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Commentary on "Humour"

Alessandra Lemma

There is the story of an elderly Jewish wife who calls downstairs to her husband, "Harry, come upstairs and make love." After a pause, the sorrowful reply is made: "Sarah, I can't do both."

As Freud (1927d) so helpfully highlighted, humour is the most sophisticated defensive manoeuvre at our disposal to cope with the realities of the human condition. He did not view humour as an "escape" as such, but, at its best, more as a capacity within the self to be regarded far more positively than just as "another defence". He believed that humour was a mature adaptation because it makes it possible to find an alternative between suffering and its denial. Indeed, one of the constants in life, cutting across historical periods and cultures, has been the function of the "comic spirit" as a way of managing the inescapable difficulty of being. In his own way, Charlie Chaplin recognized this essential function. "Humour," he said, "is a kind of gentle and benevolent custodian of the mind which prevents us from being overwhelmed by the apparent seriousness of life" (quoted in Boskin, 1987, p. 154).

Chaplin's image of humour as a "benevolent custodian of the mind" helpfully situates humour in an object relational frame: at its

best, he seems to be implying that in the humorous exchange or the moment of laughter the self is being in some way "looked after". This, of course, is very much in keeping with the important development in Freud's own thinking about the superego in relation to humour. Having articulated his earlier ideas on the superego as a moral agency, Freud's (1927d) study of humour presents the superego not simply as a moral agency with its harsh, retaliatory force (Freud, 1923b), but also as a loving agency that rescues an intimidated ego (Schafer, 1960). He suggests that in humour it is the superego that comforts the ego in the face of reality by fostering a temporary illusion. The superego thus relates to the ego as if it were a child who needs comforting. Freud (1927d) was thus clear that humour was "a rare and precious gift".

Christie's paper is such a "gift", as he invites us to consider not only the developmental origins of humour and its creative potential, but also, importantly, he manages to address the question of the place of humour in analysis without falling prey to polarized positions on this subject where humour is either to be avoided, or to be actively encouraged, somewhat artificially, as in the more extreme forms of so-called "laughter therapy".

There is so much one could focus on in a paper rich in ideas, but, given constraints of space, I will pick up, first, on the developmental origins of humour, and then move on to consider the question of humour in analysis. This is a very important question, because thinking about why we might or might not be humorous takes us to the heart of our beliefs about how, as analysts, we can most helpfully relate to our patients.

The developmental origins of a sense of humour

If one considers the importance of humour and laughter in everyday life, it is surprising that, relatively speaking, so little has been written about it from an analytic perspective. The paucity of analytic publications perhaps reflects the dominant preoccupation in analytic theory with loss and absence as the primary spurs to psychic development. This emphasis gives the impression that pleasure is considered as somehow inferior to pain in its capacity to stimulate and be thought provoking (Alvarez, 1992). And yet, the

"rare and precious gift" of humour, as Freud put it, might be said to develop through repeated interaction with an enlivening object: typically, the mother early on, who stimulates the baby's interest through fun and amusement. A sense of fun or amusement—the earliest manifestations of a sense of humour—is a "we" phenomenon (i.e., a self–other phenomenon) (Stern, 1985) created by mother and baby together as the mother uses fun and humour to help her baby regulate affective states. This, of course, relies on the mother's own capacity to manage her relationship to reality in this adaptive manner. The baby, in turn, can make active use of the mother's emotional expression in forming a more humorous appreciation of an event and using it to guide his own responses. Indeed, Christie aptly observes that "early play experiences can influence the formation of the superego" (p. 287). Chasseguet-Smirgel (1988), in another very important contribution to our understanding of humour, suggests that the humorist is trying to be his own loving mother. Crucially, she believes that, "the adult part of the ego in humour represents, in their totality, all *the mother's efforts of care and attention*" (1988, p. 205, my italics).

Through the mother's capacity to adopt a humorous attitude, the baby's distress can be transformed into a kind of pleasure (Bollas, 1995). We might say, then, that the judicious use of humour when faced with a young child's negative affects is one way in which the mother can provide a contingent and "marked" response (Fonagy, Gergely, Jurist, & Target, 2002) that assists the development of representational functioning so crucial for the capacity to reflect on one's own experience.

