

Exploring the Power of Therapeutic Humour Through the Lens of Two-Eyed Seeing

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A capstone submitted in partial fulfillment of the requirements for the degree of
Master of Counselling (MC)

City University of Seattle (Canada)

Victoria, BC, Canada

June 5, 2025

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To my family, who have provided me with a rich and wonderful legacy of laughter. A heartfelt thanks to Milah for their wisdom and steadfast support throughout this capstone journey.

Chapter 1: Disrupting the Joy Deficit in Western Psychotherapy

Introduction

A review of North American psychotherapeutic research and literature delineates the conspicuous absence of joy in western therapeutic practice, (Wright & Burkholder, 2024). While models excel in addressing pathology, trauma, and dysfunction, they often marginalize or overlook the transformative potential of relationship in psychological healing, (Marziali & Alexander, 1991). In resistance to the deficit lens and problem-saturated discourse that is centred in Canadian psychotherapeutic practice, research, and clinical training, this literature review provided an opportunity to shift the focus to theoretical frameworks that actively challenge the joy deficit, aiming to reframe therapeutic practice to incorporate the pivotal role of positive emotional experiences in fostering psychological well-being, (2024).

As humans, we are intimately connected to our pain - mentally, emotionally, and physically. Isn't it equally important for us to connect to our joy? Reflecting on a relationship or experience which sparks laughter, a feeling of happiness, or on a moment when a sense of well-being was restored illuminates the benefits of relational well-being. A moment of shared laughter or joyfulness could be a conduit for connection. This wonder sparked a curiosity about the clinical research which explores the therapeutic benefit of humour and laughter. More specifically, what does the research tell us about the function of humour and laughter in the development of therapeutic rapport.

Historically, psychotherapists have acknowledged the client-therapist relationship as the foundation for all treatment processes, (Tishby & Wiseman, 2023; Wampold and Fluckiger, 2023). While the definition of the therapeutic relationship is ever evolving, its importance in treatment remains constant. There is a significant body of research which delineates the

connection of a strong working alliance with increased therapeutic outcomes, which provides clinicians with new insight for practice and clinical training, (Constantine et al., 2022; Dobson & Kazantzis, 2023; Tishby & Wiseman). This provides Canadian-trained clinicians with an opportunity to explore theory and research which reflects a relational, strengths-based lens.

The Therapeutic Alliance: A Cornerstone of Effective Psychotherapy

An aspect of psychotherapeutic practice that resonates deeply with my epistemological framework and professional ethos is centred around the sacred role of the therapeutic alliance, a necessary ingredient for clients to feel safe and understood, allowing for an exploration of their struggles with an empathetic, attuned other. This dynamic partnership rests on three essential pillars: consensus on treatment goals, agreement on the therapeutic tasks involved in achieving those goals, and the cultivation of a strong, positive bond between the individuals involved, (Dobson & Kazantzis, 2023).

The concept of the therapeutic alliance, while now central to psychotherapy, has historical roots in the work of Bordin, who coined the term working alliance, (Wampold & Fluckiger, 2023). Bordin's conceptualization emphasized the alliance's broad applicability, extending beyond specific therapeutic approaches to encompass any relationship where an individual seeks help from a professional. This understanding highlights the importance of rapport in all helping relationships, (Wampold 2023; Zalaznik et al., 2025).

The therapeutic alliance is not an intangible concept; it is measurable, (Wampold 2023). Extensive research overwhelmingly supports the crucial role of relationship in predicting positive treatment outcomes, (2023, Zalaznik, 2025).). Studies consistently demonstrate a strong correlation between a robust therapeutic alliance and successful therapeutic progress, even when controlling for pre-existing symptom severity and other relevant factors, (2025).

There are a numerous factors which contribute to the formation and strength of the therapeutic alliance. The clinician's facilitative interpersonal skills, including empathy, active listening, and genuine engagement, are particularly crucial in establishing a strong and productive alliance, (Zelasnik, 2025). The therapeutic relationship is crucial because it forms the foundation of effective therapy, (Yao & Kabur, 2023) It serves as a collaborative bond between therapist and client that promotes trust, safety, and openness, (Bell, 2022). Therapy involves discussing sensitive and personal issues, so a strong therapeutic relationship creates a safe environment where clients bravely sharing their thoughts and feelings, free from judgement, (Sauer et al., 2019; Dobson & Kazantzis, 2023; Duffy et al., 2023).

The emphasis on evidence-based theoretical approaches in North American mental healthcare systems and clinical education may prevent practitioners from fully appreciating the profound importance of the therapeutic relationship, (Dobson & Kazantzis, 2023). Due to the ever-expanding list of policy guidelines and funding constraints, combined with the political and economic power of big pharma, treatment models focus on pharmaceutical and technical interventions, and the therapeutic relationship and interpersonal skills of the therapist are not given the same weight. Perhaps, this is an oversight which needs to be addressed, (2023). By prioritizing the client-therapist connection, clinicians can challenge deficit-focused perspectives.

In the dawn of person-centered therapies, Carl Rogers suggested a paradigm shift that moved away from therapist as the expert to focus on the therapeutic relationship as the intervention, (Yao & Kabir, 2024). Rogers believed that a therapeutic relationship which is characterized by a nonjudgmental, empathetic therapist can provide the client with unconditional positive regard, and centering clients as the expert of their own lives, (Tishby & Wiseman, 2018; Dobson & Kazantzis, 2023; Yao & Kabir, 2024).

Effective therapy is a collaborative process, (Noyce & Simpson, 2016). When the relationship is strong, clients are more likely to actively engage and take ownership of their growth, (Dobson & Kazantzis, 2023). A solid therapeutic relationship provides emotional support, and a corrective attachment experience, which can be deeply affirming, especially for clients who lack this in other areas of their lives, (Duffy et al., 2023). Clients who feel a strong connection with their therapist tend to experience greater improvements in mental health, (Zalaznik et al., 2025).

Therapy often involves exploring painful or uncomfortable topics. For many, the decision to go to therapy is born from an emotional injury, and a trusting relationship makes it easier for clients to confront and process difficult emotions and the challenges in their life, knowing they have someone to support them through the discomfort, (Sauer et al., 2019). The therapeutic relationship is the context within which healing and growth happen. It is not just an element of therapy but the very vehicle that facilitates change, (Tishby & Wiseman, 2018; Yao & Kabir, 2024). Due to the overwhelming body of evidence which explores the dynamic and multifaceted construct of the alliance, for the purposes of this literature review, a narrower focus was required.

Throughout the world, there is noteworthy evidence that humour and laughter are nearly universal experiences which can be beneficial to help people develop new insight, overcome obstacles, and make people feel closer to each other, (Buxman in Gupta, 2017). In the context of the therapeutic relationship, how can humour be operationalized to build a stronger rapport?

Historical Evolution of Laughter

The power of humour and laughter, explored since the early Greek philosophers, is still an elusive quality in clinical work. Focusing on one aspect of humour, such as the role it can play to build rapport, could expand clinical wisdom in ways that would be transformational for clients and clinicians, (Ethem, 2019). Humour has long been recognized as a powerful social bonding mechanism in human relationships, yet its application in the therapeutic setting has followed a more cautious and nuanced trajectory.

The behavior therapy literature was notably devoid of references to humour until the early 1970's, reflecting a professional hesitancy to incorporate levity into what was considered "serious" psychological intervention, (Franzini, 2001). This perspective began to shift with practitioners like Kuhlman, who recognized humour's potential as a potent force in change processes that deserved consideration alongside other therapeutic techniques, (2001).

Ericson suggested that by allowing clients to break the taboo of having fun in therapy, they might choose to have fun in more serious aspects of their lives, (2001). A shared moment of laughter might manifest as quiet, empathic amusement—a knowing smile exchanged between two people who recognize a truth together, or perhaps it will evolve into more overt laughter. Regardless of its intensity, this mutual experience of humour serves to enrich the therapeutic relationship, creating moments of genuine connection that can sustain both parties through the more challenging aspects of the therapeutic work, (Rosenheim, 1974 in Franzini, 2001).

Laughter can influence cognitive behavior, social relationships as well as physical and psychological health, (Akimbakov & Razzaque, 2021). Individuals who laugh frequently show lower stress models in the face of challenging events compared to those who laugh less, (Zander-Schellenberg et al from Kanbur, 2020). Studies have also documented the role that laughter

plays in enhancing the quality of life, (2021). In studies of elder depression, humour was found to help reduce agitation and increase happiness, (Kanbur, 2020).

Humour is used in many therapeutic models, but it has only recently been included in the literature as a therapy approach, (Ethem, 2019, Kanbur & Bastemur, 2023). Humour is a powerful intervention if both the client and the therapist recognize the role it played in creating change, (Goldfriend & Francis, 2022).

Research indicates that laughter and humour are powerful, non-pharmalogical interventions that can be used to restore homeostasis, stabilize blood pressure, oxygenate the blood, relax our nervous systems, and produce feelings of well-being, (Briggs & Owens, 2022). The magic of humour to reduce tension, create a sense of hope, reduce power differentials and create connection between clinicians and clients illuminates the therapeutic power of humour to strengthen rapport, (Akimbakov & Razzaque, 202; Ethem, 2019). This provides clinicians with an invitation to explore theory and research which counteracts the joy deficit, in resistance to the dominant narrative of therapists as serious, somber and professional, allowing for an opportunity to focus on research and theories which operationalize joy and humour to build relationship in healing work, (Wright & Burkholder, 2024).

