HUMOR IN DRAMA THERAPY

ANGELA TAUBER

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By: Angela Tauber

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Research Advisor:

Yehudit Silverman, MA, R-DMT, RDT

Department Chair:

Guylaine Vaillancourt, PhD, MTA

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ABSTRACT

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ANGELA TAUBER

This theoretical research paper examines humor in drama therapy through the analysis of existing psychotherapy literature and drama therapy literature. Common themes surrounding humor use in drama therapy includes strengthening group and therapeutic alliances, creating and maintaining dramatic distancing, processing and going further, and performance. Analysis of data shows that humor could potentially used to the benefit of clients as long as it is used with discretion and with the clients' best interests in mind. Further research on the subject of humor in drama therapy, such as interviewing currently practicing drama therapists, is recommended.

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Chapter 1. Introduction

November 11th, 2016. The first Friday after the 2016 American presidential election, when Donald Trump became the 45th President of the United States in a shocking election. At a prominent Canadian creative arts therapy center, ten adults with various intellectual and developmental disabilities meet for a drama therapy group led by two first-year drama therapy students, one Canadian and the other American. The air is buzzing—many clients are tuned into current events and the anxiety in the room is palpable, carrying through the check in and opening activities. A half-hour into the session, the group begins to play the game "Director's Chair," where one person sits in a chair and tells the group what to do, and watches as the group follows their orders. The group is familiar with this game, and the first few volunteer directors give directions such as "Move like you're cats," "Pretend to shovel snow," or "Be dogs!" The next volunteer director is a young man who has been anxiously—and loudly—ruminating about the election throughout the session. He sits in the chair and tells the other participants to "Act like a president—no--Obama--no--Donald Trump." The group accepts this suggestion and begins to walk around the room, mimicking the man they have seen all over the news the past year. At first, the imitations are realistic, but after a few minutes, the impressions dissolve into grunting angrily at one another, then transform into the entire group shaking their fists at the sky and yelling like children. Throughout this, the volunteer director laughs hysterically, urging the group to continue until his turn is over. Neither he nor any other participants mention Donald Trump again during the session. The tension is gone.

Humor is a complex and pervasive part of the human experience. For many people, it is a way of relating to the world around them. This makes it all the more perplexing that humor is not more widely employed as a therapeutic technique, particularly in drama therapy. Many pinnacle drama therapy texts reference the use of humor in the therapeutic process, however, these references are often scattered in single sentences and anecdotes. Humor's place in drama therapy seems to be an implied one. In reviewing existing literature, it appears that humor is widely accepted as something useful that has a tendency to enter into sessions. However, there have not been any studies examining the ways that drama therapists use humor in sessions, intentionally or unintentionally. This paper aims to fill this gap in the research by analyzing how humor is portrayed in existing psychotherapy and drama therapy literature. Through this analysis, the

researcher hopes to make the covert overt regarding humor's place in the drama therapists' toolkit and provide a foundation for further research in this topic.

Methodology

The primary question that this research aims to answer is "How has humor been written about in drama therapy literature, and how does that align with humor in psychotherapy literature?" In order to best explore humor as portrayed in drama therapy and psychotherapy literature, this research is using a theoretical exploratory methodology. Creswell defines this methodology as a study that looks at a topic through "an overall orienting lens" which "shapes the types of questions asked, informs how data are collected and analyzed, and provides a call for action or change." (Creswell 2014 p 64). Humor in a therapeutic context is a complex and wide-reaching topic that could benefit from being examined through a theoretical lens with the goal of benefiting the field of drama therapy. The lenses chosen to examine humor in the therapeutic context are the drama therapy and psychotherapy lenses.

In theoretical research, the collection and analysis of qualitative documents make up most of the data collected. The data collected for this research consists of written material from drama therapy and psychotherapy literature, gathered through digital and physical databases. After gathering the books, studies, and articles, each piece of data was read and analyzed for its information, ideas, and themes. According to Creswell (2014), data analysis in qualitative research consists of "segmenting and taking apart the data…and putting it back together." (p 195). This is done by carefully reading and examining the data collected, taking careful notes throughout on emerging themes. Once all the data has been read and examined, the researcher must begin the process of consolidating the analysis results across data sources into a small number of common themes (Creswell 2014). By consolidating the results, the researcher simultaneously makes the research less overwhelming and clearer to the reader. However, it is important to note that data-gathering and data analysis can occur at the same time in qualitative research. This can make the results consolidation easier, as it is possible to avoid wasting time analyzing data that will ultimately be left out of the research because it does not address the common themes that have already arisen. Ultimately, the process of data analysis in qualitative research produces more efficient and tightly woven final products. Once all the useable data is

analyzed, the results of the analysis are synthesized into the final research paper, where they are discussed in detail.

Ethical Considerations and Researcher Bias

Before going further, the researcher must acknowledge her own bias. I have been a member of several improvisational comedy groups for the past six years. Because of this background, I have a bias towards noticing the humor in sessions, as well as a bias towards seeing humor in a positive light. I have seen the good work that humor can do for actors and audiences alike, but that does not negate the ways that humor can be negative and harmful if used in the wrong way. I find humor to be incredibly useful in my own session, whether used intentionally or as an unintentional by-product of the therapeutic process. The story at the beginning of the paper came from a session during my first-year practicum site and served as the inspiration for this research project. I also participated as a performer in Michael de Jong's 2018 performance piece *Lame Jokes: Dark Humor in Response to Disability and Trauma*, which he performed as his final master's degree project. He credits me with a significant role in helping develop and refine the show over the rehearsal process. Participating in the show has also shaped my view of how humor can be used in performance to address or work with disability and trauma.

Although this research requires no human participants, it is still necessary to consider ethics while designing and conducting the research. Care must be taken during the collection and analysis of the data in order to account for or avoid any bias on the part of the researcher. In the theoretical exploratory methodology, the data collected involves peer-reviewed articles and books, as stated above. If the sources collected consist of only those that support the research question or the researcher's personal preconceptions, the base neutrality of the research is called into question. This base neutrality is referred to as confirmability when in the context of analyzing research. (Lincoln & Guba 1985) The researcher must work to ensure that a variety of sources with several different opinions and conclusions are adequately explored throughout the research. For example, if the researcher has others who are uninvolved with the research review the data, as suggested by Lincoln and Guba, this can guard against this breach of ethics (Lincoln & Guba 1985). An outside pair of eyes can make the difference between ethical and unethical research. The data must come from legitimate, peer-reviewed sources as well as accurately

represent what is under investigation. To account for this, the researcher can triangulate the data sources. Triangulation "involves cross-checking information from multiple perspectives." (Lincoln & Guba 1985). This is particularly helpful in a theoretical methodology, as theory is always changing and evolving. What is acceptable in one form of the theory may change as the theory does, but the only way to know if that is true is to cross-check the data and conclusions drawn. For this reason, in research it is necessary to make one's parameters clear from the outset of data collection.

