

SERIOUSLY CONSIDERING HUMOR FOR ADDICTION

Seriously considering humor as a therapeutic support for recovery from addiction

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Role of funding source. Samuel W. Stull and Lisa A. Marsch were supported by grants from the National Institute on Drug Abuse. Samuel W. Stull was supported by grant no. T32-DA037202 and Lisa A. Marsch was supported by grant no. 5P30-DA029926. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the authors and do not necessarily reflect the views of the National Institute on Drug Abuse

Disclosure. Susan A. Murphy holds concurrent appointments at Harvard University and as an Amazon Scholar. This paper describes work performed at Harvard University and is not associated with Amazon

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Abstract

Humor interventions can reduce mental health symptoms such as depression and anxiety. Largely unexamined is the therapeutic potential of humor to support recovery from addiction, despite the increasing prevalence of narratives in culture and media (stand-up comedy, TV shows) involving recovery and comedy. The therapeutic potential of humor and key therapeutic targets of recovery (i.e., cognitive, reward, and social) may possess a powerful synergy that could garner enjoyment, cognitive flexibility, and meaning during recovery. The goal of this Think Piece is to describe key processes involved in recovery, link these processes to key processes involved in humor, and then describe existing humor interventions that could be adapted for recovery. Key processes include cognitive deficits and bias in addiction and cognitive reframing and cognitive flexibility through humor; the importance of nondrug reward in recovery and the uniquely rewarding properties of humor (like an “aha!” moment); the importance of social connectedness in recovery and the unique social function of humor in camaraderie and belonging. Humor interventions could be adapted for recovery, including humor-coping training to reframe difficult situations, humor induction (e.g., stand-up comedy clips) to uplift mood, the use of humor to boost effects of other treatments (i.e. Contingency Management, Cognitive Behavioral Therapy), and to enhance engagement with interventions. We conclude with areas of investigation such as understanding heterogeneity in the types of comedy people prefer, disentangling therapeutic and non-therapeutic humor styles, technology-delivered humor interventions, dynamic and context-dependent aspects of humor, and the timing of therapeutic humor during recovery.

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The late comedian, Richard Pryor, spoke throughout his career about his own substance use, addiction, and recovery, once stating:

“I had to stop drinkin’. I got tired of waking up in my car drivin’ 90.”

-Richard Pryor

Pryor’s stand-up comedy reflected broad cultural bonds between comedy and addiction—bonds that have helped bring recovery stories into the mainstream (Battan, 2023; Healy, 2023; Maron, 2013, 2024; RecoveryComedy, 2025). In parallel, a growing body of scientific evidence has demonstrated the positive impact of humor on several mental health outcomes (e.g., anxiety, depression, and happiness) in both non-clinical and clinical populations, such as people with depression or schizophrenia (Cai et al., 2014; Ruch & McGhee, 2014; Sarink & García-Montes, 2023). Surprisingly, very little research has examined humor in addiction recovery. To our knowledge, no intervention has been empirically studied in this population. The term “humor” can encompass (1) a sense of humor, often a personality trait reflecting the degree to which one uses humor, and this can include a particular style of humor as well (e.g., self-deprecating); (2) a stimulus that elicits humor (i.e. a “joke”), and (3) humor comprehension and appreciation (i.e. understanding and finding a joke funny and amusing). Many theories aim to define what is funny (e.g., Incongruity Theory; Ritchie, 1999), but here we focus specifically on comprehending and appreciating humor.

The biopsychosocial underpinnings of receiving humor involve cognitive, reward, and social processes that we believe have important overlap with processes pertinent to recovery from addiction. In particular, promoting reward and positive mood states is a vital but often underemphasized and underdeveloped aspect of addiction treatment (e.g., McKay, 2017). Humor has also been studied as a novel approach to enhancing coping and cognitive flexibility (Prenger et al., 2023; Zheng & Wang, 2023). Importantly, humor is a social phenomenon with important

functions in social interactions that could be pertinent to addiction recovery. Humor holds potential to motivate engagement with interventions, too, and the therapeutic aspects of humor may work synergistically with other interventions for SUD (i.e. infusing humor into cognitive behavioral therapy, contingency management etc.). Our article aims to make the overlap between cognitive, reward, and social processes in humor and addiction recovery explicit, and to advance the science of humor as a promising therapeutic intervention to support addiction recovery.

