Therapeutic humor in retelling the clients’ tellings

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Abstract

One of the principle activities of therapeutic discourse involves ‘retelling the clients’ tellings’ (Holmgren 1999). Telling the clients about themselves can be a delicate enterprise, especially when such tellings differ from the clients’ own. One way to tell clients about themselves is to humorously exaggerate their condition. Humor seems to work to invoke a playful frame of clients’ relational circumstance which disarms their resistance and creates an environment for the presentation of a contrasting interpretation. Humor seems to be a kind of fallback option for when the serious efforts of therapy are not working well. It arises within the sequential environments of repeated serious efforts at explaining a therapeutic version, of disagreements, or in pursuit of a response which is being withheld. The humor in therapy is not turn initial; it arises in response to some difficulty. Disagreements were found to be the most common environment for the use of humor. Humor offers the therapist a way to reframe the on-going interaction or the discursive position being advocated. While humor may be conceived as a break from the serious activity of therapy, this is clearly not the case in many of the excerpts examined here. In broad strokes, the humor seems to work to disarm the clients’ resistance while simultaneously offering an alternative vision of the relationship. The serious functions of humor can create a complication for the recipient in how to respond. There seems to be a duality in some uses of humor in that one can orient to either the humorous or the serious aspects of the utterance.

Keywords: therapeutic discourse; humor; retellings; conversation analysis.

In an earlier study of the co-constructions of problems during couple therapy (Buttny 1996), I was struck by the artful use of humor by both therapist and clients. In that study humor was examined only in passing;
here the work of humor in therapy will be the primary focus. How does humor fit with the serious business of therapy?

The context of therapy

Researchers have attempted to characterize the specialized talk of therapy or counseling in discourse analytic terms (Labov and Fanshel 1977; Ferrara 1994). The line between ordinary conversation and therapy talk is not hard and fast. Therapeutic discourse appears to be a specialized though informal mode of interaction. An individual without any training in therapy could pick up a transcript or videotape of a therapy session and, for all practical purposes, understand the talk. Of course, the therapist may employ intervention strategies which may not be apparent to the untrained observer (for an excellent example examining the therapy session used in the present study, see Sluzki [1990]).

The work of the therapist is contingent on the clients’ narratives, responses, and positionings. During the initial session the therapist takes the clients’ version of their problems as a beginning point and attempts to reformulate their account into a version consistent with the vocabulary of therapy (Davis 1986; Hak and De Boer 1996; Ravotas and Berkenkotter 1998). These speech activities need to be performed with a certain delicacy, or ‘professional cautiousness’ (Drew and Heritage 1992). A potential problem therapists face is how to present their version of the clients’ situation when this differs from the clients’ own version, i.e., how to give ‘a retelling of the clients’ tellings’ (Holmgren 1999). Telling clients about themselves involves making ascriptions about the clients’ circumstances, and/or offering recommendations. Therapeutic versions of the clients’ problems are designed as tentative, limited, and open to further revision by the clients. The therapist may describe the clients’ past or present state-of-affairs, or talk about ‘possibilities’ or what may happen ‘in the future’ (Peräkylä 1993). Therapists commonly qualify or mitigate their descriptions of clients in various ways, such as expressing uncertainty, downgrading their epistemological status, or drawing on publicly available facts (Peräkylä and Silverman 1991; Bergmann 1992).

The therapist not only tells clients about themselves, she or he also queries their responses to these tellings. Following the clients’ problem tellings, the therapist may attempt to reframe by giving a minimal agreement and moving on to add a differing account, making relevant an aspect of something the client has said but drawing different implications from it, or using what the client has said as a conversational resource to formulate the therapeutic interpretation (Buttny 1996). A common technique is for the therapist to position him- or herself
as aligned with the clients by confirming their prior statement, while simultaneously attempting to transform some aspects of the clients’ version of the problem. The therapist wants to engage the clients in interactionally co-constructing the problem and solutions (Edwards 1995).

The usefulness of humor in therapy has long been recognized (Fry and Salameh 1987; Strean 1994). ‘[S]erious messages can be communicated by speech play and speech play is an important aspect of psychotherapy’ (Ferrara 1994: 144). Humor can facilitate the introduction of awkward topics because it signals the unreality of the issue and allows interactants to allude to the difficulty (Mulkay 1988). The serious functions of humor allow a speaker to say things which may be unacceptable if stated seriously. ‘Irony is simultaneously assertion and denial: a way of mentioning the unmentionable’ (Clift 1999: 544). Humor can facilitate the reframing of an interaction or the aligning of interactants (Goffman 1974; Gale 1991; Norrick 1993). For instance, humor may allow client and therapist to have fun together with the symptom (Frankl 1967 [cited in Richman 1996]). Humor is seen as involving a certain risk due to the unpredictability of the response to it (Richman 1996), but also as potentially leading to an insight into ‘a half-known, feared, or suspected state of affairs’ (Pierce 1994: 109).

Various categories of therapist humor have been distinguished in the literature, for instance: ‘surprise’, ‘exaggeration’, ‘absurdity’, ‘the human condition’, ‘incongruity’, ‘confrontation/affirmation humor’, ‘word play’, ‘metaphorical mirth’, ‘impersonation’, ‘relativizing’, ‘the tragic-comic twist’, and ‘bodily humor’ (Salameh 1987: 213–216). These categories, or related ones, have been used for the coding or content analysis of the therapist’s statements (Falk and Hill 1992). Given our interest in the therapist–client co-construction of problems through humor, categories which code only the therapist’s statements will prove inadequate. Coding or content analysis is problematical with regard to capturing the intricacies of talk-in-interaction (Beach 1990).

