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THE PERCEIVED EFFECT OF HUMOR ON SIX FACILITATIVE THERAPEUTIC CONDITIONS

The University of Arizona PH.D. 1983

THE PERCEIVED EFFECT OF HUMOR ON SIX FACILITATIVE THERAPEUTIC CONDITIONS

by

John Francis Kerrigan, Jr.

A Dissertation Submitted to the Faculty of the

DEPARTMENT OF COUNSELING AND GUIDANCE

In Partial Fulfillment of the Requirements
For the Degree of

DOCTOR OF PHILOSOPHY

In the Graduate College

THE UNIVERSITY OF ARIZONA

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THE UNIVERSITY OF ARIZONA
GRADUATE COLLEGE

As members of the Final Examination Committee, we certify that we have read the dissertation prepared by JOHN FRANCIS KERRIGAN, JR.

entitled THE PERCEIVED EFFECT OF HUMOR ON SIX FACILITATIVE THERAPEUTIC CONDITIONS

and recommend that it be accepted as fulfilling the dissertation requirement for the Degree of DOCTOR OF PHILOSOPHY.

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Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copy of the dissertation to the Graduate College.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

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SIGNED: John F. Kerrigan, Jr.

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TABLE OF CONTENTS

TABLE OF CONTENTS--Continued

LIST OF TABLES

ABSTRACT

The purpose of this study was to investigate how therapists' use of humor in psychotherapy would affect subjects' ratings of those therapists.

Short excerpts illustrating different levels of humor were developed by having four professional therapists view videotapes of actual therapy sessions and rate the therapists on amount of humor used. Interjudge agreement was obtained on six excerpts. These six included two excerpts in which the therapists were judged to have used no humor, two in which the therapists were judged to have used a slight amount of humor and two in which the therapists were judged to have used a moderate amount of humor.

These six excerpts were then viewed and rated by 72 subjects on the dimensions of empathy, respect, warmth, genuineness, concreteness and self-disclosure.

It was found that significant differences existed between all three humor groups on the condition of respect. The group judged to have used no humor was rated superior to the two groups using humor in amount of respect shown by the therapists to the clients. When the two groups judged to have used humor were compared, the group in which the therapists used more humor was rated significantly lower

than the group judged to have used a slight amount of humor. It was concluded that subjects' ratings on the condition of respect decreased as greater amounts of humor were introduced by the therapists.

Significant differences were not found between humor groups on the conditions of empathy, warmth, genuineness, concreteness and self-disclosure.

However, the pattern observed in the subjects' ratings on the conditions of empathy and warmth suggested that the ratings given to therapists decreased as amount of humor increased.

The results on the conditions of genuineness and concreteness were inconclusive. On the condition of self-disclosure, the pattern observed in the ratings suggested that a direct relationship existed between amount of humor and ratings received.

CHAPTER 1

INTRODUCTION

The use of humor by the therapist has been the subject of debate in the field of psychotherapy since the early 1970's and, to this point, no clear consensus has emerged. Some authors warn of humor's "destructive potential" (Kubie, 1971), while others indicate that humor can be a useful and valid therapeutic tool (Greenwald, 1975).

A problem in determining whether humor has a place in the therapeutic relationship and, if so, in what ways, related to the literature found on the use of humor. A survey of the literature revealed that most had been written in a non-experimental, anecdotal style with the authors citing isolated incidents from their own clinical experience to support their contentions (Greenwald, 1975; Kubie, 1971; Rosenheim, 1974).

Several doctoral dissertations have tried to alleviate such methodological problems by means of experimental research. Golub (1979) attempted to study the effect of the therapist's use of humor on subjects' feelings about the therapist and the therapy session. However, no significant differences were found between the subjects' evaluations of therapists when humor was used and when it wasn't.

This could be due to the use of a role-played situation in which actors played the roles of both client and therapist.

Killinger (1978) found that, contrary to expectations, no differences in the amount of humor were found between therapists differing in clinical experience or in the frequency of humor when early versus later sessions were compared.

Brown (1981) found that humor seemed to be neither more nor less effective as a method by which the therapist confronted the client.

Further research was deemed necessary due to the small number of experimental studies found in the literature, the inconclusive results of these studies and a lack of studies in which real therapists and clients were used.

The current research differed from previous studies in the use of an experimental design with three levels of humor, the use of real clients and therapists and by having the subjects rate the therapists on conditions identified as facilitative to psychotherapy. More specifically, the current research studied how subjects' ratings differed when they were asked to rate two therapists judged as using no humor, two therapists judged as using a slight amount of humor and two therapists judged as using a moderate amount of humor. The conditions identified as facilitative to psychotherapy were: empathy, respect, warmth, concreteness, genuineness and self-disclosure (Carkhuff, 1969b). The

subjects were asked to rate each therapist based on short videotaped excerpts in which the therapists were interacting with actual clients. By use of an experimental design, actual therapy sessions and having the subjects rate the therapists on six different dimensions, it was hoped that some methodological limitations present in earlier studies were alleviated.

Statement of the Problem

There has been little investigation of humor's effect on the psychotherapeutic process. This research investigated the relationship between the amount of humor used by therapists and the ratings given to therapists by subjects on six "facilitative therapeutic conditions" as identified by Carkhuff (1969a, 1969b).

Purpose of the Study

The purpose of this study was to investigate how the presence or absence of humor affected subjects' ratings of therapists on six conditions identified as facilitative to the process of psychotherapy (Carkhuff, 1969a, 1969b; Gazda, Asbury, Balzer, Childers, Deselle & Walters, 1973; Truax & Carkhuff, 1967).

Research Questions

This research investigated the following questions:

Question 1--Was there a difference in the subjects' ratings among therapists using no humor, a slight amount

of humor and a moderate amount of humor on the dimension of empathy?

Question 2--Was there a difference in the subjects' ratings among therapists using no humor, a slight amount of humor and a moderate amount of humor on the dimension of respect?

Question 3--Was there a difference in the subjects' ratings among therapists using no humor, a slight amount of humor and a moderate amount of humor on the dimension of warmth?

Question 4--Was there a difference in the subjects' ratings among therapists using no humor, a slight amount of humor and a moderate amount of humor on the dimension of concreteness?

Question 5--Was there a difference in the subjects' ratings among therapists using no humor, a slight amount of humor and a moderate amount of humor on the dimension of genuineness?

Question 6--Was there a difference in the subjects' ratings between therapists using no humor, a slight amount of humor and a moderate amount of humor on the dimension of self-disclosure?

Definitions

This research involved six different conditions identified as facilitative to psychotherapy (Carkhuff,

1969a, 1969b). Definitions for these conditions were as follows:

Empathy--As defined by Carkhuff (1969b), empathy referred to the helper's ability to understand the client and the concerns presented by him or her. The operational definition of empathy used on the subjects' ratings sheets was: "How well did this therapist understand the client(s)?"

Respect--Gazda et al (1973) stated respect referred to the helper's believing in the helpee's ability to deal constructively with their problems given appropriate facilitation. The operational definition of respect used on the subjects' rating sheets was: "How much respect do you feel this therapist showed for the client(s)?"

Warmth--Truax and Carkhuff (1967) stated that warmth referred to "valuing the patient as a person, separate from an evaluation of his behavior or thoughts" (p. 58). The operational definition of warmth used on the subjects' rating sheets was: "How much caring and concern did this therapist show to the client(s)?"

Genuineness--As defined by Carkhuff (1969b), genuineness referred to authenticity and the helper's being honest with himself. The operational definition of genuineness used on the subjects' rating sheets was: "How did this therapist seem to you in terms of being genuine versus being phony?"

Concreteness--As defined by Carkhuff (1969b), concreteness referred to discussing all personally relevant feelings

and experiences in specific and concrete terms. The operational definition of concreteness used on the subjects' rating sheets was: "How well did this therapist help the client(s) identify their problems?"

Self-Disclosure--Although a specific definition was not given by Carkhuff for the condition of self-disclosure, he seemed to be referring to the therapist's revealing his or her own thoughts, feelings and relevant experiences to the client(s). The operational definition of self-disclosure used on the subjects' rating sheets was: "How much did this therapist share his own perceptions and reactions with the client(s)?" (Refer to Appendix A for subject rating sheet).

Assumption

The main assumption made in this research was that people will have similar perceptions of what is humorous and in what amount. While it was not possible to define humor strictly, the professional therapists used as judges were instructed to rate the amount of humor produced by the therapist in each excerpt. They were instructed to rate according to the amount of humor in the form of both verbal and non-verbal content (see Appendix B).

