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The Humor of Trauma Survivors: Its Application in a Therapeutic Milieu

Jacqueline Garrick

SUMMARY. This article focuses on how the sense of humor that trauma survivors have can be used to assist them in mitigating the intensity of their traumatic stress reactions. A brief review of the literature on the nature of humor and its ability to diffuse stressful situations and reactions is provided. It is suggested that despite the fact that humor is often underappreciated and ignored in the therapeutic process, it can actually be a powerful healing tool when both the therapist and the client are willing to openly discuss it. Humor does not minimize the significance of a terrible event, but it does allow the survivor to see how they can cope and thrive in their environment.

KEYWORDS. Trauma, survivor, sense of humor, black humor, gallows humor

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169
Many years ago, while counseling a Vietnam veteran, we entered into a discussion on what he did for fun. He had a great deal of difficulty identifying anything that was fun for him and finally said, “I go to work.” This brief exchange led to a journey of understanding the usefulness of humor as a therapeutic tool when confronting traumatic experiences in therapy. Upon researching this issue and its application in individual and group settings, this author discovered a book entitled, *Laughter in Hell: The Use of Humor During the Holocaust* (Lipman, 1991), which is a collection of humorous anecdotes and jokes told by Holocaust survivors. The fact that Holocaust survivors could use humor to face their plight and their torturers suggests that other trauma survivors could be encouraged to do the same.

Consequently, I introduced this concept in the individual and group therapy that I provided to Vietnam veterans. In therapy, veterans were encouraged to tell funny or ironic stories that helped them get through their tour of duty, as well as the childhood memories that kept their spirits up while in Vietnam. In a group session, for example, one veteran recalled that while his platoon was crossing a rice paddy and he had stopped to fill his canteen with the murky delta water, his mother’s childhood warning not to play in mud puddles had come to mind. Other members of the group were also able to recall parental admonishments that, when applied to their experiences in the Vietnam War, seemed absurd. The use of humor was found to assist veterans in developing and recognizing their own brand of humor and in appreciating its healing effects.

The sharing of humorous memories was also found to facilitate group bonding and provide participants with a new perspective for viewing the memories that haunted them. In addition, the humorous exchanges created a safe, comfortable atmosphere in which other more conflicted emotions and memories could be shared with greater ease by providing moments of release when the tension became too great. This author also found that as veterans brought their previously disturbing memories to the surface, integrating their traumatic experiences became easier when the memories were no longer as awful as they had once seemed.

Based on these observations, the use of humor appears to be a beneficial addition to the treatment of trauma survivors. Further support for this notion was provided by Curtis (2001), who found that the use of “humor in support groups promotes cohesiveness, creative problem-solving skills and humanizes the healing process” (p. 7). Due to these benefits, Curtis described humor as a key factor in conducting individual or group debriefings.
The research on humor has indicated that it may be a useful addition to the treatment of a variety of populations. Ellis and Abrams (1994), for example, described the effects of using humor with Rational-Emotive Behavior Therapy (REBT) in the treatment of terminally ill patients. Ellis and Abrams advocate REBT as a way to "reduce irrational beliefs to absurdity, to laugh at them and to see how ironic it is that a presumably sensible person keeps holding onto self-destructive notions" (p. 190). Similarly, in his work with terminally ill patients, Tobin (1999) used humor to help patients find peace with dying. According to Tobin, "addressing fears of dying and long-repressed emotions is a significant turning point in the dying process because it allows you to proceed from the early phases of fear and grasping toward healing and serenity" (p. 52). In a case example, he described a patient who was able to use laughter as a "powerful tool for confronting and lessening his worry" (p. 52) to illustrate this point.

Tobin’s (1999) approach could be considered congruent with cognitive-behavioral therapy in that it seeks to correct “the pathological elements of the fear structure” (Foa, Keane & Friedman, 2000, p. 61). Rothbaum, Meadows, Resick, and Foy (cited in Foa et al.) claimed that it does this by first activating the pathological fear structures and then by providing new information “that includes elements that are incompatible with the existing pathological elements so that they can be corrected” (p. 61). There are several cognitive-behavioral techniques reviewed by Rothbaum et al., including Stress Inoculation Training (SIT), which incorporates education, relaxation, breathing exercises, and self-dialog. Friedman (2000) defines SIT as “a variety of anxiety management techniques designed to increase coping skills for current situations” (p. 45). The use of humor can be viewed as a component of SIT that acts as a conduit when therapists are working with clients towards integrating corrective information and modifying pathological components of traumatizing memories, as demonstrated by Tobin’s work with the terminally ill.

