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How Do Mental Health Professionals Use Humor? A Systematic Review

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ABSTRACT

Although the value of humor is appreciated in mental health care, little is known about how professionals employ humor. The purpose of this systematic review was to explore how mental health professionals use humor. Academic databases were systemically searched. Papers were subjected to quality appraisal. Ten studies met eligibility criteria. Mental health staff used humor to cope with stress and adversity. They also used humor to enhance relationships with service users, and to erode team-related power dynamics. It was suggested that knowing when to use humor appropriately was dependent on experience and how well staff knew service users. However, it was also found that staff's use of humor was sometimes negatively perceived by service users, as it could reinforce power dynamics. Due to the limited and low level of evidence, it is recommended that rigorous research in the area of humor in mental health practice is undertaken.

KEYWORDS

Humor; humour; mental health; mental illness; psychiatric

Introduction

Humor is a fundamental part of the human experience, and can be described as a "complex, dynamic phenomenon" which mainly occurs in "social situations between two or more people" (MaCreaddie & Payne, 2014, p. 333). What constitutes humor varies widely across time, space, and cultures, and is unique to each individual (Ganz & Jacobs, 2014). Humor is an experience where our emotions are strongly impacted (Bag, 2020), we see or hear something funny or amusing (Gladding & Wallace, 2016), and there is a capacity to derive pleasure from what might otherwise be incongruous, absurd, or unexpected (Abrami, 2009). It is a multifaceted phenomenon which involves initiation, recognition, understanding, and reciprocation (McCreaddie & Payne, 2014). Although it is hard to categorize, some kinds of humor discussed in the literature include: spontaneous, planned (Martin et al., 2003; McCreaddie & Payne, 2014; Southam, 2003), affiliative, self-enhancing (Martin, 1996), social, offensive, humiliating self-humor (Martin et al., 2003), indirect, and direct humor (Bischofberger, 2002).

Renowned for his use of humor in medicine, the physician Patch Adams (1998) famously wrote "humor is the antidote to all ills" (p. 65). Humor and laughter have been shown to lead to improvements in both physical and mental health (Weinberg et al., 2014). The psychological benefits of humor include improved coping and sense of wellbeing (Rodin

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et al., 2017; Southam, 2003). The mental health benefits of humor can counteract low mood and anxiety (Ruch & Hofmann, 2017; Tyson et al., 2022) and people who produce higher levels of humor have lower mood disturbances (Vilaythong et al., 2003). Humor can help people to express complicated feelings and emotions (Gladding & Wallace, 2016). There are also social benefits to humor, including an increased sense of belonging and friendship when people laugh together (Martin & Ford, 2006) and strengthen relationships (Curry & Dunbar, 2013). Overall, humor prompts positive psychological wellbeing and is regarded to be a key character strength and virtue (Peterson & Seligman, 2004). The physiological benefits of humor and laughter include enhanced immune function, reduced stress hormones, improved pain tolerance, and reduced experience of pain (Hussong & Micucci, 2021; Southam, 2003).

It is important to note that the *humor-health hypothesis* (Martin, 2004), which suggests a positive link between humor and health, has limitations, especially in the way humor is defined and results are measured (McCreaddie & Wiggins, 2008). Humor can have negative health and wellbeing impacts, depending on the type of humor and situation. The benefits or negative impacts of humor can vary depending on how appropriate the humor is and how its use is interpreted. Self-defeating humor can be aligned with depression (Frewen et al., 2008), suicidal ideation (Tucker et al., 2013) decreased self-esteem, and increased loneliness (Fox et al., 2016). It is therefore important to consider how humor might be harmful or have therapeutic benefits.

Therapeutic humor is a specific genre that is based on the outcome of humor and what benefits it might have for health, wellness, and relationships within a service context. Some aspects of humor can have a "transformative healing agent" and be a "means for transcending stress and suffering" (Vergeer & MacRae, 1993, p. 680). The purposeful use of humor to achieve these positive benefits can be seen as therapeutic.

The literature has outlined the conditions under which humor becomes therapeutic, including the requirement that the sender of humor (practitioner) is skilled in creating humorous interventions and does so in a purposeful way, and the receiver of humor (patient/client/service user) receives and perceives the humor; the relationship bond between the two players must also modulate the tone of the humor (Sultanoff, 2013). Although seemingly one-directional in the practitioner being the humor generator, this model acknowledges the interaction between client and practitioner as a core component of the therapeutic value of the intervention. Humor is generally recognized by service users to be a positive attribute in their healthcare experience. Patients have a broad appreciation for humor and desire for healthcare staff to initiate humor more in practice and reciprocate it (McCreaddie & Payne, 2014).

