

## **TREATING GELOTOPHOBIA WITH HUMORDRAMA**

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In my psychotherapeutic work, I encounter numerous individuals who are afraid of being funny. In many instances, these individuals had to endure shameful refusals, disappointments and degradations throughout their childhood years. Although they long for human proximity, acknowledgement, and love, they constantly distance themselves from others. Their subjective experience of life is that they do not belong to the community and that they are neither liked nor accepted by their peers. Consequently, they are very lonely.

For such individuals, the bitter feeling of not being lovable is all-pervasive. This feeling may have originated in early childhood when their self-centered parents were unable to open the door to "the depot of life," as Manganelli (1997) put it.

Family therapists Sellschopp-Ruppell and von Rad (1977, p. 356) describe the personality traits of such parents as follows:

"(1) An exaggerated demand for loyalty binds the patient to his family, and this leads to an insoluble conflict with other love objects. The parents cannot live without the child; the patient is, however left alone when he himself needs help.

(2) We often find a pseudo-strong father and an unstable, unreliable mother.

(3) An overstated and unyielding ideology of what is right and good, and a belief in their own selflessness hardly allow any feelings of guilt to arise in the parents."

The above-described parents are unable to train their children for a life in the community which Alfred Adler (cf. Ansbacher & Ansbacher, 1964) considers to be the most important function of education. For these parents, training their children for life in the community would be emotionally equivalent to relinquishing power and a correlated predisposition for gain and control, at least within the family constellation.

### **Carlo Collodi's Pinocchio**

This family formation was impressively illustrated in Carlo Collodi's "The Adventures of Pinocchio" (1986). Pinocchio has to take care of his "poor father Gepetto", who is good-natured on one hand, yet unfit for life on the other hand. Pinocchio's fairy mother is a typical example of a split (dissociated), and partially immature personality. She initially presents as an almighty and competent adult who educates Pinocchio completely after her will. But she is also the "good little lady" who cooks for Pinocchio and supplies him with sweets. Yet on another occasion, she offers to feed him bread made from gypsum, chicken made from pasteboard, and apricots made from alabaster. Pinocchio cries in despair and faints from pain and hunger. Then again, the fairy is a strict educator who drills Pinocchio to become the best pupil and allows him to invite his friends and schoolmates to a party. Further, the fairy educates Pinocchio to tell the truth by kidding him and laughing at him. Thus, Pinocchio develops a bad conscience as to his fairy godmother. On one occasion he says to himself, "How can I confront my good fairy? What will she say when she sees me in such a way? Will she ever forgive me this prank? Surely, she will not forgive! And this is right because I am a bad boy. I always promise to improve myself and always renege!" (Collodi, 1986, p.245). In addition, the fairy presents herself to Pinocchio as a lifeless little girl. But in this particular role she is pitilessly cold and non-empathic, and exposes Pinocchio to inexpressible agonies and shameful experiences. The fairy's plan is to extinguish Pinocchio's aliveness and turn

him into her dispirited little brother, i.e., a weak-willed partner. Boszormenyi-Nagy and Spark (1973) have named this pattern "parentification."

When Pinocchio tries to free himself from her unjustified demands, the fairy induces him with feelings of conditional indebtedness to her. Pinocchio then returns to his home after "hard and degrading experiences" (Collodi, 1986, p. 169), but all he finds is a grave with a small marble marker on which these sad words are etched:

"HERE RESTS THE GIRL WITH  
THE TURQUOISE HAIR HAVING  
DIED IN PAIN BECAUSE SHE  
WAS ABANDONED BY HER  
LITTLE BROTHER PINOCCHIO"

These words do not miss their target and Pinocchio feels enormous emotional pain. It is the pain of the child who feels completely forsaken because his or her mother cannot be a real parent. Pinocchio's mother is a lifeless girl who conveys the message: "I also died!" She expects absolute affection and ideal proximity from her child. Her intention here is to be just a "sister" for her son. In this context she accuses her "little brother" of abandoning her and being responsible for her downfall. But this is too much for Pinocchio! Collodi (1988, p. 171) describes Pinocchio's despair in this way:

"He fell down on his face, kissed the gravestone a thousand times, and broke into heart-wrenching sobs. He cried the whole night through and when the dawn broke, he still cried even though his eyes had no more tears to shed. And his complaints were so painful and penetrating that they were echoed through all the surrounding hills."

