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Perception of Mental Health Professionals on Using Humour in Therapeutic Relationships in Acute Mental Health Units

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ABSTRACT

Throughout history, the conceptualisation of "humour" has posed a challenge, without achieving a definitive consensus. This study explores the application of humour in mental health, highlighting its potential to strengthen the therapeutic relationship. This research seeks to fill the knowledge gap in this constantly evolving field. To investigate mental health professionals' perceptions of using humour in the therapeutic relationship. A phenomenological interpretative approach was employed, following qualitative guidelines in healthcare. The study was conducted between November and December 2023. The target population consisted of mental health professionals working in acute units. A purposive sample of 10 participants was selected for the study. COREQ was used to organise individual interviews. Data collection included recorded interviews. The study had Ethics Committee approval and informed consent from participants. Data were analysed with ATLAS.Ti version 24. Ten professionals (5 women and 5 men), aged between 42 and 61 years with 20 to 35 years of experience in mental health, participated in the interviews. Data analysis yielded five main categories: barriers and benefits of using humour, professionals' humour styles, training in humour, and communication skills in the therapeutic relationship. An integrated understanding of humour in mental health and its impact on the therapeutic relationship is revealed. Barriers and benefits are highlighted, emphasising the need for specific training. The affiliative style is valued for its emotional connection, cautioning against other styles. The lack of training underlines the need to integrate humour into mental health training. The importance of adaptation and empathy in communicative interventions is emphasised, highlighting the need for greater awareness and training for a more humane and effective therapeutic environment.

1 | Introduction

Throughout history, attempts have been made to define the term "humour," but consensus has not yet been reached on its multidimensional complexity (Carbelo 2005; Leñero Cirujano 2023a, 2023b). In this context, we use "sense of humour" (SH), although in literature it is synonymously used with humour and laughter, which are not entirely interchangeable. In 2008, Martin described the sense of humour as the ability to perceive and appreciate humour, classifying it as a cardinal virtue in his work.

The use of SH in mental health settings, particularly in psychiatric units, has gained interest in recent years. The attitude of professionals can promote a more positive and closer therapeutic relationship. Research highlights that patients perceive these attitudes as reinforcing trust in their recovery, the absence of judgements, the inclusion of humour in visits, availability, and a more humanised approach (Romeu-Labayen et al. 2020; Piñar-Rodríguez, Puig-Llobet, et al. 2024; Piñar-Rodríguez, Rodríguez-Martín, et al. 2024).

During admission to an acute psychiatric unit, it is common for patients with various diagnoses and levels of severity to coexist, increasing stress for professionals (López-López et al. 2019; Yang and Hayes 2020; Leñero Cirujano 2022). The incorporation of SH, once therapeutic trust has been established, can help patients manage behaviours such as conduct disturbance (Ji-Min and Hyunjoo 2015).

Despite the benefits of SH as a communicative strategy in mental health, its use must be carefully assessed to achieve positive outcomes. The timing and manner of its application are influenced by norms, beliefs, attitudes, and cultural values (Martin 2008). In the context of the therapeutic relationship, the use of humour can vary significantly according to cultural context. In collectivist cultures, typical of some Asian countries, humour is expressed in a more subtle and indirect manner, aiming to avoid conflicts or misunderstandings and thus maintaining harmony within the group. This form of humour can be effective in environments where cohesion and mutual consideration are highly valued. In contrast, in more individualistic cultures, such as those of some Western countries, humour can be more direct, including the use of irony and sarcasm, which may be perceived as inappropriate in contexts where this style of humour is not customary or well-received. These cultural differences in the expression of humour have a direct impact on the patient-professional relationship in clinical settings (Ghaffari et al. 2015).

Other studies suggest that mental disorders such as schizophrenia can hinder the formation and maintenance of satisfying social relationships due to problems in affective processes and cognitive deficits that affect the perception and processing of social signals. However, research indicates that interventions incorporating sense of humour (SH) can involve various cognitive, affective, and interpersonal processes, thus favouring interpersonal relationships (Wyszomirska et al. 2020; Frankenberg et al. 2011; Tsujimoto et al. 2021; Berger et al. 2021).

The use of SH is shown as an effective communication tool in situations where a more serious approach could be confrontational, embarrassing, or risky (Martin 2008). In mental health units, SH facilitates the reduction of distance between the professional and the patient. However, the current biomedical model, focusing solely on the chemical and physical aspects of the patient, does not favour a holistic view of the patient (Toledo and García 2010). This compartmentalised approach not only makes the therapeutic bond difficult but can also dehumanise care, affecting the quality perceived by patients. Thus, the quality of care depends not only on the structure of mental health centres but also on the style of communication and the attitude of professionals (García Cabeza 2014).