Therapeutic humor can be applied using multiple modalities and in various settings. It has been recommended that oncology nurses incorporate watching funny videos, listening to funny audiotapes, telling stories of funny events that happened, telling jokes, and looking at humorous photos into their practices (Christie & Moore, 2005). Oncology nurses have also reported using humor to create trust and help patients feel safe and relaxed (Tanay et al., 2013). Surgical nurses use humor to ameliorate the stressful aspects of surgery. They also used humor as a tool to build connections and rapport with patients (van der Krogt et al., 2020). Occupational therapists report using humor to "facilitate balanced, holistic, patient-empowering, enjoyable, and maximally therapeutic treatment that attempted to encourage healing, improve function, build and sustain connections, and

recognize individual humanity" (Vergeer & MacRae, 1993, p. 680). These professionals report using jokes and funny stories in their practice but are less likely to use something more formalized or planned such as the use of props (Leber & Vanoli, 2001). Humor can also be helpful in counseling, and, when used purposefully, can help clients to make necessary changes (Gladding & Drake Wallace, 2016).

In mental health practice, the potential negative impact of using humor on the therapeutic relationship has been highlighted especially due to difficulties regarding the vulnerability of service users. Indeed, it has been acknowledged that there are more risks when using humor in mental health practice than in other disciplines, whereby service users or clients may feel alienated, not taken seriously and perceive the mental health practitioner as less competent or helpful (Sultanoff, 2013). However, despite such cautions, there is little evidence available on how humor is used within mental health settings. Due to the potential psychological benefits and risks of humor, it would be imperative to further explore the use of humor by mental health professionals. The aim of this systematic review was to explore how mental health professionals use humor.

Methods

The Cochrane Handbook for Systematic Reviews of Interventions (Higgins et al., 2019) guided this systematic review. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist (Page et al., 2021) was followed. The review protocol was registered with the International Prospective Register of Systematic Reviews (PROSPERO) (registration number: CRD42022313860).

Eligibility criteria

The PICOS (Population, Intervention, Comparison, Outcomes, Study Design) framework was used to determine study eligibility. Empirical studies of any design were eligible for inclusion provided that they focused on: i) use of humor by mental health practitioners; and ii) reported by mental health practitioners or service users. Studies with or without comparisons were included. Studies were excluded if they focused on student practitioners, service users' use of humor, or where mental health practitioners' data could not be distinguished from other data. We also excluded dissertations, literature reviews, theoretical papers, conference abstracts, editorials, letters to the editor, and study protocols.

Search strategy

We searched the following electronic databases for relevant studies on mental health practitioners' use of humor: Academic Search Complete, CINAHL Plus with Full Text, MEDLINE, APA PsycArticles, APA PsycInfo, Social Sciences Full Text [H.W. Wilson], and Soc Index. We also reviewed the reference lists of potentially eligible studies to identify additional studies. The following keywords were used with all databases, truncated to maximize retrieval, combined using Boolean operators "OR" and "AND," and searched

on title or abstract: (humor or humor or laughter or joke* or joking or comedy) AND ("mental health" or "mental illness" or "emotional distress" or "psychological distress" or "mental distress" or psychiatry*) AND (nurs* or "occupational therap*" or psychologist* or "social worker*" or psychiatrist* or counsellor* or counselor* or therapist*").

Study selection

Records identified from the search were transferred to Microsoft Excel; duplicates were then deleted. Next, titles, abstracts, and full texts were screened. Each record was screened independently by two authors (JG; KMc), with conflicts resolved by a third author (MOM). Figure 1 provides a summary of the selections process for this study.

Data extraction and synthesis

Data were extracted by JG and cross-checked for accuracy by MOM to minimize reporting bias. A standardized data extraction table was constructed using the following headings: author(s) (year); country; aim of study; study design; sample and setting; data collection process; key outcomes; and key findings. Owing to the heterogeneity in study design, outcomes, and outcome measures, a meta-analysis was not plausible. Instead, a narrative synthesis of findings is presented. Table 1 summarizes the studies accepted into this analysis

Quality assessment

Critical appraisal of the studies was performed using standard critical appraisal tools provided by the Joanna Briggs Institute (JBI) (2019). Critical appraisal was completed by JG and cross-checked by MOM.