Operational Definitions

Drama Therapy. Drama therapy is a broad and infinitely adaptable field, and to that end, difficult to define in a way that encapsulates the many different forms of drama therapy. The definition that I have chosen, which I feel most represents drama therapy as a whole, comes from Phil Jones's *Drama as Therapy: Theory, Practice, and Research.* Jones (2007) defines drama therapy as "involvement in drama with a healing intention…It uses the potential of drama to reflect and transform life experiences to enable clients to express and work through problems they are encountering or to maintain a client's well-being and health" (p 8). This definition is most inclusive to the many different forms of drama therapy, from self-revelatory theatre to developmental transformations to role theory.

Humor. In his book *The Psychology of Humor: An Integrative Approach,* Rod A. Martin defines humor as "anything that people say or do that is perceived as funny or tends to make others laugh" (Martin 2010 p. 5). This definition, while perfectly encapsulating the overarching nature of humor, is not particularly helpful in narrowing the definition for the purpose of this research. Therefore, Martin continues his definition of humor by breaking the process of humor down into four steps: "social context…a cognitive-perceptual process…an emotional response, and…a vocal-behavioral expression of laughter" (Martin 2010 p. 5). These four steps combine to create what we would colloquially refer to as humor. Martin's definition is vague enough to account for the wide variety of different styles and types of humor, but specific enough to avoid the subjectivity inherent in defining what is 'funny.' Therefore, it is the definition that will be used when referring to humor throughout this paper.

Psychotherapy. Merriam-Webster dictionary defines psychotherapy as "the treatment of mental or emotional disorder or of related bodily ills by psychological means" (Merriam-Webster 2018).

Rather than focus on solely the physiological as a doctor would, a psychotherapist focuses on the mental, emotional, and behavioral aspects of a client's issues in order to treat them. Psychotherapy is the foundation on which the creative arts therapies are built. Any discussion on the creative arts therapies would do well to include psychotherapy as background research.

Chapter 2. Humor in Psychotherapy

Sigmund Freud first wrote about humor as a psychological phenomenon in his 1928 essay *Humour.* In it, he examines humor's function in the human psyche and writes that "humor has in it a liberating element… **[it is]** the ego's vicarious assertion of its own invulnerability" (Freud 1928 p 2). We joke because we need to protect ourselves from threats, whether they be from the world, other people, or within ourselves. It is a defense mechanism. As Freud was the founder of psychoanalysis, which would become the basis for psychotherapy, he was more concerned with how the phenomenon of humor could be explained within the parameters of his theory rather than whether or not psychotherapists should use humor in sessions, and if so, how they should use it. He would leave that debate to future psychotherapists.

The topic of humor in psychotherapy has been a contested one since the 1970s. In his article "The Destructive Potential of Humor in Psychotherapy," Lawrence Kubie argues that the use of humor in psychotherapy is potentially harmful to patients because "too often the patient's stream of feeling and thought is diverted from spontaneous channels by the therapist's humor, and it may even be arrested and blocked by it" (Kubie 1971 p 862). If the therapist is trying to be funny, the patient cannot engage in the psychotherapeutic process. Kubie continues to warn against the use of humor by remarking that humor "may be used as a defense against all forms of psychological pain" (Kubie 1971 p 862). Engaging with the patient's defenses only makes them more difficult to combat during the therapeutic process. On the opposite side of the argument, Harold Greenwald, Ph.D., argues in his article "Humor in Psychotherapy" that "humor assists in the process of splitting the observing ego from the active ego, therefore being able to conceptualize as to what is going on" (Greenwald 1975 p. 116). Through humor, the patient can more clearly see themselves, their behavior, and their defenses through the eyes of others. This could potentially act as a springboard towards behavioral change and defense deconstruction. Regardless of the positions given in the articles, both Kubie and Greenwald agree that if humor is used, it must be used in a way that is "laughing with someone… **[rather than]** laughing at them" and "based on your **[the therapist's]** liking people and your **[the therapist's]** appreciation of them" (Kubie 1971 p 865) (Greenwald 1975 p 115). Humor must never be used to mock patients and must come from the therapist's genuine sense of empathy for others. This

nuanced view of humor in psychotherapy would continue to develop through further investigations.

Throughout the 1980s and the 1990s, psychotherapists continued to study humor in their own practices, including through their chosen therapeutic perspectives. Dr. Robin Haig writes in his article "Therapeutic Uses of Humor" that when humor enters into the therapeutic process from a place of empathy, it serves to "help cement the therapeutic relationship, enabling the patient to express unacceptable aspects of himself, and enabling the therapist to gain a deeper understanding of the patient" (Haig 1986 p 550). Humor can be beneficial in psychotherapy, but again, only when it is employed spontaneously and with respect for the patient above all else. As long as the therapist keeps these goals in mind, the therapeutic process will be helped rather than harmed. Humor is examined through the reversal-theory perspective in Stephen J. Murgatroyd's 1987 article "Humour as a Tool in Counselling and Psychotherapy: A Reversal-Theory Perspective." Reversal-theory concerns itself with motivation, particularly through different emotional and cognitive states. Murgatroyd states that humor has many advantages through the reversal-theory perspective, including the ability to "highlight the tension and contradiction between current and future ways" as well as between the emotional and cognitive states (Murgatroyd 1987 p 233). However, he also writes that "it should be clear...that humour is not always an appropriate tactic" and that therapists should have an understanding of both the client and their presenting difficulties before using humor in session (Murgatroyd 1987 p 235). Again, the humor must come from a place of caring and understanding rather than mocking and ego-serving. In her article "Uses of Humor in Psychotherapy" (1990), Sharon Dimmer acknowledges the past research and theories on humor in psychotherapy, however, she states that is necessary to do more research into the specific uses of humor, as well as advocates for humor training to be included (formally or informally) in a psychotherapist's training. Through research and training, humor can be added in a positive way to a psychotherapist's repertoire.

Over the past twenty years, the views of the psychological functions of humor have shifted and become more nuanced. In her 2002 study "Humor, stress, and coping strategies," Millicent H. Abel studied the effect of a high or low sense of humor on the stress levels and coping strategies of undergraduate participants. By analyzing the participants' responses on a variety of surveys and scales, Abel found that participants "with a high sense of humor

cognitively appraised less stress...and reported less current anxiety despite experiencing the same number of everyday problems...as those with a low sense of humor" (Abel 2002 p 376). Those with high senses of humor also reported a greater use of positive coping strategies. Simply put, the results of Abel's study suggest that those with high senses of humor experience less stress, and they are able to cope better with the stress that they do experience than those with low senses of humor. However, humor is contextual, and many researchers argue that context is what makes the difference between humor being beneficial and detrimental. The 2003 research "Individual differences in uses of humor and their relation to psychological well-being: Development of the Humor Styles Questionnaire," written by Rod A. Martin, Patricia Puhlik-Doris, Gwen Larsen, Jeanette Gray, and Kelly Weir, divides humor use into four sections to best study individual differences and create a questionnaire for use in future research. The first two aspects are affiliative humor, or "humor that is affirming of self and others and presumably enhances interpersonal cohesiveness and attraction," and self-enhancing humor, or "the regulation of negative emotion through humorous perspective-taking" (Martin et al 2003 p 53-54). These dimensions of humor emphasize the more positive uses and aspects of humor, while the second two examine the negative side of humor. These aspects are aggressive humor and self-defeating humor, which are humor that is "likely to hurt or alienate others" or "attempts to amuse others by doing or saying funny things at one's own expense" (Martin et al 2003 p 54). The humor styles questionnaire acknowledges the differences in these four styles of humor, including that while some humor has positive effects on the person using it and those around them, it can and does have negative effects as well. Nicholas A. Kuiper and Melanie Borowicz-Sibenik examine humor further in their 2005 study "A good sense of humor doesn't always help: agency and communion as moderators of psychological well-being," which looks at the effect that one's levels of agency and communion might have on the benefits of humor on one's psychological health. Through analyzing the results of 126 sets of various surveys, scales, and questionnaires, they concluded that

> "increased humor was generally not linked to greater self-esteem or less depression for those participants with high scores on both the agency and communion scales...for individuals with low scores on both agency and communion, the potential effects of humor on well-being may be even more pronounced" (Kuiper & Borowicz-Sibenik 2005).

