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# Therapeutic Role of Humor in Mental Health & Substance Use Recovery

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# Learning Objectives

1. Discuss some of the reasons why the use of humor is often discouraged when it comes to treating and recovering from mental health and substance use.
2. Review the research behind the use of humor and the beneficial benefits it has to offer people working towards recovery.
3. Learn about strategies and ways to include the use of humor in the treatment process that can lead to facilitating better connection and growth as we help those recover.

Tell me and I  
forget. Teach me  
and I remember.  
Involve me and I  
learn.

BEN FRANKLIN





# Laughter of Relief

How many of you have laughed during a difficult moment?

How many of you felt some relief after – even if nothing actually changed?



“Humor doesn’t erase pain—but it can change how we carry it.”

# “ Never Have I Ever ” Wisconsin Dells Edition



# Activity 1: Warming Up!

- Working cooperatively to reach a common goal
- Accepting others (and other ideas)
- Communicating effectively
- Building trust



Discuss some of the reasons why the use of humor is often discouraged when it comes to treating and recovering from mental health and substance use.

A client comes in for his first counseling session. He has a carrot sticking up his nose and a banana in his left ear.

“Help!” the client cries. “Can you tell me what’s wrong with me?”

“Simple,” the counselor says calmly. “You’re not eating properly.”



# Importance of Humor

- Who doesn't enjoy a comedy flick, laugh with family or friends, a good joke, a comedy special on television or streaming service, or spontaneous moment of unexpected laughter?
- Humor is a **universal human experience**, which evokes joy, laughter, and happiness. It is a fundamental component of being human.
- In the past, we believed that only some cultures developed humor, but this belief has changed, as no culture has ever been found that was devoid of laughter and comedy.
- There are small studies that connect laughter, humor, and feeling amused to increases in optimism, feeling in control, and overall life satisfaction.
- Research also suggests that humor helps us build stronger bonds with each other, with links to greater satisfaction in both romantic relationships and the workplace.
- Laughter can also lead to greater creativity and productivity as well.
- An important remaining question is whether laughter can be made into a convenient, useful therapy for individuals.

"Your body cannot  
heal without play.  
Your mind cannot  
heal without  
laughter. Your soul  
cannot heal without  
joy."

Catherine Rippenger  
Fenwick

# The Benefits of Humor & Laughter

“Always laugh when you can. It’s cheap medicine.” – Lord Byron

Stimulates many organs

Activate and relieve stress response (heart rate and blood pressure)

Relieve pain (Increase level of pain tolerance & discomfort thresholds)

Soothe tension (muscle relaxation)

Improve immune system

Mood and cognitive functions

Research on laughter is not only timely and useful but also potentially fiscally sound. This is because laughter (usually) is free, and often without side effects.

# “If I’m joking, I must not be serious”

Bob is in early recovery and attending group treatment. When sharing, Bob often makes light comments like: “I was just going to pretend cravings aren’t a thing this week, but apparently honesty is a part of recovery.” The group laughs. Bob laughs too. Then they continue sharing about cravings, family strain, and fear of returning to use.

**How it’s interpreted:** The facilitator later pulls Bob aside and says something like: “I’m concerned that you’re using humor to avoid the seriousness of your recovery. It might also send the wrong message to others who need to take this more seriously.”

**In subsequent sessions:** Bob is interrupted when joking, his humor is reframed as “deflection”, and other group members stop laughing.

**What happens next:** Bob shares less and becomes quieter in group. He still feels everything, but now they feel watched.