The SH in mental health is an evolving area of study that promises to significantly improve patient well-being. As research progresses, a deeper understanding of how SH can be effectively integrated into the therapeutic relationship is anticipated, contributing positively to the mental health of those facing psychological challenges. Currently, there is limited scientific evidence on the application of SH among mental health professionals. Therefore, the objective of this study is to explore the perceptions of these professionals regarding the use of SH in the therapeutic relationship.

2 | Methods

2.1 | Design

In this study, we adopted a phenomenological design with the primary objective of exploring and deeply understanding the subjective experiences of mental health professionals regarding the use of humour in their therapeutic interactions within acute care units. These units are designed for the urgent hospitalisation of patients with severe mental disorders in order to stabilise acute symptoms such as psychotic episodes or severe crises, providing a specific context that is critical for our study. We followed the guidelines established by Pope et al. (2000) for qualitative research in healthcare, and the data conform to the Criteria for Reporting Qualitative Research (COREQ) checklist for interviews and focus groups (Tong et al. 2007).

The research questions guiding this study are as follows: What is the perception of mental health professionals regarding the use of humour in therapeutic relationships in acute units? How does the use of humour affect the professional-patient relationship within this specific context? And what are the benefits and challenges associated with the use of humour according to mental health professionals? These questions seek to deepen the understanding of how humour can be an effective therapeutic tool or a challenge within interactions in an intensive clinical setting.

2.2 | Study Setting

2.2.1 | Participants and Sample Selection

The study was conducted between November and December 2023 and included 10 professionals. Purposive sampling was used to enhance the quality of the study (Campbell et al. 2020). Participant selection criteria for this study included having professional experience in mental health ranging from 20 to 35 years. Additionally, those professionals who, in a previous quantitative study led by the principal investigator, Piñar-Rodríguez, Rodríguez-Martín, et al. (2024), scored medium to high on the SH scales were chosen. This selection is based on the hypothesis that professionals with an elevated ability to perceive and employ humour, as indicated by their high SH scores, are better prepared to apply humour effectively in therapeutic contexts. It is anticipated that these professionals will

provide deeper and more detailed insights on how humour can be a valuable therapeutic tool, due to their heightened sensitivity and practical experience in its use. Therefore, participants with significantly lower scores were excluded, aligning this decision with the study objectives.

Those who showed interest were contacted individually to detail the objectives and requirements of the study and to confirm their informed written consent.

2.2.2 | Data Collection Tools

The selected mental health professionals come from various acute care centres within the Mental Health Institute of Hospital del Mar, including Hospital del Mar, Centro Forum, and Centro Torribera. The selection process continued with an initial contact by email to all professionals working in these units. Interviews were scheduled with the selected professionals at times that did not interfere with their responsibilities, always in an environment that guaranteed confidentiality and privacy, using quiet and isolated spaces within the hospital facilities. This meticulous approach facilitated data collection in an appropriate and respectful framework.

Data collection was conducted through individual interviews, recorded in audio to facilitate a thorough later analysis. These interviews explored the participants' experiences in relation to the use of SH in various contexts: professional practice, team dynamics, personal environment, and SH training. To ensure confidentiality, the anonymization code assigned in a previous quantitative study by Piñar-Rodríguez, Rodríguez-Martín, et al. (2024) was maintained. The 10 participants of this qualitative study were precisely selected from that quantitative sample, preserving consistency in the handling of personal data. The letter A stands for the abbreviation "Audio," and the number that follows indicates the order within the sample of the quantitative study, as previously discussed. Ten interviews were completed, with durations ranging between 35 and 45 min. The sample was considered to have reached saturation when no new categories or codes were identified (Fusch and Ness 2015).

In our study, the questions in Table 1 were meticulously developed after reviewing the literature on the use of sense of humour in clinical contexts and its impact on mental health (Sarink and García-Montes 2022). In this study, semi-structured interviews with mental health professionals were used to collect data, allowing for a flexible exploration of their perceptions of humour in clinical practice. This methodology balanced directed questions with the opportunity for participants to freely express their experiences and opinions (Berenguera et al. 2014). No new sociodemographic data were collected, as this information was already available thanks to the previous quantitative study mentioned above.

2.2.3 | Ethical Considerations

Throughout all phases of the study, the guidelines of the Belmont Report (The Belmont Report, 1979) and the Declaration of Helsinki (World Medical Association 2013) were followed. The research was approved by the Clinical Research Ethics Committee (CEIC) for drugs of Parc de Salut Mar with the reference number 2019/8491/I. Data were managed in accordance with Organic Law 3/2018. Participants were informed that the recordings would be used exclusively for the study, that only the researchers would have access, and that their names would be anonymised in the report.