Thus, the goal of this Think Piece is to describe the *serious* potential of using humor to support recovery from addiction. We begin by providing a background on humor in mental health and in addiction recovery. Then, we describe the key processes involved in comprehending and appreciating humor (including cognitive, rewarding, and social components) and how these processes align with key behavior change processes in addiction. This is followed by a discussion of the different types of humor-focused interventions that have been developed, consideration of the use of humor to drive engagement, and then describing adoption of humor-focused interventions to support addiction recovery. Finally, we conclude with discussing important challenges and exciting areas to consider for future work.

Humor, mental processes, and mental health

Experimental work involving humor induction paradigms, including watching stand-up comedy clips, funny TV shows, and reading cartoons or riddles have demonstrated the impact of humor on increasing positive mood states and decreasing negative mood states such as anxiety and depression (e.g., Moran & Massam, 1999; Strick et al., 2009; Szabo, 2003, 2007; Yeo et al., 2022; Zhou et al., 2021). For example, a series of experimental studies with mostly young adult samples, found that humor induction leads to similar short-term reductions in negative moods and improvements in positive moods relative to exercise (Szabo, 2003, 2007). The effects of exercise on mood are longer lasting than humor, but humor appears to have a similar impact on mood relative to exercise up to 30 minutes post-induction (Szabo, 2007). Humor has been shown to improve the treatment of different mental health disorders, including major depressive disorder and schizophrenia. Specifically, in randomized-controlled trials of a humor-focused coping program found that the intervention was effective in increasing happiness, and decreased anxiety and depression relative to control groups (Cai et al., 2014; Falkenberg et al., 2011; Ruch & McGhee, 2014; Ruch, Hofmann, et al., 2018). Also, evidence suggests that even in instances of severe anhedonia, humor may still be elicited (Falkenberg et al., 2010).

Humor and addiction recovery

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A cross-sectional study of humor styles of people in recovery from substance use disorder (SUD) that attended 12-step groups found that those with less than a year in recovery were more likely to use self-defeating styles of humor compared to those with more than a year in recovery (Canha, 2024). In follow-up work, it will be important to conceptualize humor styles with more nuance in terms of quality and quantity of humor (Ruch, Heintz, et al., 2018; Ruch & Heintz, 2013) and to examine within-person changes in humor during recovery. Another study using a qualitative ethnographic approach to study humor among people in early opioid addiction recovery who attended NA meetings, described themes related to using humor for social connection through inside jokes; humor to feel good, including heightening feelings of pleasure and enjoyment; humor arising as a by-product of healing in recovery; and humor having the potential to alienate others, especially when people are early in recovery (Canha, 2019). Our research team conducted a qualitative study on the potential therapeutic aspects of humor in supporting recovery from addiction and found participants were overwhelmingly in support of the idea of using humor to support recovery (Stull, Wakely, et al., 2025). Humor was important even among people who faced trauma and difficult life circumstances (e.g., many described an approach consistent with the quote “it is better to laugh than cry” about life challenges). Dark humor related to addiction and dynamic aspects of being receptive to humor were deemed important (i.e., needing to be in the right mood to receive a joke) (Stull, Wakely, et al., 2025). Given this early work on humor in addiction recovery and studies showing the positive impact of humor on mental health, we think there are several compelling reasons why humor can have a unique and positive impact for people in recovery.