Materials and analytic method

A videotaped couple-therapy consultation is used here as the data for analysis. The consultation was transcribed (see the Appendix for transcription conventions). Different portions of this session have been used in prior studies (Buttny 1990, 1996, 1998; Buttny and Cohen 1991) and the therapist has independently written a commentary on his intervention strategies in this session (Sluzki 1990).
Methods are drawn on which allow us to get at how humor works in therapy, conversation analysis (Drew and Heritage 1992), and what discursive reality it attempts to construct, social accountability (Buttny 1993: ch. 4). We start by searching for instances of humor in this consultation. Having located a corpus of cases, we look at what makes the movement into humor relevant, what the humor projects, and how recipients respond to it. The project is to see how humor is designed and oriented to by participants and how it works in therapeutic interaction. More specifically, we investigate the following research questions:

i. What resources do participants draw upon to move from the serious into humor?
ii. What sequential environment(s) make for humor?
iii. What does humor project or make relevant as a response from recipients?

### Humor in therapy talk

**Resources for ‘doing humor’**

Most of the humor in this consultation is initiated by the therapist; of the fifteen instances of humor, all but three are therapist initiated. The therapist’s humor appears to be designed for doing various therapeutic moves, most notably making ascriptions or recommendations about the clients. This is consistent with the already mentioned point that one of the primary activities of therapy involves ‘a retelling of the clients’ tellings’ (Holmgren 1999; also cf. Davis 1986; Buttny 1996). The therapist’s interpretation may differ in certain important respects from what each of the clients have said about their relationship. The therapist presents the couple with an alternative way of seeing their actions or relationship. In the present case, the couple’s differences, rather than being problematic, are actually complementary. This is contrary to Jenny’s telling in which Larry’s inexpressiveness and inability to communicate are presented as the problem (Sluzki 1990; Buttny 1990). The therapist offers a different version of their relationship. Retelling the clients’ tellings is a delicate activity, especially so when these retellings involve problems, critical descriptions, or alternative versions. As will be seen, the therapist skillfully uses humor in the service of telling the clients about themselves.

Consider the following excerpt in which the therapist moves from the serious into humor. To frame his talk as humorous in this excerpt, he draws on three kinds of resources—the first of which is metaphorical exaggeration (beginning at line 45).
[Note that there are three participants in this consultation: the therapist and the two clients—a couple identified by the pseudonyms Jenny and Larry.]

Jenny: So you're saying it's

complementation

Ther: > Up to a point < it sounds like you are

one of those fanatics that ah [\textit{jump} into any: \textit{boat} \textit{pkeek::} =

.Jh

Ther: =with all her soul and you ((deep heavy sound))

you h[a =

Ther: =you say hey wait–wait a min[ute lady, uh huh (. ) no: =

Ther: =reality testing please (. )

Ther: =That's right<HA HA hah

Ther: And uhm:: (. ) you would be like a ba[lloon] shooting into

any pla:ce (. ) $drif\textit{ting hh if it weren't for the weight =}

Ther: =and you would be$ ((deep heavy sound)) down here

(on flatland if it weren't for the balloon)

The therapist here playfully exaggerates the clients’ relational positioning by using the figurative language of metaphors or analogies. Jenny is described by the hyperbolic metaphor as being a ‘fanatic that jumps into any boat’ (lines 44 and 45) or the analogy of ‘a balloon shooting into any place drifting’ (line 56 and 57). In their relationship, she is balanced by Larry’s cautiousness (lines 50, 52) or ‘weight’ (lines 57, 59). These exaggerated images allow the therapist to propose a vision of the clients’ relational patterns different to their own versions under the guise of humor. It is not the figurative imagery as such that is humorous for the participants, but how that imagery exaggerates the purported interactional patterns of the couple’s relationship.

A second resource used to signal humor is the therapist’s use of nonlinguistic vocalizations, e.g., ‘\textit{pkeek::}’ (line 45) and the ‘deep heavy sound’ in lines 47 and 59. The use of ‘\textit{pkeek::}’ playfully depicts the verbal imagery ‘jump into any boat’ (line 45). The next nonlingual vocalization, which is glossed as a ‘deep heavy sound’ (line 47), is used without a co-occurring verbal image. This ‘deep heavy sound’ not only substitutes for a verbal description, it also indexically performs the therapist’s ascription of Larry. The second use of the ‘deep heavy sound’ (line 59)
comes just before the description ‘down here on flatland’ (lines 59 and 60). These nonlingual sounds can serve as onomatopoeia. When accompanied by verbal descriptions, they work to emphasize, illustrate, or perform what is being verbally asserted. These nonlinguistic vocalizations work in conjunction with the metaphorical exaggeration to key the talk from the serious into the humorous.

A third kind of resource the therapist draws on for humorous effect is that of imputing what Larry might or would say (lines 50 to 53), so-called hypothetical quotes (Mayes 1990; cf. Goffman 1974: 535). Larry’s hypothetical response to Jenny epitomizes Larry as balancing Jenny. This fictitious quote is a way of extending or illustrating the exaggerated, metaphorical image of Larry. Interestingly, this hypothetical quote occasions the most laughter in excerpt (1) (see lines 50 to 55). Since he is the one being playfully quoted, Larry, in particular, shows his appreciation through a mock confirmation and laughter (line 54).