2.3 | Data Analysis

Data were collected and analysed using an interpretive deductive phenomenological approach (Smith and Fieldsend 2021) and thematic analysis as described by Braun et al. (2019). Thematic analysis identifies themes in qualitative data to reveal the experiences and perspectives of the participants. Initially, the transcripts were reviewed to ensure their quality, cross-checking them with the recordings. Two researchers discussed the content and emerging themes, transcribed the audios, and verified authenticity with the participants. No significant disagreements arose between the researchers, and minor discrepancies were resolved through discussion and consensus within the team. Although it was not necessary, it was planned that a third external researcher to ensure impartiality would review any unresolved disagreement. Each researcher conducted open thematic coding, and then, the codings were discussed to identify initial categories. Codes were organised into a table and analysed to discover subcategories and general categories. The analysis process is detailed in Table 2. ATLAS.ti software version 24 was used for data analysis.

2.4 | Rigour

The criteria for rigour in qualitative research established by Lincoln and Guba (1985) were applied, which include credibility, transferability, dependability, and confirmability. Credibility was ensured by using an open-ended question guide in all interviews and quoting participants' statements under each main category. Interview data were supplemented with the interviewers' field guide. This approach helped to accurately represent the participants' viewpoints and strengthen the authenticity of the data collected. Transferability was guaranteed by including professionals with experience from different specialties and mental health settings, allowing the findings to be applicable to similar environments. This broad selection of participants enhances the generalizability of the study's conclusions across various mental health care contexts. Dependability was achieved through discussions among researchers about the data and conducting independent analyses. This collaborative scrutiny and validation of the analytical process help ensure that the study's findings are consistent and reproducible. Finally, confirmability was ensured by sending the data back to participants to validate their statements, maintaining transparency in the study. This step confirms that the findings are based on the participants' experiences and not the researchers' biases or preferences, thus bolstering the objectivity of the research.

TABLE 1 | Individual interview guide.

Questions about the use of humour in professional practice
What do you consider should be the characteristics of a professional in the therapeutic relationship with mental health patients?
Do you think it is appropriate to use Sense of Humour (SH) in mental health interventions? Justify your response, whether affirmative or negative.
From your experience, what is the role that humour plays and what impact does it have on the promotion of positive mental health in patients?
Do you think patients and their families prefer a professional who uses humour in their interactions?
What benefits or impacts on emotional well-being have you observed by incorporating humour into the therapeutic relationship with patients?
Are there specific limitations or considerations that should be taken into account when using humour in the therapeutic relationship, especially in mental health contexts?
Do you think there is any humour style more effective than others when using it with patients?
Could you describe any situation in which different styles of humour could enhance the relationship with the patient?
Questions about the use of humour with team members
What has been the influence of humour in the workplace and in relationships between mental health team members?
Do you think the use of humour among colleagues could affect the quality of care provided in the workplace? If so, in what way?
Are there recommendations or specific approaches to use humour among colleagues to balance between seriousness of work and the need for relief or camaraderie in mental health settings?
Questions about the use of humour in personal environment
How do you integrate humour personally as a mental health professional to deal with stressful or challenging situations at work?
Have you observed any impact on your own emotional well-being from the use of humour in your personal life?
Do you consider that your personal sense of humour affects your interaction with patients or the quality of care you provide?
What recommendations or advice would you offer other mental health professionals to incorporate humour as a therapeutic tool in their practice?
Questions about the use of humour at educational level
What has been your experience or training related to the use of humour in communication with patients?
What is your opinion about including humour training in the education of health science students? Why do you think it is important or not essential?
What are the main barriers or challenges faced by mental health professionals when using humour in their clinical practice?
Could you suggest strategies to incorporate humour training in health science curricula?
Are there challenges or obstacles in teaching humour to health science students and professionals? If so, how do you think these challenges could be addressed?

TABLE 2 | Thematic analysis.

Data analysis process	Description
1. Familiarisation with the data	All transcribed interviews were read and re-read, discussing possible interpretations of the material
2. Open thematic coding	Significant content was extracted from each interview
3. Construction of initial themes	Themes were identified and discussed by both researchers
4. Review of initial themes	Duplicates were avoided
5. Defining and naming themes	Themes were given clearer names to convey their essence and reflect the results
6. Concluding the analytical work	Themes were reduced in number to five main themes followed by subthemes. Quotes were selected to illustrate the themes.

3 | Results

3.1 | Participants

The participants were aged between 42 and 61 years and had extensive experience in mental health ranging from 20 to 35 years. Of the 10 participants (5 women and 5 men), five were mental health specialist nurses, three were psychiatrists, one was a psychologist, and one was a nursing care assistant (TCAE), according to their specialty (Table 3).

TABLE 3 | Participant characteristics.

Age	Experience in years	Professional discipline
56 ♂	30	Nursing Auxiliary Technician
61 ♀	35	Nurse
59 ♀	28	Nurse
48 ♂	20	Psychologist
60 ♂	33	Psychiatrist
56 ♂	30	Psychiatrist
57 ♀	32	Psychiatrist
42 ♀	21	Nurse
45 ♀	30	Nurse
48 ♂	22	Nurse

3.2 | Main Themes

The study explored various aspects of the use of SH among professionals, distributed into five main categories and 13 additional subcategories, with 338 quotations (see Table 4). The findings are described with direct quotations that illustrate these categories and subcategories.