Meaning that humor was effective only under specific circumstances, and that there are circumstances which may exaggerate the effectiveness of humor. Like much of the human experience, context is key to fully understanding the many ways that humor affects our psychological well-being, both positively and negatively.

The view of humor in psychotherapy continued to develop as the views of humor became more nuanced. Researchers began looking at the contexts of humor in session and how therapists could best use them to their advantage. The 2001 article "Humor in Therapy: The Case for Training Therapists in Its Uses and Risks," written by Louis Franzini, proposes a possible formal integration of humor training into psychotherapy training. He advocates for psychotherapy training that includes "(a) the modeling and reinforcement of therapist humor behaviors by clinical supervisors, (b) specific training in the variety of humor techniques, and (c) sensitivity to any humor attempts by their clients" (Franzini 2001 p 179). Again, the focus of humor use is not in service of the therapist's ego or sense of wit, but in service of the client's therapeutic process. Sophia Dziegielewski (2003) expands on this in the paper "Humor: An Essential Communication Tool in Therapy" by providing examples of proper and improper uses of humor in the therapeutic process, for both individuals and groups. Effective uses of humor include encouraging further exploration, developing the therapeutic and group alliance, regulating strong emotions and relieving tension, reorienting to reality, and broadening perspectives (Dziegielewski 2003). Improper uses of humor include when a therapist uses humor to avoid a client's anxiety, when it is irrelevant to the session, when humor is used as insults or put-downs in group therapy, and when it is inappropriately timed (Dziegielewski 2003). The context in which the humor was used makes the difference between an appropriate and an inappropriate use of humor in session. Humor can be uplifting and encouraging but used in the wrong context can be just as destructive and demoralizing. The 2009 article "Connecting humor, health, and masculinities at prostate cancer support groups" further explores these distinctions. In the article, John L. Oliffe and the other authors found through the analysis of interviews with members of prostate cancer support groups and observations of meetings that humor in support groups could be divided into four themes: "*disarming stoicism, marking the boundaries, rekindling and reformulating men's sexuality*, and *when humor goes south*" (Oliffe et al 2009). Although three of the four themes of humor use were positive, the authors still relay that because humor use has the potential to impact the group in a negative way, it is the group leader's responsibility to know

the group before using humor and appropriately intervene should the humor go awry (Oliffe et al 2009). The views on humor in psychotherapy has become more refined and researched, however, the general consensus remains the same. Humor is a valuable tool for psychotherapists, however, the client's needs, comfort, and therapeutic process must be considered before the therapist's desire to be funny and entertaining.

Chapter 3. Humor in the Art Therapy

Humor has been most studied within the creative arts therapies as it pertains to art therapy. In 1990, Christina Mango and Joseph Richman published their article "Humor and Art Therapy" to examine the effect of humor in art therapy sessions with in-patient psychiatric clients. They noted that "in most published reports on humor in psychotherapy, the therapist initiates the use of humor to affect the patient, but the patient is passive about originating humor" (Mango & Richman 1990 p 111). The studies look at the therapist using humor on the client, but not at the therapist and the client using humor actively together. Because of the more collaborative and hands-on nature of art therapy, humor can be used for the strengthening of the therapeutic and group alliance.

In art therapy, humor is most often used to strengthen the therapeutic alliance and group cohesion. In Mango and Richman's (1990) study, they noted that the success of the humor art therapy groups seemed to come from the bonds that the group made with one another through the humor and acceptance from the group and therapist. Through humor, the participants were able to safely express the difficulties that they faced in life knowing that they had the support of the group and therapist. Mango (now Mango-Hurdman) and Richman published another study looking at humor in art therapy with African-American and Hispanic psychiatric patients titled "A Note on Ethnicity in Humor in Art Therapy" (1994). In this study, the authors posit that "humor can be a unifying force when it brings out similarities in culture, problems, experiences, and areas of stress" (Mango-Hurdman & Richman 1994 p 215). Humor in group therapy can be used to strengthen group cohesion, particularly when the group is made up of participants with diverse cultural backgrounds. Alexander Kopytin and Alexey Lebedev published the results of their 2013 study "Humor, Self-Attitude, Emotions, and Cognitions in Group Art Therapy with War Veterans," in which they conducted an art therapy group with war veterans in a Russian hospital. They point out that in addition to the veterans using humor as a method of retaining control, the group also used humor as a way to more freely express themselves and their struggles (Kopytin & Lebedev 2013). However, humor can also be employed in individual sessions to strengthen the therapeutic alliance between the therapist and the client. This can be seen in Elizabeth Adams's paper "The Role of Playful Humor in Art Therapy," in which she looks at the use of humor, jokes, and laughter in art therapy sessions with children. These

sessions were specifically designed keeping in mind the framework of humor and playfulness, and Adams reports that the children engaged with the process and used the humor "to look at his or her situation…**[with]** some distance and objectivity" as well as "accelerated the strengthening of a trusting relationship" between Adams and the client (Adams 2002 p 101). Humor did not only help the children become more comfortable with the therapist so the therapy could progress, but it also allowed them to express themselves in a more distanced manner than if they were participating in talk therapy. Cassandra Bluethner (2016) shares a similar position in her article "Humor and the Therapeutic Alliance in Art Therapy with an Adolescent Population." She writes that "humour increased their degree of connection and comfort" with the therapist (p 25). This connection and comfort with the therapist makes it possible for the adolescents to feel a degree of safety with the therapist and open up more in the therapeutic process. Many of these examples view the use of humor in art therapy the same way that psychotherapists do, with the added dimension of client-created artwork.

Chapter 4. Humor in Drama Therapy

Through analyzing existing psychotherapy and art therapy literature, it became clear that in order to study humor in drama therapy, the research must be focused around similar themes of group and therapeutic alliance, as well as acting as a tool for processing and going further into therapeutic work.

Group and Therapeutic Alliance

In the fifth edition of his seminal handbook *The Theory and Practice of Group Psychotherapy,* Irvin D. Yalom (2005) describes the therapeutic process as "the nature of the relationship between interacting individuals—members and therapists" (p. 143). Essentially, the therapeutic process is the way that the therapist and client relate to one another, and in a group therapy setting, to other group members. Therapy is inherently relational, and if therapy is to make progress, the alliance between all parties must be a strong one. This is particularly true in drama therapy, where clients will be acting, improvising, and being vulnerable in front of one another. But to get clients to that point, they must be comfortable with the therapist and other group members first.