In view of this despair, the fairy's cruel message has achieved its goal - Pinocchio is guilty: "Oh, my dear little fairy, why did you die? Why didn't I, who am so bad, die instead of you who were so good? ... Come back to life again! Doesn't it feel wrong at all to you to see me so alone and abandoned by all?"

This excerpt illustrates the emergence of a shaming conscience as it has been masterfully described by Nietzsche (2006). THE SHAMING CONSCIENCE CONTAINS NORMATIVE IDEALS THAT HAVE NO UNIVERSAL VALIDITY IN THE RATIONAL SENSE SINCE THEY REFLECT THE SELF-CENTERED NEEDS OF THE PERSON'S PARENTAL REFERENCE FIGURES.

### **Ridicule Shapes Behavior**

When children have learned to adapt their behavior to the normative ideals prescribed by self-centered parents, then they can hardly ascribe to the many unwritten rules of community life. Therefore, they rub their peers the wrong way. They act oddly and come across as outsiders who do not know how to react adaptively. They do not understand the game rules of social conduct and cannot decode the "inside jargon" of their peer group. They frequently end up as outsiders, often rejected and laughed at by other children. This becomes another shaming experience that confirms the dire presumption that "There is something wrong with me!" These children then begin to control themselves. They want to do everything correctly, yet inevitably fall back into their family role behavior. They try to keep their playmates happy in the same way they originally learned to please their parents - by allowing their peers to exploit them or scoff at them.

Puberty represents a particularly critical phase as youngsters are generally concerned with their outward appearance. Shame-bound teenagers frequently try to over-control their behavior because they are afraid of looking foolish within their peer group. This increases their internal tensions to a breaking point, possibly resulting in psychosomatic and depressive symptoms. These youths feel uneasy in their own skin and experience themselves as ridiculous. This triggers a fear of being targeted for sadistic forms of

humor (Salameh, 2006): The fear of being laughed at (gelotophobia) paralyzes the free course of body movements and influences the person's thinking and acting. In this instance, a profound break has occurred since laughter is no longer lived as an expression of joie de vivre but rather as a cruel "means of social discipline" (Bergson, 2004, p. 86). Subsequently, these individuals feel uneasy in their skin as they realize that they do not belong within the community of their peers. They live as if they were "in enemy territory" (Adler), withdraw from social life and adopt a shunning and defensive attitude. Like Pinocchio, they flee from the real world into a fantasy world where their fiction of great perfection, superiority and absolute power is all-pervasive, and this stance further deepens their alienation from community life. Their alienation is compounded by the fact that many of the goals they have set for themselves in their fantasy world are too far-flung and cannot be achieved in reality. This maladaptive lifestyle generally has a negative effect on their peers who then turn their backs on such individuals or ridicule them.

### **Treatment Of Gelotophobia With Humordrama**

Sellschopp-Ruppell and von Rad (1977, p. 357) suggest a technique to help patients free themselves from their gelotophobic symptoms. The authors stress the necessity of staging the patient's determining conflicts. This can be best realized in a group therapy setting that does not exclusively rely on verbal methods. *Humordrama* was developed in accordance with this suggestion (Titze, 1995, 1996). Clownish reduction and playful absurdity are the basic tools of humordrama. Both techniques are designed to invalidate the perfectionistic attitude of individuals who want to avoid situations that might make them appear ridiculous. With the help of such techniques, the patient can enter a sphere of childlike playfulness without inhibitions. A liberating effect ensues from this border crossing as patients can gradually free themselves from their self-centered attitudes, suspicious self-observation, and self-control. In humordrama, patients can joyfully share many playful and uninhibited activities that may seem ridiculous or embarrassing from the perspective of perfectionistic adulthood.

### **The Clown**

A central figure in humordrama is the therapeutic clown. A typical clown characteristically contravenes the rules of society. Clowns identify with the personae of stubborn children since both clowns and stubborn children display countless weaknesses and inadequacies, and perceive adults as omniscient and superior. Clowns and children also share the same objective - to outwit powerful adults while acting impertinently. The clown steps out of line because he does not conform to the ideals of intelligence, reason, beauty or graceful body control. He crosses forbidden boundaries and acts in a totally opposite manner than would be normally expected.