So we see the therapist drawing on three kinds of resources in order to be humorous: metaphorical exaggeration, nonlinguistic vocalization, and hypothetical quotes. This movement into humor, however, is not a break from the business of therapy. Under the guise of humor the therapist can continue to ascribe things to the clients in a less threatening way.

We see the therapist use these resources again as he draws on exaggerated imagery and nonlinguistic vocalizations in the course of making a recommendation.

(2)

112 Ther: [Because if it happens that either
113 you convince him that he should be like you?
114 or that you convince her that she should be like you?
115 you are going to either find two
116 balloons:: ah :: drifting in the wind =
117 Jenny: [Heheheh heh]
118 Ther: = or [two eh rocks eh BBrueck ((crashing sound)) at
119 the bottom =
120 Jenny: heh heh heh heh heh
121 Ther: = of the lake? [huh? and ah::: (0.9) up to a point =
122 Jenny: heh
123 Ther: = the difference between the two of you (0.7)
124 is something that would be worth while respecting, (0.5)
125 in spite of the fact that in the surface. hh it looks a bit like
126 ah::: (.) conflict.

As the therapist raises the counterfactual condition of each convincing the other of how to be, he invokes both the prior metaphors of balloons
and rocks and the accompanying nonlingual vocalizations to describe their relationship. These metaphors (balloons and rocks [lines 116, 118]) and vocalizations ('BBruuck', a crashing sound [line 118]) again are used to explain his ‘complementarity’ interpretation of their relationship.

The therapist not only returns to these metaphors, he extends them as ‘two balloons ah drifting in the wind or two eh rocks BBruck at the bottom of the lake?’ (lines 115 to 121). The repeated use of these devices still occasions laughter from the clients. Indeed, the repetition of the humorous bits seems to be a ready resource for being humorous. Repetition allows for a shortened version of the utterance.

Later in the session the therapist draws again on these resources of exaggerated figurative imagery and nonlingual vocalization to tell the couple his view in contrast to theirs.

(3)

126 Ther: ... my fantasy is that you express whatever (1.5)
127 sensible– sensitive emotion of–(.) not anger but: some
128 tender part
129 and you who are very hungry for (.) that kind of exchange
130 ((swallowing sound))
131 (0.7)
132 Jenny: Devour it hhh
133 Ther: Get into to it and start to ah::m:: feed it
134 (1.4)
135 water it ah:: want more and more all the same
136 Jenny: >Uh huh < hhh
137 Larry: heh heh

Here again we see the therapist’s use of hyperbolic metaphors and nonlingual vocalizations for humorous effect in presenting his version which differs from those of the clients. In offering his ‘fantasy’ of Jenny, the therapist vocalizes a sound like swallowing (line 130). This nonword vocalization gets sequentially positioned after the metaphor of being ‘very hungry’ (lines 129–130) and depicts her hunger for emotional exchange. Jenny formulates the therapist’s sounds as ‘devour it’ and then laughs (line 132).

The therapist continues with this ‘ravenously hungry’ imagery as a technique to convey his alternative vision of the couple’s patterns. Notice that it is not merely the therapist using this ‘hungry’ metaphor, but that he exaggerates it—initially with the swallowing vocalization and then with a list of descriptors (lines 133 to 135) which also occasions the clients’ laughter. By the third part of his listing, ‘water it’, it becomes apparent
that the therapist is being facetious in his description of Jenny, and it is
at this point that she, then Larry, begin to laugh (lines 135 to 137). Again,
while what the therapist says may be facetious, his point appears to be
quite serious—it is at once playful and making a therapeutic point.

As already mentioned, the activity of retelling the clients’ tellings is
a potentially delicate activity. Recipients may disagree or not like that
which is ascribed to them. This is what appears to be happening in excerpt
(4). To manage the emerging misalignment, the therapist draws on
facetious humor.

(4)
19 Ther: You don’t like what I’m saying > yeah?< =
20 Jenny: = No: I– I’m thinking about it [uhm
21 Ther: > I don’t know if you
don’t like what I say or is it the way you tilt your glasses
and then– I don’t– ( ) understand one way or another <
24 Jenny: hh [h: .h heh] heh hh
25 Larry: [haha] [hahh
26 Jenny: $No:$ > I m jus– < I’m trying to assimilate (.) everything
27 you said I’m trying to think about– ...

The humor in this excerpt occurs as the therapist comments on the way
Jenny tilts her glasses (lines 21 to 23). This comment is obviously face-
tious since Jenny is not even wearing glasses. The humor seems to play
on something like ‘I’m reading your nonverbals’. The humor assuages
the disagreement between Jenny and the therapist. The therapist’s move
to humor comes in response to Jenny’s denial (line 20) that she dislikes
the therapist’s prior ascription. The therapist exploits his own prior turn
(line 19) by mockingly reiterating it as an alternative explanation to the
‘tilt your glasses’ comment (line 22). The transcription of lines 21 to 23
fails to adequately capture the shift in the therapist’s prosody to a
quickened staccato, which seems to underscore the facetiousness of
‘the way you tilt your glasses’ ascription (line 22). In other words, the
prosodic shift co-occurs with the shift from seriousness to humor.

