly amused") to high (i.e., "I would have laughed heartily"). This questionnaire was designed to measure respondents' self reported tendencies to produce humour in a variety of different life situations. An example is item 5: "If you arrived at a party and found that someone

else was wearing a piece of clothing identical to yours..." (respondent asked to indicate response). The respondents were directed to read the instructions on the first page, then for each situation choose a response that best described the way they have responded or would respond in such a situation.

### Validation of the S.H.R.Q. Questionnaire

Lefcourt et al. (1986) reports the S.H.R.Q. has been administered to over 1,000 male and female undergraduate students at the University of Waterloo and University of Western Ontario. Cronbach alphas have been found to range between .70 and .85. Analysis of individual items have revealed average corrected item total correlations ranging from .25 to .55. Test/re-test reliability coefficients have been obtained over a one month period in the .70 range.

The authors conducted a number of validity studies on the S.H.R.Q. In one study Lefcourt et al. (1986) found significant correlations between the S.H.R.Q. and the Vigor score on the Profile of Moods States Questionnaire (P.O.M.S.) (McMair et al., 1971), as well as with laughter duration and frequency, and peer ratings of subjects sense of humour. In a second study the authors sought to measure self acceptance humour through peer ratings and behavioural mirth responses to failure experiences. Results indicated significant correlations between the S.H.R.Q. and the three peer rating items and the self-esteem scale.

In summary, Lefcourt et al. (1986) conclude "Subjects' scores on the S.H.R.Q. were found to be significantly related to the frequency with which they laughed during an interview and to their self-reported positive mood level" (p. 39). The S.H.R.Q. scale is presented as appendix D.

### **Procedure**

Approval was obtained from the Committee on Research Involving Human Subjects to proceed with the study. The researcher met with the Director of the School of Child Care to explain the nature, scope and goals of the research study. Permission was requested to conduct the study during the academic session using Child Care students as participants.

The Director of the School of Child Care agreed to the study and approached his staff to gain cooperation in allowing students release time during a final class to participate in the experiment. The researcher then met with two professors who agreed to cooperate in the study, and outlined the study's nature, goals and procedures to be employed. They were requested not to discuss the project with their students.

Participating staff members from the School of Child Care received a prepared statement to read aloud to their students (Appendix F). These statements were subsequently read to students, and the consent letters distributed (Appendix G).

### **Selection of Groups**

The subjects who signed the consent form volunteering to take part in the experiment from the School of Child Care were randomly assigned to the three humour conditions, the N.H. group, the N.F.H. group, and the F.H. group.

The final distribution of participants is presented in Table 2.

Table 2

Distribution of Groups

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<u>Humour Group</u>	<u>N.H.</u>	<u>N.F.H.</u>	<u>F.H.</u>
Low Self Humour	8	4	11
High Self Humour	6	11	5
Total	14	15	16

---

### **Procedure for Viewing the Videotapes**

The researcher and assistants arrived at the final class meeting of the Child Care course, at which time the student subjects were informed of which classrooms they should proceed toward, based on the result of random assignment.

Students were then met at the designated viewing rooms by the research assistants. They were asked to be seated and advised to keep the test booklet face down on their desk. They were then asked to turn the booklet over and read the instructions along with the research assistant (Appendix H). Students were reminded that the researcher was interested in discovering individual responses to the questionnaire items, and that they should respond privately so as not to influence the judgement of the others in the room. Also, students were asked not to discuss the videotape experience with other students until the results were released, and that the research assistants would remain behind afterward to discuss any questions arising.

Following these instructions, students viewed their respective N.H., N.F.H. or F.H. videotaped interviews, and completed the rating scale and questionnaire.

Once the students had completed the experiment the researchers remained to discuss any concerns generated by the procedures.

### **Research Design and Statistical Procedures**

A previous objective of examining for gender differences was abandoned due to an insufficient number of male subjects in the sample.

The hypotheses were examined using a 2(self-humour) by 3(humour group) analysis of variance. The independent variables for the analysis of variance were

humour group (no-humour, non-facilitative humour, facilitative humour) and self-humour (high, low). The dependent variables were the mean ratings of the counsellor's approachability, and the counsellor's ability to create a positive relationship, and the subject's scores on the S.H.R.Q. measure.

Analysis of data was carried out at the Statistics Laboratory, Faculty of Education, at the University of Victoria, using the MANOVA programme of the S.P.S.S.X. Statistical Package for the Social Sciences (Nie, Hull, Jenkins, Steinbrenner and Brent, revised 1983). Specific contrasts were determined using cross tabulation on selective variables. The level of significance was set at .05 for all statistical tests.

## Chapter 4

### RESULTS AND DISCUSSION

#### Results

In this chapter, the results of the study are presented in the order of the hypotheses stated in Chapter I. Where findings are significant, post hoc comparisons are reported. A discussion of the results concludes the chapter.

Means and standard deviations were calculated for the dependent variables, counsellor approachability and ability to create a positive relationship, for the low self humour and high self humour groups in each of the three humour conditions. These are presented in Table 3. It should be noted that the greater the value of the mean indicates a more favourable assessment of counsellor effectiveness on that variable. The rating scale used ranged from level one, "non-existent," to level five, "excellent."

