

Can Counsellors Use Humour to Create a Therapeutic
Alliance with Mandated Clients?

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Abstract

A mandated counselling client attends counselling under the direction and supervision of an outside agency. They have been coerced to attend under the threat of punishment and are, understandably, often resistant to the process and unwilling to participate. How can counselling be made more compelling for a client who is resistant? A strong therapeutic alliance has been found to contribute to increased client participation and a positive therapeutic outcome. This research is focused on answering the question: Can humour help to create a therapeutic alliance in order to improve the mandated client's chances at counselling success? Loss of autonomy, lack of intrinsic motivation, and disbelief in the counselling process are all barriers that stand in the way of the mandated client's success. Motivated by the author's personal experience, this paper uses a systematic literature review to analyze and link the literature devoted to research done with mandated clients and humour, making a case for the counsellor's use of humour in building rapport with mandated clients. Though this review was limited to the personal experience of the author and, specifically, to the use of positive humour, it found that humour has qualities which contribute to building and strengthening the therapeutic alliance between counsellors and mandated clients. Humour has the potential to renew a client's sense of autonomy, create new perspectives on clients' problems, and increase client counsellor understanding. These findings can prove useful to mandating agencies, counsellors, and educators who work with resistant or recalcitrant clients, and may be of interest to counsellors in general.

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Chapter 1

My first experience working as a counsellor was at a men's halfway house in Victoria, BC. One of the services offered was an addictions recovery program that combined group counselling and classroom exercises meant to strengthen coping skills and social integration. Enrollment usually fluctuated between 8 to 12 participants, all of whom had recently been released from prison and had a history of addiction. In most cases, attending the group was a condition of their parole and it was rare that we had a participant who arrived by choice. The members were mandated to participate in our group from 9 am to 3 pm, four days a week for eight weeks. Whether they believed they needed counselling or not, most members made it very clear that they did not appreciate Corrections Canada taking away their right to choose for themselves.

When the client is not the one seeking help then the counselling process starts at a disadvantage. For a self-referring client the very idea of counselling can bolster their self-esteem and pre-treatment change can and frequently does occur, prior to the initiation of formal treatment (Miller, Duncan, & Hubble, 1997, p. 41). Since the mandated client does not attend counselling of their own volition, this initial boost of self-esteem or optimism that can often kick-start the counselling process does not occur. Instead, counselling more likely represents a therapeutic hoop that the client is being forced to jump through in order to placate the desires of the mandating agency. For the parent whose children have been taken into custody by the ministry, counselling may be a step towards getting them back. For the convicted drunk driver, counselling may help him keep his license. For the members of my addictions group, "agreeing" to attend counselling kept them out of jail.

Consistently working with mandated, often resistant clients has shown me the importance of gaining their trust and building rapport. Because I represented an agency that had wielded a substantial amount of control over my clients' lives, clients were not quick to open up to me and it would take a long time before they felt comfortable sharing even the most basic information. Trust was not easily achieved in such a power-imbalanced relationship as ours and there was no set formula for developing a communicative relationship. There is little that can be done in therapy with a non-communicative client until a relationship is established that gives them the confidence to speak freely (Miller et al, 1997).

The paradox of the mandated counselling client is that they are forced into a therapeutic situation by outside agents, such as employers and social services, which believe they know what is best for these individuals. Whether clients are attending counselling to keep their job, or get their children back, or stay out of jail, the mandated client is rarely given the option to refuse counselling. Their personal beliefs about counselling and its effectiveness or necessity are not considered. The mandated client usually has very little say in who counsels them, what type of therapy they receive, where they access treatment or how long they remain in counselling. Furthermore, though the client hopefully comes through the process for the better, the objectives and goals of the counselling are determined by the mandating agency and are only deemed completed when they say so.

Inability to adhere to the stipulations of their treatment can have a major effect on the mandated client's future (Manchak, Skeem, & Rook, 2013; Tutty, Babins-Wagner, & Rothery, 2009; Willshire & Brodsky, 2001) and can result in penalties from the mandating agency, such as loss of employment, loss of medical support, or loss of their children. Placing one's mental health in the care of another requires great confidence in that person, yet mandated clients are

expected to work with clinicians with whom they may feel no connection. Patients in mandated civil psychiatric treatment perceive greater coercion to take part in treatment than voluntary patients (Manchak et al, 2013, p. 49) and the pressure to succeed by someone else's standards complicates an already confusing and stressful situation.

Clients who think that their therapist does not understand their point of view are more likely to lower their engagement in the therapeutic process or to quit therapy (Panichelli, 2013, p. 439), but mandated clients who are coerced into therapy do not have the option to quit, or if they do they risk punishment. In a setting in which the mandated client has few other sources of self-efficacy and mastery than the maintenance of the private self, they will often fight against what they perceive as an imposition on their freedom by resisting therapy (Willshire et al, 2001, p. 156). Since their participation is all that mandated clients have control over, if they choose to keep their private self private, there is little hope for success.

With so much to lose if their counselling proves unsuccessful, it is imperative to create a space of comfort and trust so that the mandated client is able to move past these feelings of coercion and pressure and engage honestly in the therapeutic process. In both psychiatric and medical settings, patients place a premium on negotiation and participatory decision making about treatment (Skeem, Loudon, Polaschek & Camp, 2007, p. 399), two things that are denied a mandated client. It has been suggested that the quality of the client/counsellor relationship is the strongest controllable predictor of outcome in psychotherapy (Manchak et al, 2013, p. 47). A positive client/counsellor relationship requires caring, respectful dialogue about treatment decisions (Skeem et al, 2007, p. 399). Having a fractured, power-imbalanced relationship with a client, which is often the case in a mandated counselling situation, is a major hindrance to success.

Several aspects of mandated counselling would benefit from further research focused on improving the counselling experience for the mandated client. Their loss of autonomy and lack of desire, plus their distrust and discomfort, all place the mandated client at a disadvantage compared to the willing, voluntary client. Of all things, the relationship between counsellor and mandated client can be the greatest determiner of client dedication and engagement (Norcross & Lambert, 2011; Simpson & Bedi, 2012). Because building client/counsellor rapport is of such importance, I have chosen to focus my research on the influence of humour in engaging and strengthening that relationship.

Much research has been focused on the effects of humour on personal relationships (Coetzee & Cilliers, 2012; Griffiths, 1998; Wilkins, 2009) and therapeutic relationships (Goldin & Bordan, 1999; Fryer, 2011; Simpson & Bedi, 2012). Separately, many studies have been devoted to counselling mandated clients (Manchak et al, 2013; Skeem et al, 2007; Snyder & Anderson, 2009), but very little research has been dedicated to incorporating humour with this client base. The purpose of this thesis is to explore the potential of using humour in counselling to build rapport and create trust with mandated clients in the hopes of achieving more positive therapeutic outcomes.

Definitions

To begin this examination I have provided some definitions to clarify certain words and phrases that I will be using frequently throughout this paper.

- Coerce/Coercion -- persuaded to do something using force or threats (oxforddictionaries.com, April 25, 2015).

- Counselling -- the provision of professional assistance and guidance in resolving personal and psychological problems (oxforddictionaries.com, March, 2, 2015), can be used synonymously with treatment and therapy.
- Counsellor -- a person trained to give guidance on personal or psychological problems (oxforddictionaries.com, April 20, 2015), can be used synonymously with therapist and facilitator.
- Humour -- the quality of being amusing or comic, especially in literature or speech (oxforddictionaries.com, December 30, 2014).
- Mandated Client -- any individual who is sent or brought by someone else for treatment, including various sources such as, courts, protective service agencies, employers, employment assistant programs, schools, parents, and significant others (Tohn and Oshlang, 1996).
- Rapport -- a close and harmonious relationship in which the people or groups concerned understand each other's feelings and ideas and communicate well (oxforddictionaries.com, December 30, 2014).
- Therapeutic alliance -- the working relationship that operates between the clinician and the client in counselling and psychotherapy (Bedi, Davis, & Arvay, 2005).

Problem Statement

By embarking on a systematic literature review of the counselling work done with mandated clients, the use of humour in counselling and its therapeutic effect on relationships, I will explore ways in which humour can create rapport with mandated counselling clients. I will begin with a personal account of my experience working with mandated clients, and interject

other experiences throughout the thesis, many of which have inspired my interest in exploring humour as a therapeutic tool.

While working with the parolees at the halfway house it became clear to me that a clinical, business-like approach to our sessions did little to hold their interest or gain their trust. I was able to learn the most about my clients when they were noticeably relaxed and comfortable and this usually occurred outside of the designated counselling times. After years of being controlled by the correctional system they showed very little respect for anyone who might represent that institution and resisted the demands placed on them as often as possible. In an attempt to make a connection, I would look for any minor personal detail that we might have in common, be it growing up in a small town, having a substance abusing family member, or more immediately, being stuck in an office together. Usually, I was able to use this information to say something amusing about my personal life. In this way I could reveal something about myself and be funny while avoiding the possibility of offending my client. This strategy also allowed me the opportunity to gauge their sense of humour.

The halfway house was a catchment for parolees from all over the country but Corrections Canada tried to keep men in their home province when they got out of jail in order to keep them closer to family and supports. Many of the halfway house residents, like me, had grown up in small town BC. I came from the town of Prince George which many of them knew of due to its reputation for being a tough and violent city. Some had done time in the prison there, or gone there for work, or had passed through there on their way to even smaller, more remote towns. Since they only associated me with my white collar office job in the big city, many voiced their surprise when they discovered I had a small town upbringing similar to their own. They often asked how I had fared growing up in such a rough town and my stock response

was, “I never lost a fight.” This became one of my go-to lines that often worked to break the ice with clients as they would take a beat, eye me up and realize from my grin that I had never in fact been in a fight.

This interaction allowed me to display two aspects of myself that helped lay the foundation for a therapeutic relationship: I revealed some personal information about myself and my upbringing and I made a joke about my lack of toughness. Maybe finding out I grew up similarly to them helped them relate to me more, or maybe they just got a kick out of my joke, but I used that line several times to great effect. Following this, I ceased to be just some big city guy that worked in an office and spied on them for Corrections Canada. I had made them laugh and willingly shared something personal, and embarrassing, and those two acts often helped to make a small connection.