Conducting a literature review on the psychological and physiological benefits of humour amplifies the shortcoming of our colonial medicalized systems, especially when they are examined through the relational and strengths-based lens of Indigenous knowledge systems, which highlight the power of laughter and humour to aid in the development of a strong alliance, (Bartlett, Marshall & Marshall, 2012; Stewart and Moodley, 2017; Trimble 1981 in Trenholm et all, 2019).

In Chapter two, adopting the lens of Two-Eyed Seeing, we will explore Indigenous and non-Indigenous research which highlights the therapeutic power of humour to build connection and rapport, and as a marker for improved physical and psychological health. This will be followed with an analysis of the research which examines the physiological, psychological and cognitive benefits of humour.

Ethical Considerations for the Two-Eyed Seeing Approach

Existing research offers varying perspectives on the appropriateness and application of the Two-Eyed Seeing approach in therapy, particularly for whyte Canadian therapists work with Indigenous clients. Some research suggests that Two-Eyed Seeing is a crucial framework for ethical and effective practice with Indigenous populations, (Kaufman, 2024; Roher & Fairman, 2024; Sinclaire et al., 2021), emphasizing the importance of integrating Indigenous knowledge systems alongside Eurocentric psychotherapeutic approaches, to achieve culturally safe and relevant care. They highlight the apolitical nature of westernized approaches which overlook the harm and violence of colonialism, continuously taking on new forms, (Hart, 2010).

Research highlights the multifaceted role of humour in Indigenous cultures, varying significantly across different communities and contexts, as a vessel for passing down cultural knowledge, values, and beliefs across generations, (Copage, 2019). This can be seen in the use of humour in traditional narratives, songs, and rituals, (2019; Kauffman, 2024; Linklater, 2014). Collective experiences, storytelling, ceremonial practices and community connections all contribute to a healing environment where laughter and joy function as powerful resources, (Nurhidayati & Yasmin, 2024; Sasakamoose et al., 2017; Tyson et al., 2024).

Cultural humour researchers Jiang and Hiu identified that, “humo(u)r is universal but also culturally specific,” (Jiang, 2019). This is an important insight for therapists, especially those of

us who reflect dominant culture, highlighting the need to engage in life-long learning and reflection to cultivate cultural humility. When working with clients from non-dominant groups, how can therapists who reflect dominant culture develop an understanding of the essence of each client, and a working knowledge of cultural communication styles? Humour is nuanced, and within Indigenous nations, humour is a tradition which exist in many forms, (Stewart et al., 2017). The findings of this literature review highlighted the strengths of a relational approach, which focuses on the building of trust, and learning to work cross-culturally, to “walk between worlds,” (Beaucage, 2024).

The profound relationship between rapport and humour is woven into the fabric of Indigenous wisdom, (Absolom, 2022; Copage, 2019; Kauffman, 2024). Despite centuries of attempted cultural erasure and systemic oppression, Indigenous nations have demonstrated remarkable strength and resilience, preserving their vital traditions and ways of knowing, (Absolom, 2022; Trenholm et al.). While colonial forces sought to separate Indigenous peoples from their lands, languages, ceremonies, and cultural practices through residential schools and other forms of systemic violence, Indigenous communities developed forms of resistance to allow for cultural continuity, (Hinzo & Clark, 2019). As Algonquin historians have powerfully noted, their ability to laugh remained an unassailable stronghold of their spirit and resistance, (Poirier, 2000). This capacity for joy and humour, passed down through generations, stands as a testament to the enduring vitality of Indigenous cultures, and their refusal to be defined by loss, (Absolom, 2022; Hinzo 2019).

Anabi satirical journalist and comedy writer Tim Fontaine provides insight for understanding the cultural significance of Indigenous humour, explaining how it is used as an equalizer, rarely to punch down, (Beaucage, 2024). In some nations, teasing can be common for

in-group members, (2024). This might suggest that if laughter emerges in session, it could be an indication of therapeutic rapport and equality in the relationship, which creates opportunity for greater trust and sharing, (2024). Fontaine provides insight that Indigenous humour can be dark as a form of coping, owing to the history of abuse and oppression of Indigenous individuals, who prefer relating on an equal level with others, due to the distrust of power dynamics. Fontaine continuously emphasized that many aspects of Indigenous humour are not universally relevant, as Indigenous communities are diverse, and what one sees as funny another might not, (2024).

Research plan

I began this project with the intention of intentionally disrupting the joy deficit of psychotherapy by exploring an intersection of two curiosities which sit close to my heart. What research has been conducted to develop an understanding of the therapeutic power of humour? How can humour be operationalized to support the development of a strong therapeutic rapport? At the heart of this inquiry is my instinctual belief in the transformational power of humour and laughter to foster the development of a strong therapeutic relationship which will provide deeper opportunities for connection and growth, for clients as well as clinicians. When explored through the lens of Two-Eyed Seeing, how can humour be operationalized to create therapeutic rapport?

Definition of terms:

1. Humour: The American Association for Therapeutic Humour defines humour as: “any intervention that promotes health and wellness by stimulating a playful discovery, expression or appreciation of the absurdity or incongruity of life’s situation. This intervention may enhance health or be used as a complementary treatment of illness to facilitate healing or coping, whether physical, emotional, cognitive, social or spiritual” (Sultanoff 2000, cit. by Franzini 2001).” P.504

2. Therapeutic humour: the conscious and purposeful use of humour to provide a positive therapeutic change in a client's emotions, behaviors, thoughts, or physiology, (Zorlu, 2019).
3. Operationalize: Operationalization is the process of defining abstract concepts in a way that makes them observable and measurable. Researchers can operationalize abstract concepts in different ways. They will need to measure slightly varying aspects of a concept, so they must be specific about what they are measuring, (Heath 2023).
4. Two-Eyed Seeing - Etuaptmumk (Mi'kmaw): learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing, and learning to use both these eyes together, for the benefit of all, (Jeffrey et al, 2021).
5. Western: refers to a mind-set, a worldview that is a product of the development of European culture and diffused into North American countries, an archive of knowledge and systems, rules and values extracted from and characteristic of Europe and the Western hemisphere (Smith, 1999 in Ermine, 2004).

Positionality Statement

It is important to reflect on the notion of worldview when we are exploring cross cultural communications. For therapists who reflect dominant North American culture, continuous reflection on unconscious bias allows for a deeper understanding of the impact it has on community, social policies and clinical work, allowing us to build a deeper understanding of each client's experiences, and hopefully, reducing the risk of a therapeutic rupture.

Twenty-five years of experience working with youth and families has provided me with ongoing learning of the importance of relationship. When I reflect on my best work, showing up authentically and, at times, humorously, has led to stronger therapeutic connection and increased positive outcomes, so this influences my desire to explore the connection between humour and the therapeutic relationship more deeply.

Due to my unearned privilege, I must consider the impact of humour through the lens of my clients, to examine how it could impact how they view themselves and others, highlighting the need to consider how humour could build or disrupt rapport and trust. My heteronormative worldview must be challenged to create space for a more expansive understanding of self and other, to promote a greater appreciation for our shared and non-shared identities and the impact of these on lived experiences.

Research examining therapists' insight into appropriate humour identifies the need for clinicians to engage in self-reflection and ongoing education to deepen our cultural awareness when working with clients from diverse cultural backgrounds, (Ethem, 2019). In one study, licensed psychotherapists were asked to explore their personal uses of humour, how they developed their therapeutic styles, and how humour might be operationalized with clients of different cultures, (2019). A qualitative method was used, with conventional content analysis of semi-structured interviews to identify common themes in therapists' experiences. The participants reflected a diverse range of ethnicities and experiences. The findings indicated that humour was a prominent aspect of personal style for all participants before becoming therapists, serving as a tool to cope with emotionally difficult aspects of their lives. Almost all participants found it easy to build rapport through humour, and all participants modified or restricted their

humour use due to cultural differences in order to build rapport and provide effective therapy, (2019).

In her published work, *Constructing Authentic Relationships in Clinical Practice*, African American psychologist Dr. Jade Logan shares her insight that when a client shows a willingness to engage in the therapeutic process openly, and to vulnerably share, they need to experience the clinician's strong commitment to provide a therapeutic container that is affirming and validating, in no way reminiscent of any context in which they have been judged, devalued, marginalized, or hidden any aspect of their identity, (Logan, 2024). To provide such a space, humour is best integrated gently, to help create a shared sense of knowing, built at the speed of trust.

Risks of Therapeutic Humour

Despite its therapeutic potential, the application of humour in psychotherapy requires careful clinical judgment and nuanced understanding of each client's unique circumstances, (Salameh, 1987), emphasizing the critical importance of considering a client's past experiences of humour, particularly those with negative experiences where it was weaponized against them, (Amici, 2019). The therapist must navigate this terrain with sensitivity, recognizing that what might seem innocuous could trigger distress based on past experiences, (Beaucage, 2019; Jordan, 2019).

Various clinical presentations warrant particular caution when employing humour. Clients experiencing depression may process information through a negative filter which may cause them to misinterpret well-intended humour as dismissive or minimizing of their profound suffering, (Amici, 2019). Similarly, individuals with paranoid features might perceive humorous comments as mocking or hostile, potentially damaging the therapeutic alliance, (Kanbur & Baştumur, 2023).