3.2.1 | Barriers to the Use of SH

Professionals indicated that while humour can be beneficial in the care of mental health patients, it must be used with sensitivity to individual needs and the clinical context of the acute unit. If not, difficulties in the therapeutic relationship can arise.

3.2.1.1 | Professional Attitude. Inappropriate use of SH by professionals can be perceived as insensitive or inappropriate, negatively affecting the therapeutic relationship:

> Those who play with humour the most, run the most risks. If used excessively, it is more likely to make a mistake. If never used, the potential benefits of humour are lost. Those of us who use humour expose ourselves to these situations. It might happen that, unintentionally, you make someone feel bad.
>
> (A10)

Lack of experience in mental health can hinder the proper application of SH:

TABLE 4 | Main and additional categories.

Main categories ($n=5$)	Additional categories ($n=13$)	Participants who provided data ($n=10$)	Citations used ($n=338$)
Barriers to the use of humour	Professional attitude	6 de 10	20
	Psychopathology and patient misinterpretation	5 de 10	25
	Difficult situations	6 de 10	28
Benefits of humour	Closeness with the patient	8 de 10	21
	Enhances communication	7 de 10	18
	Relaxes the atmosphere	8 de 10	23
Professional humour styles	Affiliative style	10 de 10	46
	Self-deprecation	6 de 10	22
	Humour as professional self-care	8 de 10	18
Training in humour	Self-learning of humour	9 de 10	26
	Professional training	10 de 10	39
Communication skills in the therapeutic relationship	Adaptability	8 de 10	22
	Empathic ability	7 de 10	30

> Like everyone, I've made mistakes in my youth, but I've always tried to ensure that patients understand the nature of our relationship.
>
> (A14)

Some professionals believe that the use of SH can be perceived as a lack of professionalism and affect the therapeutic relationship with the patient:

> I don't think it's positive to use very direct humour or focus on personal topics. I think we need to differentiate that we are not a colleague or a friend.
>
> (A17)

3.2.1.2 | Psychopathology and Patient Misinterpretation. The exacerbation of the patient's mental disorder can be a barrier to the use of SH. Symptoms such as rumination or lack of spirit can make it difficult to perceive humour, which can lead to misunderstandings and patients feeling misunderstood or devalued.

> It's not the same to use it with a patient who has symptoms of exalted joy as with someone who presents an acute psychotic state. You always need to know when it's appropriate and when not to use humour.
>
> (A10)

3.2.1.3 | Difficult Situations. In situations of crisis or high emotional stress, humour might be inappropriate. It is crucial to assess the context and dynamics of the therapeutic relationship to avoid adverse effects from the use of SH.

> In situations of tension or great unrest, it is crucial to evaluate the situation well, although even then it's difficult to foresee what will happen.
>
> (A11)

3.2.2 | Benefits of Using SH

From the interviews, it emerges that the use of SH towards mental health patients in acute units can significantly contribute to their emotional well-being, recovery, and overall experience during their hospital stay:

3.2.2.1 | Closeness With the Patient. Sharing moments of humour with patients can help strengthen the therapeutic bond and the feeling of closeness to the team in general.

> I believe everyone prefers a professional with a sense of humour, both the patient and their family. It's important that they perceive closeness. Using humour is a mechanism to achieve that closeness.
>
> (A9)

Some professionals mention that certain patients initiate humour in the unit to please the professional or to seek their closeness.

> I think they do it to reduce stress in a situation, to feel closer to the professionals who care for them. They want to be seen as people, not just as sick patients. They want to show their human side to the professionals.
>
> (A11)

Thus, humour can allow patients to view their circumstances from a different perspective and find meaning in difficult situations. Offering moments of lightness and laughter can lessen the intensity of problems and promote a more optimistic and resilient attitude.

> Ultimately, treating people kindly and making them part of the therapeutic process involves them more. This can lead to positive changes in their behavior, as they feel more comfortable with you. In summary, I consider that humour is a value that adds to the therapeutic process.
>
> (A13)

3.2.2.2 | Benefits Communication. On the other hand, some professionals highlight that humour can stimulate creativity and personal expression, offering patients an unconventional way to express their thoughts and feelings. Encouraging creative expression can be therapeutic and support the recovery process.

> It clearly benefits communication. Achieving that reaction in a patient reflects a lot about professionalism. I think the professional feels more secure, especially in their work, and humour facilitates all that dynamic. Of course, it's not the same for the patient to leave the office insulting you as it is with a smile, although their problems probably persist.
>
> (A10)

3.2.2.3 | Relaxes the Atmosphere. Some professionals report that humour can be a powerful tool for alleviating stress and anxiety in patients during difficult moments. Laughing or finding humourous situations can provide a temporary respite from the tensions and worries associated with being admitted to an acute unit.