Table 3

Means and standard deviations for each dependent variable according to humour group

	No Humour Group (n=15)		Non-Facilitative Humour Group (n=15)		Facilitative Humour Group (n=16)	
	L.H. N=8	H.H. N=6	L.H. N=4	H.H. N=11	L.H. N=11	H.H. N=5
	Approachability					
Group Mean	3.47		2.67		3.69	
Cell Mean	3.63	3.17	2.75	2.64	3.64	3.80
S.D.	.74	.98	.50	1.12	.92	.45
	Positive Relationship					
Group Mean	3.73		3.00		3.81	
Cell Mean	3.63	3.83	3.00	3.00	3.82	3.80
S.D.	.74	.98	.00	1.00	.87	.45

Note. L.H. = Low self-rated humour, H.H. = High self-rated humour

Student scores for each of the dependent variables were then subjected to a 3x2 (humour group, self humour) analysis of variance (ANOVA). Differences among mean ratings are reported in Table 4. Alpha level was set at the .05 level of significance. Specific contrasts were determined and these results are reported.

Table 4

Summary of results for analysis of variance for rating scale scores  
of each dependent variable

Source of Variation	Sum of Square	DF	Mean Square	F	Significance of F
Approachability					
Main Effects:					
Humour Group	6.68	2	3.34	4.154*	.023
Self Humour	.18	1	.18	.229	
Interaction:					
Humour Group - Self Humour	.67	2	.33	.414	
Residual	31.35	39	.80		
TOTAL	40.80	44	.93		
Positive Relationship					
Main Effects:					
Humour Group	5.55	2	2.77	3.983*	.027
Self Humour	.04	1	.04	.062	
Interaction:					
Humour Group - Self Humour	.11	2	.05	.077	
Residual	27.15	39	.70		
TOTAL	33.24	44	.76		

\* Denotes significance of the  $p < .05$  level.

Hypothesis 1. There is no significant difference between the students' assessed degree of willingness to approach the counsellor who uses non-facilitative humour (N.F.H.), facilitative humour (F.H.), or no humour at all (N.H.).

The results in Table 4 indicate that the null hypothesis must be rejected. Significant main effects were found ( $F_{2, 42} = 4.154, p < .02$ ), for the ratings of counsellor approachability.

Post hoc analysis employed Scheffes test. Comparisons indicated that the students' assessed degree of willingness to approach the counsellor was significantly higher ( $p < .05$ ) under the F.H. condition than under the N.F.H. condition. There was no significant difference between the N.H. and F.H. condition ratings nor between the N.H. and N.F.H. condition ratings for counsellor approachability. It is noteworthy that the N.H. and N.F.H. ratings were significantly different at the  $p < .10$  level.

Hypothesis 2. There is no significant difference between students' assessments of the counsellor's ability to create a positive relationship when the counsellor uses non-facilitative humour, facilitative humour, or no humour at all.

Results indicate that the null hypothesis cannot be accepted. There were significant main effects for humour ( $F_{2, 42} = 3.983, p < .03$ ) for the counsellor's ability to create a positive relationship. Post hoc comparisons showed the counsellor's ability to be significantly higher ( $p < .05$ ) under the F.H. condition than under the

N.F.H. condition. There was no significant difference between the N.H. and F.H. condition ratings, nor between the N.H. and N.F.H. condition ratings. Again, noteworthy is the finding that the N.H. and N.F.H. conditions were significantly different at the  $p < .10$  level.

Hypothesis 3 There is no significant difference between students' scores on the Situational Humour Response Questionnaire and their assessments of the counsellor's approachability.

The results in Table 4 indicate that the null hypothesis was accepted. Findings suggest that students' tendency to produce humour themselves is not significantly related to their assessments of a counsellor's approachability, when humour is used in an interview. However, a cross-tabulation of the variables of self humour and approachability produced a chi-square of 9.047 which was approaching significance ( $p < .059$ ).

Hypothesis 4 There is no significant difference between students' scores on the Situational Humour Response Questionnaire and their assessments of a counsellor's ability to create a positive relationship.

Again, results indicated the null hypothesis was retained. Students' tendency to produce humour in their lives is unrelated to their assessments of a counsellor's ability to create a positive relationship when humour is employed in an interview. A cross-tabulation of the variables of self humour and positive relationship yielded insignificant results.

In summary, there were significant main effects for humour observed for the ratings of counsellor approachability and ability to create a positive relationship. There were no significant main effects for self-rated humour on any of the counsellor ratings, nor were there significant interactions between humour group and self humour.

### Discussion

In this study the null hypotheses were examined to determine whether students with differing levels of self-reported humour would vary in their assessments of a counsellor's effectiveness who employed either facilitative humour, non-facilitative humour, or no humour at all in a counselling interview. Results indicated that whereas self humour made no significant difference to students' assessments, there were indeed main effects for humour in the ratings of both the dependent variables of counsellor approachability and ability to create a positive relationship. These results were generally consistent with the findings reported by Foster and Reid (1983) and Reid (1984).

Students assessed the counsellor as being significantly more approachable under the facilitative humour condition than under the non-facilitative humour condition. This result supports the findings of Megdell (1984) who determined ratings of client attraction to the counsellor were enhanced when the counsellor used shared humour over non-shared humour. The findings also corroborate indications by Killinger (1977a) that when therapists used humour that facilitated client exploration, positive client feelings toward the therapist were also generated.