# Seeing Humor Differently

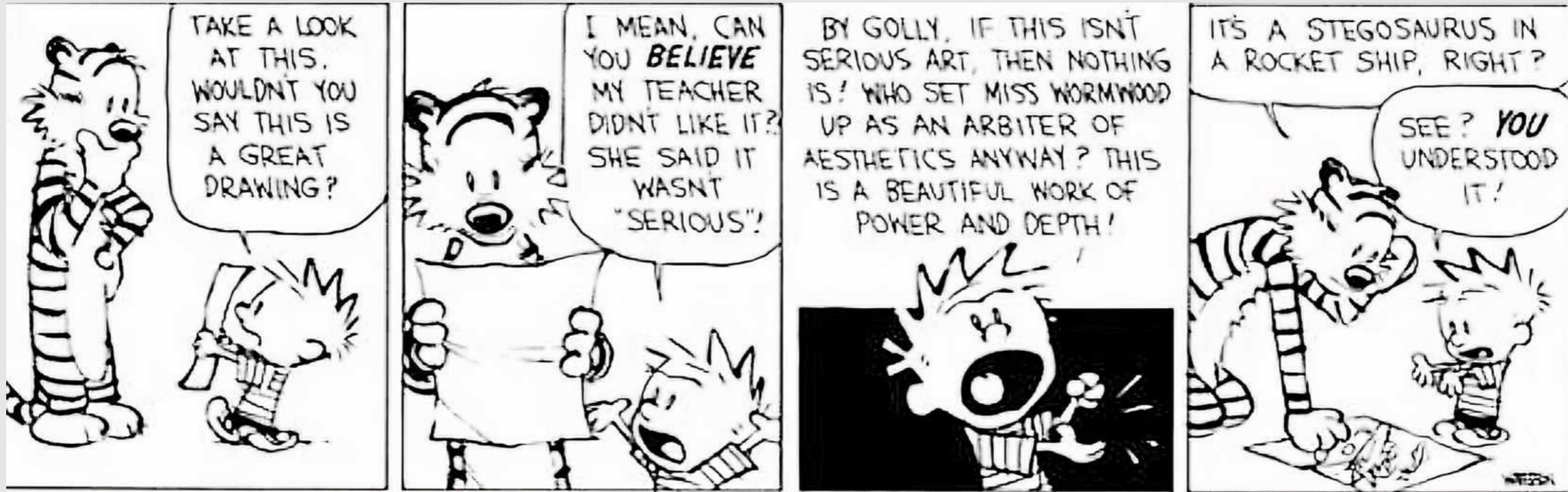
Other Medical Conditions	Substance Use, Mental Health & Gambling
It's good to see you are having a positive attitude about this.	You are not taking your recovery seriously.
We can use more laughter around here.	This type of behavior is inappropriate and is a negative example for other people.
This is exactly what you need to help get you through this.	If you keep this up, you are not going to make it very far in your treatment/ recovery.
Your humor and laughter is a strength.	Your humor and laughter is a defense mechanism.

# How humor gets misinterpreted in substance use & mental health settings

- In treatment spaces, humor is frequently read through a **risk-only lens**. If someone is laughing, joking, or using wit, it can be quickly labeled as:
  - **Denial** (“They’re not ready to face this yet.”)
  - **Avoidance** (“They’re deflecting instead of feeling.”)
  - **Minimization** (“They’re not taking recovery seriously.”)
  - **Manipulation** (“They’re trying to control the room.”)
  - **Contagious risk** (“Others might follow their lead.”)
- These interpretations often happen **without checking meaning** with the person using humor.

# Why this happens (the unspoken assumptions)

- A few common, rarely examined beliefs drive this:
  - **Pain must look heavy to be real**
- If suffering doesn't appear solemn, it's assumed to be shallow.
  - **Recovery equals seriousness**
- There's an implicit rule that commitment must look intense, restrained, or somber.
  - **Control equals safety**
- Humor can feel unpredictable, and unpredictability is often equated with risk.
  - **Provider discomfort gets mislabeled as clinical concern**
- When humor unsettles the room, it's easier to call it "avoidance" than to name, "I don't know how to hold this."



Why are professionals hesitant to use humor?

# Concerns and Lack of Humor

- The use of humor has been a topic of some disagreement.
- Humor delivered at inappropriate times can be insensitive and devastating.
- Scientists want to make sure their work is respectable, and to be doing research on humor is seen as not respectable enough.
- Lawrence S. Kubie
  - Client questioning if the therapist is taking them seriously, humor being used as a defense mechanism, by the therapist themselves to mask their own insecurities, and clients using humor because they feel unable to express anger, hostility, or other unpleasant emotions.
- Edmund Bergler
  - Argues that humor is not welcome in therapy and viewed as a dangerous expression of internal processes and a method of avoidance as an unhealthy defense mechanism.