> Looking for the good within the bad, finding positive aspects even in difficult situations. It's important to highlight the positive, even in the midst of misfortune. For example, in special services like the coronary unit, jokes can be used to address difficult situations and relax the atmosphere.
>
> (A9)

3.2.3 | Professional Humour Styles

In acute mental health units, professionals may employ different styles of humour, carefully adapted to the needs of the patients. It is essential to consider the sensitivity and respect towards the patients' experiences and emotions. Since

responses to humour vary, the style and tone must be adjusted to individual needs and the clinical situation. The subcategories corresponding to humour styles according to Martin (2008) are presented below.

3.2.3.1 | Affiliative Style. Affiliative humour is used to strengthen social relationships and promote emotional connection between people. It acts as a powerful tool to foster emotional well-being, enhance the quality of the therapeutic relationship, and facilitate the process of change and personal growth of the patient.

> Humour usually works well with patients, without ever losing the professional relationship. I think the human aspect of the relationship is valued. We see each other more as equals, as two people sharing jokes, but always maintaining the framework of the professional relationship. That is the dynamic in which I usually move.
>
> (A10)

3.2.3.2 | Self-DeprecatingHumourStyle. Self-deprecating humour involves the professional making jokes or comments about their own weaknesses, mistakes, or limitations during interaction with the patient. This type of humour can be used to establish a closer connection by showing vulnerability and humanity or to relieve tension and create a more relaxed atmosphere during therapy.

> I use self-deprecating humour as a way to express to patients my own clumsiness or to explain my difficulties with issues related to the situations they are experiencing at the moment. I use it as a strategy to establish a close bond with them.
>
> (A11)

Some professionals discuss the use of humorous self-criticism within the team as a team cohesion strategy.

> In my team, laughing at oneself and accepting comic situations are encouraged. We spend most of our time laughing at ourselves and what happens to us. Acceptance and laughter are fundamental in our team.
>
> (A14)

However, the use of self-deprecating humour by the therapist must be cautious. It is crucial to create a safe and supportive therapeutic environment, where the patient feels comfortable expressing their emotions and exploring their concerns without undermining this sense of security.

> I remember a professional who always made the same comments, constant off-color jokes about his sex life. That has no value; it's inappropriate.
>
> (A9)

3.2.3.3 | Humour as Professional Self-Care. Humour can be an effective tool for self-care for mental health professionals. Managing stress and finding moments of joy at work can improve personal and professional well-being.

> Sometimes, in difficult situations, joking about the situation in a close manner is important. In my experience, humour has been a lifesaver.
>
> (A9)

3.2.4 | Training in SH

While training in SH can benefit mental health professionals by improving communication and strengthening the therapeutic bond, it is crucial to use it sensitively and appropriately. Not all patients respond the same way to humour, so it is fundamental to respect their individual preferences and boundaries.

3.2.4.1 | Self-Learning in SH. It is crucial that mental health professionals develop a high level of self-awareness and sensitivity to understand how their humour might be perceived by patients. They must be aware of their humour styles, limitations, and areas of sensitivity.

> Well, I learn by trial and error, self-taught. I observe if in some situation it might work or if a colleague has made a joke that generated a good bond, I try to apply something similar to see if I also achieve a positive effect.
>
> (A11)

3.2.4.2 | Professional Training. Training in the SH is crucial for mental health professionals, but many mention difficulties in learning an appropriate humourous style. They also point out that curricula offer little or no training in humour as a communicative skill.

> In my case, training in communication was quite limited. While communication skills are considered in the curriculum, the development of skills in the sense of humour is not specifically addressed.
>
> (A13)

Although professionals recognise the lack of training in the SH, they positively value the opportunity for mental health students and professionals to receive specific training in communication skills. In this context, mastering the SH is considered a valuable strategy to develop.

> Professionals who already have training will have the ability to create bonds faster. I consider the sense of humour to be an extremely valuable tool and, in my opinion, if there is solid training to enhance the use of humour, we should take advantage of it. Ultimately, this skill accelerates the establishment of the necessary bond in the professional field.
>
> (A17)

3.2.5 | Communication Skills in the Therapeutic Relationship

A mental health professional must possess essential communication skills to establish and maintain an effective therapeutic relationship. Mastering these skills is crucial for building a solid relationship that fosters growth, change, and the patient's well-being during treatment.

3.2.5.1 | Adaptability. The ability to adapt in communicative interventions is fundamental for establishing a solid therapeutic relationship and facilitating the treatment and recovery process for patients. This dynamic skill develops over time through experience, training, and ongoing reflection on clinical practice.