The results also echo the general cautions and recommendations reported in the literature warning against the use of derisive humour, sarcasm or ridicule (Kubie 1971; Levine, 1977; Dewane, 1978), and support the view that when humour is shared between counsellor and client in a facilitative, supportive manner, the counsellor is likely to be seen as more approachable (Foster & Reid, 1983; Reid, 1984).

No significant difference was found between students' willingness to approach the counsellor who used facilitative humour and the one who used no humour. Contrary to findings attained by Megdell (1984), this result concurs with observations by Bayer (1979); Foster and Reid (1983); and Reid (1984) who recorded similar results. A number of interpretations of this result are possible. The humorous components of the interview dialogue were designed to initiate a facilitative shift in the client's perspective, paralleling the nature and degree of emphasis of the humour used in Reid's (1984) study. It was noted that some students did not acknowledge the use of humour in the F.H. tape, and judges rated the humour slightly below level four on Foster's (1978) scale. It is possible, therefore, that the brief humorous occurrences were not prominent or forceful enough to create the intended impact. Perhaps a more explicitly "potent" example of facilitative humour would create a measurable difference between these conditions. It is quite probable, however, that under general counselling conditions, a counsellor may appear equally as approachable whether he uses helpful humour or no humour.

Alternatively, perhaps under specialized clinical circumstances where difficult issues prompt defensiveness and inhibition in clients (Huber, 1978; Warner,

1984), the facilitative humour may prove more conducive to counsellor approachability. In light of this finding, further investigation is warranted.

Similarly, no significant differences were observed between the assessed willingness of students to approach the counsellors using no humour and non-facilitative humour. Despite Kubie's (1971) warnings of the destructive potential of humour in therapy, this finding suggests the counsellor was seen to be no less approachable when using non-facilitative humour than when no humour was used. Contrary to findings by Foster and Reid (1983) and Reid (1984), this result may be interpreted in view of Roncoli's (1974) observations in her work using therapeutic bantering with patients. In this technique, successful therapy depends in part upon the effective use of humorous deprecation and impersonation. Given that some students may have identified some inherent value in the subtle sarcastic humorous remarks used in the N.F.H. interview, this may also account for the lack of variation between the N.F.H. and N.H. conditions.

Moreover, as was noted previously, some students did not acknowledge that humour was used in the N.F.H. condition either, indicating that perhaps the sarcasm employed was too subtle in nature to bring about the desired derisive effect. This researcher's correspondence with Dr. Foster regarding this issue confirmed a difficulty in establishing a level two response on Foster's (1978) scale without depicting humour which was even more extreme (e.g., level one). In support of this point, the mean rating for the N.H. group (3.47) was greater than the mean for the N.F.H. group (2.67), and group ratings were significantly different at the  $p < .10$  level. It is probable, therefore, that more convincing examples of level two humour may have yielded greater variation between these conditions.

Participants in the current study rated the counsellor's ability to create a positive relationship significantly higher under the facilitative humour condition than when she used non-facilitative humour. This finding corroborates similar results noted by Foster and Reid (1983) and Reid (1984), and validates the importance of differentiating between non-helpful and helpful humour reported in the literature (Dewane, 1978; Huber, 1978), in order to ensure the development of a positive therapeutic relationship.

Consistent with findings for the approachability variable, the counsellor who used facilitative humour was assessed no differently than the one who used no humour, in terms of her ability to create a positive relationship. Whereas specialized clinical circumstances may illustrate a more influential application of facilitative humour, this was not the case in the typical interview situation examined in this study. This result is consistent with Huber's (1974) findings that clients' perceptions of the counselling relationship were not significantly different between the humour and no humour groups.

Similarly, no significant differences were observed between the no humour and non-facilitative humour conditions on the ability of the counsellor to create a positive relationship. It is noteworthy that the no humour group mean (3.73) was greater than the mean of the non-facilitative group (3.00) and that these group ratings were significantly different at the  $p < .10$  level. Again, the observation that the non-facilitative humour may have been overly subtle may account for the lack of variation between groups. More pronounced sarcasm may have made a difference. Another factor accounting for this finding, which is contrary to Foster and Reid's (1983) and Reid's (1984) result is the positive influence of the other core

facilitative conditions which existed in both interviews. As the researcher designed the three interviews to be identical in language content and behaviour, differing only in humour dialogue, it is probable, therefore, that the counsellor's parallel use of respect, empathy and genuineness, for example, was sufficiently powerful to "override" the effect of the non-facilitative humour.

Concerning the self rated humour results, no significant differences were found between students assessed willingness to approach the counsellor and their level of self rated humour (high, low). A cross-tabulation analysis of the data yielded a chi-square of 9.105 which was approaching significance at the  $p < .06$  level (See Appendix J).

Collapsed variable data results partitioned according to low, average and high response categories indicated a moderate trend for students in the high self humour group to rate the counsellor's approachability somewhat lower than did those in the low self humour group. Also, more students in the low self humour group rated the counsellor's approachability as average than did the high self humour students. Students did not differ, however, in their high ratings of the counsellor's approachability according to self humour group.

One possible interpretation of this result is that students who have a greater tendency to produce humour in their lives also have a greater level of expectation for a counsellor to use humour effectively. Similarly, students with a lower tendency to react less humorously may indicate a somewhat greater appreciation of the humour used by a counsellor.