The one undeniable connection that we all shared was that we worked with the parole board. By taking what I knew about their parole officers and the corrections system in general, and using that as a source for humour, I was able to strike a chord of familiarity while joining them in their struggle against their “oppressors.” Although the parole board had only a small amount of control over me as one of their employees, it was enough to provide some fodder over which to bond.

Research shows that, within the professional hierarchy of the health care system, humour is used to resist and attenuate instructions coming from powerful professionals (Griffiths, 1998). Staff members use humour to ease difficult communications, comfort and reduce anxiety in patients, express frustration and anger, relieve tensions, bond together and enhance work satisfaction (p. 874). Humour is able to provide an effective means of challenging a framing proposed by organizational superiors and suggesting an alternative interpretation of events

(Griffiths, 1998, p. 876). Often, mandated clients are caught up in similar hierarchical relationships in which they have little power: relationships with mandating agencies, counsellors or parole officers, for example. An opportunity to share a laugh at those who hold the power may help to reframe a client's outlook on their situation. A fresh perspective on their counselling situation could inspire an increase in a mandated client's participation. The effect of humour on power-imbalanced relationships illustrates how the use of humour may be helpful in building rapport with clients decreed to attend counselling. This fits with my experience, where I have discovered that incorporating humour into our sessions allayed mandated clients' apprehensions towards counselling. However, because this has worked for me does not mean it has been or could be effective for other counsellors, or is universally effective with all mandated clients.

Nature of the Study

How can the counselling process become more accessible and desirable for someone who has been coerced into participating and may not feel they need counselling at all? Motivation to attend counselling is as varied as the clients themselves, but what is unique to the mandated client is that the outside force which dictates their participation does so with the threat of punishment. My intention is to draw a link between the use of humour and the development of a rapport between mandated clients and their counsellors. By increasing the client's motivation through a strong therapeutic alliance, it is more likely that they will come to view counselling as a positive experience, and not something to be attended out of fear.

Research shows that humour has been positively associated with the outcomes of interactions such as satisfaction with medical visits and satisfaction with the outcomes of conflicts and the influence exerted in those conflicts (Dunbar, Banas, Rodriguez, Liu, & Abra,

2012, p. 476). If humour has a positive association with stressful situations such as these, then it might follow that it can also ease the initial engagement process between a mandated client and a counsellor. In my experience as a court-appointed counsellor, humour helped to establish my relationship with my clients and provide the foundation for successful counselling.

Though I was employed by the very organization that mandated my clients to see me, I wanted to make sure that they understood I had their interest at heart when we worked together. Convincing a parolee that the information I gathered from our sessions did not make me a snitch for the parole board, was often the starting point of the counselling process. I continually found humour to be an effective tool at lowering my clients' resistance and helping them to feel at ease. This experience has been validated by the literature. Studies revealing the positive effects that humour can have on relationships, such as an increase in trust, communication and familiarity (Coetzee & Cilliers, 2012; Fryer, 2011; Wilkins, 2009) have encouraged my belief in the value of therapeutic humour. In this paper I explore the viability of incorporating humour into a counselling modality for the purpose of fostering a stronger therapeutic alliance and a more communicative client/counsellor relationship.

Purpose of the Study

With mandated clients, who may already be distrustful and wary of counselling, simply accepting the help of a counsellor may prove difficult for them, and there could be a number of reasons for their resistance. Client unwillingness is a complex, multidimensional construct, best understood by factoring in the motivational, contextual and technical elements which are influencing their commitment, or lack thereof, to counselling (Willshire et al, 2001, p. 154). It is commonly understood that mandated clients are reluctant to engage with those they consider to

be aligned with the mandating agency (2001). In response, this study intends to alert counsellors to the value of using humour when working with mandated clients. My experience has taught me an immediate need to make a connection regardless of what outside motivation or contextual elements are at play for the mandated client. Implementing acceptable counselling strategies that can foster interpersonal connection and encourage client participation can have a great impact on the counselling outcome (Cann, Norman, Welbourn, & Calhoun, 2008; Simpson & Bedi, 2012).

The client's contribution to psychotherapy outcome is vastly greater than that of either the particular treatment method or the therapy relationship (Norcross & Lambert, 2011, p. 4). Ensuring the mandated client's commitment can be the biggest step towards constructive therapy. Humour has the potential to increase a client's participation in counselling since a shared sense of humour can relieve anxiety (Coetzee & Cilliers, 2012) and increase engagement in stressful environments (Griffiths, 1998). By making the link between the therapeutic use of humour and the establishment of rapport, I hope to show that humour can lower the resistance of mandated clients and increase their contribution to a successful counselling experience.

The potential link between humour and rapport suggests that with the proper applications, humour, as part of the counselling process, can effectively lead to greater trust, understanding and participation, and a strengthening of the client/counsellor relationship. Participation and belief in the counselling process increases the chances that a client will find success (Norcross & Lambert, 2011). Even if humour does not contribute to the client/counsellor relationship, it can still have a positive impact on a client's demeanor, presence, and willingness to attend (Wilkins, 2009).

I will examine uses of humour in counselling as well as explore the current research on working with mandated counselling clients. Different theories of humour and their effects on

relationship building will be examined along with humour's function in relationships and its therapeutic properties. I will make the link between the therapeutic use of humour and the development of rapport between counsellors and their mandated clients by following the guidelines of a systematic literature review and linking it with my own personal experience working with mandated clients. A systematic literature review is an explicit and comprehensive method for identifying, evaluating, and synthesizing the existing body of completed and recorded research work produced by researchers, scholars and practitioners (Okoli, 2012). This methodology will allow me to identify potential avenues for inclusion of humour in the counselling process and strategies for building rapport with mandated clients.

Methods

My personal experience working with mandated counselling clients is what inspired me to undertake this research paper. There is a sufficiently large amount of literature on the individual topics of mandated clients and humour in counselling to attempt synthesizing the research and answering my own query: Can humour be an effective tool in building rapport with mandated counselling clients? As a demographic they are often hesitant to engage with counsellors for reasons outlined above, yet they are the clients with the most to lose if counselling proves unsuccessful. How can counsellors inspire participation? Can humour, with its myriad of psychological and physical benefits create trust?

The traditional literature review is limited to describing current knowledge on a topic and explaining research findings. Since I was unable to find any specific research on the use of humour with mandated counselling clients, a simple literature review was impossible. I decided it would be necessary to compile data from the existing literature pertaining to humour,

mandated counselling clients, and therapeutic alliance, in order to identify any possibilities of incorporating humour into the counselling work being done with mandated clients. A systematic literature review seemed like the most effective way to synthesize all the relevant data into a new, and hopefully helpful, understanding of working with mandated clients.

The results of systematic reviews have become well established as legitimate evidence on which to base policy and practice (Denyer & Tranfield, 2009, p. 673) and by aligning a systematic literature review with my own personal experience as a counsellor, I was able to form the basis for this thesis. A systematic review follows four crucial steps that conform to the review protocols of a traditional meta-analysis,

the population, or “universe”, of studies about which the review aims to generalize is defined by strict eligibility criteria; a representative sample of that universe is retrieved from the literature through a logical search strategy; essential information from each eligible item is extracted, coded and combined into statistical outcome measures; and the methods, results, and theoretical implications are reported and discussed. (Stewart, 2011, p. 201).

The following are the three main areas of research relevant to this study: the mandated client’s counselling experience, the therapeutic alliance’s impact on counselling success, and humour’s contributions to relationship and psychological well-being. A structured approach was used to determine the source material for this review. The literature included research on engagement with mandated clients, relationship quality of mandated counselling clients, effectiveness of mandated counselling, and clients’ perspectives of mandated counselling. Information found about the therapeutic alliance included clients’ perspectives of the client/counsellor relationship, the role of the therapeutic alliance in therapy outcomes, and steps

for creating a strong therapeutic alliance. With regards to humour, I compiled articles pertaining to clinicians' experiences with humour, humour's ability to generate new perspectives on old problems, humour and its contributions to psychological health, and humour's capacity to foster relationships and create understanding. This information forms the "universe" of studies (Stewart, 2011, p. 201) which makes up the foundation of my literature review. The following section details the search strategy I implemented in order to attain this information.

Data Collection. I knew that I had used humour as an effective tool in bonding with my mandated clients, but I was also aware that I use humour to connect with all people. I wanted to learn if the barriers mandated clients experience; autonomy, motivation, and trust, can be overcome with humour. I began to extensively research the use of humour in the counselling field by combing my textbooks and exploring on-line for peer-reviewed articles, books, and scholarly papers. I found many articles through the City University of Seattle on-line library. The library has access to online periodicals through several useful databases including EBSCOhost, PsycARTICLES, and ProQuest. Searches were performed on the following terms: 'mandated counselling', 'coerced counselling', 'mandated counselling clients', 'humour in counselling', 'relational humour', 'psychological effects of humour', 'humour and the mandated client', 'therapeutic alliance', 'therapeutic alliance and the mandated client', and 'client/counsellor humour'. When searching for information and data related to mandated counselling practices and humour, research was limited to peer-reviewed articles and textbooks written in English and accessible as full-text.

At the suggestion of some colleagues, I even tried to contact a local counsellor who is known for his work with humour. As well, I began to make the following notes about my

professional experiences with humour: when it occurred with clients, the context of its occurrence, how it affected our experience within counselling sessions and if it had any lasting effects on our overall relationship. I also started to pay attention to situations where my clients used humour with me.

I explored the literature on humour's inclusion in different types of relationships: personal, groups, power-imbalanced and counselling dynamics. I found sources that listed many different types of humour and humour styles (Coetzee & Cilliers, 2012; Sala et al, 2001; Samson & Gross, 2012) as well as ways to measure humour's contributions to psychological health (Martin et al, 2003; Thorson et al, 1997). As expected, there are arguments both for and against the use of humour in counselling and its potential benefits and risks (Franzini, 2001). Articles pertaining to negative uses of humour were intentionally omitted from the research since engaging in this humour type would be counterintuitive when trying to form a relationship with a client.

By incorporating a systematic literature review, I was able to combine three separate areas of research to describe a new concept of using humour to work with mandated clients. A sufficient amount of data on the therapeutic and relational properties of humour (Coetzee & Cilliers, 2012; Goldin & Boldan, 1999; Wilkins, 2009) suggests that humour can combat the major barriers that mandated clients face with respect to counselling (Cann et al, 2008; Griffiths, 1998; Swartz, Wagner, Swanson & Elbogen, 2004). Effectively combining the relational tools of humour with the positive aspects of a strong therapeutic alliance (Meier, Donmall, McElduff, Barrowclough & Heller, 2006; Simpson & Bedi, 2012; Skeem et al, 2007) suggests the possibility that mandated clients might respond positively to the inclusion of humour in the counselling process.

