Original Research Article

Humour in Healing: An Integrated Analysis of Humour in Fostering Therapeutic Alliances Using a Mixed Methods Approach

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ABSTRACT

Background: Jokes have evolved into a modern communication tool, with Gen Z focusing on irony and absurdity, with dark humour forming a shared inside joke among global content users. While humour is seen as a positive linguistic tool, its therapeutic value has been a topic of long-standing debate, especially in India, where there exists considerable socio-economic and cultural diversity. In this changing world and challenging generation, this study investigates the relationship between the sense of humour in therapeutic relationships and the quality of therapeutic alliances among mental health practitioners residing in Mumbai, India.
Methodology: The study procedure involved gathering responses from 16 mental health practitioners in Mumbai. Participants completed the Multidimensional Sense of Humour Scale (MSHS) and Working Alliance Inventory (WAI-Hatcher-SR) questionnaires. Data were then analysed quantitatively and supplemented with qualitative insights from in-depth interviews.
Results: The quantitative analysis explored the connection between humour and the therapist-client alliance using descriptive and inferential statistics. Regression analyses revealed no significant direct predictors of task, bond, or goal; however, interaction effects were significant, highlighting humour's impact on alliance dynamics. The quantitative analysis supported the interaction effect by signifying the role of humour in the facilitation of therapeutic relationships as well as therapy outcomes for the clients.
Conclusion: Even though direct predictors weren't found for specific aspects, the presence of interaction effects underscores the value of humour in creating positive connections and improving therapy dynamics, suggesting that integrating humour greatly benefits therapy.
Key words: Humour, Therapy, Therapeutic Alliance, Mental Health Practitioners, India, Mixed-Methods Study

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INTRODUCTION

According to the Oxford Dictionary on Historical Principles, humour is defined as "the ability to recognize and take pleasure in absurd situations" [1]. Numerous holistic benefits are associated with humour, such as elation which reduces the perceived severity of bad life experiences [2]. As a cohort that navigates through a global pandemic, witnesses the escalating threat of global warming, and confronts instances of genocide and heinous crimes, our sense of humour evolves as a response to an uncertain future [1].
Philosophers were the first ones to explore humour as a concept. Today, we broadly consider 3 major theories of humour. Superiority Theory suggests we find events or qualities amusing when they elevate us over others and can be traced back to the ancient Greek philosopher Aristotle. Incongruity Theory believes that discrepancy occurs when two or more inputs cannot be interpreted using a single schema. As French

mathematician Blaise Pascal once said, "Nothing produces laughter more than a surprising disproportion between that which one expects and that which one sees" [3]. Relief Theory by Immanuel Kant describes laughing as the "sudden relief of tension or expectation" [4].

It is crucial to understand that the elements of humour and an individual's sense of humour are theoretically distinct. Sense of humour is multidimensional. It is a perspective on life, manner of being, way to defend oneself, and harmony with others. This theoretical framework of a sense of humour links to an individual's mental schema, where a cognitive map one's humour preferences is constructed [5].

According to Thorson and Powell, there are 6 key elements of a personal sense of humour, out of which 3 are considered in this study.

Humour creativity and uses of humour for social function: This facet focuses on the ability to generate novel, clever comedic ideas and sharing the absurdity with others. Individuals scoring high on this facet are likely to excel in creating and applying humour that goes beyond the conventional [5].

Appreciation of humour: It measures an individual's capacity to recognize, enjoy, and find amusement in various forms of humour. This facet assesses the individual's receptivity to jokes, encompassing their ability to derive pleasure from comedic content. People with high scores on this facet are likely to have an open mind to different styles and genres [5].

Coping humour: This perspective serves as a coping response, allowing individuals to laugh things off rather than become upset. According to Freud, gallows humour is a response to crises where individuals can face the true meaning of a problem but cope with it by using humour, while keeping in mind the distinction between adaptive self-deprecating humour and maladaptive humour at the expense of others [5].

Therapeutic alliance: Introduced by Edward Bordin in 1979 [6], a therapeutic alliance, also known as the "working alliance," is a collaborative relationship between a therapist and a client, crucial for successful therapy [7]. The three major facets were given by Münder and colleagues, in line with Bordin's three-component model of the therapeutic alliance [8].

Agreement on the task of therapy: The task construct combines the therapist's skills with the client's sense of the therapist's ability to assist. It also entails working together on therapy activities, agreeing on tasks, and scheduling interventions [9].

Agreement on the goal of therapy: The goals construct involves mutual agreement and investment in achieving aligned goals, with the client acknowledging the therapist's commitment [10]. Goals vary based on the problem and therapeutic style, such as focusing on specific habits in behavioural therapy [9].

Development of an affective bond: Bonds are the qualities that contribute to the interpersonal interaction between the practitioner and the client [6]. The bond within the therapeutic alliance encompasses qualities like trust, respect, and care [10].

Humour in Therapeutic Alliance

According to psychology, humour is a mechanism with multiple components, including cognitive ability, response, and habitual behaviour pattern [11]. Researchers argue that psychology has not given much attention to humour's potential significance in human sciences, despite its empirical significance [12]. There have been negative connotations to humour in therapy, as it was speculated to limit the client's varied reactions to the therapist's interpretations and might be employed as a defence against the therapist's fear, veiled animosity, or a seductive relationship. In contrast, most evidence highlights the multiple benefits of employing humour in a compassionate and dignified manner during psychotherapy [13]. Research studies have emphasized how humour can help client reframe their perspective on the world by offering an alternative interpretation for current crisis. Several additional therapeutic applications of humour have been documented, such as indirect communication, deflation of shame, exposure of illogical thought, and building resilience [13]. While some authors do not have anything against humour, they suggest that practitioners should always work within the client's frame of reference and target their dysfunctional notions [13].

Rationale of the study

The rationale of this research is to understand the relationship between the use of humour and therapeutic alliance among mental health practitioners in Mumbai, India. Humour has been acknowledged as a tool within psychotherapy, with potential effects on rapport-building, communication, and emotional expression. Yet, a significant vacuum exists in the study of humour on therapeutic alliances in Southern Asia. The effectiveness of therapeutic alliance in psychotherapy is still debated, and there is a gap in understanding how humour influences the therapeutic relationship, particularly its role in forming and maintaining this alliance. This study further explores the relation between the use of humour, the quality of the alliance, and the overall outcomes in therapy to gain a comprehensive understanding, given the diversity in population, culture and therapeutic approaches. Therefore, the study opens avenues for the future by providing insights for tailored and culturally sensitive interventions.

