LAME JOKES: DARK HUMOUR IN RESPONSE TO DISABILITY AND TRAUMA

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ABSTRACT

Lame Jokes: A Heuristic Exploration of Dark Humour as a Response to Disability and Trauma

Michael de Jong

A theatre piece was written and performed to examine the researcher's own lived experience of dark humour as a means to cope with disability and trauma in adaptive and maladaptive ways. Themes of using dark humour to laugh at oneself and avoid feeling like "the other" were examined, as well as how it can be applied to the practice of Drama Therapy. Dark humour was shown to be a powerful tool for healing, but one that must not be over-relied upon, as it is difficult to replicate and generalize with clients. A balance of dark humour and authentic vulnerability are therefore recommended.

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Table of Contents

Chapter 1. Introduction

April 3rd, 2015 – a day that would change my life forever. What should have been the beginning of a restful Easter weekend at the end of an intense semester became deadly as a blood clot caused me to lose consciousness, causing diabetic shock and spiralling my vital signs dangerously near to death. Ten days later, after multiple surgeries and close calls, I finally woke up, confused and weak, but alive. When I was strong enough to talk, I told a visiting classmate, "good thing I woke up, before this became a wake itself!"

This kind of glib, humorous response to a terrifying life-changing situation is part of a familiar pattern in my process. I've lived my entire life with a disability, dealing with club feet and all that entails – wheelchairs, ankle braces, corrective surgeries, complications from corrective surgeries, and so on. From a social standpoint, I knew I was different from "normal" people, and taking a humorous tone about my condition helped to reduce that "otherness" by showing I could make fun of myself better than anyone else could.

Humour is a powerful tool for coping with stressful situations. I have found that specifically dark humour, whose subject is the taboo of being about the disability and traumas I've endured, has been ever present in my own process. To explore this phenomenon, I sought to produce a play that delved into the uses of dark humour, both positively and negatively, as I entered the field of Drama Therapy. How has dark humour affected how I cope? How might dark humour be used in the therapy setting with clients? Is dark humour a valid and appropriate response to all stressful situations? These were some questions I wanted to explore with the play.

As I had noticed this tendency in my own life, I decided to employ the heuristic arts-based method, based on Moustakas' (1990) work. With this method, a phenomenon is observed by examining personal history, journaling, records, and so forth to present evidence of the phenomenon. The art that is made in response to this process informs the research question. With the production and performance of *Lame Jokes*, the adaptive and maladaptive uses of dark humour could be examined and explored.

Chapter 2. Literature Review

Within the field of drama therapy, little research has been published about how humour can be used in therapy. Much of what has been written on this topic examines the role of the Fool in the drama therapist's practice (Carr, 2005; Hill, 2005). While Hill's (2005) study looked at the Fool as an archetype as seen in the Tarot, Shakespeare, and various cultures around the world, Carr (2005) works with the Fool as part of Robert Landy's Taxonomy of Roles, allowing herself to take on the Fool as a role and her clients, many of whom have Narcissistic Personality Disorder, to take on the Fool as a counter or shadow role. Thus, with a lack of varied research done on humour in the drama therapy context, we must explore its role in therapy in general.

A similar study regarding the use of the Fool in therapy was done several decades earlier by Klein (1974). He explains that "The modern institution of counseling is a necessary product of man's inability to live life without comedy" (Klein, 1974, p. 234). This study aimed to examine why the Fool is a useful role for the client to have. Klein found that the role of the Fool, being "fat and invulnerable" (1974, p. 235) was the ideal state for the client to be in relation to their problems, thus being foolish should be encouraged.

Two later studies (Dziegielewski, Jacinto, Laudadio, & Legg-Rodriguez, 2003; Franzini, 2001) looked at some of the benefits of humour when used in therapy and what some of the possible pitfalls could be. Franzini's (2001) study talks about how, before the 1970s, there was no mention of the role of humour in therapy, with even Carl Rogers stating that "therapy is hard work." Franzini delineates that sense of humour has two components: an appreciation for humour and a creativity of humour, and that people may have only one or both. The study also describes the concept of formal humour training for therapists, laying out a curriculum in its appendix. Dziegielewski et al. (2003) further explained how humour can be helpful, such as for catharsis, converting upsetting experiences into comical ones, and bringing about wisdom and insight. They also discuss where it may be inappropriate to use with clients, such as being inappropriately timed or used to avoid dealing with the client's anxieties.

The use of humour as a coping mechanism has been studied at length. An early study on the effects of humour on coping with depression and life-stress (Porterfield, 1987) showed that

while the subject's sense of humour decreased depression, there was no indication that it had any effect on life-stress. It is noted in this study, however, that at the time a proper and measurable construct for humour had not been developed. Another early study, examining whether humour increased pain tolerance (Zillmann, Rockwell, Schweitzer, & Sundar, 1993) showed that both humorous and tragic stimuli increased participants' tolerance to a blood pressure cuff as compared to dramatic or neutral instructional stimuli.

More recent studies (Abel, 2002; Kuiper & Borowicz-Sibenik, 2005; Kuiper, 2012; Saroglou & Anciaux, 2004) have looked at humour and how it works within the more complex system of personality to assist with coping. Abel (2002) found that humour helped to mitigate the effects of stress by cognitively reframing the stressful situation, and that those with a high sense of humour were better at distancing themselves from such situations, thus helping emotional regulation. A 2005 study by Kuiper & Borowicz-Sibenik examined the relationship between humour and the constructs of agency (a high focus on individualism in personality) and communion (a high focus on group goals in personality). Their findings suggested that those who were high in either agency or communion showed little difference in well-being when humour was taken into account. Those who were not high in either agency or communion, however, were shown as being more effected by humour. A later study by Kuiper (2012), looking at humour as it relates to the resiliency model, enforced the idea that humour has an effect on stress coping, but showed that it did not ultimately have a significant effect on levels of resiliency. In an effort to examine different types of humour and its effects on coping, Saroglou & Anciaux (2004) looked at sick humour (described as making fun of death, deformity, sickness, etc.) and how those who enjoyed it were able to cope. The study showed that people who liked sick jokes tended not to cope as positively as those who preferred neutral humor, and were more likely to be emotionally expressive.