Clinicians working with survivors of trauma should bring a heightened sensitivity to communication, to ensure clients experience an ongoing sense of care, making humour a particularly delicate intervention in trauma work. Especially in early sessions, while getting to know the client, the use of humour could create feelings of shame if a client feels they are being ridiculed, creating a reticence to share vulnerable feelings, (Ethem, 2019). Misplaced use of humour could create a therapeutic rupture and reduce a client's feeling of safety. This highlights the importance of educating new therapists on the use of therapeutic humour, (Trenholm et al, 2019).

There is also a significant body of evidence demonstrating how cultural differences influence how humour is both expressed and received; what registers as warmth in one cultural context might be perceived as inappropriate or confusing in another, (Jiang & Hou, 2019). Some theorists have cautioned against the use of humour in session, due to the risk that it could be used defensively, hindering the therapeutic work, (Akimbakov & Razzaque, 2021). Kubie, one of the most prominent opponents to the use of humour, stated, "Humour has its essential place in life. Let us leave it where it is and take note that there is an area of life where it can have a marginal role, or maybe no role at all in psychotherapy," (Amici, 2019, p.504). This underscores the need for clinicians and their trainers to reflect on the conscious and therapeutic use of humour.

Overview of Chapters

In chapter two of this capstone, I will explore the existing research which seeks to increase understanding of the importance of therapeutic rapport. By integrating the lens of Two-Eyed Seeing, Canadian clinicians are provided with a strengths-based relational approach which can help to diminish the joy deficit in psychotherapy research. I will also analyze the literature which

examines how humour and laughter can be operationalized to develop a strong therapeutic relationship, to serve as a protective factor, seeking to disrupt the joy deficit of Western psychotherapy. In Chapter three, I will discuss the application of humour to build rapport, shift perspectives and explore how it can provide a marker of growth. I will also reflect on the therapeutic benefits of the Two-Eyed approach, which invites the integration of a strengths-based, relational lens that is beneficial for clients and clinicians.

Chapter 2: Theoretical Exploration of Humour

Getting to the Heart of Relationship in Therapy

There is an overwhelming body of research spanning many theoretical orientations which links the strength of the therapeutic relationship to symptom improvement, adherence to treatment and treatment outcomes, (Wampold and Flückiger, 2023; Zalaznik et al., 2024).

In the dawn of person-centered therapies, Carl Rogers offered a perspective that centred the client as the expert in their own life and the therapeutic relationship as the intervention, ((Yao & Kabir, 2024). Rogers suggested that the therapeutic relationship is characterized by a nonjudgmental, empathetic therapist who provides the client with unconditional positive regard, (2024).

Psychodynamic theorists propose the therapeutic relationship itself causes change by helping clients understand their relationship patterns, (Wampold and Flückiger, 2023). The relationship is developed to create a safe environment to reflect on various aspects of the client's inner world and interpersonal patterns that are a focus for change, (Tishby & Wiseman, 2018). The psychodynamic approach focuses on relationships as a key treatment element. In contrast, behavioral approaches such as DBT, ACT and CBT see the therapy relationship as the backdrop for specific treatment techniques, (Marziali & Alexander, 1991). Linehan's 1993 application of

dialectical behavioral therapy emphasized the foundational role of the therapeutic relationship for all other cognitive and behavioural techniques, (Brandel & Ringel, 2004).

In cognitive behavioural therapy, the therapeutic relationship is the vessel in which the case conceptualization is developed, tested, and refined, (Dobson and Kazantzis, 2023). CBT therapists assume the role of expert, salesperson, as well as an external source of accountability, and coach, (Tishby and Wiseman, 2018). Both the relationship and the techniques matter - they work together, and this alliance will have a strong effect on treatment outcomes, (Marziali & Alexander, 1991).

The common factors approach identifies a trusting relationship as one of the four key elements of effective psychotherapy. The other factors required include a supportive environment, a logical explanation for the client's issues, and a credible treatment process, (Bell, 2022). This approach offered a newer, evidence-based model of what makes therapy work, (2022).

Attachment theorists and researchers have also contributed to our field of understanding regarding the importance of developing and maintaining a positive therapeutic alliance, (Nelson, 2008) and view the therapeutic relationship as a corrective emotional experience that can help reshape a client's internal working models of relationships, (Sauer et al, 2019). Therapist attachment-related behaviors significantly impact the psychotherapy process and outcomes, (2019). In group psychotherapy, humour was found to be beneficial in the formation of group commitment, to decreased tension and resistance of the members, (Stone, 2023; Zorlu, 2019).

With more than four hundred models of psychotherapy, there is an overwhelming body of data which heightens the importance of the therapeutic relationship, but Eurocentric methodologies are only telling part of the story. Conducting a robust literature review on

therapeutic rapport requires looking beyond the dominant western psychotherapy models, and toward a more relational approach of helping, enabling clinicians to widen our lens, embracing a strengths-based approach which is deeply embedded in the research and wisdom of Indigenous clinicians, scholars and elders, (Stewart and Marshall, 2017; Sasakamoose et al., 2018 & Copage, 2019).

There is a limited amount of research on the theoretical approaches taught in master's level counselling programs in Canada, but according to research conducted jointly by Indigenous nations and the University of New Brunswick, Eurocentric psychotherapeutic approaches dominate, (Trenholm et al., 2019). This has created gaps in our understanding of therapeutic rapport, a strengths-based way of knowing that is honoured in Indigenous wisdom, (Trenholm et al., 2019, and Absolom, 2022). Indigenous theory and research integrates a relational lens which emphasizes the interconnectedness of individual well-being with community and the natural environment, (Tyson et al., 2023). Reflecting on the work of Indigenous elders, researchers, and knowledge keepers can provide clinicians with a deeper understanding of the sacred role of relationship in clinical work, highlighting the therapeutic benefits of integrating the Two-Eyed approach, (Trenholm et al., 2019, Wright et al., 2019).

Humour in Indigenous Healing Practices

Mi'kmaq Elders Albert and Murdena Marshall from Eskasoni First Nation in Nova Scotia conceptualized Two-Eyed Seeing as a healing pathway, (Bartlett et al., 2009 in Sinclair et al., 2021). Introduced in 2004, this philosophy encourages learning to view the world through two perspectives simultaneously: one eye recognizing the strengths of Indigenous knowledge and research and the other acknowledging settler contributions, with both perspectives mindfully integrated for universal benefit, (Hatcher et al., 2009 in Trenholm et al., 2019; Sasakamoose,

2017). This approach requires acknowledging our interdependence and committing to a shared learning journey, (2019).

However, other research papers acknowledge the complexities and potential challenges of implementing Two-Eyed Seeing, (Broadhead & Howard, 2021; Wright et al., 2019). Researchers caution against a simplistic or tokenistic application of the approach, emphasizing the need for genuine collaboration, respect, and a deep understanding of Indigenous worldviews, (2019). Concerns are raised about the potential for misinterpretations or misappropriations of Indigenous knowledge if not approached with humility and cultural sensitivity, (2021).

The appropriateness of a Two-Eyed Seeing approach, therefore, depends heavily on the therapist's commitment to genuine collaboration, cultural humility, ongoing learning, and reconciliation, (Sinclair et al., 2021). It is not simply a technique to be added to existing practice, but a fundamental shift in perspective and approach that requires ongoing reflection and engagement with Indigenous communities, (Beaucage, 2019; Trenholm, 2020). Therapists who have adequate training might use this approach to meaningfully establish respectful relationships with Indigenous communities, and demonstrate a dedicated commitment to ongoing learning and collaboration. Otherwise, referral to a therapist already experienced in this integrated approach is recommended, (Zeyer, 2024).

Bartlett, Marshall, and Marshall recognized the significant challenge of integrating Indigenous and non-Indigenous knowledge systems within educational environments dominated by mainstream European approaches, (Bartlett et al., 2012). The literature shows varying interpretations and applications of Two-Eyed Seeing in research, creating challenges for researchers trying to utilize this approach, (Wright et al., 2019). In their recent integrative review examining Two-Eyed Seeing in published works, the authors recommend detailed explanations

of how researchers interpret and implement Two-Eyed Seeing in their studies, to help develop its maturity as a framework (2019). Despite its promise for creating more culturally responsive and holistic mental health services, therapists might encounter significant challenges when attempting to authentically integrate this approach into their practice, (2019). These obstacles span cultural, epistemological, and institutional domains, creating complex barriers that require careful consideration and systematic addressing, (Bartlett et al., 2012).

The most fundamental challenge therapists face lies in developing genuine cultural understanding that transcends superficial knowledge acquisition, (Wright et al., 2019). Many mental health professionals operate with surface-level familiarity with Indigenous worldviews, lacking the deep immersion necessary to understand the intricate relationships between land, community, spirituality, and healing that characterize Indigenous approaches to wellness, (Wright et al., 2019). This limited understanding creates a precarious foundation for implementing Two-Eyed Seeing, as authentic practice requires more than academic knowledge—it demands lived experience and meaningful relationship with Indigenous communities and ways of being, (Zeyer, 2024).

The risk of cultural appropriation looms large when therapists attempt to incorporate Indigenous concepts without authentic engagement, (Broadhead & Howard, 2021). Without proper grounding in Indigenous knowledge systems and community relationships, well-intentioned efforts can become extractive or tokenistic, reducing rich, complex traditions to therapeutic techniques divorced from their cultural context, (2021). This appropriation not only disrespects Indigenous knowledge but also undermines the very principles of Two-Eyed Seeing, which emphasizes respectful dialogue between knowledge systems rather than extraction from one to benefit another, (Trenholm et al., 2019; Zeyer, 2024).

