



A Sociocultural Analysis of Stigma and Humour in Psychiatry

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Abstract

In psychology and psychiatry, humour has long been used as a therapeutic tool, a coping strategy and a technique for societal criticism. Although laughter is considered a sign of health, it is paradoxically often used in the context of mental illness, creating space for both healing and stigma. This paper explores a sociocultural and psychoanalytic analysis of humour directed at psychiatrists. Examines how it may be a stigmatising factor as well as a therapeutic ally. The main contribution lies in articulating how humour functions as a projective tool, a defence mechanism and a cultural critique. It highlights the prejudices, often overlooked fears and biases society has about mental illness and psychiatry. The analysis demonstrates that humour is not insignificant in the field of psychiatry. On the contrary, it is essential for understanding social representations of mental health, the patient-doctor dynamic and the emotional landscape of stigma. The paper concludes by suggesting directions for future empirical research. Both qualitative and quantitative research should explore how different humour styles - adaptive or maladaptive impact therapy, reduce stigma and build resilience in both patients and clinicians.

Key words: Humour; Psychiatry; Social stigma; Defence mechanisms; Physician-patient relations.

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"Laughter is the sun that drives winter from the human face."
Victor Hugo

Introduction

Humour has long been associated with mental health in psychology and psychiatry. While often used as a means of relaxation and lightening the mood, humour also serves deeper functions—therapeutic, educational and subversive. "Laughter is the best medicine" is a popular adage.¹ As a social phenomenon, humour has been of interest since ancient times. The word "humour" originates from Latin, referring to fluid, moisture or vapor. Aristotle believed that humour could relieve pain and its analgesic effects have been recognised for centuries. In medicine, humour aligns more with salutogenesis (focusing on the creation of health) than with

psychopathology. It can be directed at patients, doctors, or the concept of illness itself, often with a touch of irony and critique.²

Stigma, defined as a socially constructed phenomenon marked by prejudice and discriminatory practices has a significant negative impact on psychiatric healthcare systems.³ The stigma surrounding mental illness is complex and deeply rooted. It fuels fear of mental disorders and leads to defensive responses—one of which is humour.⁴ Over the last century, the meaning of the word "humour" has expanded from its original definition to encompass anything that provokes

laughter. Although laughter is seen as a sign of health, it is frequently used in the context of illness—especially mental illness.⁵

At first glance, it may seem paradoxical that humour is used to address what we fear most: illness, suffering and death. In this context psychiatrists often become the target of jokes and satire. Symbolically, they represent knowledge of what people hesitate to acknowledge—their weaknesses, psychological disorders and unconscious processes.⁶ Humour thus becomes a way to resist, to diminish the discomfort and fear triggered by mental illness. Humour aimed at psychiatrists and patients is not harmless. It often reflects societal stigmatisation, latent aggression and deeply ingrained prejudices within the collective psyche.⁷

Methods

The paper integrates clinical, social and psychoanalytic viewpoints using a multidisciplinary approach. Purposive sampling of peer-reviewed scholarly literature was used to find sources, mostly from databases like *PubMed*, *Scopus* and *Google Scholar*. Keywords like “humour and psychiatry”, “stigma and mental illness” and “therapeutic use of humour” were used.

Priority was given to concrete examples of jokes and cartoons about psychiatrists to understand what they reveal about social fears and stereotypes. Additionally, it draws on theoretical frameworks, particularly Freud’s ideas about humour as a way of expressing unconscious thoughts.

The article integrates psychological, sociological and medical approaches to demonstrate how humour can serve both as a therapeutic tool and as a vehicle for harmful stereotypes. Aim was to investigate the role of humour in psychiatry in order to understand why psychiatrists are frequently mocked and how humour functions as a mechanism for confronting fear, discomfort and social stigma.

Discussion

The findings of the paper suggest that humour in psychiatry is not a luxury, but a necessity

provided it is applied with wisdom, sensitivity and humanity. Genuine humour does not ridicule; it liberates.

This article offers an integration of theoretical and visual representations of humour in the context of psychiatry and identifies the potential therapeutic and stigmatising effects of humour in medical practice.