Similarly to these general studies, it is important to examine how humour effects different populations. Two studies (Erickson & Feldstein, 2007; Saper, 1990) looked at whether humour can be measured in adolescents, who are still forming their own identities and ideas about the world, and whether their coping skills are mitigated in the same way as those of adults. Erickson & Feldstein (2007) showed that the Humor Styles Questionnaire proved to be effective and valid with adolescents. Saper (1990) showed evidence that along with humour, individual personality

differences dictated one's ability to cope in both adolescents and adults. Saper also echoes Franzini's (2001) sentiment that therapists should have formal humour training.

A study done on students who worked while studying (Booth-Butterfield, Booth-Butterfield, & Wanzer, 2007) showed that those who had a higher Humor Orientation had higher effectiveness at their jobs, higher job satisfaction, and were generally able to cope better. This finding was shown to be the same as adults who were employed full-time. Likewise, research done on families of children with disabilities (Rieger & McGrail, 2013) showed that humour was indicative of higher optimism, flexibility, and family cohesion.

Humour, however, is not always a positive matter. As developed by Martin et al. (Martin, Puhlik-Doris, Larsen, Gray, & Weir, 2003), the Humour Styles Questionnaire (HSQ) delineates four main types of humour: affiliative (non-hostile, affirming humour), self-enhancing (a humorous take on reality in adverse situations), aggressive (sarcasm, teasing, put-downs, etc.), and self-defeating (putting oneself down in order to make others laugh). Affiliative and self-enhancing humour are seen as positive types while aggressive and self-defeating humour are seen as negative types. Males, he found, scored higher on negative humour than females did.

With this instrument, further development of humour as a multidimensional construct could be accomplished, and both sides of humour, the adaptive and the maladaptive, could be examined. A study on the HSQ and its effects on well-being and depression (Kuiper, Grimshaw, Leite, & Kirsh, 2004) showed that those with more positive humour showed better well-being and much lower depression than those who favoured negative humour. Further studies done on humour styles relating to self-esteem (Stieger, Formann, & Burger, 2011) and early maladaptive schemas (Dozois, Martin, & Faulkner, 2013) showed similar results, implying that negative humour can indeed be maladaptive and detrimental to one's well-being. Although Stieger et al. (2011) found that negative humour gave self-esteem a short-term boost, it was shown to ultimately be detrimental and encourage "damaged" self-esteem.

In a study on humour type and emotional regulation (Samson & Gross, 2012), only positive humour was shown to help with regulation. The researchers postulated that positive

humour helps to reframe difficult events, while negative humour simply helps a person distance themself from the negative situation.

Chapter 3. Methodology

The question being presented in this research is "How can a performance be made that will illuminate the differences between adaptive and maladaptive humour as a coping mechanism as experienced by a second-year drama therapy student?" This question is best examined using Heuristic Inquiry, as it depicts a dilemma between two opposing aspects, both of which can be found within the researcher's own experience. For the performative part of the research question, there are a number of avenues that can be pursued. As the issue is a current and prevalent dilemma in the researcher, it lends itself greatly to Self-Revelatory Performance. This form of performance is described as "a form of drama therapy and theatre in which a performer creates an original theatrical piece out of the raw material of current life issues" (Emunah, 2015). In many ways, it seems that these two methodologies can work together, as much of the preparation of a Self-Revelatory involves similar processes as the Heuristic Inquiry.

With Heuristic Inquiry, data collection can consist of examining journal entries, stories, anecdotes, art-making, dialogue with others, and dreams (Moustakas, 1990). While some of these will be more frequently used in my process, all will be examined for this project. Several other ideas of data collection will be used, such as a "Humour Journal," where I will monitor what I find humorous, whether appropriate or inappropriate, in an attempt to have data that can be coded. Additionally, performance poetry written examining humour through the lens of the Humor Styles Questionnaire (Martin, Puhlik-Doris, Larsen, Gray, & Weir, 2003), in order to fully explore each of these styles (the adaptive styles being affiliative and self-enhancing humour and the maladaptive styles being aggressive and self-defeating humour). This poetry could be included in the final performance, or elements of it could inform the final script. Interviews with family members were thought to possibly also yield useful data, and thus that avenue was explored as well.

Another very important part of data collection for both the Heuristic Inquiry and Self-Revelatory process was personal therapy. Processing journals and my own notes and reflections

about how I progress in the sessions was invaluable in the process of forming the final presentation and performance of the research findings.

Moustakas (1990) outlines 7 steps or phases for the Heuristic Inquiry process. The first step, Initial Engagement, involves asking the initial question and discovery of where the interest or passion lies, as has already been achieved in this particular process. The second, Immersion, involves a time of constant connection to the research topic, engaging with it as much as possible, in order to connect to the experience in question as fully as can be achieved. The third step is Incubation, where the researcher steps away from the research in order to let the data sink in and expand, sitting with it for a period of time and letting it hopefully lead to the fourth step, Illumination. This step is the breakthrough moment of epiphany that Moustakas believes happens naturally in this process. After this breakthrough has occurred, the fifth step is Explication, where the themes discovered are organized to depict the core themes that have come up in the process. Creative Synthesis is the sixth step, where a presentation is created from the understanding of the data, which in my own case was the writing of a script for the final performance. The seventh and final step is Validation of the Inquiry, which involves analyzing the final product and getting feedback about it, to see how true it comes across, or if it is an inaccurate representation of the process.

These seven steps are described by Moustakas as timeless, and an ongoing process, thus not something that should be rushed or given a deadline. As there is the expectation of completion of this particular research project within a number of months, the Heuristic Inquiry process must be modified to be somewhat expedited. In this way, the immersion and incubation phases will be on a much shorter timeline in order to finish the project in a timely manner. While this may mean that the depth of exploration and insight may not be what could be achieved given a longer period of months or years, I believe that the illumination will be adequate to present, especially when coupled with the Self-Revelatory process.

