Humour in dramatherapy in addicted persons

(overview essay)

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Abstract: *The research focuses on the description of humour and its effect on dramatherapy intervention in people with addiction. In a short research, we used the so-called "sculpture" as one of the sources for obtaining data, where clients depicted selected thematic areas using their own bodies and subsequently verbally described their meaning. Another method used was a questionnaire survey with open questions, when clients answered thematic areas that arose from sculpture and last but not least it was field observation of dramatherapists. This compares body-based data and subsequently verbalises the attitudes and ideas of clients in conjunction with dramatherapist observations. Dramatherapy as a discipline uses for its work means such as play, role play, improvisation and more. These means, and especially improvisation, offer a number of situations and stimuli where humour is revealed and applied. The topic of humour arises in almost every dramatherapy intervention and works in different dimensions to the process. As it turns out, humour works on multiple levels, for example as an encouraging humour that helps build a therapeutic relationship, but also on opposite levels, serving as an escape from the topic the client is currently working on. It was the exploration of these levels of humour in dramatherapy intervention that was a central theme of the research study.*

Keywords: *psychotherapy, humour, dramatherapy, group, addictive behavior*

1 Introduction

The theme of humour is closely linked to psychotherapy, as S. Freud already creates many links to jokes and humour in general in his writings Dream Interpretation (in Christoff, Dauphin, 2017). Another important psychotherapist related to humour

was I. Yalom (2016). Flores P. J. and B. Carrulth (1998) devoted a whole chapter to humour in connection with creativity in their book. During dramatherapy intervention, linking to humour is a kind of essence that naturally manifests itself through improvisation and play. R. Emunah refers directly to this in the Five-Step Integrative Model (Emunah in Johnson, Emunah, 2009). Specifically, the combination of addiction treatment and humour induces a priori a sense of contradiction to almost exclusivity. However, K. Kalina (2008) also refers to the topic of humour in the context of therapeutic communities. Humour is evident in the environment of psychotherapy and dramatherapy, and we can observe its immediate presence in the therapeutic intervention.

Humour can undoubtedly be described as a typical human ability that manifests itself across the social spectrum and cultures. Therefore, it is not dependent on socio-cultural status, although it often gives rise to humour. Also lived experience, experience, but also belonging to a specific subculture can influence topics that appear in humour. When asked what humour is and how it manifests itself in society, Martin (2006) answers from the perspective of psychology by dividing it into four components:

a) social context
b) cognitive-perceptual process
c) emotional response
d) vocal-emotional expression of laughter (R. A. Martin, 2006, p. 5)

Hartl (2004, p. 84) presents a comprehensive view that describes humour as a joyful emotional relationship that is evoked by comic thought, idea, situation. Borecký (in Heretik, 2019), on the other hand, considers the concept of comic, or also ridiculousness, to be an umbrella. This umbrella term is chosen because the comedian is an older term and comes from ancient Greece and refers to the term comicos, which was used as a counterweight to sadness. The theme of sadness and humour is followed by Heretiková and Heretik (2009), where they represent humour as one of the healthy defense mechanisms in dying/sadness and in topics dealing with death. Humour thus helps to cope with a difficult life situation on a cognitive and emotional level. Humour can be recorded primarily on the cognitive level and considered as a kind of intellectual game, as we see above. However, McGhee (Goldstein, McGhee in Heretik, 2019) extends it to other factors such as physiological, behavioral and psychodynamic. As we can see, humour can be discerned on different planes and dimensions. Humour is a relatively complex human manifestation and can be considered as an expression of the emotional state and experience, cognition and personality of the person. It can therefore be perceived as an externalization of thought, emotional, behavioral, cognitive, intellectual and other manifestations occurring within the individual itself. The complexity of humour and its multifactorial influence is based on a kind of

synthesis of stratification by Martin (R. A. Martin in Heretik, 2019, p. 23–24), which described the various dimensions of humour in connection with human personality and linked them to the understanding/perceiving of humour:

a) cognitive ability (understanding, creation, remembering humour)
b) aesthetic response (appreciation of humour, amusement through humour)
c) habitual patterns of behavior (tendency to laugh often, talk and listen to jokes, entertain others)
d) emotional, temperament traits (eg, cheerfulness, energy)
e) attitudes (eg relaxed worldview, positive attitude to humour)
f) cognitive strategy or defense mechanism (tendency to face adversity with humour)

