
25 HUMOR AND IMAGINATION

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From a therapy session: a thirty-four year old woman in a deep state of mindfulness with her therapist...

Client: Yes, I can really feel you're here now...(pause)....and it's okay now that you'll be gone....(pause)...

Therapist: Well, I just made up my mind.... I'll have to stay with you for the rest of my life....

Both: laughing.

Client:then you can put me in a backpack....

Therapist:and I'll carry you around all day... to the theater....

Clint: laughing hysterically.

Therapist: and to the hot tubs.....bowling.....

Both: laughing together.

During my first years as a therapist, one thing I did created a lot of trouble for my clients: I behaved so sternly that they got one message quite clearly: "Oh yes, this is all very serious! You've got a heavy problem! It's gonna be hard work and there is no easy way out!" As someone who was in the competent and professional role, I would officially testify to the fact which the client was already dreading:IT IS VERY, VERY SERIOUS! And... of

course it is, but not in the way that most clients believe.

In HT we see character, and all the behavior, experience, and the problems attached to it, as something that resembles a role in a play. Unluckily, the actor has forgotten that he is part of a play. He can't experience the choices and the playfulness of behavioral patterns at all. He feels cemented into a frame that seems to be a stable, real self. In the therapeutic process, while the client is letting go of some of the rigidity of character, he learns to experience the ease of slipping into roles and choosing behavior. He learns to see from an outside viewpoint what he is doing and how he is doing it. And that it is all right - unless he chooses to be otherwise.

One of Rajneesh's programmatic statements is: "Life is a big joke!". And so it is. Once we understand that we're not doomed to be stuck, doomed to live with whatever we know of ourselves, the things we do look funnier, brighter, and as good as anything else we could do.

Even if I'm not an authoritative psychotherapist, I still communicate my values, my perceptions, and my philosophy to my clients; be it subtly or direct. It makes sense to be aware of what I am communicating. Let me give you an example. I was having a few therapy sessions with a therapist once, and while I was

deep inside most of the time, I would come up and look at him every once in awhile. And always he was smiling, beaming at whatever was going on. I felt that everything was all right for him, I was doing fine. That made me feel light. It wasn't THAT he was smiling, it was HOW he was smiling.

There is, of course, a lot to say about the dangers of being humorous in a therapy session. Even if you are skillful, you might create the impression that you are laughing at the client, or at a part of the client. If that happens, even so subtly, it's damaging, it's limiting, it undermines trust and safety, it is anti-therapeutic. Without compassion, humor is destructive. Humor is a deep, anthropological asset. You won't find a people in the world who don't laugh. They all use it. One of the fascinating facts about the "cancer personality" that has often been pointed out, is that cancer patients laugh less than others or almost never, all through their lives. There have even been accounts of cures through laughing, like Norman Cousins'.

For now, let us just look at a few things that laughing does. Most obviously, it seems to discharge volatile issues. Maybe you have noticed before that all of us like to laugh about things that are charged for us - things we fear, like death, sex, absurdity, repulsion, homosexuality, handicaps. Discharging is useful in therapy. As long as we don't just cover up the issue, the system will relax around whatever is charged. Energy bleeds off. That will help to go deeper.

The key ingredient to jokes and humor is a message from the therapist to the client: "It's alright. We can both look at this and laugh about it." Prior to such a message there must be a certainty on the side of the client, that s/he is accepted the way s/he is. If there is still a doubt in his or her mind, it's no time for jokes. That's why humor and imaginative playfulness will be used by us mostly at the END of a therapy session. The critical issue has to be accepted by everybody in the room. It must be obvious that whatever the issue was - everything is all right the way it is. The laughing becomes very powerful. It demonstrates that we are all on the same side, that we share in the fear and in the acceptance. At that point, laughing is much more powerful than words. Similar to touch, it is hard to lie by laughing. It engages the ones who are laughing and creates an atmosphere of togetherness, a knowing and accepting unity. Around a protected issue, this in itself can be overwhelming.

In that sense, we often use humor as an integration technique. Especially in workshops we can suddenly create a group feeling of acceptance. When the fear of rejection is gone, all group members become integrated in a general acceptance of whatever might have been fought, judged, or disowned by the client. Dealing with it humorously makes the new situation also light and joyous. The client comprehends (and already acts from) a viewpoint now that says: "However serious this is, it is nothing demonic, nothing that can crush me, nothing so overwhelming that we can't laugh about it!"