The quality of a systematic review is directly related to the quality of its original studies and has often been criticized as suffering from the “garbage in, garbage out” phenomenon (Yuan & Hunt, 2009, p. 1088). Assessments and research in the same field can still be extremely diverse and subject to bias. Since the results of several different studies are combined, the heterogeneity of a meta-analysis must be considered with clinical common sense, careful appraisal, and caution (Yuan & Hunt, 2009, p.1089). Furthermore, much of the research contained in this thesis is an account of my personal experience, and so can also be considered personally biased. Using humour with counselling clients may not be effective for every counsellor and the results of this thesis are meant to illustrate the possibility that humour can be used to bond with mandated clients.

Perhaps because it is so hard to measure, humour research in counselling is for the most part, inconclusive. To the extent that literature advocates the use of humour in therapy, it is remarkably rare for anyone to recommend specific humour training for practitioners (Franzini, 2001, p. 179). There is no literature that proves conclusively whether it is a productive tool for engaging clients, yet there is ample work done on humour’s effect on our health, relationships and psychological well-being. The existing gaps in these two areas of research: humour and mandated counselling, present the opportunity to synthesize the respective literature and theorize on the potential of engaging mandated clients with humour.

Assumptions, Limits, and Scope

There are several different types of humour but it is my assumption, for the purpose of this paper, that humour within counselling is used only in a positive manner and with respect towards the client. There is no place within a counselling session for hurtful, bullying or critical

forms of humour as the use of such could be devastating to a client. In the act of building rapport, a counsellor must never make a joke at the expense of the client's self-esteem. Great care and sensitivity are required when engaging a client with humour, as well as an understanding that humour may not be the proper approach with every client.

A client and their counsellor may have drastically differing opinions about what they consider funny and the successful turn of a comical phrase relies on the abilities of the facilitator. A sense of humour is not something that can be easily taught. As well, not every client will view the counselling session as a time for amusement. Certainly people suffering with great grief and loss may not be ready to laugh, so the skills and training of the counsellor will be relied on to identify appropriate moments and situations that allow for humour.

Knowing where to direct their humour may prove difficult for a counsellor. The mandating agency may not be the only source of coercion for the mandated client. Pressures from society and family may also dictate a client's commitment to counselling. Timing and context become very important, and knowledge of the client and their situation should factor into a counsellor's understanding of what is an appropriate use of humour. For instance, the client might consider an irreverent comment directed at Social Services or the parole board to be quite funny, but might be offended if a similar irreverence were directed at their family or something more personal. If the counsellor's intention is to form a bond by laughing with their client then they must be aware of the potential dangers of a poorly timed or misdirected joke.

While not all clients or situations warrant the use of humour, if humour's contribution to counselling could be measured, the results could provide possible avenues for its inclusion in counselling sessions, counsellor training, or adaptations to already established counselling modalities. The Multidimensional Sense of Humour Scale (MSHS) measures humour creativity,

coping, appreciation of humour and appreciation of humorous people (Thorson, Powell, Sarmany-Schuller, & Hamps, 1997, p. 608). The MSHS is an assessment of one's own behaviours and attitudes towards humour (p. 611) and was developed to determine whether a sense of humour is correlated to positive adaptation in later life, or, conversely, if it is negatively correlated with poor adaptation. From the research done when constructing the MSHS, it would seem that sense of humour is related to a number of elements of psychological health (p. 617) and if used properly could make positive contributions to a client's well-being.

Due to the many variables which can affect a client's interpretation of counsellor humour, and the difficulty in training someone to feel comfortable using humour, it may be challenging to create a humour based therapy modality. Considering the subjectivity of a counsellor's sense of humour, as well as a client's, the chances of both "getting" each other could be rare. However, creating the link between the benefits of using humour in power relations and the need to create a therapeutic alliance may inspire counsellors to experiment with humour and laughter with their clients. As well, humour's positive contributions to a variety of relationships (Coetzee & Cilliers, 2012; Griffiths, 1998; Wilkins, 2009) suggest that it can be beneficial in creating a bond between client and counsellor and strengthening the therapeutic alliance.

Chapter 2

The therapeutic alliance between client and counsellor has been shown to have a major effect on counselling outcomes (Meier et al, 2006; Miller et al, 1997; Norcross & Lambert, 2011) and there would appear to be room within the existing field of research to explore the possibility that the therapeutic alliance can affect the counselling outcome for mandated clients as much as it does for voluntary clients. Research shows that the effectiveness of mandated or coerced counselling has been difficult to measure. Some studies have reported mandated counselling to have positive results and show that legal referral to substance abuse treatment programs is an effective strategy for improving outcome and enhancing retention and compliance (Farabee, Prendergast, & Anglin, 1998). Other studies have shown less favorable results for mandated treatment and found that organizations with 75% or greater court mandated clients had a higher rate of clients failing to comply with their treatment plan than organizations with 25% or less mandated clients (Howard & McCaughrin, 1996). Many studies have found little difference in counselling outcome and report that mandating clients to attend counselling is not any more effective than voluntary counselling (Parhar, Wormith, Derkzen, & Beauregard, 2008; Snyder & Anderson, 2009; Wild, Cunningham, & Ryan, 2006).

Though research on the effectiveness of mandated treatment compared to voluntary treatment may be inconclusive, the mandated client's approach to counselling is what separates him or her from the voluntary client. Most counselling modalities are structured to work with voluntary clients (Snyder & Anderson, 2009) yet the mandated client arrives at counselling with a very different outlook. When practitioners are asked to describe mandated clients, the following are the most common responses: resistant, difficult, uncooperative, negative, full of attitude, in denial, and often hostile (De Jong & Berg, 2001, p. 361). These responses suggest an

unwillingness or resistance to counselling and a lack of inspiration or motivation to participate. It is understood that in order to make any progress, the mandated client needs to engage with the counsellor and to do so the counsellor cannot assume that the mandated client has the same interest in counselling as the voluntary client (Snyder & Anderson, 2009).

The difficulty exists in creating an alliance with an unwilling client because when treatment is mandated, true collaboration and partnership may be lacking with the provider's control over the patient seemingly rendering the alliance lopsided (Skeem et al, 2007, p. 398). Building trust becomes one of the first objectives of the counsellor so that they can begin communicating with their client. Humour can be helpful in creating the therapeutic alliance as it contributes to greater personal connection (Cann et al, 2008) and boosts self-esteem by allowing for dissent in power-imbalanced situations (Griffiths, 1998).

The quality of the therapeutic alliance is recognized as a significant predictor of treatment outcomes (Miller et al, 1997; Romig & Gruenke, 2001) and the main roadblocks to building a strong client/counsellor relationship have more to do with the mandated client's experience with the mandating agency than their connection with the counsellor. With this paper, I intend to take the findings from humour research and apply them to client motivation and therapeutic alliance in order to aid the process of rapport building between the mandated client and counsellor. To illustrate, I have provided a personal account of my work with mandated clients.

Relational Humour

I have witnessed humour soften some of the most resistant clients and seen the positive effects it can have on clients who do not wish to talk or who do not believe they need to see a counsellor. One of the best examples of this occurred on a summer day when I took the

members of the halfway house's addictions counselling group to the lake. A couple of the men started showing off by leaping from some cliffs on the far side of the water and before long everybody had joined them. As each one of us climbed to the top of the cliff we were met with a barrage of taunts and jeers from the others, mocking our physiques, our courage, and even our choice of swimsuit. After having spent weeks together in our group I had never seen these men smiling and laughing so much. Within the confines of the halfway house, the macho posturing and prison mentality normally kept residents on guard and wary of showing emotion. Life at the halfway house was more about every man for himself. On this occasion, however, when one of the men happened to dislocate his shoulder after an awkward cliff dive, everyone was quick to help out and make sure he was okay, rushing to help fish him out of the water since he was unable to swim. It took a lot of work to get the man to shore and might have been dangerous, but the mood remained light as the group continued to gently mock the injured man for trying to show off and being out of shape. As we made the long, painful ride back to town the jokes continued and it was clear that the men were attempting to distract their fallen comrade from his injury and keep his spirits up. The very fact that it hurt him to laugh became its own source of amusement for the group and his pained chuckling was infectious.

After this outing it was apparent that the men who had gone to the lake had formed a new relationship. They seemed more familiar and comfortable with each other and would talk about the cliff jumping incident with an enthusiasm that was not often seen around the halfway house. Some of the funniest taunts and one-liners thrown around that day at the lake became inside jokes between the group members. It strengthened their connection to one another and to me. Even if they never had anything else in common, the lake group always had this shared moment that they could use to relate to one another.

I believe that the dislocated shoulder provided a focal point over which the group was able to bond. Everybody had already been having fun together and that incident suddenly created a situation where we all had to work together, rescuing our injured group member from the water and getting him back to town. Humour has the capacity to act as an integrative mechanism that allows unavoidable tensions to be expressed and managed (Griffiths, 1998, p. 892). I think it would have been a different situation if the initial mood that day had not been so playful. The ongoing joking and laughing during a difficult incident provided distraction and at the same time galvanized us as a unit. Afterwards there was greater communication during our group and individual counselling sessions, and some of the individual relationships within the group appeared to grow.

Having the opportunity to relate to one another outside of the group counselling setting seemed to help the men understand each other better. Afterwards they were not just individuals sitting in a group; they became a unit, aware that everyone had something to contribute. The member who injured his shoulder gave a speech thanking everyone for helping him and I could see the pride on the faces of the other group members. From then on the group felt cohesive and supportive, giving the men the courage to speak about themselves in ways they had not in weeks past.

Opening up to a counsellor can be difficult and even more so in front of a group of peers. I have found that the counselling process can be frightening even for some of the toughest clients. One client told me that he did not want to talk about his abuse as a child because he felt that acknowledging his pain would mean his abuser won. Another confessed that admitting to his addiction felt like failure. Many clients claimed that counselling was useless since their drug addiction was genetic and inherited from their parents so could not be treated. For some,

acknowledging that their addiction was controlling their lives was an admission of weakness. Counselling can bring up powerful emotions, recall repressed memories and remind us of our imperfections. The process can cause clients to confront many aspects of their lives that they have avoided.