In reviewing the data collected, humor seemed to be most often integrated into drama therapy through the group process. In her 1994 book *Acting for Real: Drama Therapy Process, Technique, and Performance,* Renee Emunah introduces her Integrative Five-Phase Model as a guideline for leading drama therapy groups. The first phase, Dramatic Play, uses games and exercises to encourage "expressiveness, playfulness, creativity, spontaneity, humor, and aliveness" (Emunah 1994 p 35). Many of these games and exercises are borrowed directly or modified from improvisational comedy, such as Hand Gestures or People Puppets. Through these exercises, clients become more comfortable not only with performing, but with each other and the therapist as well. Trust begins to form, and the group alliance is strengthened (Emunah 1994). Without alliances and trust, the drama therapy group cannot do meaningful therapeutic work. In the Five-Phase Model, the humor that arises from the activities in the first phase serves as a foundation for the therapeutic alliance and group cohesion, which leads to the trust and support necessary to explore the more volatile, less safe parts of the clients' lives. Humor is also invaluable in the beginning stages of group processes to combat resistance. Emunah writes that humor can be used for "diffusing a charged moment, demonstrating a toleration of the clients'

stance, and often—by catching the clients of guard—leading to a shift in their stance" (Emunah 1994 p 88). By responding to a resisting client with humor, the therapist engages with the client's resistance rather than rejects it. Through humor the therapist is showing the client that they can handle being tested and pushed up against, along with anything else that the client brings into sessions. This strengthens the therapeutic alliances between not only the individual client and the therapist, but the rest of the group and the therapist as well.

In group therapy, humor can also be used as a way to strengthen the alliance between the therapist and the clients. In her 1997 book chapter titled "Playing with the Perpetrator: Gender dynamics in developmental drama therapy," Cecilia Dintino describes her work with Vietnam veterans using the Developmental Transformations (DvT) method of drama therapy. Developmental Transformations is an embodied form of drama therapy where the drama therapist and the client (s) engage each other in free play and improvisation in a shared space known as the playspace. In the playspace, the therapist becomes the play object and works to keep the participants inside the playspace "by sublimation, aesthetic distance, and humor" (Dintino 1997 p 207). The alliance and tolerance among group members is strengthened through these factors as discussed in previous paragraphs. However, humor can also be used to strengthen alliances between group members and the therapist as well. Dintino's main focus of the paper is the group's responses to having a female therapist, as well as reflecting on her own experiences. Many of the associations that the group was making in the beginning sessions were those evocative of the violent and sexual nature, which caused her extreme discomfort when she was asked to play those roles (Dintino 1997). In the beginning sessions she would avoid these associations, which would stop the play and create impasse between her and the group. However, when she allowed the clients to express these associations, feelings, and actions in humorous ways, the meaning behind them shifted from violence and aggression to deeper expressions of sadness, loss, and weakness in the play. She began engaging with these associations, feelings, and actions not with apprehension, but with wholehearted enthusiasm. Dintino writes that "this playful exuberance may have communicated to the veterans that their imaginations were not to be feared or judged in this setting" (Dintino 1997 p 210). The veterans saw that she was not frightened by their imaginations and as such was not frightened by them. She trusted them, and they trusted her. This trust, created by humor, allowed them to play with the deeper issues of PTSD, love, and loss hidden underneath the violence. The group was able to move forward.

Extended dramatizations also benefit from the use of humor in a similar way to other drama therapy groups. Robert Landy describes extended dramatizations as "a depth drama therapy approach that incorporates many projective techniques…it requires the structure of a consistent group, working together over an extended period of time" (Landy 2000 p 66). Extended dramatizations can take many forms, including stories based on myths and fairytales, journeys, and fictional families. In Muriel Gold's book *Therapy Through Drama: The Fictional Family,* Ida Eva Zielinska recounts her experience creating a fictional family as a part of an acting workshop. The fictional family is an acting training technique invented by Muriel Gold in which participants are split into groups and create a fictional family through developing their individual characters and relationships through character creation exercises and improvisational scenes (Zielinska 2000). With a fictional family, participants can explore their own family dynamics through the safety of dramatic projection and distancing. Before moving into the fictional family workshop structure, participants spend a few sessions playing games, doing activities, and improvising for one another. By the time that the work in the structure begins, Zielinska writes "we have come to know each other well, and can all refer to a common pool of shared experience in interacting with one another…already, a bunch of ideas, jokes, and shared events travel with us, continually evolving as time goes by (Zielinska 2000 p 145). Humor is one of the listed things that brings the group together, strengthening their alliances with one another and showing that the members can support each other as they move further into the extended dramatization.

Dramatic Distancing

Dramatic distancing is one of the cornerstones of the creative arts therapies, particularly drama therapy. Robert Landy (1983) defines dramatic distance as "the means of separating oneself from the other, bringing oneself closer to the other, and generally maintaining the balance between the two states of separateness and closeness" (p 175). This distance can be physical, emotional, mental, or interpersonal, affecting many aspects of clients' lives. Through drama therapy, the therapist and client play with the various levels of dramatic distancing to allow the client to meaningfully explore their lives without becoming overwhelmed. In the 2003 documentary *Standing Tall,* Landy goes on to explain that "one of the beauties of drama, or any creative experience, is it gives you the chance to play with it, and to put it in sort of a jokey

context, or sort of an overstated context, because if you put it in to real of a context it's too overwhelming" (Stern 2003 14:39-14:54). The 'it' that Landy was talking about in that case was the terrorist attacks of September 11th, 2001, but the core of the sentence remains the same for many situations. Without dramatic distancing devices such as humor and a playful/jokey context, the therapist can risk overwhelming the client. Therefore, the therapist must take care to help the client maintain a safe dramatic distance in whatever way they can.

In Renee Emunah's Integrative Five Phase Model, humor is most often used as a dramatic distancing device in Phases Two through Four: Scenes, Role, and Culminating Enactment. These phases see the clients moving from the dramatic play of Phase One into improvisational scene work, which has the potential to bring up more personal material (Emunah 1994). It is the therapist's responsibility to contain and guide the client through the exploration of this personal material. In *Acting for Real,* Emunah provides several exercises that can be played as stand-alone games or incorporated into scene work. These exercises include Telephone (making imaginary phone calls to real or imaginary people), Hand Gestures (one person speaks while another hides behind them and pretends to be their arms), and Gibberish (performing the scene in a made-up language), many of which are borrowed from or modified versions of improvisational games and exercises (Emunah 1994). Even if a scene is not directly related to a particular client's situation, it is still possible for a client to relate to the scene that is being played out. Emunah writes that "real feelings and needs can be expressed even via the most playful and humorous dramatizations" (Emunah 1994 p 97). Through drama, real feelings are expressed behind the veneer of humor and play. One of the case examples that Emunah elaborates on in *Acting for Real* is the story of Shawn, a woman with Borderline Personality Disorder who she worked with in a day treatment center. Shawn's involvement in group drama therapy was marked by her damaged relationships with her parents, particularly her mother, and how that manifested in self-harm tendencies. In one of the first instances of bringing her mother into the enactments, Emunah writes that "she made a dramatic phone call...to her deceased mother whom she contacted in hell. Using some humor as a distancing device, she confronted her mother's negative and punitive attitude towards her" (p 51). This use of humor acted as a distancing device to allow Shawn to express her feelings of hatred towards her mother without becoming overwhelmed with her own emotions.