Very often, therapy jokes don't seem that funny to somebody who hasn't been in on the session. "How come they laugh hysterically about something like that?" Those jokes are closely related to the issue and to the fears around it. Most of the time they are composed of material that came up during the session, and they transform it. One of the easiest ways to create jokes like that, is to draw exaggerated and absurd conclusions, as the example that opens this paper demonstrates. After a very emotional group session, when everybody was lying in each other's arms, exhausted from crying, many people just holding someone's head on their lap, piles of kleenex all over the place, Ron exclaimed once: "Looks like the railroad scene from a civil war movie!" That cracked everybody up, energized them again, and made the situation okay the way it was. It broke the heavy atmosphere that was just beginning to stifle the need to now do something lighter. Everybody laughed and comfortably let go of the situation and the group moved on.

That is an example of an exaggerated comparison. Here is one of exaggerated acting out: Pat Ogden had a client once, who started a session by asking in a childish and submissive voice: "Please, you MUST help me". Soon they were both spontaneously acting out a scene where the client was kneeling on the floor before Pat, whining and pleading for rescue. At the same time they were laughing hysterically, until the situation shifted; and the client moved into deep issues about her helplessness.

Using humor is like catching yourself at your character game. See how you can live with it and accept that you are a little bit crazy. Laughing, you've already jumped out of a system. You cracked it, you left the old mind-set and have started the fun part.

Using humor also involves imagination on the part of the therapist. To be funny you need to be imaginative. And to be imaginative is fun. The two are closely related. Apart from making jokes, the therapist uses his/her imagination in many ways. S/he may be creating an atmosphere of playfulness, which can communicate the fact that character is a play. If the client experiences character as playful, s/he is not stuck, not bogging down. Imagination presents the possibilities of life, it creates visions in an unforceful manner, gets everybody ungrounded for a while in order to free the client for a moment to invest in options. This playful, imaginative mode can switch a person from a stuck system right into another, where movement is possible. It helps them jump before the process bogs down. Ron likes to tell a story which happened to him with his friend Elliot:

"I used to live with a friend of mine named Elliot. I was just starting out as a therapist and Ol' El was a student at the college. Since he couldn't afford much therapy, he used to try to do therapy on himself. Try is the key word here. Elliot was kind of a rigid guy and, well...

One afternoon, I was lying on my bed watching TV, football or something, with my door open and El was in his room, with his

door open, trying to do Bioenergetics on himself. He was trying to get a spontaneous release. Trying! Naturally, he was just getting frustrated, 'cause as any schoolkid knows, you can't force yourself to be spontaneous. All Elliot was getting was tied up in knots. He'd try to scream and get frustrated and so he'd scream harder and so on and on into the afternoon...for two hours!

Well, I wasn't gonna close my door. First of all, I would have to get up off the bed to do that. And second, I thought Elliot ought to close his door, but I wasn't going to tell him that. I was just going to lie there and get more and more sullen and annoyed.

So I was quietly fuming when Ol' El finally dragged what was left of himself into my room, sat dejectedly on my bed, head down and in this weak little voice said to me, "I'm really frightened, Ron, I can't eat my supper." Well, I turned to look at him - he still had his head down, looking at his knees, I guess - and after a moment, I cranked up my maximum compassion voice. In a soft, slow and loving tone I told him,

"Don't worry, Elliot, I'll eat your supper."

In a moment, his head popped up. He looked at me with a genuine puzzled face and asked me, "What did you say?" Apparently, my answer wasn't anything like what he'd been expecting. When I repeated it, he just broke out laughing, fell in my arms, gave me a hug and went down to eat his supper. I went back to the TV, somewhat appeased."

Working with the child, the therapist's imagination tells him/her what the child secretly wanted. If s/he plays with him/her around these wishes, both will have a delightful and funny time, while the wishes get integrated into the system.

Sometimes we tell fairy tales, or read letters that we are making up. They relate to the child and tell it about other options, other ways of being. The deeper they are in a trance-state, the more a story can be part of the change taking place. Their systems unglue, sun shines in. That's one of the things we want to help happen. Another one is - and we know this might not sound reasonable for everybody - we therapists want to have fun too!

One time a university professor went to a Zen master to ask about Zen. The professor had many questions, arguments, distinctions, and rebuttals to what was offered. Nan-in, the Zen master, served him tea. He poured his visitor's cup full, and then kept pouring. The professor watched the overflow until he could no longer restrain himself. "It is over-full. No more will go in!" "Like this cup," Nan-in said, "You are full of your own opinions and speculations. How can I teach you Zen unless you first empty your cup?"