It does not appear obvious that the therapist is being humorous, or at
least the clients do not immediately laugh or display recognition at the
therapist’s ‘tilt your glasses’ line, though a moment later both Jenny and
Larry laugh. The clients’ lack of an immediate response to the therapist’s
facetiousness in this excerpt provokes the question of how speech is
recognizable as humor. The humor in the first three excerpts seems fairly
obvious and is oriented to by the recipients’ laughter or appreciative
comments. However, there are cases in which the speaker is intending to
be humorous but the recipients do not recognize it or display recognition,
or cases in which a recipient takes something as humorous which was not intended as such. For our purposes, humor is taken as a commonsense category in which at least one participant displays it or orients to it in some way. Misalignments or misunderstandings over humor are themselves interesting phenomena (as will be shown later). Our main concern here is how humor is used and oriented to by participants.

How members orient to what is being said, as serious or as humorous, is a fundamental issue in any interaction and will clearly influence how they respond. An interesting instance of this arises in the different responses to the therapist’s comment, ‘Don’t spit on your blessings’ (line 80).

(5)

73 Ther: ... but I insist that that makes it uh: (1.4) ah::: (0.7)
74 for the reason or the balance of the couple “huh?”
75 Jenny: Uh huh
76 Ther: So:::
77 (0.8)
78 Larry: There’s some–
79 Jenny: You’re sayin’:
80 Ther: Don’t spit on your blessings
81 (0.8)
82 Larry: That’s right, there’s some point you can always=
83 Jenny: hh::: hhhhhhhhhhhhhhhhhhh
84 Ther: HAh hah hah hah hah
85 Larry: I think we always should want better? but if::: you
86 (0.8) can’t– you don’t have the ability to be happy with what
87 you have …
88

It is not at all obvious that the therapist’s comment, ‘Don’t spit on your blessings’ (line 80), is meant to be humorous. This figurative speech or proverb can be heard as justifying the therapist’s prior assessment about their complementarity as a couple (lines 73 and 74) (Drew and Holt 1998). Also, there is nothing unusual or marked in the therapist’s delivery of this comment.

There is no immediate response to it from the clients as seen by the gap (line 81). Larry, then, responds by concurring with it and offering a second assessment (lines 82, 85 to 88). Jenny, however, immediately comes in with laughter (line 83), overlapping Larry, and then the therapist also joins in the laughter (line 84). Larry does not break for this laughter, but continues through with his serious point while the therapist, then Jenny, cease laughing. So, while Jenny and the therapist join in
mutual laughter, Larry’s failure to join in makes for a momentary mis-
alignment. This momentary disjuncture among the participants under-
scores the notion that humor is an interactional accomplishment. Humor
sequentially implicates others to join in, or at least, show appreciation
(Jefferson 1979). For play to continue beyond the initial utterance,
recipients need to partake in it (Hopper 1995).

An interesting, unresolvable ambiguity with ‘Don’t spit on your
blessings’ (line 80) is whether or not it is meant to be humorous. If not,
then Jenny’s laughter can be heard as a way of resisting the therapist’s
position.

As already mentioned, the majority of instances of humor in the
consultation are initiated by the therapist. One of the few cases of client-
initiated humor is seen in the following: Both Larry and Jenny collaborate
in moving into humor. Larry’s muffled laughter gets articulated by Jenny’s
teasing question about the therapist’s language (lines 18 to 19).

(6)

6 Ther: ... and for you to talk in the language of her means to
7 receive her emotions (. ) ah:: amplifying them a bit
8 and for you to receive his emotions damping them.
9 Jenny: Uh hum
10 Ther: Er that’s all and in that sense you are modulating the
11 channels
12 Larry: hh [h
13 Ther: $You are$ uhm:: (1.0) eh connecting eh (1.1)
14 between– where the other one is at.
15 Jenny: Uh [huh
16 Ther: > uh huh? <
17 (1.5)
18 Jenny: Do you have a degree in engineering you ↑ sound
19 ju(h)st li(h)ke him? h [ehheh
20 Ther: [I do huh? ]hhhh
21 Jenny: [$Ye ah$ heh heh heh heh
22 Larry: hah hah hah hah
23 Jenny: See he’s into amplification and damp(h)ening an(h)d hh
24 ( ) it’s true ah

Jenny initiates humor through her ‘degree in engineering’ question (line
18). She changes footings, addressing the therapist’s lexical choices rather
than his substantive observation. Jenny’s humor exploits the therapist’s
previous turns in which he uses some engineering vocabulary (lines 7 to
11). In making light of the therapist’s language, Jenny may be heard as
teasing (Drew 1987). Similar to the therapist’s uses of humor, Jenny draws
on exaggerated imagery in being funny, and also makes a facetious ascription regarding the therapist.

Jenny’s use of humor can be heard as returning to the object of Larry’s earlier laugh (line 12) following the therapist’s description, ‘modulating the channels’. Larry’s laughter here allows us to raise the question of unintended humor. It is doubtful whether the therapist was trying to be funny with his imagery in ‘you are modulating the channels’ (lines 10 and 11). The therapist’s smile voice (line 13) overlaps and displays recognition of Larry’s laughter, but he disattends to it by continuing with his therapeutic recommendation. Jenny’s teasing remark, ‘degree in engineering’ (line 18), aligns with Larry’s prior laughter.

