Incorporating Stand-up Comedy in Drama Therapy as a Narrative Model

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Incorporating Stand-up Comedy in Drama Therapy as a Narrative Model

Capstone Thesis

Lesley University

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Drama Therapy

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Abstract

Stand-up comedy is the purposeful use of humor while telling personal thoughts, experiences, and vulnerabilities to an audience. This literature review will explore what constitutes humor, its benefits to psychotherapy, how it exists in drama therapy, applications of narrative therapy, and applying stand-up comedy to drama therapy. By combining stand-up comedy and drama therapy, the author will argue how this combination can provide an additional viewpoint for drama therapy techniques and an alternative and therapeutic aspect to stand-up comedy.

Keywords: stand-up comedy, humor, laughter, drama therapy, narrative therapy
Incorporating Stand-up Comedy in Drama Therapy as a Narrative Model

Introduction

As a concept, drama therapy aims to help the client connect with aspects of their being and life through theatrical embodiment. Clients can reenact past experiences or create versions of future experiences to obtain an embodied and moment-to-moment reaction to the events. As Emunah (2020) described in her Five-Phase Model, the interventions are centered on the performative experience of the client as they create and perform a theatrical piece based on their life, thoughts, experiences, and worries in front of an audience. This piece takes the form of soliloquies, monologues, and other dramatic performance pieces present in the theatrical world. Through these dramatized and embodied recreations, the client can engage with as much content as is comfortable to them while having the ability to edit any aspect of it.

However, I would like to add another option to this collection of performances: stand-up comedy. In this thesis, I aim to present stand-up comedy, which is active and purposeful use of humor, as a method for the client to understand, work with, and accept parts of themselves that they struggle with. Similar to how narrative therapy aims to give the client ownership and editorship of their life story and its events (Richert, 2003), stand-up comics work off a similar premise and use their experiences (or altered versions of them) to bring about humor and laughter in their audience. They modify stories and add or exaggerate humorous elements in them as a way for the audience to connect and share in the experience of group laughter.

Much like drama therapy and other expressive therapies, the difference lies in the purposeful and mindful use of the art form for therapy. On its own, stand-up comedy could have cathartic elements and experiences. But, by understanding the essence of stand-up comedy as a
storytelling mechanism that allows for personal disclosure and story editing, we can turn it into a therapy experience meant to engage with the audience and the performer.

**Identifying the Writer in this Work**

I, the writer, am a current drama therapy student who identifies as male, cisgender, heterosexual, and a multi-ethnic person of color. I am also a fan, writer, and performer of stand-up comedy. I use drama therapy and stand-up comedy to analyze and work through current and personal events. As such, this literature review comes from someone who already experiences and uses the combination of drama therapy and stand-up comedy in his own life. Therefore, I must acknowledge the existence of some biases and personal interests in this work.

**Literature Review**

In this literature review, I will be exploring: the definition of humor, how humor can benefit psychotherapy, the presence of humor in drama therapy, and how to incorporate stand-up comedy into drama therapy. The structure and build-up to this last section will then be considered when creating theoretical applications of this work.

**What is Humor?**

Gibson and Tantam (2017) argued that, almost by definition, humor cannot be easily explained. Different authors, philosophers, and even therapists have defined and codified humor in different ways. For this thesis, I will define humor as the combination of factors in a situation that can elicit positive emotions from people who observe or hear said combination. It is the quality in an event where an individual can identify elements that break away from the expected or enhance the enjoyment of the event through laughter. Humor can, from there, be further
defined and categorized based on its use. Menéndez-Aller et al. (2020) did so in their study to gain a better understanding of how specific types of humor are present across different genders, ages, and education amongst other factors. They established that humor could be used in positive and negative ways that affect either the self or others.

Menéndez-Aller et al. (2020) recognized four uses of humor prevalent in the general population. The first is affiliative humor, which is the use of stories and jokes as a way of connecting with others. Second is aggressive humor which uses the qualities and traits in others as the origin of humorous remarks. The third is self-enhancing humor which uses humor to help cope with difficult situations. The last one is self-defeating humor, which is deprecating ourselves as a way of getting others to like us or connect with us. Something Menéndez-Aller et al. (2020) pointed out was that all four types can be used positively or negatively. If used in excess or to extremes, they could lead to an inflated ego, hostile relationships with others, or even make one more susceptible to depression and anxiety.

