

## THE ANALYST'S USE OF HUMOR

By Michael J. Bader, D.M.H.

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*The author presents two clinical vignettes involving the deliberate use of humor by the analyst, which appeared to help foster an atmosphere that promoted the analytic process. It is suggested that the analyst's use of humor conveyed information about his mental state and his attitude toward the patient which disconfirmed inhibiting expectations and thus increased the patient's ability to be self-reflective and to face painful affects. The potentially deleterious effects of humorlessness in the analyst are also discussed.*

Among the fondest memories many people have of their analyses are of those moments when their analysts made a joke or expressed their sense of humor. Moments of humor are often important among those experiences of one's analyst's "humanness" and can become markers for the patient of the alliance and sense of partnership that were enjoyed. These expressions of humor from the analyst have multilayered meanings for the patient. They can screen out painful affects in both parties and thus reinforce resistances, or they can help deepen the analytic process and promote healthy growth in the patient. My purpose here is to attempt to understand the instances in which the analyst's expression of humor has efficacious results in the analytic work.

Many psychoanalysts view humor with suspicion. As Freud (1905) established, jokes often are a disguised expression of hostile and sexual impulses. Therefore, a patient's humor will always have a defensive and resistive aspect, and an analyst is usually alert to the risk of collusion if he or she reciprocally responds rather than analyzes this behavior. More important for my purpose here, analyst-initiated expressions of humor are especially suspect insofar as they are usually viewed as a countertransference enactment that wards off negative affects in both analyst and patient and/or covertly expresses countertransference hostility or seductiveness (Kubie, 1971). The analyst must therefore engage in scrupulous self-analysis, either when the impulse to say something humorous first arises, or, retrospectively, after it has been enacted. At its best, the self-analysis reveals something important about the patient and, at its worst, some unanalyzed unconscious conflict in the analyst.

This stance toward humor is consistent with the more general rule of abstinence and the well-founded concern that the analyst not narcissistically discharge his or her conflicts onto the patient. The analyst's mind must be open to the play of feelings engendered by the clinical interaction, but ultimately the use to which this "play" is put should always be to help the patient. The twin dangers, then, in an analyst's direct use of humor are that it defensively colludes with the patient in warding off problematic feelings and fantasies and that it needlessly imposes elements of the analyst's psychology on the patient, usually to the latter's detriment.

On the other hand, there is a growing recognition in modern psychoanalytic thinking that a wide range of emotional responses in the analyst is inevitably evoked, perceived, and misperceived by the patient, and can be used in the analytic process (Boesky, 1990; Jacobs, 1991; Renik, 1991). In addition, attempts to understand the role of the affective responsiveness of the analyst as directly mutative (Kohut, 1984) or as the background condition of safety (Weiss and Sampson, 1986) that permits the growth of analytic insight are increasingly prominent in psychoanalysis today. Such research into the mutative role of the relationship and of the analyst's empathy has contributed to a more general critique of rigid forms of abstinence and of the popular caricature of neutrality in which the analyst must remain emotionally expressionless.

A sense of humor is one instance of the analyst's emotional responsiveness that inevitably comes into play in analytic work. Although humor is a capacity that lies within the analyst, its expression is both cause and effect of the interactive field between patient and analyst. Several authors have attempted to understand humor in this spirit. Rose (1969), comparing the analyst's use of humor with the role of the Fool in King Lear, describes patients whose egos are so weak that the only way to reach them is through absurdity, caricature, or a "humor that, like some love, touches the truth lightly to avert madness" (p. 928). Chasseguet-Smirgel (1988), focusing mainly on the relationship between humor and depression, prefigures some of the ideas here when she describes the humorist as functioning as a "good enough mother to himself," reassuring the disconsolate child within by pretending "it's nothing, you'll be better soon" (p. 205). Rosen (1963) argues that in patients with extreme obsessive-compulsive disorder, laughter may further the work of interpretation by producing "a more optimal distance on the part of the patient from the subject matter or the transference" (p. 717). This is useful because of the extreme ways that these patients separate affects and objects, a process which humor tends to temporarily reverse. And in an interesting exchange with Kubie, Poland (1971) argues that his own

spontaneous use of humor and wit both reflected and strengthened the therapeutic alliance and promoted the analytic work, rather than derailed it as Kubie argued it always did.

In a more recent paper, Poland (1990) makes an especially important contribution when he stakes out the boundaries of a mature and healthy sense of humor that is acquired by the patient as an ego capacity with successful psychological development. He shows how patients' ability to laugh at themselves, appreciate irony, and humorously reflect on themselves and their analyst can sometimes arise only after various neurotic conflicts have been analyzed. Since the mature humor of Poland's patients is the same capacity that I will be discussing in the analyst, it would be helpful to quote at length from Poland's definition of this kind of humor. It is a capacity for sympathetic laughter at oneself and one's place in the world. Humor of this sort does not imply pleasure in pain but reflects a regard for oneself and one's limits despite pain. With such humor there is an acceptance of oneself for what one is, an ease in being amused even if bemused. This humor exposes a mature capacity to acknowledge inner conflict and yet accept oneself with that knowledge, even when it is the knowledge of one's narcissistic limits. Such humor, often linked to an appreciation of irony, requires a self-respecting modesty based on underlying self strength and simultaneous recognition of and regard for others (p. 198).

Poland is describing a capacity to simultaneously deny the pain of reality through laughter while accepting the deflation of omnipotence that accompanies growing up. Thus, he situates humor in the context of the development of a mature sense of reality and a capacity for relationships not grounded in narcissistic or omnipotent denial.