Perhaps most significantly, clinicians who are disconnected from the land-based knowledge and community relationships that form the foundation of Indigenous healing approaches, (Wright et al., 2019). Two-Eyed Seeing is not merely a conceptual framework but a way of being rooted in reciprocal relationships with the natural world and community networks, (Hart, 1999). Therapists practicing in urban, clinical settings may struggle to cultivate these essential connections, finding themselves attempting to implement an approach while missing its fundamental grounding elements.

The evidence-based practice movement in psychology creates additional barriers for therapists seeking to integrate Indigenous knowledge, (Marziali & Alexander, 1991). Western empiricism, with its emphasis on randomized controlled trials and quantifiable outcomes, often fails to validate spiritual, ceremonial, or oral knowledge traditions that form the backbone of Indigenous healing practices, (Absolom, 2022). Therapists may struggle to justify the use of Indigenous approaches within professional contexts that demand empirical validation, creating tension between their desire to practice Two-Eyed Seeing and their professional obligations to use "evidence-based" interventions.

Educators and clinicians striving to remain faithful to Indigenous peoples' knowledge systems honour the relational approach of Indigenous ways of knowing by developing a close collaboration with recognized elders and knowledge keepers, (Trenholm et al., 2019). This consultation process aligns with formal recommendations from Mi'kmaw, Wolastoqiyik, Innu, and Inuit community elders in Atlantic Canada, and was endorsed by Atlantic Chiefs in 2011, (Bartlett et al., 2012).

To maintain Indigenous knowledge authenticity, Elder Albert Marshall identified the importance of consultation with appropriate sources for specific topics, emphasizing that

"Indigenous knowledge is collective knowledge," (Trenholm et al., 2019, p.25). The First Nations principles of ownership, control, access, and possession, commonly referred to as OCAP®, establishes the authority of Indigenous communities regarding data collection processes, ownership, and control of how this information may be used, (OCAP, First Nations Information Governance Centre, 2017).

The genocide of Indigenous Canadians by violent European settlers was intended to erase Indigenous people and culture, and to erode the Indigenous body of knowledge, (Coates and Gray, 2003). But existing research highlights the resiliency of Indigenous communities, where many traditions are maintained by a relational way of living culturally connected lives, honouring the healing practises embedded within their cultural resources and relational wisdom, (Absolon, 2022). There is a weighted body of research on the sacred role of relationships in Indigenous theories and healing practices, (Absolon, 2022; Coates & Gray, 2010; Trenholm et al., 2019). Indigenous wisdom is steeped in the understanding that relationships are significant not just between people, but with land, nature, culture, community, and ancestors, (Hart, 1999).

Eduardo Duran's ground-breaking work "Healing the Soul Wound" explores Indigenous healing practices, which recognize that recovery from historical trauma occurs through restoring interconnected relationships between physical, mental, spiritual, and emotional dimensions of wellbeing, (Duran, 2006). Similarly, Absolon's research highlights the holistic and relational foundations of Indigenous knowledge systems and methodologies, (Absolon, 2021). In "Decolonizing Trauma Work" (2014), Renee Linklater examines Indigenous healing approaches that prioritize community connections and relationships as central to the healing process.

The lens of Two-Eyed Seeing also highlights the importance of reciprocal relationships, and the role of ceremony in strengthening relationships in the sharing of multigenerational

wisdom, (Hart, 1999; Linklater, 2014; Wright et al., 2019). The integration of Two-Eyed Seeing in therapeutic practice reveals profound epistemological tensions between Western and Indigenous approaches to healing. Western therapy traditionally centers on individual pathology and treatment, emphasizing personal responsibility and individual change. This individualistic focus directly conflicts with Indigenous approaches that prioritize relationality, interdependence, and community healing. Therapists trained in Western models may find it challenging to shift from individual-focused interventions to approaches that recognize healing as fundamentally relational and community-based, (Ethem, 2019).

Despite the significant body of research which points to the importance of therapeutic rapport, there is a gap in knowledge and clinical training of therapists in Canada regarding how such a relationship is developed. When looking at this through the lens of Two-Eyed Seeing, clinicians can connect to the strengths-based approach of Indigenous methodologies, deepening our understanding of the importance of relationship from perspectives which reflect a more collectivist worldview, (Absolom, 2022). By looking beyond Eurocentric methodologies, we can also develop a more nuanced understanding of humour as a sign of healthy coping, and as a form of resistance.

Humour is Magic

Although academic literature does not consistently identify humour as a primary element of Indigenous healing, substantial evidence indicates that humour serves a crucial, often implicit, function in the development of social bonds and in strengthening community ties, (Newton et al., 2022; Nurhidayati & Yasmin, 2024; Sasmita et al., 2022). Sharing jokes and engaging in humorous interactions can build rapport, create a sense of belonging, and reinforce collective

identity. Memes, for example, are highlighted as bonding icons within specific communities, (Newton et al., 2022).

Numerous Indigenous cultures incorporate humour into storytelling, frequently through trickster figures, (Stewart et al., 2017; Hinzo & Clark, 2019; Kauffman, 2024). These characters, typically portrayed as animals or shapeshifters, employ cleverness, subterfuge, and humour to question authority, disrupt societal conventions, and convey important lessons. While the humour may be subtle or even somber, it fulfills an essential function in processing difficult truths and facilitating social commentary.

Collective laughter at trickster narratives fosters community cohesion and shared experience, contributing to healing at a collective level (Borunda & Murray, 2019; Marshall, 2015). For instance, research on South Slavic women's trauma healing references the Kolo circle dance, a somatic folk practice that incorporates elements of playful movement and shared experience, potentially contributing to healing through communal, embodied humor (Anderson, 2023). In some contexts, humor is explicitly linked to healing practices and the promotion of well-being, (Hinzo & Clark, 2019; Thomas et al., 2022). Storytelling, often incorporating humour, can be a therapeutic tool for processing trauma and fostering emotional resilience, (Hart in Coates & Gray, 2010).

In some Indigenous storytelling traditions, humour serves as a tool for resistance against oppression and a means of survival in the face of adversity, (Hinzo, 2019). This suggests that humour can be a powerful way to challenge power structures and navigate difficult historical and contemporary experiences. Indigenous humour serves to challenge stereotypes, critique social issues, and nurture community resilience, (Ethem, 2019). Humour also functions as a survival mechanism and a means of managing historical trauma and ongoing sociopolitical challenges,

(Hart in Coates & Gray, 2010). The complex nature of Indigenous humour spans from playful banter to incisive social commentary, demonstrating its enduring significance as a tool for cultural preservation, resistance and community development, (Absalom, 2022; Borunda & Murray, 2019).

Humour styles are deeply embedded in cultural identity, reflecting specific values, beliefs, and perspectives, (Ethem, 2019; Kuru, 2017; Jiang et al., 2019). The use of humour can be a way for Indigenous people to express their unique cultural identities and challenge dominant narratives, (Kauffman, 2024). The role of humour in Indigenous cultures is diverse and context-dependent, and relationship is essential to interpret the meaning and function of humour within any given Indigenous community. Furthermore, the use of humour in therapeutic settings with Indigenous clients requires careful consideration of cultural sensitivity and the potential for both harm and healing, (Absalom, 2022; Ethem, 2019).

While the existing data supports the power of laughter and humour to build relationship, foster mutual respect, and facilitate deeper understanding, dominant North American counseling literature provides a very limited exploration of the cultural phenomena of Indigenous humour and Two-Eyed Seeing in therapeutic practice, (Ethem, 2019). Humour can create a relaxed atmosphere essential for trust development between Indigenous and Western partners, a crucial element for successful Two-Eyed Seeing initiatives (Andrews, 2011; Corso et al., 2022; Drost, 2019; Logan et al., 2020) in a manner which honours the vulnerability and resiliency of humankind.

An additional belief rooted in Indigenous teachings and knowledge is the concept of Ethical Space, which sheds light on ways to disrupt health researchers' attraction to a singular worldview which continue to privilege Western perspectives, (Ethem, 2019). Knowledge rooted

in diverse systems is required to challenge colonial relations in psychotherapy, (2019). Two-Eyed Seeing often addresses sensitive topics like colonialism and inequality, (Bartlett & Marshall, 2009). Humour can enable nuanced discussions, allowing emotional expression without escalating tensions, but integrating humour requires cultural sensitivity and awareness, (2009).

Indigenous satirical journalist Tim Fontaine provides insight into the cultural significance of Indigenous humour, explaining its function as an equalizer that rarely punches down, (Beaucage, 2024). In some nations, teasing among group members is common, so when humour emerges in therapeutic settings, it may show rapport and relationship equality, creating opportunities for increased trust and communication, (2024). Insensitive humour could undermine Two-Eyed Seeing principles, so humour must be relevant and appropriate to the specific Indigenous culture involved, (Porter et al., 2023). Humour should not be operationalized to reinforce power imbalances or marginalize Indigenous perspectives, (2023). The appropriateness of humour depends on context and may be unsuitable in formal settings or when addressing particularly sensitive topics, (Absolom, 2022).