When mandated clients are forced into counselling, they may not be prepared to face the things that counselling can uncover. When this is coupled with their loss of autonomy because a mandating agency is dictating their treatment, then their reluctance is understandable. Control over a part of their life has been wrestled from their hands, and they are now expected to face some major psychological and emotional challenges. Being able to trust a counsellor, or the members of an addictions group for example, can help create that safety they need to start the counselling process. My experience at the lake showed me that humour has the ability to create that feeling of safety.

Review of Research Problem

Many mandated counselling clients do not believe that they need counselling (Romig & Gruenke, 2001; Urbanoski, 2010; Willshire et al, 2001) creating a major roadblock for the counsellor. Children who do not understand why they have been brought to see a school counsellor, employees who cannot fathom why their behaviour has gotten them in trouble, or parolees who are sick of having people tell them what to do, all present problems of engagement. Often the only thing the mandated client can control about their situation is their level of personal participation. Even if they do not consciously blame their counsellor for their current predicament, refusing to play along is their only recourse. This creates a barrier to treatment at a very important time in the counselling relationship - the beginning.

Engaging mandated clients becomes paramount since the start of counselling can factor greatly in the success of the whole experience (Cormier, Nurius, & Osborn, 2009; Miller et al, 1997). Successful counselling participation may be even more important for mandated clients than voluntary clients because if they do not achieve the mandates of their counselling they could suffer serious punishment, in addition to whatever issues brought them to counselling in the first place. Creating a bond and developing rapport can have an enormous positive impact, not just for the client, but often for their families as well.

At the outset of counselling, can humour help a counsellor develop a more trusting and productive relationship with their mandated client? The evidence suggests that humour has therapeutic properties of its own regardless of what we find funny (Bennet & Lengacher, 2006; Boyle & Joss-Reid, 2004; Wilkins, 2009). If there are specific apprehensions or fears that a mandated client has about counselling then humour may have the potential to alleviate these concerns and make the process more digestible. By identifying the positive effects humour can have on relationships, it is possible to connect the therapeutic use of humour with fostering trust, rapport, and psychological and physical well-being.

There are many psychological theories associated with humour and its importance in society, relationships, and health. Some research on the psychology of humour focuses on humour's ability to combat anxiety (Coetzee & Cilliers, 2012), while other research concerns humour and satisfaction, detailing ways in which humour and laughter help to maintain rapport in the physician-patient relationship (Sala, Drupat, & Roter, 2002). Laughter has also been found to have psychological benefits, while humour can play a role for people in situations dealing with misfortune, making sense of rule violations, and bonding with others (Wilkins, 2009). In some instances humour has even been used to cope with physical pain (Boyle & Joss-

Reid, 2004, p. 60). Together, this research encompasses many of the mandated clients reported issues.

Research Gaps

Most counselling research is conducted with voluntary clients and the findings fail to take into consideration a mandated client's point of view. In cases of mandated clients, negative client responses may in fact be the result of the mind-set of the client and the ill-suited voluntary therapy concepts applied by their therapists (Snyder & Anderson, 2009, p. 279). The majority of research that does relate to the mandated counseling population focuses on whether or not mandated counselling can be considered effective (Gold, 1992; Meier et al, 2006; Parhar et al, 2008) rather than on ways to improve client/counsellor engagement, or how to improve the mandated client's counselling experience. There seems to be a gap in the research that would suggest the need for methods to ease the pressure put upon mandated clients, or strategies to make the counselling process more enjoyable.

Since such a large proportion of counselling work is done with mandated clients (Snyder & Anderson, 2009) there is a need to understand how counsellors can better relate to them. The mandated client comes to counselling under a certain amount of pressure to succeed (Parhar et al, 2008; Skeem et al, 2007; Vriend & Dyer, 1973), pressure that a self-referred client may not experience. Instead of focusing on how effective mandated counselling has (or has not) been, it might be beneficial to search for ways to make counselling more appealing, so that ultimately it can be more effective. Clients who actively participate in the counselling process improve their chance for success.

I have personally found that my sense of humour is not always the same as my clients. Starting off a session with a new client may not be the best time to launch into one-liners and punch lines, and may not inspire a resistant client to engage. If anything, it could negatively affect the situation. For this reason I always take the initial steps to get to know a client sufficiently well before I feel confident enough to make an attempt at being funny. The new relationship between a counsellor and a mandated client can be tenuous since the counsellor does not only answer to the client but is also aligned with the mandating agency, and must manage dual roles that place equal weight on client care as well as control and public safety (Skeem et al, 2007, p. 399). A client who is not participating makes it very difficult to begin the counselling process. The intent of the humour in this respect would be to align with the client, creating a more comfortable and relaxed atmosphere within the session.

Research regarding humour and counselling has centered on healing and well-being (Boyle & Joss-Reid, 2004; Goldin & Bordan, 1999; Martin, Puhlik-Doris, Larsen, Gray & Weir, 2003) as well as relationship building (Gelkopf, Sigal, & Kramer, 2001; Griffiths, 1998; Wanzer, Frymier & Irwin, 2010) but I found little to suggest that humour has been incorporated into studies on mandated clients. Humour has been found to reduce anxiety (Coetzee & Cilliers, 2012, p. 6), challenge a client's irrational ideas (Goldin & Bodan, 1999, p. 406) and improve interpersonal contact (Fabian, 2002, p. 410), all of which address common factors that interfere with a mandated client's counselling success. Mandated clients also have consistent difficulties with counselling based on lack of trust in the counsellor, loss of personal freedom, fear of the unknown, and disbelief in the necessity of counselling (De Jong & Berg, 2001; Swartz et al, 2004; Vriend & Dyer, 1973). Concurrently the research on humour suggests that it has the capability to create relationship bonds (Lang & Lee, 2010), build rapport (Lang et al, 2010), and

provide new perspectives on reoccurring problems (Lothane, 2008). It has also been suggested that humour may have evolved as a uniquely human strategy for coping and attenuating the impact of stress (Sala et al, 2001, p. 270).

Conceptual Framework

Humour has the ability to function as a social lubricant to help build a relational identity that sustains harmonious relationships (Lang et al, 2010, p. 47) and it did so with our counselling group at the lake, which in turn led to some positive counselling progress. Witnessing firsthand the bonding that occurred during the cliff jumping incident and noticing how my level of acceptance had increased, it soon became obvious, from the inside jokes and the openness in group, that we had bonded through laughter. The day at the lake became a unique event which we had all experienced on a level that those who were not there would not be able to understand.

This evolution in my relationship with my clients led me to wonder about our relationship's foundation. As much as I was able to discover about them during our counselling sessions, I realized that our outings often provided greater insight into the type of people they were. Prior to the lake trip I had always been associated with the halfway house and the parole board and our relationship was built on that understanding. When we were away from the halfway house, a place they associated with their incarceration and their addiction, we were able to interact more like peers. They got the opportunity to get to know me outside of my work environment. In a way this shift in our relationship was the result of another aspect of humour and its ability to create new perspectives by creating incongruities and challenging expected norms. Humour can be irreverent, absurd, ludicrous, and incongruous and through this shed a

new light on old beliefs (Lothane, 2008, p. 180) and by all of us participating in the events at the lake, mocking each other and making jokes, we were able to see each other anew.

I knew a heavy hand did not do much to ingratiate me with my clients and I had always tried to be open and personable at work. I felt comfortable joking around with many of our residents over things like their chores and curfews, but I started to make more of an effort at humour after I had seen the effect it had on our addictions group. I also made an effort to laugh at the client's attempts at humour, realizing that there is a kinship in sharing a joke and sharing a sense of humour is part of "getting" one another. This kinship provided the foundation for our relationships and helped more than anything, in creating connections.

The more success that my strategy produced the more I started to think about unsuccessful attempts at using humour in counselling. What interferes with the development of a bond between a client and their counsellor? What behaviours or engagements proved to be a hindrance when attempting to bond with a client? Not all types of humour are positive and some can prove detrimental to the therapeutic alliance. Sarcastic, disparaging, or avoidant humour may actually be deleterious to client well-being (Martin et al, 2003, p. 50) and therapeutic humour, I realized, must always take into account the client's needs and sensitivities when being used.

Chapter 3

In this chapter I explore the barriers that are most commonly reported as hindering the mandated client's participation in counselling. I have worked with many clients who did not trust me as a counsellor because I worked for Corrections Canada, the same agency that had been responsible for their incarceration and was now forcing them to attend counselling. Accusations of me spying for the parole office, or that I was just there to collect a paycheque, or that I was unable to understand addiction because I was not an addict, were some of the many things I heard from clients that I interpreted as ways to avoid counselling. I could understand their hesitation and was constantly trying to prove that I was indeed interested in helping them. Being faced with so much resistance I became skeptical of the mandating counselling process and was convinced that no real counselling progress could be made until the client became a willing participant. External, mandated pressure alone was going to do little to convince them.

Since intrinsic motivation is considered such a powerful factor in successful counselling (De Jong & Berg, 2001; Wild et al, 2006) it is of great benefit for the mandated client to realize their own personal motivation to attend counselling. If the goals of the mandating agency and avoiding punishment are all that motivate a client's participation, then the counsellor must work to increase the client's sense of choice and control to advance the counselling (De Jong & Berg, 2001, p. 362). Engaging in humour directed at the mandated agency can be one way to resist professional dominance and increase a client's sense of autonomy (Griffiths, 1998).

If the mandated client lacks intrinsic motivation and has a distrust of the extrinsic motivation (the mandating agency) then the counsellor becomes a major catalyst for change. I will be reviewing the literature devoted to the creation and maintenance of the therapeutic alliance and specifically what has been successful in creating bonds with mandated clients. Is

the therapeutic alliance a factor in a client's willingness to engage and commit to the process? What sort of counselling skills are needed to help create a strong alliance? Is there room for humour? In the following pages I will review the mandated client's most common barriers to successful counselling in order to cross-reference those barriers with the humour qualities that can be used to overcome them.