Berg et al. (2009) further categorized different types of humor and justified the specific use for them in the therapeutic setting. The researchers pointed out six types that are common and easy for children to recognize and understand. These were: the unexpected, exaggeration, incongruity, wordplay, nonverbal and slapstick humor, and retrospective humor. To work with humor, it is necessary for everyone involved to understand it both as humor and why it is humorous in the first place. Coincidentally, these six types of humor are routinely seen in stand-up comedy and form the basis of the comedic styles of many artists.

Gladding and Drake Wallace (2016) added to the canon of types of humor with their list, dividing them between ones more often seen as positive and ones that tend to be negative. The
distinction was in how they often make the recipient feel. The positive ones like irony, puns, and anecdotes did not come at the expense of the audience/target of the humor, often being used to enhance an experience shared by both parties. Negative forms of humor related to the aggressive humor pointed out by Menéndez-Aller et al. (2020), often being created by pointing out the flaws of the recipient. Satire could even go further and point out the flaws of an entire system or group instead of those of an individual.

In addition to defining humor, it is also necessary to establish its relationship with laughter and comedy as there are specific differences as applied to therapeutic work. Comedy can be operationalized as the active use of humor in a longer format. Humor can be just a quick remark or joke, while comedy is a more prolonged detailed use of humorous material. Meanwhile, laughter is the expected physical response of people to humor and comedy. While the terms are connected, this distinction must be made to clarify the intentions of this literature review.

Shepherd (2014) stated that humor serves a connective function. In their arts-based research study, the participants all came from different backgrounds and had varying levels of dominance over the English language. However, after their experience seeing physical comedy, they learned that they could communicate through humor. As humor is a natural component of the human experience and psyche, it can overcome language barriers and help connect individuals. While this work focused primarily on physical comedy, stand-up comedy can incorporate physical elements to it at the performer’s discretion, sometimes even being their main method of transmitting humor.

**Benefits of Using Humor in Therapy**
Lee (2018) conceptualized humor as a way of seeing the world and a way to cope with anxieties and fears. They took note of how older generations achieved a level of wisdom that often allowed them to better handle the existing difficulties in their life, such as the approach of the end of life (Erikson, 1994 as cited in Lee, 2018). Lee (2018) argued that older adults experience their mortality realistically and directly thanks to the wisdom they had gathered and face life with humor. According to Lee (2018), this acquisition of humor and wit allows older adults to progress through the difficulties they face. This mindset should be considered by younger generations when facing their existing difficulties.

Another aspect noted by Lee (2018) is that happiness and sadness are not mutually exclusive. To go through life, Lee (2018) argues that we require a balance of both, often one being the result of the other. Relying on only one is detrimental to the human experience as each is meant to help us with different situations and difficulties we will face in life. This philosophy is important to note, as the purpose of this literature review is not to imply that humor and laughter will solve all the difficulties of life. We must engage with both laughter and sorrow in our lives to be fully developed and emotionally mature individuals.

Focusing on the uses of humor for self-enhancement, we can see its applications in several areas. Gladding and Drake Wallace (2016) talked about some of the physical changes elicited by humor and laughter. They argued for the use of humor in therapy by mentioning how laughter activates muscles in the body, allows oxygen to flow through the dilating cardiovascular system, and how the brain releases endorphins. Embodied therapeutic practices emphasize the mind-body connection. Through these physical reactions to humor and laughter, the human body may be more engaged with positive neurotransmitters, leading to an increased mood and affect.
Outside of the physical benefits they mention, Gladding and Drake Wallace (2016) also pointed out specific instances where humor can be used in the therapeutic session and provided some guidelines for counselors to consider. They emphasized that humor must never be used at the expense of the client as that would serve no beneficial purpose. Another clear point they made is that the intention is not for the therapist to feel clever or smart through their humor. The only goal should be to create a space where the client feels more comfortable and welcome. If the client is not in a place where they can work with humor or if humor would be inappropriate for the session, it would be detrimental to incorporate it.

In addition to benefitting physical health, humor can bolster emotional and mental resilience. Menéndez-Aller et al. (2020) used a quantitative study to research how different types of humor could serve a protective function against anxiety and depression. Affiliative and self-enhancing humor showed negative correlations with these symptoms, while aggressive and self-defeating humor positively correlated. However, aggressive humor had a caveat to it: it correlated positively with affiliative humor and had positive social aspects in some situations. The researchers noted that the latter was plausibly related more to the culture of the study population and should be considered when thinking about the types of comedy used by performers. Therefore, these different types of humor affect the people engaging in them in ways specific to that type of humor.

