Sigmund Freud considered humor an outlet for discharging pent up psychic energy and diminishing the importance of potentially damaging events. Since the 1970s, research on humor has shifted from a Freudian focus to an emphasis on its cognitive dimensions, including investigations involving information-processing theory. Humor has been found to depend on the disparity between expectations and perceptions, generally termed “incongruity.” Not all incongruity, however, is humorous; for humor to be evoked, the incongruous must somehow be meaningful or appropriate, and must be at least partially resolved. Research has shown the importance of humor both in social interaction and human development. Developmental psychologists consider humor a form of play characterized by the manipulation of images, symbols, and ideas. Based on this definition, humor can first be detected in infants at about 18 months of age with the acquisition of the ability to manipulate symbols. Some researchers believe that humor can be considered present in infants as young as four months old if the criterion used is the ability to perceive incongruities in a playful light and resolve them in some manner. Most research thus far has focused on responsiveness to humor rather than on its instigation, production, or behavioral consequences.

Humor serves a number of social functions. It can serve as a coping strategy, to cement allegiances, or to test the status of relationships. One of the main signs of a healthy ego is the ability to laugh at one’s own foibles and mistakes. Humor can be used to lend social acceptability to forbidden feelings or attitudes, a phenomenon at least as old as the Renaissance fool or Court Jester who was given license to voice unpleasant truths and mock those in positions of authority. Research has also led to the view that humor is a way of countering anxiety by reasserting mastery over a situation. Feelings of helplessness have been found to characterize both anxiety and depression. (One of the signs of depression is the inability to appreciate or use humor.) Humor gives people an opportunity to stand outside the dire aspects of a situation, however briefly, and assert a measure of control through the ability to laugh at their predicament. This dynamic, which drives the phenomenon known as “gallows humor,” is expressed in the following witticism about two contrasting cities: “In Berlin, the situation is serious but not hopeless; in Vienna, the situation is hopeless but not serious.”

Further Reading

Hypnosis
A temporary narrowing of conscious awareness.

Practiced since ancient times, hypnosis or hypnosis remains difficult to define accurately and completely. Although the word hypnosis comes from the Greek word hypnos, for sleep, hypnosis is actually an intense state of concentration.

There are three degrees of hypnosis. Under light hypnosis, the subject becomes sleepy and follows simple directions; under deep hypnosis, the person experiences dulling of sensory perception, similar to that of anesthesia. Under deep hypnosis, the subject can move about, open his or her eyes, and can even undergo medical procedures with no additional anesthetic. Magicians and illusionists use deep hypnosis to make a subject behave in unusual ways, such as to suspend the subject’s body between two chairs in a posture that is completely stiff. The magician suggests that the subject’s body become stiff and rigid, and the result is muscle tension powerful enough to support the body completely. Many researchers contend that the key factor in hypnosis is the subject’s willingness to cooperate with the hypnotist, combined with the subject’s belief that hypnosis works. People who are easily hypnotized are described as “suggestible”; in fact, if the subject expects to be successfully hypnotized, it is much more likely that he or she will.

Hypnotic induction is the process by which hypnosis is accomplished. In most situations, an individual performs the induction on a willing subject. Classical hypnotic induction involves a series of steps. First, sensory input to the subject is restricted, and the subject is instructed to stop moving. Second, the subject’s focus of attention is narrowed. This may be accomplished by asking him or her to focus on a specific point of light or a spot on the wall. Finally, the hypnotist begins a pattern of monotonous repetition. The hypnotist may repeatedly tell the subject to relax, to breathe slowly and deeply, and to focus attention on a fixed point. It is estimated that about 70 percent of all people can be hypnotized at some level. Within that group, an estimated 30 percent are in the low range, 60 percent in the middle, and 10 percent are highly hypnotizable using the classical approach to hypnotic induction. The claim that a person could be hypnotized against his or her will is controversial in the scientific community. Many scientists feel that an unwilling subject would be difficult to hypnotize, and most scientists raise ethical questions about any attempts to do so.

While in an hypnotic trance, some subjects are able to recall forgotten experiences. This can be useful in treating amnesia or milder forms of memory loss. Inter-
Hypnosis

MYTHS ABOUT HYPNOSIS

<table>
<thead>
<tr>
<th>Myth</th>
<th>Scientific response</th>
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<tr>
<td>Hypnosis places the subject in someone else’s control.</td>
<td>Magicians and other entertainers use the illusion of power to control their subjects’ behavior. In reality, people who act silly or respond to instructions to do foolish things do so because they want to. The hypnotist creates a setting where the subject will follow suggestions—but the subject must be willing to cooperate.</td>
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<tr>
<td>A subject can become “stuck” in a trance.</td>
<td>Subjects can come out of a hypnotic state any time they wish. The subject has control of the process of hypnosis, with the hypnotist simply guiding him or her.</td>
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<td>The hypnotist can plant a suggestion in the subject’s mind—even for something to be done in the future.</td>
<td>It is impossible for anyone to be implanted with suggestions to do anything against his or her will.</td>
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<tr>
<td>Hypnosis may be used to improve accuracy of the subject’s memory.</td>
<td>Memories recovered under hypnosis are no more reliable than others.</td>
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Some people are able to hypnotize themselves in a process called autohypnosis or self-hypnosis.

Doctors also employ hypnosis as a method of pain management for chronic headaches, backaches, severe burns, and during childbirth. In cancer treatment, hypnosis is used to control the side effects of chemotherapy and as a self-healing adjunct to chemotherapy. Hypnosis is also used for autoimmune diseases, sleep disorders, and skin ailments, including warts and rashes. Some surgeons use hypnosis in the operating room, not only to reduce the amount of anesthesia patients need, but also to lessen anxiety and postoperative swelling and bleeding. A patient in a hypnotic trance can remain immobile for extended periods of time, avoiding aggravation of the injury. Victims under a state of shock are also more responsive to hypnotic induction. Dentists use hypnosis to complete dental work on a relaxed patient without the need for anesthesia. Some psychotherapists employ hypnotic induction to treat phobias, sexual dysfunction, stress, eating disorders, self-destructive habits (such as smoking and other addictions) and to improve progress on positive behavioral changes. Hypnosis is a primary tool to gain access to memories, a controversial issue in the mental health field. In working with children, psychotherapists use hypnosis for enuresis, thumb-sucking, behavioral problems and improving academic performance, among others. Psychiatrists and psychologists may also use hypnosis to learn more about the human mind, and to help patients understand their own emotional and personality development. This application of hypnosis is termed hypnotherapy. In law enforcement, victims of and witnesses to crimes are sometimes hypnotized to help them remember important clues.

Patients who are responsive to being hypnotized must, first of all, be willing participants in the hypnosis process. One psychiatrist, Dr. Herbert Spiegel, developed the Hypnotic Induction Profile (HIP) to determine whether an individual is a good prospect for hypnosis. When the subject rolls his or her eyes back into the head, Dr. Spiegel suggests that person is likely to be successfully hypnotized if a great deal of white is visible on the eyeball. Other qualities included in Dr. Spiegel’s profile include a trusting personality, preference for emotional rather than rational thinking, high empathy for others, and an intense capacity for concentration. Other researchers have studied the hypnotic situation and theorize that creating a setting where the subject is more likely to believe that hypnosis will work is a key to successful hypnosis. These scientists contend that the situation, combined with the subject’s motives...