> The limit is respect. It is crucial to assess what is there at the moment and maintain respect. The key is to adapt to the situation and know how to assess in the moment.
>
> (A9)

Highlighting this skill underscores the professional's ability to adjust their approach and communication style according to the individual needs and characteristics of each patient.

> In general, one must possess, although it sounds obvious, skills of kind treatment, being polite, and showing a degree of affection, if you allow me to express it that way.
>
> (A13)

Mental health professionals need to be flexible in their approach, experimenting with different communication strategies and learning from each interaction with patients. This adaptability allows them to effectively respond to the changing needs of each individual and the challenges that arise during the therapeutic process.

> It's also important not to prejudge, as each patient is unique. A patient's attitude can vary from one time to another. Therefore, it's essential to adapt to each situation.
>
> (A9)

Mental health professionals must adapt to various situations and contexts as well as individual differences in information processing and patients' emotional relationships. This may require adjusting language, tone, speech speed, and communication style to effectively connect with each patient.

3.2.5.2 | Empathetic Ability. Developing empathetic capacity in mental health professionals is crucial for establishing a meaningful and effective connection with patients. Empathy, which involves understanding and sharing the feelings and perspectives of another, is essential in the therapeutic context to foster trust, openness, and the patient's emotional growth.

> Working from empathy makes everything more fluid, even when interacting with a patient whose behavior may be somewhat atypical. It is always necessary to find a balance in the way we communicate with the patient. Often, we must be very precise in handling emotions and how we express them when dealing with the patient.
>
> (A10)

The skill of active listening is highlighted, which involves giving full attention to what the patient communicates, both verbally and non-verbally, and responding empathetically.

> The first thing I think about is empathy. I think basically empathy, tolerance, knowing how to listen. I would focus on empathy. Put yourself in the other person's place and be able to help them. Detect the person's concern. And in that context, try to help them.
>
> (A17)

The ability to reflect and rephrase the patient's thoughts, feelings, and experiences demonstrates understanding and validation.

> Being compassionate and understanding the other's context, without justifying their anger, allows us to maintain a distance that enables us to handle the situation and understand what is happening.
>
> (A13)

Professionals also emphasise the ability to validate and accept the patient's thoughts, feelings, and experiences without judging, criticising, or minimising.

> I think it is fundamental to have an open mind, that is, to be able to accept everything that comes up, without prejudging. You can judge in situations where there are elements to do so, but not in this profession. We are here to help. Therefore, I consider that attitude to be secondary in my approach.
>
> (A14)

Some interviewees mention that a lack of authenticity does not allow for a genuine or unique relationship.

> Sometimes, some professionals adopt a tone as if they were playing a role. Personally, I would prefer that they didn't perceive that there is a character acting, but that you are being genuine.
>
> (A19)

4 | Discussion

The data grouped into five categories describe the factors perceived by professionals regarding the use of humour during the

therapeutic relationship: (1) barriers to the use of humour, (2) benefits of using humour, (3) styles of humour of the professionals, (4) training in humour, and (5) communication skills in the therapeutic relationship.

4.1 | Barriers to the Use of Humour

There is a highlighted concern about the inappropriate use of humour by professionals. It is essential to know the patients well before employing humour, as otherwise, it could be perceived as insensitive or inappropriate. Menecier and Caroni (2021) and de Almeida and Nunes (2020) point out that humour must be consensual and shared to avoid misunderstandings that could affect the relationship with the patient. Andersen (2015) warns that, despite good intentions, the use of humour can be problematic or even offensive. Schweikart (2020) recommends that professionals be aware of the potential legal implications of humour and use it cautiously.

The lack of experience in mental health can hinder the proper application of humour. Some professionals believe that humour can be perceived as a lack of professionalism or affect the quality of the therapeutic relationship with the patient (Tanay et al. 2014; Haydon et al. 2015; Jones and Tanay 2016). Furthermore, the exacerbation of mental illness can constitute a barrier to the use of humour, especially in acute units, as the difficulty in processing humour can relate to negative mood states in mental disorders such as depression and schizophrenia (Berger et al. 2021). In situations of crisis or high emotional stress, the use of humour might be inappropriate. Studies like Hardy (2020) suggest that humour can conflict with the professional-patient relationship, whereas Piemonte and Abreu (2020) recognise that humour can facilitate the therapeutic relationship if the emotional context is considered so as not to erode trust.

4.2 | Importance of Contextual Sensitivity

These discussions underscore the importance of contextual sensitivity when incorporating humour into therapy. It is not merely about what is funny or not, but how humour is integrated, respecting the individual's current psychological state and cultural background. This involves a delicate balance, where humour must be tailored and timed to support therapeutic goals without overshadowing the professional ethics and care required in mental health settings. Thus, while humour has a place in therapy, its use requires careful consideration, professional judgement, and, ideally, specific training that enhances professionals' understanding of its appropriate application.