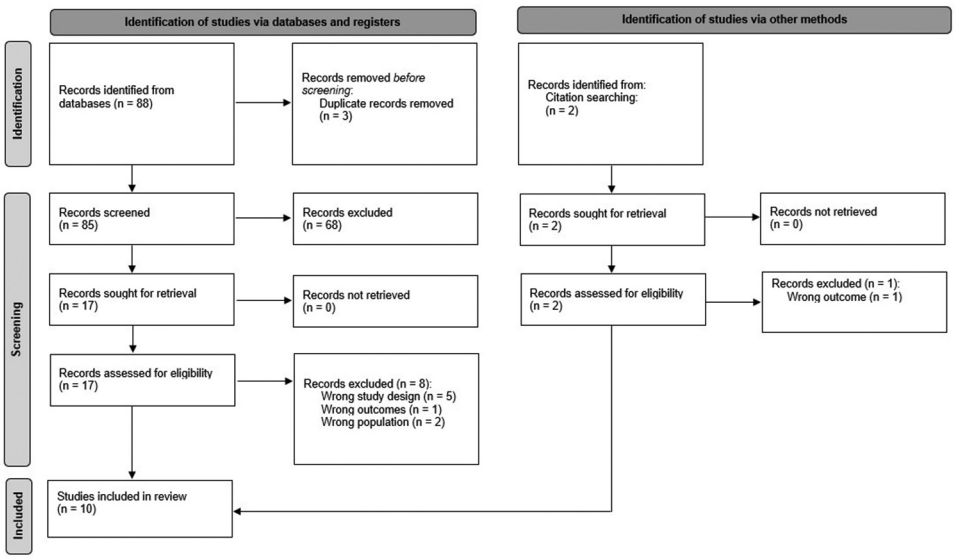


Figure 1. Study identification, screening, and selection process.

Table 1.

Source Country	Aim of Study	Study Design	Sample and Setting	Data Collection Process	Key Outcomes	Key Findings
Aylott et al. (2022); UK	To explore "how the lived experience of patients, carers and healthcare professionals in mental health services align with medically defined, generic, professionalism standards" (p. 139)	Qualitative study.	Fifty-six participants (psychiatrists, psychologists, nurses, carers, occupational therapists, service users) aged 21–86 (males = 18; females = 36; other = 2).	Focus groups ($n = 6$) with carers and professionals; individual interviews with service users ($n = 13$).	Mental health professionals' use of humor.	"Black/(gallows) humor" was used to make light of challenging situations and to defuse stress. Using humor to criticize service users was perceived negatively. The paper did not report which professionals specifically referred to use of humor in their practice.
Casey and Buchan (1991); USA	To describe the use of a brief family systems-based intervention with a 12-year-old boy and his family.	Case study.	Six therapy sessions were conducted. The family attending therapy comprised a 12-year-old boy, his mother, and his father (who only attended the last two sessions). Two therapists implemented the intervention: a school counselor and a school psychologist.	Insufficient information provided on data collection process.	Use of humor in conducting brief family therapy.	Family members were encouraged to bring in their favorite joke each week to reduce barriers and minimize resistance. Humor was also used by therapists to suggest behavioral changes, and in their suggestion to the mother to replace her practices of "screaming" to "singing."
Dadson et al. (2018); Ghana.	To explore the experiences and coping strategies of caregivers of people diagnosed with a mental illness.	Qualitative.	Twenty individuals (10 psychiatric nurses [7 females; 3 males] and 10 family caregivers) "who were involved in providing care for persons with mental illness in a psychiatric hospital in Accra, Ghana" (p. 916). Participants were ten psychiatric (seven females; three males) and ten family caregivers (five females; five males).	Individual semi-structured interviews.	Use of humor by psychiatric nurses	Psychiatric nurses used humor as way of dealing with stressful events. They noted that working with service users is "fun" and they laughed when reflecting about their day.

(*Continued*)

Table 1. (Continued).