Additionally, the literature on humor supports the notion that humor has the physiological and psychological ability to promote healing (Fry & Salameh, 1987). The ability to tap into the body’s own “anti-depressants” is an important factor to consider when providing therapy. Therefore, understanding our neurological responses to laughter and general happiness, as well as the nature of humor, represents an asset to therapy.
Why does it feel so good to laugh? When a person laughs, the pituitary gland produces hormones called endorphins, which act as natural pain killers. Endorphins, when released into the system, create an effect similar to taking morphine, heroin, or some other type of opiate (Berk, 1994). Therefore, people who are “high on life” are often thought to be experiencing the effects of these hormones. This is similar to the “adrenaline rushes” described by athletes when they increase their heart rate and feel euphoric. Cousins (1979), in his classic book, Anatomy of an Illness, claimed that viewing comedic movies prior to going to bed at night represents a way to decrease his pain level and allow him to get restful restorative sleep without the use of sleep medication.

According to Keith-Spiegal, “laughter and humor have been hailed as good for the body because they restore homeostasis, stabilize blood pressure, oxygenate the blood, massage vital organs, stimulate circulation, facilitate digestion, relax the system, and produce feelings of well-being” (Fry & Salameh, 1987, p. 11). When oxygen is flowing better, the respiratory system benefits, resulting in less yawning and lower levels of sleepiness. Once endorphins have been released and blood is flowing to the brain and muscles, individuals begin to feel better, have more energy, and feel less stressed. Concentration also becomes easier and tasks can be completed quicker as basic levels of functioning improve.

Researchers have also found evidence that mirthful laughter can increase the body’s ability to fight infection. For example, Berk (1994) showed that there were five significant neuroendocrine and stress hormone changes that occur during laughter. First, laughter was found to cause an increase in the number of one’s activated T cells (T lymphocytes), which leads to an activation of the immune system. Second, an increase in the T cells with the receptors that neurotransmitters connect to also occurs with laughter. Third, laughter was found to produce an increase in natural killer cells, which fight viral infections and cancer cells. Berk’s findings also demonstrated an increase in immunoglobulin A antibodies in the upper respiratory tract during laughter, which allows this system to fight infection. Finally, the study found the levels of gamma interferon, one of the cytokines of the immune system responsible for activating the immune system, also increase during laughter. Berk also noted that laughter has been suggested to be responsible for increasing interleukin-2, which also boosts immunity. Additional research, however, is needed in this area for scientists to understand the
psychophysiological and psychoneuroimmunological effects of humor and laughter on the body better.

UNDERSTANDING HUMOR

Generally, many clients enter therapy to achieve the common goal of finding a sense of happiness. Survivors of abuse, crime, disaster, and war often seek out therapy for this basic reason. Traditional psychotherapy assumes that the way to happiness is to restore the client’s self-esteem or self-worth.

Humor is a human trait that is often summoned to combat a stressful situation, whether it be to enhance a sense of belonging in a social situation (i.e., “the life of the party” or the “class clown”) or to diffuse tension. It is the component of human nature that helps make concepts and experiences seem amusing or comical. Fun, according to Patch Adams (1993) is “humor in action” (p. 66). Having a good sense of humor is a valued trait in our society. Humor often leads to forgiveness and letting go of worries. Ellis and Abrams (1994) described it as being connected to the ability to view the world as something other than an awful place.

Stress is a normal part of daily life. How one reacts to and handles stress, however, determines how an individual functions in various circumstances. According to Valent (cited in Figley, 1995), “stress responses may be adaptive or maladaptive” (p. 30). Maladaptive responses to stress create distress, while adaptive responses bring eustress. Eustress equates to motivation, competition, and determination, which are important ingredients for success. Consequently, eustress is not only normal, but is also healthy.