The method of inter-judge reliability (Scott & Wertheimer, 1962) was used as an alternative approach to a standard definition of humor. By requiring either unanimous agreement from the judges or from three of the four judges

with the one dissenter off by no more than one rating category, it was hoped that a reasonable level of agreement on the amount of humor present in each excerpt was achieved.

Limitations

Several limitations of the current study related to the difficulty encountered in obtaining suitable videotapes of therapy sessions. Only white male therapists were used in the videotapes viewed and rated by the subjects and no excerpts in which the therapists were judged as using a large amount of humor were included. The small number of videotapes available also necessitated the inclusion of therapy sessions in both individual and group settings.

Another limitation related to the nature of the subjects used. They were predominantly females between the ages of 18 and 24 and few minority group members were included.

A third potential limitation was in the use of inter-judge agreement as to amount of humor and the rough division of humor into slight, moderate and large amounts of humor. A more precise measurement procedure, although desirable, was not possible due to lack of a tested instrument or procedure.

The final limitation related to use of an untested measurement questionnaire by which the subjects rated the therapists. This was again due to lack of a tested

instrument for measuring amount of therapeutic conditions that would be suitable for use by naive subjects.

Summary

It was observed in the literature that there were wide variations in opinion regarding the use of humor in psychotherapy along with a lack of experimental research on the subject.

This study attempted to overcome previous methodological limitations by using an experimental design in which naive subjects were asked to view and rate two therapists judged to use no humor, two therapists judged to use a slight amount of humor and two therapists judged to use a moderate amount of humor. The therapists were rated on the "facilitative therapeutic conditions" identified by Carkhuff (1969b).

This chapter also covered the formal statement of the research questions to be tested, definitions of the terms to be used in the testing of the research questions, the assumptions made in this study and potential limitations present as a result of the research design.

CHAPTER 2

REVIEW OF THE LITERATURE

This section reviews the relevant literature on the use of humor in psychotherapy and the conditions thought to be facilitative to psychotherapy.

The Use of Humor in Psychotherapy

A very noticeable dichotomy seemed to exist in the available literature between those authors who felt that humor was seldom, if ever, justifiable or appropriate in psychotherapy and those authors who were of the opinion that humor could be both useful and beneficial.

The article that most clearly put forth the position of those who do not advocate humor's use was by Kubie (1971). Writing from a psychoanalytic perspective, Kubie noted that while humor can exert a humanizing influence and lessen tensions in social situations, the potential for destructiveness could not be ignored. One of the points he raised was that when the therapist says something humorous, the patient is almost required to respond in kind even though he may not feel this way at all. He may in fact feel very angry but also feel constrained from saying so since this is tantamount to correcting the therapist.

Other negative aspects pointed out by Kubie (1971) were that the client is never sure if the therapist is "just joking" or is serious about what he is saying, that the therapist can use humor as a way to deal with his own anxieties as well as the patient's in a non-helpful fashion and that the therapist doesn't know how the patient's previous life may have sensitized him or her to certain areas. "The therapist must always remember that he is rarely the first person who has found something 'amusing' in the patient's life, in his idiosyncratic patterns of speech and behavior or in his symptoms" (p. 863).

Kubie did not go so far as to advocate a total ban on humor's use in psychotherapy, but strongly suggested that its use be restricted to the situation where the patient has almost completed the analysis. He also warned that humor is a powerful weapon whose use should be restricted to very experienced analysts.

Poland (1971), also a psychoanalyst, seemed to agree with most of Kubie's warnings, but included several examples where the therapist's use of humor was useful in furthering a patient's associations. He suggested that the crucial variable is the state of the therapeutic alliance.

The articles that advocate the use of humor in psychotherapy include the following:

Grotjahn (1971), writing as a psychoanalytic group therapist, saw the use of humor in the group setting as having a powerful modeling function:

> By showing our reaction to the group we give an example of emotional freedom, since laughter is a sign of freedom. We show that we are not afraid of losing control or discipline and restraint. We do not need to let our patients know we are human--that is obvious--but we want at times to give an example of the emotional freedom which is part of maturity (p. 234).

Grotjahn also referred to jokes as an excellent way to make interpretations, both by the therapist and by other group members. Finally, a group member that considers a joke inordinately funny may be giving a clue to an emotion that he or she dare not express directly, but which can provide valuable therapeutic data.

Rosenheim (1974) noted that "Humor is an integral part of human dialogue. Psychotherapy, being a special kind of interpersonal interaction, can utilize humor to facilitate the growth of the ego by furthering insight and improving social skills of the patient" (p. 584).

Replying to the claim that humor can undermine the therapeutic distance, Rosenheim noted that this might very well be a rationalization on the part of therapists who fear the closeness of a humorous interaction since warmth and affective freedom are the hallmarks of humor.

Rosenheim took one of Kubie's criticisms of humor, that the therapist doesn't know how the patient's past life

has sensitized him or her to certain topics, and used it to therapeutic advantage:

> If the patient can accept the helping and kind nature of the humorous approach (laughing with him rather than laughing at him) then both of them have made a step forward toward an open-hearted confrontation; then trust has triumphed over suspicion (p. 586).

Finally, Rosenheim advocated the use of humor as a way to teach and model to joyless patients that life doesn't have to be the drab and colorless place they are presently experiencing.

Farrelly and Brandsma (1974) stated that the therapist's goals included provoking:

> . . .an immediate, affective experience in therapy. The therapists aims to provoke both positive and negative responses and to integrate them with their social and interpersonal consequences. Most commonly the negative responses in the client are anger or disgust and positive responses are humor (laughter) and warmth. Thus the provocative therapist both sensitizes and desensitizes the interpersonal context; both anger and laughter become antidotes to anxiety and flight responses. In terms of therapist behaviors what distinguishes provocative therapy from other approaches is its degree of directness and use of confrontation, its contradictory and equivocal communication style, its systematic use of both verbal and non-verbal cues, and the eschewing of professional dignity and deliberate use of humor and clowning (pp. 55-56).

Greenwald (1975) accurately noted that most of the humor in psychotherapy arises from the situation and is, therefore, very difficult to describe out of context. He did, however, call humor ". . .one of the most potent tools in the armamentarium of the experienced therapist" (p. 113).

Greenwald detailed his early training in the psychoanalytic model and how he found himself expending a great deal of energy not sharing with the patient the ideas that occurred in the course of treatment. By deciding to share some of his humorous thoughts with the patients, they were able to see him as a person and establish the transference necessary for change. Another advantage cited by Greenwald was that by demonstrating to clients their own behavior in a humorous fashion he was able to show that he understood them possibly leading to their deciding to change.

A guideline that Greenwald (1975) set up for himself was never to use humor with patients he dislikes since this could easily show up in his use of humor.

> Your humor must be based on your liking people and your appreciation of them. Your appreciation of their strengths and their abilities, when expressed in humor, gives them this unspoken message: "I know you are suffering right now, but I also know that you have the strengths and ability to get away from this suffering, to look at it, to see what you can do with it, and how you can decide to change, how you can master the situation" (pp. 115-116).

Several articles written on the uses of paradox in treatment made reference to humor's usefulness in helping to bring about change.

Frankl (1975) stated:

> Humor forms an essential element in the practice of paradoxical intention. . . .the sense of humor represents an exclusively human property--after all, no other animal but man is capable of laughing. More specifically, humor is to be regarded

> as a manifestation of that specifically human quality which is called in logotherapy, the capacity of self-detachment (p. 228).

Fay (1976) discussed the technique in paradoxical therapy where the therapist expresses agreement with the patient's irrationality and exaggerates the distortion, often in a humorous fashion. He gave the example of a 12 year old boy whose over-protective mother was constantly pestering him with solicitous questions about his health. Straightforward protests had had little effect but when, in response to one incident, he'd replied "No, I'm not all right. I'm dreadfully ill and don't think I can last much longer!" (p. 118), the mother's undesired behavior had been virtually extinguished.

Several authors, notably Olson (1976) and Dewane (1978), were quick to recognize humor's value in relationship building. This was in contrast to what seemed to be the dominant opinion that while humor can be useful in psychotherapy, its use should be restricted to the already established relationship.

Olson (1976) noted that positive humor was potent as a means of relationship building: "Those who laugh together soon forget their differences as humor provides a common bond for mutually shared experiences where the participants momentarily drop their guard and relate authentically" (p. 34).