Laughter has physical and emotional benefits as pointed out by Răban-Motounu (2018). In their study, they tested if laughter could indicate specific personality traits and emotional states. They had the participants watch comedic films and then had the participants rate themselves through a series of self-assessments. The results were compared between the people who laughed more and those who laughed less or did not laugh at all. Răban-Motounu (2018)
hypothesized and later confirmed, that people who laughed more: had higher self-acceptance, lower anxiety, and were less likely to express anger. They also pointed out that laughing together can help individuals bond while being laughed at can cause an individual to feel "rejection, humiliation, leading to a real phobia, but also different manifestations" (Răban-Motounu, 2018, p. 267). This distinction should be considered for the rest of the research.

Berg et al. (2009) demonstrated how humor can be used effectively for therapeutic means. Exaggeration humor could serve a role in helping people with anxiety if used to allow them to verbalize the fears and situations that arise in their minds. The researchers emphasized that it must be used carefully to ensure the client does not feel that their worries are being discredited or mocked. The ability to look back at events in our lives that scared us and being able to engage with them humorously could be a sign of improvement in the client's relationship with their past, according to Berg et al. (2009).

Dziegielewski et al. (2003) talked about the social benefits of engaging with humor. They described humor as a “lubricant for social life” (Dziegielewski et al., 2003, p. 75) that helps ease otherwise tense or uncomfortable situations when used effectively. An important distinction made by Dziegielewski et al. (2003) is that humor is "often defined along two dimensions, the appreciation of humor and the creation of humor" (p. 76), which could be crucial in how humor is used in the therapeutic setting. Focusing on the appreciation of humor could be beneficial for people who see themselves struggling with creating humor and doing so could help them see life experiences from a different perspective. This idea went along with Dziegielewski et al. ’s (2003) later statements that humor in the therapeutic setting can allow the client to relieve tension, depressed feelings, and discomfort. It provides a type of valve release where the client can let some of that energy escape and be less weighed down by it.
In a study done by Wellenzohn et al. (2018), the researchers sought to find a correlation between the effectiveness of a humor-based intervention and personality traits. These traits were extraversion, neuroticism, and psychoticism. The only correlation they could find was with extraversion and it showed that people with a higher extraversion level benefited more from the intervention. The results may lead one to assume that people higher on extroversion would be more willing to go through the intervention. However, the intervention should be designed to benefit as many people as possible and consider measures to ensure that more introverted individuals may still benefit from it substantially.

One factor brought up in numerous articles (Gladding & Drake Wallace, 2016; Menéndez-Aller et al., 2020; Berg et al., 2009; Dziegielewski et al., 2003; Wellenzohn et al., 2018) is that the therapist should primarily provide opportunities for the client to engage with humor. The goal is not for the therapist to show their mastery of the concept. Humor should be used in the service of the client to help them better connect with the session, themselves, or the therapist. The therapist should use it accordingly as a tool and at the client's discretion and comfort. If the client is uncomfortable with humor or feels that their problems are being made light of or not given the appropriate seriousness, the therapist would be remiss to force its use during the session and would only be self-serving in their use of humor. This caveat should be made explicitly clear to therapists wanting to incorporate humor in their work, especially if they use humor to deflect tense situations instead of using it to engage with them.

Gibson and Tantam (2017) posited that a therapist should pay attention to how the client naturally uses humor. Their use of humor can indicate their mental state and relationship with past experiences. Laughter and humor should not be considered the absence of stress or difficulties, as many individuals use humor to deflect their discomfort. As a therapist,
understanding how humor is used and what different types of humor signify can help determine when a client is using humor as a mask to hide how they feel.

**Humor in Drama Therapy**

The benefits of humor in drama therapy were highlighted in Emunah's (2020) Integrative Five Phase Model. During the first phase, Dramatic Play, Emunah (2020) talked about how "expressiveness, playfulness, creativity, spontaneity, humor, and aliveness are nurtured" (p.8) as part of developing the relationship between group members. Emunah (2020) pointed out that, during this beginning stage, clients can often feel apprehensive and nervous about being vulnerable in the group setting. By encouraging humor and playfulness, the drama therapist can help alleviate these feelings and foment the beginning of trust between group members. Humor can be used to engage with resistance in the group members, instead of rejecting the resistance. Care must be put in place during this part of the process, as humor made at the expense of other group members would result in the opposite of trust and engagement. Creating a safe, controlled space where there is an agreement between the group members and where guidelines are put in place to protect everyone can avoid this and goes along with the tight structure and planning required of the first phase.