As those who caution us about the pathogenic effect of humor repeatedly point out, the analyst's humor conveys more than humor. In the cases that I will discuss, the analyst's expressions of humor communicated meanings to the patient that facilitated the analytic process and the growth-promoting effects of treatment. Most important among these meanings were: (1) that the analyst was capable of tolerating and mastering certain affects and roles that were induced by the patient via projective mechanisms and the turning of passive into active; (2) that the analyst was not psychologically inclined to traumatize the patient through depressive withdrawal or a defensive one-upmanship; and, related to this, (3) that the analyst could pleasurably appreciate the patient's aggression and nonconflictually recognize the patient's attempts, however neurotic, to establish mutuality. It should be underlined that one of the threads running through these factors was the analyst's ability to sublimate, modulate, or otherwise adaptively channel his or her reactive aggression toward the patient.

Various dimensions of these patients' psychopathologies made them refractory to interpretation and insight and thus became the soil within which therapeutic impasses could grow. In highly idiosyncratic ways, these patients seemed to require a more visceral and affectively undeniable demonstration from the analyst that the relationship was safe enough to risk real analytic exploration, more than could be provided by an "average expectable" technique relying on interpretation alone. These patients' very sense of reality was based on certain pathogenic fantasies and expectations, particularly ones involving the analyst's psychology. These fantasy-based expectations made the patient exquisitely sensitive to the affective tone of the therapist's interventions, which usually led to the inadvertent confirmation of these pathogenic fantasies rather than to an increased capacity for perspective on them. In these cases, the patients responded better when the analyst's tone and style conveyed humor, playfulness, irony, and a readiness to openly express genuine pleasure in the patient.

Any discussion of the mutative effects of the noninterpretive aspects of the analyst's behavior will raise the issue of the relative curative weight of interpretation-driven insight and those relationship factors that often become labeled as "corrective emotional experiences." The focus of this paper, however, is not to review or take a position in this debate. My intent is not to argue that one or the other factor is primary, but rather to suggest that actual clinical experience challenges us to account in our theory for those instances in which spontaneous and deliberate actions of the analyst, such as using humor, have the effect of deepening the analytic process and outcome.

### **Case Example I**

John was a thirty-year-old Asian-American who worked as a contractor at the time he entered treatment. He consulted me because he felt stuck in an unsatisfactory relationship with a woman of whom he was tremendously critical, but toward whom he felt too guilty to leave. This constituted a pattern for him: he would get involved in relationships, become increasingly dissatisfied, almost to the point of feeling "allergic" to the woman, but feel helpless either to assert himself with her or else to separate.

John was witty and articulate, quick to anticipate my interpretations, and ostensibly eager to please. We initially focused on his extra-transference conflicts involving his tendency to become guiltily enmeshed with others to whom he then ceded power, his anxieties about separation, and his worries that he hurt women with his

feelings of superiority, narcissistic demands for control, and impulses to reject them. He felt enraged and then guilty about his sense that he could not control or even have an effective impact on the people close to him, but instead felt pressured to adapt to and comply with them. He tended to deny that these themes were operative between us. This denial was at first conveyed by means of an ostensibly reasonable "exploration" of the possible veracity of my transference references, inquiries which always ended up yielding little in the way of confirmation. In spite of this obvious resistance, he was able to make use of some of this work to free himself from a relationship with a very troubled woman and to overcome some of the inhibitions that impeded his competitive ambition at work.

This initial interpretive paradigm and constellation of presenting problems made good sense in the context of an understanding of John's childhood and familial environment. The second of five children, he described his mother as driven toward success in her role as the owner of a sewing factory, and anxiously driving her children toward academic success in her role as mother. Although he understood that his mother was partly driven by a culturally reinforced need in the Chinese community to "make it" in America, he felt it had more to do with her character than her culture. He saw her as a woman who felt she had to drive herself and everyone around her to make up for an inner sense of being damaged and cheated. John perceived her as continually dissatisfied with his performance in school and with the numerous household chores he was assigned; he felt trapped under her critical control and burdened by the weight of her chronic feelings of inadequacy and victimization. He recalled, for instance, that when the family took Sunday drives, his mother would insist that the children not sit idly; instead, she would quiz them on vocabulary, arithmetic, and their knowledge of the specifications of the other cars on the road. Mother worked six days a week and would always be doing more than one task at a time. His father had died soon after he was born, and his mother had quickly remarried a man who worked for her in her factory, a rather maternal man who doted on the children, but who John felt could not appreciate or respect his stepson's competence and autonomy. He viewed his stepfather as weak in relation to his mother and disappointing as a father figure.

John's ambivalence about women was seen as a repetition of his extremely conflictual relationship with his mother. He was full of rage at his mother's efforts to control him and despaired of ever being able to please her. He felt his masculinity and his sense of self-worth to be endangered by his mother's relentless criticism, and yet he was helpless to oppose her will. This was worsened by his sense of her internal depression and selfcriticism, which he was impotent to ameliorate. Instead, he internalized her accusatory and punitive aspects. He was able to maintain his loyalty and attachment to her through this kind of identification and compliance. He thus became harsh with himself and perfectionistic with others. He warded off his desire to separate from or condemn her too severely because of his conviction that she could not tolerate his criticism and rejection.

In his adult relationships with women, John could neither stay nor leave. Staying meant feeling increasingly controlled and angry, but leaving meant destroying the woman and feeling guilty. The relationships gradually became sadomasochistic, with increasing covert and overt battles for control and a growing sense of despair. He could not get the woman to do what he wanted, and he could not freely give her what she wanted. He felt tremendously dependent on the woman and thus vulnerable to pressures to bend to her will, but also extremely guilty about his subtle but relentless critical attitude toward her. He felt his needs for control, for admiration, etc., were repugnant to others, inappropriate, and destined to be frustrated.