Unfortunately, due to the unequal distribution of low and high self humour students in the facilitative, non-facilitative and no humour conditions, it was not possible to further isolate these trends accurately.

No significant differences were found between student's self rated humour and their assessments of a counsellor's ability to create a positive counselling relationship. The trend reported for the approachability variable did not recur in the results of a cross-tabulation of this variable.

In summary, therefore, results of this study indicate that students' self-rated humour is unrelated to their assessments of a counsellor's effectiveness using humour. Extended investigation of these variables is needed in order to further define their relationship.

Results obtained also bear useful implications for the area of training students in the use of therapeutic humour in counselling, alluded to in the statement of the problem of this study.

Significant differences were noted by child care counselling students for the dependent variables between the N.H., N.F.H. and F.H. groups. This main effect corroborates findings by: Foster and Reid (1983) using general university students; Reid (1984) using high school students; and Megdell (1984) using clients and therapists as subjects. The ability to distinguish between the value of non-facilitative humour and facilitative humour, and appreciate the facilitative effect of humour on counsellor effectiveness was confirmed for child care counselling students as well.

Given that child care counselling students demonstrated a facility to recognize and appreciate the effectiveness of humour in a counselling interview, it follows that they might then be included in the selection of an appropriate group of students to be trained in the therapeutic use of humour.

Should this training be undertaken, the humour component would need to be integrated into the theoretical, practical and clinical aspects of the educational programme. Students would then be able to learn, practice and demonstrate their competence using humour skills, as they would other core skills of the helping process.

Although no significant differences were found between students' self humour and the two dependent variables in the study, a number of issues arose that warrant further investigation. The trend reported regarding the relationship between level of self humour and assessment of counsellor approachability suggests that the degree to which child care counselling students value and produce humour may be a factor influencing their appreciation of the use of humour in the counselling interview. The degree students' value humour and find it personally meaningful may also influence their attitude and ability to become proficient in humour skill use. Humorous counselling students may have a greater facility in demonstrating competence in the effective use of humour, reflecting Salameh's (1983) observation that humorously endowed therapists use humour naturally in their work. Further investigation of these variables is recommended.

To summarize the discussion of results of this study, participants assessed the counsellor who used facilitative humour as significantly more approachable and better able to create a positive relationship than the counsellor who used non-facilitative humour. Students' self rated humour did not significantly affect their ratings on either of the dependent variables.

A number of limitations will now be presented in light of the findings of this study. Differences between the ratings of respondents designated as having

low or high self humour may have been more apparent had the study sample been large enough to allow greater variation in low and high self humour scores. This would have enabled more precise interpretations of the observable trends as well.

Grouping participants in the low and high self humour groups following the video viewing, while limiting possible pretest sensitization, had the inherent disadvantage of yielding an unequal cell distribution of subjects. It was, therefore, imprudent to proceed with a specific analysis of the effect of self humour on the dependent variables according to each separate humour condition. A more effective procedure perhaps would be to have students complete the self humour questionnaire, score the results, and assign them to groups equally according to the low and high score division, and then proceed with the video viewing and counselor rating procedure. Combined with a larger sample size, specific comparisons could then be more accurately undertaken.

Another variable which may have influenced the results, acknowledged also by Reid (1984), concerns the nature of contrived humour in a simulated counselling interview. A videotaped counselling session containing experimentally conceived humour may not have evoked as natural a response from participants as would an actual "live" session, allowing spontaneously created situationally specific humorous remarks by the counsellor.

As noted in the previous discussion, the examples of humour used in the dialogue in the N.F.H. and F.H. interviews, while depicting natural counsellor responses at levels two and four on Foster's (1978) scale, may have been overly subtle and cautious in nature. Particularly in the N.F.H. case, more explicitly derogatory examples of sarcasm or ridicule may have enhanced the desired effect.

Similarly, in the F.H. tape, had the counsellor displayed more prominent accompanying nonverbal behaviour (e.g., body movement, smiling, laughter), perhaps more facilitative impact would have been achieved.

Students prior exposure to counselling relationships as clients may have varied somewhat within the subject sample. To the extent that this occurred, results could have partially reflected attitudes or opinions about counsellors or the counselling process, carried forward from previous personal experiences. Therefore, while students were directed to view the tapes from a role as child care students in training, they could have overly identified with the client and her concerns presented in the interview.

Finally, concerning the self humour questionnaire, results were likely valid only to the degree to which an individual's behaviour (e.g., humour production) is consistent with their belief about how they might react in a given situation.

The preceding limitations notwithstanding, significant results for humour were obtained supporting the findings from Foster and Reid's (1983) and Reid's (1984) earlier humour research.

## Chapter 5

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Summary

The purpose of this study was to investigate humour's value in counselling by examining students' assessments of a counsellor's effectiveness under three different conditions of: facilitative humour; non-facilitative humour and no humour. Also considered was the effect of students' level of self-rated humour on their perceptions of the counsellor's approachability and ability to create a positive counselling relationship.

According to the order of the hypotheses, the results of the study were as follows:

1. Students assessed the counsellor who used facilitative humour as being significantly more approachable than the counsellor who used non-facilitative humour.