Source Country	Aim of Study	Study Design	Sample and Setting	Data Collection Process	Key Outcomes	Key Findings
Dunn (1993); UK	To explore mental health nurses' therapeutic use of humor.	Qualitative	Ten mental health nurses (female = 7; male = 3) from the author's immediate geographical area in Northern Ireland.	Individual semi-structured interviews.	Mental health nurses' therapeutic use of humor.	It was felt that humor helped to alleviate anxiety and facilitated the development of a therapeutic relationship with service users. Knowing when to use humor was said to be intuitive or a "gut feeling" (p. 471). It was felt that more experience as a mental health nurse enhanced this intuitive process. Being familiar with the service user was regarded as important when gauging whether or not use of humor would be appropriate.

(*Continued*)

Table 1. (Continued).

Source Country	Aim of Study	Study Design	Sample and Setting	Data Collection Process	Key Outcomes	Key Findings
Gildberg et al. (2016); Denmark	"To explore the characteristics of the use humor by forensic mental health staff members in interactions with forensic mental health inpatients" (p. 120)	Qualitative.	The study was conducted in Denmark, in a forensic psychiatric inpatient unit with 32 forensic mental health staff members.	Thirty staff members participated in passive observations: 14 nurses, 12 social and healthcare assistants, 3 nursing assistants, and one social worker. These staff members were passively observed for 52 days (and over 224 hours). Seven staff members participated in focused observations over the course of 21 days (and over 83 hours, 15 minutes). During this period, 48 informal interviews were conducted. These 7 staff members also took part in formal semi-structured individual interviews.	The use humor by forensic mental health staff members.	Staff and service users related to each other and eroded power dynamics by finding humor in everyday things, such as television and social situations; this facilitated the building of a human-to-human relationship. Staff also used humor to vent frustrations about service users' requests for items such as fresh towels and glasses of milk. Staff members avoided the use of "irony" as it was felt that service users think "too literally" and thus this type of humor could provoke anger or cause upset. It was observed that some staff members used humor to draw attention to service users' weight gain; this use of humor also reinforced a power dynamic between staff members and service users.

(*Continued*)

Table 1. (Continued).

Source Country	Aim of Study	Study Design	Sample and Setting	Data Collection Process	Key Outcomes	Key Findings
Griffiths (1998); UK	To analyze community mental health nurses and social workers' use of humor.	Qualitative ethnography.	Two community mental health teams operating in urban areas in Wales.	Ethnographic fieldwork was conducted over twelve months. Data comprised data transcribed from 12 team meetings, unstructured interviews with staff members, and transcripts from local mental health strategy discussions and voluntary sector agency meetings.	Community mental health nurses and social workers' use of humor.	In instances where staff members disagreed with psychiatrists' judgment that a person presenting to the service had serious mental health needs, humor was used to express opinions/ reframe situations. Psychiatrists used humor to reduce power dynamics and speak with the team on a human-to-human level.
Machado et al. (2016); Brazil	To measure happiness in Brazilian psychiatrists; to correlate happiness with defense styles used by psychiatrists.	Observational cross-sectional study.	Psychiatrists ($n = 104$) working in Brazil who attended the XXXII Brazilian Congress of Psychiatry 2014 (females = 56; males = 48)	A self-administered questionnaire was distributed at the conference, and later by e-mail to conference attendees.	Use of humor as a defense style.	Psychiatrists used mature defense styles, such as humor and anticipation, rather than immature styles, such as passive aggression or acting out. Use of humor positively correlated with happiness.
Romeu-Labayen et al. (2022); Spain	To explore how mental health nurses' attitudes impact the development of therapeutic relationships from the perspective of people diagnosed with borderline personality disorder.	Qualitative descriptive design.	Twelve females from a public mental health center, diagnosed with borderline personality disorder, who self-reported an improvement from when they initially engaged with treatment; age range: 20–46.	Individual semi-structured Interviews.	Mental health nurses' use of humor, from the perspective of people diagnosed with borderline personality disorder.	Use of humor by nurses enhanced their authenticity and helped to build a foundation of trust. Humor facilitated a distancing from negative emotions, and encouraged service users to "open themselves up to new perspectives" (p. 322).

(*Continued*)

Table 1. (Continued).