Humor, cognitive processes, and addiction recovery

Addiction recovery and cognitive processes

Deficits in cognitive function such as working memory, attentional bias to drug cues, and deficits in cognitive flexibility have been shown in some studies to be present for people with SUD and these characteristics likely are a contributor and/or consequence of SUDs (Ramey & Regier, 2019). A particular facet of cognitive challenges in addiction involves strong associative memories between environmental cues and drug use, where a particular stimulus (e.g., location of frequent drug use) can greatly increase the likelihood of subsequent drug use (e.g., Vafaie & Kober, 2022). Interventions that target drug-related memories through approaches such as memory reconciliation can be effective in reducing SUD-related harms (Milton, 2023) and broadly targeting cognitive functioning has been shown to improve SUD treatment outcomes (Caetano et al., 2021). Further, effective behavioral treatments for SUD, such as Cognitive Behavioral

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Therapy (CBT), directly focus on cognitive reframing/reappraisal of thoughts in order to decouple the link with deleterious behaviors (e.g., thoughts about craving or stress leading to substance use) (e.g., Carroll, 1998). Other effective behavioral treatments for SUD, such as Mindfulness-Based Relapse Prevention (MBRP), may be effective by increasing attentional awareness and cognitive control (Witkiewitz et al., 2014).

Humor, cognitive processes, and addiction recovery

Humor comprehension processes investigated via functional magnetic resonance imaging (fMRI) involve the dorsal striatum (DS) and ventral striatum (VS) regions of the brain, which play a role in cognitive components of joke comprehension (i.e., cognitive flexibility, working memory) (Prenger et al., 2023). Engaging with humorous stimuli such as solving riddles or watching funny videos has been shown to have a positive impact on enhancing subsequent creativity, learning, and problem-solving efforts (Liao et al., 2023; Zhou et al., 2021).

Using humor to reframe negative experiences in a positive light is one way humor is an adaptive coping skill (Fink et al., 2017; McGhee, 2010; Ruch & McGhee, 2014; Ruch, Hofmann, et al., 2018; Samson et al., 2014; Samson & Gross, 2012). For example, a fascinating study examined the difference between humorous and non-humorous cognitive reappraisal by having participants come up with reappraisals for negative events depicted in images (Samson et al., 2014). The study found that humor reappraisals were more effective than non-humorous reappraisals at increasing short-term positive mood and in decreasing short-term negative mood (Samson et al., 2014). However, the study also found that participants had more difficulty generating humorous reappraisals compared to non-humorous reappraisals. Using humor to reframe negative experiences aligns with components of psychosocial treatments for SUD that use cognitive reappraisal to reframe maladaptive thinking patterns and emotions/feelings such as craving and negative mood states. Early recovery involves persistent negative feelings and the challenge of learning new coping techniques. Humor may help here, offering a fun and engaging complement to traditional reappraisal exercises.

Humor may put one in a cognitive and emotional state to “solve” a problem that requires a “fresh” perspective (Zhou et al., 2021). This could work implicitly, a joke is heard or funny video is watched, and this in turn could increase positive mood, cognitive flexibility, and/or self-efficacy which places one in a better state of mind to handle situations or events that follow (Zhou et al., 2021). For example, a humorous stimulus can promote improvements in subsequent creativity and problem solving, as perhaps the cognitive processes involved in joke comprehension and/or the positive mood that arise from joke appreciation assist in bolstering cognitive flexibility (Curran et al., 2021; Zheng & Wang, 2023). For a person in addiction recovery, if a positive, more flexible state arises as a by-product of

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viewing humorous stimuli it may improve subsequent responses to managing difficult situations in daily life.

Humor can be used to divert attention or distract from negative experiences, particularly because the cognitive processing involved in humor comprehension may interfere with reoccurring thoughts related to a negative event (Strick et al., 2009). A key difference between humorous and other positive (non-humorous) distractions is that the humorous stimuli often requires greater cognitive demands (Strick et al., 2009). This aligns with our qualitative work with people in recovery, where many participants described the usefulness of humor as helping them to “take their mind off” their problems (Stull, Wakely, et al., 2025). This offers potential to use humor to provide distraction from difficult experiences.