Humour as a reflection of fear and resistance

Humour is a manifestation of deeply rooted fears it includes the fear of illness, particularly mental disorders. The utilisation of humour is identified as a means of resistance that is characterised by minimal potential for harm. When confronted with their own vulnerability, people often use laughter to dispel uncomfortable thoughts about madness, depression, anxiety, addiction, or death.⁸

Venkatesan et al research on humour indicates in the context of mental disorders, that the quality of such research is often anecdotal and prone to bias. Laughter without humour has a greater effect than laughter induced by humour. More rigorous clinical trials are needed to determine when and for whom humour is effective. The effects vary depending on the type of patient, the type of humour, the severity of the illness and the context. Therapies that induce laughter can be cost-effective as a complement to standard treatment, but methodologically robust research is required to confirm this potential.⁹

Throughout cognitive development, humanity has used humour as a means to aestheticize and alleviate everyday fears and burdens. Alongside science, religion and art, humour represents another form of spirituality a tool to make life’s routines and difficulties more bearable. In this sense, humour aids survival. It provides relief, restores meaning and brings spiritual lightness even in the darkest moments. Symbolically, humour “disempowers” what we fear—illness, death, isolation, failure by turning it into something we can laugh at.^{10, 11}

Humour as a projective technique

Humour serves as a projective technique. Children and adults use it to express unconscious attitudes, desires, fears, relationships with authority, norms and themselves. It enables the

expression of what is repressed or difficult to access consciously.

In the article by Susanne Vosmer, authors key conclusions were drawn about the role and importance of humour in group analytic psychotherapy. The author emphasises that humour can have significant clinical value but must be applied cautiously, considering theoretical foundations, clinical context and cultural differences. Group analysis has the potential to develop its own theory of humour, thereby enriching practice.¹²

Psychiatrists, particularly psychoanalysts, are frequent targets of jokes and caricatures due to multiple reasons: the high cost of their services (especially in the western countries), associations with “mind reading” or “delving into the unconscious” and general discomfort with those who supposedly “know everything about us”. According to Al-Araimi et al, study investigated the effect of using caricature drawings on 4th grade students’ acquisition of scientific concepts and their attitudes towards science. The study found that caricature drawings significantly enhanced 4th grade students’ understanding of scientific concepts and their attitudes towards science, with especially positive results among female students.¹³ In drawings and caricatures especially those related to psychiatry - humour often acts as a vent for unconscious or conscious hostility toward doctors, institutions and the illness itself.

Social roots of satirical depictions of psychiatry

The delegitimisation of psychiatrists and the psychiatric profession is, in part, a consequence of persistent social stigma. In many communities, there remains a widespread belief that individuals with mental health conditions are personally responsible for their illness perceived as weak, morally flawed, or “crazy” due to their own choices. Individuals struggling with addiction such as smokers, alcoholics, or drug users are especially subject to moral judgment for their perceived failure to exercise self-control.

Although scientific research clearly indicates that genetic and environmental factors play a larger role in these disorders than personal will, the perception persists: they are to blame. In

this context, the psychiatrist becomes a symbol of “uncomfortable truth” and humour expresses rebellion, resistance and contempt. Humour thus becomes a defence mechanism a way to mock what we fear and do not understand.¹⁴

Humour in medical practice

Humour serves multiple functions in medicine. It is not only a source of entertainment but also a tool for relaxation, recreation, tension reduction and mood improvement. It helps overcome fears, depression, anxiety, stress, feelings of injustice and discomfort.

Valentine et al paper emphasises that humour in psychotherapy lies at the intersection of therapeutic technique and the therapist’s personality. It should feel natural, not forced, as only authentic humour can strengthen the therapeutic relationship. Since humour is not universally effective and depends on personal preferences, its use must be tailored to each therapist individually. Like self-disclosure, humour falls under authenticity—it can be a powerful tool if natural but harmful if it feels contrived. Humour can be taught in psychotherapy, but only with careful guidance, considering the therapist’s individual traits and proper supervision.¹⁵

On a psychosomatic level, laughter—the physical manifestation of humour—triggers positive physiological responses. It reduces stress hormone levels, improves heart and lung function and boosts the immune system. Laughter is, quite literally, medicine.

A study by Gelkopf et al explores the therapeutic potential of humour, emphasising its role as a tool in cognitive therapy. It analyses the clinical effects of humour, particularly in individual and group psychotherapy and proposes a cognitive model linking humour’s emotional and cognitive effects to explain its therapeutic potential.¹⁶

Historically, humour has evolved alongside humanity from primitive communities through antiquity, the Middle Ages, the Renaissance, modernity and the present day. Each era had its own style and form of humour, but the purpose remained the same: to relieve the spirit.¹⁷

Caricatures and jokes as social critique

Visual humour - caricatures functions as con-cise critique. By exaggerating, distorting and emphasising certain traits of a person or phenomenon, caricatures make them objects of laughter, achieving both exposure and relief. Caricatures of psychiatrists and mental health patients often play on stereotypes: patients are depicted as “lunatics” and psychiatrists as eccentric, distant, cold, or incomprehensible authorities. Jokes reinforce this image, often bordering on tastelessness, yet simultaneously freeing the audience from discomfort and insecurity.¹⁸

According to study by Suka et al, they looked at whether humour can make public health posters more effective. Researchers showed different versions of posters some funny, some serious on topics like cancer screening and smoking. Over 3,000 Japanese adults rated them. They found that humour worked well for a less familiar topic: advance care planning. But for more common topics, like smoking or exercise, serious posters were more persuasive. The main takeaway: humour can help when the topic is unfamiliar or people tend to avoid it, but it's not always the right choice for serious or well-known health issues.¹⁹

An example of a widely circulated joke illustrates how humour operates: “How many psychiatrists does it take to change a light bulb? None—the light bulb will change when it's ready.” This joke reveals underlying tension and critiques the temporal ambiguity of therapeutic processes.