Source Country	Aim of Study	Study Design	Sample and Setting	Data Collection Process	Key Outcomes	Key Findings
Sequeira and Halstead (2004); UK	To examine "the experiences of physical restraint procedures reported by nursing staff in a secure mental health service" (p. 3).	Qualitative.	Nursing staff ($n = 17$), service users who has been restrained ($n = 14$), and service users who had observed restraints ($n = 5$) in a secure mental health service.	Individual semi-structured interviews.	Nursing staff's use of humor in the context of physical restraint.	Nursing staff used humor following a stressful situation as a coping mechanism, and to alleviate anxiety. Laughing following an episode of restraint was negatively perceived by service users, who felt that this behavior agitated a "them and us" mentality (p. 9).
Struthers (1999); UK	To explore how community psychiatric nurses use humor in their interactions with service users.	Qualitative descriptive study.	Community psychiatric nurses ($n = 7$) from a rural area in Scotland.	Critical incident forms ($n = 3$) and individual focused interviews ($n = 7$).	The use of humor by psychiatric nurses in their interactions with service users.	Participants felt that the way in which humor is used by staff cannot be taught but comes with experience. Caution was advised about using humor, as it was regarded to be subjective, in addition to something not always appreciated by service users; for example, if the service users "demonstrated suspicious or paranoid behavior" (p.1201). Staff took how well they knew the service user into account before employing humor.

The level of evidence was assessed using the Scottish Intercollegiate Guidelines Network (SIGN) grading system (Healthcare Improvement Scotland, 2011). Under these guidelines, studies are given an individual grade ranging from 1++ (high-quality meta-analyses, systematic reviews of randomized controlled trials) to 4 (expert opinion). Based on individual scores, an overall grade recommendation is awarded. This ranges from A (highest level of evidence) to D (lowest level of evidence). The level of evidence was completed by JG and cross-checked by MOM.

Results

An initial search of the empirical literature identified 88 records (see Supplementary File 1). Following removal of 3 duplicates, we screened 85 papers on title and abstract, and excluded 68 irrelevant papers based on eligibility criteria. The full texts of the remaining 17 papers were screened; 8 papers were excluded. The reference lists of these papers were hand-searched for potentially relevant papers not identified in the initial search; one additional paper was identified. A total of 10 studies were included in this review.

Study characteristics

Most ($n = 8$) were qualitative studies. Additionally, there was one cross-sectional study and one case study. Two studies focused exclusively on mental health nurses, and one focused exclusively on psychiatrists; other studies focused on a range of mental health staff members, or a combination of staff members and service users. Five of the studies were conducted in the United Kingdom (UK), while the other studies were conducted in Brazil, Ghana, Denmark, Spain, and the United States of America (USA). Sample sizes ranged from 1 (Casey & Buchan, 1991) to 104 (Machado et al., 2016). Study characteristics are presented in full in Supplementary File 2.

Quality assessment

Several studies failed to position the researchers culturally or theoretically. Given the subjective nature of humor, such context could be considered important. Moreover, several studies did not address how the researchers influenced the research process. The case study did not describe the intervention in sufficient detail, nor did it adequately report on methods of data collection. The cross-sectional study did not identify confounding factors or report if strategies to deal with confounding factors were employed. Three studies (Dunn, 1993; Griffiths, 1998; Sequeira & Halstead, 2004) made no reference to ethical approval. Furthermore, although Struthers (1999) made reference to ethical principles, because staff, rather than service users, were interviewed, this study was conducted without ethical approval.

All studies, bar one, received a score of 3 on the SIGN level of evidence grading system (Healthcare Improvement Scotland, 2011), indicating that these studies were descriptive and non-analytic. The remaining study scored 2-, as there were no confounding factors

identified, with the potential risk that relationships were not causal. Consequently, an overall grade recommendation of "D" was awarded, indicating an overall low level of evidence.

Using humor to cope with stress and adversity

Staff members commented on how humor was essential in coping with work-related stress and adversity. Mental health nurses in both Sequeira and Halstead (2004) and Dadson et al. (2018) studies reported that they used humor as a coping mechanism. These mental health nurses commented on stressful events they encountered as part of their professional role, and that humor was an important strategy used to defuse stress and alleviate anxiety. Participants in Aylott et al. (2022) study also referred to the importance of humor in defusing stress; specifically, "gallows humor" was used by staff to cope with stressful events. Although a range of professionals (psychiatrists, psychologists, nurses, carers, and occupational therapists) took part in this study, the authors did not make it clear which groups tended to employ this sort of humor. Psychiatrists surveyed by Machado et al. (2016) were not asked about the stress they experienced at work; however, it was found that participants who tended to employ humor were more likely to report feeling "happy."