The Self-Revelatory Performance process has its own considerations as well. Emunah (2015) cites a number of examples of way of "working through" the material for the process. *Embodying Parts of the Self* is listed as a way to explore various aspects of the problem that the researcher wishes to put on stage, either all being played by the researcher or being played by auxiliary actors. In my own case, adaptive and maladaptive, or all four humor styles could be

embodied using these methods, embodying them to better illuminate them to the audience. *Taking on the Role of the Other* is another technique listed, in which the performer may take on opposing viewpoints and attitudes in order to explore the situation from a number of angles. In my own case, perhaps the targets of particular cases of maladaptive humor could be portrayed. A number of other techniques, such as *Trying Something New*, *Closing and Opening Chapters, Preparing for Immanent Change, Integrating Dramatic Healing Ritual*, *Confronting a Perpetrator, Integrating an Internal Nurturing Figure,* and *Commenting on the Process in the Here-and-Now* are all suggested as tools for working through the research question in the Self-Revelatory process. This "working through" process, along with ongoing therapy, is akin to Heuristic Inquiry's Immersion and Incubation phases, but take them further, as they can change even after the script has been finalized, (e.g. Emunah (2015) describes a moment where a performer "tried something new" during the performance in the middle of the run of the show.

The analysis of the data collected involved examining themes that come up in the journals and stories, and looking for patterns to synthesize into a script for the performance. These themes can also be brought to the therapy sessions and examined further and worked through, in order to bring about the Illumination that Moustakas (1990) outlines. As mentioned earlier, these themes can also be coded for Humor Style (Martin et al., 2003) with situations, stories, and experiences being coded as dealing with Affiliative, Self-Enhancing, Aggressive, or Self-Defeating. This will help in delineating the difference between the types of humour to the audience, and will hopefully be linked to particular experiences that can be embodied in order to gain better understanding of these humour types.

There were numerous ethical situations that needed to be taken into consideration with this research project. The first, and perhaps most important, is to continue the therapy process throughout the research. As the process can bring up emotions and very sensitive and vulnerable material, a therapist was essential for containment and protecting myself through the process. Similarly, a talkback session and opportunities to share after the performance were essential as well, in case these reactions were provoked in the audience as well. While the topic of the research is perhaps not the most triggering, there was still the potential for these things to emerge in myself and others, and thus they had to be taken into consideration.

Related to this, while there was less of an ethical issue with participants, with myself being the only subject, this does not mean that ethical treatment did not need to be taken into account. I had to be sure to take precautions to negotiate the distance in the performance (Emunah, 2015) in order to keep safety in the therapeutic and research frame of the process.

Likewise, this frame had to be respected throughout the entire process. While this can indeed be difficult when the research is also therapy, it needed to be contained enough to be more about self-inquiry and self-transformation than a self-centered, narcissistic confessional. The aim, of course, was to be therapeutic, but not merely therapy, and to be able to universalize the process to the audience, instead of keeping the focus solely on myself.

Aiding with both this dilemma and the matter of validity was the director of the performance. Having another person involved in the process would triangulate and help to take the focus of the process off of myself somewhat, in order to give a measure of objectivity. Emunah (2015) suggests that the director be a graduate of a drama therapy program. While this is ideal, I also considered the idea of collaborating with a student director from Concordia's theatre department. While a former Drama Therapy student may be able to have a greater ease and understanding of the process and, may be able to work to contain the process better, practicality must also be considered. However, I decided to attempt to find a drama therapy graduate to direct the process.

The other validity question was that of relevance. Toward this goal I needed to make sure that the experiences I examined accurately related to the research question and sought to answer it. My creative synthesis of this process needed to be appropriate in order to truly answer the question through the Self-Revelatory performance.

The conclusions I hoped to reach from this research would show examples of where humour is adaptive and maladaptive, and where all of these humour styles may fit in and influence myself and my way of interacting with others, as well as how they may be used as a coping mechanism for stressful situations. Perhaps with a clearer understanding after the Self-Revelatory process, I and others can use more adaptive and appropriate forms of humour as a means to cope more effectively with stressful situations.

Chapter 4. Discussion

The culmination of this performance was a long time in the making. The original concept for the performance, developed in 2015, was to examine when humour is used as an adaptive and maladaptive coping mechanism in my own life and practice. This was inspired by several instances where my own use of humour felt more hurtful than helpful, and sought to examine both sides of the phenomenon in depth. Although it would no doubt be explored, the idea of examining humour as it related to the disabilities I personally faced growing up was not being considered. Instead, much more of the focus would be on the present, presenting the research in a much more self-revelatory manner. This focus on the *here and now*, as opposed to the in-depth examination of self history that the play became, would have produced a much different piece.

The elephant in the room, of course, is the reason for many changes – a nearly fatal medical emergency in April 2015 that will henceforth be referred to as "The Incident." Due to the interference of this Incident, the research took several major turns. After my experiences of humour helping me to cope with the trauma and recovery process, documented in the script, I decided to shift to a more historical account to track where this tendency stemmed from.

The focus on dark humour was greatly influenced by my time in the hospital. As explored in the script, much of my interaction with others was, at times, morbidly humorous, such as the comments about vitals being "incompatible with life" and the Easter/Christ comparisons made by my father. Focusing on this taboo style of humour about unfortunate circumstances became a rich topic for exploration in my own development, as I realized through the journaling process just how early I began associating myself with this kind of humour.

Journaling

This journaling process began in April of 2017, as I returned to the program and turned my focus back to my research. In exploring the themes by journaling, I began to develop a basic structure for the story in three acts: The Origin, The Program, and The Incident. These acts helped shape the play beyond simply being told in a chronological order. As much of the difficult and negative aspects of dark humour as a coping mechanism began to show themselves while I was training to be a Drama Therapist, much of this exploration was folded into The

Program act. This delineation helped the writing process greatly, as each aspect could be given its due and fleshed out properly in the script.

This process brought about several key revelations. The first of these was a journal entry examining early uses of dark humour as it related to my disability. A theme began to grow as I realized the motif of the futuristic cyborg that I'd cultivated over the years with my ankle braces. The idea of "fucking with people" to avoid ridicule was monumental in how I dealt with the world around me. Being able to realize and explore that in the performance was a rich opportunity, even providing a narrative arc for the performance by adding the various braces and aides over the course of the story.

Another important revelation was that of the idea of "lame jokes" and how to play around with that meaning. In my journal, I recalled a conversation with a friend calling her out on the use of the word "lame" and the amusing response it got, as well as how my relationship with the ubiquity and misuse of the word evolved over the years. Ultimately, it became a question of ownership of the term, and I was interested in reclaiming the term for my own use, and playing with all uses of the word (though I'm grateful to my collaborator, Angela, for encouraging me to drop the pun of "Lame Iserables").