While research literature does not explicitly address humour's role in Two-Eyed Seeing approaches, integration requires consideration of cultural nuances and ethical implications. The literature review process revealed a significant disparity in North American healing and learning approaches which are elevated above alternative methodologies, (Trenholm et al., 2019). This imbalance can be traced to colonization, which established Eurocentric control and authority as foundational principles, (Ethem, 2019). This worldview has historically dominated discourse through the colonial assumption of superiority over Indigenous knowledge systems. Indigenous perspectives were frequently dismissed as primitive and subsequently prohibited through oppressive policies designed to maintain colonizer dominance, (Trenholm et al.) Further research

is needed to explore effective and ethical uses of humour within the Two-Eyed Seeing framework.

Contemporary Canadian clinical practice continues to operate within systems that reinforce colonizer knowledge and methodologies. Addressing these power inequities and advancing reconciliation requires equal recognition of both Indigenous and Western epistemologies and ontologies. Albert Marshall's framework advocates for flexibility, adaptability, and the integration of diverse perspectives and worldviews, (Trenholm et al., 2019). Knowledge acquisition occurs through multiple channels: relationships, lived experiences, introspection, symbolic understanding, dreams, and even humour, (2019). This conceptualization offers a more comprehensive and inclusive approach that respects various cultural traditions. Our physiological makeup might suggest alternative terminology such as four-eyed, ten-eyed, or multi-eyed seeing, (Kauffman, 2024).

When we employ multiple perspectives to recognize diverse strengths, our knowledge and worldviews continuously evolve. In her work "Braiding Sweetgrass," author Robin Wall Kimmer eloquently likens this dual perspective to cross-pollination, generating "a new species of knowledge, a new way of being in the world." In the next section of this chapter, we will continue to move away from the problem-saturated discourse of medicalized models by looking at the role of joy through the lens of Queer theory, providing a source of delight and hope in clinical work.

Queer Joy as a Way of Knowing

While there is limited research exploring how queer theory operationalizes humour and laughter, a queer theoretical perspective would likely offer insight of the role of humour and

laughter in challenging societal norms and perceptions regarding gender and sexuality, (Rashid, 2024). Given the complexity of laughter, its meaning and function can vary greatly, depending on the social context, the individuals involved, and the power dynamics at play. It would likely avoid simplistic interpretations and instead focus on the nuanced ways laughter operates in different situations, (Lazarro-Salazar & Schnurr, 2025; Lin, 2024; Watson & Drew, 2017).

A queer theoretical approach might explore laughter's function as a coping mechanism in the face of trauma, or how it might be used to process difficult emotions and experiences. It might also examine how laughter can be both a source of healing and a site of potential retraumatization, depending on the context, (Joy & Davies, 2024; Lacombe-Duncan et al., 2022). Queer theory identifies the potential of laughter to widen our orientation to the world, and to teach about the possibilities for collectively imagining a socially just culture, (Wright and Falek, 2024).

There is a growing body of research recognizing queer joy as a way of knowing, however, queer joy is a complex and multifaceted concept. It is not simply happiness or pleasure, but rather a defiant and resilient form of joy experienced by LGBTQ+ individuals in the face of oppression and adversity, (Schuster & Westbrook, 2022 in Attia & Flicker, 2024; Vilhialmsson & Ellenberger, 2024; Wright & Burkholder, 2024; Wright and Falek, 2024). Several papers highlight that queer joy is often found in unexpected places and is intertwined with other, more complex emotions like fear, stress, and grief, (Attia & Flicker, 2024).

Queer joy can serve as a protective factor, a powerful force for resistance and social transformation, a way of knowing and world-making that challenges dominant sexual and gender norms, (Wright & Burkholder, 2024; Wright and Falek, 2024). Some research emphasizes the importance of intersectionality in understanding queer joy, recognizing that the experience varies

significantly depending on factors like race, class, and different abilities, (Andrews, 2011; Joy & Davies, 2024).

The concept of queer joy is also used to challenge the joy deficit in sociological research, which often focuses solely on the negative experiences of marginalized communities, (Wright & Burkholder, 2024) Some research explores how queer joy can be mobilized through various practices, such as art, performance, and community building, (Burkholder, 2024; Vilhjálmsón & Ellenberger, 2024) and community mental health can be improved when language is understood to be productive, allowing for new realities as queer culture is embraced and integrated into mainstream culture, (Tilsen, 2021).

Despite the growing evidence supporting the therapeutic benefits of laughter, the joy deficit embedded in Western theory and practice has created huge gaps in research of therapeutic humour, laughter therapy and laughter yoga, (Wright and Falek, 2024), While the physiological effects of laughter are well-documented, more research is needed to fully understand its relational and transformational power within the therapeutic context. There is also a need for more research on the potential benefits of therapeutic humour to reduce therapist burnout.

The Therapeutic Power of Humour: A Multifaceted Approach to Healing

Throughout the world, there is significant evidence that humour and laughter are nearly universal experience which can be beneficial to help people develop new insight, overcome obstacles, strengthen bonds, and to help people feel closer to each other, (Buxman in Gupta, 2017). Laughter can influence cognitive behavior, social relationships and help people establish or improve physical and psychological health, (Akimbakov & Razzaque, 2021; Anderston, 2023; Bastemur, 2023). Individuals who laugh frequently show lower stress models in the face of

stressful events, than individuals who laugh less, (Zander-Schellenberg et al. from Kanbur, 2020). Studies have also documented the role that laughter plays to enhance the quality of life, (2021).

The physiological benefits of laughter are also well-established. Studies consistently demonstrate how humour can help to reduce stress hormones, lower blood pressure, and strengthen the immune system, (Briggs & Owens, 2022, Lin et al., 2025). Furthermore, laughter has been shown to alleviate pain and reduce inflammation, contributing to improved overall health and well-being, (Kramer & Leitao, 2023). Clown therapy has also been used to help children cope with the stress and anxiety of medical procedures, (Kanbur & Bastemur, 2023). Interestingly, research also indicates a correlation between frequent laughter and a reduced risk of functional disability, particularly among the elderly, (Tamada et al., 2020 in Akimbakov & Razaque, 2021), suggesting a link between laughter and longevity. Even oral health has been shown to correlate with laughter frequency in elderly Japanese populations, (Hirosaki et al., 2021 in Akimbakov) highlighting the pervasive influence of this seemingly simple act on overall health.

Numerous studies show laughter therapy effectively reduces stress and anxiety levels in various populations, including breast cancer patients, women undergoing IVF, and nurse candidates, (Kanbur & Bastemur, 2023; Leow et al, 2016). These studies employed methods such as laughter therapy sessions involving rhythmic laughter, whole-body laughter, and group laughter exercises, as well as interventions with medical clowns or humorous films, (Kanbur & Bastemur).

Additionally, laughter has been associated with improved cardiovascular health and longevity, (Kramer & Leitao, 2023). Some studies suggest that laughter may have positive

metabolic effects, such as reducing postprandial glucose excursion in individuals with type 2 diabetes and increasing energy expenditure, (2023).

The solemnity which characterizes the world of western psychotherapy has resulted in gaps in understanding of the significant therapeutic potential of laughter. Its application in therapeutic settings offers a multifaceted approach to emotional regulation, (Dionigi & Canesrari, 2018) cognitive enhancement, and improved therapeutic outcomes, fostering a stronger connection between therapist and client, and contributing to a more effective healing process, (Buxman in Gupta, 2017).

One of the primary benefits of humour in therapy lies in its ability to regulate emotions, (Dionigi & Canesrari, 2018). It acts as a powerful tool for tension diffusion, rapidly alleviating psychological stress and creating what might be termed "emotional breathing room, (Briggs & Owens). This space allows clients to approach complex feelings with greater clarity and objectivity, facilitating deeper processing and understanding. Furthermore, humour might provide some levity to support clients to reframe challenges, to foster a more adaptive and resilient approach to personal struggles, (2018). This shift in perspective is crucial for overcoming obstacles and developing coping mechanisms. Finally, laughter itself serves as a cathartic release, providing a healthy outlet for pent-up emotions that might otherwise remain suppressed, contributing significantly to emotional well-being, (Rudnick et al., 2014)

Beyond emotional regulation, humour significantly enhances cognitive flexibility, (Zorlu & Guduz, 2019). The inherent playfulness and absurdity of humour encourage clients to step back from rigid thought patterns, breaking cycles of negative or unproductive thinking, (Egerer, 2020; Zorlu, 2019). This allows for the exploration of alternative perspectives, fostering a more

nuanced and adaptive approach to problem-solving. Moreover, the ability to laugh at oneself and one's situation cultivates self-compassion and promotes self-acceptance, leading to a healthier self-image, (Bastemur, 2023).

Humour and laughter represent powerful, yet often under-utilized tools in therapeutic practice. For clients experiencing significant psychological distress, whether it is caused by anxiety, depression, shame, guilt, or difficulties with impulse control, the strategic incorporation of humour within therapy can provide substantial benefits, (Ethem, 2019). For conditions such as Borderline Personality Disorder (BPD), humour can be strategically operationalized to reduce defensive barriers, diminish perceived power differentials between client and therapist, and lower psychological defences, (Winnicott, 1971 in Gelkopf, 2011). This approach may expand the client's repertoire of available coping strategies while simultaneously supporting ego strengthening, (Freud, 1905).