Dewane (1978) stated:

> Humor serves to break the ice in an initial interview. It can be normalizing. A client may feel more relaxed, more "normal" if he or she can laugh. In establishing a relationship, the warmth elicited and solicited by the client and worker through humor can provide the intimacy essential for a functioning relationship (p. 508).

However, Dewane also echoed some of Kubie's concerns:

> An inexperienced therapist may use humor inappropriately, and therefore destructively, and may display anxiety and possibly unconscious hostility toward the client through sarcasm. Humor in therapy must be differentiated from sarcasm and ridicule. Humor cannot be used in a condescending manner, nor can it be used to express the therapist's feelings about the client. . . .humor can express affection but can also mask hostility. It can soften the harshness of disagreement, but it can also leave the client with a disturbing sense of ambiguity, and, for the therapist, it can exacerbate the complex entanglements of countertransference (p. 508).

Both Olson and Dewane also recognized that humor can be a valuable diagnostic tool, noting that when emotional adjustment becomes impaired, one of the first aspects to become apparent is the individual's lack of humor.

Ellis (1977) stated: "Emotional disturbance largely consists of taking life too seriously; of exaggerating the significance of things" (p. 2). His rational-emotive therapy advocated a "hard-headed attack" (p. 2), on the client's mistaken beliefs and he saw humor as being a prime way to accomplish this.

Ellis stated that he does not poke fun directly at people but rather at their self-sabotaging behavior. He advocated great flexibility in the humorous approach and used techniques such as taking things to the extreme, reducing ideas to absurdity, paradoxical intention, irony and puns, among others. Ellis, like Rosenheim (1974), seemed to use humor as an effective way to get clients to look at their problems from a different perspective and to recognize the absurdity of continuing to act in such self-defeating ways.

An article by Hickson (1977) made the clearest attempt to ask the question of how the use of humor affects the therapeutic relationship. In addition to citing several previous authors' opinions on the subject, she stated:

> In sum, the humor response is a function of the counselor's habitual pattern of reaction and operates as an incorporated interpersonal ingredient. For these reasons, humor appreciation may prove to be a facilitative dimension as important to the helping process as are the dimensions of empathy, positive regard, genuineness and concreteness (p. 62).

Hickson also suggested that areas for further study included "What effect does the use of humor have on the initial client-counselor relationship?" and "To what extent should humor be used as a major tool of the therapeutic process?" (p. 66).

Foster (1978) presented an excellent article, examining both sides of the question of whether or not to use

humor in therapy, and offered guidelines for its use. He noted that humor can be used in either a constructive, growth-producing way or in a negative, destructive way to gain superiority over another person.

Foster's explanation of why humor has been overlooked by the vast majority of therapists also seemed valid:

> The counselor's sense of professionalism may indeed cause him or her to overlook the potential of humor in counseling. Professionalism is just the opposite of activity done for fun or amusement. It implies an involvement of a serious kind, so serious in fact that conduct breeching the code of behavior prescribed by the profession can lead to exclusion from it. What may occur then is that in "acting professionally" the counselor feels compelled to take himself or herself seriously as a kind of response generalization or as a way to avoid cognitive dissonance (p. 47).

Several dissertations have been written on the use of humor in the therapeutic relationship. Burbridge (1978), writing from a non-experimental viewpoint, examined the origins and potential of humor in therapy. While very theoretical in nature, he made several relevant criticisms of authors such as Kubie, stating that Kubie's comments reflecting his bias against humor are more indicative of the narrowness of the psychoanalytic model than the limitations of humor.

Buckman (1980) interviewed eight therapists on their thoughts and beliefs concerning humor's use during therapy sessions. She identified 11 major clinical themes such as humor as a diagnostic and assessment tool, humor as a

defense mechanism, cautions and abuses with the use of humor and humor as the therapist's use of self.

It was also noted that those therapists interviewed fell into two categories:

> Those who practiced from a psychoanalytic framework and who spoke of humor in terms of increasing therapist vulnerability and as interfering with the transference; those who practiced from a systems orientation and who spoke of humor as a therapeutic use of self which assisted the alliance through self-disclosure and a shared human interaction (p. 1715A).

As noted in the introduction, Golub (1979) had conducted a study using role-played situations that subjects were asked to rate. However, there were no significant differences found, possibly due to the artificiality of a situation in which actors played the roles of both therapist and client.

A study by Brown (1981) assessed the effects of therapists' use of humorous confrontations on clients' positive self-exploration and client-therapist rapport in therapy:

> The results were interpreted to suggest that humor can have a place in therapy because it appears to be no less effective than non-humorous approaches. The findings did not support clinically-based claims in the literature which indicated that humor often has the special quality of significantly enhancing therapist confrontations. This result may have occurred because other important variables contribute to the effectiveness of a humorous intervention. It was suggested that future studies will have to be done in order to provide the empirical evidence for the discovery of the

> specific factors which may facilitate effective humorous intervention or provide contradictions for the use of humor (p. 363B).

In a study done by Killinger (1978), no significant differences were found in humor frequency between therapists differing in clinical experience or between the use of humor in early versus later therapy sessions.

This section has reviewed the relevant literature regarding the use of humor in the psychotherapy process. It was noted that a dichotomy seemed to exist between authors from a psychoanalytic background who discouraged humor's use and non-psychoanalytic authors who were more positive regarding the potential usefulness of humor under certain conditions. However, even among the authors who advocated humor's use in the psychotherapeutic relationship, opinions differed on how and when humor was appropriate.

It seemed clear based on the results of the research that significant questions still remained regarding humor's use in psychotherapy.

The purpose of the current research is to attempt to clarify how humor would be perceived and rated by subjects viewing videotapes of actual therapy sessions and address some of the issues concerning humor as identified by authors such as Hickson (1977) and Dewane (1978).

Identification of Facilitative Conditions

This section will review the literature on therapist traits thought to be facilitative to the process of psychotherapy.

Carkhuff (1969b), concerning the condition of empathy, stated:

> Initially, the helper concentrates more on the facilitative dimensions of empathic understanding, warmth, respect, and concreteness in order to create an atmosphere in which the helpee can come to trust him and the experience he offers. . . . Gradually, as the helper establishes a basis for experiencing and understanding the world as the helpee does, there is increasing reason for the helper to institute higher levels of facilitative conditions. Concomitantly, the helpee's increasingly higher levels of self-exploration in interaction with interchangeable levels of understanding on the part of the helper enable the helpee to clarify and sharpen his experiences. This increased level of self-understanding in turn, signals a readiness for institution of higher levels of conditions. . . . Still within the first phase of helping, then yet providing a transition into the second phase, are the more action-oriented dimensions. Gradually as the helpee comes to trust his own experience in the relationship and to make this experience known to the helper, at least at the minimal levels, there will be increasingly higher levels of genuineness and, often concurrently, self-disclosure (pp. 28-29).

The condition of empathy as defined by Carkhuff (1969b) referred to the therapist/counselor's ability to understand the client and situations and concerns presented by him or her. The reason that this ability is important is that it will facilitate deeper understanding and self-exploration on the part of the client.

> Empathy is perhaps the most critical of all the helping dimensions. Without empathy there is no basis for helping. From it flows the appropriate and meaningful employment of all other dimensions and ultimately, the resolution of the helpee's problems. Without a depth of understanding on the part of the helper there is little hope for the helpee to come to understand himself at deeper levels (p. 83).

Also stressed was the necessity that the helper be able to employ constructively the communications of the helper: "If the helper's communications enable the helpee to continue to understand himself at meaningful levels or to understand himself at even deeper levels, then we can discriminate effective levels of empathic understanding" (p. 83).

Gazda et al (1973), drawing from Carkhuff, stated:

> "Putting oneself in the shoes of another" and "seeing through the eyes of another" are ways of describing empathy. Empathy appears to be the most important dimension in the helping process. If we cannot understand (empathize with) the helpee, we cannot help him (p. 25).

Carkhuff (1969b) rated respect, along with empathy and warmth, as one of the critical dimensions in the establishment of a therapeutic relationship:

> Just as the helper's self-understanding and congruent understanding of others is the source of the helpee's self-understanding and ultimate understanding of others, so also is the helper's respect for himself, and, when appropriate, for others a critical source of the helpee's self-respect and ultimately, respect for others. Thus, the communication of respect by a healthy and integrated person is the critical source of experiential, didactic, and modeling affects (p. 85).