The combination of the above definitions and concepts is offered by Heretic (2019), who views humour as a superior term for mental phenomena that are closely related to our perception of what is ridiculous. On the other hand, a sense of humour is something that is highly individual and reflects the individual themselves. He also distinguishes humour into situational, visual and verbal.

Dramatherapy can be included in expressive therapies and can be further divided into clinical dramatherapy, which takes place primarily in the environment of healthcare facilities and into supportive dramatherapy, which is part of, for example, intervention by special educators (Valenta, 2011). According to ADČR, dramatherapy in the Czech Republic is defined as "a psychotherapeutic approach using theatrical means to find a favorable balance in the mental and physical field or in relationships or with the intention of personal development. The focus of dramatherapy is the process associated with the experiences of creation based on metaphor, imagination, projection, interactions and group dynamics through which emotional, rational, sensory and somatic levels are interconnected…" (Association of Dramatherapists of the Czech Republic, 2016)

Dramatherapy can be further defined by the key processes described by Jones (1996). The key processes can be considered as a pillar of dramatherapy and at the same time, as the name itself suggests, a detailed description of the process. As Šilarová and Vávra (2017) write, key processes are central to the basal understanding of the process and its grasp. The key process is not represented by individual methods or techniques, but it describes the phenomena and events that dramatic reality offers us and allows us to build a dramatherapy process. Jones (1996) identified nine key processes that are repeated in each dramatherapy intervention. The description of the key processes came from a detailed analysis, not only that it gives us a description of the process, but also the kind of feedback check where we can identify whether it really is dramatherapy. Dramatherapy intervention can thus be defined and identified by the following nine key processes: dramatic projection, drama therapy empathy

and distance, role play and personification, viewer interaction and active testimony, embodiment, play, transfer to life, change, therapeutic-theater process (Jones in Valenta et al., 2017). The process and the game process in general are very crucial in the process. Huizinga (1971) describes the game as a voluntary activity that has fixed boundaries over time and space. These boundaries are voluntarily accepted by everyone in the game process. The game has a goal in itself and is accompanied by a feeling of joy, tension, and at the same time it "exists" in a space of other existence than the real world. A similar phenomenon is described by Csikszentmihalyi (2015), who links the game process and the game itself with the concept of flow. This concept describes the state in which the internal and external conditions are interconnected, which makes the state known as flow. In this state we find ourselves in a fictional world where time and reality are of different dimensions. In this state of flow there are feelings of happiness and demonstrable personality growth (Csikszentmihalyi, 2015). In the above, we can understand dramatherapy intervention and its complexity and intricacy. The intervention can be related both to an individual intervention started and ended in a time of, for example, one day, as well as to an intervention within the long-term process of dramatherapy.

The aim

The aim of the research is to describe humour in dramatherapy intervention in persons with addiction within the dramatherapy process. Both psychiatric hospital patients and drama therapists are involved in the process as they interact with each other. This factor is quite important, since dramatherapists often bring topics and enter the process of play and improvisation with clients. Mutual active participation in the process of dramatherapy and authenticity is one of the distinctive features of dramatherapy. To enter a dramatic reality, the authenticity and active presence of both drama therapists and clients is essential. Thanks to this intersection, there is room for the functioning of phenomena such as intersubjectivity and creativity. These two phenomena are then reflected in how clients and drama therapists enter the playing area and how they handle them for their own personal benefit, benefit to the community and work with personal topics. The research does not aim to provide a comprehensive overview of the phenomenon of humour in dramatherapy, but rather to reflect and highlight the relationship of humour in dramatherapy intervention in persons with addiction between observation of dramatherapists reflecting clinical practice and the perception of patients at Psychiatric Hospital Kroměříž. This mutual look and its subsequent intersection will allow a better understanding of how humour appears in dramatherapy. The aim of the research is to understand, through content analysis, the role humour plays in the dramatherapy process and how it is seen by both parties involved.

