

'It's not just about telling jokes to feel better'

Ian Florance talks to **Stephanie Davies**, Creative Director and 'cognitive laughter and humour consultant' for Laughology

It's half term in the Royal Festival Hall bar on the South Bank in London. Hundreds of children dance to a trad jazz version of 'Old Macdonald Had a Farm' while their parents look on proudly. Stephanie Davies and I finally spot each other among the crowd and we settle down to talk. It seems an appropriate setting in which to meet someone who studied community arts, still does stand-up comedy and formed the company Laughology in 2006 to offer psychologically based services in which laughter is a key element. It would be easy to assume her approach is simply

about cracking jokes to make people feel better about bad stuff, but I quickly learn that there's a lot more to it than that.

'It started with Norman Wisdom'

'I grew up in Southport but we moved to the Isle of Man when I was eight. I never saw myself as an academic – I was more of a doer and was really interested in the performing arts. I was picked to be in an anti-bullying film. Norman Wisdom appeared in it as a lollipop man and he is the original inspiration for what I'm doing – a real gentleman, always professional and genuinely funny. We got on well, had lots of talks and something he says in the film – "You'll always be able to get by if you make people laugh" – has stayed with me.'

Stephanie did her degree at the Liverpool Institute of Performing Arts, based in Paul McCartney's old school. 'I was not just interested in performance but in helping people, which was why I chose a degree in community arts. We looked at how art impacts on physical and mental health and on social issues. It helped me value art not only for itself, but also as a technique to help people improve their lives.'

Stephanie's dissertation was on 'Women in Comedy: from Victims to Vixens' and analysed the impact of comics from Vesta Tilley to the present day.

'The final submission had to be part-written, part-performance, so I arranged a five-minute stand-up performance for

tutors and peers. My tutor insisted I had to do a live show in front of a real audience. I did an open mic night in Liverpool and was hooked.'

Stephanie left college in 2001 and continued to do stand-up but, as she puts it, 'I needed to make some money so I worked with the Liverpool Comedy Festival. One of the things I did was write a comedy course for schools. The first proper health-related project I did was at Alder Hey Children's Hospital, helping nurses, doctors and specialists integrate humour into play. I then worked with families.'

On Patch Adams and Jack Dee

At this point I could see why Stephanie had linked psychology and humour. She explained: 'There's a huge research base on the effect of mood and humour on physical and mental health. I'm not doing anything that hasn't been done before. I've studied on the Patch Adams course in the States. Many readers will know Patch Adams from the rather sentimentalised Robin Williams film about him. In fact he's a genuinely challenging activist who uses clowning and humour to address health and social issues internationally. He's another of my heroes.'

I wanted to know what had convinced Stephanie to try to find a master's course to study the linkage between psychology and humour.

'Three things really. Firstly, doing stand-up comedy teaches you so much about yourself and develops you. It sharpens your mind, makes you thicker-skinned and helps you believe in yourself. Comedians are master communicators, and many of them unpick their own life for material – doing stand-up comedy helps you look at your life. I think everyone should have a go at it. "Dying" on stage teaches you more than anything else. I experienced it when I was performing for 200 people at Liverpool University and froze. I exited to slow handclaps. In those situations you either curl up or get on with it, which is what



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my ever-optimistic Dad told me to do. Counter-intuitively, for a comedian a bad day is a good day! It gives you material. I wished I'd been taught some of those skills when I was younger, and that thought set me out on the journey I'm still on. Comedy also has psychological effects on the audience. Comedians normalise the things we usually find it difficult to talk about. They admit absurd behaviour and a common audience reaction is for friends and partners to point to each other and say "You do that".

'The second issue was working with children who couldn't move easily; who were on dialysis machines, for instance. That situation emphasised that if you wanted to engage them in play and humour you did it through their minds.

'The third thing was working on the same bill as other stand-ups, including some household names such as Jason Manford. What became clear, very quickly, was that their performances are a form of self-medication. In real life, people like Jack Dee are very different from the way they act on stage.

Comedians want to be loved, liked and validated, and comedy is a way of eliciting that reaction. I realised that people other than comedians – those suffering psychological illnesses, for instance – may benefit from unconditional positive regard.'

The punchline is 'Dean Martin'

Some interviewees in the careers section have accused psychological training of becoming too restrictive. I can't imagine Stephanie found it easy to find a format that reflected her interest in humour. 'I looked for a university that would help me put together an MA. Chester did this through their Work and Business Integrated Studies programme which enabled me to study psychology and relate it to my work. My MA is in the psychology of humour and is a patchwork of different modules.