Gazda et al (1973) stated:

> We cannot help someone if we have no faith in his ability to solve his own problems. Respect develops as we learn about the uniqueness and the capabilities of a helpee. It grows as we observe his efforts in many aspects of his life. . . . Essentially what Carkhuff is saying is that the helper must believe in the helpee's ability to deal constructively with his problem given appropriate facilitation. The helper shows respect more often by what he does not do rather than what he does. For example, the helper does not give the helpee advice off the top of his head. By avoiding this and by encouraging the helpee to put forward possible plans of action, the helper conveys to the helpee that he believes the helpee has the ability to find solutions to his problems. The helper thus demonstrates that he values the integrity of the helpee (p. 48).

The dimension of warmth as stated by Gazda et al was defined as:

> Warmth or caring is closely related to empathy and respect. We tend to love or have concern for those we know (understand) and believe in (respect). It is difficult to conceive of being able to help someone we do not care for (p. 25).

Truax and Carkhuff (1967) described warmth as:

> Non-possessive warmth for the client means accepting him as a separate person and, thus, a willingness to share equally his joys and aspirations or depressions and failures. It involves valuing the patient as a person, separate from an evaluation of his behavior or thoughts (p. 58).

Carkhuff (1969b) also identified concreteness as a facilitative condition:

> . . .the helper employs his resources to influence the helpee to discuss fluently, directly, and completely specific feelings and experiences regardless of their emotional content. Again the helper influences the helpee through the critical sources of learning. He may employ specificity in his own communications, whether basically reflective or

> interrogative, so that he enables the helpee not only to have the facilitative experience of being encouraged to make his own relevant discriminations and communications. In addition, the helper provides the helpee a role model for a person who can deal concretely with problem areas, his own as well as those of others. Finally, the helper may didactically teach the helpee to communicate concretely in both his questions and directions (p. 88).

Carkhuff (1969a) stated:

> Concreteness enables the helper to discuss all personally relevant feelings and experiences in specific and concrete terms. Taking a range of forms from direct questions to reflections, concreteness is a catalyst that makes possible full exploration of relevant problem areas (p. 181).

Gazda et al (1973) defined concreteness as "the helpee pinpointing or accurately labeling his feelings and experiences" (p. 26).

On the dimension of genuineness, Carkhuff (1969b) wrote:

> The goal of effective helping processes is the constructive change of the helpee in the direction of becoming a more genuine or authentic person, that is, more fully spontaneously, and consequently, more creatively himself in the moment. Thus authenticity is the end of helping. Authenticity is also the means of helping. The base for the helping relationship is the establishment of a genuine relationship between the helper and helpee. The degree to which the helper can be honest with himself and thus functionally integrated in his relationship with the helpee establishes this base. Thus, the entire helping relationship is based upon the proposition that the degree to which there is a congruence between the experience, and awareness and ultimately, the communication in the person being helped (p. 90).

Carkhuff (1969b) identified self-disclosure as also being facilitative to the therapeutic process. He suggested

that self-disclosure may be more appropriate and facilitative once a therapeutic relationship has already been established through the dimensions of empathy, respect, genuineness and concreteness, however. "He (the helper) introduces, perhaps for the first time, the dimension of self-disclosure, providing a model for increasingly deep levels of self-disclosure on the part of the helpee" (pp. 97-98).

Gazda et al (1973) stated:

> Self-disclosure by the helper can lead to greater closeness between the helper and helpee if it is appropriate or relevant to the helpee's problem. If the helper has "been where the helpee is at" and has found a solution to the problem, this can be assuring to the helpee. Furthermore, the helpee's solution may even be similar to the one employed by the helper (p. 26).

Gazda et al (1973) also warn, however:

> When helper self-disclosure is premature or irrelevant to the helpee's problem, it tends to confuse the helpee or put the focus on the helper. There is a danger of stealing the spotlight when the helper self-discloses prematurely (p. 26).

Theorists in the field of counseling and psychotherapy have identified conditions that are thought to facilitate the process of psychotherapy. This section has detailed six conditions that were used in the experimental design as dimensions that the subjects used to rate the six therapists they viewed. The six conditions were: empathy, respect, warmth, concreteness, genuineness and self-disclosure.

Summary of the Literature

This chapter has reviewed the relevant literature on the use of humor in the psychotherapeutic process and conditions that were identified as facilitative to the process.

As noted by Buckman (1980), there were two very different schools of thought on the use of humor in the context of the therapeutic relationship.

First, there were those psychotherapists, typically from the psychoanalytic orientation, who saw humor in a primarily negative light, feeling that humor could disrupt the therapist incognito, hinder transference and possibly be used against the patient.

A second group of therapists were more favorable to the idea of humor's use in the psychotherapy process, provided that care and judgement were used by the therapist.

However, little research on humor's use in psychotherapy was found in the literature. Instead most authors seemed to cite isolated incidents from their clinical experience to justify their positions. Of the small amount of experimental research conducted on humor in psychotherapy, those therapists who used humor in their interactions with clients failed to differ significantly from therapists who used no humor. Neither was humor shown to be a more effective way for the therapist to confront a client.

This chapter also reviewed the relevant literature on conditions identified as facilitative to the process of psychotherapy. Carkhuff (1969a, 1969b) has been most active in the research in this area. This research used as part of the measurement procedure six conditions identified by Carkhuff. These were empathy, respect, warmth, concreteness, genuineness and self-disclosure.

Due to the lack of experimental research on the use of humor in psychotherapy and the inconclusive results of the small amount of experimental research conducted, it seemed clear further research was needed to clarify what role humor can play in psychotherapy, if any, and under what conditions.

This research has attempted to overcome the previously mentioned limitations by means of an experimental design in which subjects viewed and rated actual therapy sessions. In addition, three levels of therapist-produced humor were used, thereby allowing conclusions to be drawn not only on the effects of humor being present or absent but also on the effects of different amounts of humor on subjects' ratings.

CHAPTER 3

METHODOLOGY

This chapter details the methodology involved in this research including development of the experimental stimuli, information on the subjects, experimental procedures, information on the therapists viewed in the stimuli tapes, and analysis of the results.

Development of the Experimental Stimuli

In the planning stages of this research, the main methodological problem was how to put humor into a form that could be practically handled and replicated by the experimenter and rated by the subjects.

Both written transcripts and audiotapes of therapy sessions were rejected due to the unacceptably high loss of a large part of what would be considered humorous, the non-verbal and semi-verbal aspects such as body language, voice tempo and voice inflection.

Videotapes seemed most suitable due to the inclusion of verbal, semi-verbal and non-verbal aspects of the therapeutic interactions between the therapist and client(s).

The use of a situation in which actors had played the parts of client and therapist had been tried by Golub (1979) but had found no significant differences beween the subjects' evaluations of counselors when the counselors did or did not use humor. Since this may have been due to the artificiality of the role-played situations, this particular method was not considered further. Rather, a method by which the subjects could rate actual therapists was needed.

Dr. Everett Shostrom, president of Psychological Films, Inc. was contacted regarding the possibility of using his organization's copyrighted material as a source from which to draw excerpts of actual therapy sessions. His permission was obtained and it was from these that the majority of the excerpts were obtained. Copyrighted material from the American Personnel and Guidance Association was also used after obtaining the proper authorization (see Appendix C for letters of authorization).

In selecting possible excerpts from these materials, it was decided that excerpts could be classified not only as humorous or not humorous but that it was also possible to classify according to amount of humor present. The researcher viewed the films obtained and chose excerpts that he felt were representative of four levels of humor: no humor present, a slight amount of humor present, a moderate amount of humor present and a large amount of humor present.

These excerpts were then shown to a panel of four experienced therapists, each of whom had been in the field of psychotherapy for at least five years. Two judges had master's degrees, two judges had doctorates. The judges were asked to rate the excerpts according to the amount of humor they felt was produced in the excerpt by the therapist. For an excerpt to be included in the experimental phase of the research, either all four judges had to agree on the level of humor present or three of the four judges ratings had to be identical on the level of humor present with the lone dissenter off by no more than one rating category (Scott & Wertheimer, 1962). The judges viewed nine potential excerpts from which six were chosen for the experimental phase of the research. A copy of the form used by the judges to rate the excerpts is included in Appendix B.

The therapists in the excerpts were not identified by name to attempt to avoid contamination that might result from the judges' previous knowledge of a particular therapist and/or his style of doing therapy. Since the excerpts consisted of therapy sessions conducted by well-known therapists (Rogers, Ellis, Lazarus, etc.), each judge recognized at least one of the therapists although no one judge recognized all of the therapists.

All of the therapists in the excerpts were white males, ranging from middle age to elderly. The decision to

use only white males was necessitated by the limited number of films available. In addition, by holding constant the variable of sex, the subjects' ratings in the experimental phase of the research would not be influenced by the sex of the therapist.