Humor can also be used as a dramatic distancing tool in the context of the dramatic role. This includes Role Theory. Robert Landy created Role Theory by reading and analyzing the characters of Western theatre, and from this analysis he created a taxonomy of "84 role types and a number of sub-types (Landy 2009 p 71). These role types included the roles of the Fool, the Clown, the Clever Servant, and many other comedic roles. However, it is important to note that a client is not limited to realistic role portrayals. Landy writes that "style is the distancer in drama therapy, a way to move a client closer or further away from a role...in order to discover balance" (Landy 2009 p 71). The therapist or client can manipulate how they play a role in a way that is most safe and satisfying for the client's therapeutic process. Roles themselves do not have to be explicitly comedic for them to be played in a comedic way, however, for the purposes of this paper the focus of this section will be the characters of the Fool and the Clown. In her 2005 article titled *The Foolish Dramatherapist? an exploration of the role of the fool,* Chris Hill examines the role of the fool and its subroles of the Jester, the Clown, and the Trickster. Analyzing the purpose of the fool, she writes:

> "fool behaviour...is imbued with shocking or astonishing antics...In so doing it makes a commentary on what are neglected, marginalized or rejected areas...it is a simple necessity to poke fun at ourselves and our established social structures" (Hill 2005 p 8).

The Fool and its many sub-types are able to do this because of the distance involved in playing a role, as well as the agreed upon function of the Fool. The Fool can violate social norms without facing serious consequences, because they simply lack the ability to understand social norms in the first place (Hill 2005). It is safe for the Fool, and those in the role of the Fool, to criticize and make fun of social norms because it is understood that the Fool does not know any better and can't be helped. Johanne Roy (2009) writes in her research "Clowning Within Drama Therapy Group Sessions: A Case Study of a Unique Recovery Journey in a Psychiatric Hospital" that "the 'red nose' character provided a protective and liberating experience for the participants, enabling the free expression of their day to day struggles" (p. 51). When the participants put on their clown noses, they were no longer themselves, they were in the role of the clown. And in role, they could be funny, energetic, and excitable, traits that are often not encouraged in a psychiatric population. As the participants further explored their role, they also began to express their stories and struggles more to one another and the therapist in the same playful yet honest manner (Roy

2009). The participants were taking the playful nature of the clown and applying it to their own situations, whether it was their life outside or inside the hospital.

Medical clowning is practiced in many hospitals around the world. It is used primarily to comfort patients and their families during their hospital stay using humor and laughter. However, medical clowning is more than that. The 2012 paper "Drama therapy role theory as a context for understanding medical clowning," the authors Zohar Grinberg, Susana Pendzik, Ronen Kowalsky, and Yaron "Sancho" Goshen use the diary of a medical clown to examine several of the role strategies used by hospital clowns as well as the effect that these different role strategies have on the patients. Despite many hospitals' best efforts, when a person is admitted to the hospital, particularly in the long-term, they find themselves subject to isolation from their daily routine, their friends and family, and in many cases their sense of self. In drama therapy terms, they become limited to the role of the Patient or Sick Person (Grinberg 2012). It is difficult to see themselves in any other role, much less a positive one. That is where the medical clowns come in. The medical clown is not like the other people one encounters in a hospital. Doctors, nurses, family, and friends view the person in the hospital through the lens of the patient, while the clown "behaves in a way that takes no notice of the role of the 'patient' either by refusing to take its qualities and functions for granted, or by relating it to other aspects of the person- beyond their role as 'patients'" (Grinberg 2012 p 45). The medical clown reminds those in the hospital that they are more than just patients, that they are warriors, rebels, heroes, and many other roles as well. The clown does this through the use of role strategies that are empowering to the patient, such as pretending to be jealous of the patient to make them 'better than' the clown. However, that is not the only justification for the use of empowering role strategies. Grinberg (2012) writes that "by undertaking the feeling of jealousy so totally, the clown gives recognition to, and legitimizes, the existence of the feeling--as well as getting permission to express it" (Grinberg 2012 p 45). The clown recognizes the child's feelings of jealousy towards healthy family and friends and plays out those feelings, but with the tables turned and the child the object of jealousy. This is also the justification for the use of many other role strategies. In the particular case of the 'freedom fighter' role strategy, Grinberg references many instances of the clown using his character to plan escapes, pretend to discharge patients, and pretend to have confrontations with doctors (Grinberg 2012). The patient cannot really leave the hospital, but through the humorous antics of the Clown, they can express their desires and fantasies of

leaving. The Clown becomes a way for the patients to forget, however briefly, that they are patients in a hospital. The Clown gives them the distance to be themselves again.

In "Developmental Transformations" (2009), David Read Johnson describes Developmental Transformations as a way "for the client to be able to play with the unplayable" (p 94). The unplayable is most often a source of trauma in the client's life, such as physical abuse, sexual abuse, or assault, but it can be any aspect of a client's life including race, sex, religion, gender, etc. Any indication of the unplayable entering the playspace could create an impasse; therefore, the therapist must create enough distance in the playspace so that the client remains inside it. This distance is given the name *discrepant communication,* which means that the client and therapist are "enacting representations of reality or imagination, and that the boundary between the playspace and the real world is portrayed along with the content of the representations" (Johnson 2009 p 93). The client and therapist agree that everything that happens in the playspace is not real. They are not in real danger, the images conjured in the playspace are not a reflection of reality but a representation of it. Discrepant communication allows the client to play with and express feelings and images that they may not otherwise be able to. The therapist can play with this discrepancy in many ways, one of which includes humor. Examples of humor as discrepancy can be found in the session transcripts provided in Johnson's (2009) "Developmental Transformations." The first of these instances in in a session with Elaine, a woman with a history of depression, sexual abuse, and two previous abortions. During the session, the therapist instructs her to throw out the bathwater, to which she responds, "I hope I didn't throw the baby out with the bathwater!" and laughs (Johnson 2009 p 101). The session then continues with the therapist and Elaine playing with her sense of guilt and shame surrounding her previous abortions. Through the discrepancy and distance of humor, Elaine was able to play with one of her unplayables in a way that she would not have been able to otherwise. The distance given by humor allows clients to express themselves and see their problems in a new, less-threatening light. This new perspective allows clients to move further into enactments.

Processing and Going Further

Emunah's Integrative Five-Phase Model is structured in such a way that each phase builds on one another. The exercises and interventions in one phase focus on the skills needed in the next phase, and so on. In Phase One, Dramatic Play, the activities are designed to focus on

facilitating “emotional expression, group interaction, physical activation, trust, and observation and concentration” (Emunah 1994 p 145). As stated above, many of the exercises in this phase are borrowed from classic Improv games and are designed to help the performers become comfortable performing with and in front of one another. The humor and entertainment of these exercises (such as Line Repetition, Emotional Greetings, and Fast-Speed Handshake) encourage the building of group cohesion and support, which is necessary to move into the phases where scene work is the primary mode of exploration and insight. The exercises and interventions described for Phases Two, Three, and Four focus more on maintaining aesthetic distance in scenes so the content or emotion of the scenes do not overwhelm the client as the enacted scenes become more personal (Emunah 1994). The therapist uses these exercises and interventions to support the client and the group as they delve further into the therapeutic process.