As our work progressed and John felt closer to me, he could no longer deny that some of these issues were surfacing in our relationship. The form they took usually involved his insistence that I tell him what to do to solve a problem, setting the stage for a struggle between us as to the nature of our work together. He would demand to know, for instance, what practical steps to take when he felt that a sibling was being overly critical, so as not to internalize the criticism. I would attempt to understand this insistence, more or less empathically, and he would accuse me of trying to blame or "one-up" him. Or, if I pointed out that his demand for advice might protect him from thinking, feeling, or understanding, he would experience my comments as evidence of my inability to empathize with him, "pulling rank" to protect my embattled authority, and an attempt to blame him and tell him he was doing things wrong. If I empathically articulated a specific subjective experience of his, he would retort, "Well, what should I do about it?!" He was exquisitely sensitive to feeling blamed and accused. And when I was silent, he would excoriate me for hiding my inadequacies behind a ridiculous technique.

In the countertransference, I felt myself intermittently demoralized by his fierce dissatisfaction and the brilliant way he often expressed it. I felt repeatedly drawn into struggles with him. At these times, I would indeed be tempted to enact my hostility and frustration by playing my "abstinence card"-by, for instance, simply remaining silent or continuing to interpret when he had warned me that he experienced this as aversive. Mostly, though, I tried to talk to him about various aspects of our interaction and to find ways to make this understanding useful to him. I would talk about how his relationships eventually turned into struggles of dominance versus submission, and how he had a great many anxieties about mutuality and collaboration. We reconstructed family history that seemed to relate to this problem. We talked about his worries about his being too close to me and about his guilt over separation, but while he agreed, he did not find these ideas helpful. I pointed out to him that

he was showing me, by turning passive into active, what it was like for him to be the object of his mother's chronic dissatisfaction and pressure for perfection, unable to bring pleasure to her eyes. He agreed, but felt this insight to be sterile and unhelpful. I explored with him his fantasies of magical rescue and his wish that we collude in denying our respective limitations. He felt criticized, but it did not change his basic stance toward me. He was aware that he was acting in a provocative manner that was unfair to me, and he felt guilty about it, but was trapped in his own reflexive need to defensively denigrate my attempts to help him. This guilt and the worry that I would retaliate sometimes led to reparative impulses to comply with my interpretations, but eventually the dissatisfaction would surface again. In spite of some symptomatic improvement, the analytic work began to feel like it was at an impasse.

My frustration and growing sense of despair led me to seek outside consultation and to engage in a determined self-analysis. The introspection revealed that my experience of John's "assaulting" me with his dissatisfaction contained elements of my relationship with my mother, who had often burdened me as a child with her complaints of being cheated and dissatisfied as a mother and a wife. These infantile echoes could be felt in my resentment of John's intense critical scrutiny and complaints about my effectiveness. Understanding this association helped modulate my feelings of helplessness and reactive aggression that had led me into power struggles and a withholding affective style which I rationalized as neutrality. Consultation helped me use this self-analytic insight to more compassionately understand how John's need to frustrate and torment me expressed his identification with the aggressor, turning passive into active, and various projective-introjective solutions to anxiety. All in all, I felt less trapped by the situation, more empathically appreciative of his struggles, and internally freer to respond in violation of the "rules of engagement" by which John had coerced us to play.

In this context, I found myself beginning to respond to John in a more playful way. This meant responding to his sarcastic jibes with humor rather than with either silence or proffered insight. Sometimes my humor would be self-mocking, and other times it would confirm his accusations in a caricatured way. For instance, John might make a comment like "Did they teach you in school to make interpretations that your patients can't understand or use?!" I would respond, "Do you think I went to school to learn how to do this?" Or else I might retort, "Yes-it was in the same course where they taught me to blame the patient for my mistakes!" John ended one session, during which he was complaining that he was getting worse and that my neurotic need to do the wrong thing rendered the therapy useless, with the comment, "Perhaps you could work through your conflicts about this with a consultant or your own therapist before our next session," to which I responded, "If I do, can I raise my fee?"

One instance of banter was when John, as he was wont to do, was imperiously and coolly instructing me in exactly how a comment of mine had been worded poorly and had implied that he was bad; it could have been worded differently so as to make him feel appreciated. He ended it all with the question, "Are you able to follow this?" I responded, "Wait ... could you speak more slowly?" He replied that he was trying his best but that I was a poor student. I sensed that he was now "playing" with me more than before, and I responded: "But I thought this was just a Sunday drive!" This allusion to his account of the pressurefilled Sunday drives with his mother made him laugh, and he then began to talk about how one of his clients had been "picky" about some remodeling that he had done for her. He realized that this kind of criticism could spoil his whole day, but imagined that I might think of this as an overreaction. I commented that perhaps we had just gotten a glimpse of where part of his conflict might have originated, and John responded, "Sunday was supposed to be a day of rest but I don't even get that." After a pause, he demanded, "O.K., so now what?!" I replied that he didn't want me to get lulled into the delusion that we were actually working together! He then went on to ridicule my apparent hopefulness, although his tone seemed to remain ambiguously playful.