Humour as an adaptive strategy

What socially conditioned factors lead to the mockery of psychiatrists and psychiatry? Most often, it is stigmatisation—people feel discomfort toward what they do not understand or what reminds them of their own vulnerability. Unlike physical illnesses, mental disorders are often perceived as shameful rather than as illnesses.²⁰

This phenomenon has roots in early childhood. Lack of love, security and emotional warmth in the first years of life can lead to later psychological disorders. Yet, the blame is not on the individual. Nevertheless, societal perception often takes the opposite stance: “You're to blame for being this way”.²¹

A study by McCullars et al conducted on 511 participants (students) explored the role of different humour styles (adaptive vs maladaptive) as mediators between early maladaptive schemas (EMS) and resilience (psychological robustness). The study analysed the relationship between EMS, humour styles and resilience. Therapeutic work on humour awareness can help individuals with EMS develop more adaptive humour styles. The research confirms that humour plays a significant role in the resilience of individuals with EMS. Clinical treatments focusing on developing adaptive humour can contribute to better mental well-being.²²

Patients, as well as healthy individuals, often react with resistance. Humour becomes a means of compensation, a way to avoid painful introspection. Thus, doctors become targets because they symbolise the possibility of diagnosis, helplessness and even death.

Humour in the doctor-patient relationship

The doctor-patient relationship is often asymmetrical. The doctor represents power, knowledge and authority, while the patient seeks help. This dynamic naturally creates tension, especially in psychiatry, where the work involves the invisible, inner world. This tension provides fertile ground for humour as a mechanism to reduce distance and ease the relationship.²³

Humour employs specific linguistic mechanisms. A quip is typically short and allusive, rich in implied meanings, without a mandatory punchline. A joke, on the other hand, almost always has a structured conclusion that provokes laughter—the so-called “punchline.” Jokes where the patient ridicules the doctor, or vice versa, often express insecurity and fear but also attempt to balance power dynamics.²⁴

A well-known example of caricatural humour among psychiatric patients is: Two patients are walking in the courtyard of a psychiatric hospital.

One asks the other: “Do you know why we're here?”

The other replies: “Of course! Because of the door!”

“Which door?”

“The one we couldn't escape through!”

This joke carries a layered message, using humour in a caricatural yet non-malicious way to address connection through escape, offering a subtle philosophical commentary on the boundaries of reason and the power of humour. A key characteristic of healthy humour is that it evokes joy, relaxation and understanding, not bitterness or humiliation. Humour must be thoughtful, empathetic and aimed at relief—not mockery. Doctors, including psychiatrists, can use humour in communication with patients, but cautiously and thoughtfully. They must avoid offending, mocking, or trying to be funny at all costs. Moderate, warmly delivered humour can help build trust and reduce fear, especially with serious diagnoses. A good doctor knows when a patient is ready to hear a joke and when they are not.²⁵

Caricature—acupuncture of the mind and gallows humour

Caricature is a powerful means of expression. Often wordless, it penetrates deeper than many speeches. A skilled caricaturist, like a satirist, can precisely “hit” a sore spot—much like a needle in acupuncture. Thus, caricature is a form of spiritual therapy. Some caricaturists, through their work in medicine and psychiatry, have depicted everyday absurdities, misunderstandings and fears. Their drawings sometimes convey more than a scholarly article, reaching directly into the viewer’s conscious and subconscious mind. Historically, caricature has also been a form of resistance from cave drawings to medieval grotesques to modern political satire, it has always served to mock and expose.²⁶

A specific type of humour, known as gallows humour, emerges in the darkest moments, particularly when facing death. It transcends fear, creates an illusion of control and demonstrates inner strength. In gallows humour, playing with death becomes amusing and images of hangmen and skeletons convey: “Don’t fear death, for in the underworld, there are no worries.” Doctors, therefore, should occasionally joke at their own expense for the same purpose. However, they must avoid overdoing it, forcing humour, or using thoughtless jokes.²⁷