Service users also spoke about using humor to cope with adversity. In the Romeu-Labayen et al. (2022) study, humor provided service users with an opportunity to put some distance between them and their negative emotions, allowing them to open themselves to different perspectives and reframe their experiences.

Using humor to enhance relationships

Staff members and service users also felt that humor could be employed to enhance relationships (Casey & Buchan, 1991; Dunn, 1993; Gildberg et al., 2016; Griffiths, 1998; Romeu-Labayen et al., 2022). As part of family therapy sessions, a school counselor and school psychologist in Casey and Buchan's (1991) study encouraged family members to bring in a different joke each week. It was reported that use of humor in this manner reduced barriers and minimized resistance, thus allowing for relationships to be developed, enhancing the therapeutic work they were doing. Mental health nurses in Dunn's (1993) study also commented that using humor in practice enhanced therapeutic relationships; they believed that humor alleviated the anxiety felt by service users. This was echoed by the service users interviewed by Romeu-Labayen et al. (2022), who stated that mental health nurses' use of humor enhanced their authenticity, which helped to build a foundation of a trusting therapeutic relationship.

Both Gildberg et al. (2016) and Griffiths (1998) reported that humor influenced power dynamics, which impacted how relationships developed. Staff observed and interviewed by Gildberg et al. (2016) eroded power dynamics by finding humor and "common ground" in everyday situations (for example, watching TV together). This facilitated the building of human-to-human relationships between staff and service users. Staff in Griffiths (1998) study used humor to erode power dynamics within the team. In instances where nurses and social workers disagreed with psychiatrists' decisions, humor was employed to voice opinions, allowing for concerns to be

expressed less directly. In the same study, it was noted that psychiatrists also used humor to reduce power dynamics and engage with nurses and social workers on a human-to-human level.

The importance of experience when using humor

The importance of familiarity with service users before using humor was highlighted by mental health nurses in both Dunn's (1993) and Struthers' (1999) studies. It was noted that humor was subjective and could be perceived negatively by service users; therefore, being familiar with individuals' boundaries was important. This indicates that humor may not be used by staff during initial encounters with service users, and that "time" is a factor considered when thinking about utilizing humor.

Related to the concept of time is experience, with nurses in the same studies (Dunn, 1993; Struthers, 1999) suggesting that appropriate use of humor cannot be taught. In this regard, humor is perceived as something that comes with the experience of working in mental health services. Participants in Dunn's (1993) study commented that although a nurse's sense of when the use of humor was appropriate was intuitive or based on a "gut feeling," experience gained enhanced this intuitive process.

Caution advised when using humor

Despite the positive ways in which humor was perceived, several contraindications were suggested by both staff members and service users. Mental health nurses in Struthers (1999) study did not recommend use of humor when service users demonstrated suspicious or paranoid behavior, as this could be misconstrued in some fashion, thus tarnishing the therapeutic relationship. Although staff members in Gildberg et al. (2016) study advocated for the use of humor in practice, the specific use of irony was discouraged, as staff felt that service users often think "too literally," meaning there was the potential to cause upset. It should be noted that this study was conducted in Denmark, and cultural definitions/uses of irony may have influenced staff's perspectives on the use of humor.

While mental health staff interviewed by Aylott et al. (2022) highlighted the inappropriateness of using humor to cause distress for service users, it was evident from other studies that this is how humor is sometimes employed. Observations recorded by Gildberg et al. (2016) indicated that staff used humor to make pejorative comments about service users' physical features, such as weight gain. Service users interviewed by Sequeira and Halstead (2004) reported that, following episodes of physical restraint, mental health nurses would start laughing about the incident. Although this was reported by staff as a way to cope with a stressful event, service users perceived this behavior negatively, and felt that it agitated a "them and us" mentality (p.9).

Discussion

This systematic review aimed to explore how mental health professionals use humor. The overall level of evidence was low; furthermore, quality appraisal identified several methodological and ethical-related issues. In order to advance scientific research, it is crucial that

rigorous methodological processes are adhered to (E Silva et al., 2020). There is potential to develop a robust evidence base for the use of humor in mental health practice; however, a more scholarly approach is warranted overall.