According to Figley (1995), Valent’s review of survival strategies led him to identify the significance of attachment and conclude that “the emotions of separation and abandonment may be processed by parts of the hypothalamus and the cingulate gyrus” (p. 34). These emotions may also be associated with low levels of opiates. The administration of opiates, for example, reliably suppressed the crying out (distress vocalizations) behaviors caused by separation in all species tested by Pankseep, Meeker, and Bean (cited in Figley, 1995). Since human beings produce their own opiate-like hormone (i.e., endorphins) during laughter, a similar decrease in the level of distress experienced is likely to occur with the introduction of humor and laughter. Very often, the key to stress management, therefore, involves humor. Distress can become eustress when humor is added to a situation. Tension and anxiety can immediately be relieved by a smile or a laugh.
Even children understand that “acting silly” helps them to avoid an unpleasant situation (e.g., punishment). Adults often try to scold a child for a previous negative behavior while they simultaneously laugh at it. Children who act “silly” find that the attention they get from their peers and adults is rewarding, thereby reinforcing its repetition. They learn that it feels good to make other people laugh. Abused children very often use humor to cover up the violence that is being perpetrated in their homes.

Traumatic events and experiences are by no means funny, nor should they be. However, in many cases, survivors and the providers who work with them have used humor to help cope with trauma. For example, a Native American therapist, while discussing poverty and the high rate of chronic illness on the reservation, once joked that their problems resulted from General Custer stopping at the Bureau of Indian Affairs and saying, “Don’t do anything until I get back.” This quip does not lessen the severity of the problems being discussed, but it does give voice to the frustrations that Native Americans face in dealing with the government. The importance of this humor tactic will be discussed further.

When treating trauma survivors, it is important to understand the nature of their humor. When recalling traumatic memories, humorous instances and acts are often left out of the counseling session due to the fear that the use of humor would be considered disrespectful to the dead and/or injured. Thus, even though humor can help survivors see that there are still pleasures in life despite the tragedy that occurred and, therefore, can be an important part of the healing process, it is still sometimes seen as taboo. Adams (1993) observes, “humor is often denied in the adult world. Almost universally in business, religious, medical and academic worlds, humor is denigrated and even condemned. . . . The stress is on seriousness with the implication that humor is inappropriate” (p. 66). However, if therapists allow survivors to continue to perceive the recollection of pleasant memories or expressing humor in therapy to be in bad taste, they are at risk of fostering the survivor’s feelings of guilt, shame, and lack of self-worth. Clients, therefore, need to be encouraged to explore their sense of humor as part of SIT and need to know that they are not alone in acknowledging the laughter amidst the horror.

Fry (2000) acknowledges that “there is an extensive and authenticated humor literature from prison camps, from places where hostages are kept and where torture is taking place, from societies under dictatorships like Nazi Germany or Stalinist Russia. There is also a literature regarding the use of humor at times of natural disasters, like earthquakes,
hurricanes, floods and fires” (p. 1). Therapists should refer clients to this literature and ask about their mirthful moments and memories or the amusing characters that have helped them cope. Adams suggests that medical professionals also “be open to experimentation and escalate slowly” (p. 69) as they practice using humor. Therapists, for example, can introduce the topic of humor by simply asking their clients what they do for fun. However, in order to more fully address issues of survivor humor, therapists will first need to understand the two predominate forms of humor that occur in the wake of trauma and be able to recognize when its application is inappropriate. Lipman (1991) identified the two common forms of humor used by survivors as gallows humor and black humor.

**GALLOWS HUMOR**

Gallows humor is most common among police officers, fire fighters, paramedics, and hospital workers who face death and dying every day. Such individuals often describe their “dark” sense of humor as the only way to “get by” while doing their job. Dick explored this phenomenon among law enforcement and EMS personnel who experienced events that were human-caused, life threatening, belief challenging, media attentive, and identifiable (Doka, 1996). She described anhedonia (i.e., the inability to experience pleasure) as one of the typical traumatic reactions among these groups. Since pleasure is often derived from a sense of humor, she concluded that it becomes necessary for first responders (e.g., emergency personnel) and health care professionals to develop and maintain that sense of humor. When death is all around and pain and suffering are a normal part of the day, using humor to cope can be a very healthy skill. For example, at Walter Reed Army Medical Center’s Intensive Care Unit, a colorful sign reading “Thoracic Park” was put out at about the same time that the dinosaur movie, *Jurassic Park*, was a hit.