Barriers

The literature provides many theoretical approaches to improve a mandated client's counselling experience but not enough outcome data to prove that one way is better than the other. Research suggests that no single methodology has proven to be the most effective at building rapport with mandated clients (Snyder & Anderson, 2009; Wild et al, 2006). What is consistent throughout the literature is the assumption that the mandated client does not arrive at counselling in the same frame of mind as the voluntary or self-referred client. Research suggests that one of mandated counselling's shortcomings is that it focuses solely on mandates and pressures that are objectively applied to ensure or encourage treatment entry, but it does not explicitly account for client perceptions or assigned meanings (Urbonoski, 2010, p. 2). As with voluntary counselling, the client should be the greatest agent of change, yet treatment through coercion and social controls disregards this and replaces the client's power with the agency's agenda. Success is measured by milestones created by the mandating agency and not the client's own sense of personal growth or change.

Although not all mandated clients are resistant to counselling, for the sake of this paper the term mandated shall refer to any client who is involuntary, and who is coerced into counselling by third parties. The mandated client lacks the intrinsic motivation of the voluntary

client and may have little motivation to participate in counselling other than to avoid punishment. Simply agreeing to attend counselling can be viewed by the mandated client as a threat to their autonomy or as an admission that they do in fact need help.

In multivariable analysis of predictors of client interest and commitment to treatment (Wild et al, 2006), it was found that internal motivation predicted the most positive attitude toward treatment. Even something as basic as paying for the therapy can provide internal motivation. The client who must attend counselling as a parole condition does not even have a financial investment in the process. For the reluctant mandated client it becomes more about avoidance of punishment than about commitment to personal betterment, or even about getting their money's worth.

For some mandated clients, resistance to counselling has less to do with lack of motivation and more to do with lack of understanding. Some mandated clients do not believe they need to attend counselling at all. For instance, the behaviour that got them in trouble or landed them in counselling may be normative in the environment in which they live (e.g. in prison) and within their subculture outside prison (Willshire & Brodsky, 2001, p. 155). Mandated clients may come from a world far removed from the mandating agency, where cultural factors may differ and not be understood by their predominantly white therapists (Snyder & Anderson, 2009, p. 279). Often, reluctance to attend counselling stems from the client's belief that they do not need to be there in the first place; they do not believe there is anything wrong with their behaviour and they fail to see the need to change. In these situations the client may consider their condition to attend counselling as unjust and, hence, resist on principle.

A good example of this resistance occurred while I was working for Aboriginal Child and Youth Mental Health. On my caseload I had a young teen who saw me once a week as part of

his Youth Agreement with the Ministry of Children and Family Development. There was concern surrounding his continued substance abuse and frequent absences from school. At one point he informed me that he had been absent for 80% of his classes and was not going to be allowed to graduate. On the days he did show up for class he had been sent home more than once for being under the influence of drugs.

This youth had spent most of his formative years being raised by a variety of family members who engaged in similar behaviours and provided little supervision or discipline; therefore, my client could not understand why he was suddenly being forced to visit a counsellor for engaging in activities that seemed so normal to him. Very little had been done at home to discourage this behaviour and he felt no need to change. He was simply acting in accordance with his environment and upbringing.

Because of the huge disparity in my client's lifestyle and the conditions of his Youth Agreement, he viewed the mandating agency as disconnected and ignorant to his needs. Why would he want to comply with a contract that was intended to change who he was? Why was he being punished for simply being himself? He did not feel a need to change, nor did he want to change.

In one of our earliest sessions he said that he could not understand why I cared so much whether he went to school or not. He could not see what I had to gain by interfering, and I realized that he viewed me as part of an organization that was attempting to overhaul his life. This perception that the counsellor is simply an extension of the mandating agency can interfere with the therapeutic alliance (De Jong & Berg, 2001; Vriend & Dyer, 1973) and presents significant barrier to successful counselling.

I initially picked my client up from school for our sessions, but in an attempt to separate myself from the institutions that controlled his life, I changed the time of our sessions and started meeting him at home. This way, whether he skipped school or not, I would not know and it would not become a topic of our session. Growing up in the manner that he did, he had very little supervision and was free to do as he pleased. He considered school to be like the Ministry of Children and Family Development, in that it placed demands on his time and tried to control him. His experiences with the Ministry and schools had always been one sided, power-imbalanced relationships and his natural reaction was to rebel against them as they enforced their belief system on him. I let him participate in restructuring our new counselling sessions and together we coordinated on how we were going to meet from then on. His choice to meet at a coffee shop, where he could eat cookies and smoothies, may not have been the most appropriate location for therapy, but I could tell he appreciated being consulted on the matter and our sessions, and relationship, greatly improved afterwards.

Most mandated clients are likely to have little more than a stereotypical view of what a therapist is, or have a history of seeing therapists since childhood, with few positive outcomes (Willshire & Brodsky, 2001, p. 156). The mandated client is under the power of a third party and the counselling process can be perceived as a form of control in which the counsellor is aligned with those who have taken the client's freedom away. For instance, before their first meeting, a counsellor will have had access to an abundance of file notes, reports and records on a mandated client, whereas the client may be arriving with no understanding of whom the counsellor is or what their approach to therapy might be. All the client has to rely on is prior experience. Though the counsellor is usually employed by the mandating agency, the onus lies with the

counsellor to demonstrate that they have the client's best interest at heart and work to overcome the client's preconceptions.

To further complicate matters there can be a stigma of weakness or illness attached to being in therapy and it may represent a potent threat to self-esteem, implying that the client is inadequate (Willshire & Brodsky, 2001, p. 156). For instance, I had one client repeatedly tell me that counselling was for crazy people and refused to do little more than show up for sessions. Anytime I tried to get too "therapeutic" with him he would shake his head and change the topic. Whatever the reason, an unwilling, resistant client might mean that a counsellor is unable to do their job properly, which can lead to the client not achieving the conditions set out for them by the mandating agency, which can lead to further punishment for the client.

It is the client's experience, not the counsellor's that is the best predictor of a successful counselling outcome (Simpson & Bedi, 2012, p. 345), but a client must believe that counselling is worthwhile or there will be little chance of cooperation (Willshire & Brodsky, 2001). In order to begin counselling the mandated client must be engaged and motivated by more than just the conditions of the mandating agency. Though intrinsic motivation to change does not have to be present at the outset of counselling, it should develop throughout the process in order to increase the likelihood of success (Snyder & Anderson, 2009). A strong therapeutic alliance can contribute greatly in helping a client overcome barriers and find the motivation to proceed with counselling (Meier et al, 2006; Simpson & Bedi, 2012).

Client/Counsellor Relationship

A voluntary client will meet many counsellors before they find one with whom they feel comfortable working, and that initial connection becomes an important determinant in the

success of therapy (Miller et al, 1997). Choosing the right counsellor is an extremely personal matter with all manner of factors contributing to a client's final decision. Unlike voluntary clients, the mandated client does not often have the opportunity to choose their counsellor and may have to work with someone with whom they feel no connection. A denial of their autonomy by taking away the right to choose whom they work with is an inauspicious start to counselling, especially for a client who may already have several misgivings about the whole process. To best show support a counsellor must acknowledge and respect the reality and right of clients to make choices about what to do in their circumstances (De Jong & Berg, 2001, p. 362), but a mandated client has little choice about what to do and has been denied those rights before they even meet their counsellor. The onus is put on the counsellor as they try to form an alliance with a client who has every right to be dubious about their counselling situation.

Research has found the following factors rated most important to clients in alliance formation: emotional support, conveying a non-judgmental attitude, effective listening, supportive body language, directing the counselling process appropriately, counsellor approachability, counsellor attentiveness, counsellor availability and good boundaries (Simpson & Bedi, 2012, p. 354). However, not all clients are interested in forming an alliance and engaging the mandated, unwilling client requires a different approach than working with a voluntary client.

The prevailing paradigm in the field (of counselling), directs practitioners first to engage clients through active listening and empathy and, once trust and cooperation are building, move to problem assessment and intervention. This paradigm assumes that clients have chosen to get help and, although possibly

anxious and uncertain about changing, are motivated to figure out their problems so that they can be solved. (De Jong & Berg, 2001, p. 361)

Because the mandated client has not made the choice to attend counselling, this paradigm needs to be restructured to include them. Practice with involuntary clients can best be advanced by developing additional procedures that enhance the motivational congruence between clients and practitioners (De Jong & Berg, 2001, p. 362) before focusing on the issues that have brought the client to counselling. Motivational congruence is defined as the cohesiveness between client motivation and the services that practitioners attempt to provide (De Jong & Berg, 2001, p. 362) and contributes to a client's sense of choice and control. In the case of the mandated client, the exploration of client concerns around the novelty of counselling will need to precede attention to the identified issues (Gold, 1992, p. 163) and the counsellor must confront these concerns before they can focus on the conditions of their referral. The counsellor may have to allay the pursuit of the mandating agency's goals in order to focus on creating an alliance with the mandated client.

For instance, a solution focused approach to therapy seeks to potentially inspire client motivation while still achieving the parameters set by the mandating agency and adhering to good, healthy counselling practices (Lee, Sebold & Uken, 2003). This allows the client and counsellor to avoid confrontation while working collaboratively and inviting participants to be the experts regarding their lives. By working collaboratively, using strength based questions, and focusing on client goals rather than the conditions of the referral source (Lee et al, 2003), the mandated client can achieve some autonomy and control while still participating in the counselling process.

The solution focused approach shares similar counselling tactics with humour. For instance, solution focused therapy invites clients to be their own authority on what they want

changed in their lives and how to make those changes happen (De Jong & Berg, 2001, p. 363) thereby, much like humour, instilling a sense of autonomy by challenging professional dominance (Griffiths, 1998). In the same way that solution focused therapy aims to have the client and counsellor work together to co-construct therapy goals (De Jong & Berg, 2001, p. 364), humour promotes alliance (Franzini, 2001) and increases communication (Fabian, 2002). Many of the same positive therapy tools that work so effectively in the solution focused approach are mirrored by the effects of humour on relationships.

Many studies have been done on the value of humour and laughter within the field of counselling. Some focus on the connection of humour to psychological health (Martin et al, 2003; Thorson et al, 1997), others on humour's influence on relationships (Gelkopf et al, 2001; Griffiths, 1998) and others still, on humour's effects on physical well-being (Bennett & Lengacher, 2006; Boyle & Joss-Reid, 2004). Since it will be beneficial to understand as much as possible about humour's uses in counselling and the helping arts, I will first provide a background of the literature pertaining to counselling humour before using the next chapter to theorize on the potential benefits of humour usage with mandated clients.