At times, a single humorous scene can be the very thing that propels a group into deeper action and introspection. The brief 2003 documentary *Standing Tall* chronicles the therapeutic process of a class of fourth and fifth graders in New York City in the aftermath of the September 11th terrorist attacks. The class had witnessed the planes hit the World Trade Center from their classroom window, and in response the school brought in Robert Landy and members of the City Lights theatre company to help process what they had seen. Using Role Theory as foundation, Landy led the children in activities looking at Heroes, Villains, and Victims. When he asked if the children knew any villains, many of them answered “Osama bin Laden” (Stern 2003). Landy then directed the children to perform a scene for the group as Osama bin Laden’s parents welcoming their new baby. The actors presented a stereotyped, exaggerated depiction of the bin Ladens (with *South Park*-esque Middle Eastern accents, broken English, and machine guns) to the uproarious laughter of their classmates and the apprehension of their teacher (Stern 2003). But from that point on, the group shifted. The stories told and the scenes presented were more focused on what had happened, both in the fictional city of ‘Standing Tall’ (a story that Landy had written to maintain dramatic distance) and in the real world. In playing with the volatile, the children were able to begin to process what they had seen and move “from a generalized villain to a specific villain” (Stern 2003 13:54-13:56). The group was no longer about the general concepts of heroes, villains, and victims, but about Osama bin Laden and the events of September 11th, 2001.

In a similar way, Developmental Transformations is able to play with the unplayable through a manipulation of distance and use of discrepancy, with humor as one of the tools used. A DvT therapist leads the client through stages of play to get at playing with the unplayable. The first stage of play, Play of Powers (originally known as Surface Play), concerns itself with "social stereotypes and issues that first come to mind" (Johnson 2009). Often these enactments are one-dimensional and humorous, for the client must become comfortable playing these roles with the therapist if they are move into the later plays of Possessions, Passions, and Presence (originally Persona, Intimate, and Deep Play). The therapist can choose to use humor as a way to varielate the enactments, particularly by relating the enactment to the 'here and now.' An example of this is during the transcript of the session with Elaine in "Developmental Transformations" (2009), when the therapist and Elaine began enacting the moments before her past sexual abuse, with the therapist as her father. As the dual role of the therapist-father, the therapist adds "Don't worry Suzy, you'll be able to work it through in your therapy years from now. You'll want to have enough material for the sessions, won't you?" (p 103). The therapist notes that this use of dark humor was intentional, as it both provides distance from the trauma and reminds Elaine that trauma is a part of life. Humor is also a significant tool at the therapist's disposal in group therapy. In *Playing with the Perpetrator,* Dintino (1997) describes the original violent and sexual nature of the enactments in the playspace and her initial resistance to engage with them. Her resistance to engage led to an impasse in the therapeutic process. However, once she chose to engage with their associations in a humorous rather than punitive way, the nature of the enactments changed. Rather than stay on the surface level with violence and sex play, those images gave way to the deeper themes of intimacy, brokenness, weakness, and loss (Dintino 1997). It is difficult to know if the group would have played with these themes had Dintino not chosen to use humor as a way to engage with the recurring themes of sex and violence. The group was reassured when their imaginations were accepted by the therapist, and the humor with which she accepted the group gave them the courage to move forward into more personal and intense enactments.

Performance

One well-known integration of performance into drama therapy is Renee Emunah's Self-Revelatory Performance, which she describes in the tenth chapter of *Acting for Real*. In Self-

Revelatory Performance, the client explores issues from their own lives that "generally emerge from the drama therapy process the client has been through thus far" (Emunah 1994 p 224). The subject of the performance is up to the client's discretion, as is the mode of exploration and presentation with the drama therapist acting as a director and a guide. However, one of the caveats of Self-Revelatory Performance is that it must have meaning to an audience beyond those who know the performer (Emunah 1994). If it is to be truly therapeutic, Self-Revelatory Performance must resonate with the audience on a human level. Emunah recommends humor as one way to incorporate this. She writes that humor in Self-Revelatory Performance can have many uses, including "manifesting perspective and…reaching universality. Emotional stories achieve an aesthetic balance when laced with humor" (Emunah 1994 p 292). Humor can make the performance more accessible and relatable to the audience. It shows that the performer can laugh at themselves, which gives the audience permission to laugh along as well and in turn "increases the tolerance on the part of both actor and audience for intense self-revelation" (Emunah 1994 p 292). It creates a safe container in the performance space for emotional expression and exploration of darker themes.

However, this is not the only use for humor in Self-Revelatory Performance. Emunah continues by writing "the poignancy of the actor's struggle is heightened when the audience sees that the actor can pull back enough from his pain to laugh at himself or at the way his situation relates to that of others" (Emunah 1994 p 292). Humor can be used to underscore the emotion behind the performer's explorations on stage, as well as the therapeutic process that led to the performer's desire to examine said issues and themes onstage in front of an audience. It takes a tremendous amount of courage to create a Self-Revelatory Performance, and in the humor both the performer and the audience can find that courage.

Humor cannot only be helpful in the performances of the play themselves, but in the process of creating the play as well. In the ninth chapter of *Acting for Real,* Emunah describes the creation of the play *Inside Out* as a part of the Beyond Analysis theatre company, which she founded in 1979 and is made up of former psychiatric hospital patients. The chapter details the group process from the beginning stages to the day of the performance, including incidents of group conflicts, re-hospitalizations, therapy and performance anxiety, and other events which had significant impact on the group and the scenes they enacted. Two such scenes, hospital

scenes which were enacted after a group member was re-hospitalized, show the role of humor in the creation of *Inside Out.* In the first hospital scene, the clients chose to create an imaginary hospital where the doctors and patients are relaxed and blissed out to satirical degrees with hot tubs, massages, and valium (Emunah 1994). In this case, humor helps the group become comfortable discussing the subject of psychiatric hospitalization, a subject that still carries stigma to this day. Emunah writes that for the group, "joking about and enacting hospitalization is liberating: the emotional charge and stigma associated with institutionalization is diffused, along with the secrecy and shame" (Emunah 1994 p 266). Enacting an imaginary and satirical hospital scene empowered the group to enact more realistic and truthful hospital scenes from their perspectives. This was the first step towards the final product, and the group was able to take that step because of their group alliance and the dramatic distancing afforded to them through humor.

Another example of humor in the creation of a performance can be found in Sally Bailey's chapter in *Current Approaches in Drama Therapy* titled "Performance in Drama Therapy." The chapter discusses the many different aspects of performances in drama therapy and ends with a case example taken from her work with teenagers with and without special needs to create plays based on their own ideas and experiences. This example concerns a young girl with spina bifida playing a psychiatrist who is not taken seriously by her colleagues because of her physical disability. Bailey describes that after one improvisational scene, the young girl laughed and:

> "in that moment of laughter, she experienced aesthetic distance and began to see her real life predicament from another perspectives. She began to come up with new ways of getting past her obstacles…that she had never thought of before which, of course, were incorporated into the final play" (Bailey 2009 p 387).