Individuals seeking therapy often arrive with considerable emotional suffering. Within a safe therapeutic context, laughter can serve as a valuable outlet for psychological tension. Research indicates that laughter not only provides momentary relief but can also function as a meaningful marker of therapeutic progress and change, (Perls in Fagan et al., 1970; Pierce et al., 1983). This is particularly relevant for clients experiencing emotional numbness or psychological shutdown, as laughter has been shown to reduce anxiety levels while facilitating the expression of uncomfortable emotions, such as anger, (Kant, 1942 in Gelkopf, 2011). Without constructive outlets, these emotions might otherwise manifest in self-defeating behaviors. Furthermore, laughter creates opportunities for mental relaxation and supports the processing of challenging subconscious material (Ventis et al., 2001 in Gelkopf, 2011). Perhaps, the thoughtful integration

of humour can allow for a deepened alliance by reinforcing the client's sense of acceptance, enhancing empathy and fostering a sense of belonging, (Richman, 1996). Spontaneous laughter from the therapist, when appropriate, has been shown to improve client trust both in the therapist as an individual and in the therapeutic process as a whole, (Squier, 1995). Clinicians can demonstrate their own humanity while simultaneously working to reduce the systemic barriers that often characterize medicalized mental health systems, (Nelson, 2012). This humanistic approach acknowledges the inherent value of authentic connection in the healing process.

The strategic incorporation of humour and laughter in therapeutic settings offers multidimensional benefits - alleviating distress, facilitating emotional expression, strengthening rapport, and humanizing the therapeutic experience, (Buxman in Gupta, 2017; Gladdings and Drake, 2018). When applied with sensitivity to individual client needs and clinical context, humour represents a valuable addition to the therapeutic toolkit, (Brooks et al., 2023). In this context, perhaps it would help to reduce client resistance, creating a more relaxed and open atmosphere conducive to effective communication and progress, (Kanbur, 2020). Humour empowers clients, increasing their self-efficacy and fostering a belief in their ability to cope with challenges, (Gupta, 2017). By normalizing the experience of psychological challenge, laughter can reduce feelings of isolation and shame, and strengthen the therapeutic alliance, (Nelson, 2012). Therapists who skillfully integrate humour create a more positive and engaging therapeutic environment, enhancing empathy, and fostering deeper connection, (Ethem, 2019). However, it is crucial to emphasize that the effective use of humour requires sensitivity and careful judgment; the goal is not entertainment, but the creation of a supportive and healing space, (2019).

The benefits of humour extend beyond the therapeutic setting. Research on laughter therapy demonstrates its effectiveness across various populations, (Kanbur and Bastemur, 2023), including dementia patients, individuals with schizophrenia, those with addictive disorders, and elderly populations, (Akimbakov and Razille; Kanbur, 2020; Newton et al., 2022). In Elder generations, laughter therapy shows promise in reducing depression and agitation, improving overall well-being, (Kanbur, 2020). While these findings are promising, further research, particularly long-term studies, can provide a deepened understanding of the effects and optimal applications of laughter in therapy.

While humour has not been systematically studied at the theoretical level, (Zorlu, 2019) some theories do provide insight around the function of humour in therapy, and there is also a growing body of evidence which supports the use of humour to develop a strong therapeutic relationship, (Amici, 2019; Franzini, 2001; Gladdings & Drake, 2016). Laughter and humour therapy have been linked to increased life satisfaction and reduced depression, (Kanbur & Bastemur, 2023). Spontaneous laughter significantly reduces cortisol levels, a key stress hormone, suggesting a positive impact on overall well-being, (Kramer & Leitao, 2023). This effect was observed even with a single laughter session, (2023).

The Relational Benefits of Laughter and Humour

Humour, far from being a frivolous addition to psychotherapy, is a powerful therapeutic tool with significant relational benefits. Its impact extends beyond the simple physiological effects of laughter, creating a dynamic therapeutic environment, a shared sense of knowing that is conducive to healing and growth. When integrated mindfully, humour can strengthen the

therapeutic relationship, facilitate emotional processing, and increase positive treatment outcomes, (Brooks et al., 2023).

Therapeutic humour manifests in various forms that extend far beyond the structured joke or riddle, (Franzini, 2001). In fact, formal jokes might represent a relatively rare approach in the therapeutic context. Therapists might gently point out absurdities or incongruities in a situation, helping clients recognize when their perceptions don't align with reality, (Rosenheim in Franzini, 2001).

Another possible effective approach involves the thoughtful use of exaggeration, where the therapist slightly amplifies a client's cognitive distortion to make its illogical nature more apparent. The skillful therapist might also employ self-deprecating remarks, sharing their own human foibles in ways that normalize imperfection without undermining professional credibility, (Jordan, 2019). Similarly, making comical observations about current events or social phenomena can provide a shared reference point through which clients can examine their own experiences from a safer distance, (Sands, 1984 in Franzini, 2001). Perhaps, therapists can illustrate universal human frailties through gentle humour, helping clients recognize that their struggles often reflect common aspects of the human condition rather than personal inadequacies, or pathology, (Ellis, 1998 in Franzini, 2001).

When these various forms of humour are employed skillfully, they typically generate a positive emotional experience shared between therapist and client, and the establishment of a stronger therapeutic alliance, (Kanbur, 2023; Zorlu, 2019). Shared laughter fosters a sense of connection and mutual understanding, transforming the often-formal therapeutic space into a safe and comfortable environment where even the most challenging topics can be explored openly, (Briggs & Owens, 2022). This shared experience acts as a powerful affiliative behavior,

particularly crucial at the outset of therapy, effectively reducing client anxiety and building trust, (Bedi et al., 2005). The vulnerability inherent in shared laughter allows for a deeper level of empathy and rapport, fostering a sense of collaboration and mutual respect, (Joelson, 2017). One study on cognitive therapy identified the dynamic interaction between client-initiated humour and therapist responses, highlighting how this shared humour strengthens the therapeutic bond, (Dionigi & Canestrari, 2018). The therapist's ability to use humour appropriately signals empathy and understanding, further enhancing trust, (2017).

Beyond building initial rapport, humour significantly enhances the working alliance, the collaborative bond between therapist and client, (Bass, 2021; Brooks et al., 2023; Hall et al., 2010). Research indicates that facilitative banter, a specific type of therapeutic humour, is a key predictor of a positive therapist-client bond, (Brooks et al., 2023). This collaborative humour helps to create a more egalitarian relationship, breaking down formal barriers and fostering a sense of shared understanding, (Joelson, 2017).

Furthermore, humour serves as a valuable tool for navigating difficult emotions, (Richman, 2007; Vendi et al., 2024). It can diffuse tension, reduce anxiety, and provide a sense of relief, making it easier for clients to discuss sensitive topics, (Dionigi & Canestrari, 2018). Humour allows clients to approach their problems with levity, making sense of their experiences in a more positive and manageable way, (Finlay et al., 2022). It can also help break down resistance to therapy, creating a less formal and engaging environment that encourages open participation, (Dziegielewski, 2003). Moreover, laughter can facilitate catharsis, provide an outlet for pent-up emotions, leading to emotional release and healing, (Dziegielewski, 2003). Humour can also increase self-efficacy, empowering clients to feel more confident in their ability to cope with challenges, (Yip, 2003).

Laughter can provide benefits for both the client and the therapist through emotional regulation, (Dionigi & Canestrari, 2018). A therapist's judicious use of humour can alleviate client distress, contributing significantly to a stronger therapeutic alliance through mutual affect regulation (Bedi et al., 2005). This shared emotional experience helps normalize difficult feelings, reducing the sense of isolation often associated with mental health struggles, (Brooks et al., 2023). Humour can diffuse tense moments, creating space for reflection and processing without feeling overwhelmed, (Bastemur, 2023). It provides a healthy outlet for expressing difficult emotions, allowing clients to approach their challenges with renewed perspective and resilience. (Amici, 2019).

Contemplating the Use of Humour

The effective use of humour provides therapists with the opportunity to connect to the cultural worldviews of each client, to create inclusion in a group, and to gain a sense of control, (Mahat-Shamir and Kagan, 2022). However, inappropriate or insensitive humour can damage the therapeutic relationship and hinder progress, (Fabian, 2002; Kubie, 1971; Ocean & Gordon, 2024), underscoring the need for clinicians to be mindful of potential risks, such as humiliation or masking of underlying issues, (Amici, 2019).

The appropriateness of humour depends heavily on context, client sensitivity, and the therapist's humour style, (Brooks et al., 2023). While laughter therapy generally shows positive results, potential negative aspects, such as discomfort in certain social contexts or cataplexy in susceptible individuals, must be considered, (Kanbur & Baştemur, 2023). Therefore, careful application of humour is crucial, (Kanbur & Baştemur, 2023; Franzini, 2001).

Some theorists have cautioned against the use of humour in session, due to the risk that it could be used defensively, hindering the therapeutic work, (Akimbakov & Razzaque, 2021; Briggs and Owens, 2022). While the integration of humour can help to build rapport in healthcare settings, it can also contribute to the power of implicit bias by allowing providers to disconnect from their power roles, express prejudice, and silence those who feel victimized by the humour, (Ethem, 2019). It is the ethical duty of psychotherapists to understand their clients' experiences, especially those related to oppression, and to be aware of their own biases, (2019).

There is literature from psychodynamic theorists who spoke out against the use of humour in therapy, identifying it as an unhealthy form of coping that could prevent people from experiencing uncomfortable emotions, such as anger, (Briggs & Owens, 2022). Laughter might also play a role in transference and countertransference between the client and the therapist, (2021).