Outright disrespectful, can  
“only serve the therapist’s  
narcissistic need to be liked  
and admired by the client.”

Lawrence S. Kubie

# Reasons Why Professionals May Be Hesitant to Incorporate Humor

- Concerns about how the individual will respond to humor.
- Viewed as not being a serious professional.
- Pressured to try and be funny or humorous.
- Other professionals view humor as attempts to be liked by the other person.
- Believing that being humorous with an individual will lead them to being less serious about their treatment.
- Uncertain or doubtful about the benefits on the individual compared to the risks.



How do we as professionals get more comfortable with the use of humor?

Review the research behind the use of humor and the beneficial benefits it has to offer people working towards recovery.



**re·search**

[ri-surch, ree-surch], *noun*

1. what you are doing when you don't know what you are doing

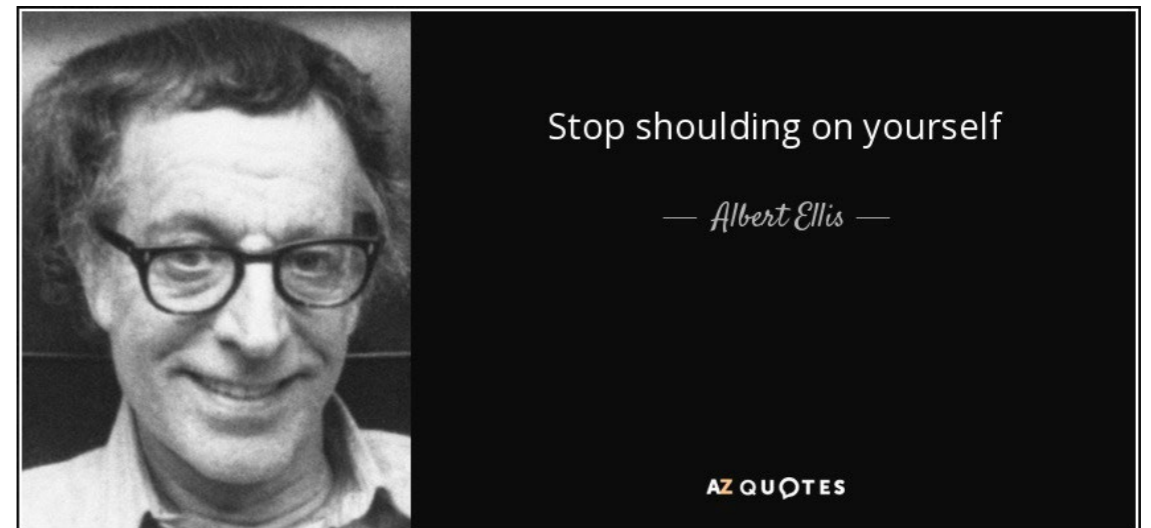
Sigmund Freud: noticed that humor, like dreams, can be related to unconscious content. Wrote about humor in *Jokes and Their Relation to the Unconscious* (1905) as well as in the journal article *Humor* (1928),

Carl Rogers: a congruent therapist is one who is their authentic self with their client.

Albert Allis: stated humor can create an effective moment of pause which interrupts a client's irrational beliefs enough for them to potentially shift their focus to something more psychologically healthy.