Although studies considered the perspectives of staff members such as occupational therapists and psychiatrists, it was not always possible to separate out these practitioners' perspectives from others. Furthermore, several studies focused exclusively on mental health nurses. Much has been written on humor in the field of nursing, and the importance of humor to this discipline (Buxman, 2018; Torres-Vigil et al., 2021). However, given how important humor is to our mental health (Pinedo et al., 2021), in order to advance our understanding of this concept, its use by other mental health practitioners warrants investigation. For example, one of the key roles of the mental health occupational therapist is a focus on service users' reablement (rehabilitation). One way in which this can be achieved is through encouraging socialization (Seberg & Eriksson, 2018). Considering the centrality of humor to developing social relationships (Paine et al., 2021; Salavera et al., 2020), the lack of insight into how mental health occupational therapists use humor could be regarded as an oversight. In order to reach a more comprehensive understanding of how humor is used in mental health practice, the perspectives of all staff members, such as counselors, occupational therapists, social workers, psychologists, and others, need to be elicited.

Despite the lack of variety in staff's perspectives, the available evidence suggests that there are several benefits to the use of humor in practice, such as helping staff build relationships with service users. Several studies have noted the facilitators in developing therapeutic relationships, such as using well-developed communication skills and a focus on interpersonal connection (Keefe et al., 2020; Simpson & Penney, 2018). However, a key barrier to developing relationships, identified in several studies, is a lack of open communication, with some staff members indicating fears around being more open in their communication styles (Keefe et al., 2020; Walsh et al., 2022). The use of humor could be viewed as a further facilitator in this regard, which could unlock new and innovative ways of working with service users, further reducing communication barriers.

Humor also appears to have direct benefits for staff, reducing stress and team-related power dynamics. Although it has been well established that there are links between humor and stress/anxiety (Granitsas, 2020; Morgan et al., 2019), little effort has been made to capitalize on its use as an intervention for staff. Furthermore, problems with power dynamics within mental health teams are a recurring theme in the literature (Aby, 2020; Haines et al., 2018); such power dynamics can negatively impact on staff's autonomy, leading to further stress (Lautizi et al., 2009). It has been recommended that clinical supervision be used to alleviate staff stress and encourage autonomy (McCarthy et al., 2021; Saab et al., 2021), while more integrated approaches to care have been suggested to improve power dynamics within teams (Aby, 2020). Findings from the current review indicate that there is great potential for the use of humor in increasing mental health staff's job satisfaction and enhancing team relationships; it is recommended that further research investigate how this can be best actualized in practice.

It was suggested that "time" was a factor relevant to the appropriate use of humor; this related to both time spent gaining experience as a mental health practitioner and time spent getting to know specific service users. Despite the assertion that use of humor is a skill gained over time and cannot be taught, there may actually be merit in considering its utility

within education systems. There is an evidence base for understanding how humor can be used with people experiencing mental distress. For example, Kfrerer et al. (2019), found that people experiencing low mood were more inclined to use "self-defeating humor" when compared to those not experiencing low mood. Furthermore, there is an evidence base on how humor is used by different cultures (Chen & Martin, 2007; Jiang et al., 2019; Lee et al., 2018), age groups (Bischetti et al., 2019; Lee et al., 2020; Tsai et al., 2021), and genders (Tsai et al., 2021). It is well known that humor can be employed by educators as an effective strategy to engage healthcare students (Kaylor et al., 2018; Ulloth, 2002). Further research around actually teaching these students how they can use humor in their practice is warranted, with longitudinal approaches used to measure the effectiveness of this approach to education.

Limitations

This review has several limitations. Only papers published in the English language were included, meaning language bias is a potential issue. The overall low level of evidence can also be viewed as a limitation.

Conclusion

Humor was found to serve two functions: to reduce stress or alleviate anxiety, and to influence relationships between practitioners/service users and within teams. Studies identified the need for caution when using humor, particularly where there is a risk of misinterpretation by a service user. Time to build relationships and gain experience as a practitioner were noted as pre-requisites to using humor, with studies stating that humor cannot be taught.

However, given the significance of humor and the potential benefits to enhance relationships when used appropriately, there are opportunities to introduce the concept of humor in educational settings, to enhance understanding of influencers and how it can be used therapeutically in practice. Further research in this area is recommended. Our understanding of how different mental health practitioners employ humor is limited, as is the capacity of humor to reduce stress or anxiety and impact team dynamics. It is recommended that further research be undertaken to enhance knowledge and the applicability of humor within mental health settings.

Overall, the level of evidence was low, with both ethical and methodological concerns identified. It is recommended that further rigorous research be undertaken to examine the potentiality of appropriate humor as a learnable skill to build professional and therapeutic relationships.

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