These interchanges became common and were usually brief. I understood them as reflecting a gradual deepening of John's ability to be self-reflective in my presence and to begin to collaborate. John gradually made explicit both his awareness that I had changed my style and his reactions to it. In our discussions about this shift, John seemed mainly to feel that I had "heard" him, that his complaints and needs had indeed had some effect on me, and he seemed able to see more clearly how his persistent expectation of criticism from me had more to do with an internal object than an external one. He continued to be dissatisfied and critical, but both of us recognized that this felt increasingly like a hollow accusation. John had a dream in which a physician he knew was arrested for illegally cashing his patients' welfare checks, and John knew in the dream that somehow the physician was being framed. In his associations, John was struck with the absurdity of the image, since the physician was one of his most honest and generous friends. John's associations led him to the fact that he had been accusing me these many months of exploiting him and that he realized that these charges were, in fact, bogus and that I was his ally. In general, he seemed to be increasingly able to think about how burdensome it was to be expected to be perfect in order to please someone else, and his punitive conscience began to soften, as did his insatiable demands for perfection from me.

When I first began joking with John, it was partly a result of my reflections on the meanings of the intense pushes and pulls he was exerting on me, reflections that took place in the context of self-analysis and outside consultation. Through this process I was able to gain enough perspective on my countertransference reactions,

and enough of an understanding of the meanings and developmental etiology of the transference impasse, to allow me to be more affectively and technically flexible. This meant opening myself up to my own capacities for irony, humor, and playfulness—all of which included aggression, but an aggression somehow harnessed to my empathy for the patient. By this I mean that I was able to moderate and gain perspective on my aggression and express it in a way that reflected a healthy mastery and a sensitivity to the patient's welfare. The fact that I allowed myself to make particular use of humor was a function of my sense that John's capacity for wit and banter was an adaptive strength and one that I shared. The banter with John was never forced; it was consistent with my own form of humor. Sometimes it was elicited by him, but other times it was initiated by me and reflected the outcome of my own internal analytic work on the feelings he was stirring up in me, together with my deeper understanding of what he needed.

My use of humor was therefore both reactive and deliberate. After it became clear that it was efficacious, I consciously decided, on the basis of my understanding of the patient's dynamics and the meanings of my humor to him, to let myself respond to him with humor even more freely. I believed that John felt reassured by my humor in ways that enabled him to analyze himself more confidently. He was, for instance, able to spontaneously talk about his terrible fears of being cut off and alone only after he reassured himself through our joking repartee that I would not leave him "alone" in the session. Of primary importance was that my humor showed him a way to deal with the unreasonable expectations of perfection that he had felt from his mother, which were enacted with me in the transference. The humor conveyed my acceptance of my limitations and an ability to defend myself against any expectations to be otherwise. Further, it showed that I was not hurt by his attacks, something he greatly feared, nor was I discouraged and demoralized as he had been as a child and in his adult relationships. Finally, I believe that my ability to laugh and joust with him reassured him that I could appreciate and enjoy him on his terms. This vital narcissistic experience was missing from his childhood, and his experience of it with me was crucial in his acquiring a greater feeling of self-acceptance:

John's capacity for self-reflection slowly increased and he became able to reflect more on how often he put others in impossible binds and how dissatisfied he had been with himself for most of his life. This seemed to help him not have to externalize so much, and I felt the beginnings of a spirit of collaboration. As he felt himself to be less embattled in his relationships—including the one with me—he began to recover memories of his deep sense of hopelessness as a child and of his mother's depression.

## Case Example 2

Fred was a forty-one-year-old single man when he sought treatment for chronic asthma and other stress-related somatic problems. He worked as a lawyer in a firm known for its advocacy of liberal political causes. Fred reported feeling tense much of the time. He generally linked the tension to his preoccupation with pleasing others—his sense that he often felt under great pressure to suppress his feelings in order to avoid rejection as well as to avoid guilt over potentially hurting others. He felt angry about this and punished himself when he noticed himself being self-sacrificial. He worked in a field in which he was often in conflict with others; his guilt and inhibition resulted in a constant state of tension.

In his romantic liaisons, Fred tended to choose women who were critical and withholding, partners by whom he repeatedly felt castrated and for whom he repeatedly surrendered his phallic strength and autonomy. He saw these women as both rejecting and weak, and he alternately experienced himself as their whipping boy and their caretaker. Fred complained about feeling sexually inhibited with women, in part because of a fantasy that they did not really enjoy sex or at least that they felt threatened by being aggressively pursued. This led to a sense of sexual passivity and an ultrasensitivity to any cue—real or imagined—that his partner did not want to be sexually approached. All of this led him to feel bottled up and angry, which led to further guilt, inhibition, and despair.

Fred had recently finished a five-year analysis with an analyst whom he initially described in glowing terms, but who he later felt had traumatically misunderstood him. He portrayed the former analyst as using what one could call a caricature of classical technique. He told me that his analyst rarely spoke except to comment on transference material and these interpretations were very spare and relatively infrequent. He never answered questions or showed much affect. To Fred's recollection, he never acknowledged a mistake, accepted a gift, or gave advice of any kind. The patient felt that he quickly learned the "rules" and, in fact, soon became a caricature of a patient. He never asked for or demanded anything; instead, he explicitly reduced his own needs, desires, or criticisms to the status of neurotic transference distortions that he invited his analyst to analyze.

Fred's reported experience of his previous analysis was a narrative that emerged over time. According to Fred, the analyst seemed bent on interpreting his problems along several lines. First, he confronted Fred repeatedly with the gratification he was getting from his self-castration at work and with women, and he emphasized that Fred's inability to stand up to women was due to his experiencing them as powerful preoedipal mothers whom he was terrified of defying or leaving. Fred felt that his analyst saw him in fact as weak, and was implying that

he ought to stand up to these women (and their surrogates) who actually were trying to dominate and castrate him. He experienced his analyst as trying to get him to "buck up" and act tougher with people. Unfortunately, the "people" never included the analyst. Fred would frequently be overwhelmed with feelings of helplessness, self-loathing, and rage in the sessions, which the analyst interpreted as a transference enactment of a fantasy that Fred was a little boy unwilling to grow up because of fears of castration and separation, fixated in the painful throes of preoedipal gratifications. Fred felt he got little help with his relationship or work problems during his analysis.