In current studies, certain views on the use of humour in psychotherapy were gathered through qualitative interviewing. Ten full-time therapists, with experience of at least five years, participated in this study. The practising psychotherapists interviewed for this study all endorsed the use of humour in psychotherapy and agreed that humour can be beneficial in psychotherapy, however, caution should be exercised due to the hazards involved. It also laid down an important finding: therapists from various theoretical backgrounds shared similar ideas. Even though it is believed that clinicians with a cognitive-behavioural or family systems orientation viewed humour more positively than those with a psychodynamic orientation, all participants reported positive outcomes from incorporating humour in treatment, regardless of theoretical orientation [14]. Dionigi and Canestrari conducted a landmark study to explore various aspects of humour in cognitive therapy, by collecting data from eight initial therapy sessions. The findings reported seven instances of humour originating from therapists or clients. Specifically, three examples showcased client-initiated humour, while four exemplified therapist-initiated humour. For instances where clients-initiated humour, therapists responded in three distinct ways: aligning themselves with the client, designing, or utilising a strategy combining both alignment and misalignment. Conversely, when therapists-initiated humour, four different forms were identified—rhetorical humour, humour with surrealistic meaning, role shifting, and humour related to register. Notably, in these cases, clients consistently laughed, indicating their support. Analysis of these instances revealed that humour serves as an easily integrated therapeutic tool capable of fostering positive changes in the therapeutic process [15].

A paper studied three trainees and three qualified counsellors exploring the role of humour in therapy. Through interviews, the counsellors shared their experiences, and interpretative phenomenological analysis was used to identify key themes. The findings indicated that humour naturally became a part of the therapeutic relationship. There are specific moments of humour that influence counselling, such as moments of emotional release and when clients use humour as a defence mechanism. Clients also creatively incorporate humour. However, there are important considerations for counsellors, including being aware of potential risks when humour is present. The study suggests that therapeutic humour can be beneficial, even early in a counsellor's career, and participants proposed that training courses should address this aspect [16].

A study explored the connection between humour and the effectiveness of psychotherapy in a group of 110 adult clients who attended at least 10 therapy sessions. Both clients and their therapists assessed the frequency and intensity of humorous events, along with therapy effectiveness, therapeutic alliance, perceived hope, and enjoyment in participating in therapy sessions. The results showed a strong positive correlation between the presence of humour and the effectiveness of therapy, as perceived by both clients and therapists. This inferred that clients and therapist both believed the therapy was more effective when humour was present in therapy sessions [13].

Empirical research on the application of humour in a clinical setting with depressed or anxious clients has been difficult to discover. So, authors have published a systematic review according to PRISMA guidelines of qualitative and quantitative studies on humour interventions in psychotherapy and their effect on levels of depression and anxiety in adult clients. The review, comprising 10 studies, focused on adults (age 18–65) in a clinical setting with mild depression or mild anxiety disorder. Two of the studies involved rehabilitative techniques applied by a therapist, such as giving a humorous provocative nickname, using jokes and

metaphors, exaggerating the client's thoughts and actions, or utilizing components of SLAP (Surprise, Light-heartedness, Absurdity, and Perspective development). Eight of the ten studies in question included interventions that the therapist did not use in a one-on-one or group therapy session with clients, such as dancing, clapping, and laughing exercises. They discovered that in most of the research, humorous interventions with varying designs and intended demographics tend to have a significant impact on a reduction in anxiety and depression [17].

METHODOLOGY

The aim of the study was to investigate the relationship between the sense of humour in therapeutic relationships and the quality of therapeutic alliances among mental health practitioners residing in Mumbai, India.

Research problem

How does humour employed by mental health practitioners influence the quality of the course of therapy exhibited by interventionists in Mumbai?

Hypothesis

H1: The mental health practitioner's creativity in humour will significantly predict the task working alliance between the therapist and the client.
H2: The mental health practitioner's creativity in humour will significantly predict the bond working alliance between the therapist and the client.
H3: The mental health practitioner's creativity in humour will significantly predict the goal working alliance between the therapist and the client.
H4: The mental health practitioner's use of humour in coping purposes will significantly predict the task working alliance between the therapist and the client.
H5: The mental health practitioner's use of humour in coping purposes will significantly predict the bond working alliance between the therapist and the client.
H6: The mental health practitioner's use of humour in coping purposes will significantly predict the goal working alliance between the therapist and the client.
H7: The mental health practitioner's appreciation of humour in coping purposes will significantly predict the task working alliance between the therapist and the client.
H8: The mental health practitioner's appreciation of humour in coping purposes will significantly predict the bond working alliance between the therapist and the client.
H9: The mental health practitioner's appreciation of humour in coping purposes will significantly predict the goal working alliance between the therapist and the client.

Variables to be studied

Independent Variable

1. Sense of humour

1a. Humour creativity and uses of humour for social purposes
1b. Uses of coping humour
1c. Appreciation of humour

Dependent Variable

2. **Working Alliance Dimensions**

2a. Task Dimension
2b. Bond Dimension
2c. Goal Dimension

Operational Definition

Sense of Humour: Sense of humour broadly involves measuring an individual's tendency to find and appreciate humour in various situations. They have been classified in this study into 3 styles.
Humour creativity and uses of humour for social purposes for this study refer to scores obtained on questions 1,3,4,6,7,9,12,15,19,20 of the questionnaire
Uses of coping humour for this study refer to scores in questions 2,5,10,13,16,17,18 of the questionnaire.
Appreciation of humour for this study refers to scores in questions 8,11,14 of the questionnaire.

Working Alliance Inventory: The Working Alliance Inventory measures some of the different ways a psychotherapist or counsellor might think or feel about his or her client. They have been classified into three dimensions. The task dimension for this study refers to scores in questions 21,22,30,32 of the questionnaire. The bond dimension for this study refers to scores in questions 23,25,27,29 of the questionnaire. The goal dimension for this study refers to scores in questions 24,26,28,31 of the questionnaire.

Sampling

Our study involves a sample of 16 mental health practitioners, based in Mumbai, India. The universe of the population consists of practising mental health practitioners located in Mumbai, India with a minimum experience of 1 year.