While the relational benefits of appropriate humour in therapy are substantial, the successful integration of levity and laughter requires careful consideration, sensitivity, cultural humility and ongoing professional development, to ensure its positive impact on the therapeutic process, (Gladdings & Drake, 2018). When used effectively, humour fosters a stronger therapeutic alliance, facilitates emotional regulation, and promotes a more collaborative and healing therapeutic relationship, (Rudnick et al., 2014). However, further research is needed to fully understand the nuances of humour's application in psychotherapy, to develop best practices for its effective and ethical use.

Humour in North American Therapeutic Practice

Throughout the world, there is significant evidence that humour and laughter are nearly universal experience which can be beneficial to help people develop new insight, overcome

obstacles, strengthen bonds, and make people feel closer to each other, (Buxman in Gupta, 2017). However, the joy deficit embedded in Western therapy has created huge gaps in research on therapeutic humour, (Wright and Falek, 2024).

In western psychotherapy models, humour in therapy was originally examined from a psychodynamic perspective, primarily by Freud himself, who emphasized the unconscious drives behind humour, suggesting that it can be an unconscious attempt to present different meanings, or to repress internal conflicts, where humour then becomes a defence mechanism, (Freud, 1905). Psychoanalytic theory emphasizes humour's vital function in releasing tension, (1905). Since Freud's landmark 1905 work "Jokes and Their Relations to the Unconscious," humour has been recognized as part of unconscious expression. Freud identified several key elements in what triggers laughter: the contrast between proper meaning and absurdity, the combination of opposing ideas, and the pleasant surprise that results, (1905).

Freud suggested that jokes provide a socially acceptable outlet for forbidden libidinal and aggressive impulses that are normally repressed, (Lothane, 2007). Through linguistic tricks and conceptual cleverness, jokes allow us to express what would otherwise remain inexpressible, (2007). Furthermore, Freud suggested that jokes represent moments of personal elevation and narcissistic satisfaction, combining intellectual pleasure with self-affirmation, (Freud, 1905). He highlighted humour's inherently social nature: one person tells a joke, another receives it, but it takes a third person for the joke to be fully appreciated, (2007).

Existentialism also operationalizes humour, to shift a client's perspective and to focus on important questions, (Zorlu, 2019). Rational emotional behavioural therapy incorporates humour as an emotional technique that helps clients cope with irrational beliefs, (2019). Reality

therapy uses humour to look at emotional pain for a new perspective and laugh at situations that may be uncomfortable, (2019) and psychoanalytical therapy analyzes humour in the therapy process in a similar way to joke, dreams, and Freudian slips, (2019).

When considering the use of humour to build rapport, attachment theorists highlight the need for clinicians to consider the attachment style of each client, (Nelson, 2012). Laughter's multiple meanings within the therapeutic context are shaped by attachment, and understanding these connections helps psychotherapists navigate the complexities of laughter in treatment, (2012). When operationalized effectively, shared humour, play, and delight facilitate connection and growth within the therapeutic process, (2012).

The integration of therapeutic humour extends beyond purely psychological benefits into somatic dimensions of healing. Somatic practitioners recognize that humour can be an effective technique to alleviate physical stress manifestations and promote therapeutic progression, (Kutz et al., 1985). A foundational element of somatic therapy involves establishing strong physiological rapport between therapist and client—a connection that empirical research demonstrates is significantly strengthened through shared laughter experiences, (Marci et al., 2004 in Gelkopf, 2011).

The therapeutic benefits of laughter are multifaceted, encompassing physiological, emotional, and cognitive dimensions. While further research is needed to fully elucidate its mechanisms and optimize its application, the existing evidence strongly suggests that laughter and humour can be powerful tools for enhancing the therapeutic process, strengthening the therapeutic alliance, and promoting client well-being. The key lies in the appropriate and mindful use of humour, respecting cultural contexts and individual client needs, (Ethem, 2019).

Ongoing self-reflection and learning can help clinicians ascertain how humour and laughter could be operationalized as a therapeutic benefit, but this a worthwhile pursuit, as therapeutic humour can serve as a barometer for a strong therapeutic relationship, (Gupta, 2019). The magic of humour and laughter to reduce tension, create a sense of hope, reduce power differentials and create connection between practitioners and clients suggests that more attention be given to the untapped potential of therapeutic humour.

Chapter 3: The Healing Power of Humour in Therapy

The therapeutic relationship forms the foundation of effective psychotherapy across theoretical orientations, (Wampold and Flückiger, 2023; Dobson and Kazantzis, 2023). While numerous techniques and interventions exist within the field, research consistently demonstrates that the quality of connection between therapist and client significantly influences treatment outcomes, (Zalaznik et al., 2024.) Within this relationship, humour represents an often under-utilized but potentially powerful tool for establishing rapport, reducing anxiety, and facilitating emotional processing, (Akimbakov & Razzaque, 2021; Zander-Schellenberg et al from Kanbur, 2020). However, cultural differences significantly affect how humour is expressed, perceived, and experienced in therapeutic settings, (Parter et al., 2023). When exploring the healing power of humour in therapy, particular attention must be given to cultural considerations and the value of integrating diverse perspectives, specifically the Indigenous framework of Two-Eyed Seeing, into clinical practice.

Research demonstrates that humour, when thoughtfully integrated into therapy, offers numerous physiological and psychological benefits, serving multiple therapeutic functions and providing clients with an opportunity to gain new perspectives on their challenges, (Joelson,

2017). Humour can also support the processing of trauma, and function as a marker of growth, (Finlay et al, 2022). When used effectively and authentically, humour increases connection between client and therapist, creating a safe space where difficult topics can be explored, (Gupta, 2019).

Humour also contributes to the establishment of a more egalitarian relationship between therapist and client, (Ethem, 2019). This balanced power dynamic is especially important when considering that therapy traditionally positions the therapist as expert and the client as recipient of care. By sharing in moments of levity, both participants in the therapeutic relationship engage in a more authentic exchange that can deepen trust and openness.

The literature review identifies what might be termed a “joy deficit” in medicalized mental health treatment which often emphasizes pathology, symptom reduction, and problem-solving at the expense of fostering positive emotional experiences, including joy and laughter. This imbalance reflects cultural biases within the field that may limit therapeutic effectiveness, particularly when working with clients from non-dominant groups or cultural backgrounds that place higher value on positive emotional expression and communal connection. The limited statistics on diversity within the Canadian mental health profession highlights the need for more research. In Canada and the United States, statistical data identifies that clients who are BIPOC have a higher rate of quitting counselling, (Ethem, 2019). How can therapists respond to this information?

The concept of Two-Eyed Seeing offers a valuable framework for addressing cultural differences in therapeutic approaches. Originating from Indigenous wisdom, Two-Eyed Seeing advocates for the integration of Indigenous and Western knowledge systems, recognizing the

strengths and contributions of each perspective. Rather than attempting to assimilate Indigenous knowledge into Western frameworks, which often results in "whitewashing" (Tuck & Gaztambide-Fernández, 2013; Richardson, 2011), Two-Eyed Seeing aims for genuine engagement with diverse epistemologies, (Trenholm et al., 201).

For practitioners interested in adopting this approach, understanding the importance of building personal relationships within Indigenous communities is essential, (Stewart & Marshall, 2017). This includes engaging with Indigenous elders and knowledge keepers and approaching these relationships with genuine respect rather than extractive intent, (Beaucage, 2019). The literature emphasizes the need for oversight from Indigenous elders and knowledge keepers during curriculum development. Ideally, these courses will be taught by Indigenous instructors, (Harris and Flood, 2015, as cited in Trenholm et al., 2019).

The trans-theoretical research strongly emphasizes how the therapeutic relationship consistently correlates with positive treatment outcomes. Practitioners can apply this knowledge by dedicating more attention to relationship-building in early sessions rather than rushing to interventions, developing specific skills to enhance therapeutic alliance (empathy, active listening, genuine engagement), regularly assessing the quality of the therapeutic relationship through client feedback, and recognizing that the relationship itself is a healing mechanism, not merely a backdrop for techniques.

The literature review highlights the opportunity for clinicians and their educators to explore the magical potential of integrating humour into therapeutic practice, with specific training in cultural sensitivity, (Zayer, 2024). Practitioners can use humour to reduce client anxiety and create a safer environment, as a tool for emotional regulation and tension relief,

while also helping clients gain new perspectives on their challenges, (Dionigi & Canestrari, 2018). The careful use of humour can also support the processing of trauma and difficult emotions, and provide abmarker of growth and healing, (Zander-Schellenberg et all from Kanbur, 2020). By engaging in ongoing personal work to illuminate our personal biases, clinicians can learn to operationalize humour in ways that honour each client's lived experience and cultural background.

Practitioners can address the identified joy deficit in traditional Eurocentric psychotherapy by balancing problem-focused approaches with exploration of positive emotional experiences, (Wright and Falek, 2024). This can create space for joy, laughter, and positive emotions in therapy sessions, focusing on strengths and resilience alongside symptom reduction. By recognizing humour as a legitimate therapeutic intervention, rather than unprofessional, and considering how joy and connection might be therapeutic goals in themselves, perhaps we can diminish the harm that is caused by the dominant, individualistic world view in Canada, (Wright & Burkholder, 2024).