Humor, reward processes, and addiction recovery

Addiction recovery and reward

The impact of humor on reward and positive mood states is among the most compelling aspects of using humor to support addiction recovery. Rewarding nondrug-related experiences are important for initiating and sustaining recovery, which has been demonstrated in several experimental and observation studies (Acuff et al., 2024; Krentzman, 2013; McKay, 2017; Stull, Marsch, et al., 2025). Some of the most effective treatments or components of treatments for SUD involve addressing nondrug reward experiences (e.g., Budney, 1998; Daughters et al., 2018; Garland et al., 2019; Petry, 2000). Yet, focusing on reward and enjoyment during recovery is still greatly underemphasized in treatment programs and existing treatments that target reward can be improved by being more enticing, engaging, and through providing enjoyable experiences directly (e.g., engaging/entertaining movies, interactive content). Thus, humor holds great potential to enhance recovery in this area because receiving and generating humor is a uniquely powerful approach for inducing reward and positive moods.

Humor, reward, and addiction recovery

Appreciating a joke impacts similar reward pathways in the brain that are implicated in drug use and other types of rewards impacting mesocorticolimbic dopaminergic areas (including the ventral tegmental area, substantia nigra, nucleus accumbens, ventral striatum, and ventral medial prefrontal cortex) (Vrticka et al., 2013).

Humorous content (i.e. funny videos, written jokes, cartoons, memes etc.) might be administered as a form of reward induction. Enjoying a joke involves suddenly perceiving a situation from a different perspective, which is similar to subjective experience of solving a problem or sudden insight (i.e. aha! moment) (Prenger et al., 2023; Vrticka et al., 2013). The

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subjective experience of a joke is uniquely rewarding in that it evokes feelings of mirth or amusement (Martin & Ford, 2018). In recovery, particularly early in recovery, it may be difficult to experience enjoyment in part because few alternative rewards are available due to social, geographic, and/or temporal restraints. Humorous content may be a relatively low-barrier approach to enhance enjoyment and may offer rewarding properties that are distinct from other nondrug related rewards (e.g., eating sweet foods, hobbies etc.).

Greater noticing and remembering of humorous experiences could serve as a form of “savoring” (Wellenzohn et al., 2016). Mindfulness-based interventions and positive psychology interventions use “savoring” to fully be with and enjoy positive emotions, as a way to amplify and prolong the impact of positive experiences (Garland et al., 2019). In our own work, many people in recovery describe the immediacy and highly pleasurable aspects of enjoying a joke, even as an alternative source of reward to drug use. Greater positive moods among people in recovery appear largely protective: showing the greater positive mood states and traits in EMA and other observation studies are associated with greater self-efficacy, decreased likelihood of treatment dropout, greater quality of life, and decreased substance use (Panlilio et al., 2019; Stull & Lanza, 2025; Stull et al., 2023; Stull, Marsch, et al., 2025). However, the association between positive mood and protective outcomes is quite nuanced, as different types of positive moods are often aggregated (i.e., averaging ratings of excitement and contentment) and examined in relation to outcomes (e.g., Dora et al., 2023). Further, in young adults (mostly without SUDs) positive affect may proceed drinking and substance use in daily life (Breslin et al., 2024; Dora et al., 2023; Emery & Simons, 2020). Thus, humor interventions must consider the target population and type of positive mood state elicited when seeking to increase the likelihood of a protective outcome

Humor, social processes, and addiction recovery

Social processes and addiction recovery

Enhancing social processes is a key component of the highly effective Community Reinforcement Approach (CRA), which includes an emphasis on the positive social rewards that family or friends offer in reinforcing recovery (Budney, 1998). Mutual support groups are effective in mitigating drug and alcohol use and one of the most important components of these groups is the community and social connection provided by them (Kelly et al., 2012). Mutual support groups and CRA may enhance several protective aspects of social experiences, including identifying and avoiding risky substance use contexts and supporting feelings of social connection and belonging.