4.3 | Benefits of Using SH (Sense of Humour)

The use of humour in acute units significantly contributes to the emotional well-being of patients, according to professionals. They note that it enhances recovery and the experience during hospitalisation and that sharing moments of humour strengthens the bond with the team. Other studies support these findings, indicating that the use of humour by nurses is a positive attribute that improves the professional relationship (Tanay et al. 2014; de Almeida and Nunes 2020). Professionals also observe that some patients initiate humour even in difficult situations, which helps to diminish the intensity of problems and fosters a positive and resilient attitude (Losada and Lacasta 2019; Romeu-Labayen et al. 2022). Humour stimulates creativity and personal expression, providing patients with an outlet to express their thoughts and feelings. Kafle et al. (2023) conclude that humour has a positive impact on recovery and mental well-being. Moreover, humour allows professionals to address clinical and treatment aspects in a more accessible way, contributing to an individualised and holistic approach (Tremayne 2014). Professionals consider humour a powerful tool for alleviating stress and anxiety in patients, promoting their engagement and communication in care and helping them cope with difficult situations (Mota Sousa et al. 2019).

4.4 | Styles of Humour Among Professionals

Affiliative humour affiliative humour is a style that strengthens social relationships and fosters emotional connections between individuals. This style offers benefits for both patients and professionals by promoting authenticity and genuineness, resulting in more comforting and compassionate care (Tremayne 2014; Barnett and Deutsch 2016; Mota Sousa et al. 2019). It enhances the therapeutic environment by easing tensions and building trust, making it easier for patients to open up and share their experiences and emotions, which are critical components of effective mental health treatment. Self-deprecating humour some professionals also use self-deprecating humour or humourous self-criticism as a strategy for team cohesion and in interactions with patients. However, it must be used with caution to avoid compromising the sense of safety in the therapeutic environment (Piemonte and Abreu 2020). While this style can humanise the healthcare provider and reduce perceived power imbalances, making the therapeutic setting more accessible and less intimidating, it needs to be carefully managed to ensure it does not undermine professional authority or the patient's perception of the professional's competence. Humour for self-care and stress management for many professionals, humour is a valuable tool for self-care and stress management, helping to cope with difficult situations, such as the loss of a patient, and to uplift the team. Engaging in humour also fosters the ability not to take oneself too seriously (Proyer and Rodden 2020; van der Krogt et al. 2020).

4.5 | Training in SH

The application of humour as a communicative and therapeutic tool requires specific training due to its demonstrated benefits in improving therapeutic relationships and interpersonal well-being. Various studies support humour as a clinical competency, showing that it facilitates communication and strengthens relationships within healthcare settings (Liu et al. 2017; Leñero Cirujano 2023a, 2023b). These research findings underline the importance of incorporating humour into educational curricula,

thus promoting a more holistic practice that adapts to the needs and circumstances of users.

From a health management and leadership perspective, it is recommended that sector leaders and health educators create a framework that promotes humour as a legitimate communication strategy. This approach involves making humour visible, a topic of discussion, and encouraging its use in both training and daily practice (van der Krogt et al. 2020). There is a consensus on the need to integrate humour into the training of healthcare professionals, highlighting its ability to enhance the quality of care and the well-being of both users and service providers (Silva et al. 2021).

In conclusion, the effective integration of humour into the training of healthcare professionals represents a fundamental strategy to significantly improve the quality of care provided. This approach not only enriches the therapeutic experience but also contributes to creating a more positive and collaborative work environment, which is a critical aspect in the context of mental health.

4.6 | Communication Skill in the Therapeutic Relationship

The development of effective therapeutic relationships between mental health professionals and users significantly depends on the communication skills of the professionals, including the use of humour and empathy. Humour has proven to be a valuable tool for alleviating anxiety and fostering a deeper connection between the professional and the user, facilitating greater adaptability in various situations (Astedt-Kurki et al. 2001; Sartoretti et al. 2022; Moyo et al. 2022). Similarly, a study highlighted how humour served as a coping mechanism during the COVID-19 lockdown, helping individuals manage stress and fostering a sense of community despite physical isolation (Amici 2020).

Mental health professionals are valued for their ability to convey trust in users' recovery and to avoid passing judgement, which clearly strengthens the therapeutic relationship. Proper use of humour by professionals can relieve tension and improve communication, key aspects in the treatment of individuals with personality disorders (Romeu-Labayen et al. 2022). This research emphasises the importance of humane and respectful treatment as well as the constant availability of professionals to foster a supportive therapeutic environment.

On the other hand, empathy is fundamental to fostering trust, openness, and emotional growth in a therapeutic context. Recent studies have shown that empathetic alignment of mental health professionals with their users can significantly improve the therapeutic relationship (Moreno-Poyato et al. 2021). This empathetic capacity is crucial both in the initial and working phases of the therapeutic relationship.