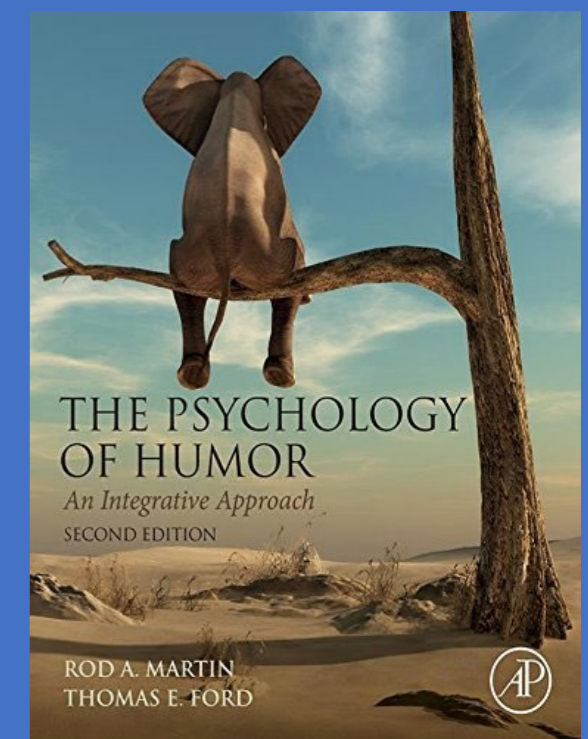
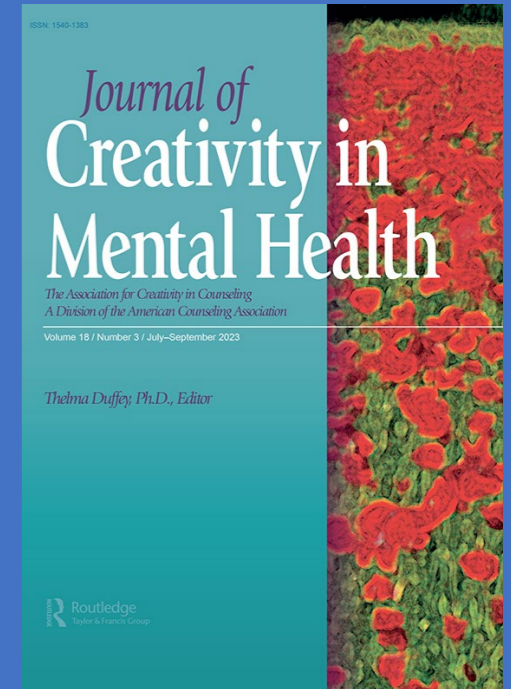
Steven Sands: suggested that appropriate humor can penetrate client defenses and help them to develop a new, healthier outlook.

- Humor can improve communication.
- Function of facilitating intimacy and warm relationships.
- Helps with self-awareness, insight and tolerance,
- Potential in reframing a client's view of the world, with its ability to introduce a new interpretation or new point of view about the presenting problem.



# Research on the Use of Humor in Therapy

- Comedic Improv Therapy for the Treatment of Social Anxiety Disorder.
- Humor & Counseling: Close Encounters of Another Kind.
- Integrating Humor into Psychotherapy.
- The Laughter Prescription.
- Perceived Effects of Improv on Psychological Wellbeing: A Qualitative Study.
- Promoting Beneficial Humor in Counseling: A Way of Helping Counselors Help Clients.
- Taming the Brain Weasels: Reducing Self-Criticism Through Externalization and Compassion.
- The Use of Humor in Counseling: The Laughing Cure.



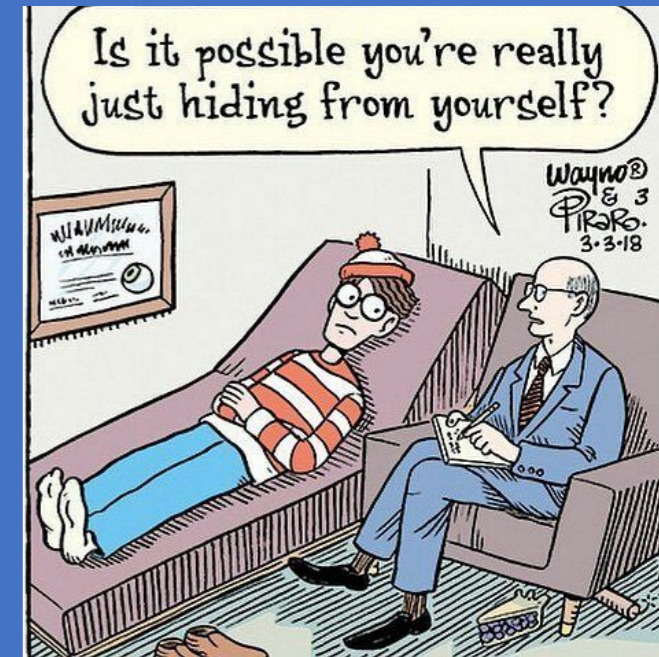
# Humor in Substance Use

- Humor has been shown to strengthen group cohesion in addiction recovery groups, improving openness and trust among members.
- People in recovery often report humor as a key coping skill to manage cravings, shame, and shame.
- In recovery settings, humor helps reframe negative experiences, reduce reluctance to therapy, and increase engagement.