It might be that one of the reasons we feel safe and comforted through humorous interaction with another is precisely because it rekindles this early experience of the "we", a profoundly reassuring experience that whatever is troubling or frightening will be contained and transformed by the object into something manageable, turning pain into pleasure. This is one of the great appeals of comedy, of course. The successful comedian establishes with his audience a sense of communality, of shared fate, reassuring them that they are not alone in feeling as they do. The "bad" comedian is bad on account of their inability to use humour to successfully metabolize the psychic pain or truth that is at the heart of most jokes.

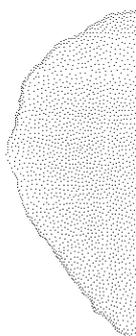
The development, or rediscovery, of the capacity for humour may be one of the positive outcomes of an analysis. It is important here to draw a distinction, however, between the capacity to enjoy humour (and so be comforted by it) and the capacity to generate humour, especially under stressful internal conditions. In its most consolidated form (which is, I think, what Freud had in mind when he viewed humour as a "rare and precious gift"), the humorous attitude, which involves not just the capacity to enjoy humour, but also to generate it, denotes the self's capacity to have perspective on its predicament: that is, to take the "third position" (Britton, 1998) as observer of itself (Britton, 2003; Lemma, 2000), allowing for a broadening of perspective.

Humour in analysis

It is fair to say that many clinicians appear reticent to acknowledge publicly the use of humour in their analytic practice, as if to do so would lead colleagues to doubt the depth and seriousness of the work (Lemma, 2000). Humorous exchanges can generate anxiety in the analyst out of a justified concern that they might have been drawn into an unhelpful enactment with the patient, or might produce too much excitement, which may distract or collude with the patient's need for gratification.

As clinicians, we can probably all think of clinical situations where the patient's humour was used destructively, perhaps to create a sense of complicity between patient and analyst, and this needs to be taken up. It is vital that we guard against using humour to serve our own defensive needs in an attempt to ward off the examination of more threatening material with the patient, or to invite the patient's admiration of our witticism, or to use humour to seduce and collude with the patient. Crucially, it is important to think about the nature of the identifications underlying humorous exchange. The invitation to be humorous is an invitation to something quite particular to each patient, embedded in a unique dyadic field where the negotiation of the meaning of such an invitation is the important variable.

And yet, even though aggression is never too far away in any humour, some of the time the aggression is more modulated and



the patient's humour, while concealing psychic pain, may denote an important psychic achievement: if we only ever respond to the pain we might miss the patient's valuable resilience that has kept their capacity to manage pain through humorous sublimations. Indeed, Christie helpfully argues that in the same way that "playful engagement" supports the baby's development, humorous exchanges in analysis can also be facilitative. He invites us to consider how, with some patients, some of the time, couching an interpretation in a more humorous, playful manner could actively facilitate the patient's working through of a particular issue. Along similar lines, Nina Coltart (1993) noted that a humorous remark by a patient that can be responded to in kind might cover a lot of ground and have more impact than the most carefully crafted, serious interpretation.

Some patients may indeed gain from exchanges with an analyst who can use humour to gently engage them in thinking about something they cannot otherwise bear to face. What I have in mind here is humour that, as Rose (1963) so beautifully put it, "like some love touches the truth lightly to avert madness". Since humour invariably contains an implicit message about serious matters, underlying a humorous exchange there is a negotiation about whether to transpose the communication into a more serious discussion. In its ambiguity lies the power of humour, since it allows both patient and analyst to take interpersonal initiatives that might otherwise feel too risky. To borrow Greenson's turn of phrase, we might say that by presenting an interpretation with a more humorous twist this allows the patient to "run if needs to" (Greenson, 1967).

For some patients, sharing a joke and laughing might even represent an attempt to relate more playfully, for the first time. Here, the analyst's response is crucial: if the analyst responds soberly the patient might feel shamed or rebuffed in some way. The use of humour by the analyst might, in fact, function as a kind of metacommunication to the patient about their internal state of mind, which may foster a sense of safety, through disconfirming inhibiting expectations and so increases the patient's ability to be self-reflective.

The use of humour by the analyst, or even sharing a moment of laughter with the patient, can only be conceived as presenting moment-to-moment benefits rather than as any kind of overall

therapeutic strategy. The spontaneity that is the critical property of such exchanges surprises both patient and analyst and cannot be planned. Such moments are therefore imbued with creative potential, facilitating entry into a qualitatively different kind of psychic space, which can result in greater emotional and cognitive flexibility. Christie's paper essentially reminds us that we need to guard against confusing doing serious work with being serious.

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