Sampling Method

Snowball and Purposive sampling will be used in this study to gather data. A purposive sample is one whose characteristics are defined for a purpose that is relevant to the study. Snowball sampling is a non-probability sampling method where new units are recruited by other units to form part of the sample. This sample is deliberately diverse, encompassing mental health practitioners with varied levels of experience, distinct therapeutic specializations, and diverse approaches. This inclusivity allows for a comprehensive examination of humour's role in the therapeutic process across different contexts. Through this carefully selected sample, we aim to contribute nuanced insights to the understanding of the interplay between humour and therapeutic effectiveness in psychology.

Inclusion Criteria

- Possession of a relevant educational qualification in psychology, counselling, or a closely related profession from a recognized institution.
- Mental health practitioners practising in India for at least 1 year.
- Proficient in at least 12th-grade English.

Exclusion Criteria

- Those without a licence or registration with the appropriate Indian regulating agencies for counselling or psychotherapy will not be taken into consideration.

Instrumentation

Two scales will be used to understand the sense of humour and the working alliance employed by therapists - The multidimensional Sense of Humour Scale (MSHS) and the Working Alliance Inventory (WAI-Hatcher-SR).

Multidimensional Sense of Humour Scale (MSHS)

The Multidimensional Sense of Humour Scale (MSHS), a 24-item instrument designed by Thorson and Powell [5] is a self-report tool used to assess several facets of an individual's sense of humour. The six components of humour—humour creation, playfulness, social use of humour, humour recognition, humour appreciation, and coping humour—were the foundation for its development by Thorson and Powell in 1993. Currently, the scale has items that are grouped into four factors in the scale: humour production and social uses of humour, coping humour, humour appreciation, and attitudes toward humour and humorous people.

For our purpose of use, we have not used statements reflecting the facet of the appreciation of humourous people. Each item is scored on a 5-point Likert scale that goes from strongly disagree to strongly agree. The MSHS can be utilised for a variety of clinical and research purposes because it has demonstrated good reliability and validity with a Cronbach's Alpha of 0.896. The scoring of the multidimensional sense of humour scale (MSHS) is based on the sum of the ratings for each item, ranging from 0 (strongly disagree) to 4 (strongly agree). The higher the score, the more advanced that sense of humour is. Each component has a possible score range of 0 to 24. Certain items have reverse scoring, which deducts the rating from 4 before adding it to the factor score.

Working Alliance Inventory (WAI-Hatcher-SR)

A 12-item self-report survey called the Working Alliance Inventory (WAI-Hatcher-SR) gauges how well a client and therapist are forming a therapeutic relationship. Based on Bordin's model of an alliance [10], the Working Alliance Inventory by Hatcher was devised in 2006 and consists of three components: agreement on the goals of therapy, agreement on the tasks of therapy, and development of an affective bond. The original 36-item WAI and the 12-item WAI-Short which had a distinct factor structure were shortened and altered into the WAI-Hatcher-SR. The four components of the WAI-Hatcher-SR are the aim, task, bond, and overall score. There are three items in each component, and each one is graded from 1 (seldom) to 5 (always) on a 5-point Likert scale. The WAI-SR can be utilised for a variety of therapeutic and medical contexts because it has demonstrated good validity and reliability with a Cronbach's Alpha of 0.72. The WAI-Hatcher-SR has four factors: goal, task, bond, and total score. Each factor has three items, and the total score for each factor is calculated by adding the ratings for those items. The higher the score, the stronger the alliance. Each factor's potential score ranges from 3 to 15, and the WAI-Hatcher-SR's potential score ranges from 12 to 60. Certain items have reverse scoring, which deducts the rating from 6 before adding it to the factor score [18].

Procedure

The Multidimensional Sense of humour Scale (MSHS) and concurrently gauging the working alliance from the therapist's perspective through the Working Alliance Inventory (WAI-Hatcher-SR) will be converted into Google Forms and sent to participants. Data will be collected from 16 practising mental health practitioners located in Mumbai, India with a minimum experience of 1 year using Google Forms. Purposive and snowball sampling will be used. Consent forms will be given to all participants at the beginning of the Google Form. They will only be asked to continue filling out the survey once they agree to the consent details. One copy of the consent form will be given to the participant if wanted and a second copy will be kept with the researcher. The scores of these tests will be calculated using descriptive and inferential statistical analyses for the multidimensional sense of humour and working alliance.

Following the completion of the quantitative section, a qualitative exploration will be conducted through in-depth interviews. Participants will have the option to select one of two methods for gathering data: answering relevant questions on the provided form or taking part in a semi-structured interview, which will be conducted per their inclinations and convenience. Using a dual-choice format, the evaluation process will be as aligned as possible with the person's comfort level and preferred methods of communication.

Ethical Considerations

- The Multidimensional Sense of Humour Scale and the Working Alliance Inventory were used which were available in the public domain.
- Consent forms were given to all participants at the beginning of the Google Form. They were asked to continue filling out the survey only once they agreed to the consent details.
- Contact details were provided in case any participant had any questions regarding the confidentiality of the study and their ethical measures.
- The demographic details taken from the participants were kept confidential and won't be used for any purpose other than that of this study.
- All protocol sheets would be destroyed at the end of the study.

- The participants were debriefed about the purpose of this study after the data collection to minimize the effects of social desirability factors.
- The participants were provided with a copy of the results of this study on demand.

RESULTS

Quantitative Results

To understand the relationship between the sense of humour and the therapeutic alliance between the therapist and the client, descriptive and inferential statistics were performed and the results obtained are discussed henceforth.

Table 1: Descriptive Statistics

Variable	N	Range	Min	Max	Mean	SD	Skewness	Kurtosis
Humour creativity total	16	18	32	50	39.69	5.237	0.54	-0.215
Coping	16	10	17	27	22.81	3.103	-0.412	-0.699
Appreciation of Humour	16	5	9	14	11	1.155	0.891	2.12
Task	16	5	15	20	17.13	1.586	0.569	-0.57
Bond	16	5	15	20	17.69	1.662	-0.326	-1.124
Goal	16	4	16	20	18.06	1.769	-0.025	-1.894

Table 1 represents the descriptive statistical analysis of the variables of Multidimensional Sense of Humour and the therapeutic alliance between clients and therapists in the study sample (n=16). For the Multidimensional Sense of Humour, the mean for humour creativity and uses of humour for social function was found to be 39.69 (SD=5.237). The mean for appreciation of humour was found to be 11 (SD=1.155). The mean for coping humour was found to be 22.81 (SD=3.103). For the working alliance between therapists and client's, the mean for task was 17.13 (SD=1.586), while the mean for bond was 17.69 (SD=1.662). Lastly, the mean for goal was 18.06 (SD=1.769).