Another advantage of the use of therapists who were well-known and highly regarded in the field of psychotherapy was that the possibility that their therapeutic skills would be questioned by others in the field was lessened.

A rough guideline for length of the excerpts was put at less than ten minutes. A firm time limit was decided against since this would have yielded very unnatural endings with sentences cut off in the middle, statements left unfinished, etc.

The viewing order of the excerpts was randomly assigned and each judge rated the excerpts by himself or herself.

This procedure yielded six excerpts that had the necessary interjudge agreement: two rated as having no humor present, one rated as having a slight amount of humor present and three rated as having a moderate amount of humor present. No excerpt received the necessary ratings to be classified as having a large amount of humor present.

It was then necessary to find another excerpt with a slight amount of humor present since the design called for two excerpts in each humor category. The additional

excerpt was taken from an inservice presentation done at the Counseling and Testing Service at The University of Houston by Dr. Harry Goolishian, Ph.D. in which he interviewed a client for the first time. The same procedure of having the judges view and rate the excerpt yielded the necessary agreement with three of the four judges rating the excerpt as having a slight amount of humor present.

Of the three excerpts rated as having a moderate amount of humor present, one received four ratings of moderate humor while the other two both received three ratings of moderate humor and one rating of large amount of humor present. Since the goal was to be able to present two excerpts that were as high as possible in humor, it was decided to use the two that had each received one rating of a large amount of humor present and discard the excerpt that had received unanimous ratings of a moderate amount of therapist-produced humor present.

The excerpts that were to be used as the experimental stimuli were then transferred from 3/4 inch videotapes to 1/2 inch videotapes in order to be compatible with the audiovisual equipment available and, thereby, readied for viewing by the experimental subjects.

Subjects

This study drew 72 subjects from members of the student body at The University of Arizona. The subjects were

recruited from two sections of an undergraduate class in the Department of Psychology (Normal Personality, Psychology 265) where the instructors had agreed previously to allow extra credit for participation.

There were 60 females and 12 males; 65 white, three Mexican-Americans, one Chinese, one American Indian and two who gave no response; 30 sophomores, 26 juniors, 16 seniors. The age range of the subjects was from 18 to 38, $\overline{X}$ = 21. Ninety percent of the subjects were under the age of 24.

Experimental Procedure

The subjects' task was to view on videotape short excerpts of six different therapists during actual therapy sessions and rate them on six separate conditions identified as facilitative to the therapeutic process.

When the subjects arrived at the pre-arranged time, they were asked to furnish some demographic data (age, sex, class standing and racial/ethnic group) for classification and retrieval purposes (refer to Appendix A).

Each subject then received a copy of the subject information sheet (refer to Appendix A for a copy of the subject information sheet). This detailed what was expected of them and a brief description of the research design and purpose. The sheets also explained that the excerpts were uncensored samples of actual therapy sessions. The problems presented by the clients in the excerpts represented normal

problems in everyday living such as perfectionism and problems in child-raising. The subjects were informed of their right to cease participation at any point or to have the experimenter answer questions following the viewing. They were also informed that they could receive the results of the experimentation following its completion if so desired. No one chose to discontinue participation during the course of experimentation.

The subjects then received copies of the rating questionnaire (refer to Appendix A for a copy of the rating questionnaire). Carkhuff conditions were not identified by name but rather were in the form of operational definitions. For example, the condition of empathy was operationally defined in the questionnaire as "How well did this therapist understand the client(s)?" These definitions had been checked by four faculty members in the Counseling and Guidance Department prior to the experimental procedures for accuracy and equivalence to the meaning of the six conditions as identified by Carkhuff (1969b).

The subjects were then directed to a room where the videotape equipment was set up for viewing. All experimental procedures were conducted in classrooms in the Department of Counseling and Guidance. The videotape equipment used was a Sony Trinitron, Model KV 1722 and a Panasonic videocassette deck, Model NV 8200.

Viewing was done in groups of from two to ten except at the conclusion of the experimental stage when it became necessary for several subjects to view the excerpts individually. Viewing order and sequence were balanced by assigning each subject to one of six groups and having each group view the excerpts in a different order. There were 12 subjects in each group yielding the total of 72. All subjects viewed all six therapists.

The viewing order for each group had been counterbalanced so that no group would see the same order of therapists. The sequences were also ordered so that no more than two groups saw any one therapist A followed by therapist B. A copy of the viewing orders is included in Appendix D.

Following any questions, the subjects then viewed the excerpts in the pre-arranged order for that group. After each excerpt, the experimenter stopped the equipment to allow the subjects time to complete the rating questionnaire for the therapist just seen. The time necessary to complete the rating questionnaire was never longer than three minutes. The next therapist was then viewed and rated with this procedure continuing until all excerpts had been viewed and rated.

Description of the Therapists

No Humor Level

The first therapist judged as using no humor was Dr. Carl Rogers. Dr. Rogers, known for Client-Centered Therapy, is a Resident Fellow at the Center for Studies of the Person in La Jolla, California. Dr. Rogers is a Diplomate of the American Board of Professional Psychology.

Dr. Rogers was viewed conducting therapy with Kathy, a woman concerned over her feelings of loneliness and fear of new relationships following the death of her estranged husband.

The second therapist judged to be using no humor was Dr. Everett Shostrom. Dr. Shostrom is the Director of the Institute of Actualizing Therapy in Santa Ana, California. Dr. Shostrom is a Diplomate of the American Board of Professional Psychology. His therapy style consisted of bioenergetic and Gestalt techniques.

Dr. Shostrom was viewed conducting therapy with a group of individuals. Presenting concerns included feelings of inadequacy and anger.

Slight Amount of Humor Level

The first therapist judged to be using a slight amount of humor was Dr. Arnold Lazarus. Dr. Lazarus is Professor in the Graduate School of Applied and Professional

Psychology of Rutgers University in New Brunswick, New Jersey. Dr. Lazarus is a Diplomate of the American Board of Professional Psychology. His therapy style is primarily behavioral stemming from his Multi-Modal Therapy model.

Dr. Lazarus was viewed conducting therapy with Kathy, exploring with her her thoughts, feelings and bodily sensations.

The second therapist judged as using a slight amount of humor is Dr. Harry Goolishian. Dr. Goolishian is the Director of the Galveston Family Institute in Galveston, Texas. His primary orientation is the family systems model.

Dr. Goolishian was viewed conducting therapy with a middle-age female client whose presenting problem was insomnia and sleep disturbance.

Moderate Amount of Humor Level

The first therapist judged as using a moderate amount of humor was Dr. Albert Ellis. Dr. Ellis is the Executive Director of the Institute for Advanced Study in Rational Psychotherapy in New York City. Dr. Ellis is a Diplomat of the American Board of Professional Psychology. His orientation is rational-emotive therapy.

Dr. Ellis was viewed conducting therapy with a group of individuals. The concerns presented include relationship

issues and perfectionism. The focus was on how the participants cause their own emotional problems through irrational thought patterns.

The second therapist judged as using a moderate amount of humor was Dr. Rudolph Dreikurs. Dr. Dreikurs was the principal proponent of Adlerian Family Counseling. At the time Dr. Dreikurs was associated with the Alfred Adler Institute in Chicago.

Dr. Dreikurs was viewed conducting therapy with a mother of three children who was experiencing some behavioral problems with her children. Dr. Dreikurs explained to her how to elicit changes in their behavior through the Adlerian principle of logical consequences.

Analysis of the Data

Analysis of the data from this research was done utilizing an analysis of variance model with repeated measures and with nested conditions. This meant that it was not possible to calculate an F ratio directly since the proper error term was the variance between the three humor levels not the variance between the six therapists. Instead, a quasi-F ratio was used in which the proper error terms and degrees of freedom were computed from the standard analysis of variance mean squares (Kirk, 1968).

Through use of this statistical treatment, it was possible to determine whether significant differences

existed among subjects' ratings of the three different levels of therapist produced humor. Once significant differences were found to exist, a Tukey post-hoc test (Glass & Stanley, 1970) was used to determine where the differences occurred between the three levels.

All actual data analysis was accomplished with the BMDP Statistical Software package (1981) and the University of Arizona Computer Center.

Summary

This chapter has described the methodology involved in this research. This has included the development of the experimental stimuli, information on the subjects, the experimental procedures, information on the therapists viewed in the stimuli tapes and an explanation of the method used to analyze the results.