Positive Humour

Julia Wilkins, Ph.D, from the Department of Special Education at St. Cloud State University, (2009) explores the three main theories used to explain the functions of humour and its role in helping people deal with misfortune, understanding rule violations and bonding with others, all of which are reported difficulties for mandated clients. She ponders the source of humour and laughter from an evolutionary perspective as in its "survival value." What is it about humour that has made it useful for us as a species? How does it benefit us to laugh?

The first of Wilkins (2009) theories is the relief theory, which focuses on the physiological release of tension during social interactions. It posits that people experience humour and engage in laughter because they sense that stress is reduced in doing so and the action of laughter triggers a feeling of mirth (p. 351). The experience of mirth can cause a cognitive release from anxiety and reduce anxiety's physical symptoms such as chest pains, choking sensations, and bodily shaking that often accompany it. In a medical test on people with bronchial asthma, laughter and positive emotional states were shown to relieve airway constriction, while negative emotional states induced airway constriction indicating that humour is capable of reducing the physiological effects of stress (Wilkins, 2009, p. 351).

Wilkins' second theory on the function of humour is the incongruity theory which purports that people laugh at things that surprise them or at things that violate an accepted pattern (2009, p. 352). Incongruities occur when an individual has an already established sense of the norm or the typical, which is then disrupted. The essence of a joke is the inversion of the expected to create a humorous and unique incongruity which instigates learning. The individual's realization of this incongruity is what allows them to achieve a new perspective on a situation.

Looking back, Wilkins' second theory presented itself often when I was working with the men at the halfway house. There were several occasions when a client would be sitting in front of me discussing a minor infraction that had drawn the ire of their parole officer. Curfew, group attendance, and negative attitude with staff were common problems that would come up regularly in our counselling sessions. Most often the client would have already met with their parole officers and been disciplined for their behaviour before seeing me. Their parole officers were in a position of power and any disciplinary meetings with them usually included threats of

lost privileges, increased supervision, or if the violation was serious enough, revoke of parole. When these violations occurred, the next time I saw my clients I would be sure to say, “If you keep up this kind of behaviour you are likely to get your parole officer fired.” Flipping the perspective on the problem was unexpected and would always result in at least a smile from the client. I found that this consistently lightened the mood and created a more relaxed and comfortable atmosphere. Whether they agreed that they should be in trouble or not, this juxtaposition of their situation was enough of a jolt to take their focus off the negativity they had just experienced.

Wilkins’ (2009) third theory of humour, the superiority theory, proposes that laughing at faulty behaviour can create unity among group members. Superiority humour has two functions: it maintains social order, as laughter rather than aggression is invoked toward those who refuse to comply with rules, and laughing together at others reinforces group unity (p. 352). Through our individual laughter we convey emotional information about ourselves, while laughing together with someone reinforces a mutually pleasurable experience, eliciting the bonding function of humour, as evident from our group’s cliff diving incident.

When tested, viewers rated individuals who were laughing in photographs and video clips as higher in likeability than individuals who were not laughing, and it did not matter if the laughter was genuine (Wilkins, 2009, p. 353). Laughter can influence people’s perceptions of others as likeable which can greatly influence the client/counsellor relationship from both sides (Wilkins, 2009). If this is true, then laughing and humour in a counselling session should theoretically create a great deal of amity since a counsellor will find it more desirable to help a likeable client and a client will be more likely to trust a counsellor who shares their sense of humour.

Therapeutic humour encompasses both the intentional and spontaneous use of humour techniques by therapists and other health care professionals, which can lead to improvements in the self-understanding and behaviour of clients (Franzini, 2001, p. 171). In a survey of practicing behaviour therapists, 98% endorsed the intentional use of humour in therapy, especially to establish rapport, illustrate the client's illogical or irrational thinking, and to share a positive emotional experience with the client (Franzini, 2001, p. 173). Using humour to illustrate the client's pattern of illogical and irrational thinking supports Wilkins' incongruity theory of humour. Humour can also be used to compensate for inadequate levels of relaxation within systematic desensitization, promote self-efficacy in aiding the client in coping with previously difficult situations, and can facilitate assertion training by reducing clients' fears, while also teaching appropriate expressions of feelings in angry individuals (Franzini, 2001, p. 173).

All of the positive results of using humour in relationships should theoretically make it a useful tool when attempting to bond with mandated clients. Mandated clients are often involved in a power-imbalanced relationship, under ongoing scrutiny, and required to perform mandated tasks under the threat of punishment -- all of which can contribute to high levels of anxiety or stress. Humour's ability to compensate for inadequate levels of relaxation, by alleviating stress and increasing understanding, could lower the tension and pressure that mandated clients experience during counselling. Humour also has the potential to boost the self-efficacy of the mandated client and instill them with the confidence needed to meet the demands that have been put on them.

Appropriate expression of feelings through humour can be beneficial to mandated clients in anger management programs or spousal abuse programs (Franzini, 2001, p. 273) as well as

create honest and open dialogue in any counselling setting (Cann et al, 2008). Humour allows both the client and the counsellor an opportunity to express themselves and creates another avenue for communication. The following chapter will focus on theoretical tactics for implementing these and other positive uses of humour in order to create a therapeutic alliance with mandated counselling clients.

Chapter 4

There has been a significant amount of research done on the two topics which form the pillars of this thesis: humour in counselling and counselling mandated clients, but little done that explores, or even theorizes, the potential of combining the two. Through my own experience working with mandated clients, I have witnessed the positive influence that humour has on my relationship with them and imagined that there could be value in researching further. I began to wonder about the potential of humour to strengthen the therapeutic alliance and how it could create rapport with my mandated clients. A comparative literature analysis seemed like the most logical choice to examine the information that is available. Synthesizing my findings with my personal experience I hope to answer the question: Can humour help create a therapeutic alliance with a mandated client?

I was often frustrated with my work at the halfway house because it seemed that my clients would regularly expend more energy avoiding counselling rather than actually trying to improve their situation. Adding to my frustration and confusion was the fact that when we were not in my office or the classroom these same clients could talk at length about themselves. I would often learn more by simply chatting with them in their doorway for ten minutes during room-check than during any of our counselling sessions. In this informal setting clients were more relaxed and it became apparent that these impromptu conversations played a large part in our bonding process. I could also relax a bit because there was neither a group agenda that we had to stick to, nor was there the usual checklist of questions I was required to cover. Though my clients were wary of anyone who worked within the corrections system, it became obvious that most of them were happy to chat with someone, as long as they did not consider this time to be therapy or part of their parole officer's agenda.

The number one complaint from clients about the men's addiction group had nothing to do with the subject matter, our counselling style, or our fieldtrip destinations, but simply the fact that they had to attend. The members took great umbrage with their lack of autonomy when it came to their placement in the group. In order to move on from the constant complaining about their forced attendance, it became necessary to make the therapy sessions more appealing. Sessions had to be entertaining in order to keep the clients' attention and in order to gain their confidence we had to disassociate ourselves from the parole board that was forcing them to be there. I remember how difficult it was trying to motivate those unwilling clients, searching for ways to connect with them.

I began to view mandated counselling as a barrier to actually reaching these clients and realized that what they really wanted, after being locked up for so long, was their autonomy back. They had been released from prison, yet did not have the freedom they had been expecting. Being forced to attend group counselling for several hours a day was a reminder of how much control the corrections system continued to have over them even after they had served their sentence. It did not just infringe on their autonomy, it inspired derision. Getting them out of that environment and renewing their sense of freedom became a large part of our therapy. Outings and field trips became very important. Away from the counselling environment of the classroom they were given the chance to be someone other than an ex-con or recovering addict.

One day my colleague and I took the entire addictions group to the beach. There were a dozen members at this time so we had to take two vehicles to get everyone there. As is often the case with a group that size, half of them were ready to go home after an hour or two. The others wanted to stay, so we split them up and I remained with one half of the group on the beach.

It was a very busy day and a group of loud, tattooed, tough guys stood out from the rest of the beach-goers. A couple of people sitting nearby started chatting with us and it quickly came out that we were on a field trip of sorts, made up of recently released ex-convicts. On some occasions that might have ended the conversation right there but luckily it did not bother these people. The group members were very matter-of-fact with them and answered numerous questions about life in prison, addiction and even the crimes they had committed. They were all quite animated and obviously enjoying the attention.

Ironically, during all this talk about drug addiction and prison time, the people we had just met were smoking marijuana. A couple of the guys teased them about marijuana being a gateway drug and jokingly suggested that I should report them to the parole board. We spoke for quite a while and I must commend these strangers for their empathy and open-mindedness. When we eventually did go home, one of my clients, a man in his late sixties who had been in and out of jail for the last twenty years, thanked me for allowing some of the group to remain at the beach. He appreciated that he was given the choice to stay and was not just get herded around in a group with the others, having no say in what was happening. He said that socializing with new people and just being able to hang out had made him feel more normal than he had in a long time. Prior to that day at the beach, this client had considered his involvement in our group as punishment, enforced upon him by his parole officer, and though he was amicable he refused to contribute beyond showing up. After our day at the beach he became more focused and involved in our group and a much better communicator.

Coerced counselling leads to clients feeling a loss of autonomy and in order to restore some sense of control over their life they often feel the need to rebel against the counselling (Snyder & Anderson, 2009). I think that being treated as an individual, whose needs were

unique from the rest of the group, had empowered my client at the beach. I want to inspire clients to find the worth in counselling and the motivation to willingly participate and humour can help them achieve this as sense of humour has been found to correlate with increased self-esteem and decreased depressive personality attributes (Bennett & Lengacher, 2006, p.189). A chance to crack some jokes and interact with a few strangers at the beach had contributed to an improvement in my client's self-worth and, as a result, his interest in counselling.

I had witnessed how much a single positive social interaction was able to alter a client's way of thinking and wanted to explore the potential benefits that could come from a strong therapeutic alliance. The positive, bonding effects of humour used in counselling could help create a strong rapport between client and counsellor. In the following chapter I will explore the specific difficulties of the mandated client and reveal areas where humour may prove beneficial to their plight.