Jewish literature from the Holocaust is filled with examples of gallows humor. Lipman (1991) explored how Jews used humor to survive the ghettos and concentration camps of Nazism. While it is inconceivable that there was anything to laugh at in Eastern Europe during Hitler’s reign, life went on, people fell in love, celebrated holidays, raised families, and told jokes about the Nazis. Often, these jokes were recycled from the days of the Cossacks and the Czar. According to Lipman, concentration camp survivors have reported that part of their
ability to survive was due to their efforts to keep faith, hope, and humor alive.

**BLACK HUMOR**

Black humor was born in the United States during slavery (Lipman, 1991). Different from gallows humor, survivors who use black humor have typically faced conditions of oppression and prejudice, but not necessarily annihilation. Rather than focusing on death and destruction, black humor tends to focus on the oppressor and the murderer. Slaves created this brand of humor as a passive-aggressive means of circumventing their oppressors without the risk of retaliation. In addition to using black humor, Maya Angelou (1993) noted that “slaves also devised ways of keeping their souls robust and spirits alive in that awful atmosphere” (pp. 101-102) by addressing each other with familial terms and using sweet tones when speaking to each other. According to Lipman (1991), song was also a commonly employed tool for otherwise prohibited communication of feelings and thoughts during slavery.

The Jews of Hitler’s Europe also intertwined the use of black humor with gallows humor. Black humor primarily exists when a trauma is man-made or has a known perpetrator (Lipman, 1991). When survivors joke about Hitler, Custer, the Grand Wizard, or an abuser, they utilize a coping skill that releases anxiety, rage, and depression. The use of black humor, therefore, can be seen as a means of allowing negative or maladaptive stress responses to become positive or adaptive and to facilitate survivors’ progress in the recovery process. Unlike Lipman, Kuhlman (cited in Fry & Salameh, 1993) does not distinguish between gallows humor and black humor. Kuhlman described gallows humor as, “violating principles usually associated with human meanings and values. . . . It is an in-kind response to an absurd dilemma, a way of being sane in an insane place” (p. 25).

**INAPPROPRIATE HUMOR**

The crux of a victim’s sense of humor is in the nuances of irony and satire that can be healthily exploited for the purpose of survival. Although humor can be used to facilitate therapeutic gains, one’s inappropriate use of humor or affect generally indicates that one is trying to avoid one’s true feelings (Marcus, 1990). If a client is smiling and jok-
ing while reporting a particularly painful childhood memory, it is likely that the client is not sure how close s/he wants to get to the memory and is attempting to obtain distance from the associated emotional pain. This distancing is similar to denial in that it provides for a comfort zone. However, if not properly handled in treatment, such denial impedes the therapeutic process. According to Marcus, when a client laughs after everything s/he says and attributes this behavior to “nervous laughter,” low self-esteem and an underlying lack of confidence in one’s own thoughts and opinions is indicated.

Marcus (1990) also noted that “smiling just represents a feeble attempt to either hide their true feelings from themselves, and find others or, more radically, that it actually stands for, or is the equivalent of, another internally expressed emotion” (p. 427). The therapist needs to address these underlying emotions by sensitively peeling away at the comical mask that covers them. The therapist must also be able to reflect back the inconsistencies between the client’s behavior and what is being reported or recalled. The diagnostic significance of inconsistencies between one’s affect and content is dependant on the degree and frequency of such inconsistencies. When affect is inappropriate to content on a regular basis, for example, then other diagnoses (e.g., schizophrenia) need to be ruled out.

As mentioned previously, dehumanizing humor is a weapon of the racist. The racist or the oppressor makes fun of what he does not understand or fears, in spite of its negative impact on others. When an abuser treats someone as if he or she is funny or is not to be taken seriously, then the individual is no longer dangerous and frightening. The power balance is altered and the ridiculer gains more control.