Jenny’s initiation of humor occurs in the slot after the therapist’s prompting as to his prior recommendation (lines 13 to 16). There is one-and-a-half-second gap following the therapist’s prompt (line 17) before Jenny switches into humor. In reply to Jenny’s teasing and laughter, the therapist offers a mock response, ‘I do huh?’, combined with laughter to play along (line 20). Jenny offers a quick confirmation to the therapist as she and Larry overlap in laughter (lines 21 and 22). The humor gets extended as Jenny builds on the original image by offering an account of Larry’s engineering vocabulary interspersed with laughter particles (lines 23 and 24).

**Sequential environments for movement into humor**

Given the fact that the majority of the talk in this therapy consultation is serious, at what points do the participants move into humor? In other words, in what ‘sequential environments’ is humor used? Consider the following excerpt which occurs just before excerpt (1).

(7)  
29 Jenny Uhm:: what you’re saying is that this might represent  
30 what’s actually going on in the relationship  
31 > ya know this sort of < [me pulling =  
32 Ther: ( )  
33 Jenny: = in one direction and him pulling in another direction  
34 wanting something else a [nd ( )  
35 Ther: But that may be a description  
36 of the:: complementarity of the relationship t [he fact that =  
37 Jenny: = eh:: ah:::: for a person to be able to dr:ag: requires another  
38 Ther: > Uh huh <  
39 person to be able to pull > for another person to pull requires
Consider the sequential environment in which the therapist moves into humor. In this excerpt, Jenny formulates what the therapist has said (lines 29 to 34; the therapist’s utterances are not shown here). Formulations project a confirmation-disconfirmation response from the recipient (Heritage and Watson 1979; Watson 1995). The therapist does confirm her formulation with ‘But that may be a description of the complementarity of the relationship’ (lines 35 and 36) along with further explanation (lines 38 to 41). Jenny, then, offers a second formulation, the gist of what the therapist is saying (lines 42 and 43). Given that a serious therapeutic interpretation has already been offered twice (the first version is not reproduced in this excerpt), the therapist responds to Jenny’s gist with a qualified confirmation, ‘Up to a point’, and then shifts footing into humor (lines 44 and 45; see also excerpt (1), lines 44 to 60). Humor is drawn on in the course of his third attempt at presenting his therapeutic position. So having to repeat or elaborate on a viewpoint seems to be a ready sequential environment for the movement into humor.

Another environment for humor appears when there is some disagreement or misalignment between participants. This environment of disagreement, or more precisely withheld agreement, is apparent in the following excerpt.

(8)

11 Ther: ... or I $wan(h)t I wa(h)nt less; $ so it reproduces =
12 Jenny: [Um hm
13 Ther: = a bit what may be ah:: (. ) uhm: (. )
14 a stylistic? issue::: in your:: (. ) couple.
15 (0.8)
16 Jenny: “Uh huh”
17 Ther: Yeah?
18 (1.6)
19 Ther: You don’t like what I’m saying > yeah? <
20 Jenny: = No: I– I’m thinking about it [u mh
21 Ther: > I don’t know if you
don’t like what I say or is it the way you tilt your
glasses …
Here the therapist offers his interpretation (only a portion of which is shown [lines 11 to 14]) that Jenny and Larry have different styles. After Jenny gives an acknowledgement token (line 16), the therapist pursues the issue of how they take his interpretation with the query ‘Yeah?’ (line 17 cf. Buttny 1996 for an analysis of this therapist’s pursuit of client evaluation). Given the noticeable absence of a reply at line 18, the therapist ascribes disagreement to Jenny (line 19). Following her denial, the therapist moves to the ‘tilt your glasses’ humor incident (cf. the analysis of excerpt [4]).

Another instance of drawing on humor in the environment of emerging disagreement is seen in the following.

(9)
105 Ther: At the same time [this complementarity that we were =
106 Jenny:  > Yeah <
107 Ther: = discussing is a useful one
108 Jenny: Uh huh
109 Ther: For the balance of the relationship, you shouldn’t change
110 it too: ↑ much
111 (1.6)
112 Jenny: Well [l:?
113 Ther: Because if it happens that either
114 you convince him that he should be like you?
115 or that you convince her that she should be like you?
116 you are going to either find two ba[lloons:: ... ((excerpt 2)).

The therapist’s use of humor here occurs in the course of a serious explanation and is designed to counter Jenny’s reservations by further elaborating his viewpoint. In a serious manner, the therapist refers back to his ‘complementarity’ interpretation and recommends that their relationship not be changed ‘too much’ (lines 105 to 110). Jenny’s reply, ‘Well’ (line 112), implicates possible disagreement or resistance, to which the therapist responds by returning to his prior metaphoric imagery of balloons and rocks (see excerpt 2).

In excerpts (8) and (9), the therapist draws on humor to manage an emerging possible disagreement with one of the clients. The therapist also uses humor in the sequential environment of disagreement between the clients. For instance, the humor found in excerpt (10) comes after Larry and Jenny have each offered conflicting accounts (only the final portion of Jenny’s account is reproduced [lines 114 to 116]). The therapist comes in to offer his ‘fantasy’ (line 118) view of their situation.
and uses ironic humor (line 123) in the course of moving into telling his view.