Mandated Clients

Proponents of mandated counselling argue that in the long run it can improve treatment adherence, reduce relapse, and increase consumers' personal autonomy (Swartz et al, 2004, p. 780), but many articles (Kiracofe & Buller, 2009; Parhar et al, 2008; Urbanoski, 2010) report that there is little proven benefit to coerced treatment. Research efficacy of court-mandated treatment in a variety of contexts seems to have failed to establish consistent evidence supporting the practice (Kiracofe & Buller, 2009, p. 75) and comparative studies have found no difference between the effectiveness of mandated treatment and non-mandated treatment programs (Parhar et al, 2008, p. 1111). Overall, the long-term impacts of treatment under social controls and coercion are largely unknown (Urbanoski, 2010, p. 6). Since there is very little evidence to

support the effectiveness of coerced counselling, it can be argued that the main reason treatment should be legally mandated is to safeguard the community (Parhar et al, 2008, p. 1110) which seems to disregard the mandated client's concerns altogether. Rather than focusing on the outcome of counselling mandated clients, I think it is important to find ways to engage them and ensure their participation at the start of the process.

Research suggests that the adverse impact of coercion may be outweighed by counselling's potential benefits (Swartz et al, 2004, p.780) and a study was conducted with persons with schizophrenia-spectrum disorders to examine how mental health consumers appraise the fairness and effectiveness of treatment mandates. The results revealed that clients who considered their illness a biopsychosocial illness and regarded themselves as ill, reported that they benefited from mandates regarding treatment adherence. They believed that these mandates were enacted for their well-being and were in their best interest, whereas the clients who rejected this view of the treatment mandates also tended to reject the idea that they were ill and in need of treatment at all (Swartz et al, 2004). Though the study was limited to a rather specific population (schizophrenia-spectrum disorders), it identified that the clients who reported finding worth in the mandated treatment were the ones who actually believed they needed help.

Hindering the mandated client's treatment is their belief that "the system" has made errors, it has its own interests at heart and that they are not in need of help (De Jong & Berg, 2001, p. 361). The mandated client may not believe they did anything to deserve counselling, they may consider counselling to have no benefit, or they may be afraid to admit something is wrong. Their resistance may be simply rebelling against the mandating agency or they may be worried that what is revealed in counselling sessions may get them into more trouble or it may be as simple as a lack of trust in the counsellor, who can often be seen as aligned with the

mandating agency. The client who does not feel like they need help most likely will not anticipate any benefits from mandated counselling.

There are difficulties in engaging the mandated client because counselling modalities are aimed at the willing client and each of the basic counselling approaches and theoretical positions include a degree of counselee volition as a postulate of effectiveness (Vriend & Dyer, 1973, p. 240). A major criticism of mandated treatment is that it is often conducted by applying theories and techniques founded on the presumption that counselling is being provided on a voluntary basis (Kiracofe & Buller, 2009, p. 75). Where the voluntary client shows up ready to make changes and is keen to participate, the mandated client has many misgivings and fears about counselling, yet counsellors are not sufficiently trained to engage them (Snyder & Anderson, 2009).

Unfortunately, the mandated client has been coerced into their counselling situation, often under the threat of punishment, and has been stripped of their autonomy as they participate unwillingly. Without any interest or belief in counselling, success is out of reach or, if achieved at all, short lived. Behaviour changes last longer when it is the result of intrinsic motivation, while extrinsically motivated behaviour change lasts only as long as the external controls are in place (Parhar et al, 2008, p. 1112) suggesting the possibility that if the mandated client could find the intrinsic motivation to participate, they would increase their likelihood of success. Addressing a client's resistance is one of the first steps to beginning a healthy therapeutic process.

A compliant, cooperative working relationship is essential in treatment and a client's readiness for change is what shapes the counselling process (Kiracofe & Buller, 2009, p. 75). Creating an environment that is conducive to communication and empathetic to the needs of the

client can elicit positive progress. In lieu of intrinsic motivation, developing “motivational congruence” between clients and practitioners is crucial for effective practice with involuntary clients or those who feel “forced or pressured” into services (De Jong & Berg, 2001, p. 362). Motivational congruence can be enhanced by emphasizing client choice whenever possible, informing clients about what to expect during treatment and their part in it, contracting around goals and treatment procedures, and fostering client participation and choice in treatment design throughout the treatment process (Reid & Hanrahan, 1982). By including the client in so much of the counselling process the counsellor can create the conditions that might effectively restore the mandated client’s sense of autonomy leading to a feeling of control within their situation. When consumers feel that they have been treated with fairness, concern and respect, perceived coercion is greatly mitigated (Swartz et al, 2004, p. 780).

When my client who kept skipping school was able to choose where we were going to have our counselling sessions I noticed a change in his attitude towards me. He had taken his freedom and exercised his power to construct our meetings, and in a setting of his choice he was noticeably more comfortable. I understood his desire to change locations and considered his wishes when we established our new set-up. We removed ourselves from the school and the power dynamic that existed within no longer loomed over our every interaction. By creating an understanding and safe environment, research suggests that the coerced client will be more willing to share (De Jong & Berg, 2001; Reid & Hanrahan, 1982). By involving my client in the counselling process, instead of forcing it upon him, we were able to proceed in a much more collaborative therapeutic alliance.

Humour

Humour is a natural and universal form of interpersonal contact and humorous behaviour or attitude is therefore generally understandable (Fabian, 2002, p. 402) and thus, therapeutic humour makes interpersonal contact possible and relativizes, or helps, the patient to overcome projection and the transference relationship (Fabian, 2002, p. 408). The intentional use of humour in therapy can have several benefits such as establishing rapport, illustrating a client's illogical or irrational thinking, and sharing a positive emotional experience with a client (Franzini, 2001, p. 173). This is assuming that humour is being used positively because humour can also impair or destroy interpersonal contact and hurt or insult (Fabian, 2002, p. 402). There are several different styles of humour and not all are effective in building relationships.

There are four dimensions relating to individual differences in uses of humour: self-enhancing, affiliative, aggressive and self-defeating (Martin et al, 2003). The use of humour to enhance one's relationships with others is referred to as interpersonal humour and is used to increase the other's feelings of well-being, reduce conflicts, strengthen ties between individuals, and increase one's attractiveness to others. Interpersonal humour can either be affiliative, which is relatively benign and self-accepting, or self-defeating which comes at the expense and detriment of the self. Both are meant to help gain approval with others or ingratiate oneself by doing or saying funny things at one's own expense (Martin et al, 2003, p. 52). By sarcastically telling my clients I had never lost a fight, I was engaging in self-defeating humour because it made reference to my lack of fighting experience. Because I was aware of the value placed on male toughness within the prison culture, I was able to make the clients laugh by telling a joke at my own expense and also show them that I had an understanding of their belief system.

Whether negative or positive, humour can change the way a person appraises or evaluates a potentially stressful event, thereby changing the meaning it has, and hence the person's

emotional response (Samson & Gross, 2012, p. 377). The ability of humour to change a person's perspective and view problems in a new light can contribute to a change in attitude for an unwilling client. As a form of communication, humour is indirect and ambiguous and this ambiguity affords the user equivocality so that meanings are unlikely to be clear or unchanging (Lang & Lee, 2010, p. 46). As such, a conversation or interaction interjected with humour can provide insight into the character and values of the people involved as meanings are being reinterpreted and reconstructed. Humour creates an opportunity for someone to take pause, and by employing shock and surprise, it can generate an incongruity that has the potential to be accepted, endured, and learned from by the patient, so that it can be used in the process of change (Lothane, 2008, p. 237). Incorporating humour into a counselling session can not only create space for new perspectives and understanding of a client's issues, but also provide an opportunity for the client to learn about the counsellor, contributing to trust and rapport. These new perspectives allow space for change and growth.

Melissa Wanzer, a professor in Communication Studies at Canisius College, Ann Frymier, a professor in Communication at Miami University, and Jeffrey Irwin, adjunct professor of Communication Studies at Canisius College, conducted a study on humour usage in the classroom (2010). They found that students may pay more attention when professors use instructional humour because humour often involves some types of incongruity that the student must resolve (Wanzer et al, 2010, p. 5). This increased elaboration and concentration on the course content can lead to an increase in student learning. Humour may cause students to notice information more readily when it does not correspond with their personal beliefs or common schemata (Wanzer et al, 2010, p. 5). For the humour to be perceived, the student must recognize its incongruity and then interpret it. Once the student perceives the topic or message as relevant,

they might be more motivated to process the information, resulting in greater retention and understanding of the content (Wanzer et al, 2010, p. 5).

Figure 1 (Wanzer et al, 2010, p. 7), the Instructional Humour Processing Theory, illustrates how certain types of humour can influence learning.

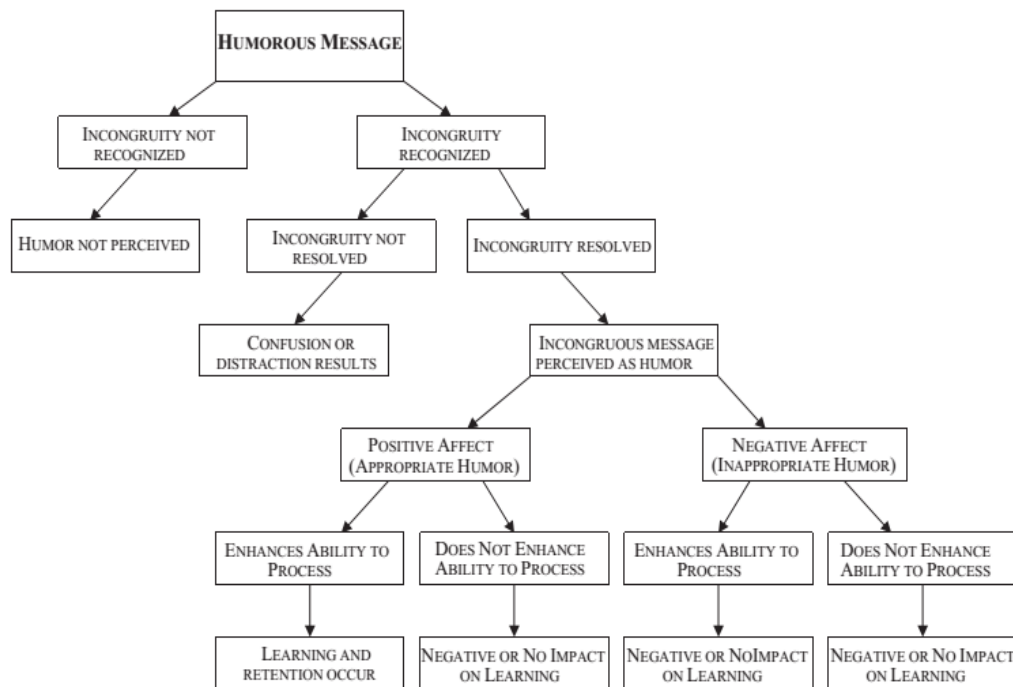


Figure 1. Instructional humor processing theory.