Humor could continue to be present throughout the next parts of the Five Phase Model, primarily as a distancing mechanic. Emunah (2020) acknowledged that there is still humor present during the early parts of phase two, Scenework. The humor starts to peter out as the group members continue in this phase (Emunah, 2020, p. 10) and it may be absent in phase three, Role Play. However, if humor is put at the forefront instead of being just another component of the process, it can be used during Role Play to work through situations the group members go
through in their daily lives. Humor can serve as a protective factor for clients or even a tension diffusion technique by the therapist (Emunah, 2020, p 101). If humor is used mindfully and with purpose, it may work as a coping skill during these situations. If misused, however, humor could become a deflective or avoidance technique as opposed to a coping skill or connective technique.

To see how humor is present in drama therapy is to consider the function of humor in the world of theater. In their article, Hill (2005) talked about how the role of the fool, clown, or trickster has existed in history and theater and how we as drama therapists can carry parts of those roles into the therapeutic environment. As they stated, the fool often shows more insight and wisdom about the world than we believe. Fools have an instinctual and almost primal view of the world and engage with its natural chaos, flowing with it as a prelude to understanding it. Hill (2005) spoke about how older cultures saw the fool or clown as a revered figure with a purpose essential to the functioning of their society. These individuals alleviated tension, pointed out the similarities and differences between individuals and engaged with topics that others would not.

This view of the fool can be channeled into the possibility of exploring the self. Hill (2005) argued that the drama therapist can bring about a different therapeutic environment that, while often looked at as lesser than and uninformed by other practices, can provide the client with a viewpoint juxtaposed but always concerning their internal conflicts. The way a client engages with the role of a fool or clown may be different than how they engage with their typical roles. However, the client’s typical roles always inform their depiction of a fool. Through this contrast, the client can re-assess, or even assess for the first time, their relationship with the self and the roles in their lives.
Johnson (2017) brought up how the element of surprise can influence the client’s growth in therapy. He stated that “surprise is the result of a disruption in the experience of repeating forms by a nonrepeating element: the arrival of the unexpected from elsewhere” (Johnson, 2017, p. 78). When presented with this disruption of the expected, people often find themselves having a humorous reaction. "The unexpected" is even one of the types of humor described by Berg et al. (2009). Johnson (2017) argued that surprise and the disruption of the expected are what allow people to work through their situations after being stuck in the monotony of their problems. The influence of humor on the client's growth through the element of surprise should be taken into consideration when seeing the value of humor in drama therapy.

De Jong (2018) noticed the small pool of research surrounding the use of humor in drama therapy and, combined with the effects of a life-changing medical emergency, decided to expand this research pool. They specifically focused on the use of dark humor to counteract difficult life situations, as this had been their personal use of it. To achieve this, they created a performance centered on their history of using dark humor to cope with the many medical difficulties they faced. Through the performance, they were able to better connect with peers and family over the different perceptions of the medical complication de Jong lived through.

One important thing de Jong (2018) outlined was that they started noticing when they used dark humor genuinely and when they forced it to avoid discomfort in a situation through this performance. This difference helped them better understand how dark humor could negatively affect someone’s self-esteem and mental health if used as a deflective technique. This idea ties back to the research done by Menéndez-Aller et al. (2020), where they talk about four different types of humor and how, if misused, they could all negatively affect the user of that
humor. Dark humor would fall into the category of self-defeating humor established by Menéndez-Aller et al. (2020).

In their work, Tauber (2018) connected all these ideas and established how they play a part in the drama therapeutic process. Their work highlighted how humor serves as a connecting and distancing tool for the clients. It allows the clients to use the social aspects of humor as the adhesive that can bring together a group of former strangers and let them be vulnerable with each other. On the other hand, it allows the individuals to use humor as a buffer or shield to keep some of the more triggering and hurtful elements of their past at bay, allowing the client to engage with a proper amount distancing from the situation. The connective aspect allows a client too distant from the event to be brought more into the moment due to the connection formed with other group members and the scene at play.

Tauber (2018) also noted that many of Emunah's (2020) techniques and interventions find their roots in improv games. According to Tauber (2018), these games are meant to help the participants "become comfortable performing with and in front of one another" (p. 20). Considering that improv is, almost exclusively, a humorous and comedic art form, it would not be out of reach to incorporate other comedy-focused art forms into drama therapy.

**Narrative Therapy in Drama Therapy**

Narrative therapy, as explained by Richert (2003), focuses on helping the client “externalize and deconstruct the problem and to identify preferred outcomes” (p. 188). It was pioneered by Michael White (2007) and its goal is to empower the client by letting them change their perspective on their problems and difficulties by seeing these problems themselves as the root of their unhappiness as opposed to the client seeing themselves as the problem. Richert
argued that the therapist should see themselves as a facilitative agent to the client, not a mutative one (p. 189). The therapist is there to help the client explore their narrative and make changes on their terms, regaining the power they may have lost to the problem at hand.