2 Methods

The aim of this research was to investigate the perception of humour in dramatherapy intervention in addicted persons. In this case, the research group consisted of a heterogeneous group of persons over 18 years of age who were patients of Psychiatric Hospital Kroměříž at the toxicological rehabilitation ward. All patients were admitted to a psychiatric hospital because of a diagnose of a mental disorder and a behavioral disorder caused by the use of psychoactive substances, defined in ICD-10 under code F10–19. Within the ward where the researchers realize dramatherapy, these are patients with non-alcohol addiction related to the use of psychoactive substances. Before completing the questionnaire, each patient attended at least two dramatherapy sessions. Overall, the questionnaire was administered twice, with the group slightly differing in both cases due to the fact that the ward where patients are treated is open and therefore the patients fluctuate. The questions for the questionnaire arose from practice and from specific dramatherapy intervention, when researchers used projective sculpture method and subsequent verbalization when working with clients. Emunah (in Johnson, Emunah, 2009) mentions this method, for example, as an opportunity to externalize emotions and feelings and translate them into a comprehensible language. Sculpture according to Volkas (in Johnson, Emunah, 2009) can also serve to deconstruct and discover unconscious forces and to become conscious. Jones (2007) describes embodied work through sculpture, and Landy (1996) uses sculpture for a test based on a role taxonomy. As we can see above, this method is widely used by dramatherapists for the initial exploration of client topics. The method was intentionally chosen because it met the conditions of the ward and did not violate its Code of Ethics. Within the sculpture, its verbalization and externalization of patients' emotions and feelings, there was a recurring phenomenon and a description of similar topics related to humour. These topics were used by dramatherapists to develop a simple questionnaire to verify the presence of topics in the group. Following the example of Grainger (1999), the themes of sculpture were grouped into four categories. These categories were simplified and adapted to the needs of the questionnaire and patients of Psychiatric Hospital Kroměříž. The methods of data collection were chosen for the purposes of the research to cover the widest possible field and thus bring the researchers the closest possible picture of the studied phenomenon. The sculpture method mentioned above was used first. Another method was a questionnaire with open questions that were extracted from the sculpture data collection method. The last two methods were the observation and narrative description of the dramatherapy intervention performed by the dramatherapists/researchers.

Former categories originated from sculpture	Transformed category to a question to a client
Humour in dramatherapy	How would you describe humour in dramatherapy?
Specifics of humour in dramatherapy	If there is humour in dramatherapy, how do you personally perceive it?
Humour in dramatherapy in difficult situations and topics	Do you think that humour in dramatherapy can help you anyhow?
Humour in the collective work in community	Do you think that humour is somehow beneficial in building a community and working with dramatherapists? And how?

Figure 1: *Categories and questions from the questionnaire*

A total of 18 people answered in the first administration and 16 in the second. In total, 34 persons participated in the questionnaire survey. Other subjects who participated in the research were dramatherapists themselves, who recorded field observations in a record sheet and also used a narrative description of dramatherapy intervention. Dramatherapists consisted of two men and one woman. These observations and narrative description of the dramatherapy intervention have been codified and summarized in a separate set to avoid misrepresentation of results and are included for comparison with the results of the patient questionnaire. The contents examined in the research were pre-defined in accordance with the methodology used. For the purposes of the research, the content was defined for the presence of humour in dramatherapy and then on the role of humour in dramatherapy intervention. These contents were predetermined and strictly adhered to. Encoder reliability was ensured by a double check, where the analyzed materials were always coded independently by two researchers. The resulting codes thus intersect the independent operationalization of data from the perspective of both encoders.