Humor, social processes, and addiction recovery

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Understanding social norms and social contexts is often fundamental to understanding humor. A study found that people in a humor stimuli condition experienced greater activation in mid-brain regions and the amygdala when viewing humorous stimuli relative to a monetary reward stimuli (non-humorous) condition (Chan et al., 2018). The amygdala can serve as the receipt of mid-brain dopamine projections attributed to social rewards (Chan et al., 2018). There are several theories on the social function of humor (Bressler et al., 2006; Fraley & Aron, 2004; Treger et al., 2013), including that humor functions as a shared “language” in a social group to strengthen group identity and belonging (Fine & De Soucey, 2005). And humor can be an effective component of persuasion given a joke is used in the right context for the right audience (Eisend, 2009; Yeo et al., 2022; Yeo & McKasy, 2021).

Humor could serve important social functions in recovery by fostering a greater sense of group belonging or connectedness and to initiate and/or sustain contact with peers in recovery. Humor can strengthen group belonging by allowing people to laugh at shared experiences that outsiders may not understand. In the context of recovery support groups, people may find humor in their own lived experiences of addiction and recovery and use “inside jokes” to relate to one another (Canha, 2019). One investigation found that when a comedian revealed his mental illness to the audience that it helped reduce perceptions of stigma of mental illness, particularly for audience members that identified as having a mental illness (Corrigan et al., 2014). A similar approach could be useful in the context of addiction where shared personal stories about recovery that include humor could be a great way to disarm the audience in helping them to be receptive to hearing about a difficult and sometimes taboo topic (addiction) and to humanize the experience of addiction and recovery. Great examples of highly popular and acclaimed stand-up comedy specials where comedians talk about their own addiction recovery onstage date back to Richard Pryor, including his “Here and Now” stand-up special, and more recent stand-up specials, such as Andy Gold’s “Addicted to Comedy” and John Mulaney’s “Baby J” (Battan, 2023; Bishop, 2019). Stand-up comedy is not the only avenue for effective and positive messaging involving humor and addiction, as podcast hosts (e.g., comedians in addiction recovery) can function sometimes implicitly as “influencers” of positive recovery messaging.

Humor interventions

Many humor-focused interventions have been developed and examined in relation to mitigating negative mental health symptoms, though only a few interventions have been consistently tested in large samples and randomized controlled trials (Berger et al., 2021; Ruch & McGhee, 2014). Here we focus on existing interventions along with new ideas that hold potential for supporting addiction recovery. This includes a humor-coping

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training program, humor daily diaries, humor content/induction paradigms, potential for synergy if humor is coupled with existing non-humorous interventions, and opportunities to better target social processes (see Table 1 for details).

A humor-focused coping program, also referred to as The 7 Humor Habits, is particularly compelling because it has been effective in reducing symptoms of depression, anxiety, and other outcomes in both clinical and non-clinical samples (Cai et al., 2014; Falkenberg et al., 2011; Ruch & McGhee, 2014; Ruch, Hofmann, et al., 2018). Efficacy was demonstrated even in comparison to an active-control humor condition in one study (Ruch, Hofmann, et al., 2018). This intervention includes training people to use humor to reframe stressful situations, a skill that may facilitate adaptive coping, as well as greater noticing and applying humor in daily life, functioning possibly as a form of savoring positive experiences. A humor-coping training intervention could be adapted for people in recovery, integrating key behavior change processes in addiction. Tailoring a humor-focused coping intervention for addiction would make it useful for pinpointing recovery processes but also drawing interest and relevance to people in recovery. Important is an emphasis on not needing to be a professional comedian or even particularly funny; one doesn't need to be a chef to make and enjoy food, nor a comedian to generate and enjoy humor.

Interventions that promote greater noticing of humor experiences in daily life, particularly through completion of humor daily diaries, have been effective in increasing happiness up to six months post-intervention (Wellenzohn et al., 2016). Humor diaries have been adapted from positive psychology (see Table 1; Wellenzohn et al., 2016). This set of related interventions is exciting because they are impactful and relatively simple and could be easily deployed in different populations. For addiction recovery, the recall of humorous experiences could be about life in general and related to recovery specifically.