2. Students assessed the counsellor who used facilitative humour as being significantly better able to create a positive relationship than the counsellor who used non-facilitative humour.

3. Students designated as having low or high self humour did not significantly differ in their assessments of counsellor approachability.

4. Students designated as having low or high self humour did not significantly differ in their assessments of the counsellor's ability to create a positive relationship.

## Conclusions

The results of this study support the findings of Foster and Reid (1983) and Reid (1984) which suggested that the counsellor's differential use of humour does affect whether the counsellor is perceived to perform effectively in an interview.

Counsellor-initiated facilitative humour is more desirable than non-facilitative humour. The counsellor who uses facilitative humour is considered to be more approachable and better able to create a positive relationship in a counselling interview, than one who employs non-facilitative humour.

Alternatively, the counsellor who uses facilitative humour is unlikely to be perceived differently than the counsellor who uses no humour at all. Similarly, from this study, the counsellor who uses non-facilitative humour is also unlikely to be perceived differently than the counsellor who uses no humour at all in an interview.

The student raters' tendency to produce humour is unlikely to influence their perceptions of the counsellor's effectiveness using humour in a counselling interview.

## Recommendations for Future Research

Results of this study, while statistically significant are nevertheless confined by the conditions of the experimental situation, representing assessments performed by child care counselling students. Generalization of these results to a more specific population requires further investigation of the role and influence of humour in the counselling process. Recommendations for future research include the following:

1. Replication of this study could be considered drawing upon a significantly larger sample of counsellors in training in graduate level programs. This would likely provide more disparate humour groups, increase the reliability of the results, and enhance generalizability to clinical field conditions.
2. A comparative study examining differences in assessments of counsellor humour effectiveness between counselling students, practicing counsellors, and clients could be undertaken.
3. Replication of this research design including a premeasure of students self-rated humour, and establishment of the self humour groups prior to viewing the videotaped interviews could be considered.
4. Modification of the research design to include evaluation of "live" counselling interaction by client, counsellor and trained judges, would enhance the validity of humour research findings.
5. The development of a number of experimental examples of non-facilitative and facilitative humour varying in their degree of: type and frequency of humour, intended strength of impact, and accompanying counsellor behaviour (e.g., smiling, laughter) would permit examination of humour effectiveness according to differential humorous approaches.
6. A comparative study aligning humour with other core facilitative conditions of the helping process (Carkhuff, 1969) (e.g., empathy, respect, genuineness) could be considered using an amended rating scale within the current research method. The importance and influence of corequisite skills could then be examined.

7. An empirical study measuring the impact of training students to use a particular humorous intervention in a counselling interview could provide valuable knowledge in the clinical application of humour.

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APPENDIX A  
FACILITATIVE HUMOUR IN COUNSELLING  
A GUIDE FOR MEASUREMENT

(Foster, 1978)

Level 1 The counsellor's attempt at humour is patently hostile, derisive, or sexual in nature and noticeably retards the therapeutic relationship by causing the client to withdraw, become silent, or to respond in a manner suggesting he or she has been hurt or strongly resents the therapist's remarks.

Level 2 The counsellor's remarks, while revealing no malice, nevertheless detract from the relationship by masking the therapist's anxiety or the client's, or by appearing to be irrelevant or ill-timed when delivered so that they pass unnoticed by the client or actually interfere with the client's train of thought. There is no sense at all of the client "getting the joke."

Level 3 The counsellor's remarks are humorous enough to elicit a mild sense of appreciation on the part of the client but do not lead appreciably to greater client self-understanding. The client might, in such cases, grin and agree, "Yeah, I guess so, I guess that's what it's like." There is no evidence, however, that he or she experiences the problem in a new way or is lead to greater self-awareness.

Level 4 The counsellor's humour is deeply appreciated by the client. The client responds spontaneously to the remarks and there is a sense that the rela-

tionship has been strengthened by them. The temper of the interview becomes noticeably more relaxed with the client showing willingness to explore fully his or her predicament.

Level 5 The counsellor's humour allows the client to transcend, so to speak, the laughter and to see his or her problem in an altogether different and more helpful way. As a result of the humour the client gives new meaning to his or her situation or behaviour, and there appears to be evidence that the client has a richer awareness of himself or herself.

**APPENDIX B**  
**HUMOUR ASSESSMENT SCALE**

(Bayer, 1979)

You are about to watch two excerpts from simulated counselling sessions. While you are watching we would like you to take note of any of the counsellor's comments that, in your opinion, are humorous. If the counsellor makes a humorous statement, jot down a few of the key words in the space provided below and, using the attached five-point rating scale for humour, rate the response by making a check from level one to five on the scale, according to how you think the remark would affect the client.

It will be helpful if you put yourself in the client's shoes and keep in mind that the counsellor's humour may not always be accompanied by laughter.

Tape 1 Key Words	Level	1 2 3 4 5
		-- -- -- --
		-- -- -- --
		-- -- -- --
		-- -- -- --
Tape 2 Key Words	Level	1 2 3 4 5
		-- -- -- --

_____	-- -- -- --
_____	-- -- -- --
_____	-- -- -- --
_____	-- -- -- --

In your opinion the videotaped segments are a reasonably realistic representation of a counselling session.