Emunah (2020) noted that narrative therapy and drama therapy pair well together. Both these practices aim to empower the client by “fostering agency, directorship, and meaning in one’s life” (Emunah, 2020, p. 39). Through this combination, Pamela Dunne (Dunne et al., 2021) created narradrama, a direct application of narrative therapy ideas through a drama therapy lens. It allows the client to explore the stories and narratives they establish in narrative therapy through a performative and embodied method. While Emunah’s (2020) Five Phase model works from the fictional world to the real one, narradrama tries to take the client from their real world to a fictional world ripe with possibilities and different viewpoints they can explore (Dunne et al., 2021, p. 233). This helps the client feel greater ownership of their story and work more in the vein of an editor as opposed to an interpreter of their narrative.

Benefits of Stand-up Comedy in the Therapeutic Setting

Stand-up is a form of comedy "of, relating to, performing, or being a monologue of jokes, gags, or satirical comments delivered usually while standing alone on a stage or in front of a camera" (Merriam-Webster, n.d.). A stand-up comic is a comedian who primarily uses this form of comedy as their platform.

The documentary Laughter Matters (Bernstein, 2019) captured 11 comedians talking about their struggles with mental health. They all recounted their stories dealing with depression, anxiety, doubts of self-worth, and other instances that have shaped them as people. They made it known that a large portion of their industry deals with their mental health struggles and that they
use comedy as either a remedy or mask for their problems. In the documentary, comedian Aparna Nancherla stated that "Comedy is a way to translate your darkest thoughts into a form that gives it a little less power" (Bernstein, 2019, 20:27) and this is a guiding principle for this thesis. The comedians, however, were clear in their message that stand-up comedy or comedy, in general, should not be a replacement for actual therapy.

Some of the comedians in the documentary had started using their experiences with mental health in their material. For Chris Gethard, a stand-up comic dealing with depression and substance abuse, the goal was to use their platform as a way of educating audience members who did not deal with the same conditions and help audience members that did suffer from mental health problems feel seen. The use of personal mental health struggles to connect with the audience is been seen in other comedians like Bo Burnham, who has admitted to suffering from anxiety (Klein & Klein, 2018, 13:21). Burnham's work was later shaped by his experiences with anxiety and panic attacks, leading to him distancing himself from his career to focus on his work. This concept resonates with what comedian Sarah Silverman said on Laughing Matters (Bernstein, 2019), where she emphasized how being happy and healthy was more important than being successful in comedy.

The last three parts of Emunah's (2020) Five Phase Model emphasized personal performance and how it draws upon the individual's history and experience with themselves. Taking personal material and experiences and transforming them into a performance in front of an audience is almost a foundation of what stand-up comedy comprises. The structure is already in place to allow the participant to explore their viewpoints, experiences, and struggles and present them to a witnessing party. Using stand-up comedy in this structure could enhance the
experience, connect with the audience through shared humor, and serve as a protective factor to ameliorate tension over the subject for both the performer and the audience.

Some of the comedians in *Laughing Matters* (Bernstein, 2019) recounted how they spent their childhood making jokes at their own expense to others. Their goal was to use aspects of themselves that others mocked or would be able to mock and then wear those aspects as badges of honor or make the jokes before others could, taking away the power of the jokes. This use of humor ties back into Keisalo's (2018) and de Jong's (2018) research by demonstrating how the individual now has the self-awareness to understand their relationship with peers and taking the necessary steps to protect their mental and emotional health from possible attacks by others.

Keisalo (2018) brought up that the comedian serves as both sign and sign-maker as a representation of specific thoughts, experiences, and identities while also being able to subvert these ideas. They present aspects of themselves and are then allowed to assign these aspects meaning and value at that moment. This view fits with the ideas of narrative therapy and allows the client to take ownership, control, and editorship of their experiences. With this, the client can see the problem, instead of themselves, as the problem that needs to be worked on (Richert, 2003).

**Discussion**

Humor is a benefit to life and health. Giving it a noteworthy and standout role in therapy is, therefore, a great service to the field. By combining the adaptable and humor-accepting nature of drama therapy with the personal and meticulous elements of stand-up comedy, we can further improve the benefits. The idea is to truly emphasize the presence of humor in the client's life and
allow them to take an active role in its production and, therefore, its benefits to their mental and physical health.