CHAPTER 4

RESULTS

The purpose of this study was to investigate how the presence of humor would affect subjects' ratings of therapists. This chapter details the results of the subjects' ratings of the therapists on six conditions identified as facilitative to the therapetuic relationship (Carkhuff, 1969a, 1969b).

Empathy

The first research question investigated stated: Was there a difference in the subjects' ratings among therapists judged as using no humor, a slight amount of humor and a moderate amount of humor on the dimension of empathy?

The quasi-F ratio computed between the ratings of the therapists judged as using no humor, the therapists judged as using a slight amount of humor and the therapists judged as using a moderate amount of humor indicated that no significant differences existed at the .05 level (quasi F (2,3) = 1.50) on the dimension of empathy (see Table 1).

A pattern did emerge, however, when the mean ratings of the therapists in the three humor levels were considered. The two therapists judged as using no humor received the

highest mean rating, 5.81, on a seven point scale. The two therapists judged as using a slight amount of humor received a mean rating of 4.83. The two therapists judged as using a moderate amount of humor received the lowest mean rating, 4.56 (see Table 2).

Table 1. Results of Quasi-F Ratios on Six Facilitative Therapeutic Conditions

Facilitative Conditions	d.f.	Quasi-F	Probability
Empathy	2/3	1.50	n.s.
Respect	2/4	13.99	.05
Warmth	2/3	4.75	n.s.
Genuineness	3/4	.67	n.s.
Concreteness	2/3	.20	n.s.
Self-Disclosure	2/3	1.38	n.s.

Table 2. Individual Means, Level Means and Standard Deviations on the Dimension of Empathy

Quasi F ratio = 1.50 d.f. = 2,3 sig. = n.s. @ .05

Individual Means	Level Means	S.D.
Level 1 (No Humor)		
Therapist A: X = 5.31 Therapist B: X = 6.32	Level 1 = 5.81	.87
Level 2 (Slight Amount)		
Therapist C: X = 5.50 Therapist D: X = 4.17	Level 2 = 4.83	1.08
Level 3 (Moderate Amount)		
Therapist E: X = 4.94 Therapist F: X = 4.18	Level 3 = 4.56	1.31

Respect

The second research question investigated stated: Was there a difference in the subjects' ratings among therapists judged as using no humor, a slight amount of humor and a moderate amount of humor on the dimension of respect?

The quasi F ratio computed between the therapists judged as using no humor, the therapists judged as using a slight amount of humor and the therapists judged as using a moderate amount of humor indicated that significant differences did exist at the .05 level (quasi F (2,4) = 13.99) on the dimension of respect (see Table 1). A Tukey post-hoc test (Glass & Stanley, 1970) indicated that significant differences existed between the therapists in all three humor levels (see Table 3).

The mean rating received by the two therapist judged as using no humor was 5.83. The mean rating received by the two therapists judged as using a slight amount of humor was 4.79. The mean rating received by the two therapists judged as using a moderate of humor was 3.32 (see Table 4).

These results indicated that, according to the subjects, the therapists judged as using no humor were rated significantly higher on the dimension of respect than those therapists that were judged to use humor in their interactions with the client(s). When the therapists that were judged to use humor were compared according to the amount of humor used, the two therapists judged as using a slight

amount of humor were rated as showing significantly more respect to the client(s) than the two therapists judged as using a moderate amount of humor.

Table 3. Results of Tukey Post-Hoc Tests on the Condition of Respect

	Quasi-F	Probability
Humor Group 1 - Humor Group 2	6.885	.05
Humor Group 1 - Humor Group 3	16.681	.05
Humor Group 2 - Humor Group 3	9.796	.05

Table 4. Individual Means, Level Means and Standard Deviations on the Dimension of Respect

Quasi F ratio = 13.99 d.f. = 2,4 sig. = n.s. @ .05

Individual Means	Level Means	S.D.
Level 1 (No Humor)		
Therapist A: X = 5.47 Therapist B: X = 6.18	Level 1 = 5.83	.84
Level 2 (Slight Amount)		
Therapist C: X = 5.21 Therapist D: X = 4.38	Level 2 = 4.79	1.14
Level 3 (Moderate Amount)		
Therapist E: X = 3.31 Therapist F: X = 3.33	Level 3 = 3.32	1.17

Warmth

The third research question investigated stated: Was there a difference in the subjects' ratings among therapists judged as using no humor, a slight amount of humor and a moderate amount of humor on the dimension of warmth?

The quasi F ratio computed among the therapists judged as using no humor, the therapists judged as using a slight amount of humor and the therapists judged as using a moderate amount of humor indicated that no significant differences existed at the .05 level (quasi F (2,3) = 4.75 on the dimension of warmth (see Table 1).

As with the dimension of empathy, a pattern emerged when the mean ratings of the therapists in the three humor levels were considered. The two therapists judged as using no humor received the highest mean rating, 5.61. The two therapists judged as using a slight amount of humor received a mean rating of 4.42. The two therapists judged as using a moderate amount of humor received the lowest mean rating, 3.56 (see Table 5).

Concreteness

The fourth research question investigated stated: Was there a difference in the subjects' ratings among therapists judged as using no humor, a slight amount of humor and a moderate amount of humor on the dimension of concreteness?

Table 5. Individual Means, Level Means and Standard Deviations on the Dimension of Warmth

Quasi F ratio = 4.75	d.f. = 2,3	sig. = n.s. @ .05
Individual Means	Level Means	S.D.
Level 1 (No Humor)		
Therapist A: X = 4.88 Therapist B: X = 6.35	Level 1 = 5.61	.94
Level 2 (Slight Amount)		
Therapist C: X = 4.72 Therapist D: X = 4.11	Level 2 = 4.42	1.18
Level 3 (Moderate Amount)		
Therapist E: X = 3.64 Therapist F: X = 3.47	Level 3 = 3.56	1.12

The quasi F ratio computed among the therapists judged as using no humor, the therapists judged as using a slight amount of humor and the therapists judged as using a moderate amount of humor indicated that no significant differences existed at the .05 level (quasi F (2,3) = .20) on the dimension of concreteness (see Table 1).

The therapists judged as using no humor received the highest mean rating, 5.19. The therapists judged as using a slight amount of humor received a mean rating of 4.40 and the therapists judged as using a moderate amount of humor received a mean rating of 4.67 (see Table 6).

Table 6. Individual Means, Level Means and Standard Deviations on the Dimension of Concreteness

Quasi F ratio = .20	d.f. = 2,3	sig. = n.s. @ .05
Individual Means	Level Means	S.D.
Level 1 (No Humor)		
Therapist A: X = 4.24 Therapist B: X = 6.15	Level 1 = 5.19	1.13
Level 2 (Slight Amount)		
Therapist C: X = 5.54 Therapist D: X = 3.25	Level 2 = 4.40	1.14
Level 3 (Moderate Amount)		
Therapist E: X = 5.33 Therapist F: X = 4.01	Level 3 = 4.67	1.33

Genuineness

The fifth research question investigated stated: Was there a difference in the subjects' ratings among therapists judged as using no humor, a slight amount of humor and a moderate amount of humor on the dimension of genuineness?

The quasi F ratio computed among the therapists judged as using no humor, the therapists judged as using a slight amount of humor and therapists judged as using a moderate amount of humor indicated that no significant difference existed at the .05 level (quasi F (3,4) = .67 on the dimension of genuineness (see Table 1).

The therapists judged as using no humor received the highest mean rating, 5.44. The therapists judged as

using a slight amount of humor received a mean rating of 4.87 and the therapists judged as using a moderate amount of humor received a mean rating of 4.81 (see Table 7).

Table 7. Individual Means, Level Means and Standard Deviations on the Dimension of Genuineness

Quasi F Ratio = .67	d.f. = 3,4	sig. = n.s. @ .05
Individual Means	Level Means	S.D.
Level 1 (No Humor)		
Therapist A: X = 4.85 Therapist B: X = 6.03	Level 1 = 5.44	1.26
Level 2 (Slight Amount)		
Therapist C: X = 5.28 Therapist D: X = 4.46	Level 2 - 4.87	1.14
Level 3 (Moderate Amount)		
Therapist E: X = 5.00 Therapist F: X = 4.63	Level 3 = 4.81	1.13

Self-Disclosure

The sixth research question investigated stated: Was there a difference in the subjects' ratings among therapists judged as using no humor, a slight amount of humor and a moderate amount of humor on the dimension of self-disclosure?

The quasi F ratio computed between the therapists judged as using no humor, the therapists judged as using a slight amount of humor and the therapists judged as using a

moderate amount of humor indicated that no significant differences existed at the .05 level (quasi F (2,3) = 1.38) on the dimension of self-disclosure (see Table 1).