# Impact of Humor on Mental Health

- Laughter and exercise therapy groups had a significant decrease in depression scores and the laughter yoga had an additional increase in life satisfaction compared to control groups.
- People who score highly in certain types of humor have better self-esteem, more positive affect, greater self-competency, more control over anxiety, and better performance in social interaction.
- Dacher Keltner and colleagues found that people who spontaneously experienced amusement and laughter when discussing a deceased spouse showed better emotional adjustment in the years following the spouse's death.



# The Relationship Between Individual and Provider

- Laughter shared between the provider and the patient conveys a measure of trust and lightheadedness.
- The association between humor and therapeutic alliance has been highlighted by clinical experience.
- A strong positive association was observed between presence of humor during therapy sessions and various measures of therapy outcome, from both client and therapist viewpoints.
- Research has demonstrated that patients who can share a laugh with medical providers are more likely to trust them and follow their advice.
- Phillips (2018) found that positive interactions between a clinician and their patient helped to build the relationship, enhance trust and led to better health outcomes.
- Gupta et al (2018) found that clients evaluated their therapy experience more positively when reflective laughter had occurred in their counseling sessions.

# What's really going on?

- Bob's humor wasn't avoidance. It was a **way to regulate anxiety, an attempt for connection, a sign of insight** (they can name patterns without collapsing under shame)
- The issue wasn't that Bob wasn't serious. It was that the room didn't know how to hold seriousness and lightheartedness at the same time.
- This scenario exposes a common assumption in treatment: If you're laughing, you must not be feeling it deeply.
- But for many people (especially those with long histories of shame) humor is how they access honesty **without being overwhelmed.**
- When humor is shut down:
  - The message received is "Only one emotional tone is acceptable here."
  - The unspoken rule becomes "Pain must look a certain way to be valid."

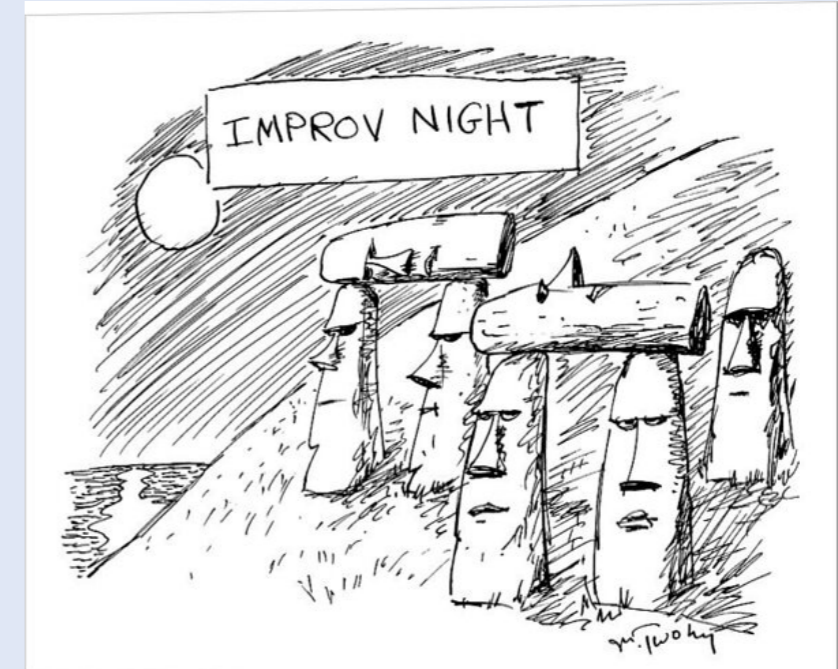


# What we miss when we shut humor down

- When humor is denied or discouraged, we often lose:
  - **Insight** – Humor frequently contains sharp self-awareness
  - **Engagement** – People share less when their natural style is corrected
  - **Authenticity** – Clients begin performing “acceptable recovery”
  - **Belonging** – The room learns that only certain emotions are welcome
- Ironically, the very thing meant to protect recovery can **weaken connection**, which is one of the strongest predictors of positive outcomes.