In this way, through various angles, the theme emerged early on of dealing with being different by embracing my differences to an absurd degree. This gave a good starting point to be challenged by the latter two acts of the play, examining the theme from opposing angles and how universal its application can be.

Scriptwriting

The shift from journaling to scriptwriting was more difficult than I had anticipated. It began in July of 2015, and although I had a few ideas for scenes, such as the introduction of the "cybernetic enhancements" at the beginning of the show, and the "war scene" of giving myself auto-immune diabetes, much of my writing was still in the style of a journal. Large blocks of "script" sat as monologues, with a lack of action on stage to accompany them.

This format was almost certainly a holdover from the early idea of doing the show as a one-man show, with lines from other characters being played over the speakers, allowing me to react and interact with them. I had been unsure at the time whether I would bring in another

actor, and what capacity they would take in the production. During this period, I also had the question of whether bringing on another student as director would be too much of a demand on their time or not. As the script came together into a much more dialogical format, the decision was made to take on a second actor in lieu of a director. Having a second actor would also have the benefit of an external pair of eyes on the project. Thus, in September, Angela Tauber, a second-year drama therapy student, was brought on to the project.

A challenge of writing a historical account of this kind was not merely giving an account of what happened, listing out my own medical history as a play. Returning to the research topic of dark humour helped to give me a lens with which to examine these events and use my performance as a Research Report. As an exercise in this, I began a paragraph that was just simply as many puns about the various maladies as I could come up with (such as "literally bust a gut" regarding my colon section, or describing dialysis as "a helluva cleanse"). These exercises helped me to get in the right mindset for what I needed to write, and helped to set the tone. Many of these jokes also made it into the opening scene, as I describe each medical event with a pun.

This tendency to focus on the humour was in fact almost too strong in the first draft. Especially in the section on The Incident, there was little exploration of the stakes, of how dire the situation had gotten. Instead, there was a short scene about my (admittedly ludicrous) perception of what had happened, followed by humorous scenes about being in the hospital. This was one of the main changes between drafts, as it showed the weight of what had happened, and worked to counter the near-glibness that much of the material had been treated with. A scene spelling out the effects of The Incident gave it the proper respect, especially for those in the audience who had gone through the experience with me.

A major section of the play that I felt deserved some weight was the experience of being in the coma. I was initially unsure of how to bring this to life on stage, whether to have the scenes acted out, or to use multimedia to represent the vivid images from the dreams. With the final decision of projecting the dream above me and having me react verbally, voicing the thought processes I had at the time, the representation could be as close as possible to the truth without sticking the audience into a dream themselves. While the scene was designed to be uncomfortable and desperate, the audience was given the choice to look away, to close their eyes

and divert their attention, a choice I could not make at the time. This distance felt like an appropriate way to give respect to the truth of the experience without traumatizing the audience.

Rehearsal

The rehearsal process began in early November of 2017, though minor script alterations continued throughout the rehearsal process. We were fortunate enough to have access to the space the play would be performed in for our rehearsals, which made the process much easier to produce. Decisions were quickly made about using a very simple stage with three cubical blocks and a props table.

Early in the rehearsal process, I realized a major flaw in my writing – some of it was almost impossible to say! Many word choices were changed on the fly from flowery words that looked good on the page to much more basic but easy to say words. As this is the first play I've written that has been produced, it was a humbling learning experience to suddenly be forced to read what I'd written out loud and memorize it all. This was an unexpected burden and I have developed a much deeper respect for true playwrights.

The most important part of the rehearsal process, of course, was the addition of Angela to the production. As we worked through the script, we found more opportunities for her to take lines that I had originally taken for myself, making them into more effective dialogue. Her original role was confined mostly to the "Robot Master," in the opening and ending, as well as the role of the nurse, and the assailant who hits my legs with a rod. Many of the other lines were either said by myself or envisioned as pre-recorded for me to act with. It soon became apparent that it would be much simpler and elegant to give these lines to Angela, with whom I had previous experience in improv theatre. This led to several fun improvised segments of the show, and many scenes were amplified by the back and forth we had during the rehearsal process.

Eventually, most of Angela's lines were things that had been said to me by others. Although I had at least thought of using voiceovers for lines from my parents, and had recorded and mixed them, it worked much better for her to deliver them. Having her as a second pair of eyes helped the editing process as well, as I was able to workshop jokes and troubleshoot difficult parts of the script. Likewise, numerous parts of the script contained references to events that could not be easily expanded upon in the narrative of the play. With these, I filled Angela in

on them, to let her in on the full story of the script. One example of this is the reference to "missing my nose," as the area of my face was numb and covered with tape from a feeding tube when I awoke, leading me to think I had fallen and torn it off somehow. In my confusion, this made perfect sense, and it was a nice detail to mention, but hard to elaborate without taking a break from the play (not to mention how long the runtime would be if every detail was fully explained).

The process also helped me find lines that were confusing or didn't land well, as well as strange moments of surprise in the script. One rehearsal I began doubling over in laughter as I realized that after the entire first act explaining what I'd been through, I had the question in the second act about "Was I not challenged enough in life?" which was a legitimate concern I had at the time of being in the program, lending another absurd truth to the play. Similarly, Angela asked about the line about vital signs being "incompatible with life", and why this was humorous. I later found that it is an (admittedly crass) actual term used in medical cases where there would be no possible way for the person to survive, such as permanent damage of vital organs, or decapitation. The term was used in a more sardonic, wry way by this particular nurse, in order to denote the seriousness of my condition. It was effective and played well into my own dark sense of humour.

Performance

The show was performed on two evenings: November 29th and 30th, 2017 at the Visual Arts building of Concordia University. Invitations were sent to students and faculty of the Creative Arts Therapies Department, as well as members of the improv comedy community of Montreal. In total, the audience numbered around 25 for the first night and 35 for the second. Runtime for the play was around 40 minutes, and the second evening's performance was filmed and uploaded to YouTube for further review.

For the performances, another classmate, Bill Wood, was brought on to run lights and audiovisual components of the show, as well as doing the lighting design. Although I was wary about getting too sophisticated with the lighting setup, having a small variety of light settings helped to change the atmosphere, whether for the cramped quarters of a submarine for the diabetes scene or lighting just myself on the bed for the coma scenes.