A CLOWN'S WORLD INITIALLY APPEARS AS A CHAOTIC WORLD, A WORLD IN WHICH ALL CONVENTIONAL EXPECTATIONS ARE TWISTED. THE WAY A CLOWN STAGGERS, STUMBLES, AND OCCASIONALLY FALLS DOWN WHEN HE WALKS DIFFERS SIGNIFICANTLY FROM THE WAY AN ADULT WOULD WALK. A CLOWN DOES NOT WHISPER SOFTLY INTO HIS PARTNER'S EAR - HE ROARS HIS SECRET MESSAGE! WHEN HE USES MUSICAL INSTRUMENTS, A CLOWN PRODUCES DISTORTED TUNES. DURING HIS STAGE PERFORMANCE, HE SEEMS CONFUSED AND DISORIENTED AS HE RUNS INTO DIFFERENT OBSTACLES. BUT A CLOWN IS ALSO BRAZEN AND BOLD. HE MAY THUMB HIS NOSE AT THE RINGMASTER OR PEEK THROUGH THE WRONG END OF A RIFLE, FLIRTING WITH POTENTIAL DISASTER. SIMULTANEOUSLY, THE CLOWN-S PERFORMANCE PROVES THAT A RIDICULOUS APPEARANCE NOT ONLY TRIGGERS AMUSEMENT

BUT CAN ALSO FUNCTION AS A MEANS OF JOYFUL ASSERTIVENESS. Thus, the clown is the figurehead of funny individuals. The comical performance of clowns mirrors the mechanical stiffness or absentmindedness of ridiculous humans. The clown is not afraid of "failure" - he or she surprisingly seems to derive a considerable measure of satisfaction from it! Clowns behave like infants who cannot control their body functions or are yet unable to speak correctly. They act like children who are not yet suppressed by the burden of a bad conscience. As Constantin von Barloewen (1981, p. 92) observes, "Clowns can do without language, rather they replace correct speaking by muteness and stammering, which will eventually prove to be more eloquent, the more it appears incomprehensible." Like other comical individuals, clowns step outside of the community - social isolation is the hallmark of a clownish way of life! The clown even retains his or her individual identity when s/he acts in groups. Nonetheless, the clown is not a wretched weakling. RATHER, S/HE IS A MUTINEER WHO CARRIES HIS REVOLT AND OBSTINACY EVERYWHERE. THEREFORE, THE CLOWN IS THE SYMBOL OF COURAGEOUS REVOLT.

## Types Of Clowns

Historically, there are two types of clown figures. On the one hand, there is the competent "White Clown" (harlequin, pierrot, gracioso), representing the sphere of the rational adult who is able to cope with life. His ancestor is the so-called "white actor" (*mimus albus*) who played a merry role in the comedies of ancient Greece and Rome.

The opposite of the "white clown" is the incompetent "Minimal Clown" (buffoon, pantaloone) who perfectly illustrates all the variations of joyful stupidity and failure. This type of clown assumes the identity of an incompetent child with his amusing, toddling walk, and his oversized heelless shoes. He is generally bald-headed. His ancestry can be traced back to the Roman comedian named *centunculus*. Everything about this clown is minimized, especially his gestures, his/her facial expressions, and his/her posture. His/her overall appearance signals failure. His/her red, bulbous rubber nose is probably his/her most important means of identification! S/he wears this nose to indicate that the categories of power and failure are completely unimportant to him/her.

Psychologically, the position of one's nose generally indicates the level of one's self-esteem: those who are "snotty-nosed" are expressing their pride or arrogance. Ashamed individuals, however, who hang their heads low, carry their noses lower as well. In addition, the nose can convey other messages: children thumb their noses at those they want to make fun of! The false nose of the minimal clown is an important tool in humordrama since the clown's nose is used to indicate that the sphere of "normal adult life" is set aside during the humordrama. As soon as a patient uses this nose, he or she takes on the identity of the minimal clown. Thus, the patient is assuming the identity of a small child whose skills originate from another sphere than that of adult everyday routine. A female patient who had been sexually abused during childhood wrote this about her clown nose:

"The clown nose is a mask, and my mask is the clown nose. Most important is the fact that I can mask my face with this false nose. The idea of 'losing face' immediately loses its fright when I put on the clown nose because I lose the face I am ashamed of. This is not at all disgraceful but rather liberating. Because I lost my dignity during childhood, I have since had to live my everyday life shamefully. Thus, my everyday face indicates to everyone that I lost face when I was a child. But the clown nose on my nose frees me from this shame. It frees me from my 'lost face'. This red, spherical, artificial nose allows me to block my shame. This nose gives me the feeling that my old hated face has disappeared, except for my eyes and lips of which I am ashamed. When I put on the clown nose, a new illusion is created as I become another person - a new, released human. It's amazing how I can free myself (of my foisted image of an abused and 'fallen' girl) when these 5 square inches of red rubber cover my nose! I can also put it this way:

With my usual 'persona', with which I have identified since childhood, I desperately tried to uphold something that, paradoxically, causes my shame. But the clown nose opens the way to a new identity: It frees me from an impinged image. The clown removes my old, hated persona! Oh, how easy, how full of joie de vivre is a clown's life! And how hostile, how depressing is a life with the shameful mark of Cain on my face. "

## **The Therapeutic Clown**

Psychoanalyst Martin Grotjahn (1966, p. 107) observed years ago that each clown is a creative artist and, like an analyst, an interpreter as well. **BUT IN CONTRAST TO A SCIENTIST, A CLOWN DOES NOT EXPLAIN THE OBJECTIVE FACTS OF THE EXTERNAL WORLD. RATHER, HE INTERPRETS THE SUBJECTIVE PERCEPTIONS OF 'THE INTERIOR WORLD!'**

In the following segment, I will share some clinical examples from our group work where a "therapeutic clown" acts as a co-therapist (Titze, 1995, 1996). In this scenario, the clown stands by the patient as an alter ego or an "auxiliary ego." He or she demonstrates how to fail joyfully. He or she verbalizes impertinent and brazen messages to patients and encourages them to act like little rascals. The therapeutic clown functions as an impudent model of identification for the patient. He differs significantly from earlier authority figures that may have fostered the development of the patient's neurotic inhibitions and shame-bound behavior patterns. By facilitating this cathartic effect, the therapeutic clown is completely in line with the native American-Indian trickster tradition (Radin, 1987).

## **Humordrama Treatment**

Humordrama is a variation of psychodrama that has been designed to specifically handle gelotophobic problems (Titze, 1995, 1996). Humordramatic treatment starts with the working-through of specific incidents in the protagonist's past that are associated with feelings of shame and the subjective experience of feeling ridiculous. Such experiences are then staged with the protagonist by means of clownish performance.

We generally begin our group work with problem-centered discussions. A fundamental issue is the working through of shame-bound experiences in the patients' everyday life. These experiences are then linked up with earlier shame-related events that occurred during the patients' formative years. This procedure sticks to the principles of an uncovering dynamic psychotherapy as elaborated by Salameh (2007). This treatment approach aims to link immediate occurrences (**immediacy** stage - the here and now of the group therapy situation) to recent life events (**contemporary** stage - the patient's present life experiences), which are then connected to significant events dating back to the patient's early childhood years (**archaeological** stage - the formative interactions related to the patient's biological family and siblings.) Once these ACI linkages (Archaeological - Contemporary - Immediacy) are made, the focus of this uncovering work shifts to the experiencing of specific feelings or events related to the fear of doing or saying something wrong. With the help of the therapeutic clown acting as a co-therapist, the patient is literally encouraged to step out of line so that a bad impression is made. Usually, the patient's life history would have dictated that embarrassing incidents should be covered up, with patients forcing themselves to act in an unflappable manner so as to appear "normal." However, humordrama groups encourage patients to act in the opposite direction of their dysfunctional patterns. All the hyper-rationalistic problem-solving patterns related to the patient's shame-bound socialization are eliminated and reduced to the simple playfulness of a light-hearted child. The therapeutic clown physically and

symbolically acts out this position and helps patients to carry out this "reduction" on their own during the group therapy sessions as well. The therapeutic clown's role is to ensure that the patient's self-controlling patterns and hyper-rational thinking are excluded from the range of possible responses. This goal can be achieved by distracting the patient with diverse means: For instance, when the patient exhibits self-controlling patterns, the clown may grab the patient's arm and run, dance, or hop with him/her for as long as the pattern lasts. In order to divert the patient, the clown may also encourage him or her to babble in "Chinese" or "Kiswaheli." This work follows the same "logic" as the practice of Zen Koans or other apparently nonsensical stories or questions that help deactivate the obsessive explanatory web woven by the rational mind and its attendant behavioral compulsions (Salameh, 1995, 2007). A patient described his reactions to this type of work as follows:

"This is a very useful exercise that I practice very gladly and that helps me set off plenty of creative energy. The variable arrangements and the determined dedication of the therapeutic clown impress me again and again. I have learned to face a multiplicity of problem situations in a much more spontaneous way. Now I manage to go to work on Monday morning in a relaxed manner. Before this internal switch was turned off, there was an almost insurmountable wall of pressure to perform and many fears and expectations in my head".