There is a growing body of research highlighting the need for clinicians to work in an ongoing way to safely integrate therapeutic humour into relationship-building, (Ethem, 2019; Zayer, 2024). The integration of humour into therapy offers significant benefits for strengthening the therapeutic relationship and enhancing clinical outcomes. However, its effectiveness depends on the cultural context and the therapist's ability to use humour in ways that honour the client's background and experiences, (Ethem, 2019, Jiang, 2019).

As this field of study continues to evolve, greater emphasis should be placed on training clinicians in the therapeutic use of humour, fostering cultural humility, and integrating diverse

perspectives on healing. By addressing the joy deficit in Western approaches and creating more balanced therapeutic relationships, practitioners can develop culturally responsive, relationship-centered approaches which honour the healing power of connection, humour, and joy alongside traditional therapeutic techniques, (Attia & Flicker, 2024).

Therapeutic Integration of Humour in Session

In the realm of counselling and therapy, levity can be thoughtfully integrated to enhance the therapeutic process. The strategic use of humour serves not as a performance by the counsellor, but rather as a therapeutic instrument designed to build alliance and promote client growth throughout the therapeutic journey. There are a number of ways to integrate humour into clinical work.

Anecdotes and self-disclosures of a comical nature represent one approach, (Gladdings & Drake, 2016). These personal stories, when appropriately shared, can create moments of connection and relatability between counsellor and client. For instance, during an early group counselling session in my practicum, when a co-facilitator expressed delight about strawberries he had enjoyed earlier in the day, I posed the question, "Did eating them make you berry happy?" This simple pun elicited a shared laughter from a number of group members, creating a moment of genuine connection and marking a breakthrough in group rapport. Eliciting the laughter of group members helped me to self-regulate my nervous system and become attuned to my somatic experiences.

Irony presents another valuable technique, utilizing statements whose literal meaning intentionally differs from the intended message, (2016). Similarly, hyperbole employs strategic

exaggeration to highlight particular points or situations in a way that can reduce tension and offer new perspectives. Self-effacing humour, as described by Gladdings and Drake, involves maintaining a humorous life perspective to preserve self-esteem and better manage stress, a technique that can model healthy coping mechanisms for clients, (2016).

It is crucial to emphasize that therapeutic humour never centers on the clinician's need for validation or entertainment, (2016). Rather, it functions as a carefully calibrated tool to advance the therapeutic process. This places significant responsibility on therapists to present themselves authentically, as inauthentic behavior could compromise the integrity of the therapeutic alliance.

Professional implementation of humour in therapy requires vigilant observation of client responses and actively seeking their feedback. Additionally, exploring one's use of humour in clinical supervision sessions provides valuable insights and guidance. Cultural awareness, including sensitivity to gender differences in humour reception and expression remains an essential consideration when incorporating levity into therapeutic settings. When thoughtfully applied in a manner which provides a genuine benefit for the client, humour can serve as a powerful catalyst for healing, insight, and therapeutic progress.

As the field of psychotherapy continues to evolve, greater emphasis should be placed on training clinicians in the therapeutic use of humour in a way that honours and integrates diverse perspectives on healing. By disrupting the joy deficit in Western approaches and creating more balanced therapeutic relationships, practitioners can develop more culturally responsive, relationship-centered approaches that honour the healing power of connection, humour, and joy alongside traditional psychotherapeutic techniques.

The professional landscape of mental health in Canada indicates an urgent need for greater representation of diverse cultural backgrounds among practitioners, (Trenholm et al., 2019). Until this representation improves, all clinicians must commit to ongoing cultural education, requiring meaningful engagement with Indigenous wisdom and healing practices. By doing so, the therapeutic community can better serve all clients, particularly those from marginalized backgrounds who have historically been underserved by traditional psychotherapeutic approaches, (Ethem, 2019).

Research demonstrates that humour, when thoughtfully integrated into therapy, offers many physiological and psychological benefits, (Briggs and Owens, 2022). Humour can serve multiple therapeutic functions: reducing client anxiety, providing emotional regulation, helping clients gain new perspectives on their challenges, supporting the processing of trauma, and functioning as a marker of growth, (Buxman in Gupta, 2017; Dionigi & Canestrari, 2018; Kanbur & Bastemur, 2023). When used effectively and authentically, humour can increase connection between client and therapist, creating a felt sense of a safe space where difficult topics can be explored, (Gupta, 2019).

Humour can also contribute to establishing a more egalitarian relationship between therapist and client, (Joelson, 2017). This balancing of power dynamics is especially important when considering that therapy traditionally positions the therapist as expert and the client as recipient of care. By sharing in moments of levity, both participants in the therapeutic relationship engage in a more human, authentic exchange that can deepen trust and openness.

This literature review also illuminated the joy deficit which permeates North American psychotherapeutic approaches. These models often emphasize pathology, symptom reduction,

and problem-solving at the expense of fostering positive emotional experiences, including joy and laughter, (Finlay et al., 2022; Rashid, 2024). This imbalance reflects cultural biases within the field that may limit therapeutic effectiveness, particularly when working with clients from cultural backgrounds that place higher value on positive emotional expression and communal connection, (Parter et al., 2023).

The integration of humour into therapy offers significant benefits for strengthening the therapeutic relationship and enhancing clinical outcomes. However, its effectiveness depends on cultural context and the therapist's ability to use humour in ways that honour the client's background and experiences. The Two-Eyed Seeing framework provides a valuable approach for integrating diverse knowledge systems and addressing the cultural limitations of traditional Canadian therapeutic models.

Analysis of the literature and research that explores the healing power of laughter allows for a joyful exploration of the physiological and emotional benefits of humour, and the power it carries to build rapport, (Akimbakov & Razzaque, 2021; Buxman in Gupta, 2017). Focusing on the research that examines how humour and laughter can be operationalized in therapy could provide therapists with new ways of developing strong therapeutic relationships, highlighting the benefits of integrating a Two-Eyed Seeing approach.

The concept of Two-Eyed Seeing offers a valuable framework for addressing cultural differences in therapeutic approaches. Originating from Indigenous wisdom, Two-Eyed Seeing advocates for the integration of Indigenous and non-Indigenous knowledge systems, recognizing the strengths and contributions of each perspective. Two-Eyed Seeing aims for genuine engagement with diverse epistemologies, (Brown et al., 2024).

For practitioners interested in adopting this approach, honouring the importance of building personal relationships within Indigenous communities is essential, (Stewart & Marshall, 2017). This includes engaging with Indigenous elders and knowledge keepers and approaching these relationships with genuine respect rather than extractive intent, (Sasakamoose et al., 2019). The literature emphasizes that curriculum for Indigenous theoretical courses should be developed with oversight from Indigenous elders and knowledge keepers and taught by Indigenous instructors (Harris and Flood, 2015, as cited in Trentholm et al., 2019).

Closing Thoughts

While reflecting on the past ten months of learning, I feel a deep sense of gratitude for the teachings shared by the Indigenous scholars and knowledge keepers who shaped the direction of this capstone. This exploration of Indigenous methodology and clinical practise ignited a stronger personal commitment to engage in reconciliation with Indigenous Canadians. Jalissa Schmidt, a member of the Acho Dene Koe First Nation, has dedicated her efforts and knowledge to work as a reconciliation educator. She asks us to recognize how the path to reconciliation goes far beyond a land acknowledgement, (Schmidt, 2025). She poignantly explains a problematic aspect of the land acknowledgement is the manner in which it fails to acknowledge the loss of cultural and family systems, and the intentional destruction of Indigenous ways of being which also needs to be acknowledged, (2025).

Before offering an acknowledgment, Jalissa suggests it is important to develop an understanding of the Indigenous nations and bands where we live, (Schmidt, 2025). At the start of reconciliation, becoming educated about the laws, holidays, cultural beliefs, of local nations and bands, for example, their creation story, and building authentic relationships, is more

important than developing an acknowledgment, and allows for a deeper understanding of its significance, (2025). While it is crucial for individuals to reflect on the ways we have benefitted from colonization, Jalissa also stressed the importance of a strengths-based lens of understanding that colonization is not the story of Indigenous people, (2025).

This learning has deepened my appreciation for Indigenous wisdom, which honours the interconnectedness of humanity with the natural and spiritual dimensions, (Brown et al., 2024). Indigenous knowledge and traditions emphasize relationships as central to healing. Drawing on the wisdom of Indigenous elders, researchers and knowledge keepers can provide Canadian clinicians with valuable insights on the sacred dimension of therapeutic relationships, demonstrating the clinical benefits of integrating the Two-Eyed Seeing Approach, (Trenholm et al., 2019; Wright et al., 2019; Tyson et al., 2023).

Appendix A

1. The ego and super ego walk into a bar. The bartender says: "I'm gonna need to see some ID.
2. My therapist said he was going to show me inkblot tests to interpret, but he just kept showing me pictures of my parents fighting.
3. The International Psychoanalytic Association conference in the Swiss Alps met with disaster when over half of the delegates were injured during a ski team building exercise. One observer commented, 'I've never seen so many Freudians slip'.
4. I had a client tell me that two nights ago, they dreamt they were a teepee, and last night they dreamt they were a yurt. I shared my clinical opinion - they were too tense.
5. My therapist told me my narcissism causes me to misread social situations. I'm pretty sure she was hitting on me.
6. My therapist just told me that I'm completely incapable of expressing my feelings. Can't say I'm surprised.
7. I'm working on a joke about therapy notes, but I'll finish it later.

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