Table 2: Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Humour creativity total	0.126	16	0.200*	0.953	16	0.534
Coping	0.147	16	0.200*	0.948	16	0.452
Appreciation of Humour	0.250	16	0.009	0.891	16	0.059
Task	0.198	16	0.092	0.912	16	0.126
Bond	0.200	16	0.088	0.912	16	0.125
Goal	0.238	16	0.016	0.798	16	0.003

**. This is a lower bound of the true significance.*

To understand the distribution of data, a test of normality was conducted (Table 2). Interpreting the Shapiro-Wilk's test of normality for the Multidimensional Sense of Humour Scale, significance for humour creativity was observed to have a statistic value of 0.953 at $p=0.534$ (sig. > 0.05), which is statistically insignificant and suggests that the data is normally distributed. Similarly, for coping humour, there was a statistic value of 0.948 at $p=0.452$ (sig. > 0.05), which is statistically insignificant and suggests that the data is normally distributed. Again, for appreciation of humour, there was a statistic value of 0.891 at $p=0.059$ (sig. > 0.05), which is statistically insignificant and suggests that the data is normally distributed. Again, interpreting the Shapiro-Wilk's test of normality for the Working Alliance Scale, significance for task was observed to have

a statistic value of 0.912 at *p=0.126* (sig. > 0.05), which is statistically insignificant and suggests that the data is normally distributed. Similarly, for bond, there was a statistic value of 0.912 at *p=0.125* (sig. > 0.05), which is statistically insignificant and suggests that the data is normally distributed. Again, for goal, there was a statistic value of 0.798 at *p=0.003* (sig. < 0.05), which is statistically significant and suggests that the data is not normally distributed.

Table 3: Inferential Statistics on the regression on the dependent variable of Task

Independent Variable (IV)	Interaction Status	Standardised Co-efficient Beta	Significance
Creativity in Humour	No interaction	0.374	0.153
	Interaction of 2 IVs	0.484	0.087
	Interaction of 3 IVs	0.661	0.030
Coping	No interaction	-0.171	0.527
	Interaction of 2 IVs	-0.277	0.380
	Interaction of 3 IVs	-0.459	0.099
Appreciation of humour	No interaction	0.109	0.687
	Interaction of 2 IVs	0.187	0.506
	Interaction of 3 IVs	0.356	0.179

Regression results suggest that creativity in humour does not significantly predict task when regressed alone (Beta =0.374, p =0.153), when regressed with another variable (Beta =0.484, p =0.087) or when all the independent variables are regressed on task (Beta =0.661, p =0.030). However, the value of standardised beta increases with interaction and becomes statistically more significant, highlighting that an interaction effect can predict task in working alliance between therapist and client.

Regression results suggest that coping humour does not significantly predict task when regressed alone (Beta =-0.171, p =0.527), when regressed with another variable (Beta =-0.277, p =0.380) or when all the independent variables are regressed on task (Beta =-0.459, p =0.099). However, the value of standardised beta increases with interaction and becomes statistically more significant, highlighting that an interaction effect can predict task in working alliance between therapist and client.

Regression results suggest that appreciation of humour does not significantly predict task when regressed alone (Beta =0.109, p =0.687), when regressed with another variable (Beta =0.187, p =0.506) or when all the independent variables are regressed on task (Beta =0.356, p =0.179). However, the value of standardised beta increases with interaction and becomes statistically more significant, highlighting that an interaction effect can predict task in a working alliance between therapist and client.

Table 4: Inferential Statistics on the regression on the dependent variable of Bond

Independent Variable (IV)	Interaction Status	Standardised Co-efficient Beta	Significance
Creativity in Humour	No interaction	0.179	0.506
	Interaction of 2 IVs	0.257	0.394
	Interaction of 3 IVs	0.375	0.243
Coping	No interaction	-0.284	0.287
	Interaction of 2 IVs	-0.343	0.243
	Interaction of 3 IVs	-0.436	0.160
Appreciation of humour	No interaction	-0.69	0.798
	Interaction of 2 IVs	-0.030	0.916
	Interaction of 3 IVs	0.087	0.764

Regression results suggest that creativity in humour does not significantly predict bond when regressed alone (Beta =0.179, p =0.506), when regressed with another variable (Beta =0.257, p =0.394) or when all the independent variables are regressed on bond (Beta =0.375, p =0.243). However, the value of standardised beta increases with interaction and becomes statistically more significant, highlighting that an interaction effect can predict bond in working alliance between therapist and client.

Regression results suggest that coping humour does not significantly predict bond when regressed alone (Beta =-0.284, p =0.287), when regressed with another variable (Beta =-0.343, p =0.243) or when all the independent variables are regressed on bond (Beta =-0.436, p =0.160). However, the value of standardised beta increases with interaction and becomes statistically more significant, highlighting that an interaction effect can predict bond in working alliance between therapist and client.

Regression results suggest that appreciation of humour does not significantly predict bond when regressed alone (Beta = -0.69, p =0.798), when regressed with another variable (Beta =-0.030, p =0.916) or when all the independent variables are regressed on bond (Beta =0.087, p =0.764). However, the value of standardised beta increases with interaction and becomes statistically more significant, highlighting that an interaction effect can predict bond in a working alliance between therapist and client.

Table 5: Inferential Statistics on the regression on the dependent variable of Goal

Independent Variable (IV)	Interaction Status	Standardised Co-efficient Beta	Significance
Creativity in Humour	No interaction	0.261	0.328
	Interaction of 2 IVs	0.309	0.292
	Interaction of 3 IVs	0.356	0.233
Coping	No interaction	0.124	0.648
	Interaction of 2 IVs	0.065	0.818
	Interaction of 3 IVs	-0.062	0.836
Appreciation of humour	No interaction	0.228	0.395
	Interaction of 2 IVs	0.281	0.319
	Interaction of 3 IVs	0.395	0.221

Regression results suggest that creativity in humour does not significantly predict goal when regressed alone (Beta =0.261, p =0.328), when regressed with another variable (Beta =0.309, p =0.292) or when all the independent variables are regressed on bond (Beta =0.356, p =0.233). However, the value of standardised beta increases with interaction and becomes statistically more significant, highlighting that an interaction effect can predict goal in working alliance between therapist and client.