Humorous content such as videos, stories, riddles, wordplay, memes, cartoons etc. have been effective induction stimuli for increasing positive moods, decreasing negative moods, and in enhancing cognitive flexibility and problem solving (e.g., Moran & Massam, 1999; Strick et al., 2009; Szabo, 2003, 2007; Yeo et al., 2022; Zhou et al., 2021). Yet, induction paradigms have not been developed into formalized humor interventions. For example, stand-up comedy has been used effectively to induce humor in research studies, but not as an intervention. This appears to be a missed opportunity given a non-trivial number of comedians talk about their own lived experience of addiction recovery (Franklin & Adams, 2011). This humor content may offer the positive mood benefits that other types of content offers, but also may include some other elements important to recovering from addiction, such as perceiving less stigma and greater feelings of connectedness because the comedian shares a similar lived experience (Corrigan et al., 2014).

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Humor interventions have potential to be combined with other non-humorous interventions to enhance receptivity to and engagement with the intervention. In these contexts, humor may not only be used for its therapeutic value per se, but to help enhance engagement with other therapeutic ingredients. For example, providing occasional humorous content (jokes, memes, videos) embedded within a mobile app that focuses on a psychosocial intervention for SUD (e.g., CBT, Contingency Management) might offer occasional enjoyment/entertainment and a more favorable attitude towards sometimes tedious but necessary psychotherapeutic tasks.

Evidence suggests humorous (vs. non-humorous) message framing in certain contexts is associated with greater engagement with advertisements on social media, increased receptivity to scientific messaging, and in influencing more favorable attitudes toward people and brands (Sun et al., 2024; Yeo et al., 2020; Yeo et al., 2022; Yeo & McKasy, 2021). Indeed, humorous content appears to be a key lever for driving engagement in popular social media platforms (e.g., Instagram, Facebook, TikTok) (e.g., Lau et al., 2025). Important is that the use of humor necessitates careful consideration of the messenger, message, and audience to effectively target a desired outcome (Sun et al., 2024; Yeo et al., 2020).

Greatly understudied is using humor interventions specifically to enhance social processes, such as social connectedness or mitigating loneliness. A humor intervention could focus on sharing humorous videos, jokes, or other content via mobile app (provided to or created by the participant) or sharing in humor exercises (i.e., online or in-person improv) to initiate and sustain connection. Both in-person and/or technology mediated humor interventions could involve working with a group of people in recovery, a buddy in recovery, and/or a peer recovery coach increase social aspects of an intervention

Other considerations, challenges, and future directions

Research on humor, including its role in mental health, is predominantly focused on the process of comprehending and appreciating humor with less study on the biopsychosocial underpinnings of generating or producing humor (i.e. telling a joke). However, humor-focused coping programs are effective likely to the degree that people learn to produce and use humor to reframe difficult situations (Ruch, Hofmann, et al., 2018). It will be important to study how producing humor might further promote the cognitive, reward, and social processes relevant to humor and addiction recovery.

People vary quite a bit in what they find funny. And a comedy can be perceived by one person as frustrating or offensive, and yet by another person as highly enjoyable. Humor interventions that provide humor content (video clips) will have to contend with the reality of heterogeneity, likely through subgroup characterization or personalization of comedic

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preferences. An advantage of interventions that use humor to reframe negative experiences is that each person can create the type of humor they themselves enjoy, so the intervention may need less personalization.

Important to studying humor is nuanced conceptualizations of humor styles and how they may moderate the link between humor and recovery outcomes. The use of humor and its therapeutic importance is likely to depend on how it is used. This includes greater consideration of humor styles given context (alone vs. in a social setting) and interrelated personality characteristics (i.e., extraversion) (Ruch & Heintz, 2013) and humor styles such as self-deprecating humor, can have “light” and adaptive components (Heintz & Ruch, 2018; Tsukawaki & Imura, 2020). Thus, continued advancement in the conceptualization and measurement of humor (e.g., Ruch, Heintz, et al., 2018) will be important for delineating the link between different aspects of humor and mental health.