It gradually emerged that Fred had experienced his previous analyst as blaming him for his tendency to be masochistic, particularly with women. He inferred that this stance was due to the analyst's intolerance of dependency and weakness of any kind in himself and because of a defensive need to denigrate women. He saw the analyst as subtly promoting and hiding behind Fred's transference idealization because of a rigid fear of closeness, exposure, and competition. Whether or not the analyst, in fact, had any or all of these problems, Fred experienced the analyst as having a personal difficulty that interfered with his analyzing Fred's perceptions and fantasies about the analyst's psychology. Fred repeatedly castrated himself by enacting the role of a compliant, tortured patient who turned all his critical and phallic impulses inward so as not to challenge his analyst. He felt that he never got help on his intense conflicts over his phallic exhibitionism, aggression, and sexuality because he believed that his therapist had a similar impairment that neither of them wanted to admit. Fred's neurotic conflict was thus enacted and confirmed. Most important, these fantasies and perceptions were never analyzed. The analysis functioned as a kind of trauma, deepening his conviction that significant others require compliance, denial of shortcomings, and suppression of phallic strength.

These convictions and fantasies were first generated in Fred's family, where Fred felt as if neither parent enjoyed his masculinity. Fred perceived his mother as being threatened by masculinity insofar as it symbolized abandonment and inferiority for her. She used her son's dependency to keep him close to her and seemed to view his willful phallic behavior as a betrayal. His father was intensely competitive with his son, who reported that his father had to win every argument they had and every game they played. Fred felt put down but also sensed that his father's power was belied by great insecurity over his own masculinity.

Thus, Fred entered treatment with a deeply entrenched characterological inhibition arising from pathogenic family relationships. He had been retraumatized by an analyst who Fred felt had encouraged a regressive form of compliance in his patient because of psychological problems hidden behind his "classical" technique. Fred was therefore exquisitely sensitive to those moments in which he construed that I was defensively hiding behind my analytic "role." For instance, if I was too silent or did not answer a question, he would become gradually more masochistic, feeling like a needy neurotic "worm" who was not as self-sufficient as I was. He took my silence as rejecting and as a defensive attempt to "pull rank" because he expected too much or was some kind of threat to me. Over all, early in the treatment I came to see that his masochistic self-denigration was in part a compliance with what he sensed I needed, an inference he made from whatever possible countertransference enactments accompanied my interpretations and personal style, as well as simply from the various manifestations of normal analytic listening, neutrality, and abstinence.

I repeatedly pointed out that these inferences were highly meaningful constructions, and linked them to prior experiences in his life, including his previous analysis. Fred could not seem to make use of these insights. His responses were often intellectualized and compliant, but the insights did not seem to help him revise his expectations and fears. I felt that his compelling expectation was that I, like his previous analyst, could not enjoy him, his strength, his criticism, or his love because my own psychopathology was too strong; and the stakes were too high for him to risk analyzing this particular assessment of the danger. He had psychologically hobbled himself in response to a pathogenic family and had been further frozen in this state by a psychoanalysis that he experienced as pathologically confirmatory.

Relatively early on in our work, I discovered that when I used humor to interact with Fred, he was able to mitigate the intensity of his masochistic flailings. Two processes led to this discovery and my subsequent intentional use of it. First, and most important, I had developed a fairly clear picture of the traumatic effects of what he perceived as his previous analyst's rigidity and, in Fred's eyes, defensive self-control and humorlessness. I had witnessed his masochistic retreats from my attempts at resistance interpretation, including those aimed at the retreats themselves, particularly when communicated within a serious and sedate professional ambience. In other words, I developed a hypothesis that Fred required a different analytic ambience which would allow him to hear my words and think about them; I then proceeded to test this out by allowing myself to respond to him in a more humorous way. As was true with John, I sensed in Fred a capacity, albeit an inhibited one, to be quite witty and sardonic. As I have confessed earlier, this is a comfortable affective stance for me, so humor was a natural vehicle for conveying this analytic ambience.

The second process that led to this tack was that I began to think about how it felt to be emotionally restrained and abstinent with this particular patient, in contrast to how it felt when we shared some humorous observation. I discovered in myself a conflict about enjoying a playful, intimate father-son closeness with Fred. Instead, I

recognized the temptation to identify with my own father's rejection of such a connection with his son. I became aware of a subtle inclination on my part to collude with Fred's shame over his wishes for paternal strength and protection, strength with which he could identify, and of my own tendency to keep him at arm's length with elements of an abstinent technique. Analyzing this issue helped me become less guilty about and therefore more open to a pleasurable interchange with Fred, marked at times by a kind of male teasing and repartee. Of course, both of these sources of my use of humor would have led elsewhere if Fred himself was not possessed of a witty and verbally creative intelligence that was ready and willing to enjoy and share such humor.