Regression results suggest that coping humour does not significantly predict goal when regressed alone (Beta =-0.124, p =0.648), when regressed with another variable (Beta =-0.065, p =0.818) or when all the independent variables are regressed on bond (Beta =-0.062, p =0.836). The value of standardised beta, in this case does not hold an increasing interaction highlighting no interaction effect can predict goal in working alliance between therapist and client.

Regression results suggest that appreciation of humour does not significantly predict goal when regressed alone (Beta = 0.228, p =0.395), when regressed with another variable (Beta =-0.281, p =0.319) or when all the independent variables are regressed on goal (Beta =0.395, p =0.221). However, the value of standardised beta increases with interaction and becomes statistically more significant, highlighting that an interaction effect can predict goal in a working alliance between therapist and client.

Qualitative Results

Post answering the questions, participants either participated in an interview or wrote down answers in the form aimed at understanding the impact of humour in therapeutic alliance. A thematic analysis was conducted using the transcripts of those. Table 6 represents the findings.

Table 6: Summary of themes

No	Theme	Sub-theme	Code	Text Excerpt
	Features of Therapeutic Alliance	Client-centered multiple	Understanding and addressing the specific needs of each client, utilizing various	"I generally use more of psychotherapy okay and like you know basically it really helps me to kind of deal with people."

		approaches (eclectism)	therapeutic approaches as necessary, incorporating client feedback during the therapeutic process, Integrating an eclectic approach.	"I would prefer CBT approach since I am trained there so I prefer using that, but I also use a little eclectic approach in the sense of you know trying to understand through motivational interviewing and Socratic questioning."
				"The needs of the client and what they want and what they are seeking through therapy are very different so I can't have like a fixed approach."
				"When I am working on certain concerns, I feel the need that gets the client needs more help, more guidance then is the time when I feel that yes I do switch to other approaches in the process after a few sessions."
				"You can't just leave them directly to their dysfunctional beliefs so that decision is taken like in one or two sessions you know more what will work for the client best in their interest."
		Rapport Building	Building a strong therapeutic alliance to facilitate effective treatment.	"It also all depends highly on the rapport building"
		Issues	Immediate expectations	"Very hurried in the approach that they want immediate solutions to their problems"
			Breaking defence mechanisms	". come with a mindset that this is like a stereotypical doctor that they will give me something in the next session I will be good so next session will just be a follow up"
			Doing self-work	Resistance, defensiveness, intertwine of complex issues, stigma, breaking negative cognitive schemas, completing homework's, modifying religious schemas
			Lack of trust in therapist	"Clients may initially be hesitant to open up or share patterns, potentially due to unfamiliarity with therapeutic exploration."
			Receptivity of children with special needs	"..would not be able to give efficient solutions to their issues which in return might not give them satisfactory outcomes."
			Parental dominance in the therapy of children	"Sometimes there are a lot of limitations with kids with special needs like low IQ and after a point they are not receptive to certain Hm approaches, and

				there is dominance of parents as well."
2.	**Humour as a therapeutic tool**	Therapeutic aid (advantages)	Recognising the positive effects of humour in therapy as a stress reliever and emotional health booster	"I did definitely inculcate it in my therapy just because I feel that it helps to relieve a lot of pain and stress and you know it also helps to improve a person's overall wellbeing."
				"It really activates and relieves the stress responses, so we definitely see a major change."
			Breaking resistance	".it might help break resistance and reduce anxiety"
			Positive physiological responses	"Few exercises that can help activate the "funny cells" in the brain".
				"It also helps in terms of you know other reasons like oxygen flow and all of that so it kind of stimulates all our organs like heartrate, muscles and all of that so definitely it's going to help us to relieve"
			Reduce hesitancy and lighten the mood	"Overcoming this hesitancy leads to increased client awareness and positive change."
				"...alleviate client overwhelm and remind clients that therapy doesn't have to be entirely serious."
			Building stronger rapport	"Use of humour can help us reflect on the concern in a light-hearted manner and also helps in building stronger rapport"
			Decrease in performance pressure	"Humour makes sessions more approachable. Helps to break the ice."
				"It helps ease off the client from the pressure of performing in therapy, build rapport and keep their defences down."
			Developing resilience	"If a human being can laugh whilst dealing with their downfall they'd try and face the reality rather than running away from it."
				"Humour often helps encourage the client to try and resolve their issues in a more efficient manner".
				"Humour is required. It kind of diminishes problem to a certain extent'.
			Facilitating therapeutic alliance	"Decrease in fallout rates, cooperation, healthy dependency on the therapist."
				"Increased closeness and connection between therapist and client, as well as the ability

				to share humour and build rapport."
				"There is a very thin line where humour could be very productive for your therapy and sometimes can lead to a lot of issues as well like maybe the client won't take it so well."
		Risk management	Misinterpretation (disadvantages)	"If I try to inculcate humour or something like that definitely client is going to feel very uncomfortable and would not like to share then and open up"
			Discomfort	"This is a double edged sword…sometimes add tensions as well"
			Defensiveness /Tension might increase	"It can make or break the rapport" "difficult with middle adults" "sometimes makes situations awkward, and sometimes people don't get it."
				"Initially you shouldn't use humour, you know adult clients might take offence that you are making fun of them."
			Invalidate client's feelings	"..might sound invalidating if not used wisely".
				"Use of humour can make them uncomfortable in the process of therapy and make them quit therapy."
				"If the client does not like humour incorporated into their session they do not readily look forward to another session and refuses to easily open up about their problems thinking it'd be made fun of."
3.	**Ways of incorporating humour**	Shared media content	Stories, shows, movies	"Sharing amusing or relatable stories, either personal or fictional, are used to convey important messages or insights. I believe Storytelling through humour can be memorable and impactful."
			Homework	"In homework too I suggest watching existentially funny or witty stuff - it connects."
		Shared Struggles	Systemic issues, gender issues, etc	"When we talk about systemic issues, sarcasm with gender issues, quoting funny lines from common liked shows and movies, when we talk about the week that past by, when you relate to the clients story and want to say something but without too much disclosure."
			Minimal self-disclosure	"Maybe after, say, two to three sessions when a little bit of