(10)
114 Jenny: ... he’s saying (0.3) oh she’s not interested anyway
115 or she has enough of her own problems
116 there are .hh [h
117 Ther: Do you
118 Jenny: know what my own fantasy is of all thi[ ]s if I may share =
119 Ther: =it with you? .hh is that (1.2) quite by the =
120 Jenny: > Uh huh <
121 Ther: > Uh huh <
122 Jenny: > Uh huh <
123 Ther: = contrary (1.1) by the way you describe, (. ) the situation
124 and b–↑ I already know you an half an hour
125 Jenny: haa [h:: haah:
126 Ther: $UHM UHMS$
127 (1.8)
128 Ther: Tha::t (1.6) my fantasy is that you express whatever (1.5)
129 sensible– sensitive emotion of– ((see excerpt 3))

The therapist intervenes, following Larry and Jenny’s conflicting accounts, with what he calls his ‘fantasy’ of the couple’s situation. In making ascriptions about clients, therapists commonly use a ‘professional cautiousness’ (Drew and Heritage 1992) by qualifying or mitigating their descriptions, such as by expressing uncertainty or invoking limited knowledge of them (Peräkylä and Silverman 1991; Bergmann 1992). This notion of professional cautiousness has been conceived of as a serious activity, but here the therapist does this qualifying or professing of limited knowledge through the ironic preface, ‘I already know you an half an hour’, which occasions laughter from Jenny (lines 123 and 124). As he continues with his ‘fantasy’, or vision of the couple, he uses the further humor resources described in discussing excerpt (3).

By way of summary, we have seen the therapist change footing from seriousness into humor within the sequential environments of repeatedly offering a therapeutic interpretation, of emerging disagreement or misalignment with a client or between clients, and in being professionally cautious. In the next section we turn to how participants respond to humor in therapy.

Responding to humor

Typical responses to humor involve laughter or additional humor, but we will see that humor occasions a variety of other kinds of responses.
What does humor sequentially implicate from recipients, and what do they make relevant from it?

Given that humorous utterances involve claims that are not meant to be taken literally, how is the recipient to respond? Looking at the responses to the ‘tilt your glasses’ segment (see excerpt 11) we see that Jenny, and then Larry, laugh, thereby displaying recognition of the therapist’s playful move (lines 21 to 25).

(11)

19 Ther: You don’t like what I’m saying >°yeah?° < =  
20 Jenny: = No: I– I’m thinking about it uhm  
21 Ther: > I don’t know if you  
22 don’t like what I say or is it the way you tilt your glasses  
23 and then I don’t–( ) understand one way or another <  
24 Jenny: hh  
25 Larry: hh  
26 Jenny: $No:$ > I’m jus–< I’m trying to assimilate (.) everything  
27 you said I’m trying to think about–  
28 (1.2)  
29 Jenny: Uhm:: what you’re saying is that this might represent  
30 what’s actually going on in the relationship  
31 > ya know this sort of < me pulling =  
32 Ther: ( )  
33 Jenny: = in one direction and him pulling in another direction  
34 wanting something else and ( )

Following the laughter in response to the ‘tilt your glasses’ segment, Jenny reasserts her accounted for denial of not liking what the therapist is saying (line 26). Her turn-initial ‘No’ is uttered with a smile voice (line 26). A smile voice is hard to analytically describe though easy to recognize in real time. To offer a gloss, a smile voice involves a markedly higher pitch and an intonational contour comparable to laughing during speaking but without any laughter tokens. By contrast, her turn-initial ‘No’ at line 20 is unmarked and hearable as serious. Her smile voice on ‘No’ (line 26) displays a continuing recognition of the therapist’s use of humor, though as the subsequent account shows, she moves into a serious mode. She cuts this account short (lines 26 and 27), and after a pause (line 28), reformulates the therapist’s earlier interpretation (lines 29 to 34).

The therapist’s humor in excerpt (11) seems to function to disarm Jenny’s resistance and re-engage her in considering his interpretation. This latter point is evident from Jenny’s formulation of the therapist’s view (lines 29 to 34). Jenny’s laughter plays along with the ‘tilt your glasses’ humor while her accounted for denial responds to ‘You don’t like what
I’m saying’. So she is responding to both the humorous and the serious relevancies in the therapist’s prior comments.

Turning to another case of responses to humor, recall that in excerpt (1) the therapist uses the playful devices of metaphors, vocalizations, and hypothetical quotes. Jenny responds, not only with laughter, but also by formulating the upshot of the therapist’s interpretation, ‘So he’s a he’s a stable anchoring force in my life’ (see the following; lines 59–60).

(12)

54 Ther: And uhm:: (. ) you would be like a ba[l]loon[\]
55 any pla:ce (. ) $drif\text{[}t\text{ing hh if it weren’t for the weight =}
56 ??: hah he
57 Ther: =and you would be$ ((deep heavy sound)) down here
58 (on flatland if it we$ ren’t for the weight)
59 Jenny: $\
60 Ther: $\|\|\|I have the impression that \|tha:t’s
61 Jenny: force in my li\text{fe ( )}$
62 the way it looks a bit now?
63 (1.8)
64 Jenny: .hh $\uparrow$Yeah (.) actually tha:t’s: quite true in many ways ...

In her formulation, Jenny extends the therapist’s metaphor of Larry as a weight, to Larry as a ‘stable anchoring force’ (lines 59 and 60). The propositional content of her response reformulates the therapist’s interpretation, while the prosody of her response with a smile voice displays recognition of the humorous mode. Her smile voice in uttering ‘stable anchoring force in my life’ evokes a continuing playfulness. Also using a smile voice to formulate the therapist’s point can be heard as implicating a skepticism about it. So Jenny’s response (lines 59 and 60) can be heard as continuing the use of humor occasioned by the therapist’s metaphors while simultaneously displaying a serious recognition of the therapist’s view.