Fred began to become more assertive and confidently competitive with me, and to free up his capacity for self-observation. One form my use of humor took was to make fun of my own mistakes or foibles, or of the image he had of me as needing to be an oracular authority, wrapped in somber analytic technique. I might tell him, for instance, that I was certainly relieved that he blamed himself rather than me for his frustration with his progress in a session, but didn't he think, therefore, that I should be paying him? Or I might joke that the only reason I had been silent so long was to carefully craft the perfect interpretation that the "books" said had to be less than twenty-five words! He responded with great pleasure to this self-effacing humor and seemed to feel an increased safety in noticing my errors. He heard my jokes as an invitation to be a strong man, an invitation based on what he perceived as a nondefensive self-confidence on my part and an appreciative openness to his perspective. We explored his experience of embarrassed excitement in response to my humor. He was able to explicitly analyze how these conflicted but pleasurable interactions with me highlighted his childhood shame about male camaraderie, and how his interpretation of his former analyst's seriousness reflected an externalization of these internal conflicts and guilt. Fred seemed to develop a deeper awareness of the ways he had experienced his previous analyst as unable to tolerate his aggression or critical scrutiny and how this stimulated him to diminish himself and implode with feelings of helplessness.

Another use of humor involved Fred's inhibition of his phallic narcissism and exhibitionism with women. He was talking, for instance, of his guilt-ridden negotiations with a very critical girlfriend, and her demands about how he divided his time on the weekend between watching sports, doing housework, and talking to her. Fred was frantic and guilty about provoking and hurting her feelings and determinedly presented the issues from her point of view. At one point, I said, "The next time you negotiate with her, try floating this proposal: that she clean your apartment while you watch sports and then the two of you can talk during the commercials!" Fred roared with laughter at this comic articulation and caricature of his phallic narcissistic desire. He couldn't get over how this joke captured some of the essence of what he felt was forbidden to him. He was forcefully struck with how abhorrent yet pleasurable this scenario was; and how it brought into sharp relief the images of "bad" masculinity that he spent so much time warding off with extreme shows of compliance and self-abnegation. He went on to talk about how much her anger frightened him, but how he knew at the same time that this anger came from her deep insecurity. He wondered if the latter somehow scared him and made him "cave in." He then dryly wondered if he could negotiate with her on how many of the commercial breaks had to be used for talking versus eating! We both laughed, and the patient was again aware of his embarrassment and worry that he could betray her even with such thoughts.

On another occasion, Fred seemed to be struggling against acknowledging profound feelings of disappointment and hurt that his girlfriend had said she was "too busy" to come and stand at the finish line to cheer for him when he competed in his first bicycle race, a charged accomplishment for him. He compliantly agreed with her that it wasn't such a big deal and that it should be enough for him that she was willing to attend a champagne brunch he was hosting later in the day. He was working his way into a tirade against his "infantile" feelings about this when I suggested that while he would probably ride faster in the race, knowing that he had to get home to prepare a good brunch for her, the other alternative was to tell her that in order to be invited to the brunch, she had to prepare it in his honor and, in addition, welcome him at the finish line with it! Fred's pleasure in this kind of ostensibly misogynist repartee led to his recognizing how rejected and castrated he had felt in this situation and how a proud wish to display himself to her so often came to feel like a mean-spirited demand. He was able to see that this was a result not just of her pathogenic responses, but of an internal readiness to condemn himself on "trumped-up" charges of selfishness and sexism.

My putting this into comic words made it palatable for him to become aware of these dynamics because it signified my acceptance of certain derogated and dangerous phallic desires. It was as if through an identification with a longed-for paternal strength, conveyed via my joking interpretations, Fred could overcome his shame and anxiety about his masculinity enough to begin to confront this conflict. By using humor, I conveyed not only that I was not threatened by his phallic aggressive wishes, but that I could take pleasure in them. My jocular style with him emboldened him, not to deny or cover-up his shame over his "dirty" masculine impulses and fantasies, but to face some of these feelings from a more secure base in our alliance. We also became able to reflect explicitly on my use of humor and to gain further insight into how he used his interpretations about his previous analyst's "humorless" mental state in order to confirm his own neurotic expectations and determine his behavior. He felt freer to analyze his expectations of my disapproval in the face of a more visceral sense of my empathic availability and appreciation, a sense that he derived from my expression of humor.

## DISCUSSION

The treatments of John and Fred can be viewed as "experiments-in-nature." In each case, the style of the analyst changed, resulting in the patient's increased psychological growth and an increased capacity to tolerate and analyze feelings and fantasies that had been warded off or compulsively enacted. One dimension of the change in the analyst's style was his willingness to respond to the patient with humor, and eventually to do so intentionally. Of course, while John had a single therapist who altered his stance in the middle of the treatment, the change for Fred mainly involved a change in therapists. I am therefore not making a scientific claim by describing these cases as "experiments." Obviously, there are multiple meanings and competing interpretations possible in discussing what occurred and why; these clinical vignettes as such prove nothing. However, I think that cases in which an analyst decides to alter his or her approach with a patient and observes different results, or a patient works on identical issues with two different analysts and achieves vastly different outcomes, provide us with an interesting opportunity to analyze which factors in the analyst's temperament or technique seem to facilitate or inhibit the analytic process and therapeutic change.

I believe that the most important reason my willingness to express humor in these treatments produced a beneficial result was that it functioned as a metacommunication to the patient about my internal psychological state and that this information and new experience increased the patient's sense of safety and confidence in ways that enhanced the treatment. For some patients, a serious, emotionally restrained analytic ambience with a therapist who modulates his or her affective expressiveness in order to convey analytic neutrality can reinforce certain pathogenic expectations and fantasies rather than help the patient face and work through them. In the treatment of these patients, a therapist whose emotional range in the sessions goes only from flat to matter-of-fact, and whom the patient does not perceive as enjoying the work, unwittingly enables the patient to repeat maladaptive patterns because the latter's worst fears are covertly being realized. Attempts to analyze these transference-based resistances to insight and change are made more difficult if done in an atmosphere that the patient can construe as somber and humorless, because the therapist's accurate insights get drowned out by the meanings that the patient attributes to the affective tone of the interpretation.