The recognized incongruity of the humour message is capable of inspiring reinterpretation and new perspective (Lang & Lee, 2010) and the Instructional Humour Processing Theory posits that the process of reinterpretation allows for greater understanding and retention. A humorous message, properly delivered by a counsellor, might inspire a mandated client to re-evaluate their understanding of counselling or of the issue being discussed, and at the same time enhance the connection between the client and the counsellor due to its affiliative power (Martin et al, 2003, p. 52).

Therapeutic Alliance

Creating a connection with their counsellor is an important step towards a positive counselling outcome for a mandated client. An unwilling participant could fail to fulfill the conditions of their counselling and suffer the consequences, and for some mandated clients those consequences could be long lasting and life altering. In the psychotherapy and counselling field, the quality of the client-counselor relationship, or therapeutic alliance, has long been recognized as a significant predictor of outcomes in clients presenting with a variety of non-psychotic disorders across different treatment modalities (Meier et al, 2006, p. 1).

Therapeutic alliance can refer to three different aspects of the client/counsellor relationship: the collaborative nature of the relationship; the effective bond between client and counsellor; and the ability of client and counsellor to agree on treatment goals and tasks (Day, 2002, p. 58). A strong therapeutic alliance can help a mandated client evolve from being a reluctant attendee to an enthusiastic participant invested in their own betterment (Cann et al, 2008; De Jong & Berg, 2001; Wild, 2006). Humour has been shown to aid in the creation of these three different aspects of the client/counsellor relationships.

In order to develop the therapeutic alliance, I wanted to find techniques for bonding with clients and creating trust, all the while knowing that humour had been one of the tools that I personally used to build relationships. I found that after the addictions group's trip to the lake, and the incident with the dislocated shoulder, I had formed a new bond with the clients. I realized, however, that could only carry us so far. Our group was communicating better and was more engaged in the counselling process but they needed more than just our new relationship to achieve counselling success. The clients had to want to make changes for themselves.

With the understanding that intrinsic motivation was more effective than extrinsic motivation at determining successful counselling completion (Snyder et al, 2009; Willshire & Brodsky, 2001) I began to question how our therapeutic alliance could increase the intrinsic motivation of a coerced and unwilling client. Trust and empathy are big determinants of whether or not a mandated client will participate in counselling (Miller et al, 1997), so in my work I began making the conscious connection of humour to the therapeutic alliance and how it can foster client motivation.

A lack of intrinsic motivation, uncertainty, and a distrust of the counsellor all hinder the mandated client's counselling success. These apprehensions are rooted in the mandated client being stripped of their autonomy and forced to participate in a therapy in which they are not invested. A counsellor hoping to create a therapeutic alliance with a mandated client, and thus improve the odds of successful counselling (Meier et al, 2006), must find ways to alleviate these concerns.

The self-affirming power of humour is mentioned several times in the research literature (Martin et al, 2003; Moran & Hughes, 2006; Sala et al, 2002) and its empowering abilities may prove helpful in creating the ever important therapeutic alliance. In the classroom, it has been found that humour has the ability to ameliorate the inhibiting effects of the power and authority differential between staff and students (Moran & Hughes, 2006, p. 514). Presumably, humour could have the same effect on the counselling relationship by leveling the power imbalance and increasing the likelihood of creating a therapeutic alliance.

Difficulties

One of the most confounding difficulties in assessing the effectiveness of mandated versus voluntary treatment is the offender's motivation to attend treatment, regardless of mandate (Parhar et al, 2008, p. 1111). Not all mandated clients are forced into counselling, some are willing participants, but any studies done on the effectiveness of coerced treatment consider that if given the option, the client would not be there. Helping them discover their intrinsic motivation can increase their participation, develop the therapeutic alliance and improve their chances of success.

Because there are so many different types of humour it is hard to measure its specifics. Humour is credited with being a coping strategy (Moran & Hughes, 2006), a stress reducer (Wilkins, 2009), an alliance builder (Franzini, 2001), and a perspective changer (Samson & Gross, 2012), yet sense of humour is unique to the individual and the myriad of humour types (positive, negative, sarcasm, gallows) makes finding a definitive research outcome difficult. Humour is a multidimensional construct (Martin et al, 2003; Thorson et al, 1997), but most studies on humour's effect on health have been limited by the unidimensional instruments used to measure it (Boyle & Joss-Reid, 2004, p. 51) and this has hindered the ability of researchers to create a unified understanding of humour's relation to therapy.

Confusion can also surround the source of the humour in counselling. Humour can just as likely be a manifestation, or symptom, of patient satisfaction as it is a cause of it (Sala et al, 2002, p. 278). This means that humour may be more of an outcome of an already positive client/counsellor interaction and less responsible for helping the counselling process. Humour should feel like a natural, fluid part of the counselling process, so gauging whether it is a source of positive outcomes or the result of an already positive therapeutic alliance proves difficult.

Chapter 5

This chapter is a summary of my systematic literature review on the effectiveness of humour in building a therapeutic alliance with mandated counselling clients. The review considered the barriers to therapy faced by the mandated counselling client, their sources and their impact on the counselling process. It explored humour within the counselling process and its potential effect on the mandated client's counselling barriers, as well as humour's contributions to the therapeutic alliance.

Interpretations

The mandated counselling client faces many barriers to successful counselling: mistrust, unwillingness, lack of understanding and fear (Swartz et al, 2004; Urbanoski, 2010; Wild et al, 2006). Humour has been shown to alleviate these impediments in many different types of relationships and has been found to create alliance, promote understanding, generate new perspectives, and inspire a sense of autonomy (Coetzee & Cilliers, 2012; Griffiths, 1998; Wanzer et al, 2010). Finding humour in stressful or potentially threatening situations can give people the increased ability to cope with negative states of affairs (Wilkins, 2009, p. 349).

The mandated client often experiences a societal disconnect from their counsellor, but humour works as a natural and universal form of interpersonal contact (Fabian, 2002, p. 401) and a shared sense of humour can signify a shared understanding which is important in creating an alliance. The strength of the therapeutic alliance can be a huge factor in determining client success (Meier et al, 2006; Simpson & Bedi, 2012) and humour has the capability to strengthen that relationship. Humour presents the opportunity to share a positive emotional experience with a client (Franzini, 2001, p. 171) creating a stronger bond between the client and the counsellor.

Being under the direct control of a mandating agency, a mandated client can engage in humour to voice their dissent towards their situation without exposing themselves to the consequences that would follow a direct challenge to authority (Griffiths, 1998, p. 875). Often mandated clients view the mandating agency as their real problem and rebel against their conditions by sabotaging the counselling process (Snyder & Anderson, 2009; Urbanoski, 2010). This protest can be seen as a client's attempt to regain their autonomy, or just as likely, the client may not find any value in counselling and so is resistant. In incidents where clients do not view their issues as problematic, the incongruity theory of humour can potentially take what the client knows and shift their understanding to create new perspectives on their situation (Wilkins, 2009, p. 352). In this way humour might help make positive changes to the mandated client's understanding of counselling.

Further Research

I found nothing to suggest that there were available studies on the effects of humour as they relate to the mandated client/counsellor relationship. This paper was compiled by researching the separate topics and synthesizing the data with my personal experiences in order to theorize about the potential results. In the future it could be useful to conduct quantitative research with counsellors and mandated clients that focuses on personal experiences with humour and explores how humour has influenced their counselling process, both negatively and positively.

The information gathered from the quantitative research may have the potential to assist counsellors in training in developing positive humour applications. As mentioned, the solution focused approach already demonstrates an alignment with the properties of humour in its

creation of motivational congruence (De Jong & Berg, 2001), so potentially other counselling modalities could smoothly incorporate humour and its therapeutic properties. Compiling a database from the research into the personal experiences of counsellors who incorporate humour into their practice and the clients who experience it, could provide information for other counsellors wishing to do the same. A collection of stories recounting attempts at humour in counselling sessions could provide teaching tools for other practitioners.

Limitations

As with any research that explores only a singular aspect of counselling, there will be certain limitations due to the exclusion of several systemic factors. Socio-economic factors and family life are external forces that are only marginally related to the use of humour but can still affect a client's motivation to change. A person's susceptibility to humour is fluid and stress, fear, and shame are emotional factors that could affect a client's mood, thus interfering with the ability to measure the impact humour has on a counselling session.

Counsellor sense of humour also has relevance when determining the effectiveness of using humour with clients. There can be a drastic difference in what a counsellor considers funny and what a client considers funny. As well, what proves humorous to one client may be found offensive by another. Humour appropriateness and timing is determined by the counsellor and specific to the individual client, so any humour template or counselling modality cannot be assumed to be universally effective. A sense of humour is not something that can be easily taught so constructing an educational protocol would prove difficult. However, teachers who train counselling students could engage in humour as a model for their students, or instruct them

to look for incidents of humour in their practice sessions so that they may be able to identify situations when humour might benefit their future clients.

This paper includes my personal experience with using humour in counselling, which is a very limited sample size against which to measure success. Just because I found humour to aid in creating a bond with my mandated clients, does not guarantee that others will find it equally helpful. A person's sense of humour is as unique as their problems, and their moods are ever-changing, so a client, and counsellor, can have varying responses to humour. A counsellor must be able to judge for themselves when, or if, there is room for humour in their work.

Conclusion

In order to connect with the clients in the halfway house I had relied on humour and camaraderie to put them at ease. During my Master's studies I read a lot about client/counsellor relationships which led me to question my professional approach with clients. Was I too relaxed? When attempting to use humour, did I come off as unprofessional? Did I appear to be enjoying myself too much? Researching this paper reinforced my belief in the therapeutic power of humour. In order to be an authentic and present counsellor, I feel that it would be detrimental to stifle my natural reaction to find humour and joy in most aspects of life. I want to be as genuine as possible with my clients. A strong appreciation of humour has always been at the forefront of my personality and it was reinforcing to discover that the literature supports the use of humour, identifying the many positive effects of using humour in therapy. Hopefully, the evidence uncovered in this paper encourages others who are willing to engage in humour with clients. I certainly intend on continuing to incorporate humour into my professional work as a way of creating alliance with clients and strengthening their beliefs in the therapeutic process.

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