YES \_\_\_ NO \_\_\_

**APPENDIX C**  
**RATING SCALE**

(Reid, 1984)

The following statements are related to various aspects of a counselling relationship. After you have watched the tape and the instructor has told you to "Go ahead," circle the number beneath the word or words that best describe(s) the counsellor's performance. Questions 1 to 3 have two parts: the first deals with the "quality" of the counsellor's performance; the second focuses on the number of times the behavior was evident. Be sure to keep this in mind when marking the two parts.

- 1a) I thought the counsellor's ability to understand what the client was feeling and to communicate this understanding to the client was

excellent	good	adequate	poor	very poor
5	4	3	2	1

- 1b) Roughly speaking, the counsellor demonstrated this ability

never	seldom	occa- sionally	fre- quently	very fre- quently
1	2	3	4	5

2a) The respect the counsellor showed for the client's feelings was

very poor	poor	adequate	good	excellent
1	2	3	4	5

2b) Roughly speaking, the counsellor demonstrated this ability

very frequently	frequently	occasionally	seldom	never
5	4	3	2	1

3a) The counsellor's ability to respond to the client in a sincere and honest way was

non-existent	poor	adequate	good	excellent
1	2	3	4	5

3b) Roughly speaking, the counsellor demonstrated this ability

never	seldom	occasionally	frequently	very frequently
1	2	3	4	5

4. I thought the counsellor's ability to help the client clearly identify some of her specific problems was

excellent	good	adequate	poor	very poor
5	4	3	2	1

5. Overall I thought the counsellor was

very likable	likable	somewhat likable	unlikable	very unlikable
5	4	3	2	1

6. If I had a concern which I wanted to discuss with a counsellor, I would turn to this counsellor

not at all	most reluctantly	with some reservation	readily	very readily
1	2	3	4	5

7. I thought the counsellor's ability to create a positive relationship was

excellent	good	adequate	poor	very poor
5	4	3	2	1

8a) Did the counsellor attempt to use humour during the counselling session?

Check one: YES \_\_\_ NO \_\_\_

If YES, continue.

8b) As far as I could see, the counsellor's ability to use humour in a positive way and helpful way was

very poor	poor	adequate	good	excellent
1	2	3	4	5

8c) Roughly speaking, the counsellor demonstrated this ability

never	seldom	occa- sionally	fre- quently	very fre- quently
1	2	3	4	5

APPENDIX D  
SITUATIONAL HUMOUR RESPONSE QUESTIONNAIRE

(Martin & Lefcourt, 1984)

Humour and laughter mean different things to different people. Each of us have our own conceptions of what kinds of situations are funny, our own notions of the appropriateness of humour in various situations, and our own sense of the importance of humour in our lives.

In this questionnaire you will find descriptions of a number of situations in which you may have found yourself from time to time. For each question, please take a moment to recall a time when you were actually in such a situation. If you cannot remember such an experience, try to IMAGINE yourself in such a situation, filling in the details in ways that reflect your own experience. Then indicate in the appropriate space on the answer sheet the letter (a, b, c, d, or e) which corresponds to the phrase that best describes the way you have responded or would respond in such a situation.

1. If you were shopping by yourself in a distant city and you unexpectedly saw an acquaintance from school (or work), how have you responded or how would you respond?
  - 1) I would probably not have bothered to speak to the person.

- 2) I would have talked to the person but wouldn't have shown much humor.
  - 3) I would have found something to smile about in talking with him/her.
  - 4) I would have found something to laugh about with the person.
  - 5) I would have laughed heartily with the person.
2. If you were awakened from a deep sleep in the middle of the night by the ringing of the telephone, and it was an old friend who was just passing through town and had decided to call and say hello...
- 1) I wouldn't have been particularly amused.
  - 2) I would have felt somewhat amused but would not have laughed.
  - 3) I would have been able to laugh at something funny my friend said.
  - 4) I would have been able to laugh and say something funny to my friend.
  - 5) I would have laughed heartily with my friend.
3. You had accidentally hurt yourself and had to spend a few days in bed. During that time in bed, how would you have responded?
- 1) I would not have found anything particularly amusing.
  - 2) I would have smiled occasionally.
  - 3) I would have smiled a lot and laughed from time to time.
  - 4) I would have found quite a lot to laugh about.
  - 5) I would have laughed heartily much of the time.
4. When you have been engaged in some lengthy physical activity (e.g., swimming, hiking, skiing), and you and your friends found yourselves to be completely exhausted...
- 1) I wouldn't have found it particularly amusing.
  - 2) I would have been amused, but wouldn't have shown it outwardly.

- 3) I would have smiled.
- 4) I would have laughed.
- 5) I would have laughed heartily.

5. If you arrived at a party and found that someone else was wearing a piece of clothing identical to yours...
  - 1) I wouldn't have found it particularly amusing.
  - 2) I would have been amused, but wouldn't have shown it outwardly.
  - 3) I would have smiled.
  - 4) I would have laughed.
  - 5) I would have laughed heartily.
6. If a friend gave you a puzzle to solve and you found, much to your friend's surprise, that you were able to solve it quickly,
  - 1) I wouldn't have found it particularly amusing.
  - 2) I would have been amused, but wouldn't have shown it outwardly.
  - 3) I would have smiled.
  - 4) I would have laughed.
  - 5) I would have laughed heartily.
7. On days when you've had absolutely no responsibilities or engagements, and you've decided to do something you really enjoy with some friends, to what extent would you have responded with humour during that day?
  - 1) The activity we were engaged in would not have involved much smiling or laughter.
  - 2) I would have been smiling from time to time, but wouldn't have had much occasion to laugh aloud.
  - 3) I would have smiled frequently and laughed from time to time.
  - 4) I would have laughed aloud quite frequently.
  - 5) I would have laughed heartily much of the time.