				bonding has already happened. Then maybe I'll crack a joke or two, or I'll say something funny about myself."
			Therapist as a tool for humour	"Ultimately, we are all standup comedians sitting on a chair"
		Change in outlook through sessions	Shift in perspectives	"Help clients see new perspectives, humanize myself as a therapist."
			Reflection exercises	"Finding a light moment and reflection on what the client has said."
				"If a child comes to me saying all embarrassed that they farted but it's like even Mumma does that, even daddy does that even Sanah didi farts."
4.	**Factors influencing application of humour**	Client Related Context	Assessing the suitability of humour in the context of therapy and considering the client's preparedness and context	"If the client is coming to me with something which, is you know where the client is venting out okay so maybe at that point of time, I think it's not reasonable…but when the client is comfortable with us then I think it's the best time when we can definitely inculcate humour."
			Individual differences of the client (considering ethics, client's consent, non-verbal cues.)	"..important to understand whether the client is going to take it in a good manner or try to resist and become more defensive in the way they present their information."
				"Therapist must understand that the client understands the language of humour".
			Age-related appropriateness	"Particularly depending on the population, I am dealing with if it's a younger adult maybe I would but not with adolescents because they might not understand the implicit meaning behind it or me trying to make them understand that this could be seen from this perspective…so looking at the age, personality characteristics only then otherwise not."
		Timing of application	Based on analysis and intuition	"Now I know when the joke will land, when it will not land, how it will be accepted, which kind of jokes will be accepted. That is also a thing that we have to keep in mind. That for every person, we cannot crack every type of joke."
				"In terms of jokes, practitioner's experience, intuition, correct timing."

			Stage of therapeutic relationship	"Definitely very helpful once you've built a relationship with the client."
5.	**Evolution of use of humour in therapy**	Effective self-disclosure by therapist	Increased years of practice/experience	"The use of humour and self-disclosure has increased over time as confidence in practice has grown."
				"The integration of humour and self-disclosure is seen as beneficial for creating a more relaxed and supportive therapeutic environment."
		Use of technology		"..virtual therapy sessions, potentially leading to shifts in mood and emotional responses."
				"Memes referred as a way of understanding and connecting with the client."

Thematic analysis of the transcripts yielded comprehensive results. Several themes were identified as presented in Table 6. The table discusses the following major themes:

Features of therapeutic alliance

A therapist's strategy or framework for addressing psychological difficulties and enhancing clients' well-being is known as a therapeutic approach. It comprises a range of methods and ideas that are customised for each person's need. A few sub themes that each highlighted important facets of the therapeutic method surfaced within the research, as demonstrated by a thorough analysis of the therapy modalities used by the participants.

Eclecticism is the primary subtheme of the therapeutic approach major theme, which emphasises the significance of tailoring therapies to meet the specific requirements of each individual client. This subtheme deals with the appropriate application of various therapeutic methods based on the aims and problems that the client presents with. It also underlines how crucial it is to incorporate client input into therapy in order to promote a responsive and cooperative treatment strategy. Thus, eclecticism is a flexible and scientifically based therapeutic strategy that aims to maximise therapeutic outcomes by integrating a variety of therapeutic modalities that are customised to meet the needs of each unique client. Furthermore, a participant underscored the significance of accommodating client preferences, stating, "the needs of the client and what they want and what they are seeking through therapy are very different so I can't have like a fixed approach."

Building a strong therapeutic relationship is the foundation of a successful treatment plan, and it is the second sub theme within the larger theme of the therapeutic approach. The scientific idea that a solid therapeutic partnership is essential to promoting successful treatment results is emphasised by this subtheme. It emphasises the significance of developing empathy, trust, and respect between the therapist and the client in order to foster an atmosphere that is favourable to therapeutic exploration and development. As a result, rapport-building is acknowledged as a crucial element of evidence-based therapeutic practice, helping to create a cooperative and encouraging therapeutic alliance that boosts the effectiveness of therapeutic interventions.

Many of the issues that arise during therapy are covered by the third sub theme of the main theme of therapeutic approach. These concerns include addressing client scepticism of the therapist, breaking through their defence mechanisms, encouraging self-work, navigating the receptivity of children with specific needs, and handling parental power in the treatment of children. This sub theme emphasises the scientific acknowledgment of a range of difficulties that therapists may face when providing care to clients in a variety of settings and demographics. Therapists can customise their therapy approach to match the unique requirements of each client and maximise treatment success by identifying and treating these concerns.

Humour as a therapeutic tool

In order to increase client involvement, reduce stress, and foster successful therapeutic results, humour can be purposely used into treatment. This is known as the "use of humour in therapy." After further exploration of the dynamics of therapeutic practice, a further key theme surfaced that clarified the complex function of humour in therapeutic settings. Subsequently, several sub themes highlighted the intricacies of its employment.

The first subtheme highlights the many benefits of humour as a therapeutic tool. This sub theme emphasises how humour has been scientifically shown to have beneficial benefits in treatment, including its capacity to reduce stress and improve emotional stability. Humour is also known for its ability to break through resistance, elicit favourable physiological reactions, lessen reluctance, and lighten the mood during therapy sessions. Additionally, humour helps the therapist and client connect better, reduces performance expectations, promotes resilience, and creates a stronger therapeutic relationship. Some of the participants eloquently acknowledged the benefits expressing statements like, "I did definitely inculcate it in my therapy just because I feel that it helps to relieve a lot of pain and stress and you know it also helps to improve a person's overall wellbeing" and "few exercises that can help activate the "funny cells" in the brain."

Managing risk, specifically addressing the possible drawbacks of using humour in treatment, is the subject of the second subtheme under the main theme of therapeutic method. This sub theme emphasises the scientific examination of possible hazards, including the possibility of invalidating client sentiments, discomfort, misperception, and heightened defensiveness. These factors underscore the need for therapists to use humour sensibly and sparingly to minimise negative effects while optimising therapeutic advantages. Despite humour's strong ability to increase resilience and enhance client engagement, participants advised against overusing it, wherein one of the participants expressed, "if the client is coming to me with something which is you know where the client is venting out okay so maybe at that point of time I think it's not reasonable…but when the client is comfortable with us then I think it's the best time when we can definitely inculcate humour."