The benefits of humor in life and therapy can be seen through researchers like Berg et al. (2009) and Gladding and Drake Wallace (2016) who denoted how including humor in our daily lives helps release endorphins (making humor physically beneficial) and how humor can help diminish the effects of anxiety (making it emotionally and mentally beneficial). However, we must not underestimate the impact that the type of humor has on both the performer and the audience.

One situation not noted by Gladding and Drake Wallace (2016), in the case of negative types of humor, is if the audience members of the performance are not the ones whose flaws are being pointed out. The performer might make their jokes at the expense of a corporation, a public figure, or any other outside entity to connect with the audience through shared dissatisfaction over said entity's actions. This type of humor would still be considered negative since it comes at the expense of another. However, it also serves a connective and relational function. The latter is important, as humor could inform the public about worldly or cultural problems in a safer and less stressful manner. This use of humor should not replace the necessity of someone informing themselves properly, but as seen with the comics in *Laughing Matters* (Bernstein, 2009), talking about life problems, mental health illnesses, and injustices can help both the audience and the performer work through these difficulties.

**Figure 1**

*Progression of connection between audience and comedian through shared dissatisfaction*
This idea of talking about past or even current difficulties could be considered a form of the retrospective humor brought up by Berg et al. (2009). While not as commonly seen in stand-up comedy in the past, retrospective humor could be very effective in the therapeutic process. It allows the client to look back at their life and re-assess situations from a new perspective, hopefully finding humor in the event after the fact. If channeled directly through the drama therapy process, this humor can be put on the forefront and allow the client to develop their understanding of that situation. This thought process is similar to how de Jong (2018) found themselves rethinking their use of humor and how they felt more connected to their peers and family after they saw de Jong's performance.

As previously stated, humor plays an important role in drama therapy as it allows for both distancing and connection. Taking inspiration from these performers, their struggles, and how they have attempted to manage their mental health, drama therapists may want to incorporate elements of drama therapy into the stand-up comedy structure. Many drama therapy
interventions are formatted for groups, but there are still interventions that focus on the individual’s experience and performance. Emunah (2020) talked about how Self-Revelatory performance is a personal experience that allows the participant to use their performance to work through struggles present for them at that moment. This thought process can go together with the stand-up comic’s use of personal struggles in their sets.

Stand-up comedy also allows the performer to live out an enhanced or exaggerated version of themselves on stage. This stage persona takes specific aspects of the performer (their voice, posture, mannerisms, race, etc.) and lets them bring those to the forefront as part of the performance. Keisalo (2018) expands upon this aspect of the stand-up comedy performance by stating that the stage persona is dependent on the performer's self-awareness. The persona is a balance between the performer’s outer and inner selves. This combination is later paired with the comedy material to establish how the audience relates to the performer.

A risk with creating a stage persona is that the participant will decide to engage with this persona more often than their actual personality. The participant runs the risk of developing a "mask" that is more appealing than reality and can hide aspects of themselves they do not want to represent as opposed to an enhanced engagement of their innate roles. This problem can arise in most situations where some of our traits and roles are highlighted too much over the rest of ourselves, providing them a spotlight they have no reason to want to leave. Both humor and growth are achieved through vulnerability and genuineness, a fact the participants will have to contend with during this process.

Keisalo (2018) argued that the stand-up comic’s persona is a balancing act between their outer self (what society sees us as) and the inner self (what our actual personhood represents).
This concept is not dissimilar to the ideas behind performative interventions in drama therapy (such as role-plays, self-masks, and embodiment), which draw upon the roles we play in our lives to help inform the current situation. Considering these similarities, incorporating stand-up comedy into drama therapy interventions would focus on seeing the roles and experiences through a lens of humor.

Humor can be a deflective factor (such as avoidance or counterattacking) where it does not allow the individual to engage with the current situation and work through it. Using humor as a protective factor through grounding techniques and emotional regulation is meant to self-soothe or soothe others while still having the intention of working through the situation after a moment of rest. In the therapeutic space, the drama therapist should pay attention to whether the client uses humor as a protective or deflective factor. A person could very well overuse humor as a way of remaining disconnected and uninvolved in situations that are stressful or uncomfortable to them, like the therapy setting.

Incorporating humor in the therapeutic setting could allow the participant some emotional relief, allowing them to further engage with what Developmental Transformations (DvT) calls “the unplayable”. In DvT, an adjacent practice to drama therapy that also utilizes dramatic and embodied elements, “the unplayable” is a situation or topic that makes the participant uncomfortable or feels distasteful, often related to prior traumas or socio-cultural topics (Reynolds, 2011, p. 306). By giving the unplayable the respect and validity it deserves but removing some of its darker power through humor, the client may be able to bridge the gap towards it and find a new perspective of it. Moments of humor in a session may also contribute to some resilience building and tension breaking for the client, giving them a moment's rest to
continue engaging with the scene and not become overwhelmed. This mindset can later find use with daily stressors and events the client finds themselves in.