In the context of addiction, important characteristics such as psychiatric co-morbidity, anhedonia, and cognitive function will be important to examine in relation to both engagement with and benefit from humor interventions. It is possible that people with greater anhedonia, cognitive deficits, and/or other conditions may experience *greater* benefit from humor interventions; however, the opposite could also be true if it is more difficult for people with these conditions to uptake and benefit from humor interventions.

Greater longitudinal investigations into the role of humor and mental health are needed. Many studies examining the link between humor and health are cross-sectional and there is a need for increased rigor in experimental and longitudinal study designs to drive theory and causal claims about humor and health. For addiction recovery, investigating the dynamic aspects of humor, recovery, and how they intersect across moments, days, months or even years will be very important and interesting. In our qualitative work, people in recovery described being receptive to humor in certain mood states, suggesting that the impact of humor could vary given momentary moods and contexts. Also, making jokes about difficult experiences may not be appropriate right away, but humor may arise with the passage of time (Canha, 2019; McGraw & Warren, 2010; Stull, Wakely, et al., 2025). Further, as noted above, positive moods may not be uniformly protective as in some populations positive mood states in the moment may be linked to greater substance use (Breslin et al., 2024; Dora et al., 2023). Thus, it will be important to delineate the types of positive mood states humor may elicit and to examine if they are supportive or at least not harmful to recovery.

A growing area of humor research is how technology intersects with the appreciation and creation of humor, including the use of chatbots, memes, and posts on TikTok to convey humor in support of behavior change and mental health (Akram et al., 2020; Schaadhardt et al., 2023; Sun et al., 2024). Such approaches could help communicate messages about addiction recovery in an engaging, disarming, and yet credible manner. The delivering

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of humor-focused interventions via mobile apps to improve health outcomes has received practically no scientific study but could hold great potential for reward induction through humor content and humor-coping cognitive reframing exercises. Augmenting mobile apps with an in-person component could enhance humor-coping training exercises and these trainings could be included as a component of an outpatient treatment program.

There is considerable heterogeneity in addiction and recovery, including a variety in severity of addiction-related problems, different types of substances used, and pathways of recovery/remission from addiction. As the scientific research grows at the intersection of humor and addiction recovery, greater focus on the degree to which a humor intervention might need to be tailored to a specific SUD type will be important. The specificity for preferences of different types of humor and how the content may be related to a particular substance is likely very important. Further, age, culture, context and/or stages of recovery (e.g., early in outpatient treatment, later in recovery after treatment etc.) is likely to play a role in whether humor supports recovery.

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Table 1. Humor interventions and potential to support addiction recovery

Interventions	Short summary	Addiction Recovery Potential
Humor-coping training	Noticing humor in daily life and using it to cope with difficult situations (Ruch, Hofmann, et al., 2018).	Increased nondrug reward and reframing or distracting from stress, craving.
Humor informed by positive psychology	-	-
Three funny things	Write down the three funniest things that happened at the end of each day (Wellenzohn et al., 2016).	Savoring (humorous) nondrug reward experiences.
Counting funny things	Counting all funny things that happened during the day (Gander et al., 2013).	
Collecting funny things	Writing in detail every evening about the funniest things that happened in one's life.	

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Humor content and induction approaches	Used in experimental paradigms but rarely components of interventions (e.g., Szabo, 2003, 2007).	Induction of enjoyable experiences and recovery-specific content (e.g., stand-up comedy about recovery).
Humor combined with other interventions	Bolster therapeutic effects of treatments, promote engagement.	Add to effective SUD interventions.
Promoting social connectedness	Great potential as the primary focus of interventions, though often a lesser subcomponent of current interventions. For example, humor-coping training is often taught in a group and encourages completing the program with a friend (Ruch & McGhee, 2014).	Explicit focus on using humor to make new positive social connections and promote belonging based on shared experiences of addiction.