As the cases presented here suggest, aspects of so-called "classical" technique that promote emotional restraint can be tenaciously used in the service of resistance because of specific traumatic experiences that a particular patient may both seek and yet fear repeating. In John's experience, for instance, the fact that he felt helpless to please and satisfy his mother, thus internalizing her critical and accusatory attitude, made his experience with me inevitably fraught with blame, accusation, dissatisfaction, and despair. He interpreted my "neutral" analytic stance as accusatory and as intended to make him feel responsible for everything that happened to him, including everything frustrating that happened in his therapy. His mother, who blamed him for everything, could not enjoy him, and neither could I. As my self-analysis revealed, I not infrequently got caught up in this cycle of blaming. He turned the guns of his harsh superego on me both as his best defense against this imagined attack and as a wish to get some kind of relief. I found that any interpretation of the fact that John experienced analytic technique itself as a (not unexpected) retraumatization was simply incorporated into our ongoing struggle.

My discovery of the efficacious use of humor and its subsequent deliberate incorporation into my interactive style was crucial in the resolution of this impasse because it reassured John on a number of psychological fronts. First, it reassured him that he had not hurt me with his attacks of dissatisfaction, that I was psychologically sturdy enough to maintain my balance in a storm, a state of mind that had always been beyond his reach as a child but with which he could now begin to make a tentative identification. I did not have to be perfect, and now perhaps he could envision that possibility for himself. Second, my humor communicated that I liked him and could maintain an appreciative connection with him in spite of his provocativeness, that I did not mistake the part for the whole and thus was not blind to the longing and appreciation he felt for me even while we were dueling. If I could tolerate ambivalence and relational complexity, and adaptively sublimate hostility, perhaps he could as well. Humor thus facilitated the beginning of an identificatory process that was necessary to counter his sadistic superego and its projected representations in various impaired relationships.

For Fred, in a previous analysis a caricature of abstinence had retraumatized him, confirming over and over that in order to avoid guilt, he had to debase and castrate himself. He reflexively turned the "eminently reasonable" attitude of seriousness with which I approached our work into a dangerous (but not unexpected) symptom of an underlying need to maintain my authority in the face of the threat of his phallic exhibitionism and critical scrutiny, exactly like his previous analyst. He was unable to hear my interpretations of these issues except through this sadomasochistic lens.

My use of humor seemed to free up Fred's ability to use his critical faculties with me and others, and to begin to express and enjoy his phallic capacities with women and with me. I gently made fun of my own foibles and thus communicated to Fred that I would not retaliate if he also did so. He became aware of and could think about his conflicts over criticizing me only after he was reassured by my humor that it was safe to do so. Further, I



playfully expressed, with wit and caricature, Fred's forbidden phallic/sadistic fantasies and wishes toward women. The patient's pleasure in this kind of male "solidarity" enabled him to feel freer with his phallicness and therefore to see in clearer relief how dangerous and conflictual these behaviors, feelings, and fantasies actually were.

In both cases, the patients got better. They were more able to reflect on, analyze, and master certain transference expectations, inhibitions, and characterological reflexes after I began using humor than before. Further, both patients were able, to some degree, to reflect on the relationship between the analytic ambience established by my use of humor and the resulting benefits for our work. In both cases, it appeared that particular expectations, based on accurate perception as well as on unconscious fantasy, about my internal psychological state were motivating the patients to repeat their maladaptive patterns with me, much as these expectations and fantasies were doing similar damage to their other relationships. Humor disconfirmed these expectations and functioned to counter and correct these fantasies enough so that the patient could (1) examine the fantasies which now stood out in sharp relief, and (2) experience a new form of relatedness in which certain painful and debilitating affects did not have to control the participants. The gratifications of the new kind of relatedness, modeled by my use of humor, was a spur to further analytic progress.

I suspect that one of the distinguishing features of patients with whom humor has these effects might be the extent to which their core traumas involved humorless parents who burdened their child with expectations that were impossible to meet, with the result that the child felt enraged and helpless but was ultimately compliant. The parents' humorlessness may have reflected an underlying depression or narcissistic injury that the patient felt prevented real connection. Instead, the patient, as a child, had to resort to identification with the aggressor and masochistic submission, which became models for future relatedness. These models for relatedness are maintained and defended by these patients because they are felt to be the only ones possible and are somehow built into the texture of the patients' sense of reality. The experience of trauma, the expectation of its repetition attendant on self-analysis, and the actual lack of experience of alternative realities make a powerful distorting lens through which the analyst's technique is read as an expression of the latter's underlying psychopathology.

I would like now to consider the issue of the deliberateness of my use of humor and the processes that led to its use. The capacity for humor is, first of all, a character trait of the therapist, one that varies among therapists in type and quantity like any other trait. And, like any character trait, it is inevitably expressed in one's work. In this sense, one does not exactly "choose" to respond in a humorous or witty way if one is a humorous person; one's technique with a patient always expresses one's "being." The texture and ambience of a psychotherapy or a psychoanalysis bear the stamp of the idiosyncrasies of both participants whether they like it or not. In addition, it does not seem quite right to say that the therapist "chooses" to be humorous when such humor seems to be a reaction to the complex invitations and undertows of the patient's communications. Instead, one might understand this phenomenon as the therapist using his or her psychological reactions (Jacobs, 1991), in order to retrospectively understand both the meanings of these interactions and their mutative effects on the patient (Renik, 1991). Or, finally, one might think of humor as part of analytic "tact" (Poland, 1975) in the sense that therapists always aim to convey an empathic respect for the difficulties of analytic work in the form, style, tone, and timing of their interpretations. Tact, when successful, is really not deliberate but serves as the empathic background for interpretive work.