If we include narrative therapy concepts in this type of work, we gain even more ground to stand on regarding the effectiveness. Narrative therapy focuses on the idea of externalizing problems and situations as separate from the individual (Ricks et al., 2014) to help the participant not see themselves as solely this problem, diagnosis, or situation. It then aims to have the participant reauthor their story and situation, seeing it from a different perspective and allowing it to play somewhat differently than how it did. When pairing drama therapy and narrative therapy, the client can first reauthor their story through narrative therapy and then embody the changes and the story itself through drama therapy. This allows the client to experience what may have been if the situation had played out as they had hoped.

**Theoretical Applications**

Considering the parameters, ideas, and connections established in the discussion section, the practical applications of stand-up comedy in drama therapy could be established as a multi-step intervention. The process would begin with the introduction of the concept and the basics of stand-up comedy and conclude in a comedy night where the participants can perform the material they have written. The intervention should include learning opportunities for the participants to develop their comedic timing, storytelling capabilities, ability to establish proper distancing from the material, and relationship with their narrative.

The breakdown for the intervention would be a three-week process where the participants would meet three times per week. Each week focuses on a specific aspect of the writing and will culminate in a group-wide comedy night where everyone can present their work as a three-
minute stand-up comedy performance. This last piece is important as the group environment should be more welcoming than an outside location and the group members are aware of the effort put into each piece, meaning they will be more respectful, kind, and supportive of each other. The main goal of the intervention is not for the participants to write or perform a groundbreaking piece of comedy, but for them to engage with their own story in a new perspective and share their life experiences with peers. The idea is for the clients to create their performance and work on their set throughout the three weeks while incorporating the insight they gain from each section. The participants will also do self-surveys to measure values such as self-esteem, relationship with self, and happiness before, during, and after the intervention.

Throughout the three weeks, the participants would be provided with stand-up comedy videos to watch. Not everyone will be familiar with the same types of stand-up comics or even stand-up comedy in general, so the therapist will provide them with the links to watch some performances to better acquaint the participants with the material. The therapist should consider showing the *Laughing Matters* (Bernstein, 2019) documentary as well so they could more clearly see the link between stand-up comedy and mental health. The videos would cover different topics to help the participants see from what topics comedians draw their material from. These topics could range from race, gender, family, sexuality, and others which tie back into the participant's life experience and the sources of their mental health struggles. Drama therapy values and promotes the incorporation and respect of the individual’s cultural and personal factors in the work, as pointed out by Jones (2007). The drama therapist must always consider how the client's background can influence their play (Jones, 2007, p. 164).

**Week 1: Storytelling**
The first week will be dedicated to the storytelling element of stand-up comedy. As stand-up comedian S. Gibbs (personal communication, December 18, 2020) explained, comedians who are successful at attracting an audience and relating to them are, first and foremost, storytellers. The humor is integrated into the storytelling, but it must come off as a strong story for the humor to be captivating. It is not just a rapid-fire succession of jokes, but the addition of a humorous lens to a story shared with others. This portion of the intervention is where the participants would engage with their own experiences and transform them into a well-structured narrative.

The process for this first portion will have influences from narrative therapy. As stated in Wallis et al. (2011), narrative therapy focuses on the participant as an expert on their own life. The participant has the full ability to bring about the memories and experiences they wish to use for the intervention and can edit it in a way that is most helpful to them. The ability to edit works alongside the idea of distancing in drama therapy. Distancing allows the participant to engage with the material without being overwhelmed or unaffected. The material should be safe and comfortable for them to present, but it should also be an opportunity for them to work through emotions and situations they have struggled with.

**Week 2: Humor**

The second week of the intervention will be focused more on incorporating humor into their storytelling. This is achieved through different interventions geared towards the active use of humor or by focusing on the humorous aspects of a story. Interventions like the *three funny things* used in the Wellenzohn et al. (2018) study would help the participants actively search for those humorous moments in the stories they have crafted. This intervention has the participants list three funny things that happened to them during the day. Another intervention, recommended
by Gibbs (personal communication, December 18, 2020), is to have the participants write about one topic for 5 minutes without the intention of being funny. They then write about another topic with the same rules. Once they have written about both, their task is to write jokes focused on those two topics. This activity "gives focus and a sense of urgency" (Gibbs, personal communication, December 18, 2020) and can help the participants ease into comedy writing and build towards editing their own stories.

