FRONTLINE PERSPECTIVES

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# The Use of Humor Whilst Abiding to Ethical Principles in Psychiatry

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**Abstract**

The therapeutic alliance between a practitioner and a patient is a crucial medium for the delivery of care in psychiatry. Numerous therapeutic skills can be used within the boundaries of this relationship in order to enhance the well-being of the patient. Humor is one such skill that has been gaining prominence in the medical literature. However its use requires special caution with regards to maintaining ethical ideals. If humor is used at the expense of the patient or to provide inaccurate information, then the principle of benevolence may be put under threat. While stressing the general importance of telling the truth and providing accurate information in psychiatry, recommendations are provided with regards to the ethical use of humor within this setting.

Keywords: Psychiatry; Humor; Therapeutic Relationship

## The Case

Dave, a 48-year old man who suffers from schizophrenia, is receiving inpatient psychiatric care due to a relapse. His two main symptoms are auditory hallucinations and general disorganization in thought process and overall behaviour. Despite the challenges that he faces, Dave is a jolly man who does not really take himself or those around him too seriously.

During a case review involving Dave and his team of professionals, the psychiatric trainee prescribes Haloperidol (Serenace) tablets. He laughingly informs Dave that this new pill, named Serenace, is linked to *Serenata* – a popular song by the singer Claudio Villa. At this point the patient becomes excited and declares that the new drug should help his singing voice. He thus bursts into a song and is duly applauded and cheered along by the attending professionals who then 'give him' permission to leave. Two months have lapsed since this incident yet Dave remains mistakenly convinced and allowed to believe that this antipsychotic medication is being given to him to improve his singing voice. This conviction is one of the main factors which motivates him to adhere to medication.

## Commentary

There was a time when the relationship between a care receiver and a care giver was regarded as an almost regimental alliance based on definite rules and characterised by stringent and rigid boundaries that should never be crossed (Brown & Augusta-Scott, 2007). Within such an alliance, the professional was viewed as the 'all knowing' entity and the patient as the passive dependant part who was allowed limited participation in care. Gradually this view of the alliance transformed into one that portrays a higher degree of flexibility and mutual involvement whilst still respecting ethical principles. The key ethical concepts of practitioner-patient relationships in clinical environments are those of beneficence, autonomy, nonmaleficence and compassion within a fiduciary collaboration (Aravind, Krishnaram, & Thasneem, 2012). Humor has traditionally been regarded as risky for use in therapeutic relationships since it falls within the grey area termed as 'the slippery slope' (Kelly & Aiyegbusi, 2012).

In the case that is being analysed in this article, the use of humor whilst abiding to ethical principles shall be discussed. The main concern is that whilst the use of humor may have helped to facilitate the interaction with the patient, its long-term benefits to the patient's well-being are questionable. Rather than the actual attempt to compare the newly introduced drug (Serenace) to a song, it is the failure of the practitioner to engage further with the client and offer psychoeducation that is at fault. However this may constitute a case of *benevolent deception*, which is the main ethical challenge discussed. Humor can be used in an ethical manner to enhance the therapeutic alliance.

## Humor in the Therapeutic Relationship

Recently humor has been evolving into a potential therapeutic tool and one that could find its niche within the professional-patient relationship. The main benefit of therapeutic humor lies in the ability to generate a broader view of a troubling situation and subsequently introduce new tangents and coping mechanisms for patients (Launer, 2016). For instance, nicknames can be given to a figure in the patient's life that is causing undue distress such as naming a dominant boss 'King Kong' which may reduce the air of grandiosity that is perceived by the patient in relation to this figure. A detailed examination of humor was carried out in two ethnographic studies in Canada. After 300 hours of observation, researchers found that humor helped to encourage teamwork, eased stress, improved emotional flexibility and humanised the caring process (Dean & Major, 2008).