Different techniques can be used to mediate clownish performance. Clowns usually behave at the same level as children who possess limited verbal abilities, and this reduced competence is adapted for productive use in therapeutic clowning:

- When clowning patients are staging shame-bound events in humordrama, they may, for instance, be encouraged to bind their legs together with ribbons or scarves, which makes walking and moving more difficult. This impediment then becomes the prerequisite for putting on a clownish gait (a la Charlie Chaplin, for instance). In addition, the protagonists can be instructed to move their arms in a choppy or swift manner as if they were jumping jacks. In this fashion, the Pinocchio-type symptoms that many gelotophobic patients suffer from are deliberately produced and even exaggerated.
- During humordrama group treatment, the therapeutic clown/co-therapist demonstrates, over and over again, the essentials of clownish reduction. For example, he or she may significantly slow down his or her gesturing so that their arm and head movements now proceed in slow-motion. Furthermore, the clown may take small, clumsy steps, so that he or she moves like a wooden puppet with straightened arms and knees, creating body movements that are just as amusing as the clumsy trials of an infant attempting to walk.
- When patients speak, they are encouraged to change their speech rhythms. In order to achieve this objective, they may place their tongue between their teeth or speak with their mouth half full of water! With these techniques, even the most depressing biographical events can be qualitatively reshaped in a sweeping and humorous way!
- Another technique is to play with one's voice while recounting shameful experiences, such as speaking in a high or low voice or with irregular intonation (like a cassette tape playing on slow speed or an old 78 RPM record that is set at the 45 RPM speed).
- Another possibility is to consciously mumble, speak with a twang, or breathe in while speaking.

A patient suffering from stuttering problems made the following comments about these techniques:

"Speaking was connected with great fears and shame. I felt inferior in relation to my colleagues and friends, in a way that was intolerable for me. As soon as I realized I had started to stammer or stutter, a deep despair came over me that further increased my shyness. While exercising clownish reduction, I noticed that I am able to intentionally

(and with great joy and fun!) produce exactly the same strange and pressured behavior. The laughter I cause thereby no longer goes against me. It is the acknowledgement of success as a comedian. "

A similar reaction was reported by a female patient who is a teacher by occupation: "At one of the first group meetings I presented my big problem: that I had to address a parents' meeting! I suffered from a speech impediment, heart palpitations, mouth dryness, breathing difficulties, and, above all, the fear of a panic attack. In humordrama, I had to play that I was addressing the parents' meeting. The other group participants played the roles of very annoyed, critical, and grumbling parents. In my own role as a teacher, I had to exaggerate all of my symptoms as comically as possible. So I tried my best to clearly let out signs of my shame-anxiety. Simultaneously, the 'parents' sitting in front of me did their best to create turmoil. I gradually seethed with rage! My rage was additionally boosted by the therapeutic clown. She goaded me with all the means at her disposal. The staccato of crazy shouts that rained down on me was totally unimportant for me: The only thing I was concentrating on was my rage! Weeks later, I actually lived this situation during another parents' meeting. Now I stood in front of these people and I suddenly recollected this role playing. At that moment my rage came up again. I took on the role of the impudent clown and heard myself lisp: 'Dear parents, I stand here before you in full, hopeless shame...' I spoke these words with a clear, firm, and vigorous voice. And when I saw them laughing in disbelief, I knew I had won! I clearly recognized that they were not laughing at me. Rather, they were laughing at a really funny joke. The rest of the meeting was completely problem-free. This wonderful experience was a turning point: Since that time my self-confidence has grown enormously! "

## **Conclusion**

Many of the discouraging shame experiences in a patient's past and present can be systematically staged under similar conditions. Interestingly, the laughter that patients elicit now has a different color: This laughter is no longer experienced as derision but as an appreciative confirmation of the patient's success at humorous 'acting'. As evidenced by the above patient commentaries, each of these patients was successful at presenting himself or herself as a "real" clown - a person who is "ready for the stage." By experiencing this humorous success, a productive shift occurs in the patient's attitude. Viktor Frankl (1984, p. 164) indicated that this shift was the decisive precondition for immunizing patients against the fear of looking ridiculous. The neurotic obsession with hypercritical self-control cannot be resolved at the level of cognitive reorientation. It requires an existential attitude change that can be readily facilitated with humordrama, resulting in a new identity characterized by humorous wisdom and constructive adaptation to life's challenges.

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