In the prior two excerpts, Jenny responds to the therapist’s use of humor by offering a formulation of what the therapist is saying. Her formulation in response to humor displays recognition that the therapist’s humor is not just play, but has a therapeutic point which her formulation attempts to articulate.

Jenny’s response (excerpt [12], lines 59 and 60), in turn, projects competing relevancies—the continued playfulness displayed through the smile voice and the seriousness of her formulation. The therapist replies with a qualified confirmation of Jenny’s formulation in a serious way (lines 61 and 62). It is striking here how the therapist shifts footing into
a serious mode; his rise-and-fall prosody markedly departs from his prior use of humor (lines 54 to 58) as he confirms the content of Jenny’s formulation. Jenny’s reply (line 64), now also serious, concurs with the therapist’s impression. The broader point here is that the movement out of or into humor is achieved by participants either aligning with each other’s footings or not.

As already mentioned, most of the humor in this session is initiated by the therapist. The therapist’s humor seems embedded within larger serious turns. The consequences of this humor embedded within a larger turn is that the recipients’ laughter or brief comments occur only in passing. Therapist-initiated humor does not lead to an extended humor sequence or round of humor. But the few instances of client-initiated humor have a rather different trajectory—some develop into an extended humor sequence. For instance, in excerpt (13), Jenny switches footing into humor (line 33) within the sequential environment of a disagreement between her and Larry. The humor in her remark is developed by all the participants into a humor round (lines 33 to 64).²

(13)

19 Larry: ... I’m not afra::id to show emotion I– I
20 Jenny: But
21 >you< you are "with me:, I think"
22 (0.4) you don’t do it as much with ↑me:
23 as you do it with other people↑ .hh
24 (4.3)
25 Larry: Right, so it’s not fear:, it might ↑be lack of tru:st
26 (1.1) "but it’s not fear”.
27 Ther: Um hum (.). hhh ah lack of trust means ah:: (0.9)
28 the ways in: which: (0.5) you ah::: (2.4) ah:: worry
29 (0.8) she may be handling those feelings:
30 Larry: Ye:s: (. ) very goo[d
31 Jenny: [Uh huh >uh huh < =
32 Ther: = Yeah?
33 Jenny: Just like with his mother
34 (1.2)
35 Ther: H[ehhhhhhh ((whisper voice)) How psychoanalytic!=
36 Jenny: [HHhh heh: hhh heh hhhh
37 Larry: hah hah hah hhhhhhh $That’s right (.) that’s right$
38 Ther: = They shoot you wit[h interpretation[s =
39 Jenny: [hh
40 Ther: = one after the other ((whisper voice))
41 Larry: Or general categories
This excerpt begins with the couple disagreeing over whether Larry is fearful or lacks trust (lines 19 to 26); the therapist intervenes and rephrases ‘lack of trust’ (lines 27 to 29). Larry immediately concurs with this rephrasing. The therapist is pursuing more of a response from the clients (line 32) when Jenny comments, ‘Just like with his mother’ (line 33). There is not an immediate response, as seen in the 1.2-second gap, which may reflect the ambiguity of the remark. Jenny’s utterance here could be heard as a criticism, adding another issue (e.g., ‘his mother’) to the conflict. From viewing the videotape, however, it is clear that Jenny smiles as she utters ‘Just like with his mother’, and smiles more broadly upon competition, during the 1.2 second gap. The smile may be taken as a cue by the recipients as to how to take ‘Just like with his mother’. The smile here works as a ‘key’, in Goffman’s (1974) terms, to attempt to transform the talk from the serious into the humorous.

The therapist’s laughter response (line 35) ratifies ‘Just like with his mother’ as humorous. The clients, then, immediately join in, overlapping with laughter (lines 36 and 37). The therapist immediately adds ‘How
psychoanalytic!’ (line 35), uttered in a whispering voice, *sotto voce*. The therapist’s assessment here is clearly facetious—a kind of mock praise or tease. The therapist’s comment here obliquely refers to a prior exchange (not shown) in which he cautions Jenny about the dangers of spending too much time in therapy. Humor may exhibit the well-known quality of being double-edged—what Mulkay (1988) calls ‘the duality of humor’ in combining the serious and the unserious. The therapist’s reply, ‘How psychoanalytic!’, seems to exhibit this double-edged character. Indeed, it artfully matches the double-edged quality of ‘Just like with his mother’.

The therapist continues with this mock praise of Jenny and psychoanalysis uttered in a whispering voice (lines 38 to 40). Larry joins in developing this mock line by adding some well-known psychoanalytic terms (lines 41 and 44). Jenny sustains the playfulness of the mock praise by laughing in overlap with the therapist (lines 42 and 43) and going along with his teasing comment that she’s almost graduated (lines 48 to 50).

The humor sequence abates following the therapist’s ironic capping assessment, ‘Gawd, how nice’ (line 51) and Jenny’s brief laughter. The therapist initiates transition back to the business at hand and the clients do not continue with the humor (lines 53 to 56). However, the therapist rekindles the humor by the ironic comment, ‘Leaving aside your mother for a moment’ (line 57), uttered with a smile voice. The clients readily join in continuing the sequence with overlapping laughter. The therapist initiates this round of humor by alluding to Jenny’s initial remark. As the therapist attempts to get back on track, Jenny says something indecipherable (line 61) which the therapist plays along with (line 62) generating more overlapping laughter (lines 62 to 64). This excerpt exhibits the longest humor sequence in the session. Jointly producing this extended humor sequence allows the participants to align, unlike the immediately preceding misalignment over the competing fear-versus-mistrust attribution.