After each performance, an informal talkback period was held to answer questions and discuss the piece. One of the most interesting aspects of this discussion was the sharing of stories that came from others who had been part of what had happened. My classmates (both former and present), my professors, and my parents shared stories of their perspectives of my story, building an even grander picture than my performance alone ever could. While the play was written to have more universal reach, it had a very present, added effect on those who had joined me on my journey.

Another major line of discussion was where to take the piece next. While I would certainly like to refine the script more before any further presentations, suggestions were made for future venues and audiences, such as Fringe festivals, theatre festivals and shows for young people in hospital. As I found out in the intensive care unit, the affliction I had is common among young diabetics, thus that population would likely benefit greatly from seeing the show. Likewise, I feel that those in the helping and medical professions would be enlightened by the perspective of the show, as I am someone who has been on both sides of the professional/patient line.

Perhaps my favourite question, however, and most in spirit of the performance, was asked by a colleague of mine from the improv community, who asked "What was your favourite surgery to go through?" This question took me quite aback, and I'm still unsure I gave the correct answer in the moment. At the time, I mentioned that my eye surgery was my favourite because it was "a private light show that only I could see." Upon further contemplation, however, I remembered that when I'd had screws put in my left ankle, I was gifted with a Kenner Star Wars TIE Fighter toy. This above all other criteria makes the surgery my favourite.

Chapter 5. Conclusion

The presentation of this research was a true journey from start to finish, leading to the brink of death and back. It is rare that circumstances throwing a wrench in the plans of the researcher add so much more rich material for the research. With any luck, the script will stabilize for the time being, and no further maladies will require an extra act to future performances.

As an exploration of dark humour, the production of this play has informed a great many areas of my life and professional practice. I've started to notice when the humour is genuine and when it is being employed due to my own discomfort in a situation. Making this distinction helps to discern when to use humour to connect rather than to deflect.

With several more planned performances, further prospects for refining the show and performing it for more audiences seem promising. The idea of taking *Lame Jokes* to new audiences and having it grow is exciting, and I hope to continue the process as far as it will take me. If nothing else, the experience has shown me that once it was on its feet and into its run, the journey of *Lame Jokes* showed me that it was anything but lame (in any sense of the term).

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Appendix A. Lame Jokes Script, Second Draft

Lame Jokes – Mike de Jong

CUE 2

Scene 1

37 UP

Assistant: Arise, my creation! Behold! My most powerful cyborg, the Mechanical Intelligent Cybernetic & Heuristic Assimilation Experiential Lifeform – M.I.C.H.A.E.L for short! Sent to study the lived experience of dark humour as a coping mechanism in response to disability and trauma. Before you present your findings, we should establish some parameters. Operating definition of dark humour?

Mike: Dark humour – humour dealing with subjects that are considered taboo, including but not limited to disability, tragedy, religion, and race.

Assistant: Very good. And the heuristic research method?

Mike: Heuristic research method, a method used to examine the lived experience of a phenomenon, studying journal entries, letters, medical records, and other documents.

(Mike goes to a shelf with a bunch of skinny folders, then pulls one off, tossing it down before returning to get “volume two” and tossing it down onto the floor)

Mike: This can include and focus on the researcher’s own lived experience.

Assistant: Very good. Now, M.I.C.H.A.E.L., give these fine people a demonstration of your enhancements!

Mike: Initializing…booting up demonstration subroutines. Online. Hello everyone. This is my thesis and welcome to it. Initializing dark humour algorithms. Enhancements online.

Ankle-foot orthotics, installed year 2000 to correct for bilateral clubfoot, a congenital birth defect necessitating multiple surgeries resulting in fused ankles on both sides. Clubfoot is, unfortunately, not the term for the discomfort one feels from too much time on the dancefloor.

Wrist brace, installed 2015 to correct for radial nerve damage in left arm. Hard body to keep wrist from dropping, individual finger loops to keep the hand from contracting into a fist. Cool points for looking like a medieval torture device.

Anti-Claw brace, installed 2015 to correct for ulnar nerve damage in right arm. Used to correct crooked ring and pinky fingers, a condition that is literally called claw hand. Because sometimes medical science beats you to the punchline.

Colon resection, performed 2015 to remove one foot long section of dead small intestine and colon caused by blood clot. Never let it be said Mike de Jong doesn't have guts to spare. Though I suppose it's more of a semi-colon now. (Winks with uncovered eye)

Slick eye-patch, worn 2016 to cover left eye affected by vitrectomy, used to remove a hemmhorage in vitreous humour. Proving that dark humour had clouded my vision.

All systems online. Preparing to present findings. Begin Origins Sequence…

Scene 2

(Mike starts this scene in t-shirt and shorts, sitting/lying on the bed/block, holding a sheet bundled like a baby)

Since I was born, two things seemed constant – illness and humour. Life began as a struggle, stuck in a glass incubator, my liver fighting to kick in and clear out the toxins and my body connected to IVs and heart monitors. During this unsteady and unsure time , the nurses gave me the name Michael, after the archangel who fought the devil with a giant flaming sword. A warrior. A fighter. Always smiling. No matter what they did to me, I never cried.

But why not? I mean, surely if anyone has rights to scream to the heavens about how fucked up things are, it'd be a baby, right? Was it a frame of reference thing? Did I not know any better? And not even just 'not crying', but full on laughter? (Holds it up to his face, with a water gun he fires at his face from the bundle) It seemed that just as my physical body was warped, so too was my sense of humour.

In a classic case of the man trying to keep me down, I was fitted with twin foot casts for the first year of my life. A series of surgeries to correct my club feet left me without a leg to stand on. Much like the mighty ankylosaurus, however, I quickly found that my naturally formed clubs served as a powerful weapon.

(Mike sits on the floor, slamming his foot hard against the floor, wailing that turns into laughter.)

Will: Mom! Michael hit me again!

(Mike sits with an evil smirk)

This was of course the first step…sorry…on my path to where I am now.

The surgeries continued through the years. At 5, 11, and 12, I had pins, nails and screws installed to correct the deformity, making my X-Rays look like an 8th grade carpentry project.

(Mike pulls out the pins)

I insisted on keeping them. My own adamantium implants. Just like Wolverine.

(Mike puts the pins in between his fingers)

Most kids have to wait til they're teenagers before their parents let them get piercings. I was not so lucky.

