The use of humor in serious mental illness: a review

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Abstract

There is now a relatively good understanding of the broad range of direct and indirect effects of humor and laughter on perceptions, attitudes, judgments and emotions, which can potentially benefit the physical and psychological state. This article presents a review and discussion of the use of humor and laughter in treating people with serious mental illness, distinguishing between clinical papers on individual and group psychotherapy, and empirical research reports describing humor and laughter interventions. In spite of the exponential growth of the field over the last 30 years, I conclude that empirical studies are still lacking, the studies that do exist have major methodological shortcomings, and the field is in dire need of further investigation.
In testing from Use of Humor in Serious Mental Illness scientists tested humor in group therapy they found out the 95% of the time laughter was found in some social contexts. (Humor serious) In other studies they showed movies to two groups at a psychiatric hospital where in one group they showed two humorous movies daily and the other they showed "regular movies over a three month span. Humor is not a solution for ending mental health but can make a difference on how people cope and grow from experience. With being around friends, family, and people that can be the support make all the difference in how Humor can benefit Mental Health Status in a positive way even if it is not right away.

Work cited  "The Use of Humor in Serious Mental Illness: A Review." The objective of this review was to systematically search published literature to identify currently available health technologies and their intended uses for patients with serious mental illness. Materials and methods: The Medline, Embase, and BIOSIS Previews electronic databases were searched to identify peer-reviewed English language articles that reported the use of digital, mobile, and other advanced technology in patients with schizophrenia/schizoaffective disorder, bipolar disorder, and major depressive disorder. Eligible studies were systematically reviewed based on Preferred Reporting