Two specific types of humor have been defined. One is intended to strengthen relationships with

others and the other to lift oneself. Each can have a beneficial and destructive intent, so that the different combinations contribute to four distinct types of humour. The first is the "affiliative" style. This is well-meaning, amusing and used to build connections. The second is "self-enhancing" humour. It refers to the act of laughing kindly at oneself. Then there is an "offensive" style that involves put-downs, sarcasms, and similar aggressive attitudes. The fourth form, a "self-defeating" one, is designed to make oneself laughable to other people - but at a personal cost. Although the effect of humor has been discussed elaborately, especially during the last two decades, there is little empirical evidence of its benefits (Fox, 2016). Most of the authors who addressed the use of therapeutic humor were adamant in their guidance of how humor can be applied to psychiatry (Ewuoso, 2017). They asserted that as an approach, therapeutic humor is more flexible and fluid than other approaches such as pharmacotherapy. Whilst this may be an advantage, it can also pose difficulties with regards to boundary setting and on judging when, how and to what extent to use humor in a particular interaction with a patient (Gelkopf, 2011; Tuckett, 2004). In a psychiatric era where risk taking and boundary respect are important foundations, the contemporary practitioner may find it challenging to be able to manoeuvre the humoristic approach in a manner that is beneficial to care. Thus a humorous attempt can easily be detrimental to the therapeutic relationship if ill planned (McCreaddie, 2010). For instance, a joke may be misunderstood as an attempt to belittle the patient's feelings or it can be perceived as sarcasm.

On taking a closer look at the case under study, one may note the practitioner's attempt to appeal to the 'jolly' aspect of the patient's character. Admittedly, this is a technique that may enhance the bond between the care receiver and provider. Moreover, relating the newly introduced drug (which is an alien object to the patient) to a song (which is something that he is familiar with) may have the same effect that is brought about by using nicknames, as described earlier. Thus this may reduce the formidability and grandiosity that may characterise a newly introduced drug. However, it is felt that the faulty aspect in this scenario was not the use of humor but the lack of provision of accurate information. After this humorous moment, the professional could have possibly moved on to provide more concrete information about the drug such as its antipsychotic action, precautions and side effects. Regretfully, this was not carried out and so a valuable opportunity for balancing the power in the therapeutic relationship by involving the patient in care was lost. Here one may note that instead of treating the patient like an equal partner in therapy, he takes on a childish role who is happily thriving on fiction in this somewhat patronising picture.

Upon reflection, this may be classified as a case of *benevolent deception.* This refers to the act of lying to a patient in the belief that this can enhance his/her own well-being such as withholding information about the severity of an illness (de Vries & Timmins, 2016). Many reasons have been proposed as to what leads practitioners to lie. They can lie in the face of extreme competitive pressures. Lying can thus help a medical practitioner escape social/intrapsychic issues and uncomfortable subjects such as psychiatric diagnosis and death. Sadly, there are also cases where practitioners lie to knowingly exploit patients. Additionally prevarication can be an effort to encourage a specific treatment program (which is likely to be a potential explanation for the given scenario in this article). Notably, physicians are aware that a significant percentage of patients are not adherent to their treatment and so, in their eyes, this may justify the need for benevolent deception (Palmieri & Stern, 2009).

Benevolent deception may breach patients' rights by limiting them from making health decisions that are adequately informed. Whilst acknowledging that one of the ethical cornerstones of modern medicine is transparency, patients need to know their health information and so practitioners have a duty to provide it (Beauchamp, 2019; Sisk, Frankel, Kodish, & Harry Isaacson, 2016).

**The Use of Therapeutic Humor whilst Realising Ethical Ideals**

On reflecting upon this case it becomes acutely clear that the use of therapeutic humor must be consistently accompanied by ethical sensitivity and professional common sense. Ethical sensitivity suggests that prior to using humor a practitioner needs to thoroughly assess the situation and judge whether using humor may more likely harm rather than help a therapeutic situation (Zolkefli, 2018). Importantly, humor should be accompanied by provision of accurate information in a manner which is understandable to the patient. It is acknowledged that the line between the acceptable and unacceptable may not always be so clear in the often dynamic and unpredictable world of psychiatry. Professional common sense may be a powerful aid in avoiding pitfalls; common sense may be rooted in a combination of experience and knowledge, as well as personality aspects. Whilst humor tends to be spontaneous and so cannot really be taught effectively, certain recommendations may guide its proper use. One reasonable suggestion is to steer away from controversial topics such as racism. Importantly, the practitioner needs to gauge if the patient is on the same wavelength prior to attempting to engage him/her in a humorous exchange. It is crucial to use humor with the patient and not at his/her expense as a source of entertainment.

## Conclusion

A blended eclectic approach to psychiatry that involves an element of empowering humor may be beneficial. However, this case study has shown that as helpful and beneficial as humor can be, if not used with caution, it can actually have a negative impact and may lead to an ethical breech.

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