In war, the enemy is traditionally dehumanized. It is much easier to kill or maim another human being if s/he is not seen as fully human. If the enemy can be ridiculed, put down, and devalued, then his fate is of less concern. During military training, soldiers are informally exposed to racial slurs and caricatures of past and present enemies in order to make them better able to survive in a combat zone. For many combat veterans, the collusion in dehumanizing the enemy has resulted in shame, guilt, and remorse that needs to be addressed in the therapeutic process (Brende & Parson, 1985). Since these veterans have had a negative experience with using humor, it may often be harder for them to see humor as a positive technique for their own recovery. The therapist’s role is to educate veterans or other clients on the different facets and uses of humor and its appropriateness.
The inappropriate use of humor is also present in many violent domestic situations. Hypothetically, in such scenarios, the perpetrator wants to control the victim and does so by verbally abusing her prior to physically assaulting her. By the time he actually strikes her, she has already been demeaned, belittled, and berated. He has made “fun” of her appearance, habits, intelligence, and anything else she cares about to the point that she has become a non-person. The perpetrator has used humor inappropriately to dehumanize the victim in order to make himself feel stronger, more powerful, and more in control of the dynamics within the dyad. He needs to believe in his own sense of power in order to counter his own frail ego. In addition, the victim comes to accept the perpetrator’s picture of her because of its sheer repetition and her own poor self-image. He has ridiculed her and she feels ridiculous. Her ability to “fight back” is gone and she begins to believe that she deserves the abusive treatment.

If victims of domestic violence can successfully discover and use their sense of black humor in their recovery process, they can regain their sense of self by seeing the limits of the abuser’s power over them or the abuser’s ridiculousness. This can be achieved by using the previously mentioned REBT technique developed by Ellis (Ellis & Abrams, 1994) to challenge and re-process the irrational beliefs the abuser has infused into the victim’s self-image. Once victims can see the absurdity of the irrational beliefs held about the self and the perpetrator, their feelings of safety and control can be restored. On the other hand, when the abuser is the client, the therapist will need to assist him in recognizing the irrational nature of his beliefs about relationships and in learning the difference between ridicule and humor. Further development of a perpetrator’s sense of humor could help him cope in a healthy manner with tension and anger and replace his negative violent reactions with calmer, more socially acceptable behaviors.

**APPLICATIONS FOR HUMOR IN THERAPY**

How do therapists access humor in the therapeutic process with clients? As Adams (1993) suggested, therapists must initially recognize how important it is to have a sense of humor and be open to seeing humor in themselves and their own lives before they can use it in the therapy process. Then, they must find out what humor means to the individual clients with whom they are working. In the author’s experience, veterans and other trauma survivors report seeing themselves as
having a “sick sense of humor.” They often felt guilty for the things that they found humorous and believed “normal” people would not laugh at or enjoy similar things. Many hospital personnel and rescue workers tell people, “if you were never on the job, you wouldn’t understand.” Similarly, when combat veterans say things such as, “If you weren’t there, you wouldn’t understand,” they are expressing a sense of alienation and attempting to reject a society that they fear will reject them because of their military experiences. However, therapists can aid veterans in understanding that their sense of humor is very often a vital part of their ability to cope with emotionally stressful, and sometimes horrific, events given their frame of reference. Educating clients about gallows and black humor can help to relieve such feelings of isolation and separateness. When survivors are able to focus on the use of humor in a therapeutic atmosphere, they can then address their feelings of shame and guilt and see humor for what it is: a stress relieving tool. Developing the tool of humor in a therapeutic milieu helps to enable clients to incorporate one form of stress management or SIT into their daily lives.

It can be difficult to get survivors to discuss what they do for fun or what they think is funny, but the therapist should be in tune with the opportunities for interjecting this notion into the therapeutic process as the clients improve their skills for healthy living. As mentioned earlier, the Vietnam veteran who went to work for fun was eventually able to recognize that he had not allowed himself to have fun since he returned from Vietnam and was consequently able to change his pattern of behavior. Initially, he thought it was funny when people did stupid things and got into trouble. Other people always told him his sense of humor was “gross” and “disgusting.” However, after several sessions of therapy, which focused on this issue, he was able to recall what he did for fun before the war and some amusing things from his time in the service. With the therapist, he then contracted a plan to spend time in his week purposefully doing something that he enjoyed (e.g., sports, watch a comedy show, or visit a friend). He re-discovered that he enjoyed telling jokes and began to collect a repertoire to tell at work and at the end of the sessions. He was able to make a conscientious decision to be happy rather than mad and depressed all the time. He was then able to handle previously upsetting situations more lightheartedly, by being able to see the absurdity in his own previously enraged reactions in certain situations.