Of course, with all these foreign bodies, and a complete lack of mutant healing factor, disaster was perhaps unavoidable. Like the Trojan Horse, a surgical screw brought foreign invaders into my bones.

LIGHTS SWITCH TO 6

CUE 3

(Mike takes up position as a general, speaking into an earpiece)

Talk to me, Banting. Where'd they hit?

Assistant: Left tarsal, sir!

Damn staph forces…what's the damage?

Assistant: Osteomyelitis, sir. Infection in the bone.

Damn it. And the antibiotic reinforcements?

Assistant: Not enough, sir.

What are our choices here, Banting?

Assistant: Well sir, only one thing comes to mind, but…

No. There must be another way…you're talking about the nuclear option!

Assistant: It's the only way, sir…

I understand. May Bod have mercy on us all.

CUE 4

Damage report!

Assistant: We got them, sir!

Fantastic news!

Assistant: But…there was some collateral damage…

What do you mean 'collateral'? What did we hit?

Assistant: The Islets of Langerhans, sir…

But the insulin production! Gone! Damn it…damn it to hell!

(Mike runs stage right to sulk)

LIGHTS SWITCH TO 37

And that's how I gave myself autoimmune diabetes for my 13th birthday, taking self destructive tendencies to a new level. Thus began my life of blood rituals and shooting up daily.

lights down, power riveter sounds are heard as Mike is putting on his ankle braces. As the lights fade up, he takes a few tentative steps around the space, testing out his balance and flexing a bit, perhaps with mechanical whirring as he steps.

Voiceover: Gentlemen, we can rebuild him. We have the technology. We can make him better, stronger, faster (not that that's saying much), more powerful than ever before. Mike de Jong. The Six Million Dollar Man!

In high school, the decision was made to fit me for ankle-foot orthotics, these boot-like exoskeletal legs to help me walk better. Struck by this curse, I began to search for creative uses for my powers. When I

wasn't looking like I just really liked soccer, or winning every game of "The Floor is Lava", I did the only thing I could to pre-emptively avoid ridicule – I started fucking with people. If I noticed staring and discomfort, I'd lean into it, acting that smallest bit more robotic.

Assistant: Uhmm…what happened to you?

Well, when I was a young boy, I trained to be an alligator wrestler. On my 11th birthday, my prized pet gator Franz got the better of me and got both legs in his snoot. Nearly dragged me into the bayou. We had to put him down that day. But I saved some of his teeth, and made a necklace of them. Wanna see?

Assistant: Err…no thanks…

And like some sort of Reverse Achilles, I put my feet and ankles into the most perilous positions I could find – door jambs, sword fights, circus strongman feats – all for a laugh.

Assailant with a stick runs out, swings for lower legs, is deterred.

Ha ha ha. Sorry about that.

Though the braces provided a physical armour, another, more powerful armour began to form as I learned to laugh at myself, leaning into the funny parts of my situation. Yea, it sucks sometimes, but showing I was in on the cosmic joke played on me helped tip the scales in my favour. I was protected from anything that could be thrown at me. My own jokes about my disabilities were more frequent and frankly better than anything they could toss at me. You had to get up pretty early in the morning to trip me up (and when it came to tripping me, I was doing a pretty good job of that myself, thank you very much).

Growing up, the term "lame" was thrown around a lot, usually meaning subpar, uncool, or unfortunate. While not as reviled or inappropriate as using words like "retarded" in this manner, the word, which meant that one had difficulty walking due to a physical disability, was all over the place. "That's lame!" a

classmate would say about a bad mark on a test. “What a lame joke”, my friends would say after one of my more noxious puns. I even once read the phrase “you shouldn’t say something is gay when you mean it’s lame”. Instead of getting offended, I noticed that I’d be amused by the usage. And so, one evening, after a long rehearsal for a show…

Assistant: Hey Mike, we’re going to grab a beer. Wanna come?

Ahh, no, I shouldn’t. Need to be up early tomorrow.

Assistant: Oh come on, don’t be so lame!

I’m sorry! I can’t help it!

In fairness to my castmate, she was trying to convince the lamest person in the room to come out. There’s lame jokes and there are lame jokes, and this show is full of both. It’s okay if you walk out tonight and think “y’know, that was kind of lame”. When the joker is lame, how can his jokes not be?

Scene 3

What happens when a compulsive joker, a master of mirth, a pundamentalist if you will, starts work in the field of therapy?

It’s kind of a funny story.

With its focus on using personal material in class, the Drama Therapy program began to test this armour I’d developed. Attempts at going deeper caused me to shut down, to tune out the heavy stories and bummers being put forth in class. The bits of realness I shared required a louder, funnier rebound into the humour to fortify myself.

Assistant: And what are some ways you’ve experienced prejudice in your life?

Well, having a physical disability has been hell at times. I can't imagine getting around Montreal in a wheelchair. But I think my white male privilege more than makes up for that!

"If you don't have something clever to say, don't say anything at all" became my mantra.

Assistant: We had a death in our group over Christmas. Running a group with palliative care clients is so rough.

CUE 5

Mike shrugs, defeated.

Assistant: Religion's been coming up a lot for our group. There's so much disagreement among them!

CUE 6

*Mike sighs.

If it couldn't make light of the situation, I felt it was better someone else handled things. It took far longer to formulate something resembling insight when my mind was locked on levity.

Being forced to examine my own personal material in the program made me feel strange about my relationship with it. Why did others break down in class while I barely shed a tear? Was I just super well-adjusted? Not challenged enough in life? A male of the species?

This relationship could be used in my favour, though. In theory, I could be cool. Unflappable. The model of a stone-cold therapist. Do you want a therapist who'll be your rock, or one who'd fold like a cheap card table at the first mention of your trauma? It was easy for me. I could be detached. Aloof. Use the weight and momentum of the client's problem to lay it out, judo style.

(Montage of judo-esque moves against problems, ie depression, anxiety, death of a friend)

Keep a sense of humour about it and help the client do the same. God forbid we all have a bit more levity once in a while. But that's not the job. Let's be real, the therapy space is not the best place to workshop your stand-up routine.