While all of these issues were operative in my use of humor, it was also quite deliberate. I chose to give myself permission to openly enjoy certain interactions in which I had previously exercised a certain emotional caution. When I describe my prior stance as one of caution, I am referring to the ordinary restraint that an analyst feels about temptations to engage the patient in playful interactions that might collude with his or her desire to avoid thinking about difficult issues. A stance of caution also involves how one feels about openly expressing the pleasure one privately enjoys in working with a patient for fear of being seductive or of imposing an obligation on the patient. However, in these cases I decided in effect not to restrain these playful and humorous tendencies in my own personality as much as I do with other patients. I was neither hurling myself into the relationship with abandon, nor calculating each witticism with surgical precision. I was instead modifying or overriding my own analytic superego with the intention of helping the patient lessen the sadistic impact of his own superego. The concept of a "neutral" stance should not only accommodate the wide range of personality styles among analysts, some of whom rely on humor and some of whom do not, but should also subsume those ways that an analyst deliberately shapes his or her affective style and posture in accord with the patient's needs. By this I mean that as analysts we are always expressing aspects of our personalities in response to the various transference gambits of the patient, but we are also always choosing which instruments in our emotional orchestra we will consistently allow the patient to play. Those aspects of ourselves which we determine will be analytically efficacious are made more available for use. Others are kept in stricter abeyance. In the cases I presented, I believe that I chose to make my humor available to the patient with the belief that it would help the patient feel safer, provide an alternative model of mature relatedness with which he could identify, and expand his capacities for self-analysis. I was alert to his reactions to this humor, including distorted ones, and I believe that I was open to changing my style if the evidence warranted it.

The process of freeing my capacities for a certain kind of playful responsiveness involved, particularly in John's case where an impasse existed, a self-analytic process which revealed how the patient's projections, his turning passive into active, and the particular content of his suffering were pressing on related conflicts of my own. These dynamics contributed to the impasse, insofar as I came to share the patient's sense of helplessness in an exaggerated way and temporarily lost my analytic perspective. After I became aware of the reasons for my countertransference hypersensitivity and came to a deeper understanding of the patient's transference enactments, I regained my analytic balance and felt freer to choose to communicate that balance via humor.

## THE HUMORLESS ANALYST

Analysts are often pilloried by the popular media for their reputation as humorless, rigid, and withdrawn characters who sit behind their patients muttering "uh-huh" in response to their patients' pleas for help. This caricature of analytic abstinence and neutrality has been thoroughly debunked in modern analytic theory; it usually does not conform to the day-to-day ambience created by most analysts. However, it is also true that a certain percentage of people drawn to doing analytic work tend to have inhibitions about the spontaneous expression of feeling, including passion and humor, as well as a certain propensity for depression. There is no evidence that the incidence of these problems is any greater among analysts than in the general population, but it is my impression that these depressive and inhibitory tendencies are often not significantly eliminated by a training analysis. The unique feature of depression and affective rigidity among analysts is that we have a theory of technique that can be misread as justifying our neuroses, and we can enact them under the guise of abstinence and neutrality. This can create multiple problems in our therapeutic work. Our patients are only too quick to comply with what they think we want. Often, they infer that we want them to be like us, emotionally abstinent and neutral. These patients may have had depressed parents with whom they had great difficulty connecting or to whom they had to submit and comply. Our "classical" analytic stance, however "tactful," can repeat this same traumatic relationship. Patients cannot see it because they expect it, and we cannot see it because we see ourselves as neutral. Our neutrality is their emotional absence. Our abstinence is their rejection. Our resistance interpretation becomes their compliance with authority. Misalliances or impasses can be the end result of what, to us, looks like a treatment based on good technique.

In this regard, I would argue that a willingness to look at the potentially salutary effects of humor can open up our own emotional range and that of the patient. Humor can have a particularly efficacious impact because it can simultaneously convey multiple meanings about the analyst and the patient, thus deepening the experience for both.

## SUMMARY

Although there is a tendency for analysts to frown on the use of humor as a technique, moments of humor can often be precious to the patient. The appropriate cautions about using the patient or enacting various conflicts around aggression, sexuality, narcissism, etc., can sometimes be taken to mean that humor in the analyst is always counterproductive. Recently, there has been an increased interest in examining all of the analyst's emotional reactions and noninterpretive behaviors in his or her work to try to find a place for such phenomena in our theory of technique.

Two clinical vignettes were presented. In the first case, analytic work was at an impasse because of deeply entrenched superego resistances which took the form of the patient's relentless dissatisfaction with the analysis and constant accusatory and self-accusatory recriminations. The analyst, after various introspective and consultative experiences, changed his style and began actively using humor in the treatment. The patient responded with an increased ability to analyze himself and the interaction with the analyst, primarily because of identificatory processes and because the analyst's humor disconfirmed traumatic expectations. In the second case, the patient felt that neurotic fantasies had been traumatically confirmed in a previous analysis. The author's use of humor enabled the patient to feel stronger, both in his relationships and in the analysis, where he was increasingly able to face difficult material.

The analyst's technique is often taken by the patient as an expression of the former's internal mental state and, as such, can confirm or disconfirm certain pathological expectations, fantasies, and beliefs. In some patients who have been traumatically affected by parents who consistently blamed their children for their own narcissistic injuries and depression, the experience of an analytic technique that is emotionally restrained, flat, or too affectively "neutral" can reinforce symptoms and can be refractory to interpretation. In these cases, there can be some advantages in the analyst's deliberately allowing himself or herself to interact humorously with the patient.

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