In the case of this veteran, the use of cognitive therapy to explore humor made a dramatic difference in his sense of self and well-being. He was able to dispute irrational beliefs about himself and his sense of hu-
morrow and use humor as a coping skill in a healthier positive manner. Problems that came up at work and at home no longer infuriated him and he was better able to use his problem-solving skills to deal with these stressful situations.

Thus, it can be very useful for clients to learn how to recognize and appreciate their own sense of humor and how to benefit from it. To help clients better understand their own sense of humor, the therapist should first have them list the things that they enjoy (or that they once enjoyed) and that help them to relax. When they are under stress, these items become a healthy behavior plan upon which to rely rather than relying on the negative reactions that have previously made their situation worse. Eventually, these new enjoyable reactions become automatic responses. Trauma survivors often feel that they must take everything in life very seriously, so as not to forget or diminish the trauma. They often do not feel entitled to have positive emotions.

In therapy, such reactions can be identified and addressed and, with the injection of humor, healthier reactions can be modeled, learned, and practiced. This exercise should also include having the client identify people with whom they enjoy spending time or who are supportive of them. They should be encouraged to arrange for quality time with these people and engage in fun activities with them. These activities should be logged on a calendar or a diary and reported back to the therapist. Initially, some clients may not feel entitled to engage in pleasurable activities. Incorporating fun into the therapeutic process, however, may act to lessen the feelings of survivor’s guilt that may arise following a trauma in which others have suffered or perished. In some cases, it may have been years since the trauma, as with Vietnam veterans, and they have been so socially isolated in the interim that these steps require careful development and planning.

When facilitating a therapy group with survivors, getting them to focus on their humorous memories can be a means of encouraging group cohesion and validation. When they can laugh with one another and share their feelings, they can release the shame and loneliness they have attributed to their “sick” sense of humor and allow them not to feel so alone. It can be very reassuring for survivors to know that others find humor in the same things, even when they have not shared the same exact experiences. The group therapy environment also allows for individual participants to feel secure in practicing and improving their social skills with those with whom they have already established a trusting relationship.
CONCLUSION

There is rarely a satisfactory answer to questions concerning why one person has survived a traumatic event (e.g., natural disasters or combat) when others have not. Many combat veterans have such questions, however, and feel survivor’s guilt when they can find no satisfactory explanation. The greater questions, therefore, involve how the survivor managed to deal with the events as they were taking place, how s/he has coped with the memories since the trauma occurred, and where the survivor’s strength comes from. Among the many components that make up a person’s psyche and contribute to how a situation is handled are genetic factors, upbringing, values, and prior experiences. Therapy explores all of these in order to help survivors integrate their traumatic experience(s) into who they are rather than allowing those experiences to skew that sense of identity. Determining the ways a survivor uses humor also needs to be a part of that exploration.

One’s sense of humor suggests a lot about who one is and how one views the world. Understanding the ways that humor is used and its application can be very useful in the treatment of survivors. Ignoring the positive memories of a trauma survivor can cause the therapist to develop a very limited view of who that individual really is. If the therapist only looks at a survivor’s negative memories, then the therapist misses part of how the individual was able to emotionally survive the trauma and how the coping skills that were used to get through the trauma can be tapped for future recovery. Using humor does not mean that the therapist needs to wear a red rubber nose during counseling sessions, although some do. Rather, it means that a survivor needs to have his/her own sense of humor validated and accepted by the therapist, particularly since humor is often integral to a sense of hope, well-being, and humanness. During the trauma, humor may have been a tool of survival; in the recovery process, it can be used as a tool for surviving and thriving as well. The role of the therapist is to help individuals (re)discover their sense of enjoyment, to use humor to alleviate stressful situations, and to confront negative thinking. As the old adage says: “Laughter is the best medicine.”

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