Study by Schaadhardt et al analysed *TikTok* content, including user demographics, content filtering criteria and humour assessment. The research highlights the importance of humour and creative expression on social media as

a form of psychosocial support, particularly among young people with serious mental health challenges. The results show that *TikTok* users, especially young people and members of the LGBTQ+ community, frequently use humour—particularly dark humour and satire—to share experiences of psychiatric hospitalisation and build a sense of community. Over half of the analysed posts contained humour, with comments being largely positive and supportive, showing no signs of digital self-aggression.²⁸

Gallows humour and caricature are not for everyone. They are understood by those who have experienced personal tragedies, illnesses and losses. In this sense, they belong to the category of spiritual survival.²⁹

Laughter and health—the role of humour in healing

Humour plays a significant role in prevention and therapy. It helps with depression, anxiety, insomnia (acting as a “hypnotic without a hypnotic”), asthma, arthritis, diabetes, pain, anxiety and PTSD. It also strengthens the immune system, enhances communication and fosters empathy between doctors and patients.³⁰ According to a study by Jong Eun, laughter therapy is a natural, cost-free and scientifically proven method for improving health. Requiring no equipment or special conditions, laughter reduces stress hormones, improves circulation, lung function and promotes endorphin release. Psychologically, it reduces anxiety and depression, improves relationships and enhances memory. It is a perfect complement to modern, stress-filled life simple, accessible and effective.³¹

Doctors who use humour judiciously and with understanding often communicate better with their patients. Conversely, patients use humour to pre-empt stigma and fear. It is well-known that self-directed humour often indicates a strong ego structure and a healthy potential for psychological coping.³²

Sigmund Freud and humour

Sigmund Freud, the father of psychoanalysis, had a deep understanding of the language of humour. In his book “Jokes and their relation to the unconscious,” he analysed the mechanisms of jokes, slips and lapses. For Freud, humour is a way for unconscious content to break through



into consciousness without guilt or shame. Like dreams or slips, it is a pathway to the depths of the psyche. A joke, therefore, is not just a jest. It is a revelation, a mini-insight. Linguistic errors (eg, swapping words like “battery” and “bacteria”) Freud called paronomasias, considering them keys to uncovering repressed content. In this sense, humour is not only aesthetic but also a psychodynamic phenomenon.³³

Why is the psychiatric profession a target of social humour?

People fear what they do not understand. Mental illnesses are stigmatised; psychiatry remains taboo and psychiatrists are often symbols of that uncomfortable truth. Humour—through caricatures, jokes and quips becomes a tool for defence and a weapon. Sometimes it softens, sometimes it cuts. But when used with good intent, when it does not humiliate but reveals, it makes us all human. That’s why we should laugh at ourselves and others, for in laughter lies truth, health and salvation. In many humorous expressions, the psychiatrist and patient are the main protagonists, each for their own reasons. In literature, there is the phrase “between the lines”; in caricatured humour, the humour lies beyond the caricature. Fear of an uncertain future drives this humour.³⁴

Humour in psychiatry (and medicine in general) is not a luxury it is a necessity. Laughter has a healing function for both patients and doctors. It reduces tensions, fosters connection, promotes insights and lightens daily life. However, humour is not for everyone. It requires a degree of spiritual strength. Not everyone will understand or tolerate the same type of joke. Some will be hurt, offended, some will laugh and others will remain silent. In all of this lies the power and danger of humour.³⁵

Limitations

This paper is primarily theoretical and interpretative, lacking empirical data. Its cultural perspective is mainly based on Western medicine, limiting broader generalisation. Humour’s subjective nature and variability across individuals and contexts pose challenges in assessing its overall impact in psychiatry.

Conclusion

Humour in psychiatry is not an optional extra, but a meaningful and multifaceted phenomenon that serves as a bridge between illness and health, between patient and therapist and between fear and understanding. This paper concludes that comedy can both humanise psychiatric practice and dispel long-standing social stigmas when it is utilised carefully and sympathetically.

The main scientific contribution of this paper is its interdisciplinary synthesis of clinical, psychoanalytic and sociocultural viewpoints, which emphasises how humour functions in the larger symbolic economy of mental illness as well as in the therapeutic context. By critically analysing jokes, caricatures and theoretical frameworks, the paper reveals how humour reflects and shapes our collective relationship to psychiatry.

Future research should aim to explore and test how different humour styles can actually be used in psychiatric practice. Quantitative studies could examine psychological outcomes related to humour-based interventions, while qualitative research might offer insight into how humour is experienced in clinical settings, especially among vulnerable or stigmatised populations.

Ethics

This study was a secondary analysis based on the currently existing data and did not directly involve with human participants or experimental animals. Therefore, the ethics approval was not required in this paper.

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Conflicts of interest

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Data access

The data that support the findings of this study are available from the corresponding author upon reasonable individual request.

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