The Healing Power of Humor

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I first came to Atlanta, seventeen years ago to attend the SECAD conference (Southeast Conference on Alcohol and Drugs), an international meeting for addiction professionals. The days were filled with the latest information and therapeutic methodologies as well as opportunities to network with other treatment providers. The opening evening’s speaker was Father Joseph Martin and I wondered whether I ought to go out for my first tour to experience Atlanta’s rich and colorful nightlife or to hear a Catholic priest who, most likely, would tell us of our sins and moral weaknesses.

The conference hall was rapidly filling up to capacity and I was influenced by the group movement to abandon all thoughts of Buckhead, The Havana Club and live Salsa music. The hour spent hearing Father Martin, and a subsequent and special friendship with this exceptional human being, not only changed my personal life but my professional work as well.

Father Martin filled the entire hour with jokes, anecdotes and humorous stories along with a strong message of the power of love and humor in recovery from the devastating disease of addiction. It was only recently, after many years as a student of addictions, that I fully came to understand what Father Martin was saying about the nature of this disease when he would proclaim, “Let me love you until you are able to love yourself.” Father Martin exemplified, both personally and professionally, the power love and humor offered for recovery and for the physical and emotional healing involved in that process. After that conference, and having been deeply touched by “Father Joe” as he is affectionately known, I began to thoroughly consider and investigate how humor might play a key role in our professional interventions and in the therapeutic relationship.

Although, in this article, I am specifically considering the uses of humor as additional therapeutic skill, the implications for those in the other helping professions is obvious. I would also encourage members of all vocations to find creative uses of humor in your daily work and for enhancing your interpersonal relationships.

Humor like love is difficult to study. Nonetheless, research is indicating that humor and laughter significantly effect brain chemistry. Parents intuitively know that when children become ill, at home or at the hospital, they bring to the sickbed toys, games, and comic books and other fun items in order to improve their offspring’s mood. Viewing cartoons and humorous sitcoms has been shown to significantly improve a patient’s overall sense of well-being.
Since addiction has been recognized as a disease and not a moral weakness, we ought to seriously consider utilizing humor as a tool in enhancing the recovery of our patients. Humor and laughter have been shown in controlled studies to be effective in reducing pain, lowering blood pressure, and improving immune functions. Recent MRI studies have indicated that laughing at funny cartoons activates the same areas of the brain as does using cocaine.

Humor can be introduced in the therapeutic hour to patients in many ways. I often use humor to put a patient at ease. A physician told a seriously depressed patient of mine that her symptoms would classify her as "mentally ill". She was quite fearful that this label would allow her ex-husband to gain custody of her twelve-year-old son. When she anxiously asked the question, "Am I mentally ill?", I made a face, wiggled my fingers at her and said, "Boogety-boogety-boogety!" I told her that if anyone would take her son away it would be me because he is "such a lovely kid and I really like him". She laughed embarrassingly and appeared to be relieved by the levity of my response. I was able to take a serious and questionable label like "mentally ill" and put it in perspective through paradoxical humor.

Humor is oftentimes effective in the form of exaggeration. A member of a food addiction group under my direction had achieved major success with weight loss and improved appearance and had met a young man and became engaged. In a particular session, she was complaining about a workplace personality clash. I used exaggeration to point out the positive aspects of her recovery and began to cry, "Oh, poor me. It's so awful. I've lost only ninety pounds. I'm getting married. I have a wonderful home and a beautiful future but my life is being ruined by this person at my office." Again, the joking put the situation into perspective and helped the patient realize the relative insignificance of her conflict.

Humor can be brought into the therapeutic relationship in several ways. It is worthwhile to have a few "standing jokes" which you can obtain from organizations that seriously study humor. I have included some helpful websites in the list of references.

Humor can be used to help "break the ice" and ease the anxiety of new clients. A humorous statement or a joke can be very effective in a group setting when a new member is reluctant to join the discussion. While facilitating a group of recovering alcoholics, I seemingly threatened a resistant participant by exclaiming, "Oh, you don't want to talk today? OK, we'll just send out for some tequila."

Humor can be dangerous, too. Cultural and personality differences can lead to misunderstandings and politically incorrect humor can be insulting to some. It is important to assess a patient's readiness and ability to accept the humor. Unfortunately, I recall a session when I was working with a woman who had been excessively grieving her husband’s death and was depressed. I told what seemed to be an innocent joke about a certain disease only to find out my patient's husband had died of that disease. I offered my sincerest apologies as you can well imagine.

In most cases, employing humor in therapy is far more healing than hurtful. To make the most of humor in the therapeutic relationship, I advise the professional to be “true to yourself.” Humor must be genuine and congruent. Each of us has to develop his or her own unique style. In addition, the professional needs to be fully aware of his or her emotions and counter-transferences in order to avoid using humor as an expression of anger or aggression and one
needs to be extremely cautious about clients feeling that they are not being taken seriously. Most importantly, we must be sure to use humor, first and foremost, for the patient's best interests. We need to exercise caution so as not to be satisfying our own individual ego needs.

Finally, my advice to all of you: Take your work seriously, but take yourself lightly and remember what we have learned from those who study health and humor……

“He Who Laughs Lasts.”

Some Humor References:


Some Practical Humor Websites:

- American Association for Therapeutic Humor: [www.AATH.org](http://www.AATH.org)
- Humor & Health Journal: [www.intop.net/~jrdunn/index.html](http://www.intop.net/~jrdunn/index.html)
- Steven Sultanoff's therapeutic humor website: [www.humormatters.com](http://www.humormatters.com)
- International Society for Humor Studies: [www.uniduesseldorf.de/WWW/MathNat/Ruch/SecretaryPage.html](http://www.uniduesseldorf.de/WWW/MathNat/Ruch/SecretaryPage.html)

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Ridgeview Institute, located at 3995 South Cobb Drive, Smyrna, Georgia, is a private, not-for-
profit provider of psychiatric and addiction treatment, including inpatient, partial
hospitalization, and intensive outpatient treatment options for youth, young adults, adults, and
older adults. We offer specialty services for Recovering Professionals, Eating Disorders, Young
Adults, and Older Adults. For more information on Ridgeview's services please call (770) 434-
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