Ways of incorporating humour

A variety of techniques, including light-hearted tales, playful language, relevant experiences, funny media material, and subtle teasing, can be used to include humour into therapy while still meeting the needs and preferences of the client. Different codes shed light on different approaches to humour integration in therapy under the overarching issue of humour integration. Stories, television programmes, and films are examples of shared media content that provides a forum for group entertainment and the study of therapeutic subjects. In a similar vein, common concerns that involve gender or systemic issues offer possibilities for humour to discuss and traverse difficult societal issues in a therapy setting. One participant remarked, "Sharing amusing or relatable stories, either personal or fictional, are used to convey important messages or insights. I believe Storytelling through humour can be memorable and impactful. When we talk about systemic issues, sarcasm with gender issues, quoting funny lines from common liked shows and movies, when we talk about the week that passed by, when you relate to the client's story and want to say something but without too much disclosure."

Additionally, completing humour-infused homework assignments enables clients to interact with therapy themes in a playful way outside of sessions. Using the therapist's presence and manner to encourage relaxation and laughter in the therapeutic setting is known as "leveraging the therapist as a tool for humour." Using humour to talk about societal struggles also encourages perspective changes and helps clients reframe obstacles in a positive light. Humour integration is made possible by reflection activities, which improve self-awareness. These techniques emphasise a scientific methodology, encouraging therapeutic participation and fruitful results.

Factors influencing application of humour

Evaluating humour's application in therapy entails assessing its influence on clients as well as its appropriateness and efficacy. This entails evaluating if humour meets therapeutic objectives, making sure it is appropriate for the situation and the client, keeping an eye on the client's reactions, getting input, and

thinking back on the therapist's use of humour. Maximising the therapeutic advantages of humour while minimising dangers is the aim. Subsequently, two major sub themes emerged from a thorough analysis
The first subtheme that emerged focuses on the client related context and stresses how crucial it is to determine if humour is appropriate in a therapeutic situation. It focuses on determining if humour fits the client's preparedness and the environment of treatment. It also considers the unique variations among clients, as well as nonverbal cue interpretation, gaining consent from the client, and ethical issues. To guarantee that humour is appropriate for consumers of various age groups, age-related appropriateness is also considered. It also emphasises the scientific method of assessing the use of humour in therapy, considering a variety of contextual aspects to maximise therapeutic efficacy and ethical practice. Despite humour's strong ability to increase resilience and enhance client engagement, participants advised against overusing it, wherein one of the participants expressed, "Therapist must understand that the client understands the language of humour."
Within the larger topic of evaluating the use of humour, the second sub theme focuses on time, which is defined by two codes: the therapeutic relationship stage and analysis and intuition. It entails assessing the therapy setting and intuiting when humour is most appropriate. The therapeutic relationship's stage also has a significant impact on whether humour is acceptable; therapists modify their use of humour in accordance with the rapport and trust they have built with their clients. The overall focus of this sub theme is on the deliberate and subtle timing of humour in therapy sessions, with the goal of maximising therapeutic benefits while being mindful of the therapeutic process.

Evolution of use of humour in therapy

Examining the historical development of humour's incorporation into therapeutic frameworks, participants explained the trend towards humour's growing use in conjunction with more clinical experience. This development was closely related to growing trust in the use of therapies. It was noted by participants that therapy settings were gradually changing, and they attributed this change to the intentional inclusion of humour and self-disclosure. It was determined that these procedures were essential to creating a more amiable and encouraging environment that encouraged therapeutic inquiry and development. Participants also recognised the significant influence of technology advancements, which are especially noticeable in the context of online counselling sessions, enabling new chances for humour and self-expression to provoke mood and emotional changes. One participant expressed recognition of the revolutionary power of technology, expressing, "virtual therapy sessions, potentially leading to shifts in mood and emotional responses". Consequently, the development of humour as a therapeutic tool represents the growth of therapists' clinical expertise as well as the flexibility of therapeutic approaches to take use of new technology to improve therapeutic results.

DISCUSSION

The aim of this research was to study working alliance in therapeutic relationships based on use of humour. While the sample's (n = 16) results did not confirm our hypothesis, it showed that there exists an interaction effect, where the facets of the use of humour don't predict any aspect of the working alliance separately, but an interaction effect exists wherein all three facets of the sense of humour scale predict the facets of working alliance. This discussion will try to understand the potential factors that could have led to this outcome. This research study integrated results from the analysis of a survey consisting of two psychometric scales and semi-structured interviews to gather rich information regarding the use of humour in therapy and the implication of humour on therapeutic alliance.
It is important to explore how the results suggest a high interaction effect by considering multiple facets of the variables, which shows how humour as a whole- for creativity, social function, coping, and appreciating, all combine and lead to the facilitation of a stronger therapeutic alliance, which in turn paves the way for an affective bond between the therapist and the client. This bond is reflected in the treatment process in terms of agreement on tasks and goals of therapy, all of which cumulatively increase the pace and quality of therapy, as evidenced by the qualitative findings as well.

In terms of humour, it is used by practitioners and clients alike. The receptivity of humour is extensively practised by therapists to make their clients comfortable and assist in rapport building. Interestingly, it has been found that the use of humour has evolved in the 21st century. With the advancement of technology and its smooth integration into our lives in a manner where it is insuperable to dichotomize from daily functioning, the circulation of memes has become a source of entertainment and therapy alike by focusing on lightening the environment and giving the client a different perspective. The process of globalization has led to the unification of interests, which also serves to establish humour in a shared context. The therapist personalizes the use of humour according to their theoretical approach and individual differences. Some involve the intentional use of quick jokes, strategically employed not only to introduce a sense of lightness but also to establish and strengthen the connection between the therapist and the client. This strategic deployment serves a dual purpose, contributing to the overall therapeutic atmosphere while fostering a more comfortable and trusting relationship. Therapists also exhibit a distinct inclination toward the incorporation of various multimedia sources as part of their therapeutic repertoire. This includes the utilization of stories, movies, and television shows in a narrative approach which are strategically chosen to elicit laughter and create an environment where clients can share in relatable experiences. The intentional use of media in this context adds a dynamic dimension to the therapeutic process, engaging multiple sources and enhancing the overall impact of humour within the session.

A critical aspect of these methodological approaches is their careful execution, ensuring that the use of humour remains aligned with the overarching therapeutic goals. Therapists strike a delicate balance, integrating humour in a manner that is both effective for the therapeutic process and in adherence to the professional standards and ethics governing their practise. An additional noteworthy feature is the deliberate minimalism observed in therapists' self-disclosure during these humour-infused interactions. This intentional restraint emphasizes therapists' proficiency in cultivating meaningful connections with clients through humour without overshadowing or diverting attention from the nuanced complexities of the client's experiences.