The data were processed using content analysis, which is based on the non-positivist tradition of research (Sedláková, 2014). Its strength lies mainly in the possibility of examining a large set of data or text and subsequently codifying it to create a link between two or more variables. This methodology was chosen for its ability to bring order into social phenomena, which are often difficult to grasp and classify. The method belongs to quantitatively oriented methodologies, however in the coding phase, it is possible to turn to qualitatively oriented coding. For our purposes it is defined for the examination of contents and their general quantification. Data is presented in a simple enumeration, where researchers quantify the number of responses in each code topic. Furthermore, the research is generally presented and does not imply a valid intent as the amount of data does not allow for validity. It should also be noted that this research does not aim at this.

The limits of content analysis consist mainly in exploring meanings that are culturally, socially and contextually conditioned. In the process of social and media construction of reality, these meanings are constantly changed, negotiated, confirmed,

built and reproduced, which makes their unambiguous definition almost impossible. A big limit is the non-variability of data, which is also based on the methodology used (Sedláková, 2014). The researchers were aware of this limit from the beginning and counted on it. This research study does not aim to comprehensively map the entire phenomenon of humour in dramatherapy intervention, but rather to verify the need and observation of clinical practice. The primary objective of this research study is to accentuate the topic to verify that it is sufficiently supportive for further exploration on a larger scale. At the same time, the data processed within the research study will serve for compiling a more comprehensive quantitatively oriented research, which aims to work with both the validity and reliability of the data so that they can be verified internationally.

3 Results

In this section we will look at the analysis of the data obtained by codifying the questionnaires. The aim of the research was to find out whether the accentuated topics related to humour will be repeated in dramatherapy intervention. Although the questions in the questionnaire were aimed at humour and drama therapy, patients had the opportunity not to answer the question. In all cases, patients completed the questionnaire completely and therefore no question was left unanswered. Patient responses were codified and operationalized and categorized into categories where the individual categories summarize the codes obtained from Psychiatric Hospital Kroměříž patient responses. First of all, we present a simple list of the codes that came from the content analysis of the questionnaires and the number of responses:

a) Humour and its perception – **16 answers in given code**
b) Humour and self-exploration – **17 nswers in given code**
c) Humour and distance – **8 answers in given code**
d) Humour and its influence on group dynamics – **30 answers in given code**
e) Humour as escape and relief – **22 answers in given code**
f) Immediate effects of humour on a person – **35 answers in given code**

Figure 2: *Codes from questionnaires and the number of answers*

The total number of responses in each code is 128, but this is not a valid number. This number is for reference only. Also, this figure does not mean the total number of responses from the questionnaire, as some replies were discarded due to irrelevance to the topic of the research. The table below provides an overview of the code comparison and the quantified representation of responses. As we can see, the most answers are in the code called the immediate effects of humour on the person, which

constitutes a significant contrast to the code humour and distance which is on the opposite spectrum and the least number of responses.

As we mentioned, in a separate list we bring observations of dramatherapists/researchers, which were also categorized into individual codes:

a) Patients use humour to manifestation of topics related to sexuality
b) Patients through humour manifest using addictive substances: 1. fears and worries; 2. obtaining attention; 3. situations from the time before abstinency and treatment
c) Through humour patients reflect difficult situations in treatment
d) Humour as escape from the topics, problems
e) Humour which deepens therapeutic relationship (humanization of the process)
f) Humour as an integral part of dramatic reality
g) Humour as a mechanism to handling shyness, embarrassement and awkwardness (with respect to specificity of dramatherapy – expression, play role, improvization, play)
h) Support of cohesion in the group (humour allows to laugh together)

Figure 3: *Individual codes obtained by operacionalization from field observation and narrative description*

The following table compares the codes in Table 2 and Table 4, which are used to compare the codes to each other. We have compared the codes and analyzed their meaning in order to be able to present the intersection or the difference. Individual codes are listed under the appropriate letter they were marked with.