'I had done my dip1 CBT at Edge Hill University and carried the points over for my MSc. Dr Sam Sharpe from St Catherine's Hospital in Birkenhead supervised my case studies and practical work. She also supervised elements of the MSc health psychology module at Chester university – my case studies and dissertations were with drug and alcohol groups and an individual with chronic pain from trigeminal neuralgia. One of my final research methods and case study papers was with a group of women who had been identified on the Edinburgh Scale as having postnatal depression. I put

together a 10-week programme based around using humour in combination with CBT to help clients feel better and improve.'

Stephanie is still undertaking the project which will form the basis of her final submission for the MSc. 'I'm working in a medium/high-secure mental health unit at the Humber Centre for Forensic Psychiatry in Hull. I put together a research programme and designed a course, using Laughology, which works alongside the service users' recovery programmes. I was invited after a presentation I gave at a conference. The specialist staff were initially suspicious of my approach when I presented to them. One commented "Laughter's too risky". I understood what they meant and, apart from anything else, there's a safety issue in an environment like that. You're dealing with sometimes fragile people. But laughter can help people in a huge number of ways. It provides "A-ha!" moments. It encourages people to realise they are intelligent enough to get that joke, and it enables people to connect with each other.'

Stephanie researched and implemented the course, then improved it using comments from service users and providers about the programme. It's now a 10-session one-hour-a-week programme with a booklet given out each week. This seemed a good point to ask what sort of things the course covers.

'There's a session on why laughter can be good for us but also why it is bad. How do we build relationships and when, for instance. Is sick humour appropriate or inappropriate? We have a session on what laughter does to your body, which really engages people.'

Stephanie talks about personal laughter triggers... and I get a sense of what the course is like as I find myself smiling, talking about the fact that some old university friends of mine only have to mention the name 'Dean Martin' to laugh uncontrollably, for reasons too complicated to explain. Stephanie nods. 'People change their persona when they talk about what makes them laugh. And if they understand what makes them laugh they can self-medicate.'

Stephanie describes her FLIP framework which structures the course. 'It's based on what comedians do. F is for focus. Comedians focus their state of mind and flip the world, and we work with service users to help them to do this. L stands for language. We try to sensitise people to the associations of words and how they can support emotional states. I is for imagination and P is for pattern-breaking. Hopefully you can see that it's

not just about telling jokes to make people feel better.' As we talk about this, it strikes me that there are elements of other therapies and approaches, including cognitive behaviour therapy and positive psychology in this, but that Laughology gives then a unique flavour and extends their repertoire of techniques.

And finally... Mr Ken Dodd

The parents and children are going home and the trad jazz band and a number of brightly dressed clowns have just filed past our table. I ask Stephanie about Laughology's future as well as hers. 'We're working with a wide variety of clients and institutions. In businesses for instance, we do a lot of work in culture change, behaviour strategy, leadership skills, engagement and even how to speak to people. I do some motivational speaking for big companies as well. Everything we do is about the relationship of happiness and humour to an area – business success, physical and mental health or learning. The recession has, I think, made people think differently and we've been really busy for some while.' Stephanie trains associates in the Laughology technique. 'There's one other comedian in the team. Some have psychology training but if not we arrange an A-level to start with.'

And what would Stephanie like to do? 'Virtually every moment of my time is spent on Laughology – developing the approach, winning work, delivering it. At some stage in the future I'd like to step back and take a more strategic role, but there are other things I want to do. I would like to license packages to schools to introduce Laughology more widely. My first book *Laughology: The Science of Laughter to Improve Your Life* comes out in May from Crown House and I have a few more books in planning. I've been on TV programmes such as *Trisha*, *The Bank of Mum and Dad*, BBC's *Heaven & Earth* and ITV's *Stand-up Jenny*. I'm also on BBC radio a lot. I'd love to do a PhD – in fact I've been talking to Chester about that.' This bears out Stephanie's early comment that she liked a challenge!

It's very cold outside, and as we walk to the station through Friday evening crowds I ask Stephanie if she still has time for stand-up. 'Mostly for charity but I try to keep my hand in now and then.' And I suggest that one of the explanations for her interest in humour is her Liverpool upbringing. 'I'm sure that's true,' she says. 'I love those big Northern cities which can be tough, have their own culture but all have a very specific sense of humour. And Liverpool's known for it. Just look at Ken Dodd.'

Is work a laughing matter?

Elizabeth Sullivan considers gallows humour

Did you hear about the emergency ward nurse who died and went straight to hell?