The identified predominant themes have been substantiated through a comprehensive examination of existing literature. Therapists with a Neo-Freudian and eclectic orientation extensively employ humour, a practice deemed beneficial even within psychodynamic settings [14-15]. However, a judicious approach is imperative when employing humour, particularly considering individual differences, and power dynamics [19], and notably, in cases involving individuals with obsessive-compulsive disorder (OCD). Practitioners demonstrate heightened caution when there is perceived misalignment with the cultural and religious backgrounds of their clients [20-21]. Given that our study focused on practitioners in India, it is noteworthy that they exhibited a greater propensity and efficacy in incorporating humour into their therapeutic interactions.

Despite potential drawbacks, the advantages of humour have proven to outweigh the disadvantages. Our research findings indicate that therapists frequently employ humour, resulting in a discernible shift in the energy and recovery of clients, aligning with the findings regarding the reduction of depression and anxiety through humour application. Notably, humour is particularly favoured in therapeutic interactions with younger clients, fostering the development of an affective therapeutic alliance [22]. Perhaps the most significant contributions of this study can be attributed to the thick data collection, which helped in understanding the facets not only empirically but also from a social constructivist approach, which is an essential component when researching from a multicultural lens. The unique struggles of mental health practitioners were highlighted, where it was found that religion plays a major role in the lives of people in India, which poses certain peculiar problems concerning breaking down the negative core schemas. The power dynamics among the Indian families were also brought into light which confounded with the therapeutic process of children and highlighted the cultural values rooted in the age differences and perception of the therapist as the expert, which influenced the post-modernist humanistic approach in giving the client the agency of their lives.

In essence, the nuanced and versatile use of humour, as uncovered by our study, highlights therapists' adaptability and creativity in fostering positive, engaging, and effective therapeutic interactions that contribute to their client's overall well-being and progress.

Implications

The study's results can guide focused efforts to improve the therapeutic alliance, such as integrating humor or modifying therapeutic procedures. Findings indicate that the use of therapeutic humour by the therapist is directly tied to increased treatment effectiveness, such as a rise in the patient's hope, engagement and even more so with treatment adherence [23]. For example, CBT therapists may use humour to encourage clients to give their negative thoughts lighter frames with which to re-angle on a more positive note [24].

This insight can be applied in developing training for therapist programs and raising awareness about using humour as therapeutic tool offering techniques on its creative and ethical use. Workshops could be structured around the development of stylistic reflex, so that a comical speaker can efficiently customize their humour to their clientele and situational context [25].

What is more, therapists should embark on self-assessments to determine their range of comfortability with humour and seek methods of broadening their humour catalogue, as well. This may comprise of taking part in workshops, seeking peer consultation, as well as practicing any forms of humour in the therapy work [25]. Hence, with the creation of a better therapeutic atmosphere, the use of humour in therapy can boost the client engagement and contribution, showing that pressure sometimes does not lead to the expected effects [25]. It will mean better mechanisms of treatment with more successful results for a larger number of clients, which, in turn, may dramatically reduce healthcare spending for these problems. Furthermore, humour-based therapies enhanced by the style of the therapist and designed to match different populations' needs can produce substantial outcomes in the mental health sector [26].

Limitations

The findings from this study pose a certain constraint which showcases a non-significant relationship among variables which can be attributed to the small sample pool due to the unavailability of practitioners and the complex choice of methodology which requires extensive time to execute.

The study's humour measurement, which considers humour originality and coping humour usage, could be subjective and open to interpretation. The definition of comedy and creative humour can differ amongst people, which could induce variability into the findings. The study has some important constraints that limit how broadly applicable its conclusions can be. First off, the limited sample size of Mumbai, India-based mental health practitioners compromise the statistical power and representativeness of the findings, making it more difficult for the study to precisely identify the true effects or correlations between variables. Second, the quality and consistency of the data gathered may be jeopardized by questions about the validity and reliability of the measurement instruments employed to evaluate working alliance characteristics, sense of humour, and therapeutic style. Thirdly, the use of self-report measures raises the possibility of biases including response bias and social desirability bias, which could skew the results' validity. Furthermore, the study may not be as generalizable to other contexts due to its narrow focus on a particular geographic area and professional community, which makes careful evaluation of contextual and cultural aspects necessary. Additionally, to fully disentangle the connections between variables like working relationship dimensions, therapeutic style, and sense of humour, a more sophisticated study is necessary due to their intricacy. Finally, individual variations among participants—like their degree of training or theoretical orientation—may introduce variability in the data and should be taken into account when interpreting the study's findings. To improve the study's methodology and the validity and reliability of its conclusions and to give mental health professionals in Mumbai, India a more complete understanding of the connections between therapeutic style, working alliance dimensions, and sense of humour, it is imperative that these limitations are addressed.

Future scope

Implications derived from our study underscore the future scope for the development of courses and training modules aimed at instructing therapists on the nuanced application of humour. To make humour more applicable in diverse cultural therapeutic setups, future research endeavours should focus on further exploration of this area to facilitate the creation of culture-centric guidelines tailored to the unique nuances of each cultural context.

Considering the extensive experiential learning required for therapists to proficiently integrate humour into their practice and the peculiarities of different cultures, there can be an establishment of global evidence-based guidelines that can be published by country-wise associations for the application of humour cross-culturally. With advancing times, the use of technology for sharing memes and exploring common interests has been discovered as a spontaneous way of collaborating with the client. In terms of ethical guidelines, the American Counselling Association's Code of Ethics (2014) section H focuses on Distance Counseling, Technology, and social media can further add a sub-section to explore the ethical implications of automating humour within digital mental health.

In the use of humour, longitudinal studies can also be conducted to understand not only the instant results but also the long-term consequences for the client as well as the therapeutic alliance. This might provide us with thicker data to understand the implications of humour from a developmental perspective.

There is enough evidence to believe that the integration of laughter leads to a better mood and shows tangible results. For instance, humour in terms of laughing yoga serves as a key factor and goal in achieving physical as well as psychological well-being among the geriatric population. This further provides a path for us to believe that humour can be incorporated as a goal of therapy in the future for different sets of populations. Clients with a fixed mindset may benefit from the integration of humour as a goal as it might provide them with a different outlook toward their problems, and lead to potential application in the post-modern approaches of solution-focused brief therapy and narrative therapy.

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