Through playing this character in an exaggerated and humorous version of her own circumstances, the young girl made a life-drama connection between herself and her role and was able to transfer the solutions to overcome her character's obstacles to her own life. Through the creation of the play, she was able to explore these solutions herself, and through performance the audience was able to see her enact these solutions.

Often, humor plays into both the creation and the performance, particularly when the performance concerns humor as one of its main subjects. In his heuristic performance piece *Lame Jokes: Dark Humor in Response to Disability and Trauma* (2018), Michael de Jong explores his relationship to dark humor, particularly where it concerns his extensive medical history, his journey in learning to be a drama therapist, and a near-fatal emergency that occurred close to the end of his second year of training. de Jong uses humor to examine humor, both in his own life and in the therapeutic context. He writes that early in the creation of the first drafts, he "began a paragraph that was just simply as many puns as I **[he]** could come up with...many of these jokes made it into the opening scene" (de Jong 2018 p 11). These puns served as an introduction to the type of humor that de Jong will be examining and using throughout the performance. As in many self-revelatory performances, the humor was also used to highlight the seriousness of the incident in question. For approximately the first two thirds of the script, de Jong explored his use of dark humor as a coping mechanism for his various medical concerns in a more lighthearted, almost flippant manner. This is a sharp contrast to the portion of the show detailing his near-fatal emergency and his ten-day coma dream, which contains no humor at all (de Jong 2018). This lack of humor not only treats the emergency and those who lived the emergency along with Mike with the respect they deserve, but imparts the intensity of the experience to those in the audience who do not know the full story. In addition to looking back on his own life through more personal experience, de Jong also discusses the use of dark humor as a therapist in the 'Program' section of the performance. At the conclusion of this section of the performance, he states that "although my own process led me to this near callous ability to laugh, it's not at all true in many cases" (de Jong 2018 p 27). Many people do not use dark humor as a coping mechanism, and would find it incredibly offensive if a therapist, someone paid to empathetically listen to them, began making jokes about their personal problems. de Jong concludes his pre-emergency section of the performance with the line "Perhaps the answer then was something my physical body was never so good at: balance. A balance between dark humor and authenticity, and the clarity of vision to tell the two apart" (de Jong 2018 p 27). Any therapist who wishes to use humor in their practice must take care to have this balance as well.

Chapter 5. Discussion

In collecting and analyzing the data, the researcher realized the difficulty in separating the data into different categories. Drama therapy is an embodied practice. Many core processes such as dramatic distancing or dramatic projection are at play at the same time during a single session. Because of the intertwined nature of drama therapy, it is difficult to isolate a data point and state that it is only representative of one aspect of drama therapy. Often, especially in the case of humor, an intervention is based in one core process, but incorporates many others. Therefore, it is extremely difficult to discuss one aspect of the data without feeling compelled to discuss the others, particularly in the cases of dramatic distancing and going further into enactments.

The foundations of any therapeutic process are the therapeutic relationship and group cohesion. As shown by the data, humor can be helpful in a drama therapeutic process in establishing these foundations. The exercises, games, and interventions Emunah (1994) provides utilize the socially cohesive power of humor to build group and therapeutic alliances. If the therapist supports the client and the group supports each other in these moments of humor and playfulness, that builds up trust among group members. This trust and support is what allows clients and the group to safely move forward in the therapeutic process. And as Zielinska (2000) writes, the humor shared in the beginning sessions of a drama therapeutic process moves with the clients throughout the process and acts as a safety net for the group to fall back on as they explore more intense dramatizations and themes. Through humor, as Dintino (1997) describes, the therapist engages with the client in a playful manner rather than a threatening or chastising one. The therapist is on more equal terms with the client when using playfulness and humor. The client sees that the therapist can handle them when they are being playful and silly, which strengthens the trust that the therapist will be able to handle them when they are emotional and vulnerable. Humor can, when used to benefit the therapeutic process, strengthen the therapeutic and group alliance, laying the foundations for further, deeper exploration.

Distance is at play throughout the forms of drama therapy mentioned in this paper in both individual sessions and in groups. Therefore, humor can be used as a distancing tool in many different forms of drama therapy. If the clients are playing animals or caricatures, that does not mean that they are not expressing their feelings, just that they are doing so in a more distanced

and symbolic way. Many of the exercises, games, and interventions Emunah (1994) proposes for use in group drama therapy make use of dramatic distancing to allow the group members to become comfortable performing in front of one another and to express their emotions, joys, and anxieties in a safe and contained manner. For example, a drama therapist may ask a client to play a scene in Gibberish to keep a client from becoming inundated with the emotions that would arise if the scene was played in a real language. The humor and absurdity of arguing or making a phone call in a made-up language can create the distance that many clients need to continue playing out the scene without becoming overwhelmed with sadness or fear. The therapist can choose to intervene in a scene by instructing the client to play a role in a different style, or, often, clients make these stylistic choices themselves. As Landy (2009) stated, the style that a scene is presented in or a role is played can act as a distance modulator. A client could choose to play a role that is a source of trauma or stress in their lives, such as a Father or Anxious Person, in a comedic style in order to create the distance necessary to work with said role. Or the therapist could choose to have the client play the character in an over-exaggerated way, such as instructing the client to play the 'best' or 'worst' versions of the character (i.e. "The Best Mother in the World" or "The Worst Possible Teacher"). However, style is not the only modulator of distance when it comes to role. Sometimes, particularly in the roles of the Fool and the Clown, the role itself is what provides the client with the distance they need to more fully explore their situation. As Hill states, the function of the Fool is to point out the absurdity of society through bumbling ignorance (Hill 2005). Playing the role of the Fool gives the client the distance necessary to question and violate social norms in a playful way. In playing the role of the Fool, clients can express thoughts and feelings that they would not express without the mask of the role. Watching others enact the role of the Fool has similar effects, as shown in the practice of medical clowning. The job of a medical clown is not to make light of the seriousness of hospitalization, but to give the patient a few moments of empowerment in a generally disempowering situation (Grinberg 2012). In the clown's eyes, the patient is not a sick person whose only function is to be poked, prodded, and pitied, but a full person with hopes, feelings, and strengths. By examining the patient's situation through the distanced character of the Clown, medical clowns are able to show a different perspective to hospitalization, as well as express the feelings and desires of the patients that the patients do not feel comfortable expressing, or cannot express, themselves. Humor in drama therapy can be used in a myriad of ways as a distancing device, which is often

exactly what a client needs to move forward into deeper enactments, explorations, and insights. Johnson (2009) describes one way a drama therapist could use humor as a distancing tool in "Developmental Transformations." In DvT, humor can be used to approach more delicate topics from a playful angle to keep the client from becoming overwhelmed by their emotions as they continue to explore these and other topics with a therapist. Alternatively, humor can also be used as a way to ground the client in reality, to remind them that they are in session with a therapist rather than reliving the situations being played out. Because DvT is embodied and improvisational, it is impossible to compile a list of all the ways humor can be used as a distancing device during a session. Humor is a container, and at times it is the very container that clients in drama therapy need to thrive.