**Discussion**

Humor seems to be a kind of fallback option for the therapist when the serious efforts at therapy are not working well. We saw that humor arose within the sequential environments of repeated serious efforts at explaining a therapeutic version, of disagreements, in pursuit of a response being withheld, or in being cautious. The therapist’s humor arose in response to some interactional difficulty. When participants withheld agreement with a therapeutic interpretation, or when they...
conflicted with each other, one response was to draw on humor. Disagreements were the most common environment for the employment of humor. Humor offers the therapist a way to attempt to reframe the on-going interaction or the discursive position being advocated. For instance, under the guise of hyperbole the therapist can continue to articulate his interpretation, albeit within a humorous frame. Even client-initiated humor, such as Jenny’s ‘Just like with his mother’ (excerpt [13], line 33), allows for a brief ‘time out’ from explicit disagreement between her and Larry. So, humor in therapy functions as a lubricant to grease the conflicting edges of therapeutic contact.

Humor has been conceived of as a break in frame from the primary, serious activity at hand (Goffman 1974). But in the foregoing transcripts, therapeutic work goes on in and through much of the humor. This is most obvious in the cases of therapist-initiated humor but even with client-initiated humor some of the therapist’s playful responses embody therapeutic moves. For instance, the therapist facetiously ascribes ‘psychoanalytic’ to Jenny in the course of client-initiated humor (excerpt [13], lines 35 to 48). This ascription, said in jest, seems to allude to the issue of Jenny’s overinvolvement in therapy. Humor, instead of being a complete break from the business of therapy, allows for therapeutic moves under a different guise.

To be humorous, various resources can be drawn on, as we have seen in this therapy session: hyperbole, metaphors, hypothetical quotes, repetition or extension of prior humor, facetiousness, irony, nonlingual vocalizations, and prosodic features, e.g., smile voice, whispering voice, mocking voice. These resources are not unique to therapy, they may also be found in ordinary conversational contexts (Mondada 1998). While these resources may be general devices, in the present transcripts they are used to make therapeutic moves, e.g., exaggerating an image to offer an alternative construction of the relationship, making ascriptions about the clients, disarming a client’s disagreement, or illustrating an image.

There are various kinds of responses to the humor used in therapy. While humor is an invitation to laugh or play, the largely serious activity of therapy can implicate competing relevancies. The serious functions of humor can create a complication for the recipient in how to respond. There seems to be a ‘duality’ in some uses of humor in that one can orient to the humorous or the serious aspects of the utterance (Drew 1987; Mulkay 1988). When the therapist uses humor to offer his interpretation, the clients can attend to either the humorous or the serious aspects. On the one hand, there is a sequential implication to show appreciation for this humor through laughter or further humor, but on the other hand
there is the implication to assess the therapist’s interpretation through a confirming or disconfirming response. This latter point of assessing the therapist’s interpretation becomes especially salient to the extent that the therapist’s humor is evaluative (Clift 1999: 546).

The sequential movement into or out of humor is a joint accomplishment. Recipients need to ratify a prior utterance as being humorous by giving signs of appreciation or adding to the humor. For the humor frame to be sustained participants must partake in it.

The majority of instances of humor in this consultation are initiated by the therapist. The few cases of client-initiated humor appear in the mid- to end portions of the session. This asymmetry in the initiation of humor may reflect the clients’ orientation to the therapist as expert through their refraining from disrupting the largely serious activity of therapy (Buttny 1990). To move from the serious business of therapy into humor reflects a certain presumption on the part of the initiator. Initiating humor and laughter can have a disruptive effect which clients may want to avoid.

We began this investigation by noting that one of the therapist’s main speech activities involves a retelling of the clients’ tellings. Making ascriptions of others can be a delicate enterprise especially when the ascriptions differ from the clients’ own ascriptions. A common way to make delicate ascriptions of another is to allude to them such as with metaphor (Ferrara 1994). Allusions allow the recipient to infer the message without the speaker explicitly uttering it. A seemingly opposite strategy is to humorously exaggerate the clients’ condition such that the ascription seems facetious, but at the same time obliquely articulates a truth. This kind of humor seems to work to invoke a playful frame for the clients’ relational circumstance, which disarms the clients’ resistance and creates an environment in which to present the therapist’s contrasting interpretation.

Appendix

This transcription system is a simplified version adopted from the Gail Jefferson system (see Atkinson and Heritage 1984: ix–xvi).

| _______ | underlining | Word said with increased emphasis |
| WORD    | capital letters | Word said with increased volume |
| $ $     | dollar signs | Word said with smile voice |
| (.)     | micropause | Brief untimed pause |
| (1.5)   | timed pause | Silences within or between turns |
| (( ))   | double parentheses | Scenic details |
Notes

* An earlier version of this article was presented at the Seventh International Conference of Language and Social Psychology, Cardiff, July 2000, and at the National Communication Association Convention, Seattle, November 2000. I would like to acknowledge the helpful comments from the two anonymous reviewers and the editor.

1. I could not capture or translate this sound using letters, so I offer the description of how it sounds as a ‘deep heavy sound’, which fits the therapist’s contrastive point about Jenny and Larry.

2. Excerpt (6) also fits this client-initiated sequence, which extends into a humor round (the entire sequence is not reproduced in this transcript).

References


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