Learn about strategies and ways to include the use of humor in the treatment process that can lead to facilitating better connection and growth as we help those recover.



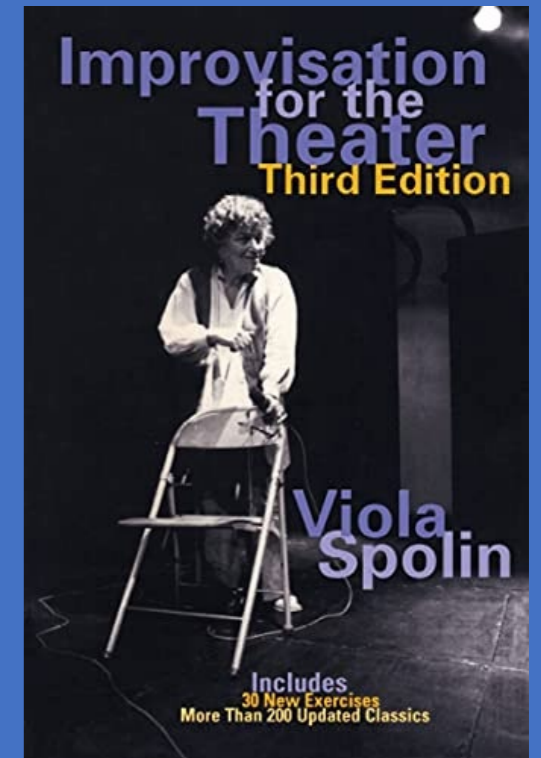
“A good laugh is a mighty good thing, a rather too scarce a good thing.”

– Herman Melville

# Welcome to Improv!!

## Viola Spolin

- There would be no Second City if it were not for the work of Viola Spolin, who created and developed a system of actor training that evolved to become the modern art form of improvisation.
- Born in 1906, actress, social worker, and educator Viola Spolin became drama supervisor for the Works Progress Administration Recreation Project in Chicago, where she invented a series of games designed to teach dramatics to children and recent immigrants. Formalized under the rubric of "Theater Games," the exercises gave the children hands-on experience at behaving collaboratively and empathetically.



# Improv Guidelines

**Listen** – be present and aware

**Defer judgement** – accept the “potential” of ideas and opinions

**Reframe** – find the positive turn-around; use what you have; share focus and accept all styles

**Declare your point of view** – be authentic and clear; speak your mind

**Jump in** – develop a bias towards action and avoid the paralysis of overthinking



# The Power of “Yes, and...”

- “Yes, and...” is the GOLDEN RULE of Improv
- It implies that a participant in a performance (or conversation) should:
  - 1. ACCEPT what another participant has offered/ stated (the “Yes,”) and then
  - 2. EXPAND on that line of thinking (the “and...”)



**YES, AND**

# Activity 2: Listen to Understand, Not to Respond

- Are you a good listener? Most people would say “yes.”
- Truth is when most people start talking about specific people, events, problems, our brain starts to go into search mode – looking for a similar experience to relate to.
- Inevitably we think OUR story is much more interesting, relevant, or fun.
- We start judging two stories (ours and theirs).



# Recommendations for Incorporating Humor

- ☑ Ask about humor.
  - ☑ “What has made you laugh recently?”
  - ☑ “How often do you laugh?”
- ☑ Acknowledging any humor expressed.
- ☑ Create a levity journal.
- ☑ Spending time with people who make you laugh.
- ☑ Inventory on sense of humor.
- ☑ Assign humor homework.
- ☑ Schedule time to be silly.
- ☑ Assist to change perspective.
- ☑ Mark teaching points with laughter.
- ☑ Seek feedback.