A pattern distinctly different from those found in the other five dimensions occurred when the mean ratings of the therapists in the three humor levels were considered, however.

The two therapists judged as using the moderate amount of humor received the highest mean rating, 5.79, followed by the mean rating of the two therapists judged as using a slight amount of humor, 4.65. The two therapists judged as using no humor received the lowest mean rating, 3.76 (see Table 8).

Table 8. Individual Means, Level Means and Standard Deviations on the Dimension of Self-Disclosure

Quasi F Ratio = 1.38	d.f. = 2,3	sig. = n.s. @ .05
Individual Means	Level Means	S.D.
Level 1 (No Humor)		
Therapist A: X = 2.75 Therapist B: X = 4.78	Level 1 = 3.76	1.26
Level 2 (Slight Amount)		
Therapist C: X = 5.75 Therapist D: X = 3.56	Level 2 = 4.65	1.01
Level 3 (Moderate Amount)		
Therapist E: X = 5.79 Therapist F: X = 5.79	Level 3 = 5.79	1.24

Summary

This chapter has reviewed the results of both descriptive and inferential statistical procedures computed on the subjects' ratings given to the therapists on the six experimental dimensions. These were: empathy, respect, warmth, concreteness, genuineness and self-disclosure.

Significant differences were found to exist among the three levels of therapist-produced humor only on the dimension of respect. On the dimensions of empathy, warmth, concreteness, genuineness and self-disclosure, no signficicant differences were found to exist among the three levels of therapist-produced humor.

CHAPTER 5

CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

This chapter details the conclusions that can be drawn from the experimental results, the implications of the findings for psychotherapy and the recommendations that are suggested for further study.

Conclusions

The research questions investigated by this research stated: Was there a difference in the subjects' ratings among therapists using no humor, a slight amount of humor and a moderate amount of humor on the dimensions of empathy, respect, warmth, concreteness, genuineness and self-disclosure?

Significant differences were found to exist among the therapists in the three humor levels only on the dimension of respect. Subjects who viewed excerpts of therapy sessions representing three different levels of therapist-produced humor felt that the therapists who were judged to use no humor showed significantly greater amounts of respect to the clients than did the therapists judged as using humor. When the comparison was made between the two therapists who were judged as using a slight amount of humor and

the two therapists judged as using a moderate amount of humor, the therapists using a slight amount were rated as showing significantly more respect to the client(s) than the therapists using a moderate amount of humor.

On the dimension of respect, therefore, a clear inverse relationship was found to exist between the amount of humor used by the therapists and the amount of respect the subjects felt the therapists showed for the client(s).

Several more tentative conclusions were suggested based on the observed means. On the dimensions of warmth and empathy, a pattern similar to that observed on the dimension of respect occurred. The therapists judged as using no humor received the highest mean ratings followed by the therapists judged as using a slight amount of humor. The therapists judged as using a moderate amount of humor received the lowest ratings from the subjects.

What this was interpreted to mean was that the subjects felt that therapists using no humor were expressing more understanding and caring and concern for the client(s) than any of the therapists who did use humor. When the therapists in the two humor levels were compared, the therapists who used a slight amount of humor were rated higher on empathy and warmth than those who used a moderate amount of humor.

On the dimensions of concreteness and genuineness the therapists judged as using no humor again received the

highest mean ratings. However, the therapists judged as using a slight amount of humor and the therapists judged as using a moderate amount of humor received mean ratings that were separated by less than three-tenths of a point which seemed to indicate little difference in the subjects' ratings of therapists judged as using a slight amount of humor vs. those using a moderate amount of humor.

When the subjects' ratings of the therapists were considered on the dimension of self-disclosure, a pattern opposite to what was observed on the other five dimensions occurred. Instead of the inverse relationship that indicated lower ratings with more humor, on self-disclosure the subjects ratings indicated higher ratings with more humor. The highest mean ratings were received by the therapists judged as using the most humor, the moderate amount of humor level. The lowest mean ratings were received by the therapists judged as using no humor.

However, the warnings made by both Carkhuff (1969b) and Gazda et al (1973) concerning the timing of self-disclosure also seemed worth noting in interpreting these results. Both authors noted the danger of using self-disclosure prematurely since to do so may confuse or distract the client. Since, in this research, all excerpts were taken from first meetings between the therapist and client(s), higher ratings from the subjects may indicate that they were reacting to early self-disclosure as

predicted by Carkhuff (1969b) and Gazda et al (1973), i.e., not facilitative to the process of psychotherapy. Were this the case, the higher ratings given by the subjects to those therapists using humor again might be interpreted as meaning that humor was not facilitative to the process of psychotherapy. The two therapists using no humor and also receiving the lowest ratings on self-disclosure could then be interpreted to be using self-disclosure appropriately, i.e., at a low level in the beginning sessions.

The results of this research seem to support the contentions of authors such as Kubie (1971) that humor is not beneficial to the psychotherapeutic relationship rather than authors such as Greenwald (1975) and Rosenheim (1974) who argue that humor could be facilitative to therapy.

Although previous studies have not investigated the effects of humor on conditions thought to be facilitative to psychotherapy, the prevailing opinion among non-psychoanalytic authors was that humor could be useful. This study investigated how naive subjects would rate therapists based on how much humor they used in their interactions with client(s).

On the dimension of respect the subjects rated the therapists using no humor as showing significantly more respect to the client(s) than therapists using humor. The therapists judged as using a slight amount of humor were, in

turn, rated as showing a significantly greater amount of respect than those who used a moderate amount of humor.

On the dimensions of empathy, warmth, genuineness and concreteness, although significant differences were not found among the three humor levels, in each case, the therapists judged as using no humor received the highest ratings from the subjects.

Only on the dimension of self-disclosure were higher ratings related to increased humor use on the part of the therapists. This result was called into doubt, however, due to the question of whether large amounts of self-disclosure were facilitative to therapy in the early stages or only in the later stages of therapy after a good relationship has been established through use of the other five conditions.

Implications for Psychotherapy

There were several possible conclusions that were drawn from this research that applied to psychotherapy.

The subjects' most clear-cut reaction was in the area of respect, which Carkhuff (1969a, 1969b) identified as crucial during the beginning stages of psychotherapy. In this study, the subjects felt that humor had a detrimental effect on the amount of respect that the therapists showed to the client(s). The therapists using the moderate amount of humor received the lowest ratings from the subjects while the therapists using a slight amount of humor received the

next lowest ratings. The conclusion seems to be that to use humor risks the possibility that the therapist will be perceived as not respecting the client(s) or taking their concerns seriously.

While no significant differences were found between the humor levels on the condition of warmth, the trend seemed to point away from the idea that humor would serve to increase the warmth (caring and concern) shown by a therapist to his client(s). This inverse relationship between humor and amount of caring and concern was the same pattern observed with respect. The no humor therapists received the highest mean ratings, possibly indicating that, in the beginning stages of therapy, the safest way for the therapist to show caring and concern may be to avoid the use of humor.

The similar pattern that was found to exist on the subjects' rating of the therapists on the dimension of empathy also seemed to point away from the idea that humor can be used to increase the understanding level shown by the therapist. As with warmth and respect, the implications for empathy and humor seemed to suggest that the safest course of action, at least in the beginning stages of therapy, was to deal with the client(s) in a non-humorous way, thereby increasing the likelihood that the client will feel better understood.

While less dramatic differences in the subjects' ratings of the therapists in the three humor levels were found on the dimensions of concreteness and genuineness, the therapists judged as using no humor were again rated highest by the subjects. Again, the implications for psychotherapy seemed to be that lower amounts of therapist-produced humor seem to correlate with the therapists being perceived as more genuine and better able to help the client(s) identify their problems.

Humor did appear to increase as the level of self-disclosure increased but there was some question as to whether this was positive in the early stages of psychotherapy, especially when this seemed so opposite to the pattern observed on the other five dimensions. Due to this question, no implications for psychotherapy were attempted from the results of this research on the dimension of self-disclosure.

Recommendations for Further Study

This section discusses modifications that might be included in future studies based on methodological limitations encountered in this research.

A more rigorous definition of how to determine what is humorous, and in what amount, is needed. The current study used interjudge agreement of humor and amount of humor but a more precise method of measurement is clearly needed.

A more precise measurement instrument might also enable future researchers to make more precise judgements of amount of humor based on quantitative scores rather than qualitative judgements using imprecise words such as slight, moderate and large.