A necessary element for this section is helping each participant find their voice and style of comedy. As stated before, humor comes in a variety of forms and, if the intervention is to succeed in helping each participant, the participants must find the type of humor they are most comfortable with. This would be achieved through the videos of different stand-up comics and their styles. It would range from styles such as physical comedy, absurdist comedy, dark humor, observational humor, and others. The participants would each talk to the therapist about what style of comedy they are most interested in or would be most beneficial. The therapist would then help them find comedians who would benefit the participant's style. The participants should not copy anyone else's style, but they may take inspiration from already established comedians and use this inspiration to find their voice. Another key part of this is ensuring that everyone in the group is comfortable with the presented forms of humor to minimize triggering content or humor styles.

**Week 3: Performance**

The third week would focus on the actual performance of stand-up comedy. The participants have already been introduced to storytelling and how to add and recognize humor. They should be finishing their writing around this time and their sets will be workshopped. This
section will include more theatrical elements to assist with the presentation. It will focus on comedic timing, non-verbal components of their performance, and overall presentation. This portion of the intervention will take cues from Self-Revelatory Performance as defined and explained by Emunah (2020). The drama therapist will take on the role of director and assist the participants in developing and formatting their stand-up pieces. The pieces, much like Self-Revelatory Performances, are meant to provide the participants to work through personal material in the theatrical space.

At the end of the three weeks, the participants will perform their sets. No one is forced to perform, but the process is designed to encourage everyone to perform to the best of their ability. The collaborative nature of the intervention is meant to create a welcoming environment for the participants where they hopefully will not feel judged for their work. Everyone in the group will have gone through the same training and should understand the effort put in to write, prepare, and perform the sets. If a participant does not wish to perform, their choice will be respected. This performance will be watched by the rest of the group and anyone the participants would like to have there to observe them perform. This includes family members and peers the performer thinks would have a better understanding of them through the performance. This is inspired by how de Jong (2018) felt more connected to their peers and family through the performance in their research.

Post-Performance

After the performance, the participants will meet one last time to talk about the experience and what it brought up for them. Through this session they can talk about how they may have related to the material performed by someone else, how they better understand the
struggles of their peers, and what it was like for them to be open with an audience about their struggles. Gathering one last time would give the intervention a clear closure and wrap-up after the climactic performance. Establishing a proper closure is important in therapy as it can symbolize the ending of one stage of life and the beginning of a new, better-informed stage.

| Week 1        | • storytelling elements  
|               | • narrative therapy inclusion |
| Week 2        | • humor elements  
|               | • inclusion of personal and cultural factors |
| Week 3        | • performance elements  
|               | • stand-up set performances |

**Limitations**

This intervention is purely theoretical as it has not been tried or tested at the time of this writing. If tested, there is also the plausible difficulty of finding a large enough group of participants available to meet at the frequency suggested. There is always the possibility of restructuring the length of time to one more feasible and accessible to the participants. The amount of preparation and work may also be time-consuming and require more than one therapist as a group leader, but that would be discovered through the testing of the intervention.
This intervention is also based solely on a literature review about research that (to this writer’s knowledge) had not been attempted prior.

**Conclusion**

Stand-up comedy offers a new element to drama therapy and therapy in general by allowing humor to work as a connective factor to improve the client’s relationship with themselves and others. It allows the client to explore aspects of their story, identity, and place in the world to work through the emotions and difficulties they have gone through and add humor to them as a protective factor. Using stand-up comedy in the therapeutic environment could provide clients with a new opportunity where they can find a new understanding of themselves by engaging with humor and seeing things through the element of surprise which may the negative outcomes they have come to expect. When performed in front of an audience, it also helps the performer and audience connect through their shared reactions to events. This factor lets both parties feel validated in their emotions, reactions, and experiences. The intervention suggested here would allow the participants to explore how humor plays a role in their life, how they can enhance its benefits to their life, what aspects of their life are they secure about and can joke about, and what aspects of their life allow them to connect with others when presented in a humorous and connective manner. The addition of drama therapy to stand-up comedy helps the performer better imagine and experience their own stories through embodiment, allowing them to see it as a possibility of a life they would like to live from then on. Humor is, essentially, a connective element to our lives and, if applied purposefully in psychotherapy, it would help the client establish stronger connections both with others and with themselves. Stand-up comedy reminds us that, when facing the difficulties of our lives, laughter matters because it adds specks of light to the dark that we face when living with mental health illnesses.
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