— It took her two weeks to realise that she wasn't at work anymore. (Gaskill, 2005)

If you ask people in difficult and challenging occupations whether they use gallows or sick humour in the workplace they generally say that they do. If you ask them why, what purpose it serves, they tend to agree on three things: that it helps relieve stress and tension that could inhibit effective work; it helps to distance them from traumatic aspects of the work allowing them to remain sane in 'insane' circumstances; and it helps to foster social cohesion among members of a work team. In my own research (Sullivan, 2000), social workers in children's services spoke of the purgative power of gallows humour:

...it allowed us to vent all our feelings about these children so we could face them totally cleansed, and the more we spoke negatively about a particular child the more we could see them positively.

This highlights an intuitive appeal for the notion of catharsis, a familiar concept in psychotherapy and counselling (e.g. Heron, 1990). Much of the research does identify catharsis as an outcome of gallows humour. However, apart from self-report studies, it seems researchers have as yet to find a demonstrable link between humour and well-being (McCreaddie & Wiggins, 2008). Many studies have been undertaken, in which the self-reports of workers as diverse as emergency service professionals (Rowe & Regehr, 2010), social workers (Moran & Hughes, 2006), doctors (Wear et al., 2009), nurses (Hammond, 1993), forensic psychiatric workers (Kuhlman, 1998) and crime scene investigators (Roth & Vivona, 2010) attest to the benefits of gallows humour. Yet it remains unclear whether the benefits they describe are based in measurable physiological changes in well-being, including lowered stress hormones such as cortisol, or are purely perceived and experienced psychologically and emotionally.

Whatever the benefits, there are also ethical dimensions to the use of gallows humour (Sullivan, 2000; Watson, 2011) In research with social workers – a profession that prioritises person-centred practice and is vigilant in combating discrimination – among the views that gallows humour was a healthy mechanism for dealing with emotionally challenging work, there were also misgivings about the possibility that it could foster or hide unacceptable prejudices and attitudes towards the client. In other



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words, we must consider the possibility that workers could be in danger of compromising their person-centred practice by easing their stress with uncomplimentary stereotypes wrapped up in humorous exchanges. Watson (2011) describes how gallows humour may be very situation- and participant-specific. In other words, when shared by a small group of workers 'behind the scenes' as it were, it is beneficial, but if told out of context with people who 'weren't there', it may become offensive.

In the social psychology literature humour is conceptualised as a social activity which, because it relies on shared systems of understanding, has the effect of cementing relationships between members of a group (Dovidio & Gaertner, 1986). At its best, humour expresses the innocent enjoyment of shared meanings and social cohesion. At its worst, it is a powerful communicator of prejudice, since

unacceptable utterances are rendered difficult to object to because they are related in a way that makes us laugh (Dovidio et al., 1991).

In addition, gallows humour shared with colleagues may be seen to serve two identity needs: self-esteem and self-protection. Firstly, it may highlight and re-affirm the collegiate relationship from which feelings of acceptance and self-esteem derive. Greenwald and Banaji (1995) demonstrated that high self-esteem accompanies association with positively valued others and/or dissociation from negatively valued others. Thus, humour shared with positively valued colleagues

serves as a coping strategy by bolstering self-esteem, but may do so by negatively valuing the client (or patient, or disaster victim or dead body depending on the work setting).

Secondly, gallows humour translates unacceptable thoughts and feelings into a socially acceptable form of expression, thus allowing them to be experienced in an accepting context. This process may act to disguise the existence of prejudice and other socially unacceptable attitudes such as sexism and racism. It is easy to see that a work environment which fosters such attitudes through the lens of humour, and in the guise of a coping strategy, could have a deleterious effect on worker's relationships with clients, members of the public, and on each other, as well as on working practice. For example, if a client is reduced to a derogatory stereotype in order that a sick joke can be told about them, an unthinking worker's practice might reflect that derogatory stereotype in a way which disadvantages the client.

So is gallows humour a good thing or not? The results of the self-report studies strongly support the perceived benefits for workers – catharsis, relief, distancing from intolerable situations, fostering social cohesion and bolstering professional identity. But some writers suggest a more cautious approach that takes into account the potential pitfalls – fostering disrespect and discrimination aimed at the 'client', and disguising unacceptable attitudes. Reflection and supervision offer a way of

unpicking what gallows humour might be hiding so that the instantaneous benefits might still be enjoyed, but the sneaky side effects don't go unnoticed.

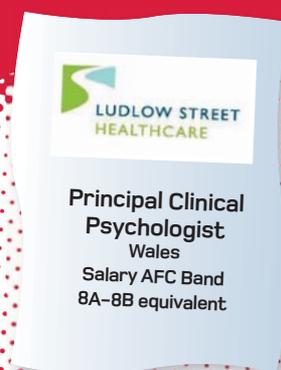
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