# Ways to Use Humor in Addiction & Mental Health Treatment/ Recovery

- Normalize the Recovery Journey
  - Light jokes about the ups and downs of learning new coping skills can help people feel less isolated.
  - Example: “Recovery isn’t a straight line. It’s more like a toddler learning to walk: a lot of wobbling and sometimes falling on your face.”
- Reframe Negative Thinking
  - Use humor to gently challenge catastrophic thoughts or shame.
- Build Group Cohesion
  - Encouraging laughter in group sessions creates belonging, eases tension and helps participants open up faster.
- Stress and Craving Management
  - Teach people to use humor videos, memes, or comedy as part of their coping toolkit for cravings or stressful days.
- Self-Disclosure (Appropriate)
  - Sharing light personal anecdotes can humanize the professional and reduce power imbalances.
- Celebrate Progress
  - Use humor to mark small milestones and reinforce positive behavior.
  - Example: “Three weeks without a missed session? You’re officially beating my record of keeping a houseplant alive.”

# To Use or Not to Use (Humor)

## When To Use Humor

- **To connect** ✓ breaks the ice, builds rapport, and levels the playing field.
- **To defuse tension** ✓ lighten moments of tension without dismissing the issue.
- **To highlight resilience** ✓ help people see their strengths and progress.
- **To make learning stick** ✓ humor helps people remember concepts.

## When NOT To Use Humor

- **In moments of acute crisis** ✗ suicidal ideation, recent trauma disclosure, or return to use shame are times to be present and compassionate, not playful.
- **When it targets the individual** ✗ avoid sarcasm, teasing, or humor at someone's expense.
- **If it feels forced** ✗ humor should flow naturally, not as a gimmick.
- **When it dismisses pain** ✗ never use humor to "cheer up" or minimize a person's suffering.
- **If cultural or personal boundaries aren't clear** ✗ humor doesn't land the same way for everyone; be mindful of context and sensitivity.

# The Reframe

- A better clinical response for Bob.
- Instead of correcting the humor, the facilitator might say:
  - “I notice you use humor when talking about some really hard things. Can you help me understand what that does for you?”
- That question:
  - Preserves dignity
  - Keeps curiosity alive
  - Invites reflection without shaming
- And importantly, it lets the group see that **humor and commitment to recovery can coexist.**



# Humor for the Professional

Helping profession  
is heavy in so many  
ways.

Humor can help  
professionals from  
taking themselves  
too seriously when  
they make a  
mistake.

Examine when and  
how they try to be  
funny.

Use for self-care.

# BELLY LAUGHS



**A SIGN OF CHANGE  
IN RECOVERY**

What gets missed  
on outcomes and  
professional  
development



“A good laugh heals a lot of hurts.”  
– Madeleine L’Engle

### Myth

- Humor means not taking recovery seriously
- Humor is just avoidance
- Humor is unprofessional

### Reality

- Humor helps people face recovery with openness
- Humor supports resilience and healthy coping
- Humor strengthens therapeutic alliance



# “Laughter is the closest distance between two people.”

— often attributed to Maya Angelou

- **Why we need this:**
  - Laughter requires vulnerability: someone risks being seen; someone else receives it.
  - It creates equality: when we laugh together, hierarchy softens and power levels drop.
  - It signals safety: shared laughter says, “You’re not alone in this.”
- **Laughing *with* vs. laughing *at***
  - With → connection, mutual recognition, shared humanity
  - At → distance, protection, power imbalance
  - From a counseling / sociological lens, laughing at is often about regulation: “If I can make you the object, I don’t have to feel exposed.” Laughing with says: “I’m exposed too.”
- **In practice (clinical, group, everyday life)**
  - Shared humor can be **co-regulating**, especially after something hard is named.
  - It works best when it **invites**, not when it deflects or wounds.
  - When laughter lands, it’s often because truth was spoken gently.

# Your Takeaway on Humor

- Where could **one small moment of shared humor** improve connection in your work?
- How will you notice when humor is connecting versus protecting?

Closing invitation

You don't have to be funny.

You just have to be human enough to notice when laughter wants to show up