(Mike stands against the wall miming a mic, stand-up comic style)

So what brings you to therapy? You say your depression is causing you to overeat? You've come to the right place! With our session rates, you won't have money for food! Oh come on! Lighten up! *Rimshot*

Dark humour, unsurprisingly, is hard to transfer from my own problems to a client's. While I could joke about my own situation, there was no good way to generalize it to other issues clients could face. Fuck up with your alzheimer's clients? Give it a week, they won't remember! Blind client? Tell them you'll see them next week! Deaf? Tell them you're gonna try some techniques they may not have heard of! Kids with behavioral problems? Perfect birth control!

Although my own process led to this near callous ability to laugh, it's not at all true in many cases. I began to wonder, is this something that can be taught? Is it something that is worth teaching? "Hey, there's nothing you can do about what happened, so you might as well get a laugh out of it!" Is this normal?

If you'll pardon the expression, dark humour is a funny thing. While it can be incredibly useful in a cathartic manner to deal with a shitty situation, it can become draining and destructive if relied too heavily upon. Perhaps the answer, then, was something my physical body was never so good at: balance. A balance between dark humour and authenticity, and the clarity of vision to tell the two apart. Maybe all I needed was to stand on my own two feet.

LIGHTS DOWN

CUE 7

LIGHTS 37 UP

(Mike comes out, breaking character)

Thank you all so much for coming tonight! I'd like to first of all thank Angela for all her help and….

Assistant: Wait. That's it?

What are you talking about?

Assistant: Well it just feels a little bit anticlimactic, doesn't it?

Well I mean, come on, we've gotten into some interesting territory, we've learned some lessons…

Assistant: Yea, but where's that crunch?

Yea, I guess. What I need is emotional content!

Assistant: That third act tilt!

I need something impactful!

Assistant: Life-changing!

I need…to keep my big mouth shut…

I needed to keep my big mouth shut.

LIGHTS DOWN

Scene 4

LIGHTS UP 2

Assistant: Comedy = Tragedy + Time

April 1, 2015

*****Mike comes out, texting on his phone*

"Crazy and burnt out but surviving. Excited for Friday because I have fuck all to do and can just completely reboot my system." "I just need a planned shutdown period rather than unexpected system failure."

April 3, 2015

(Mike is shown crawling toward the back of the stage. He vomits, then passes out.

April 4, 2015

CUE 8

Mike moves to bed, the days are listed. For April 11th, sound maker is placed in Mike's mouth.

The thing about dreams is that time is relative. 10 days is a long time to be unconscious, and an eternity to be dreaming.

CUE 9

(For most Mike lines, Mike converses with what's going on)

(Video showing three people in a living room with sunglasses, moving slowly and grinning) A pizza party…with my classmates? Okay, sure…nice shades.

(Mike sitting on the floor in front of a couch, unable to move) I know I have to get home…I have to get out of here…it's way too late…why can't I move?

Assistant: Monsieur de Jong? Francais? Anglais? (assistant starts strapping Mike down)

(Old time arcade game playing with angry French shouting in the background.) I…I'm stuck…what is this…why can't I move?

(Kaleidoscope video of old-timey theatre, loud music and colours) Fuuuuck slow down…I just want to figure this all out.

Assistant: Mr de Jong? Do you know what happened to you? You went into a diabetic coma…

(WWII footage, airplane pilot, bombing run, explosion noises, long loud hum) Please stop! I don't understand this WHAT IS GOING ON?

(Mom and dad, the frame shrinking as mom says 'He's been through a lot. He'll bounce back") Mom? Dad? You're not here!

(Family gathering with a beer, kaleidoscope effect again) I just…don't get this…stop it…

Assistant: We're doing what we can, but he's suffering withdrawal. He's coming to, but not doing so well.

(View of the ceiling. Mike is looking up) COME ON. MOVE!

(A nurse comes into view. "Can you state your name for me?") I…why can't I…I'll write it…what? (The nurse leaves) NO! COME BACK! PLEASE!

CUE 10 (WHEN VIDEO IS FINISHED)

What happened? Where am I? Was that mom and dad? No…they must want something from me! Someone is trying to convince me mom and dad are here…they must have digitized my brain….how long have I been here? Days? Minutes? Someone will notice I'm missing! Sooner or later! I'm not giving you assholes anything! Just PLEASE let me out!

Assistant: We'll try again. Michael? Are you there? If you can hear me, give me a thumbs up.

(Beat, another, finally Mike raises his thumb)

LIGHTS 37 UP

(Mike wakes up. Assistant is there as an ICU nurse)

Nurse: Oh, you're awake. Good to see you're with us! Do you know where you are?

Mike: Montreal! Right?

Nurse: You got it. Montreal General. We're going to help you get better. Get you back to your kids.

Mike: Kids? What's she talking about? I don't have any kids. I've never had kids! What sick game is this?

Nurse: Oh! I mean the kids at your school. Your mom told me all about your practicum.

Mike: I…uh…right…good cover…yes, that is what I do.

Nurse: There's someone here to see you.

Mike: Mom and dad…but…they're not in Montreal…it's a trick…

My apprehension grew as the impostors posing as my parents told me about what happened, how my roommate had found me on the floor of the bathroom unconscious, how no one had heard from me for an entire long weekend until my roommate had called my brother, how I'd been in a coma for the better part of 10 days and missed my birthday.

This was a lot for my confused mind to handle. I had a lot of…misconceptions…about what happened.

"So let me get this straight – I was unconscious for a week in April and a week in June, I missed a Christmas in there somewhere, as well as an entire season of Doctor Who, I was embroiled in an international kidnapping operation, and somehow lost the front of my face, including my entire nose…"

Assistant: No. None of that is true. At all.

Mike: Did...did my disappearance at least make the national news?

Assistant: …no Mike.

Mike: *Sighs* But wait…what about my program?

Assistant: They said not to worry about that right now.

Mike: Not worry…you mean…they gave me the degree?

Assistant: …no Mike…

Mike: Well alright fine.

Assistant: Alright, I'm sorry to cut this short, but visiting hours are over. You can come back in the morning. Mike, do you wanna watch a movie? I had to fight an angry Italian mother for the TV, but we can put something on. What do you prefer, the Dark Knight or Spider-Man 2?

Mike: Uhmm, I'll go with Spidey.

Assistant: Good choice, see you in the morning.

LIGHTS SWITCH TO 2

CUE 11

Mike: GOD DAMN IT.