Figure 2: Codes from questionnaires and number of answers	**Figure 3:** Individual codes obtained by operacionalization from field observation and narrative description
(b)	(a), (b)
(d)	(e), (h)
(c), (e)	(g)
(f)	(c), (b)
(c), (e)	(d)

Figure 4: *The intersection of the codes in Figure 2 and Figure 3*

4 Discussion

The summary presentation of the codes gives us a rough idea of the perception of humour in the dramatherapy intervention in PH Kroměříž at the toxicorehabilitation ward. The data obtained represent a subjective perception of humour from the perspective of clients/patients and dramatherapists/researchers. This view clarifies the intervention process and explains how humour manifests, what role it plays in

dramatherapy intervention and how we can use it for the process itself. It is important to note that our aim was not to give an exhaustive overview, but rather to find and find out how to deal with the phenomenon of humour, and last but not least, the research study also served as the first mention on the topic of the relationship between humour and dramatherapy.

Significantly most distinct was the topic related to humour and its immediate effects on the person. We believe it is precisely because of the specifics of humour and its perception at various levels. The research also shows us that although dramatherapists and clients in humour "met", each of them perceived it slightly differently and completely subjectively. This finding seems evident and authors such as Martin (2018) or Heretics (2019) confirm it in the field of psychology, but in the field of dramatherapy this topic has not yet been thoroughly investigated, and therefore we present this research. The second most important intersection appears to be humour and its influence on group dynamics, which is also emphasized by dramatherapists themselves. Dramatherapists accentuate this area and mention above all the influence on group cohesion, relaxation of tension and deepening of the therapeutic relationship. This phenomenon can be seen above all in the manifestation, when therapists and clients are present together in humour and experience the aforementioned state of flow (Csikszentmihalyi, 2015). In direct opposition to being together is the use of humour as a form of escape. This phenomenon has been observed and mentioned many times by dramatherapists. From the clients' point of view, this phenomenon is described in the categories Humour and distance and Humour as escape and relief. The specific code is then Humour and self-expression. This phenomenon shows a high degree of subjectivity and at the same time self-reflection by clients.

Probably the most significant output of the research is the comparison of codes from the perspective of clients/patients and dramatherapists/researchers. As we can see the codes intersect in almost all cases and can be compared with each other. One of the things that is involved in this is undoubtedly mutual consent to the entry of all involved in the world as if. As we mentioned in the dramatherapy process, both clients and dramatherapists are involved, which undoubtedly affects the perception of the phenomenon of humour in a given group, time and space. Humour is an integral part of dramatic reality. This code could only be found on the side of dramatherapists/researchers. This is mainly due to a greater understanding and ability to reflect the process on the part of dramatherapists. From the point of view of researchers, humour within a dramatic reality proves to be a relatively important element that should be further expanded and explored in more detail.

5 Conclusions

The aim of the research study was to provide a better picture of the topic of humour in dramatherapy intervention in addicted persons. The data that was used present results from both perspectives of the dramatherapy process and thus allow to see the whole process more comprehensively. Given the nature of the humour theme, it is difficult to completely objectify all data.

Although the analysis presents results from both perspectives of the survey, both dramatherapists and clients, we can see their intersection. Researchers see this intersection as the greatest benefit of the research study. At least in part, it shows us the nature and position of humour in dramatherapy and reveals more its benefits. Although we presented results from two different perspectives, involved in one process, we can observe some sort of tuning or congruence in the perception of humour. Humour has a significant impact on group dynamics and on the client themself. This was shown both from the perspective of dramatherapists and clients. This shows us how humour can be perceived in the treatment process. In this respect, we can say that the goal of the researchers has been fulfilled and the role of humour in the therapeutic process, relationship and intervention has been better described. We also managed to fulfil the goal and bring a view from both sides of the process of both dramatherapists and clients/patients of PH Kroměříž.

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