As stated throughout the data, humor in drama therapy can help strengthen alliances and provide dramatic distancing. Therefore, in many ways humor can also enable clients to move forward in both group and individual therapy. The therapist can use humorous interventions to maintain aesthetic distance, such as having clients use Hand Gestures or Gibberish in scene work. These humorous interventions may lead to new insight on the part of the client, such as when "a trace of laughter is detected in the protagonist as s/he becomes aware of the humor or absurdity of the enacted situation" and the therapist directs the actors to switch to playing the scene in Gibberish (Emunah 1994 p 191). Through the humor and ridiculousness of the made-up language, the client or group may gain some insight to the underlying emotions or motivations behind the scenes, particularly if the scene in question is a dramatization of the client's own life. In these ways, humor enables a client to go further in a group drama therapy process. The combination of group/therapeutic alliance and dramatic distancing is what allows clients in drama therapy to move from games and other lighthearted scenes into heavier and more therapeutic scenes. It allows the client to begin to process things that have happened to them in a way that they may not be able to in a less distanced form of therapy, such as talk therapy. In many cases, this use of humor can extend to potentially traumatic events, however, the therapist must use discretion. Often it is best practice to allow the client to use humor first. This was the case with children in the documentary *Standing Tall* (Stern 2003). Very quickly into the work, the children began to talk about Osama bin Laden as a villain and portrayed him and his parents in a stereotypical and humorous way. This exaggerated portrayal of Osama afforded the children the aesthetic distance to begin to discuss the events of September 11th. From that point, Landy

and the rest of the therapeutic team judged that the children were ready to move into more dramatic and realistic scenes dealing with the trauma of what they witnessed that day. The children were able to move into the work they needed to do through the use of humor as an 'ice-breaker' towards talking about the trauma. They were playing roles, and the roles made it okay. This effect can extend to when the client has removed the mask of the role, such as in Roy's study when she reports as her clients developed their clown characters, they began to express their emotions and tell their stories outside of role as well (Roy 2009). The distance of the clown character had acted as a stepping stool towards further expression. In playing their clown characters, Roy's clients were able to express their emotions through the safe container of a character, which freed them up to express their emotions as themselves. This is also true in the more embodied forms of drama therapy, such as DvT. Through repetition of associations, images, feelings, actions, and scenes with variety (called varielations), the therapist encourages the client to look at them through different perspectives. When a client encounters something that they feel they cannot play with, they have reached an impasse. The therapist must find a way to work with and move past this impasse in order to help the client acknowledge the impasse (Johnson 2009). Humor in DvT allows the client to move past impasses and further into enactments. Putting humor into a situation adds another perspective to the impasse, and in some situations, it could be the perspective that the client needs to explore their relationship to the impasse through later enactments. As described by Dintino (1997), the therapist's use of humor in DvT can show clients that the therapist accepts them as they are, which creates a feeling of safety between the client(s) and the therapist and allows the client to explore what they might not have otherwise. The safety of the playspace allows the use of humor on the part of the therapist, however, like the rest of drama therapy and psychotherapy, there are appropriate times and places for humor use.

One of the most unique aspects of drama therapy is the option of creating a performance out of material arising throughout a therapeutic process. Creating and performing a play is an arduous process. In the creation and rehearsal process, humor can be used not only for tension relief, but can inspire new lines or entire new sections of the performance, as described by Emunah (1994). The rehearsal process can also bring new insight to the performers. A line or scene can suddenly have new meaning for the performers as the rehearsal process goes on, such as the life-drama connection made by a performer with spina bifida which Bailey (2009)

describes in her chapter on performance in drama therapy, or as de Jong (2018) describes the rehearsal process for his performance piece. The performer can take this new insight and apply it to the real-life situation that inspired the line or scene in the first place. Onstage, humorous scenes and lines create a connection between the audience, the performer(s) and the material. The audience empathizes with the performer and their journey through these humorous lines, scenes, and asides so that even if the audience has not experienced the exact situation being explored through the performance, they can still connect with the piece on an emotional and more universal level. According to Emunah (1994), this is the most important part of Self-Revelatory performance, and in the opinion of the researcher, is the most important part of any drama therapeutic performance. Performance in drama therapy should not only be used as a way to integrate the insights gained during a therapeutic process, but as a therapeutic process itself for both the performer and the audience. One potential way to enable this to happen is through the use of humor.

Through the analysis of humor in both psychotherapy and drama therapy literature, it is clear that both professions use humor in a similar way. The main point of the humor in psychotherapy literature is that it should be used with discretion. Not every client will respond to humor in session, and the therapist should not attempt to shoehorn it in. Shoehorning humor into a session when a client has not indicated that humor is effective for them could have unintended consequences, particularly the rupturing of the therapeutic alliance. The therapeutic relationship is often lauded as the most effective aspect of therapy. Humor should not be used to stroke the therapist's ego or to entertain the client. It should be used, as asserted by Kubie (1971) and Greenwald (1975), only when the therapist judges it to benefit the client. Sometimes the use of humor benefits a client. Sometimes it does not. Sometimes it appears to benefit the client at first but becomes a maladaptive coping mechanism later. Every client is different and should be treated as such when regarding the use of humor in session. As mentioned in the literature review, Dziegelewski (2003) provides a list of appropriate and inappropriate uses of humor in psychotherapy, but this list is only a vague foundation of when humor is appropriate and inappropriate. A psychotherapist who wishes to use humor in session must use their knowledge of and relationship with each client as the guideline for proper humor use. Therefore, the drama therapist must use humor the same way that a psychotherapist would, only in service to the client's therapeutic process. This is the conclusion that de Jong (2018) comes to at the midpoint

of *Lame Jokes.* Just as he needs to find the balance between humor and sincerity in his own life, so too must a drama therapist find the balance between the use of humor and the sincerity that must motivate a therapists' work. There are many ways humor can be a productive aspect of drama therapy sessions, as discussed throughout the paper, however, it is important to note that each of these examples of humor in session came from the client(s) (Emunah 1994) (Dintino 1997) (Stern 2003), or after the therapist and the client had an established therapeutic alliance (Dintino 1997) (Johnson 2009). If the therapist introduces humor during a drama therapy session, it must be with the intention on the client. The drama therapist must also be comfortable with the use of humor in session, or they risk alienating a client and impeding the therapeutic process. Like in psychotherapy, a drama therapist must be concerned with, among other things, the therapeutic process and the therapeutic relationship when they consider using humor in session.

Chapter 6. Conclusion

The conclusion from analyzing my data is that humor can potentially be an important tool in the drama therapist's repertoire. Analysis of existing drama therapy literature shows that humor is most often used to build group alliances and as a way of playing with dramatic distancing. Analysis also shows that when humor is used in this way, it can assist the client or group in moving deeper into enactments and in processing their emotions and traumas. The use of humor in drama therapy is like the use of humor in psychotherapy, in that humor should only be used in session when it benefits the clients therapeutic process. A major limitation of this research is that the data is largely anecdotal. Each client, group, and therapeutic process is different; therefore, it is possible that the data represented in this research is a series of anomalies rather than data that is generalizable to drama therapy as a whole. More specific research into humor in drama therapy is necessary moving forward, such as an inquiry into humor through forms of drama therapy not covered in this research or interviewing currently practicing drama therapists on their use of humor in their sessions. This research is meant to be a stepping stone towards a more complete understanding of humor in drama therapy. The hope of the researcher is that future researchers will use this paper as the first step towards creating humor-based drama therapy techniques and interventions.

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