8. You were travelling in a car in the winter and suddenly the car spun around on an ice patch and came to rest facing the wrong way on the opposite side of the highway. You were relieved to find that no one was hurt and no damage had been done to the car...
  - 1) I wouldn't have found it particularly amusing.
  - 2) I would have been amused, but wouldn't have shown it outwardly.
  - 3) I would have smiled.
  - 4) I would have laughed.
  - 5) I would have laughed heartily.
9. If you were watching a movie or T.V. program with some friends and you found one scene particularly funny, but no one else appeared to find it humorous, how would you have reacted most commonly?
  - 1) I would have concluded that I must have misunderstood something or that it wasn't really funny.
  - 2) I would have "smiled to myself," but wouldn't have shown my amusement outwardly.
  - 3) I would have smiled visibly.
  - 4) I would have laughed aloud.
  - 5) I would have laughed heartily.
10. If you were having a romantic evening alone with someone you really liked (girlfriend, boyfriend, spouse, etc.)...
  - 1) I probably would have tended to be quite serious in my conversation.
  - 2) I'd have smiled occasionally, but probably wouldn't have laughed aloud much.
  - 3) I'd have smiled frequently and laughed aloud from time to time.

- 4) I'd have laughed aloud quite frequently.
  - 5) I'd have laughed heartily much of the time.
11. If you got an unexpectedly low mark on an exam and later that evening you were telling a friend about it...
- 1) I wouldn't have been amused.
  - 2) I would have been amused, but wouldn't have shown it outwardly.
  - 3) I would have been able to smile.
  - 4) I would have been able to laugh.
  - 5) I would have laughed heartily.
12. You thought you recognized a friend in a crowded room. You attracted the person's attention and hurried over to him/her, but when you got there you discovered you had made a mistake and the person was a total stranger...
- 1) I wouldn't have found it particularly amusing.
  - 2) I would have been amused, but wouldn't have shown it outwardly.
  - 3) I would have smiled.
  - 4) I would have laughed.
  - 5) I would have laughed heartily.
13. If you were eating in a restaurant with some friends and the waiter accidentally spilled a drink on you...
- 1) I wouldn't have found it particularly amusing.
  - 2) I would have been amused, but wouldn't have shown it outwardly.
  - 3) I would have smiled.
  - 4) I would have laughed.
  - 5) I would have laughed heartily.

14. If you were crossing a street at a crosswalk and an impatient car driver, who had had to stop for you, honked the horn...
- 1) I would have have found it particularly amusing.
  - 2) I would have been amused, but wouldn't have shown it outwardly.
  - 3) I would have smiled.
  - 4) I would have laughed.
  - 5) I would have laughed heartily.
15. If there had been a computer error and you had spent all morning standing in line-ups at various offices trying to get the problem sorted out...
- 1) I wouldn't have found it particularly amusing.
  - 2) I would have been amused, but wouldn't have shown it outwardly.
  - 3) I would have smiled.
  - 4) I would have laughed.
  - 5) I would have laughed heartily.
16. If the teacher announced that she/he would hand back the exams in order of grade, beginning with the highest mark in the class, and your name was one of the first to be called...
- 1) I wouldn't have found it particularly amusing.
  - 2) I would have been amused, but wouldn't have shown it outwardly.
  - 3) I would have smiled.
  - 4) I would have laughed.
  - 5) I would have laughed heartily.
17. In the past, if you girlfriend (or boyfriend) decided to break up with you because she/he had found someone else, and a few days later you were telling a good friend about it...

- 1) I wouldn't have found any humour in the situation.
  - 2) I would have been able to experience some amusement, but wouldn't have shown it.
  - 3) I would have been able to smile.
  - 4) I would have been able to laugh.
  - 5) I would have laughed quite a lot.
18. If you were eating in a restaurant with some friends and the waiter accidentally spilled some soup on one of your friends...
- 1) I wouldn't have found it particularly amusing.
  - 2) I would have been amused, but wouldn't have shown it outwardly.
  - 3) I would have smiled.
  - 4) I would have laughed.
  - 5) I would have laughed heartily.
19. In choosing your friends, how desirable do you feel it is for them to be easily amused and able to laugh in a wide variety of situations?
- 5) the most important characteristic I look for in a friend.
  - 4) very desirable, but not the most important characteristic.
  - 3) quite desirable.
  - 2) neither desirable nor undesirable.
  - 1) not very desirable.
20. How would you rate yourself in terms of your likelihood of being amused and or laughing in a wide variety of situations?
- 5) my most outstanding characteristic.
  - 4) above average
  - 3) average

- 2) less than average
  - 1) very little
21. How much do you vary from one situation to another in the extent to which you laugh or otherwise respond with humour? (i.e., how much does it depend on who you are with, where you are, how you feel, etc.?)
- 5) not at all
  - 4) not very much
  - 3) to some extent
  - 2) quite a lot
  - 1) very much so

APPENDIX E  
STATEMENT TO INSTRUCTORS

Dear Instructor:

Here is a statement I would appreciate you reading to your students concerning my research experiment to be conducted April 1st. It is not necessary to expand on or paraphrase the statement. It is important that students not receive foreknowledge of the key variants of the study, as this information may influence their attitude, behaviour, or rating responses. If questioned, please state, "I'm sorry I cannot explain the study further at this time, as it may influence the results. The researcher will gladly inform you fully when the project is completed."