A second recommendation is that a larger number of videotapes from which to draw excerpts is indicated. With a larger number of excerpts and a more precise measurement technique, it might then be possible to include excerpts illustrating a large amount of therapist-produced humor, and thereby, assess humor's effect over a larger continuum.

The inclusion of one or more control groups is recommended. This might be in the form of multiple excerpts of the same therapist in which different subjects view excerpts of the therapist using a different amount of humor in each excerpt. By the use of such a design it would be possible for the no humor excerpt to serve as a control for the effect of therapist personality variables.

The inclusion of more than two therapists within each humor level might be an alternate way to minimize the effect of the personalities of the different therapists.

Future research might wish to make use of a standardized questionnaire for assessing the facilitative conditions. A limitation of the current study was the use of a questionnaire with no information on reliability or validity available.

Future research might also wish to use a sample that would enable the results to be more widely generalized. The current study's sample was heavily female with few minority group members, a limited age range and included only college students.

Since the current research included only excerpts taken from first meetings between therapists and client(s), the use of excerpts taken from already established therapeutic relationships might be indicated to partial out any effects that might have occurred in this research as a result of it being the first meeting. For example, a relationship in which the client and therapist already know and feel comfortable with each other might show humor use on the part of the therapist in a very different light.

Finally, a future study might have the rating of the therapists done by the clients instead of using naive subjects. Although many confounding factors would exist in such a design, the ability to assess first-hand how the humor was perceived by the clients would be valuable.

This chapter has discussed the conclusions that can be drawn from the experimental results, the possible implications of the findings for psychotherapy and the recommendations that are suggested for further study.

APPENDIX A

SUBJECT INFORMATION SHEET AND SUBJECT RATING SCALE

Subject Information Sheet

You have agreed to participate in this research on therapist styles in counseling. There presently exist wide variations in personal style among therapist and it is hoped that this research will help to clarify which of these are most beneficial and ultimately, how these can be taught to other therapists.

You will be viewing a series of short (7-9 minute) excerpts of therapy sessions and following each excerpt, you will be asked to rate the therapist you've just seen. These are uncensored samples of actual therapy sessions and all persons in the videotapes have given their written consent to the use of the videotapes. Your total participation time will be approximately two hours.

You can cease participation in this research at any point. The researcher will be available following the viewing to answer any questions or can be reached at The University of Arizona Counseling and Guidance Department.

Researcher: John F. Kerrigan, Jr., M. A.

Department: Counseling and Guidance (626-3218 or 626-4975)

Subject Information

Class Standing _____

Age _____

Racial/Ethnic Group _____

Sex _____

Are you from Dr. Thweatt's class

Dr. Mencke's class

Subject Rating Scale

Sequence #_____

Instructions: Please rate the therapist you've just seen on the following questions by circling the appropriate number. A rating of one (1) is the lowest rating, a seven (7) in the highest.

1. How well did this therapist understand the client(s)?

   1 2 3 4 5 6 7

2. How much respect do you feel this therapist showed for the client(s)?

   1 2 3 4 5 6 7

3. How much caring and concern did this therapist show to the client(s)?

   1 2 3 4 5 6 7

4. How well did this therapist help the client(s) identify their problems?

   1 2 3 4 5 6 7

5. How did this therapist seem to you in terms of being genuine versus being phony?

   1 2 3 4 5 6 7

6. How much did this therapist share his own perceptions and reactions with the client(s)?

   1 2 3 4 5 6 7

APPENDIX B

JUDGES RATING FORM

Judges Rating Form

Your task will be rate the therapists in the video-taped excerpts you are about to see. The ratings are to be done according to the amount of humor produced by the therapist in the form of both verbal and non-verbal content (what he says, how he says it, body language, gestures).

The ratings should only reflect humor produced by the therapist, not his responses to humor produced by the client(s). For example, a therapist smiling in response to something said or done by the client would not be an example of therapist-produced humor while a humorous statement or exaggeration made by the therapist to something that he occurred in the session would be.

Please mark your rating of the therapist humor level below.

	No Humor	Slight Amount	Moderate Amount	Large Amount
Therapist #1				
Therapist #2				
Therapist #3				
Therapist #4				
Therapist #5				
Therapist #6				
Therapist #7				
Therapist #8				

Judges' Ratings

The following are the judges' ratings of the short excerpts for amount of therapist-produced humor present in each.

A rating of one (1) indicates that "no humor" was checked.

A rating of two (2) indicates that "slight amount" was checked.

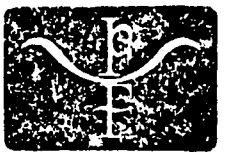
A rating of three (3) indicates that "moderate amount" was checked.

A rating of four (4) indicates that "large amount" was checked.

Therapist #1 (Ellis)	3	3	4	3
Therapist #2 (Shostrom)	1	1	1	2
Therapist #3 (Lazarus 1)	2	1	2	2
Therapist #4 (Greenwald)	3	3	3	3
Therapist #5 (Dreikurs)	3	3	3	4
Therapist #6 (Lazarus 2)	2	2	3	1
Therapist #7 (Perls)	4	2	3	1
Therapist #8 (Rogers)	1	1	1	1
Therapist #9 (Goolishian)	2	3	2	2

APPENDIX C

LETTERS OF AUTHORIZATION



PSYCHOLOGICAL FILMS, INC.
110 N. WHEELER ST., ORANGE, CA. 92669 (714) 639-4646

May 6, 1982

Counseling & Testing Service
200 Student Life Building
UNIVERSITY OF HOUSTON
Central Campus
Houston, Texas 77004

To Whom it May Concern:

This is to verify that we have agreed to the request of John F. Kerrigan, Jr. to allow him to use excerpts from some of our films for the purpose of conducting dissertaion research on the use of humor in psychotherapy.

This will also serve as authorization for him to have our films duplicated onto videocassette format for his use and at his expense. Said videocassettes will be returned to Psychological Films, Inc. upon completion of his work.

Sincerely,

(Mrs.) Betty Campbell
Coordinator

AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION
Two Skyline Place, Suite 400 • 5203 Leesburg Pike
Falls Church, Virginia 22041 • Phone: 703/820-4700

June 18, 1982

Mr. John F. Kerrigan, Jr., M.A.
University of Houston
Central Campus
Houston, Texas 77004

Dear Mr. Kerrigan:

Referring to your letter of June 15, 1982 you have our permission to use a segment of the film "Individual Psychology: A Demonstration with a Parent, a Teacher and a Child". I understand you will use the film already owned by your University.

Best wishes in the success of your dissertation research.

Yours very truly,

William W. Hunter
Assistant Executive
Vice President

University of Houston
Central Campus
Houston, Texas 77004

Counseling & Testing Service
200 Student Life Building
713 749-1731

November 20, 1981

Dear Dr. Goolishian,

I'm presently working as an intern here at the Counseling and Testing Service while finishing my PhD. in counseling and guidance at the University of Arizona. I'm also involved in trying to finish my dissertation. The topic area is the use of humor in psychotherapy.

I just finished viewing a videotape that you made here at CTS with a client suffering from a sleep disorder and was favorably impressed by both your skills and your use of humor. I was wondering if you would be willing to allow me to contact you regarding the use of this or any other tapes in my research.

A quick summation of my research design is that I plan to gather a series of excerpts from actual counseling sessions in which the therapists use differing amounts of humor in their work with the clients/patients. I will then have a group of judges rate the excerpts according to the amount of humor present. Those tapes that receive interjudge agreement as to amount of humor present will then be shown to the subjects who will be asked to rate each therapist on the six "facilitative therapeutic conditions" as hypothesized by Carkhuff.

I have found humor to be a useful tool in my own work and hope that this study will help clarify under what conditions it can be useful.

Thank you for your time.

Sincerely,
John F. Kerrigan, Jr.
John F. Kerrigan, Jr.

APPENDIX D

SEQUENCE AND ORDERING OF STIMULI EXCERPTS

Group I	Group II	Group III
Rogers	Dreikurs	Shostrom
Ellis	Rogers	Dreikurs
Shostrom	Lazarus	Goolishian
Lazarus	Goolishian	Ellis
Dreikurs	Shostrom	Lazarus
Goolishian	Ellis	Rogers

Group IV	Group V	Group VI
Lazarus	Goolishian	Ellis
Shostrom	Lazarus	Goolishian
Ellis	Rogers	Dreikurs
Rogers	Dreikurs	Shostrom
Goolishian	Ellis	Rogers
Dreikurs	Shostrom	Lazarus

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