Finally, it should be noted that experiences of workplace violence could affect the ability of mental health professionals to establish effective therapeutic relationships and maintain an empathetic and collaborative attitude, which can compromise the safety and efficacy of mental health care (Küçük Öztürk et al. 2024).

5 | Study Limitations

5.1 | Contextual Variability Among Acute Admission Centers

A limitation of the study is the variability in contextual conditions among acute admission centers, which could influence the perceptions and practices of participants regarding the use of humour. For future studies, a comparative analysis between centers is suggested to control these variables.

5.2 | Lack of Diversity in Professional Mental Health Experience

The sample limited to professionals with at least 20 years of experience restricts the generalisation of the results. Including professionals with a broader range of experience could provide a more comprehensive perspective on the evolution of the use of humour.

5.3 | Uneven Representation of Specialties

The predominance of participants from nursing and psychiatry over psychology and Nursing Care Assistants (TCAE) may bias the findings. It is advisable to balance the representation of specialties in future research to gain a more comprehensive view of the use of humour in mental health.

5.4 | Absence of Patient Perspectives

We recognise as a limitation of the study the exclusion of patient perspectives. Including these voices could have provided a more complete understanding of the role of humour in therapeutic relationships. Patients, as direct recipients of humour in the therapeutic context, can offer valuable insights into its effectiveness and the emotional impact of such interactions. Their exclusion means that the interpretation of humour is viewed solely from the professionals' perspective, which could limit the depth and applicability of the findings.

6 | Conclusions

The findings of this study provide a comprehensive understanding of the use of humour in mental health practice and its effects on clinical care, aligning with the objective to explore how mental health professionals experience and utilise humour in their interactions with patients. Various barriers and benefits associated with its use were identified, emphasising the importance of a deep understanding of the patient and specific training in communicative skills to avoid inappropriate use of humour.

First, it is recommended to promote specialised training in the use of humour as a therapeutic tool among mental health

professionals. This training should focus on demonstrating how humour can enhance the therapeutic relationship and contribute to the emotional well-being of patients, offering techniques and practical examples for its effective implementation in clinical practice. Additionally, to complement this training, the implementation of pilot programmes in acute units is suggested. These programmes would aim to integrate humour in a structured manner, allowing for the assessment of its benefits and limitations in real-world contexts. This would facilitate the collection of direct data on its clinical impact and provide valuable feedback from both patients and healthcare staff.

For future research, the following lines of study are suggested: First, it would be valuable to investigate patients' perspectives on the use of humour in therapeutic relationships. This approach would provide a more complete and bidirectional view, deepening the understanding of how patients perceive and benefit from humour in the therapeutic context. Second, it is advisable to expand the study sample to include professionals from different settings, such as community and hospital environments, and examine how the application and perception of humour vary according to the specific context. Additionally, the influence of gender on the use of humour should be considered, exploring differences in the reception and effectiveness of humour between men and women, which could reveal interesting dynamics in therapeutic interactions. Furthermore, evaluating the cultural impact on the use of humour in mental health is essential, as cultural norms and values can significantly influence its effectiveness and acceptance.

7 | Relevance in Clinical Practice

The findings of this study underscore the crucial importance of humour in mental health practice, highlighting its multiple benefits and necessary precautions. Humour, particularly affiliative humour, enhances the emotional well-being of patients, reduces stress, and facilitates a quicker and more effective recovery. Additionally, it promotes emotional connection and authenticity in interactions, strengthening the therapeutic relationship, which is essential for treatment success. The lack of specific training in the use of humour as a communicative tool highlights the need to integrate this training into mental health educational plans.

Professionals must tailor their humour to the individual needs of the patients, demonstrating empathy and understanding to strengthen trust and emotional openness. Consciously and well-informed integration of humour can create a more positive and collaborative work environment, benefiting both patients and professionals. It is crucial to develop specific training programmes, implement continuous evaluations of humour's impact, and promote its use to reduce stress and burnout, thus improving the quality of care provided.

Author Contributions

Several authors contributed to different stages of the study. Sergi Piñar-Rodríguez was involved in the conceptualisation, data analysis, and drafting and editing of the manuscript. Sergi Piñar-Rodríguez and Diana Tolosa-Merlos conducted the interviews. Montse Puig-Llobet, Dolors Rodríguez-Martin, Diana Tolosa-Merlos, and Miriam Leñero-Cirujano collaborated in the initial data analysis and critical review of the manuscript. Diana Tolosa-Merlos, Miriam Leñero-Cirujano, and David Corcoles-Martínez completed the data analysis and the final drafting and editing of the manuscript. All authors critically reviewed and approved the final manuscript. All listed authors meet the authorship criteria according to the latest guidelines of the International Committee of Medical Journal Editors, and all authors agree with the manuscript.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The corresponding author will be responsilbe for the data custodian data may be distributed upon request by a researcher, provided that theri dissemination is carefully considered.

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