Thank you for your support and cooperation.

Sincerely,

Chris Balmer

**APPENDIX F**  
**STATEMENT TO STUDENTS**

May I have your attention please? I have a short, important announcement to make. A master's student in the counselling psychology graduate program has been granted permission to conduct a research experiment on counsellor effectiveness in the next few weeks.

The goal of this study is to improve counsellor's knowledge and skills in helping their clients. The procedure involves students watching a short videotaped counselling session and then rating the counsellor's effectiveness on an 8 item rating sheet. Students will then be asked to fill out a short questionnaire asking how they would respond in a variety of life situations. The entire procedure should take about 30 minutes. The results will hopefully prove useful to students, counsellors and trainers alike. The researcher hopes you'll agree to participate and thinks you may enjoy taking part!

If you are interested, please leave your name and telephone number on the list as you leave and take a "letter to students" form with you, read the letter, sign it at the bottom if agreeable, and return it to us as soon you can.

Thanks very much for your attention!

APPENDIX G  
LETTER TO STUDENTS

March 6, 1987

Dear Student:

Hello, my name is Chris Balmer.

I am currently a graduate student in Counselling Psychology in the Faculty of Education here at the University. For my M.A. thesis I am conducting a research project in the area of counsellor effectiveness and training. The ultimate goal of my study will be to determine more effective ways of helping clients in a counselling situation. I hope to be able to share this knowledge with counsellors, educators and students. I would be very interested in having you participate in my study.

The experiment involves the subjects (yourselves) watching a brief (seven minutes) excerpt of a counselling interview and then completing two short questionnaires. This procedure should take about 30 minutes.

I wish to assure you that strict confidentiality of your written responses will be guaranteed. Also, your participation is completely voluntary and should you wish to withdraw your participation, you may do so at any point without consequence.

Should you agree to participate, please sign this letter and return it to me as soon as you can.

Thank you very much.

Sincerely,

Chris Balmer

I have read and understand the conditions of the study with respect to the guarantee of confidentiality and my right to withdraw, and I agree to voluntarily participate in the above stated research experiment.

Signed: \_\_\_\_\_

**APPENDIX H**  
**INSTRUCTIONS TO SUBJECTS**

Thank you for coming. May I remind you that your written responses will be kept completely confidential and that you have the option of withdrawing your participation at any time. I will now hand out to you a packet of paper which I would ask you to keep face down on your desk.

The videotape you are about to watch is a brief excerpt from a simulated counselling interview. Both client and counsellor are role playing but the concerns being discussed are not unlike those presented in a real counselling session. Please watch it as carefully as you can.

When the videotape is finished I will shut off the machine and then ask you to turn over your packet of papers and complete them. Please do not write your name or I.D. number on the paper.

On the first rating sheet you will find a series of statements related to the relationship or interaction between the client and counsellor. Each statement is followed by a five-point scale. Please complete the rating scale according to the instruction at the top of the page. You will have a minute to read over the instructions and then I will say "go ahead," then begin.

When considering your response, don't concern yourself about whether the client's problem was solved. Try to pay particular attention to the quality of interaction and relationship between counsellor and client.

When finished, turn to the second rating sheet, where you will be asked to think about your own behavior in different life situations. As well as you can, indicate how you are likely to respond in each situation. Please note that the researcher is interested in individual differences in responses, and as such please keep your responses as private as you can so as not to influence the others in the room. We ask your cooperation in not discussing this with anyone until next week. Are there any questions about the instructions? Very well, before we begin I will tell you briefly some background information.

**APPENDIX I**  
**BACKGROUND INFORMATION**

Mary, the client, is a student who has come to counselling to sort out some personal concerns about her relationship with her boyfriend David, and is speaking to Susan, the counsellor.

She and David have been seeing each other for a number of months now and things are not going as well as Mary would like. Mary would like David to give more of a commitment in the relationship. David is experiencing difficulty giving that commitment.

You will now "zoom in" on a short segment of the initial counselling interview. Mary has discussed her father's generosity, and for about ten minutes now has been relating her concern about David's lack of commitment and their difficulties in being together.

**APPENDIX J**  
**RELATIONSHIP BETWEEN SELF-HUMOUR AND DEPENDENT**  
**VARIABLES**

Variable	Self Humour Group		High	X <sup>2</sup>	Significance
	Level	Low			
Approach-ability	1		2	9.047	.059
	2	2	5		
	3	11	5		
	4	7	10		
	5	3			
Positive Relationship	1		1	1.734	.78
	2	1	2		
	3	10	8		
	4	9	9		
	5	3	2		



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**SELF-RATED HUMOUR AND THE PERCEPTION OF  
HUMOUR'S VALUE IN COUNSELLOR EFFECTIVENESS**

Author:



**Chris Balmer**

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