CUE 12

LIGHTS 37 UP

As my mind began to settle over the next few days, I learned just how serious my situation had gotten. A blood clot in my intestines had caused me to black out, spiralling my blood sugar up to dangerous levels. This high blood sugar and my position on the floor had done a number on the nerves in my arms. The doctors kept my abdomen open for four days while they cut out the rot and worked to reattach my colon. Toxins flooded my body, and a dialysis machine was set up to cleanse my overworked kidneys,

They say if I hadn't been brought in within the hour, I wouldn't have made it. My classmates held a vigil for me. My parents made plans for what to do with my life insurance money. I had inadvertently beaten death. In trying to process the gravity of this situation, I instinctively did what I always did. I started to make light of my situation, cracking jokes to any who came by. Almost reflexively, I started joking, exercising my mind, the one part of me that was still intact. Pushing away the anxieties and fear and "what now"-ness with whatever dumb thing could come out of my mouth.

This absurd humour about the situation was infectious. The nurse told me

Assistant: When we brought you in here, your vitals were Incompatible With Life.

Mike: My dad shared his take on the situation from the vigil, which was held just after Easter.

Assistant: If you think about it, the timing is…almost Christ-like.

Mike: I'm so proud. And my dear friend and classmate shared his deepest concern when he sat down next to me, leaned in and in all earnestness asked,

Assistant: Mike…did they put a tube in your wiener?

Mike: Everything was fucking funny to me. It *had* to be. What else could I do? It made no sense to be miserable or freak out. I was safe. Out of whatever hell I'd been trapped in. I was going to survive. I even started plans for a graphic novel adaptation of my coma. Lofty goals for a guy who couldn't use his hands.

(Mike slowly gets up, pretending to walk with a walker)

As soon as I was alright to fly, I was shipped home to Saskatoon to recover in the hospital there. Recovery felt like starting over in a video game, level 1 without any of my equipment and with no Hold B to run. And of course, all my level 1 spells were fainting spells.

(Mike falls forward, hitting the floor)

I guess my heart just wasn't in it yet. In the meantime, Occupational Therapy gave me some brand new aides to help with my nerve damage.

(Mike sits up, rivet sounds coming from dim light as voiceover plays)

VO: Gentlemen, we can re-rebuild him. We still have the technology. We can make him stronger-er, better-er, faster-er, even MORE powerful than ever before. Mike de Jong, The Six BILLION Dollar Man!

Mike: The braces worked to keep my muscles from tightening with the damaged nerves, kept my wrists straight, fingers uncurled. They kept my hands in the correct shape so the nerves could heal properly, propped them up and had the bonus of protecting my weak parts from the world. It was almost like a metaphor of some kind.

By this point, I was used to it all. Limb stuff, blood, gut stuff. The only thing I was the least bit squicky about was eye stuff. It seemed again, I would have to get over that particular hangup pretty quickly.

Assistant: Your accident left swelling in your eyes. That's not a good thing. We can help it, with three monthly injections into each eye. How does that sound, apart from scary as hell?

Mike: …great…

(Assistant bends over Mike's face. Uncomfortable groans are heard)

Assistant: That went alright, but it looks like you'll need more work. We're going to use lazers this time. Any questions?

Mike: Uhh…does it hurt less than the needle?

Assistant: Yes, the lazer blast hurts less than a needle. That said, there are about 70,000 lazer blasts.

Mike: God. Damnit.

CUE 13

Assistant: Looks good! If nothing else, that retina isn't coming detached anytime soon!

Mike: I have no idea how to respond to that.

Thankfully, after all those headaches and staring into bright lights, the whole ordeal was over.

Oh, no. Wait. It was whatever the opposite of that is. No one could have seen it coming, least of all me.

(Mike lays on the table. Lights down.)

Voiceover: Gentlemen, we can…wait, we're doing this again? It's an eyepatch!

Mike: Commit to the bit! Rule of three, come on!

Voiceover: Nah, you're on your own.

Mike: Fine! I'll do it myself!

(Mike stands up, wearing the eyepatch)

Whether it was the barrage of needles and lazers or the blood thinners I was on, blood began to seep into the vitreous humour of my eye, blocking my retina. I won't get into the details of the two surgeries it took to correct this, but I walked out of there with new insight.

Assistant: You have very large eye sockets. Has anyone ever told you that?

Mike: Is this what it's like to talk to me?

Scene 5

Assistant: A taste of your own medicine! Isn't it the worst? Now: What have we learned?

Mike: (Talking and walking more robotically) This incessant use of dark humour is a real and present way of coping with some nasty life events. Much like these cybernetic enhancements, humour can help keep a person going and upright through the healing process. So much so that they can eventually mine it, and use it in a research presentation!

Assistant: And negative effects?

Mike: Well of course. Much like these braces, it can be restricting to stick to dark humour as the answer to everything. It can protect, but also block out a lot that should be experienced. Humour is a great tool for healing, but can become a shell if relied on too heavily.

Assistant: Recommended course of action?

Mike: (Pauses a little bit to think) Perhaps it's time to put a stop to this funny business. (Starts undoing straps and removing the braces) Perhaps I need to spend more time outside the comfort zone, take some unsteady steps and be fully human.

(Mike walks around the space, looking about and stretching.)

Assistant: But…surely you don't want to be just human? Vulnerable, damageable, mortal?

Mike: What are you talking about? I came back from the dead to finish my thesis. As long as I still have that unfinished business, nothing can stop…me…

Fuck.

LIGHTS DOWN

CUE 14

HOUSE LIGHTS UP

Appendix B. Lame Jokes Program

Lame Jokes - A Heuristic Exploration of Dark Humour in Response to Disability and Trauma

Written by Michael de Jong

Michael de Jong……………………………………………………Himself

Angela Tauber…………………………Robot Master/Various Roles

Zach Wolf…………………………………………Creepy Classmate 1

Mae Barron………………………………………Creepy Classmate 2

Mary Rowan………………,,,…Mom

Mark de Jong……………………………………………………………Dad

Bill Wood…………………………………………Technical Operator

Music:

2500 Tons of Awesome – Ramin Djawadi

We Listen Every Day – The Go! Team

Drop in the Ocean – Poppy

Everybody's Happy Nowadays – The Buzzcocks

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Appendix C. Lame Jokes YouTube Link

Lame Jokes onYouTube: https://www.youtube.com/watch?v=7wpfBGQOHBU